

# Service Agreement 2023-24

An agreement between the  
Secretary, NSW Health and  
NSW Ambulance

for the period 1 July 2023 - 30 June 2024



# NSW Health Service Agreement – 2023-24

## 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

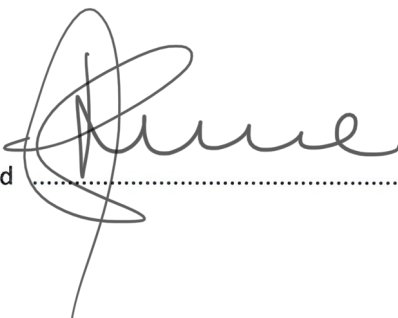
### The Organisation

Dr Dominic Morgan ASM  
Chief Executive  
NSW Ambulance

Date 25/10/23 Signed 

### NSW Health

Ms Susan Pearce AM  
Secretary  
NSW Health

Date 30/10/23 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 Conditions of Subsidy

The Organisation is required to comply with the various Conditions of Subsidy set out in the *Financial Requirements and Conditions of Subsidy (Government Grants)* document that accompanies this Service Agreement.

## 1.4 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.

## 1.5 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.

### 1.5.1 Clinical governance

NSW public health services are accredited against the National Safety and Quality Health Service Standards. The Organisation will complete a Safety and Quality Account inclusive of an annual attestation statement as outlined in the Standards (Version 2.0) by the 31 October each year.

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.

### 1.5.2 Corporate governance

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

### 1.5.3 Procurement governance

The Organisation must ensure procurement of goods and services complies with NSW Health Procurement policy (PD2022\_02).

### 1.5.4 Aboriginal Procurement Policy

The NSW Government supports 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.

### 1.5.5 Public health emergency preparedness and response

The Organisation must comply with standards set out in Public Health Emergency Response Preparedness Minimum Standards (PD2019\_007) and adhere to the roles and responsibilities set out in Early Response to High Consequence Infectious Disease (PD2023\_008)

### 1.5.6 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 and alignment with the broader NSW Health strategic priorities. 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 (the Plan) which was approved by NSW Health in March 2021. The Plan aligns to key NSW Government and health system strategies, including the NSW Premier's priorities and Future Health Strategy.

### 2.1 Future Health: Strategic Framework

The *Future Health Strategic Framework* is the roadmap for the health system to achieve NSW Health's vision.

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>	<ol 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> </ol>
 <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>	<ol 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> </ol>
 <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>	<ol 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> <li>3.8 Invest in wellness, prevention and early detection</li> </ol>
 <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>	<ol 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> </ol>
 <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>	<ol 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> </ol>
 <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>	<ol 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> </ol>

#### Strategic priorities

The framework is a reflection of the aspirations of the community, our patients, workforce and partners in care for how they envisage our future health system. The Strategic Framework and delivery plans will guide the next decade of care in NSW from 2022-32, while adapting to and addressing the demands and challenges facing our system. There will be specific activities for the Ministry of Health, health services and support organisations to deliver as we implement the Future Health strategy, and services should align their strategic, operational and business plans with these Future Health directions.




## 2.2 Regional Health Strategic Plan 2022-32

The Regional Health Strategic Plan outlines NSW Health’s strategies to ensure people living in regional, rural and remote NSW can access high quality, timely healthcare with excellent patient experiences and optimal health outcomes. The Plan aims to improve health outcomes for regional, rural and remote NSW residents over the next decade, from 2022 to 2032.

Regional NSW encompasses all regional, rural and remote areas of NSW. There are nine regional local health districts in NSW: Central Coast, Far West, Hunter New England, Illawarra Shoalhaven, Mid North Coast, Murrumbidgee, Northern NSW, Southern NSW and Western NSW. Some areas of other local health districts may also be considered regional for the purpose of the plan such as South Western Sydney and Nepean Blue Mountains. The Regional Health Strategic Plan is also supported by the metropolitan local health districts and by the Specialty Health Networks which have patients in many regional locations.

The Regional Health Plan Priority Framework outlines a suite of targets for each Strategic Priority, to be achieved in the first time horizon of the Plan (years 1-3).

PRIORITIES		KEY OBJECTIVES
	<p><b>1. Strengthen the regional health workforce:</b> Build our regional workforce; provide career pathways for people to train and stay in the regions; attract and retain healthcare staff; address culture and psychological safety, physical safety and racism in the workplace.</p>	<ul style="list-style-type: none"> <li>1.1 <b>Invest in and promote rural generalism</b> for allied health professionals, nurses and doctors</li> <li>1.2 <b>Prioritise the attraction and retention</b> of healthcare professionals and non-clinical staff in regional NSW</li> <li>1.3 <b>Tailor and support career pathways for Aboriginal health staff</b> with a focus on recruitment and retention</li> <li>1.4 <b>Expand training and upskilling opportunities, including across borders</b> to build a pipeline of regionally based workers</li> <li>1.5 <b>Accelerate changes to scope of practice whilst maintaining quality and safety</b>, encouraging innovative workforce models and recognition of staff experience and skills</li> <li>1.6 <b>Nurture culture, psychological and physical safety</b> in all NSW Health workplaces and build positive work environments that allow staff to thrive</li> </ul>
	<p><b>2. Enable better access to safe, high quality and timely health services:</b> Improve transport and assistance schemes; deliver appropriate services in the community; continue to embed virtual care as an option to complement face-to-face care and to provide multidisciplinary support to clinicians in regional settings.</p>	<ul style="list-style-type: none"> <li>2.1 <b>Improve local transport solutions and travel assistance schemes</b>, and address their affordability, to strengthen equitable access to care</li> <li>2.2 <b>Deliver appropriate services in the community</b> that provide more sustainable solutions for access to healthcare closer to home</li> <li>2.3 <b>Leverage virtual care</b> to improve access, whilst ensuring cultural and digital barriers are addressed</li> <li>2.4 <b>Enable seamless cross-border care and streamline pathways to specialist care</b> ensuring access to the best patient care regardless of postcode</li> <li>2.5 <b>Drive and support improved clinical care, safety and quality outcomes</b> for patients in hospitals and other settings</li> <li>2.6 <b>Align infrastructure and sustainable service planning</b> around the needs of staff and communities and to enable virtual care</li> </ul>
	<p><b>3. Keep people healthy and well through prevention, early intervention and education:</b> Prevent some of the most significant causes of poor health by working across government, community, and other organisations to tackle the social determinants of health; prepare and respond to threats to population health.</p>	<ul style="list-style-type: none"> <li>3.1 <b>Address the social determinants of health</b> in our communities by partnering across government, business and community</li> <li>3.2 <b>Invest in mental health and make progress towards zero suicides</b></li> <li>3.3 <b>Invest in maternity care and early childhood</b> intervention and healthcare to give children the best start in life</li> <li>3.4 <b>Invest in wellness, prevention and early detection</b></li> <li>3.5 <b>Prevent, prepare for, respond to, and recover from pandemics</b> and other threats to population health</li> </ul>

PRIORITIES		KEY OBJECTIVES
	<p><b>4. Keep communities informed, build engagement, seek feedback:</b> Provide more information to communities about what health services are available and how to access them; empower the community to be involved in how health services are planned and delivered; increase responsiveness to patient experiences.</p>	<p>4.1 <b>Encourage choice and control over health outcomes</b> by investing in health literacy, awareness of services and access to information</p> <p>4.2 <b>Engage communities through genuine consultation and shared decision-making</b> in design of services and sustainable local health service development</p> <p>4.3 <b>Support culturally appropriate care and cultural safety</b> for zero tolerance for racism and discrimination in health settings</p> <p>4.4 <b>Capture patient experience and feedback</b> and use these insights to improve access, safety and quality of care</p> <p>4.5 <b>Improve transparency of NSW Health decision-making</b> and how it is perceived and understood by patients and the community</p>
	<p><b>5. Expand integration of primary, community and hospital care:</b> Roll out effective, sustainable integrated models of care through collaboration between Commonwealth and NSW Government and non-Government organisations to drive improved access, outcomes and experiences.</p>	<p>5.1 <b>Develop detailed designs for expanded primary care models</b> and trial their implementation in regional NSW through working with the Commonwealth and National Cabinet, Primary Health Networks, Aboriginal Community Controlled Health Organisations, NGOs and other partners</p> <p>5.2 <b>Address the employer model</b> to support trainees and staff to work seamlessly across primary care, public, private settings and Aboriginal Community Controlled Health Organisations to deliver care to regional communities</p> <p>5.3 <b>Improve access and equity of services for Aboriginal people and communities</b> to support decision making at each stage of their health journey</p> <p>5.4 <b>Develop 'place-based' health needs assessments and plans</b> by working closely with Primary Health Networks, Aboriginal Community Controlled Health Organisations and other local organisations including youth organisations and use these to resource services to address priority needs</p>
	<p><b>6. Harness and evaluate innovation to support a sustainable health system:</b> Continue to transform health services through aligned funding and resourcing models, digital and health technologies, research and environmental solutions.</p>	<p>6.1 <b>Align NSW and Commonwealth funding and resourcing models</b> to provide the financial resources to deliver optimal regional health services and health outcomes</p> <p>6.2 <b>Fund and implement digital health investments and increase capability of workforce</b> to deliver connected patient records, enable virtual care, provide insightful health data and streamline processes</p> <p>6.3 <b>Undertake research and evaluation</b> with institutions, industry partners, NGOs, consumers and carers</p> <p>6.4 <b>Commit to environmental sustainability footprint</b> for future regional healthcare</p>

## 2.3 NSW Government Priorities

There are several government priorities that NSW Health is responsible for delivering. These government priorities are usually reported to the Premier's Department or The Cabinet Office through NSW Health Executive. Progress on government priorities allocated to Health is monitored by the Ministry of Health including:

- Election Commitments
- Charter Letter commitments
- Inquiry recommendations

## 2.4 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. In 2022 NSW Health's Outcome Structure was realigned to the Future Health strategic framework. The revised state outcomes are:

- People are healthy and well
- Safe care is delivered within our community
- Safe emergency care is delivered
- Safe care is delivered within our hospitals
- Our staff are engaged and well supported
- Research and innovation and digital advances inform service delivery



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 are 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)
- NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements (PD2023\_019)
- Tiered Networking Arrangements for Perinatal Care in NSW (PD2020\_014)
- Accessing inpatient mental health care for children and adolescents (IB2023\_001)
- 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 New Health Technologies and Specialised Services policy (GL2022\_012), 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 (40) Royal Prince Alfred (51) Concord (16) Prince of Wales (23) John Hunter (28+2/588 NWAU23) 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 2023/24 will need to demonstrate networked arrangements with identified partner Level 4 Adult ICU 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/NWAU	SCHN Randwick (4) SCHN Westmead (23) Royal Prince Alfred (22) Royal North Shore (17) Royal Hospital for Women (17+1/324 NWAU23) Liverpool (17) John Hunter (19+1/324 NWAU23) 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	Beds/NWAU	SCHN Randwick (13+1/446 NWAU23) SCHN Westmead (22+2/841 NWAU23) John Hunter (5+2/841 NWAU23)	Services to be provided in accordance with <i>NSW Critical Care Networks (Paediatrics)</i> policy
Mental Health Intensive Care	Access	Hornsby - MHICU Mater, Hunter New England – Psychiatric ICU Bloomfield - Orange Lachlan ICU Concord - McKay East Psychiatric ICU Cumberland – Yaralla Psychiatric ICU Prince of Wales - MHICU Forensic Hospital Malabar ( <i>second tier referral facility</i> )	Provision of equitable access. Services to be provided in accordance with <i>Adult Mental Health Intensive Care Networks</i> policy
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.
Blood and Marrow Transplantation – Allogeneic	Number	St Vincent's (38+10/142 NWAU23) 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.
Neurointervention Services endovascular clot retrieval for Acute Ischaemic Stroke	Access	Royal Prince Alfred Prince of Wales Liverpool John Hunter SCHN Royal North Shore	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.

Supra LHD Services	Measurement Unit	Locations	Service requirement
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
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	<p>Delivery of additional procedures, including targets for patients from regional or rural NSW in line with correspondence from NSW Ministry of Health</p> <p>All services must:</p> <ul style="list-style-type: none"> <li>• Be accredited through Cardiac Accreditation Services Limited, including accreditation of the hospital and clinicians.</li> <li>• Establish referral pathways to ensure statewide equity of access</li> <li>• Include high risk TAVI patients in surgical waitlists</li> <li>• Undertake data collection as required by the ACOR registry and collect patient-reported outcomes and experience</li> </ul> <p>Participate in the any required evaluation activities</p>
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	<p>As per individual CAR T cell therapy service agreements.</p> <p>Compliance with the required reporting process.</p>
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 Budget Schedule: Part 1A

NSW Ambulance	Target Volume	2023/24 BUDGET			Initial Budget 2023/24	Comparative Data		Base Volume
		Activity Based Funded Services	Small Hospitals and Other Block Funding			Annualised Budget *	Variance	
State Efficient Price - \$5,207 per NWAU23	NWAU23	(\$ '000)	(\$ '000)	(\$ '000)	(\$ '000)	%	NWAU23	
Acute Admitted				\$0				
Emergency Department				\$0				
Sub-Acute Services				\$0				
Non Admitted Services - Incl Dental Services				\$0				
<b>A Total</b>	<b>0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		<b>0</b>	
Mental Health - Admitted (Acute and Sub-Acute)				\$0				
Mental Health - Non Admitted				\$0				
<b>B Total</b>	<b>0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		<b>0</b>	
Teaching, Training and Research				\$0				
Other Non Admitted Patient Services				\$0				
<b>C Total</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>			
Other Services			\$1,111,484	\$1,111,484	\$1,075,377			
<b>D Total</b>			<b>\$1,111,484</b>	<b>\$1,111,484</b>	<b>\$1,075,377</b>	<b>3.4%</b>		
<b>E Specific Initiatives (Refer to Part 1 B)</b>				<b>\$61,660</b>	<b>\$34,923</b>			
<b>F Restricted Financial Asset Expenses</b>				<b>\$350</b>	<b>\$350</b>			
<b>G Depreciation (General Funds only)</b>				<b>\$97,197</b>	<b>\$97,197</b>			
<b>H Total Expenses (H=A+B+C+D+E+F+G)</b>				<b>\$1,270,691</b>	<b>\$1,207,848</b>	<b>5.2%</b>		
<b>I Other - Gain/Loss on disposal of assets etc</b>				<b>\$13,232</b>	<b>\$13,232</b>			
GF Revenue - ABF Commonwealth Share				\$0				
GF Revenue - Block Commonwealth Share				\$0				
Revenue excluding ABF & Block Commonwealth Share				(\$1,265,145)				
<b>J LHD Revenue Total</b>				<b>(\$1,265,145)</b>	<b>(\$1,131,969)</b>			
<b>K Net Result (K=H+I+J)</b>				<b>\$18,778</b>	<b>\$89,110</b>			



## 4.2 Budget Schedule: Part 1B

<b>NSW Ambulance</b>		<b>Initial Budget 2023/24 (\$ '000)</b>	<b>Annualised Budget *</b> (\$ '000)
<b>Specific Initiatives</b>			
Boost Rural and Regional Paramedics		\$31,391	
Better salary packaging for healthcare workers		\$4,249	
Building and Sustaining the Rural and Regional Workforce		\$2,650	
Enhancing End of Life Care		\$350	
NSW Ambulance Staffing and Infrastructure Savings		(\$39,000)	
IntraHealth Adjustments 23/24		\$6,170	
TMF Adjustment 23/24		\$25,958	
Comprehensive Expenditure Review Savings Allocation		(\$5,031)	
Public Health Unit ongoing COVID-19 public health response activities		\$200	\$200
Workforce Resilience		\$34,723	\$34,723
	<b>Total</b>	<b>\$61,660</b>	<b>\$34,923</b>
<b>Note:</b>			
* Annualised budget is notional and included for comparison only.			

### 4.3 Budget Schedule: Part 2

<b>NSW Ambulance</b>		<b>2023/24</b>
		<b>(\$ '000)</b>
<b>Government Grants</b>		
A	Subsidy* - In-Scope ABF State Share	\$0
B	Subsidy - In-Scope Block State Share	\$0
C	Subsidy - Out of Scope State Share	(\$942,131)
D	Capital Subsidy	(\$35,410)
E	Crown Acceptance (Super, LSL)	(\$18,989)
<b>F</b>	<b>Total Government Contribution (F=A+B+C+D+E)</b>	<b>(\$996,530)</b>
<b>Own Source Revenue</b>		
G	GF Revenue	(\$268,202)
H	GF Revenue - ABF Commonwealth Share	\$0
I	GF Revenue - Block Commonwealth Share	\$0
J	Restricted Financial Asset Revenue	(\$413)
<b>K</b>	<b>Total Own Source Revenue (K=G+H+I+J)</b>	<b>(\$268,615)</b>
<b>L</b>	<b>Total Revenue (L=F+K)</b>	<b>(\$1,265,145)</b>
M	Total Expense Budget - General Funds	\$1,270,341
N	Restricted Financial Asset Expense Budget	\$350
O	Other Expense Budget	\$13,232
<b>P</b>	<b>Total Expense Budget as per Schedule Part 1 (P=M+N+O)</b>	<b>\$1,283,923</b>
<b>Q</b>	<b>Net Result (Q=L+P)</b>	<b>\$18,778</b>
<b>Net Result Represented by:</b>		
R	Asset Movements	(\$22,869)
S	Liability Movements	\$4,092
T	Entity Transfers	\$0
<b>U</b>	<b>Total (U=R+S+T)</b>	<b>(\$18,778)</b>
<b>Note:</b>		
The Ministry will closely monitor cash at bank balances to ensure funds for payments are available as required for central payment of payroll and creditors in alignment with NSW Treasury requirements.		
* 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.		

#### 4.4 Budget Schedule: NHRA Clause A95(b) Notice: Part 3

NSW Ambulance	ABF		Block	Total	C'wealth Contribution	
	NWAU	\$000			\$000	\$000
Acute Admitted						
Mental Health - Admitted (Acute and Sub-Acute)						
Sub-Acute Services - Admitted						
Emergency Department						
Non Admitted Patients (Including Dental)						
Teaching, Training and Research						
Mental Health - Non Admitted						
Other Non Admitted Patient Services - Home Ventilation						
Block-funded small rural & standalone MH						
High cost, highly specialised therapies						
Public Health						
<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						
Mental Health - Admitted (Acute and Sub-Acute)						
Sub-Acute Services - Admitted						
Emergency Department						
Non Admitted Patients (Including Dental)						
<b>State &amp; Other Funding Contributions Total</b>	<b>0</b>	<b>\$0</b>		<b>\$0</b>		
<i>State Only Block</i>			\$1,173,143	\$1,173,143		
<i>Restricted Financial Asset Expenses</i>			\$350	\$350		
<i>Depreciation (General Funds only)</i>			\$97,197	\$97,197		
<b>Total</b>	<b>0</b>	<b>\$0</b>	<b>\$1,270,691</b>	<b>\$1,270,691</b>	<b>\$0</b>	<b>0.0%</b>

## 4.5 Budget Schedule: Capital program

Project Description	Project Code	Reporting Silo	Estimated Total Cost (\$'000)	Estimated Expenditure to 30 June 2023 (\$'000)	Budget Allocation 2023-24 (\$'000)	Balance to Complete ('000)
<b>Projects managed by Health Entity</b>						
<b>2023-24 Major New Works</b>						
Lease Acquisition - Aeromedical Fixed Wing Stage 2	P57166	ROU	52,311	-	52,311	-
<b>Total Major New Works</b>			<b>52,311</b>	<b>-</b>	<b>52,311</b>	<b>-</b>
<b>Works in Progress</b>						
Asset Refurbishment / Replacement Strategy (State-wide)	P55345	ARRP	20,655	20,526	418	(289)
Emergency Call Recording	P56796	LFI	2,000	1,068	809	123
Replacement of Fleet & Medical Items & Equipment	P56809	LFI	59,000	42,063	16,937	-
Wyong Ambulance Station Refurbishment	P57158	LFI	600	-	600	-
Perisher Ambulance Station Refurbishment	P57159	LFI	800	-	800	-
Multiple Ambulance Station Emergency Works	P57160	LFI	350	-	350	-
Dungog Ambulance Station Refurbishment	P57161	LFI	350	-	350	-
Minor Works and Equipment >\$10k<\$250K	P51069	MW	-	-	827	-
NSW Ambulance Stay Safe and Keep Operational	P56980	Other	20,000	4,927	15,073	-
Ambulance Virtual Clinical Care Centre (VCCC)-NSWA	P56960	Other	5,000	-	3,000	2,000
NSW Ambulance Flood Response	P57088	Other	7,120	2,257	4,863	-
NSW Ambulance Relocation to Homebush - Fitout	P56794	Other	15,000	9,569	5,431	-
Regional Response Intensive Care Paramedics	P56788	Other	2,858	1,780	1,078	-
Mobile Clinician Device Program	P56792	Other	41,341	38,333	3,008	-
Critical Communications Enhancement Program Terminal Refresh and Change	P56398	Other	36,527	35,202	1,325	-
Safeguard Ambulance Triple Zero (000)	P56761	Other	1,000	746	254	-
Fibre Ring Network Upgrade	P56763	Other	1,100	866	132	102
<b>Total Works in Progress</b>			<b>213,701</b>	<b>157,336</b>	<b>55,256</b>	<b>1,936</b>
<b>Total Capital Program managed by health entity</b>			<b>266,012</b>	<b>157,336</b>	<b>107,567</b>	<b>1,936</b>
<b>Projects managed by Health Infrastructure</b>						
<b>Works in Progress</b>						
Ambulance Virtual Clinical Care Centre (VCCC)-HI	P56961	HI Silo	10,000	4,295	5,705	-
Rural Ambulance Infrastructure Reconfiguration Program	P56052	HI Silo	232,120	200,629	16,532	14,960
Sydney Ambulance Metropolitan Infrastructure Strategy	P55344	HI Silo	202,000	192,536	9,464	-
NSW Ambulance Relocation to Homebush - HI	P56836	HI Silo	53,000	36,276	16,724	-
<b>Total Works in Progress</b>			<b>497,120</b>	<b>433,735</b>	<b>48,426</b>	<b>14,960</b>
<b>Total Capital Expenditure Authorisation Limit managed by Health Infrastructure</b>			<b>497,120</b>	<b>433,735</b>	<b>48,426</b>	<b>14,960</b>
<b>Projects managed by Ministry of Health</b>						
<b>2023-24 Major New Works</b>						
Regional Helicopter Bases	P57213	Other	63,950	-	1,000	62,950
Rural and Regional Paramedics	P57212	Other	138,690	-	21,510	117,180
<b>Total Major New Works</b>			<b>202,640</b>	<b>-</b>	<b>22,510</b>	<b>180,130</b>
<b>Works in Progress</b>						
NSW Ambulance Infrastructure Program	P56962	Other	470,814	-	225,431	245,383
<b>Total Works in Progress</b>			<b>470,814</b>	<b>-</b>	<b>225,431</b>	<b>245,383</b>
<b>Total Capital Expenditure Authorisation Limit managed by Ministry of Health</b>			<b>673,454</b>	<b>-</b>	<b>247,941</b>	<b>425,513</b>

### Notes:

Expenditure should not exceed to the approved limit without prior authorisation by Ministry of Health.

## 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 between NSW Ambulance and 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>

## Priority programs

Program Title	Strategic Outcome	\$	NWAU23	Performance metric
<b>World Class End of Life Care</b>				
Enhancing end of life care (EEOLC) 2	2.1 / 2.2	150,00	-	Implement the enhancement funding in line with applicable funding guidelines, including employing additional staff. Increase activity in enhanced services, to include additional non-admitted activity. Provide implementation plans for allocations on time, including identification of services to be enhanced. Provide responses to monitoring requests by the Ministry of Health.
EEOLC 3	2.1 / 2.2	200,000	-	


## 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://internal4.health.nsw.gov.au/hird/view\\_data\\_resource\\_description.cfm?ItemID=48373](http://internal4.health.nsw.gov.au/hird/view_data_resource_description.cfm?ItemID=48373)

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 Control Centre (ACC) notification (%)	95	<85	≥85 and <95	≥95
Stroke FAST positive patients with onset of symptoms in last 24 hours 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
Stroke FAST positive patients with onset of symptoms in last 24 hours 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
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
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 % points decrease on previous survey	No change or increase from previous survey.	>0 and <5 % points decrease on previous survey	≥5 % points decrease on previous survey



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



Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ⚠	Performing ✔
Staff Performance Reviews - Within the last 12 months (%)	100	<85	≥85 and <90	≥90
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 (%)	3.43	<2.0	≥2.0 and <3.43	≥3.43
Employment of Aboriginal Health Practitioners (Number)	Individual – See Data Supplement	Below target	N/A	At or above target
Compensable Workplace Injury Claims (% of change over rolling 12 month period)	0	Increase	≥0 and <5% decrease	≥5% decrease or maintain at 0

#### 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

## 6 The health system is managed sustainably





Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ⚠	Performing ✔
Annual Procurement Savings Target Achieved – (% of target achieved)	Individual – See Data Supplement	<90% of target	≥90% and <95% of target	≥95% of target
Reducing free text orders catalogue compliance (%)	25	>60	≤60 and >25	≤25
Reducing off-contract spend (%)	25	>60	≤60 and >25	≤25
Use of Whole of Health contracts (%)	75	<40	≥40 and <75	≥75
Energy Use Avoided Through Energy Efficiency and Renewable Energy Project Implementation (%)	1.5	<1	≥1 and <1.5	≥1.5

## 6.2 Future Health actions and performance deliverables

Key deliverables will be monitored, noting that indicators and milestones are held in the detailed program operational plans.

Code	Achievement statement	Actions	Completion
<b>2 Safe care is delivered across all settings</b>			
2.2.2.5.10	Home based care: access to hospital in the home services, including sub-acute such as rehabilitation and palliative care, is appropriately expanded to increase choice and alleviate pressure on inpatient settings, considering issues of violence, abuse and neglect.	NSWA Clinicians have streamlined and integrated referral pathways to refer patients	2023-24
2.5.1.3.6	Place-based service planning: Health service needs are assessed on a whole of community based context, working closely with PHNs, justice and other local providers to create appropriate tailored and connected models.	Complete modelling for expected year on year workforce and response performance benefits of SWIFT program	2023-24
2.5.1.3.7	Place-based service planning: Health service needs are assessed on a whole of community based context, working closely with PHNs, justice and other local providers to create appropriate tailored and connected models.	Complete land searches for optimal strategic new station locations	2023-24
<b>3 People are healthy and well</b>			
3.1.1.4.8	Incident response capability: There are education and training, workforce strategies and state- led exercises to enhance capability to respond to incidents.	Establishment of the Emergency Management Unit under the SWIFT program with defined roles and responsibilities	TBC

Key Objective	Deliverable in 2023-24	Due by
<b>6 The health system is managed sustainably</b>		
3.9	NSW Ambulance develops a 'Towards Net Zero' Plan, including: <ul style="list-style-type: none"> <li>i) A carbon footprint assessment of NSW Ambulance across Scopes 1,2 and 3 (in alignment with the Greenhouse Gas Protocol)</li> <li>ii) A roadmap to achieve a 50% reduction in greenhouse gas emissions by 2030 and a 70% reduction by 2035, in alignment with NSW Government targets</li> </ul>	TBC

Key Objective	Deliverable in 2023-24	Due by
<b>6 The health system is managed sustainably</b>		
	<p><b>Procurement reform</b></p> <p>The Organisation will report on:</p> <p>Procurement capability</p> <ul style="list-style-type: none"> <li>• Local resources and training to uplift procurement capability of non-procurement staff</li> <li>• Procurement staff attend Procurement Academy training</li> </ul> <p>Procurement compliance</p> <ul style="list-style-type: none"> <li>• Goods and services procurements and Information and Communication Technology (ICT) procurements valued over \$30,000 and outside existing arrangements are tested against the Risk Assessment Tool.</li> <li>• Disclosure requirements for contracts (including purchase orders) valued over \$150,000 are met: <ul style="list-style-type: none"> <li>• - Contracts/purchase orders are disclosed on eTendering</li> <li>• - Contracts/purchase orders are saved on PROcure, where relevant</li> </ul> </li> <li>• Procurements outside existing arrangements that are valued over \$250,000 are referred to HealthShare or eHealth NSW to conduct the procurement (unless an exemption applies)</li> <li>• The ICT Purchasing Framework contract templates (Core &amp; contracts; Master ICT Agreement/ICT Agreement contracting framework) are used when engaging suppliers on the ICT Services Scheme (where relevant) unless an exemption applies.</li> </ul> <p>Social and sustainable procurement</p> <ul style="list-style-type: none"> <li>• Spend and contracts with Aboriginal businesses</li> <li>• Achieve and report on a minimum 1.5% Aboriginal participation for contracts valued &gt;\$7.5m through the DCS reporting portal (unless an exemption applies).</li> <li>• Achieve and report on Small and Medium Enterprise participation of 25% of project addressable spend for goods and services contracts valued &gt;\$3m through the DCS portal (unless an exemption applies).</li> </ul>	<p>Quarterly</p>