SERVICE LEVEL AGREEMENT

FOR THE PERIOD OF:

1 JULY 2018 – 30 JUNE 2019

THIS IS AN AGREEMENT BETWEEN:

CHIEF EXECUTIVE, DEPARTMENT FOR HEALTH AND WELLBEING

AND

CHIEF EXECUTIVE OFFICER, SOUTH AUSTRALIAN AMBULANCE SERVICE
## VERSION CONTROL

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PARTIES TO THE AGREEMENT

From 1 July 2018 to 30 June 2019

This is a Service Level Agreement (SLA) between the Chief Executive of the Department for Health and Wellbeing and the Chief Executive Officer of the South Australian Ambulance Service which sets out the parties’ mutual understanding of their respective statutory and other legal functions and obligations through a statement of expectations and performance deliverables for the period of 1 July 2018 - 30 June 2019. This SLA may be updated during the term of the SLA if required and by mutual agreement.

David Place
Acting Chief Executive Officer
South Australian Ambulance Service

Date: 29/8/18
Signed: 

Chris McGowan
Chief Executive
Department for Health and Wellbeing

Date: 4/9/18
Signed: 

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1. INTRODUCTION

SA Health is committed to delivering evidence informed, high quality services that meet the needs of the South Australian community from beginning to end of life.

This vision will be achieved through the Department for Health and Wellbeing (DHW) as the System Manager and purchaser of health and wellbeing services for the local population, the SA Ambulance Service (SAAS) and Local Health Networks (LHNs) as the service providers working together in partnership to ensure quality and timely delivery of health care and to continue to build a highly skilled, engaged and resilient workforce based on a culture of collaboration, respect, integrity and accountability.

This SLA formally assigns accountability for the high level outcomes and targets to be achieved during the term of the agreement. It sets out the parties’ mutual understanding of their respective statutory and other legal functions and obligations through a statement of expectation and performance deliverables for the period 1 July 2018 - 30 June 2019.

The content and process for preparing this SLA is consistent with the requirements of the Health Care Act, 2008. Key elements of this SLA include the health and other services to be provided by SAAS, funding provided to SAAS to deliver these services, purchased activity, and Key Performance Indicators (KPIs).

2. DEFINITIONS

In this SLA:


Chief Executive (CE) means the Chief Executive of DHW administering the Health Care Act, 2008.

Department for Health and Wellbeing (DHW) means the public sector agency (administrative unit) established under the Public Sector Act, 2009 with responsibility for the policy, administration, and operation of South Australia’s public health system.

Health Advisory Council (known as the Governing Council) means a Health Advisory Council under the Health Care Act, 2008. The key role includes monitoring and providing advice on improving clinical care outcomes within the LHN, with a particular focus on local service integration, performance, the safety and quality of services, and risk management.

Local Health Network (LHN) means an incorporated hospital under the Health Care Act, 2008 with responsibility for the planning and delivery of health services. The LHNs for South Australia are: Central Adelaide Local Health Network (CALHN), Northern Adelaide Local Health Network (NALHN), Southern Adelaide Local Health Network (SALHN), Country Health South Australia Local Health Network (CHSALHN) and the Women’s and Children’s Health Network (WCHN).

LHN Chief Executive Officer (LHN CEO) means the Chief Executive Officer of the Local Health Network.

Parties means the CE and SAAS CEO to which the SLA applies.

Policy means any policy documents (including directives and guidelines) that apply for SA Health employees, including DHW and LHN policies.
South Australian Ambulance Service, Service Level Agreement, 1 July 2018 – 30 June 2019

SA Health means the South Australian public health system, services, and agencies, comprising DHW, its LHNs, and SAAS.

Schedule means the schedules to this SLA.

Service Level Agreement (SLA) means this SLA, including the schedules in annexures, as amended from time to time.

South Australian Ambulance Service (SAAS) means the agency acting as the principal provider of ambulance services in South Australia.

South Australian Ambulance Service Chief Executive Officer (SAAS CEO) means the Chief Executive Officer of the South Australia Ambulance Service.

Tier 1 Key Performance Indicators (Tier 1 KPIs) are critical system markers which operate as intervention triggers. This means that underperformance triggers immediate attention, analysis of the cause of deviation, and consideration of the need for intervention. This provides an early warning system to enable appropriate intervention as a performance issue arises within critical performance areas.

Tier 2 Supporting Indicators and Improvement Measures are used as supporting indicators to assist in providing context to Tier 1 KPIs when triggered within a specific domain and to assist the organisation to improve provision of safe and efficient patient care.

3. TERM OF THE AGREEMENT

This SLA commences on 1 July 2018 and expires on 30 June 2019.

The parties will enter into negotiations for the next SLA at least six months before the expiry of the existing SLA (31 December 2018).

4. PURPOSE

This SLA formally defines the minimum level of service delivery and performance required from SAAS throughout the term of the agreement for the funding and other support provided. This SLA functions as a:

- Communication tool: The process of establishing an SLA between the two parties helps to open up communication and dialogue on a regular basis for the duration of the SLA.
- Support tool: SLAs provide a shared understanding of the needs and responsibilities of each party and help to avoid or alleviate disputes.
- Measuring tool: SLAs ensure that both parties use the same criteria to evaluate the service quality and safety.

5. PRINCIPLES AND VALUES

A common set of overarching principles and values, agreed upon and used by the SA Health system, provide a way to achieve the vision for healthy South Australians to enjoy a great quality life, through an effective, well-managed health system that is highly regarded by the public:

- The SA Health Purchasing and Funding Guidelines combined with the SA Health Performance Framework (Schedule 5) offers a holistic approach to addressing issues of
governance, accountability and performance management in a constructive manner. These shared principles assist SA Health with decision-making and provide the common ground needed for each party to work successfully together to address mutual objectives.

- The South Australian health system is best served by consistent strategic intent, clear goals, and evidence based decision making and commitments to our patients and community that are shared by all those responsible for making decisions that affect quality outcomes.

- The health system’s ability to achieve its strategic direction requires effective and engaged general and clinical leadership, highly skilled, flexible and engaged people right across the system, and collaboration with a diverse range of partners.

- The risks associated with providing or not providing a particular health service are understood, explained and managed.

- Health services are delivered and maintained within the designated budget in accordance with this SLA and the SA Health Strategic Plan.

- Health services are managed within a framework of articulated ethics and the South Australian Public Sector values that are communicated and understood within SAAS and across the health system.

- There is a commitment to public transparency and accountability on health care plans, system performance, and implications for change demonstrated through effective communication and consultation to the public and staff (particularly clinicians).

- SAAS will continue to meet the requirements of South Australian legislation, regulations, DHW policies, and agreements remaining in force during the term of this SLA.

6. OBJECTIVES OF THE AGREEMENT

The objectives of the SLA are:

- to clarify expectations regarding the delivery of an integrated approach to high quality and safe patient care within SAAS, which supports the system to improve and maintain access to high quality health care in the right setting in line with the South Australian Government’s key priorities;

- to promote accountability to government and the community and to provide the framework for the SAAS CEO performance agreement;

- to implement the SA Health Performance Framework (Schedule 5) and to apply this to the functions and responsibilities of SAAS;

- to ensure DHW, state and national health priorities, services, outputs and outcomes are achieved;

- to provide a framework from which to progress the development of partnerships and collaboration with Primary Health Networks;

- to facilitate the implementation of a purchasing framework incorporating the adoption, over time, of activity based funding for SAAS;

- to articulate the agreed activity requirements and associated funding allocations and movements; and
• to articulate the KPIs to measure performance of SAAS and the assurances on SAAS responsibilities in meeting the relevant South Australian legislation, regulations, and whole of Government and DHW policy requirements.

Both parties must:

• maintain regular dialogue within a professional code of conduct;

• ensure flexibility where there are genuine problems in delivery; and

• maintain honesty and transparency across both parties and with service users and the public.

7. HEALTH SYSTEM PRIORITIES

SA Health’s key objective is to ensure that South Australians are healthy, enjoy a great quality of life and experience a safe, contemporary and sustainable health care system. The strategic priorities, goals and outcomes for SA Health are defined in the SA Health Strategic Plan 2017-20. The South Australian Government, Premier or the Minister for Health and Wellbeing may articulate key priorities and themes from time to time.

It is a requirement under the CE Performance Agreement for all Chief Executives to have a departmental strategic plan. SAAS is required to develop a departmental strategic plan which addresses the strategic themes and priorities detailed in the SA Health Strategic Plan 2017-2020. SAAS is required to ensure that all applicable government policies, and requirements issued by the South Australian or Commonwealth Government, are complied with and that planning within SAAS is informed by the government priorities and aligned with these policies.

In delivering health services, SAAS is required to meet the applicable conditions of the Council of Australian Governments (COAG) national agreements and national partnership agreements between SA Government and the Commonwealth Government and commitments under any related implementation plans.

The SLA will be informed by the Clinical Services Plan currently under development and due for release in December 2018. SAAS will be expected to work collaboratively with DHW and LHNs in the development of strategies and projects and to ensure implementation plans are successfully delivered.

State-wide and local strategic priorities will be regularly discussed as part of the Contract Performance Meetings. Delivery of the strategic priorities is the responsibility of all entities.

8. REGULATORY AND LEGISLATIVE FRAMEWORK

This Service Agreement is regulated by the National Health Reform Agreement (NHRA).

The NHRA requires the South Australian Government to establish service agreements with each LHN and SAAS and to implement a performance and accountability framework including processes for remediation of poor performance. This SLA operates within the SA Health Performance Framework and in the context of SA Health Purchasing and Funding Guidelines and SA Health Financial requirements. This SLA does not specify every responsibility of SAAS, however, this does not diminish other applicable duties, obligations or accountabilities, or the effects of SA Health policies, plans and Ministerial directives.
9. SAAS ACCOUNTABILITIES

SAAS must comply with:

- the terms of this SLA;
- all legislation applicable to SAAS, including the Health Care Act, 2008;
- all Cabinet decisions applicable to SAAS;
- all Ministerial directives applicable to SAAS;
- all agreements entered into between the South Australian and Commonwealth Governments applicable to SAAS;
- all regulations made under the Health Care Act, 2008; and
- all health service directives applicable to SAAS.

The SAAS CEO is responsible for:

- The provision of safe, high quality health care services within agreed financial parameters.
- Managing the SAAS budget and performance outcomes as determined by DHW in accordance with this SLA. This will include ensuring the provision of timely and accurate data and information regarding service delivery, in order to satisfy the requirements of both South Australian and Commonwealth Government performance and funding requirements and compliance with agreed monitoring and reporting arrangements.
- Implementing the National Safety and Quality Health Service (NSQHS) Standards and ensuring that SAAS is accredited under the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme.
- Developing effective and working partnerships with Aboriginal Community Controlled Health Services and ensuring health needs of Aboriginal people are considered in all health plans and programs developed by SAAS;
- Ensuring the environment and patterns of patient care respect the ethnic, cultural and religious rights, views, values and expectation of all peoples.
- Implementing local clinical governance arrangements that support a clinical leadership model.
- Working with DHW through contributing expertise, local knowledge and other relevant information to state service planning, policy development and capital planning.
- Collaborating with Primary Health Networks (or other primary health organisations as developed through the Commonwealth Government) to ensure innovative and cost effective approaches to meeting population need and to avoid unnecessary hospital activity.
- Leveraging the assets of SAAS, including the workforce, to produce sustainable quality outcomes.
The SAAS CEO is to have structures and processes in place to fulfil statutory obligations and to ensure good corporate and clinical governance, as outlined in the Health Care Act, 2008, relevant South Australian legislation and regulations, and SA Health policies.

The SAAS CEO is responsible for establishing, implementing and maintaining robust local governance arrangements that enable a unified, flexible and nimble approach to leading, partnering and delivering the health and wellbeing outcomes for all South Australians underpinned by the agreed Project Management Framework. The use of QuickBase as a project management tool and the central repository for capturing, monitoring and reporting all programs, projects and associated plans, strategies (financial recovery, savings and other), reviews and reforms is mandatory.

In 2018-19, the Program Delivery Support Office (PDSO) will assist SAAS to embed the Project Management Framework, strengthening and growing project management expertise to enable and support ongoing reforms necessary to deliver the health and wellbeing outcomes of the future. The PDSO will continue to provide a suite of assurance support functions to the bodies and individuals tasked with leading and enabling the ongoing reforms.

SAAS will also develop and implement Integrated Risk and Assurance Plans that:

- ensure maintenance of a comprehensive strategic and operational risk profile, with all risks rated as Extreme or High post controls requiring the need for additional risk treatment strategies or alternatively escalation to DHW;
- detail active participation in state-wide and SAAS clinical reviews and timely implementation of agreed recommendations, including those from the Auditor-General’s Department or the Risk and Assurance Services Internal Audit unit;
- facilitate timely investigation of all matters referred to SAAS following a referral from the Independent Commissioner Against Corruption; and
- implement Coroner’s findings and recommendations, and recommendations of Root Cause Analyses in a timely fashion.

The SAAS CEO is a Work Health and Safety (WHS) defined officer and is required to meet the elements of WHS due diligence, including the implementation of the SA Health Work Health, Safety and Injury Management (WHSIM) System.

SAAS will exercise its decision making power in relation to all Human Resources (HR) management functions which may be delegated to the CE in respect of health service employees, in a lawful and reasonable manner and with due diligence, and in accordance with:

- relevant legislation, including the Code of Ethics for the South Australian Public Sector;
- health service directives;
- health employment directives;
- any policy document that applies to the health service employee;
- any industrial instrument that applies to the health service employee; and
- the HR delegations manual.
SAAS must ensure that:

- All persons who provide a clinical service for which there is a national or South Australian legal requirement for registration, have and maintain current registration throughout their employment and only practise within the scope of that registration.

- All persons who provide a clinical service, and who fall within the scope of current credentialing policies (i.e. including medical, dental, nursing, midwifery and allied health), have a current scope of clinical practice and practise within that scope of clinical practice (which includes practising within their registration conditions and within the scope of the clinical service framework of the facility/ies at which the service is provided).

- Monitor and ensure ongoing licensing, accreditation and registration of the service staff.

- The facilities and services outlined in the SAAS Service Profile (Schedule 1), for which funding is provided in Purchased Activity and Funding (Schedule 3) continue to be provided.

- Through accepting the funding levels defined in Purchased Activity and Funding (Schedule 3), SAAS accepts responsibility for the delivery of the associated programs and reporting requirements to state and Commonwealth bodies as defined by DHW.

**ACCREDITATION**

All South Australian public hospitals, day procedure services, and health care centres managed within the framework of hospital and health services are to maintain accreditation under the AHSSQA Scheme. The [Australian Safety and Quality Framework for Health Care](#) provides a set of guiding principles that can assist LHNs and SAAS with their clinical governance obligations as follows:

- consumer centred;
- driven by information, and
- organised for safety.

SAAS will maintain accreditation against the ten clinical NSQHS Standards.

Following an accreditation event, SAAS will provide to the Executive Director, Quality, Information and Performance:

- a copy of the ‘not met’ report within two days of receipt by the LHN;
- the accreditation report within seven days of receipt by the LHN, providing no significant patient risks have been identified; and
- immediate advice should any requirement of a rectification period after the accreditation event not be met resulting in the facility not being accredited.

If SAAS does not meet accreditation requirements, SAAS has 90 days to address any core not met actions.

SAAS will successfully transition to version 2 of the NSQHS Standards in accordance with directions from the Australian Commission on Safety and Quality in Health Care (ACSQHC).
Work Health, Safety and Injury Management

SAAS must ensure compliance with the legislation which supports the management of workplace health and safety considerations which includes, but is not limited to:

- Work Health and Safety Regulations, 2012 and associated Approved Codes of Practice.
- Return to Work Regulations, 2015.
- South Australian Public Sector Code of Practice for Crown Self-Insured Employers.
- Building Safety Excellence in the Public Sector 2015 - 2020 and associated targets, and implementation of the aligned SA Health WHSIM Strategic Plan.
- Public Sector Audit Verification for Work Health and Safety.
- Return to Work SA Regulation and Evaluation.
- WHSIM Training Needs Analysis and provision of training.
- Work Health and Safety requirements as specified under the NSQHS Standards.

Safety, Quality and Clinical Effectiveness

Annually, SAAS will complete a Safety and Quality Account to demonstrate achievement and ongoing commitment to improving and integrating safety and quality into SAAS. This approach places safety and quality reporting on the same level as financial reporting as an accountability mechanism with public transparency. The account will review performance against key quality and safety measures and include patient safety priorities, service improvements and integration initiatives.

10. DEPARTMENT ACCOUNTABILITIES

DHW must comply with:

- the terms of this SLA;
- the legislative requirements as set out in the *Health Care Act 2008*;
- all regulations made under the *Health Care Act 2008*; and
- all Cabinet decisions applicable to DHW.

The CE is responsible for:

- being the System Manager and purchaser of public health services and functions through this SLA;
• advocating at whole of government level for appropriate funding and legislative outcomes to support the work of SA Health and ensuring processes to enact legislative change;

• allocating the financial resources provided by the South Australian Government, which may include Commonwealth funding, to health service providers and support service providers in a manner which is transparent;

• system-wide health service planning, including arrangements for providing highly specialised services and adjusting services between LHNs and SAAS to meet changes in demand;

• issuing policy guidance, regulations and other requirements which support the role of health service providers and support service providers in the delivery of approved services to approved South Australian standards;

• system-wide health service capital planning and management in consultation with LHNs and SAAS, and project management of all major capital projects;

• collecting and analysing data provided by health service providers and support service providers to support the objectives of comparability and transparency, and to ensure that information is shared in a timely manner which promotes better state health outcomes and service management; and

• monitoring the performance of health service providers and support service providers against the agreed performance monitoring measures specified in the SA Health Performance Framework (Schedule 5) and SAAS CEO Performance Agreements.

11. SAAS KEY DELIVERABLES

DHW will convene regular Contract Performance Meetings with SAAS to review performance and agree on actions to be taken to improve performance where applicable.

The primary focus in 2018-19 will be on achieving a balanced budget and implementing and embedding the required culture and processes to enable sustained delivery of key projects and improvements.

Key deliverables include:

• managing activity volumes and full-time equivalent (FTE) staffing within agreed parameters and approved budgets;

• achieving required clearance times and improving hospital turnaround to support timely responses across the system;

• implementing the Secondary Triage clinical model in order to ensure appropriate and effective clinical responses across the system and reduction in unnecessary ambulance transports, particularly to the hospital setting;

• achieving compliance (where applicable) with agreed clinical standards and models of care, in particular for Stroke, Fractured Neck of Femur and Rehabilitation services;

• ensuring and evidencing compliance with the Destination Triage Tool to support effective service provision;

• supporting the development and implementation of state-wide improvement strategies to ensure a significant reduction in delays of Transfer of Care (ambulance paramedic handover to emergency department clinician) and associated ambulance ramping,
including local protocols and escalation plans and ensuring clinical review of any delayed transfer greater than 120 minutes;

- contributing to the development and implementation of new models of care agreed and endorsed through the Clinical Services Plan;
- supporting activities to mature purchasing arrangements for ambulance services, in particular providing transparent data and information, facilitating and providing support to model and cost activity requirements and to develop and implement relevant processes, procedures and guidelines;
- ensuring compliance with SA Health Restrictive Practices Policy and National Principles to Support the Goal of Eliminating Mechanical and Physical Restraint;
- ensuring adequate surge capacity and implementation of strategies to meet seasonal demand; and
- achieving other KPIs to assist transformation of the health service and key strategic priorities, focusing on improving quality, access and efficiency of health care.

SAAS will be required to confirm saving strategies by August 2018 for review and discussion at the first Contract Performance Meeting.

SAAS will be required to provide regular evidence and assurance that the agreed outcomes are being met and to evidence compliance with endorsed operational policies and procedures to support demand management and system improvement, in particular ambulance distribution for the Demand Management Policy Directive.

SAAS will be expected to demonstrate progress towards embedding a constructive culture and deliver on the aspiration to put people first. In particular, SAAS is expected to measure the experiences of individuals across the SA Health System in working with their team, managers and the organisation to identify areas of both best practice and improvement opportunities, to determine how change can be affected at an individual, organisational and system level to improve workplace culture and practices.

SAAS will be expected to monitor workforce metrics and at least maintain, if not improve on, performance. This includes, but is not limited to:

- Injury data including manual handling and psychological health.
- Disputes.
- Collaboration.
- Policy and Enterprise Agreement implementation.

SAAS will be expected to enable progression of gender equity and diversity priorities through provision of staff and resources to committees, working groups and workshops as prioritised by SA Health Gender Equity and Diversity Committee and report annually on the following:

- the number of staff involved in committees, work groups and workshops;
- funding provided to support initiatives implemented; and
- progress in achieving the associated Key Performance Indicators as set by the SA Health Gender Equity and Diversity Committee.
Commencement of a New Service

In the event that SAAS wishes to commence providing a new service (addition to the current service capability) or to change agreed service provision (variation to current service capability, or where an internal service change is likely to have a funding implication), SAAS will notify DHW in writing in advance of commencement, clearly articulating the service details proposed, any activity and/or funding implications and intended benefits/outcomes. DHW will provide a formal response regarding the new service to SAAS in writing within 30 days of receiving the proposal, where appropriate, and may not agree to purchase the new service or to provide funding on either a recurrent or non-recurrent basis.

12. MANAGEMENT OF SERVICE LEVEL AGREEMENT

Overall management of the SLA rests with the Deputy Chief Executive, noting that:

- this SLA may be amended at any time by agreement in writing by both parties;
- the SLA may be varied by the CE as provided in the Health Care Act, 2008 and/or as a result of agreements between South Australian and Commonwealth Governments; and
- any alterations to SAAS funding levels contained in this SLA must be notified in writing by the Deputy CE.

Where the SAAS CEO forms the view that they cannot manage within their budget constraints they are required to report via the mechanism outlined in the SA Health Performance Framework (link in Schedule 5).

13. AMENDMENTS TO SERVICE LEVEL AGREEMENT

The parties recognise two types of amendments to the SLA:

1. An amendment to the SLA that only affects the value.
2. Other amendments to the SLA (e.g. a variation to the content of any schedules).

AMENDMENT WINDOW

In order for DHW to manage amendments across all LHN and SAAS SLAs, and their effect on the delivery of public health services in South Australia, amendment proposals will be negotiated and finalised during set periods of time during the year known as Amendment Windows.

As per the Purchasing Technical Bulletin 2 – Requesting Base Workload Amendments, any amendments to purchased value/activity will be reflected in the SLA by the end of each quarter. No further changes will be made after 31 March 2019.

Other agreed amendments may be reflected in the SLA in alignment with agreed timeframes where applicable, but primarily following mid-year review (end of December 2018).

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<td>Amendment Window 2</td>
<td>31 January 2019</td>
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<td>Amendment Window 3</td>
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AMENDMENT PROPOSAL

An amendment proposal is made by:

- the SAAS CEO completing the designated Base Workload amendment form or providing an amendment proposal for consideration; or
- the CE providing an amendment proposal to SAAS for consideration.

Subject to the terms of this SLA, any requests for amendment made outside these specific periods are not amendment proposals for the purposes of this agreement and need not be considered by the other party.

A party giving an amendment proposal must provide the other party with the following information:

a. the reasons for the proposed amendment;
b. the precise drafting for the proposed amendment;
c. any information and documents relevant to the proposed amendment; and
d. details and explanation of any financial, activity or service delivery impact of the amendment; and
e. provide a formal response within the agreed timeframe.

If the CE at any time:

a. considers that an amendment agreed with SAAS may or will have associated impacts on other LHNs; or
b. considers it appropriate for any other reasons;

then the CE may:

a. propose further amendments to SAAS; and
b. may address the amendment and/or associated impacts of the amendment in other ways, including through the exercise of any statutory powers and/or statutory directions under the Health Care Act, 2008.

Amendment proposals that are resolved will be formally documented to this SLA and executed by the CE.

End of Year Financial Adjustments

End of year financial adjustments may be determined after the financial year and outside of the Amendment Window process. The scope will be defined by DHW:

- DHW will provide SAAS with a reconciliation of all Service Agreement funding and purchased activity for the prior financial year. This will reflect the agreed position between the parties following conclusion of the end of year financial adjustments process.
- The impact of end of year financial adjustments on subsequent year funding and activity will incorporated in the Service Level Agreement for the following year through the next available amendment window.
14. DISPUTE RESOLUTION PROCESS

It is envisaged that both parties will work constructively in the spirit of agreement and goodwill in the provision of funding and the delivery of health services. If one party believes the SLA is not being fulfilled they will in the first instance initiate discussions with the other party to resolve concerns through the Contract Performance Meeting. If either party is dissatisfied with the outcome of these initial discussions the following process will be initiated:

- the dispute must be immediately referred to the Deputy CE, System Performance and Service Delivery, and the SAAS CEO who must meet within 24 hours and make their best endeavours to resolve the dispute; and

- if the dispute is not resolved within a further five business days, it must be immediately referred to the CE who will make a determination in order to resolve the dispute.

Notwithstanding the existence of one or more disputes, SAAS must continue to perform and comply with this SLA to the best of their abilities given the circumstances.
SCHEDULE 1: SAAS HEALTH SERVICE PROFILE

SA Ambulance Service (SAAS) is the statutory provider of ambulance services in South Australia. More than 1,500 career staff and 1,500 volunteers provide South Australians with the highest level of emergency, pre-hospital medical care.

PURPOSE AND OBJECTIVES

As the principal provider of ambulance services across South Australia, SAAS delivers:

- triple zero (000) call receipt and patient triage;
- pre-hospital emergency and urgent care, treatment and/or transport;
- non-emergency patient care and transport;
- emergency and major event management; and
- rescue and emergency medical retrieval services.

SAAS also provides the following services:

- coordination of State Rescue Helicopter Services, via the SAAS EOC;
- management of the Royal Flying Doctor Service contract for fixed-wing inter-hospital air transfers;
- collaboration with Flinders University to deliver the Bachelor of Paramedic Science, the Master of Health Services (Pre-Hospital and Emergency Care), the Graduate Diploma in Intensive Care;
- Paramedic Studies, and the Master of Retrieval Practitioner degree courses;
- collaboration with James Cook University to deliver the Postgraduate Certificate in Aeromedical Retrieval and Master of Public Health degree courses;
- provision, as a registered training organisation, of in-house, nationally accredited training to SAAS staff;
- provision and administration of the Ambulance Cover subscription scheme; and
- management of Call Direct, a 24-hour personal monitoring emergency service.

FACILITIES AND SERVICES

Metropolitan Operations

SAAS’s metropolitan services extend from Aldinga in the South to Playford in the North, with 22 ambulance stations and a head office. This portfolio is currently divided into the following areas:

- North West, managing all stations in the northern and western metropolitan suburbs;
- South East, managing all stations in the southern and eastern metropolitan suburbs, including the central business district;
- Specialist Services, managing a range of non-traditional ambulance services, including the Single Paramedic Response Intervention Team (SPRINT), Extended Care Paramedics (ECP), and the Emergency Support Service; and
• Patient Transfer Service, managing the non-emergency transport of patients. This service is based in the metropolitan area but also transfers patients in and out of regional areas.

Two additional stations are scheduled to be operationalised in 2018/19 these are:

• Parafield, metro north
• Glengowrie, metro west

Country Operations

Emergency ambulance response and patient transfer services in South Australian regional areas are largely provided by volunteers across 77 stations. SAAS also has 17 career stations in regional areas across the state.

The 77 country stations operated predominately by volunteers include:

Volunteer Stations:

- Beachport
- American River
- Ardrossan
- Balaklava
- Booleroo
- Bordertown
- Burra
- Ceduna
- Clare
- Cleve
- Coffin Bay
- Coober Pedy
- Coomandook
- Coonalpyn
- Cowell
- Crystal Brook
- Cummins
- Elliston
- Eudunda
- Gladstone
- Goolwa
- Hamley Bridge
- Hawker
- Jamestown
- Kadina
- Kapunda
- Kapunda (Office)
- Karoonda
- Keith
- Kimba
- Kingscote
- Kingston
- Lameroo
- Leigh Creek
- Lock
- Lucindale
- Maitland
- Mallala
- Mannum
- Marion Bay
- Marla
- Meadows
- Meningie
- Minlaton
- Moonta
- Morgan
- Mount Pleasant
- Orroroo
- Padthaway
- Parndana
- Penneshaw
- Penola
- Peterborough
- Pinnaroo
- Port Broughton
- Port Kenny
- Port Macdonnell
- Port Neill
- Port Wakefield
- Quorn
- Riverton
- Robe
- Roxby Downs
- Salt Creek
- Snowtown
- Strathalbyn
- Streaky Bay
- Swan Reach
- Tailem Bend
- Tintinara
- Tumby Bay
- Wallaroo
- Warooka
- Wudinna
- Yankalilla
- Yorketown
- Yunta

SAAS is currently engaged in a major recruitment campaign ‘Take the Step’ across County South Australia.

In addition there has been a review of the volunteer education program, and its delivery:

• The shortage of volunteers in some regions is forcing SAAS to use paid career staff to maintain coverage. The course content is being reviewed with the intent to simplify and contract early elements of the course to allow recruits to work on an ambulance earlier.
• SAAS has made the decision to change policy to replace on-call with a shift based roster system to reduce the level of fatigue related driving risks.
SAAS Emergency Operations Centre

The SAAS Emergency Operations Centre (EOC) has state-wide responsibilities for:

- triple zero (000) call receipt, patient triage and ambulance dispatch;
- coordination and dispatch of the Patient Transfer Service, moving non-emergency patients around the state;
- coordination of State Rescue Helicopter Services, via the SAAS EOC; and
- management of the Royal Flying Doctor Service contract for fixed-wing inter-hospital air transfers.

Within the EOC is situated a clinical hub comprising of Medical Retrieval Consultants, Nurse Retrieval Consultants and EOC Clinicians providing 24-hour clinical care and advice across the state. SAAS is developing the concept of a ‘clinical hub’ that will include the as mentioned clinicians and paramedics to allow further clinical assessment of lower acuity cases by phone to identify the right health service in the right place in the right time. This would be aimed at improving patient health experience and possibility reduce emergency department presentations.

SAAS Rescue, Retrieval and Aviation Services (RRAS)

SAAS MedSTAR and SAAS MedSTAR Kids deploy highly trained teams of doctors, paramedics and nurses to manage the retrieval of critically ill or injured adults, children and neonates. Patients are retrieved via ambulances, helicopters and fixed-wing aircraft from the metropolitan area, across the state and interstate when needed.

Special Operations Team (SOT) rescue paramedics deliver SAAS’s specialist technical rescue service under the RRAS directorate. SAAS also has rescue capability based in some regional areas managed by suitably skilled career and volunteer staff.

Emergency and major event management

SAAS emergency preparedness is integral to the State’s emergency response arrangements and includes allocation of suitable SAAS resources and an appropriate command structure. SAAS major event management involves a planning role in a range of major public and sporting events across the state, many of which SAAS attends.

SAAS GOVERNANCE

The Health Care Act 2008 maintains SAAS as an identifiable incorporated entity. Consistent with the incorporated hospitals, it is managed by a Chief Executive Officer reporting to the Chief Executive of SA Health.

TEACHING, TRAINING AND RESEARCH

SAAS is responsible for providing teaching and training for which funding is identified within Purchased Activity and Funding section (Schedule 3) of this SLA and as described below.

Learning and development

Delivering first class health care to the people of South Australia now and into the future relies on the knowledge and capabilities of staff and their ability to adapt to changing needs. Learning and development is a critical function in ensuring maintenance and development of the required capabilities and to create a learning culture.
SAAS is responsible for supporting its staff to develop and maintain their knowledge and capabilities, in alignment with their roles and organisational priorities, and for working to ensure that across each LHN, and SA Health as a whole, knowledge is leveraged and the development of organisational and individual capability and a constructive, high performing, learning culture is fostered.

SAAS is required to:

- Enable staff, through learning and development which supports their ability to perform their role and develop their potential, including:
  - implementation of an annual education and training plan and
  - bi-annual performance reviews for all staff and development of learning plans.

- Foster a culture of learning and innovation:
  - encourage, enable and support staff to participate in state-wide and multidisciplinary learning to enhance understanding of the broader health system and build system thinking capacity; and
  - encourage, enable and support leadership development as a collective endeavour, in addition to individual leader development including but not limited to, management training and skills development, support for continued professional development and National Safety and Quality Healthcare Service Standards and the leadership, learning and training obligations under these

- Develop and maintain systems and processes that support high quality learning and development.

**Clinical Education and Training**

SA Health is using a Clinical Placement Management System (CPMS) for clinical placement allocation and coordination which is now being used for most health professions.

SAAS will continue to maintain clinical placement capacity to support delivery of effective health services and will engage with universities, colleges, practitioners and consumers in order to develop appropriate training and research to continue to improve outcomes for patients and consumers of the health system.

Under the current framework for clinical placements *Better Placed: Transforming Health Education 2017 - 2019*, there are four key goals:

1. Strong partnerships that work
2. Making the most of clinical placement capacity
3. Alignment with workforce need and
4. High quality learning experiences
SAAS Country Stations Map
SCHEDULE 2: STRATEGIC PRIORITIES

The State and Premier’s priorities for 2018-19 and beyond define the SA Government’s vision for a sustainable health system, ensuring healthier, longer and better lives for all South Australians. As delivery of both Premier’s and State priorities is the responsibility of all SA Health Government Agencies, it is expected that all entities will work together to ensure successful delivery. This includes contributing to the implementation and delivery of the Premier’s and State priorities, in both lead and partnering agency capabilities.

Election Commitments

SA Health is responsible for the delivery of a number of election commitments over the period 2018-19 to 2021-2022. The election commitments comprise a mix of capital, service and research initiatives to build capacity and drive improvements across SA Health. To be led by DHW, the support of LHNs, SAAS and other health agencies are critical to delivery. Specific commitments related to SAAS currently include (and may be refined):

1. The consideration that workforce planning, which engages professional and industrial organisations, is vital to ensure the future needs of the SA Ambulance Service are met. Accordingly, SAAS is required to complete state-wide workforce planning within 12 months, in consultation with the Ambulance Employees’ Association and other relevant bodies. Importantly, it is expected SAAS will make available to the Association the assumptions and key data underlying its planning and forecasts.

2. Ensuring that from 1 July 2018 onwards annual SLAs between DHW and SAAS and metropolitan LHNs include agreed strategies and/or tangible steps to both address ambulance ramping and strengthen the surge capacity of individual hospitals - steps such as establishing discharge lounges and improving discharge protocols.

There are a number of agency targets that support these election commitments. Information about the election commitments and agency targets can be found at:

http://www.statebudget.sa.gov.au/#Budget_Papers

The key strategic priorities for SA Health are articulated in the Strategic Plan 2017-2020 which can be accessed at the following links:

SCHEDULE 3: PURCHASED ACTIVITY AND FUNDING

INTRODUCTION

This schedule sets out the funding provided for the delivery of purchased services, including indicative activity targets.

DEFINITIONS

In this schedule:

Service Agreement Value means the figure set out in Purchased Activity and Funding (Schedule 3) as the annual service agreement value of the services purchased by DHW.

BUDGET ALLOCATION 2018-19

<table>
<thead>
<tr>
<th>Ambulance Operating Services</th>
<th>Revenue ($)</th>
<th>Expenditure ($)</th>
<th>Net Result ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DH Recurrent Allocation</td>
<td>142,878,000</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Operating</td>
<td>137,965,000</td>
<td>279,185,000</td>
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</tr>
<tr>
<td>Capital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DH Allocation</td>
<td>18,101,000</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Non-Cash Items</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation/Amortisation</td>
<td>0</td>
<td>12,577,000</td>
<td></td>
</tr>
<tr>
<td>Non Impacting Accruals</td>
<td>0</td>
<td>3,641,000</td>
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</tr>
</tbody>
</table>

ALLOCATION: 298,944,000 295,403,000 3,541,000

<table>
<thead>
<tr>
<th>Capital Program</th>
<th>Cash Receipts</th>
<th>Cash Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments for Property, Plant &amp; Equipment</td>
<td>528,000</td>
<td>21,634,000</td>
</tr>
<tr>
<td>Sale of Property, Plant &amp; Equipment</td>
<td>528,000</td>
<td>21,634,000</td>
</tr>
</tbody>
</table>


**SCHEDULE 4: KEY PERFORMANCE INDICATORS AND TARGETS**

**PURPOSE**

This schedule outlines the Key Performance Indicators (KPIs) and associated targets that SAAS is required to meet during the 2018-19 financial year.

The KPIs have been reviewed and revised to ensure alignment with expected outcomes for 2018-19. It is not expected that further, significant changes to the KPIs will be made for the 2018-19 financial year, however, should any changes be required these will be agreed with SAAS through the SLA amendment process.

**KEY PERFORMANCE INDICATORS**

The KPIs defined within this schedule are used within the SA Health Performance Framework to monitor the extent to which SAAS is delivering the high level objectives within the SLA.

The Tier 1 KPIs are limited in number and reflect the highest priority performance areas. These will receive significant focus at the Contract Performance Meetings.

These KPIs are underpinned by a larger set of supporting indicators and improvement measures (Tier 2) and that reflect a balance across the dimensions of access and flow, quality (effectiveness, safety and patient centred care), productivity and sustainability and workforce.

The KPIs for 2018-19 are listed on page 30.

Annual targets for each KPI have been specified. Where appropriate, these reflect established national or state targets. A tolerance band for each indicator will be set and achieving a level of performance within these tolerance bands will be deemed acceptable.

SAAS is required to flow relevant targets by month/quarter and provide them to DHW (a pro-forma will be provided where relevant). The purpose is to provide interim monthly/quarterly targets that reflect the level of anticipated progress towards the annual target that must be achieved by 30 June 2019. Performance during the year will be monitored against the interim targets. For some indicators, the monthly targets will be the same as the annual targets. These will be identified on the pro-forma.

**Data Provision**

SAAS will:

- provide, including the form and manner at the times specified, the required data for monitoring and reporting purposes, including data as required to facilitate reporting against the performance indicators set out in this schedule and national reporting requirements;

- ensure that such data is submitted in accordance with the requirements of each data collection and ensuring data quality and timeliness;

- provide data to LHNs that is not patient identifiable data, for the purposes of benchmarking and performance improvement as required;

- provide data as specified within the provision of a Health Service Directive or Policy; and
• provide, as requested by the CE from time to time, data in the form and manner and at the times specified by the CE.

DHW will:

• produce monthly reports, including actual activity compared to purchased activity levels and access to relevant data and costing information, as required to demonstrate SAAS performance against the indicator targets specified in this schedule and the achievement of commitments linked to specifically allocated funding;

• utilise data sets provided for a range of purposes including:
  ➢ to fulfil legislative requirements
  ➢ deliver accountabilities to state and commonwealth governments
  ➢ to monitor and promote improvements in safety and quality of health services
  ➢ to support clinical innovation; and

• advise SAAS of any updates to data set specification as they occur.

DHW has developed the Quality, Information and Performance Hub to provide health services with timely access to a clearly defined set of clinical, safety and quality and performance information. Development of the Hub is an iterative process. Over time, it is intended to transition all SLA contract performance data onto the Hub to minimise manual reporting. A selected number of KPIs will be available in the performance area of the Hub during 2018-19.

DEFINITIONS

Use the following link to find KPI definitions and explanations for each of the different agreements. (KPIs): http://metadata.health.sa.gov.au/content/index.phtml/itemId/410221.
## KEY PERFORMANCE INDICATORS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Measure</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access and Flow</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Department</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>Ambulance Hospital Clearance Time</td>
<td>% of transports to a Major Metropolitan Hospital Emergency Department, with a clearance time within 20 minutes of Patient Transfer of Care</td>
</tr>
<tr>
<td>Tier 1</td>
<td>Ambulance Hospital Turnaround Time</td>
<td>% of transports to a Major Metropolitan Hospital Emergency Department, with a combined clearance time within 45 minutes, from Ambulance Arrival to Ambulance Clearance.</td>
</tr>
<tr>
<td><strong>Timeliness</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>Response Time</td>
<td>Priority 1 - % of incidents responded to within 8 minutes of dispatch</td>
</tr>
<tr>
<td>Tier 1</td>
<td></td>
<td>Priority 2 - % of incidents responded to within 16 minutes of dispatch</td>
</tr>
<tr>
<td>Tier 1</td>
<td>‘000’ Calls Answered in 10 Seconds</td>
<td>% of ‘000’ calls answered within 10 seconds</td>
</tr>
<tr>
<td><strong>Productivity and Efficiency</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Finance and Activity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>Total and Unfunded Variation in Net Cost of Service for End of Year</td>
<td>Balanced or surplus</td>
</tr>
<tr>
<td>Tier 1</td>
<td>Calls Answered by the Emergency Operations Centre: All ‘000’ Emergency Calls Answered All Other Incoming Calls Answered (Non-Emergency)</td>
<td># of emergency ‘000’ calls answered # of non-emergency calls answered</td>
</tr>
<tr>
<td>Tier 1</td>
<td>Fleet Activity: Incidents</td>
<td># of incidents requiring dispatch of one or more Fleet(s)</td>
</tr>
<tr>
<td></td>
<td>Responses</td>
<td># of Fleet(s) dispatched in response to an incident</td>
</tr>
<tr>
<td></td>
<td>Transports</td>
<td># of transports by Fleet(s) from an incident</td>
</tr>
<tr>
<td>Tier 1</td>
<td>Fixed Wing Activity: Requests</td>
<td># of incidents requiring dispatch of RFDS</td>
</tr>
<tr>
<td></td>
<td>Flights</td>
<td># of fixed-wing aircraft dispatched in response to an incident</td>
</tr>
<tr>
<td></td>
<td>Transports</td>
<td># of transports by fixed-wing aircraft from an incident</td>
</tr>
<tr>
<td>Tier 1</td>
<td>Rotary Activity: Requests</td>
<td># of incidents requiring attendance by helicopter</td>
</tr>
<tr>
<td></td>
<td>Flights</td>
<td># of helicopter(s) dispatched in response to an incident</td>
</tr>
<tr>
<td></td>
<td>Transports</td>
<td># of transports by helicopter(s) from an incident</td>
</tr>
<tr>
<td>Indicator</td>
<td>Measure</td>
<td>Target</td>
</tr>
<tr>
<td>-----------</td>
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<td>--------</td>
</tr>
<tr>
<td><strong>Productivity and Efficiency</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Finance and Activity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>See and Treat</td>
<td>% of incidents where SAAS Fleet treated and discharged a patient from care at scene</td>
</tr>
<tr>
<td>Tier 1</td>
<td>Arrival at Correct Destination Audit</td>
<td>% of patient transports where a patient was immediately transported to the correct treatment facility (Bi-annual)</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Average Incident Cost</td>
<td>Average cost per SAAS Ambulance incident</td>
</tr>
<tr>
<td><strong>Safe and Effective Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Quality and Effectiveness</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td>Consumer Experience*</td>
<td>Measurement of consumer experience</td>
</tr>
<tr>
<td>Tier 2</td>
<td>STEMI - Arrival at PCI Facility within 60 Minutes</td>
<td>% arrival to PCI facility within 60 minutes of dispatch for metropolitan STEMI patients</td>
</tr>
<tr>
<td>Tier 2</td>
<td>STEMI – Inter-facility Transfer – Arrival at Non-PCI Facility within 30 Minutes</td>
<td>% of SAAS arrivals to a non-PCI facility within 30 minutes of transfer notification</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Suspected STROKE - Arrival at CSU Facility within 60 Minutes</td>
<td>% arrival to Comprehensive Stroke Unit facility within 60 minutes of dispatch for metropolitan suspected stroke patients</td>
</tr>
<tr>
<td>Tier 2</td>
<td>‘000’ Emergency Call Audit</td>
<td>Partial Compliance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Low Compliance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non Compliance</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Cardiac Arrest Survived Event Rate - Paramedic Witnessed</td>
<td>% of patients who returned to ROSC after a paramedic witnessed cardiac arrest</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Cardiac Arrest Survived Event Rate - Resuscitation was attempted</td>
<td>% of patients who returned to ROSC after a cardiac arrest where resuscitation was attempted</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Cardiac Arrest Survived Event Rate - VF/VT cardiac arrest</td>
<td>% of patients who returned to ROSC after a VF/VT cardiac arrest</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Pain Reduction</td>
<td>% of patients who report a clinically meaningful pain reduction</td>
</tr>
<tr>
<td><strong>Safety</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>Serious Adverse Events (Actual SAC 1 &amp; 2)</td>
<td># of Actual SAC 1 &amp; 2 incidents</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Open Disclosure Rate for all Actual SAC 1 &amp; 2 Incidents (Unless declined or Deferred)</td>
<td>% of Actual SAC 1 &amp; 2 incidents that are openly disclosed</td>
</tr>
</tbody>
</table>

* Performance measure under review
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Measure</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>People and Culture</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Workforce</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>Total Labour Effort Variance to Budget</td>
<td># of actual Standard, Additional and Agency FTE compared to budgeted FTE</td>
</tr>
<tr>
<td>Tier 1</td>
<td>Expenditure for Workplace Injury Claims</td>
<td>$ gross value of expenditure</td>
</tr>
<tr>
<td>Tier 1</td>
<td>New Workplace Injury Claims</td>
<td># of new workers compensation injury claims reported</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Completion of Performance Reviews</td>
<td>% of staff with completed performance reviews in last 6 months</td>
</tr>
<tr>
<td>Tier 2</td>
<td>ATSI Employee Participation Rate</td>
<td>% of employees who identified as being of Aboriginal or Torres Strait Islander origin</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Employees with Excess Annual Leave</td>
<td>% of employee with annual leave balance greater than or equal to 2 years entitlement</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Completion of the Aboriginal Cultural Competence Program</td>
<td>% of employees who have completed Aboriginal cultural competence training</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Participation of Women in the Executive Workforce</td>
<td>% of women in SAES 1 and SAES 2 and equivalent roles</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Volunteer Workforce - Operational Production</td>
<td>% of total country operational activity provided by operational volunteers</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Resource Production</td>
<td>% of actual rostered double crewed ambulance operational hours versus required operational hours</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Work Health and Safety Related Incidents Due to Challenging Behaviour in the Workplace</td>
<td># of Incidents as a result of Violence and Aggression</td>
</tr>
</tbody>
</table>
SCHEDULE 5: SA HEALTH PERFORMANCE FRAMEWORK

The SA Health Performance Framework sets out the systems and processes that DHW will employ to fulfil its responsibility as the overall manager of public health system performance.

PERFORMANCE REVIEW PROCESSES

These processes include, but are not limited to, assessing and rating SAAS performance, monitoring SAAS performance, and as required, intervening to manage identified performance issues. The SA Health Performance Framework also recognises high performance.

The SA Health Performance Framework defines the in-year service agreement management rules for financial adjustments and is integral to measuring and monitoring performance and accountability.

The KPIs, against which SAAS performance will be measured, are detailed in Key Performance Indicators and Targets (Schedule 4) of this agreement.

This SLA focuses on the key agreed priorities. It is not intended that all performance expectations of SAAS are identified in the SLA. Project plans and milestones, clinical measures aligned to models of care, safety and quality indicators and a range of performance indicators and benchmarks will be monitored through QuickBase, the QIP Hub or alternate data sources as specified and/or required.

The key activities that form the performance accountability assessment, reporting and management for SAAS are detailed in the Schedules.

Operation of the performance accountability assessment, reporting and management processes will involve:

- on-going review of the performance of the SAAS;
- identifying performance issues and determining appropriate responses;
- determining when a performance recovery plan is required and level of intervention required; and
- determining when the performance intervention needs to be escalated or de-escalated.

The processes for monitoring performance against the key deliverables for 2018-19, including associated targets, outcomes and activity levels SAAS is expected to achieve as outlined in the SLA Schedules, include:

- Monthly monitoring and reporting of KPI targets throughout 2018-19. The Performance Report will assess performance against the agreed key and supporting indicators, including full-time equivalent (FTE) staffing and a range of other KPIs related to access, productivity and efficiency, safety and quality and people and culture. A tolerance band for each indicator has been set. Actual performance for each indicator will be assessed to determine whether the indicator is outside the tolerance band.

- Contract Performance Meetings to review performance, particularly in relation to the key indicators (Tier 1), and to discuss and develop mitigation strategies where appropriate and to monitor progress.
Based on the outcomes of the Contract Performance Meetings, performance meetings between the CE or Deputy CE, System Performance and Service Delivery, and SAAS CEO may be convened to discuss specific performance issues and to monitor delivery of recovery plans and mitigation strategies.

Where performance is escalated to level 3 or above, DHW will convene frequent Operational Performance Meetings to assist in unpacking performance issues, development of specific mitigation strategies and to track progress in implementing actions. Where appropriate, DHW will provide diagnostic and operational support to SAAS.

The frequency of the contract and performance meetings will depend on SAAS’s demonstrated performance (satisfactory, sustainable or improving).

The SA Health Performance Framework may be reviewed during the term of the SLA in accordance with state and national reforms.

**CEO PERFORMANCE REVIEW**

Performance assessment processes will be extended to include a bi-annual review of SAAS CEO performance, recognising their key role in delivering system performance and benefits to patients and the community. These reviews will encompass a mid-term review in January 2018 and an end of financial year review covering:

1. system-wide priorities;
2. SAAS specific priorities - including performance against Tier 1 KPIs and Tier 2 Performance Indicators; and
3. individual objectives.

The reviews will also incorporate two-way feedback about leadership and personal development.

The following performance management actions will occur in the following circumstances:

<table>
<thead>
<tr>
<th>Performance outside tolerance band</th>
<th>Initial actions by SAAS</th>
<th>Meetings</th>
<th>Follow up actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any of the key (Tier 1) KPIs.</td>
<td>Report on underlying factors and development of recovery plan.</td>
<td>Review performance at Contract Performance Meetings and agree on recovery plan. Where performance does not improve, SAAS CEO to meet with CE and/or Deputy CE, System Performance and Service Delivery to agree further actions.</td>
<td>Interim targets adjusted to reflect agreed recovery plan. SAAS to report progress against recovery plan at regular Contract Performance Meetings with further actions / intervention to be agreed if performance does not improve.</td>
</tr>
<tr>
<td>Significant variation in other (Tier 2) Indicators and service measures.</td>
<td>Report on underlying factors and mitigation strategy.</td>
<td>Review at relevant governance committee and/or monthly contract meeting and agree on recovery plan. Where performance does not improve, escalation may be required.</td>
<td>SAAS to report progress against recovery plan to Contract Performance Meetings.</td>
</tr>
</tbody>
</table>
At each Contract Performance Meeting, the SAAS CEO will report on performance against KPIs and the progress of recovery plans to address performance outside tolerance bands. SAAS will undertake appropriate analysis and investigation to address performance issues and identify appropriate improvement solutions.

SAAS has a responsibility to provide the relevant data and information to enable monitoring of performance and in particular, to provide on a monthly basis, actual, YTD and forecast information for FTEs, expenditure, purchased activity (where applicable), where KPI targets are not being met.

BI-ANNUAL REVIEW

A mid-year review will be undertaken (January 2019) of progress towards the annual KPI targets. In addition to identifying key service pressures and performance issues, this review will enable formal notification of proposed changes for the following year in relation to services, activity, funding, safety and quality and other intended outcomes by both parties to support negotiations in relation to the development of the SLA for 2019-20.

ANNUAL REVIEW

A formal annual evaluation of performance under the SLA will be undertaken between the CE and SAAS CEO. The annual evaluation will include review of the SAAS performance against the annual KPI targets. A target will be considered met if the annual target value lies within the tolerance limit of the target. The annual evaluation will also incorporate the review of SAAS CEO’s performance on the three areas outlined above.