
2024-25 Service Agreement

An agreement between the Secretary, NSW Health
and NSW Ambulance
for the period 1 July 2024 to 30 June 2025



NSW Health 2024-25 Service Agreement

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*.

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

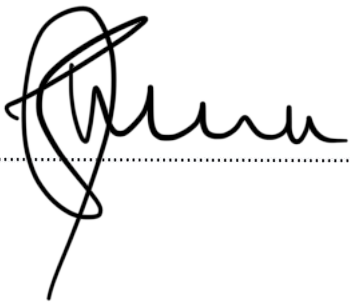
The Organisation

Dr Dominic Morgan ASM
Chief Executive
NSW Ambulance

Date 29/7/24 Signed 

NSW Health

Ms Susan Pearce AM
Secretary
NSW Health

Date 1/8/24 Signed 

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1 Legislation and governance

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 as provided in the *Health Services Act 1997*, to be communicated in writing to the Organisation.

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)*.

1.4 National Agreement

The National Cabinet has reaffirmed the commitment of all Australian governments to providing universal healthcare for all Australians. This is enshrined in the 2020-2025 Addendum to the National Health Reform Agreement (NHRA). The NHRA outlines the financial arrangements for Australian public hospital services.

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 Clinical Governance in NSW policy (PD2024_010) 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 (Goods and Services) policy (PD2024_009).

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 policy (PD2024_002) and adhere to the roles and responsibilities set out in Early Response to High Consequence Infectious Disease policy (PD2024_005).

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.
- NSW Ambulance priorities are documented and monitored through the *NSW Ambulance Strategic Plan: Redefining our Future 2021-2026*.

2.1 NSW Aboriginal Health Plan

The *NSW Aboriginal Health Plan 2024–2034* aims to drive change to achieve the highest possible levels of health and wellbeing for Aboriginal people in NSW, in line with the National Agreement on Closing the Gap, by:

- Guiding how health systems are planned, delivered, and monitored
- Elevating the focus on Aboriginal expertise to drive shared decision-making and innovative collaborations
- Influencing the redesign of health services to achieve health equity
- Providing direction for the elimination of racism in all aspects of health care

The Plan is supported by the NSW Health Governance and Accountability Framework which promotes partnership and shared decision making and is operationalised through the NSW Aboriginal Health Transformation Agenda which NSW Health Organisations have responsibility for actioning.

2.2 Future Health Strategic Framework

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

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 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.

2.3 Regional Health Strategic Plan

The *Regional Health Strategic Plan 2022-2032* (the 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 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 Strategic 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).

2.4 NSW Health Workforce Plan 2022-2032

The *NSW Health Workforce Plan* describes the NSW Ministry of Health workforce vision and its system priorities:

1. Build positive work environments that bring out the best in everyone.
2. Strengthen diversity in our workforce and decision making.
3. Empower staff to work to their full potential around the future care needs.
4. Equip our people with the skills and capabilities to be an agile, responsive workforce.
5. Attract and retain skilled people who put patients first.
6. Unlock the ingenuity of our staff to build work practices for the future.

State-level leads have been identified to lead specific activities under the first Horizon, on behalf of the system.

However, to achieve the workforce vision, all agencies, Districts, Networks and pillar organisations are responsible for delivering on these six system-wide workforce priorities for the workforce of their organisation.

2.5 Single Digital Patient Record

The Single Digital Patient Record (SDPR) program will transform the digital systems and workflows that NSW public healthcare workers use every day to deliver care. All NSW Health care teams will for the first time be able to access the same information about a patient no matter their location.

To do this, the Single Digital Patient Record will replace the existing 9 electronic medical record platforms, 10 patient administration systems and 5 laboratory information management systems in use today. Building on NSW Health's collective expertise, the program will help evolve digital health service delivery to address the future needs of our patients, workforce and community.

The delivery of the SDPR will be overseen by the Single Digital Patient Record Implementation Authority (SDPRIA) in partnership with eHealth NSW, NSW Health Pathology, the Ministry of Health, Local Health Districts and other health organisations.

To achieve implementation, all agencies, Districts, Networks and pillar organisations will be responsible for collaborating and contributing to the Single Digital Patient Record.

2.6 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

2.7 NSW Performance and Wellbeing Framework

The State is transitioning towards a Performance and Wellbeing Framework that reports on a broad range of indicators to benchmark its delivery of services and track the overall quality of life of the people of NSW. The Framework will also support prioritisation and accountability for the achievement of the goals set. The Performance and Wellbeing Framework comprises eight Wellbeing Themes:

- Healthy
- Skilled
- Prosperous
- Housed
- Secure
- Community
- Connected
- Sustainable

Under the framework, no single agency or portfolio is responsible for delivering on wellbeing indicators.

Each wellbeing theme has 3-4 outcomes that describe what the Government is seeking to achieve for the NSW community. The Health portfolio primarily contributes to the outcomes under the theme 'Healthy', but it also contributes to outcomes under other themes. The 2024-25 Budget presents potential indicators that could track progress against the NSW Outcomes and Wellbeing themes, these will be finalised pending public consultation during 2024-25. The proposed NSW Outcome indicators are interim and are reflective of performance indicators already in the Service Agreement, NSW Health Performance Framework, NSW Health Purchasing Framework and the funding model. A refined outcome indicator list will be set for the 2025-26 Budget.

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.

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:

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

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

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

Emergency Management

- Emergency management services and multi-agency operations

Support Services

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

3.1 Cross district referral networks

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](#) (PD2023_035)

- [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](#)

3.2 Critical and specialist care

Service name	Unit	Locations	Service Requirement
Adult Intensive Care Unit – Level 6 services	Beds/NWAU	Royal North Shore (38) Westmead (49) Nepean (21) Liverpool (40) Royal Prince Alfred (51) Concord (16) Prince of Wales (23) John Hunter (30) St Vincent’s (21+1/290 NWAU24) St George (36)	Services to be provided in accordance with the Critical Care Tertiary Referral Networks & Transfer of Care (Adults) policy. Units with new beds in 2024/25 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 Intensive Care Service Model: NSW Level 4 Adult Intensive Care Unit .
Neonatal Intensive Care Service	Beds/NWAU	Sydney Children’s Hospitals Network (SCHN) –Westmead (23) Royal Prince Alfred (22) Royal North Shore (17) Royal Hospital for Women (18) Liverpool (17+1/325 NWAU24) John Hunter (20) Nepean (12) Westmead (24)	Services to be provided in accordance with the NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements policy
Paediatric Intensive Care	Beds/NWAU	SCHN – Randwick (18) SCHN - Westmead (24) John Hunter (7)	Services to be provided in accordance with the NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements policy
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
Mental Health Intensive Care	Access	Hornsby - Mental Health Intensive Care Unit Mater, Hunter New England – Psychiatric Intensive Care Unit Orange Health Service Bloomfield – Lachlan Adult Mental Health Intensive Care Unit Concord - McKay East Intensive Psychiatric Unit Cumberland – Yaralla Intensive Psychiatric Care Unit Prince of Wales - Mental Health Intensive Care Unit	Provision of equitable access. Services to be provided in accordance with the Adult Mental Health Intensive Care Networks policy

Service name	Unit	Locations	Service Requirement
		Forensic Hospital, Malabar (second tier referral facility)	
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 the <u>Tiered Networking Arrangements for Perinatal Care in NSW</u> policy
Severe Burn Service	Access	Concord Royal North Shore SCHN - Westmead	Services to be provided in accordance with the NSW Agency for Clinical Innovation's <u>NSW Burn Transfer Guidelines</u> .
State Spinal Cord Injury Service	Access	Prince of Wales Royal North Shore Royal Rehab SCHN – Westmead and Randwick	Services to be provided in accordance with the <u>Critical Care Tertiary Referral Networks & Transfer of Care (Adults)</u> and the <u>NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements</u> policies.
Endovascular clot retrieval	Access	Royal Prince Alfred Prince of Wales Royal North Shore Westmead Liverpool John Hunter SCHN	As per the NSW Health strategic report - <u>Planning for NSW NI Services to 2031</u>

3.3 Transplant services

Organ transplant services are dependent on the availability of matched organs in accordance with the Transplantation Society of Australia and New Zealand, Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.11 – May 2023.

Referral pathways for Haematopoietic Stem Cell Transplantation are detailed in the Agency for Clinical Innovation Bone and Marrow Transplant Network's NSW Protocol for Autologous Haematopoietic Stem Cell Transplantation for Systemic Sclerosis.

Service name	Unit	Locations
Heart, Lung and Heart Lung Transplantation	106	St Vincent's
Adult Liver Transplant	Access	Royal Prince Alfred
Organ Retrieval Services	Access	St Vincent's Royal Prince Alfred Westmead
Paediatric Heart Transplant	Access	Westmead

Service name	Unit	Locations
Blood and Marrow Transplantation – Allogeneic	Number	St Vincent's Westmead Royal Prince Alfred Liverpool Royal North Shore SCHN – Randwick SCHN - Westmead
Haematopoietic Stem Cell Transplantation for Severe Scleroderma	Number	St Vincent's

3.4 Strategic infrastructure

Service name	Locations
Cyclotrons	Royal Prince Alfred Liverpool
Blood and Marrow Transplant Laboratory	St Vincent's - <i>services Gosford</i> NSW Health Pathology – Westmead Institute of Clinical Pathology and Medical Research (ICPMR) – <i>services Nepean, Wollongong and SCHN – Westmead</i> NSW Health Pathology – Prince of Wales – <i>services SCHN - Randwick</i>
Hyperbaric Medicine	Prince of Wales
Biocontainment unit	Westmead

3.5 Implementation of new health technologies

These services are listed in the Service Agreement according to the NSW Health [Guideline for New Health Technologies and Specialised Services](#) (GL2022_012).

When fully implemented, these services will be transitioned into activity-based service provision and may be transitioned to local governance and removed from the Service Agreement.

Service name	Locations
CAR T-cell therapy delivered for the following clinical indications in accordance with individual agreements between the Ministry of Health and delivery sites::	
Acute lymphoblastic leukaemia (ALL)	SCHN Royal Prince Alfred Westmead
Adult diffuse large B-cell lymphoma (DLBCL)	Royal Prince Alfred Westmead
Adult mantle cell lymphoma (MCL)	Royal Prince Alfred Westmead
Gene therapy for inherited retinal blindness	SCHN

Service name	Locations
Gene therapy for paediatric spinal muscular atrophy	SCHN - Randwick
Telestroke	Prince of Wales
High risk Transcatheter Aortic Valve Implantation (TAVI)	St Vincent's Royal Prince Alfred Royal North Shore South Eastern Sydney Local Health District John Hunter Liverpool Westmead

3.6 Nationally Funded Centres

All patients across Australia can be accepted onto Nationally Funded Centre programs in line with the *Nationally Funded Centre Agreement*.

Service name	Locations
Pancreas Transplantation	Westmead
Paediatric Liver Transplantation	SCHN - Westmead
Islet Cell Transplantation	Westmead

3.7 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.

4 Budget

4.1 Budget Schedule: Part 1

NSW Ambulance		Target Volume	2024/25 BUDGET		Initial Budget 2024/25
			Activity Based Funded Services	Small Hospitals and Other Block Funding	
State Efficient Price - \$5,675 per NWAU24		NWAU24	(\$ '000)	(\$ '000)	(\$ '000)
Acute Admitted					\$0
Emergency Department					\$0
Sub-Acute Services					\$0
Non Admitted Services - Incl Dental Services					\$0
A	Total	0	\$0	\$0	\$0
Mental Health - Admitted					\$0
Mental Health - Non Admitted					\$0
B	Total	0	\$0	\$0	\$0
Teaching, Training and Research					\$0
Other Non Admitted Patient Services					\$0
C	Total			\$0	\$0
Other Services				\$1,524,634	\$1,524,634
D	Total			\$1,524,634	\$1,524,634
E	Restricted Financial Asset Expenses				\$350
F	Depreciation (General Funds only)				\$84,163
G	Total Expenses (G=A+B+C+D+E+F)	-		\$1,524,634	\$1,609,146
H	Other - Gain/Loss on disposal of assets etc				\$13,232
GF Revenue - ABF Commonwealth Share					\$0
GF Revenue - Block Commonwealth Share					\$0
Revenue excluding ABF & Block Commonwealth Share					(\$1,588,288)
I	LHD Revenue				(\$1,588,288)
J	Net Result (J=G+H+I)				\$34,090

The Initial Budget splits have been informed by costs reported in the 2022-23 District and Network Return submission. In line with the devolved health system governance, Districts and Networks have the flexibility to determine the application and reconfiguration of resources between services that will best meet local needs and priorities.

The Initial Budget reflects a 5.4% increase compared to the annualised amount of \$1,527.06 M, which was reviewed by Districts and Networks through the forward estimates process in March-April 2024.

4.2 Budget Schedule: Part 2

NSW Ambulance		2024/25 (\$ '000)
Government Grants		
A	Subsidy* - In-Scope ABF State Share	\$0
B	Subsidy - In-Scope Block State Share	(\$1,992)
C	Subsidy - Out of Scope State Share	(\$1,267,719)
D	Capital Subsidy	(\$10,889)
E	Crown Acceptance (Super, LSL)	(\$18,309)
F	Total Government Contribution (F=A+B+C+D+E)	(\$1,298,909)
Own Source Revenue		
G	GF Revenue	(\$288,967)
H	GF Revenue - ABF Commonwealth Share	\$0
I	GF Revenue - Block Commonwealth Share	\$0
J	Restricted Financial Asset Revenue	(\$413)
K	Total Own Source Revenue (K=G+H+I+J)	(\$289,380)
L	Total Revenue (L=F+K)	(\$1,588,288)
M	Total Expense Budget - General Funds	\$1,608,796
N	Restricted Financial Asset Expense Budget	\$350
O	Other Expense Budget	\$13,232
P	Total Expense Budget as per Schedule Part 1 (P=M+N+O)	\$1,622,378
Q	Net Result (Q=L+P)	\$34,090
Net Result Represented by:		
R	Asset Movements	(\$86,666)
S	Liability Movements	\$52,576
T	Entity Transfers	\$0
U	Total (U=R+S+T)	(\$34,090)
Note:		
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 Districts / Networks and sit outside the National Pool.		

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

NSW Ambulance	ABF		Block \$000	Total \$000	C'wealth Contribution	
	NWAU	\$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						
Other public hospital programs						
Innovative Models of Care			\$2,300		\$1,035	45.0%
Public Health						
In-Scope for Commonwealth & State NHRA Contributions Total	0	\$0	\$2,300	\$2,300	\$1,035	45.0%
Acute Admitted						
Mental Health - Admitted (Acute and Sub-Acute)						
Sub-Acute Services - Admitted						
Emergency Department						
Non Admitted Patients (Including Dental)						
State & Other Funding Contributions Total	0	\$0		\$0		
<i>State Only Block</i>			\$1,522,334	\$1,522,334		
<i>Restricted Financial Asset Expenses</i>			\$350	\$350		
<i>Depreciation (General Funds only)</i>			\$84,163	\$84,163		
Total	0	\$0	\$1,609,146	\$1,609,146	\$1,035	0.1%

4.4 Budget Schedule: Capital program

Project Description	Project Code	Reporting Silo	Estimated Total Cost (\$'000)	Estimated Expenditure to 30 June 2024 (\$'000)	Budget Allocation 2024-25 (\$'000)	Balance to Complete (\$'000)
Projects managed by Health Entity						
2024-25 Major New Works						
Total Major New Works			-	-	-	-
Works in Progress						
Ambulance Virtual Clinical Care Centre (VCCC)-NSWA	P56960	Other	5,000	-	5,000	-
Minor Works & Equipment >\$10K<\$250K *	P51069	MWE	n.a	n.a	3,389	-
NSW Ambulance Stay Safe and Keep Operational	P56980	Other	20,000	17,500	2,500	-
Total Works in Progress			25,000	17,500	10,889	-
Total Capital Program managed by health entity			25,000	17,500	10,889	-
Projects managed by Health Infrastructure (HI)						
2024-25 Major New Works						
Total Major New Works			-	-	-	-
Works in Progress						
Ambulance Virtual Clinical Care Centre (VCCC)-HI	P56961	HI Silo	10,000	8,995	1,005	-
NSW Ambulance Relocation to Homebush - HI	P56836	HI Silo	53,000	46,676	6,324	-
Rural Ambulance Infrastructure Reconfiguration Program	P56052	HI Silo	232,120	216,529	9,875	5,716
Total Works in Progress			295,120	272,199	17,205	5,716
Total Capital Expenditure Authorisation Limit managed by HI			295,120	272,199	17,205	5,716
Projects managed by Ministry of Health						
2024-25 Major New Works						
Total Major New Works						
Works in Progress						
Sydney Ambulance Metropolitan Infrastructure Strategy	P55344	HI Silo	1,526	-	1,526	-
Regional Helicopter Ambulance Bases	P57213	ROUs	63,950	-	-	63,950
NSW Ambulance Infrastructure Program	P56962	Other	518,043	-	125,291	392,752
NSW Ambulance Stay Safe and Keep Operational	P56980	Other	25,000	-	25,000	-
Total Works in Progress			608,519	-	151,817	456,702
Total Capital Expenditure Authorisation Limit managed by Ministry of Health			608,519	-	151,817	456,702

*** Notes:**

- Expenditure should not exceed to the approved limit without prior authorisation by Ministry of Health
- P51069 Minor Works & Equipment >\$10k<\$250k allocations are subject to review on the submission of FY25 AMP/SAMPs

5 Purchased services

5.1 Activity

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">Ambulance Education CentreEmergency management and trainingLearning & development
Emergency Response	<ul style="list-style-type: none">Emergency pre- and out of hospital careTriple zero call taking and dispatchEmergency 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 patientsHealth 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 planningSpecialists operations such as snowfield and rescue
Health Transport Services	<ul style="list-style-type: none">Non-Emergency Patient Transport* <p><i>*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.</i></p>
Primary and Community Health Support	<ul style="list-style-type: none">Develop and support staff to lead, manage and deliver pre hospital careCommunity education



6 Performance against strategic 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 [KPI Data Supplement](#).

NSW Ambulance will assess certain key performance indicators at a state-wide, regional and metropolitan level.

1 Patients and carers have positive experiences and outcomes that matter 				
4 Keep communities informed, build engagement, seek feedback 				
Measure	Target	Performance Thresholds		
		Not performing x	Underperforming ↘	Performing ✓
Virtual Clinical Care Centre Patient Reported Experience – very good or good care (%)	80	< 70	≥ 70 and < 80	≥ 80
Virtual Clinical Care Centre Patient Reported Outcome – medical issue improved or unchanged (%)	80	< 70	≥ 70 and < 80	≥ 80

2 Safe care is delivered across all settings 				
2 Enable better access to safe, high quality and timely health services 				
5 Expand integration of primary, community and hospital care 				
Measure	Target	Performance Thresholds		
		Not performing x	Underperforming ↘	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	80	<70	≥70 and <80	≥80

2 Safe care is delivered across all settings



2 Enable better access to safe, high quality and timely health services



5 Expand integration of primary, community and hospital care



Measure	Target	Performance Thresholds		
		Not performing ✘	Underperforming ⚠	Performing ✔
window from time of call for Regional NSW (%)				
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
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
Patients who receive pharmacological treatment for acute behavioural disturbance who remain rousable (%)	80	< 70	≥ 70 and < 80	≥ 80
Blood units discarded (%)	< 5	≥ 7	≥ 5 and < 7	< 5

4 Our staff are engaged and well supported



1 Strengthen the regional health workforce



Measure	Target	Performance Thresholds		
		Not performing x	Underperforming ↓	Performing ✓
Workplace Culture - People Matter Survey Culture Index (% variance from previous year)	≥ -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
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
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



6 Harness and evaluate innovation to support a sustainable health system



Measure	Target	Performance Thresholds		
		Not performing x	Underperforming ↓	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



6 Harness and evaluate innovation to support a sustainable health system





Measure	Target	Performance Thresholds		
		Not performing ✘	Underperforming ⚠	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 (%)	On budget or favourable	>0.5% unfavourable	>0 and ≤0.5% unfavourable	On budget or favourable
Net Cost of Service (NCOS) Matched to Budget - General Fund - Variance (%)	On budget or favourable	>0.5% unfavourable	>0 and ≤0.5% unfavourable	On budget or favourable
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

6.2 Performance deliverables

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

6.2.1 Future Health Delivery Actions


Key Objective	Deliverable in 2024-25
2 Safe care is delivered across all settings 	
2.1	Develop and implement a community paramedicine strategy that will enable paramedics to provide secondary triage and to deliver non-emergency responses for our patients.
2.2	Develop and implement a virtual secondary triage model of care that will deliver specialised secondary triage advice and referral at the point of call, to connect patients with the care they need and avoid unnecessary dispatch of ambulances and paramedics.
3 People are healthy and well 	
3.1	Develop and implement a NSW Ambulance emergency management strategy and establish a Emergency Management Unit.
3.3	Implement the NSW Ambulance Health & Wellbeing Strategy.
3.5	<p>Close the gap by prioritising care and programs for Aboriginal people</p> <p>The Organisation will deliver and report quarterly, providing evidence, to the Ministry of Health on:</p> <ul style="list-style-type: none"> Development of an innovative program, shared workforce model and/or model of care between the Organisation and Aboriginal Community Controlled Health Organisations

6.2.2 Regional Health Strategic Priority actions

The Regional Health Division collaborates with the Enterprise Program Management Office (EPMO) in the Office of the Secretary, Ministry of Health branches, pillars, health organisations, Districts and Networks to monitor implementation of the Regional Health Strategic Plan.

The Regional Health Strategic Plan is complemented by a Priority Framework which sets targets for the first three years of the plan. Delivery Roadmaps will guide implementation for three time horizons at 3, 5 and 10 years. The first Delivery Roadmap (2022-2025) was developed in consultation with Ministry of Health branches, pillars and state-wide health agencies. The Delivery Roadmap includes 68 actions that respond to the 44 recommendations in the report of the Parliamentary Inquiry into Health outcomes and access to health and hospital services in rural, regional and remote NSW.

6.2.3 Performance deliverables contributing to achieving Future Health outcomes

Key Objective	Deliverable in 2024-25
5 Research and innovation, and digital advances inform service delivery 	
5.2	<p>International Academies of Emergency Dispatch Accreditation</p> <p>Maintain NSW Ambulance Accredited Centre of Excellence (ACE) accreditation for correct application of a Medical Priority Dispatch System</p>