

NSW Health Service Agreement – 2021-22

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.

The agreement articulates direction, responsibility and accountability across the NSW Health system for the delivery of NSW Government and NSW Health priorities. Additionally, it specifies the service delivery and performance requirements expected of the Organisation that will be monitored in line with the NSW Health Performance Framework.

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

Parties to the agreement

The Organisation

Dr Dominic Morgan ASM
Chief Executive
NSW Ambulance

Date 30/7/21 Signed 

NSW Health

Ms Elizabeth Koff
Secretary
NSW Health

Date 28/8/21 Signed 

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1. Objectives of the Service Agreement

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

2. Legislation, governance and performance framework

2.1 Legislation

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

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

2.2 Variation of the agreement

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

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

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

2.3 National Agreement

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. There is a focus on improved patient safety, quality of services and reduce unnecessary hospitalisations. The Commonwealth will continue its focus on reforms in primary care that are designed to improve patient outcomes and reduce avoidable hospital admissions.

2.4 Governance

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

2.4.1 Clinical governance

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

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

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

<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-safety-and-quality-framework-health-care>

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

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

2.4.2 Corporate governance

The Organisation must ensure services are delivered in a manner consistent with the *NSW Health Corporate Governance and Accountability Compendium* (the Compendium) seven corporate governance standards. The Compendium is at:

<http://www.health.nsw.gov.au/policies/manuals/pages/corporate-governance-compendium.aspx>

Where applicable, the Organisation is to:

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

2.4.3 Procurement governance

The Organisation must ensure procurement of goods and services complies with the *NSW Health Goods and Services Procurement Policy Directive* (PD2019_028). This policy directive details the requirements for all staff undertaking procurement or disposal of goods and services on behalf of NSW Health. The policy is at: https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2019_028

2.4.4 Aboriginal Procurement Policy

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

<https://buy.nsw.gov.au/policy-library/policies/aboriginal-procurement-policy>

2.4.5 Performance Framework

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

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

The Framework sets out responses to performance concerns and management processes that support the achievement of outcomes in accordance with NSW Health and government policies and priorities. Performance concerns will be raised with the Organisation for focused discussion at performance review meetings in line with the *NSW Health Performance Framework* available at:

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

3. Strategic and local 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.

3.1 NSW Premier's Priorities

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

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

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

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

3.2 NSW Health Outcome and Business Plan

The NSW Treasury Outcome Budgeting initiative intends to transform the way budget decisions are made, and resources are managed in the NSW public sector. The overarching objective of Outcome Budgeting is to shift the focus of the NSW Government to deliver better outcomes for the people of NSW with increased transparency, accountability and value (TPP 18-09 – available at <https://www.treasury.nsw.gov.au/sites/default/files/2018-12/TPP18-09%20Outcome%20Budgeting.pdf>).

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

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

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

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

3.3 Local priorities

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

The Organisation is responsible for developing the following plans with Board oversight:

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

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

NSW Ambulance's focus over the next five years are highlighted in the NSW Ambulance Strategic Plan 2021-2026. In line with this, the local priorities for 2021-2022 are:

Priority One: Our Organisation

Objectives:

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

Priority Two: Our Services

Objectives:

- Providing compassionate, high quality care
- Delivering patient-centred clinical care
- Using community paramedicine for non-emergency situations in response to receipt of Triple Zero (000) calls, to facilitate diversion to low acuity pathways
- Developing innovative care models to improve outcomes

Priority Three: Our Stakeholders and Partners

Objectives:

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

Priority Four: Our Resources

Objectives:

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

4. NSW health services and networks

4.1 Services

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

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

4.1.1 Emergency Services

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

4.1.2 Trauma Services

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

4.1.3 Demand management

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

4.1.4 Emergency Management

- Emergency management services and multi-agency operations

4.1.5 Support Services

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

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

The Organisation will also maintain up to date details of:

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

4.2 Networks and services provided to other organisations

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

4.3 Cross district referral networks

NSW Ambulance works alongside Districts and Networks 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)
- *Critical Care Tertiary Referral Networks (Paediatrics)* - (PD2010_030)
- *Children and Adolescents - Inter-Facility Transfers* - (PD2010_031)
- *Tiered Networking Arrangements for Perinatal Care in NSW* (PD2020_014)
- *NSW State Spinal Cord Injury Referral Network* - (PD2018_011)
- *NSW Major Trauma Referral Networks (Adults)* - (PD2018_011)
- *Children and Adolescents with Mental Health Problems Requiring Inpatient Care* - (PD2011_016)
- *Adult Mental Health Intensive Care Networks* - (PD2019_024)
- State-wide Intellectual Disability Mental Health Hubs - (Services provided as per March 2019 Service Level Agreements with Sydney Children's Hospitals Network and Sydney Local Health District)

4.4 Supra LHD services

Under the *NSW Framework for New Health Technologies and Specialised Services (GL2018_023)*, Supra LHD services are provided across District and Network boundaries and are characterised by a combination of the following factors:

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

Ensuring equitable access to Supra LHD services is a key focus. Supra LHD services are expected to establish efficient and effective referral networks to ensure all eligible patients in NSW have access regardless of their location.

Annual reporting processes are being trialled with selected services in 2021-22. These reports are being developed in collaboration with clinical teams and host districts and networks to ensure they are tailored to the requirements of specific services.

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

Supra LHD service	Measurement unit	Locations	Service requirement
Adult Intensive Care Unit	Beds/NWAU	Royal North Shore (38) Westmead (49) Nepean (21) Liverpool (37 +1/286 NWAU21) Royal Prince Alfred (51) Concord (16) Prince of Wales (23) John Hunter (26) St Vincent's (21) St George (36)	Services to be provided in accordance with <i>Critical Care Tertiary Referral Networks & Transfer of Care (Adults)</i> policy. Units with new beds in 2020-21 will need to demonstrate networked arrangements with identified partner Level 4 AICU services, in accordance with the recommended standards in the NSW Agency for Clinical Innovation's <i>Intensive Care Service Model: NSW Level 4 Adult Intensive Care Unit</i>

Supra LHD service	Measurement unit	Locations	Service requirement
Mental Health Intensive Care	Access	Concord - McKay East Ward Hornsby - Mental Health Intensive Care Unit Prince of Wales - Mental Health Intensive Care Unit Cumberland – Yaralla Ward Orange Health Service - Orange Lachlan Intensive Care Unit Mater, Hunter New England – Psychiatric Intensive Care Unit	Provision of equitable access.
Adult Liver Transplant	Access	Royal Prince Alfred	Dependent on the availability of matched organs, in accordance with The Transplantation Society of Australia and New Zealand, <i>Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.6— 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 & Transfer of Care (Adults)</i> and <i>Critical Care Tertiary Referral Networks (Paediatrics)</i> policies. Participation in the annual reporting process.
Blood and Marrow Transplantation – Allogeneic	Number	St Vincent's (38) Westmead (71) Royal Prince Alfred (26) Liverpool (18) Royal North Shore (39+8/103 NWAU21) 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 service	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
Neonatal Intensive Care Service	Beds/NWAU	SCHN Randwick (4) SCHN Westmead (23) Royal Prince Alfred (22) Royal North Shore (16) Royal Hospital for Women (16+1/323 NWAU21) Liverpool (15+1/323 NWAU21) John Hunter (19) Nepean (12) Westmead (24)	Services to be provided in accordance with <i>NSW Critical Care Networks (Perinatal)</i> policy
Peritonectomy	NWAU	St George (116) Royal Prince Alfred (68)	Provision of equitable access for referrals as per agreed protocols
Paediatric Intensive Care	NWAU	SCHN Randwick (13) SCHN Westmead (22) John Hunter (5)	Services to be provided in accordance with <i>NSW Critical Care Networks (Paediatrics)</i> policy
Severe Burn Service	Access	Concord Royal North Shore SCHN Westmead	Services to be provided in accordance with <i>Critical Care Tertiary Referral Networks & Transfer of Care (Adults)</i> , <i>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

Supra LHD service	Measurement unit	Locations	Service requirement
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 Protocol for Autologous Haematopoietic Stem Cell Transplantation for Systemic Sclerosis</i> , BMT Network, Agency for Clinical Innovation, 2016. Participation in the annual reporting process.
Neurointervention Services endovascular clot retrieval for Acute Ischaemic Stroke	Access	Royal Prince Alfred Prince of Wales Liverpool John Hunter SCHN	As per the NSW Health strategic report - <i>Planning for NSW NI Services to 2031</i> Participation in annual reporting process. Participation in the annual reporting process.
Organ Retrieval Services	Access	St Vincent's Royal Prince Alfred Westmead	Services are to be provided in line with the clinical service plan for organ retrieval. Services should focus on a model which is safe, sustainable and meets donor family needs, clinical needs and reflects best practice.
Norwood Procedure for Hypoplastic Left Heart Syndrome (HLHS)	Access	SCHN Westmead	Provision of equitable access for all referrals
Telestroke	Access for up to 23 referring sites in rural and regional NSW	Prince of Wales	As per individual service agreements Participation in annual reporting process. Participation in the annual reporting process.

Supra LHD service	Measurement unit	Locations	Service requirement
High risk Transcatheter Aortic Valve Implantation (TAVI)	Access for patients at high surgical risk	St Vincent's Royal Prince Alfred Royal North Shore SESLHD John Hunter Liverpool Westmead	Delivery of additional procedures, including targeted for patients from regional or rural NSW in line with correspondence from NSW Ministry of Health All services must: <ul style="list-style-type: none"> • Be accredited through Cardiac Accreditation Services Limited, including accreditation of the hospital and clinicians. • Establish referral pathways to ensure statewide equity of access • Include high risk TAVI patients in surgical waitlists • Undertake data collection as required by the ACOR registry and collect patient-reported outcomes and experience • Participate in the annual reporting and any required evaluation activities
CAR T-cell therapy: <ul style="list-style-type: none"> • Acute lymphoblastic leukaemia (ALL) for children and young adults: • Adult diffuse large B-cell lymphoma (DLBCL) 	Access	Sydney Children's Hospital, Randwick Royal Prince Alfred Hospital Royal Prince Alfred Hospital Westmead hospital	As per individual CAR T cell therapy service agreements. Compliance with the annual reporting process.
Gene therapy for inherited retinal blindness	Access	SCHN	As per individual service delivery agreement currently in development
Gene therapy for paediatric spinal muscular atrophy	Access	SCHN Randwick	As per individual service delivery agreement currently in development

4.5 Nationally Funded Centres

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

5. Budget

5.1 State Outcome Budget Schedule: Part 1

NSW Ambulance Service	Target Volume (includes ABF and Small Hospitals)	Activity Based Funding (ABF)	Small Hospitals / Block Funding / Gross-Up	Cost-Price Adjustment	2021-22 Initial Budget
State Efficient Price: \$4,931 per NWAU21	NWAU21	\$000	\$000	\$000	\$000
Outcome 1: Keeping people healthy through prevention and health promotion <i>Preventive and population health are critical to keeping people healthier. This outcome covers a range of functions NSW Health is responsible for including to protect and promote public health, control infectious diseases, reduce preventable diseases and death, help people manage their own health, and promote equitable health outcomes in the community.</i>	0	\$0	\$0	\$0	\$0
Outcome 2: People can access care in out of hospital settings to manage their health and wellbeing <i>Healthcare extends beyond the hospital and needs to connect across settings to reduce the burden of chronic disease, assist people with conditions to live well and avoid complications, support people to recover from illness and injury, and prevent avoidable hospitalisations. NSW Health services funded to achieve this outcome include non-admitted and community based services, sub-acute services, hospital in the home, and dental services.</i>	0	\$0	\$0	\$0	\$0
Outcome 3: People receive timely emergency care <i>NSW Health often provides the first point of contact for those needing access to emergency healthcare and is responsible for managing and administering ambulance and emergency services.</i>	0	\$0	\$983,443	\$0	\$983,443
Outcome 4: People receive high-quality, safe care in our hospitals <i>This outcome reflects the State's responsibility to manage and administer public hospitals. When people are admitted to a hospital in NSW they can expect world-class medical and surgical care within clinically recommended timeframes.</i>	0	\$0	\$0	\$0	\$0
Outcome 5: Our people and systems are continuously improving to deliver the best health outcomes and experiences <i>A skilled workforce with access to world leading education and training, and a system that harnesses research and digital innovation are essential to continuously improve outcomes and experiences of care across the system. These enablers are delivered by a range of statutory bodies and system managers.</i>	0	\$0	\$0	\$0	\$0
A TOTAL OUTCOME BUDGET ALLOCATION	0	\$0	\$983,443	\$0	\$983,443
B Provision for Specific Initiatives & TMF Adjustments (not included above)*					\$33,887
Allocated Savings Programs					(\$4,788)
Better paramedic coverage for regional and metropolitan NSW					\$27,522
IntraHealth Adjustments 21/22					\$850
TMF Adjustments 21/22					\$10,303
C Restricted Financial Asset Expenses					\$350
D Depreciation (General Funds only)					\$83,733
E TOTAL EXPENSES (E=A+B+C+D)					\$1,101,413
F Other - Gain/Loss on disposal of assets etc					\$13,232
G LHD Revenue					(\$1,187,410)
H NET RESULT (H=E+F+G)					(\$72,765)

5.2 State Outcome Budget Schedule: Part 2

		2021/22 Initial Budget
		\$000
Government Contributions:		
A	Subsidy*	\$0
B	In-Scope Services - Block Funded	\$0
C	Out of Scope Services - Block Funded	(\$785,263)
D	Capital Subsidy	(\$125,214)
E	Crown Acceptance (Super, LSL)	(\$20,621)
F	Total Government Contributions (F=A+B+C+D+E)	(\$931,098)
Own Source Revenue:		
G	GF Revenue	(\$255,900)
H	Restricted Financial Asset Revenue	(\$413)
I	Total Own Source Revenue (I=G+H)	(\$256,312)
J	TOTAL REVENUE (J=F+I)	(\$1,187,410)
K	Total Expense Budget - General Funds	\$1,101,063
L	Restricted Financial Asset Expense Budget	\$350
M	Other Expense Budget	\$13,232
N	TOTAL EXPENSE BUDGET (per Outcome Budget Schedule Part 1) (N=K+L+M)	\$1,114,645
O	NET RESULT (O=J+N)	(\$72,765)
Net Result Represented by:		
P	Asset Movements	\$235,591
Q	Liability Movements	(\$162,826)
R	Entity Transfers	
S	TOTAL (S=P+Q+R)	\$72,765
NOTES:		
<p>The minimum weekly cash reserve buffer for unrestricted cash at bank has been updated for FY 2020/21 to \$1.3m.</p> <p>Based on final June 2021 cash balances, adjustments will be made from July 2021 to ensure alignment with the cash buffer requirements of NSW Treasury Circular TC15_01 Cash Management – Expanding the Scope of the Treasury Banking System.</p> <p>The minimum weekly cash buffer relates to cash held in General Fund bank accounts only and will be used to determine subsidy cash sweep amounts in line with the schedule advised by the Ministry of Health.</p> <p>The Ministry will closely monitor cash at bank balances during the year, excess cash will be swept back to the Ministry of Health regularly and made available to be allocated to the central payments bank accounts as required.</p> <p>Compliance with the General Sector Finance Act (2018), NSW Treasury and NSW Health policy and directives will also be monitored.</p> <p>* 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.</p>		

5.3 State Outcome Budget Schedule: NHRA Clause A95(b) Notice
2021-22 National Health Funding Body Service Agreement

	National Reform Agreement In-Scope	Commonwealth Funding Contribution
	NWAU	\$000
Acute admitted services	-	
Admitted mental health	-	
Sub-acute (admitted)	-	
Emergency	-	
Non-admitted	-	
Activity Based Funding	-	
Block Funding Total		

5.4 State Outcome Budget Schedule: Capital program

Ambulance Service NSW										
PROJECTS MANAGED BY HEALTH SERVICE	Project Code	Reporting Silo	Estimated Total Cost 2021/22	Estimated Expenditure to 30 June 2021	Cost to Complete at 30 June 2021	Capital Budget Allocation 2021/22	2021/22 Capital Budget Allocation by Source of Funds			
							MOH Funded 2021/22	Local Funds 2021/22	Revenue 2021/22	Lease Liabilities 2021/22
							\$	\$	\$	\$
2021/22 Capital Projects										
MAJOR NEW WORKS 2021/22										
Regional Response - Intensive Care Paramedics	P56788	OTHER	2,858,000		2,858,000	2,858,000	2,858,000	-	-	-
Mobile Clinician Devices Program	P56792	OTHER	38,984,000		38,984,000	38,984,000	38,984,000	-	-	-
NSW Ambulance Relocation to Homebush	P56794	OTHER	68,000,000		68,000,000	68,000,000	68,000,000	-	-	-
TOTAL MAJOR NEW WORKS			109,842,000	-	109,842,000	109,842,000	109,842,000	-	-	-
NEW LEASE ACQUISITIONS 2021/22										
Aeromedical Fixed Wing Stage 1	P56787	ROU	58,280,000		58,280,000	58,280,000	-	-	-	58,280,000
NSW Ambulance Homebush Accommodation	P56786	ROU	149,223,000		149,223,000	149,223,000	-	-	-	149,223,000
TOTAL NEW LEASE ACQUISITIONS			207,503,000	-	207,503,000	207,503,000	-	-	-	207,503,000
WORKS IN PROGRESS										
Asset Refurbishment / Replacement Strategy (State-wide)	P55345	ARRP	17,522,616	13,911,458	3,611,158	3,665,000	3,665,000	-	-	-
Minor Works and Equipment >\$10k<\$250k	P51069	MWE	3,976,000	-	-	3,976,000	3,172,900	803,100	-	-
Ambulance Medical Equipment Replacement Program - Next Phase	P55046	OTHER	17,500,000	15,473,667	2,026,333	2,026,333	2,026,333	-	-	-
Critical Communications Enhancement Program Terminal Refresh and Change Management Costs	P56398	OTHER	36,527,000	30,019,206	6,507,794	6,507,794	6,507,794	-	-	-
2020-21 Energy Efficient Government Programs Projects - ASNSW	P56655	OTHER	1,085,924	500,000	585,924	585,924	-	585,924	-	-
TOTAL WORKS IN PROGRESS			76,611,540	59,904,331	12,731,209	16,761,051	15,372,027	1,389,024	-	-
TOTAL CAPITAL EXPENDITURE AUTHORISATION LIMIT MANAGED BY Ambulance Service NSW			393,956,540	59,904,331	330,076,209	334,106,051	125,214,027	1,389,024	-	207,503,000
PROJECTS MANAGED BY HEALTH INFRASTRUCTURE										
PROJECTS MANAGED BY HEALTH INFRASTRUCTURE	Project Code	Reporting Silo	Estimated Total Cost 2021/22	Estimated Expenditure to 30 June 2021	Cost to Complete at 30 June 2021	Capital Budget Allocation 2021/22	Budget Est.	Budget Est.	Budget Est.	Balance to Complete
							2022/23	2023/24	2024/25	
							\$	\$	\$	\$
2021/22 Capital Projects										
MAJOR WORKS IN PROGRESS										
Sydney Ambulance Metropolitan Infrastructure Strategy	P55344	HI Silo	184,000,000	175,154,432	8,845,568	8,663,687	181,881	-	-	-
Rural Ambulance Infrastructure Reconfiguration	P56052	HI Silo	132,120,000	108,632,202	23,487,798	9,788,000	13,699,798	-	-	-
Rural Ambulance Infrastructure Reconfiguration (RAIR) - Stage 2 - Phase 1	P56725	HI Silo	100,000,000	7,484,000	92,516,000	92,516,000	-	-	-	-
TOTAL MAJOR WORKS IN PROGRESS			416,120,000	291,270,634	124,849,366	110,967,687	13,881,679	-	-	-
TOTAL CAPITAL EXPENDITURE AUTHORISATION LIMIT MANAGED BY HEALTH INFRASTRUCTURE			416,120,000	291,270,634	124,849,366	110,967,687	13,881,679	-	-	-

Notes:

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

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

6. Purchased services

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

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

7. Performance against strategies and objectives

7.1 Key performance indicators

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

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

Detailed specifications for the key performance indicators are provided in the Service Agreement Data Supplement. See:

http://hird.health.nsw.gov.au/hird/view_data_resource_description.cfm?ItemID=47060

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

NSW Health Outcome 3

People receive timely emergency care

Measure	Target	Not Performing ✘	Under Performing ↘	Performing ✔
All cases where STEMI is confirmed and patient meets Pre-hospital Assessment for Primary Angioplasty (PAPA) criteria and who arrive at the designated cardiac catheterisation laboratory facility within 60 minutes (%)	95	<85	≥85 and <95	≥95
Major trauma patients managed as per protocol T1 by either direct transport to a Trauma Service OR with Aeromedical Retrieval Service notification (%)	95	<85	≥85 and <95	≥95
Eligible Stroke FAST positive patients transported to a 24/7 Acute Thrombolytic Centre within the 4.5 hour clinical window from time of call for Metropolitan Sydney (%)	90	<80	≥ 80 and <90	≥90
Eligible Stroke FAST positive patients transported to a 24/7 Acute Thrombolytic Centre or Acute Stroke Unit within the 4.5 hour clinical window from time of call for Regional NSW (%)	80	<70	≥70 and <80	≥80
Mental Health patients who have a mental health assessment completed and documented (%)	60	<50	≥50 and <60	≥60
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%

NSW Health Outcome 4

People receive high quality, safe care

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

NSW Health Outcome 5

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

Measure	Target	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
Outcome Indicator Staff Engagement - People Matter Survey Engagement Index - Variation from previous survey (%)	≥-1	≤-5	>-5 and <-1	≥-1
Staff Engagement and Experience – People Matter Survey - Racism experienced by staff Variation from previous survey (%)	≥5% decrease on previous survey	No change or increase from previous survey.	>0 and <5% decrease on previous survey	≥5% decrease on previous survey
Staff Performance Reviews - Within the last 12 months (%)	100	<85	≥85 and <90	≥90
Recruitment: Average time taken from request to recruit to decision to approve/decline/defer recruitment (business days)	≤10	>10	No change from previous year and >10	≤10
Aboriginal Workforce Participation - Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	3	<1.8	≥1.8 and <3	≥3
Compensable Workplace Injury - Claims (% of change)	≥10% decrease	Increase	≥0 and <10% decrease	≥10% decrease
Annual reduction in premium labour (\$ Million)	≥4	<2	≥2 and ≤4	≥4
Research Governance Application Authorisations – Site specific within 60 calendar days - Involving greater than low risk to participants - (%)	75	<55	≥55 and <75	≥75

Finance

Measure	Target	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 (%)				
Asset maintenance Expenditure as a proportion of asset replacement value (%)	2.15	<1.5	≥1.5 and <2.15	≥2.15

7.2 Performance deliverables

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

NSW Health outcome	Deliverable in 2021-22	Due by
Safety and Quality Accounts		
Outcome 5	<p>The Organisation will complete a Safety and Quality Account inclusive of an annual attestation statement as outlined by the <i>National Safety and Quality Health Service Standards</i> (Version 2.0).</p> <p>The Account documents achievements and affirms an ongoing commitment to improving and integrating safety and quality into their functions.</p> <p>It includes key state-wide mandatory measures, patient safety priorities, service improvements, integration initiatives, and three additional locally selected high priority measures.</p> <p>Locally selected high priority measures must demonstrate a holistic approach to safety and quality, and at least one of these must focus on improving safety and quality for Aboriginal patients.</p>	31 October 2021
Workplace culture		
Outcome 5	The results of the People Matter Employee Survey will be used to identify areas of best practice and improvement opportunities.	30 June 2022
Outcome 5	The National Medical Training Survey will be used to monitor the quality of training and supervision medical officers receive and to identify areas where the organisation can improve its management of doctors in training to provide a safe working environment to deliver high quality care.	30 June 2022
Statewide Workforce Enhancement Program		
Outcome 5	Annual reduction on premium labour cost of \$4m, year on year, across 5 years commencing 2021/22 (base year escalated to current year dollars).	30 June 2022
Value Based Healthcare (VBHC)		
Integrated care		
Outcome 2	Facilitate the expansion of the NSW Ambulance Secondary Triage strategies, enhancing support based on the evaluation findings and engagement with District / Network, private providers and primary care services	30 Sept 2021
Asset maintenance		
Outcome 5	The organisation will complete an annual review and submission of the local Strategic Asset Management Plan and Asset Management Plan which will inform future asset related decision making.	30 June 2022
	The organisation will evaluate and report annual progress against the local Asset Management Framework Implementation Plan.	30 June 2022
	The organisation will provide an annual Attestation statement against the local Asset Management Framework Implementation Plan progress, leading towards NSW Government Asset management Policy for Public Sector (TPP 19-07) by June 2024.	30 June 2022