SERVICE LEVEL AGREEMENT

FOR THE PERIOD OF:

1 JULY 2017 – 30 JUNE 2018

THIS IS AN AGREEMENT BETWEEN:

CHIEF EXECUTIVE, DEPARTMENT FOR HEALTH AND AGEING

AND

CHIEF EXECUTIVE OFFICER, SAAS
## VERSION CONTROL

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PARTIES TO THE AGREEMENT

From 1 July 2017 to 30 June 2018

This is a Service Level Agreement (SLA) between the Chief Executive (CE) of the Department for Health and Ageing (DHA) and the Chief Executive Officer (CEO) of the South Australian Ambulance Service (SAAS) 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 2017 - 30 June 2018. This SLA may be updated during the term of the SLA if required and by mutual agreement.

Jason Killens  
Chief Executive Officer  
South Australian Ambulance Service  

Date: 26 sept 2017  
Signed:

Vickie Kaminski  
Chief Executive  
Department for Health and Ageing  

Date: 03-10-17  
Signed: Vickie Kaminski
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1. INTRODUCTION

SA Health is committed to transforming the South Australian health system, strengthening performance and improving services and programs to better meet the needs of the South Australian community, to enable patients to have access to the best care, first time, every time.

This vision will be achieved through the DHA as the Commissioner of health and ageing services for the local population, SAAS and the Local Health Networks (LHN) 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 2017 - 30 June 2018.

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 the SAAS, funding provided to SAAS to deliver these services, purchased activity, and Key Performance Indicators (KPIs).

2. DEFINITIONS

In this SLA:

2017/2018 means the term commencing 1 July 2017 and ending 30 June 2018.

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

Department for Health and Ageing (DHA) 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 the SAAS CEO to which the SLA applies.

Policy means any policy document (including directives and guidelines) that apply for SA Health employees, including DHA and LHN policies.
SA Health means the South Australian public health system, services, and agencies, comprising the DHA, its LHNs, and the South Australian Ambulance Service (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 Australia Ambulance Service (SAAS) means the agency acting as the principal provider of ambulance services in South Australia.

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 Performance Indicators are used as supporting indicators to assist in providing context to Tier 1 KPIs when triggered within a specific domain.

Service Measures are identified to assist the organisation to improve provision of safe and efficient patient care and to provide further contextual information against which to assess performance.

3. TERM OF THE AGREEMENT

This SLA commences on 1 July 2017 and expires on 30 June 2018.

The parties will enter into negotiations for the next SLA at least six months before the expiry of the existing SLA (31 December 2017).

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**

A common set of overarching principles, agreed upon and used by SAAS and LHNs in the health system, provide a way to achieve 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 and highly skilled, flexible and engaged people right across the system.

- 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 values that is 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, DHA 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 the DHA, 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 DHA policy requirements.

These service arrangements do not abrogate the responsibilities of the SAAS CEO to maintain an effective internal financial and management control environment.

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

It is a requirement under the CE Performance Agreement for all Chief Executives to have a departmental strategic plan. The strategic priorities, goals and outcomes for SA Health are defined in the SA Health Strategic Plan 2017-20 (schedule 2) which brings together the key elements of the current reform agenda. The SA Health Government, Premier or the Minister for Health may articulate key priorities and themes from time to time. SA Health’s key objective is to lead and deliver a comprehensive and sustainable health system that ensures healthier, longer and better lives for all South Australians. Transformation of the health system will continue to be implemented in the pursuit of quality and delivering the best care, first time, every time to all South Australians.

SAAS will be required to develop a departmental strategic plan which addresses the priorities detailed in the SA Health Strategic Plan 2017-2020 to ensure outcomes related to health transformation and other agreed priority initiatives are achieved. 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 national agreements and national partnership agreements between SA Government and the Commonwealth government and commitments under any related implementation plans.

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

The NHRA requires the South Australia 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; and
- all regulations made under the *Health Care Act, 2008*.

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 the DHA 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 ensure 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.
- The implementation of local clinical governance arrangements that support a clinical leadership model.
- Working with the DHA through contributing expertise, local knowledge and other relevant information to state service planning, policy development and capital planning.
- Collaborating with Primary Health Care 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.

CORPORATE AND CLINICAL GOVERNANCE REQUIREMENTS

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 Health Care Act, 2008, relevant South Australian legislation and regulations, and SA Health policies.

The SAAS CEO is responsible for establishing and implementing robust local governance arrangements which enable successful delivery of integrated programs, their projects and outcomes consistent with the Project Management Framework. The use of QuickBase as a project management tool is mandatory for all agreed Projects (including health reform and savings initiatives). This incorporates all areas of project management including pre-project planning, benefits planning, risk and issue management, status reporting and project closure.

In 2017/18, the Program Delivery Support Office (PDSO) will assist SAAS to embed the Project Management Framework across the business and to strengthen project management expertise in order to mature governance arrangements and to foster and support ongoing transformation and quality improvements.

The iPMO and PDSO will continue to provide a suite of assurance support functions to support the successful delivery of the health transformation projects, providing advice, guidance and assurance services to the Strategic Committee and other SA Health decision making bodies, in respect to key actions to be made in the achievement of program milestones and benefits (related to service delivery change). The PDSO will work closely with key functional groups across SA Health in monitoring and reporting on the implications of delivery progress on program outcome achievement.

SAAS will exercise its decision making power in relation to all Human Resources (HR) management functions which may be delegated to it by 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 the DHA.

**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](http://www.ahssqa.com.au) provides a set of guiding principles that can assist LHNs with their clinical governance obligations as follows:

- Consumer centred;
- Driven by information, and
- Organised for safety

SAAS will conduct an audit of the ten clinical NSQHS Standards via an accrediting agency that are approved by the Australian Commission on Safety and Quality in Healthcare (ACSQHC).

Following the audit SAAS will provide to the Department:

- A copy of the audit report within thirty days of receipt by SAAS providing no significant patient risks have been identified;
- An action plan within 60 days for addressing the elements not met.

**Occupational Health, Safety and Welfare 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 Act, 2012*;
- Work Health and Safety Regulations, 2012 and associated Approved Codes of Practice;
- *Return to Work Act, 2014*;
- 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;
- Public Sector Audit Verification for Safety and Injury Management;
- SA Health Work Health Safety and Injury Management System including associated frameworks, KPIs, policy directives, guidelines and corporate procedures;
- Work Health and Safety requirements as specified under the NSQHS Standards.
10. DEPARTMENT ACCOUNTABILITIES

The DHA 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 the DHA.

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 manner which promotes better state health outcomes; 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

The DHA 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 2017/18 will be on achieving a balanced budget and successful delivery of major transformation projects. Key deliverables include:

- Managing activity and FTE volumes within agreed parameters and approved budgets;
- Achieving required clearance times and improving hospital turnaround to support timely responses across the system;
- achieving compliance (where applicable) with agreed clinical standards and models of care, in particular for Stroke, Fracture Neck of Femur and Rehabilitation services:
• Implementation of the Destination Triage Tool and ensuring compliance to support service realignment;

• contributing to the development of new models of care agreed and endorsed through the Ministerial Clinical Advisory Group (MCAG) and assisting implementation;

• supporting the smooth transition from Royal Adelaide Hospital (RAH) to new Royal Adelaide Hospital (nRAH) and decommissioning of the Repatriation General Hospital;

• 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;

• continuing to work towards achieving the recruitment target of 5 ASO1/2 positions for the Premier’s initiative Recruit Jobs4YouthSA: 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 expected to demonstrate progress towards embedding a constructive culture and deliver on the aspiration to put people first. SAAS will be expected to monitor People and Culture metrics, including, but is not limited to:

• Injury rates including manual handling and psychological health
• Disputes
• Collaboration
• Policy and Enterprise Agreement implementation

SAAS will be required to confirm saving strategies by August 2017 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.

**Commencement of a New Service**

In the event that the 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 DHA in writing in advance of commencement, clearly articulating the service details proposed, any activity and/or funding implications and intended benefits/outcomes. DHA will provide a formal response regarding the new service to SAAS in writing 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 CE, System Performance and Service Delivery, 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, System Performance and Service Delivery.

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 (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 DHA 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.

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 2018. 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 2017).

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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.

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 DHA;

- The DHA 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 2700 career and volunteer staff 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
- 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
- Provision, as a registered training organisation, of in-house, nationally accredited training to SAAS staff
- Provision and administration of the Ambulance Cover subscription scheme
- 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 and encompass over 1200 operational and non-operational staff across 21 ambulance stations and the head office. This portfolio is divided into three areas including:

- 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
• 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.

Three additional stations are scheduled to be built in 2017-18:

• Salisbury, metro north
• Glengowrie, metro south
• Seaford, metro west

Country Operations

Emergency ambulance response and patient transfer services in South Australian regional areas are largely provided by volunteers across 76 stations. SAAS also has 24 career stations in regional areas across the state.

Country Operations received time limited funding to pilot a Community Paramedicine model, which engages qualified Paramedics with additional clinical training and deploys them as Community Paramedics in regional communities. Community Paramedics deliver holistic pre-hospital healthcare to reduce the risk of functional decline and hospitalisation of patients, connecting them with the most suitable community health-care option for their unique circumstances. The model will be evaluated in 2017/18.

Community paramedics are based in Ceduna and the Limestone Coast and supplement existing SAAS resources in these areas. In particular the Ceduna paramedic has a strong focus on Indigenous health working closely with local community groups to:

• Conduct general health checks
• Attend to immediate urgent, chronic and life threatening health conditions
• Attend to wound infections
• Provide clients with an understanding of their health condition and medication
• Supervise and monitor client medication
• Assist clients to manage their health problem more effectively

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
• Management of the Royal Flying Doctor Service contract for fixed-wing inter-hospital air transfers.

Within the EOC are situated clinical resources comprising of Medical Retrieval Consultants, Nurse Retrieval Consultants and EOC Clinicians providing 24/7 clinical care and advice across the state.
To further support operational ambulance and EOC staff, a clinician is based within the EOC which provides clinical support to volunteer and career staff state-wide. The EOC clinician, utilising the secondary triage software Manchester Triage System, providing a secondary layer of triage support in determining appropriate prioritisation of workload and treatment pathway where reassessed by the EOC clinician.

**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.

**TEACHING, TRAINING AND RESEARCH**

SAAS is responsible for providing teaching, training and research programs 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 healthcare 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:

1. 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.

2. Foster a culture of learning and innovation.

3. 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 being introduced for most health profession placements in a phased process. A state-wide system enables an informed transition to Activity Based Funding (ABF) for teaching training and research.

SAAS will be required to demonstrate clinical placement capacity to support delivery of health transformation and will engage with universities, colleges, practitioners and consumers in order to develop appropriate training and research for a transformed health system.

Under the current framework for clinical placements Better Placed: 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
Country Stations

- Career stations
- Co-located stations
- Volunteer stations
- Community emergency response teams
- Volunteer regional response teams
- Industry-based services
- SAAS-supported services

Version 9.15
**SCHEDULE 2: STRATEGIC PRIORITIES**

The State and Premier’s priorities for 2017/18 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 delivery of 35 election commitments over the period 2014-15 to 2017-18. 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 the DHA, the support of LHNs, SAAS and other Health agencies are critical to delivery. Specific commitments related to SAAS:

1. New ambulance stations: $7.5 million to build two new ambulance stations in Adelaide’s southern suburbs (Noarlunga complete).

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:

http://saplan.org.au/


A key responsibility for SA Health is to support the Government’s child protection reforms in response to the Child Protection Systems Royal Commission Report (the Nyland Review) through participation in across government groups and working parties related to child protection matters and providing progress reports, when requested, on the implementation and recommendations from the Nyland Reports.
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 the DHA.

BUDGET ALLOCATION 2017/18

<table>
<thead>
<tr>
<th>FUNDING TO BE PROVIDED COMPRISÉS:</th>
<th>Revenue ($)</th>
<th>Expenditure ($)</th>
<th>Net Result ($)</th>
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<tr>
<td>Ambulance Operating Services</td>
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<tr>
<td>DH Recurrent Allocation</td>
<td>124,285,000</td>
<td>0</td>
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<tr>
<td>Operating</td>
<td>131,063,000</td>
<td>248,747,000</td>
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<td>Capital</td>
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<td>DH Allocation</td>
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<td>Non-Cash Items</td>
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<tr>
<td>Depreciation/Amortisation</td>
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<td>13,550,000</td>
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<tr>
<td>Non Impacting Accruals</td>
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<td>3,552,000</td>
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<tr>
<td><strong>Allocation</strong></td>
<td><strong>281,691,000</strong></td>
<td><strong>265,849,000</strong></td>
<td><strong>15,842,000</strong></td>
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<table>
<thead>
<tr>
<th>Cash Receipts</th>
<th>Cash Payments</th>
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<tr>
<td>Payments for Property, Plant &amp; Equipment</td>
<td>29,354,000</td>
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<tr>
<td>Sale of Property, Plant &amp; Equipment</td>
<td>515,000</td>
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## Activity Allocation 2017/18

### Estimated demand forecast for FY 2017-18 (Indicative Target)

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<tbody>
<tr>
<td>P1 &amp; 2 (Emergency)</td>
<td>12,151</td>
<td>12,530</td>
<td>12,425</td>
<td>12,198</td>
<td>12,021</td>
<td>12,523</td>
<td>11,933</td>
<td>11,151</td>
<td>12,399</td>
<td>11,258</td>
<td>11,861</td>
<td>11,509</td>
<td>143,959</td>
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<tr>
<td>P3, 4 and 5 (Urgent)</td>
<td>7,689</td>
<td>7,689</td>
<td>7,689</td>
<td>7,689</td>
<td>7,689</td>
<td>7,689</td>
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<td>7,689</td>
<td>7,689</td>
<td>7,689</td>
<td>92,268</td>
</tr>
<tr>
<td>P6 (Predominantly ECP responses in metropolitan)</td>
<td>526</td>
<td>526</td>
<td>526</td>
<td>526</td>
<td>526</td>
<td>526</td>
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<td>526</td>
<td>526</td>
<td>526</td>
<td>526</td>
<td>6,312</td>
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<tr>
<td>P7 (Predominantly RFDS)</td>
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<td>1,243</td>
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<td>1,106</td>
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<td>1,088</td>
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<td>1,162</td>
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<td>1,210</td>
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<td><strong>Total Incident</strong></td>
<td><strong>24,893</strong></td>
<td><strong>25,348</strong></td>
<td><strong>25,156</strong></td>
<td><strong>24,479</strong></td>
<td><strong>24,990</strong></td>
<td><strong>24,393</strong></td>
<td><strong>23,433</strong></td>
<td><strong>25,071</strong></td>
<td><strong>24,762</strong></td>
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<td><strong>295,102</strong></td>
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<tbody>
<tr>
<td>P1 &amp; 2 (Emergency)</td>
<td>9,912</td>
<td>10,214</td>
<td>10,000</td>
<td>9,846</td>
<td>9,619</td>
<td>10,010</td>
<td>9,673</td>
<td>9,153</td>
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<td>9,247</td>
<td>9,709</td>
<td>9,546</td>
<td>116,904</td>
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<td>P3, 4 and 5 (Urgent)</td>
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<td>6,533</td>
<td>6,581</td>
<td>6,629</td>
<td>6,676</td>
<td>6,724</td>
<td>6,771</td>
<td>6,819</td>
<td>6,866</td>
<td>6,914</td>
<td>6,962</td>
<td>7,009</td>
<td>80,970</td>
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<tr>
<td>P6 (Predominantly ECP responses in metropolitan)</td>
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<td>212</td>
<td>212</td>
<td>212</td>
<td>212</td>
<td>212</td>
<td>212</td>
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<td>212</td>
<td>212</td>
<td>212</td>
<td>212</td>
<td>2544</td>
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<tr>
<td>P7 (Predominantly RFDS)</td>
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<td>1,217</td>
<td>1,217</td>
<td>1,211</td>
<td>1,171</td>
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<td>1,131</td>
<td>1,268</td>
<td>1,187</td>
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<td><strong>Total Transport</strong></td>
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<td><strong>21,641</strong></td>
<td><strong>21,340</strong></td>
<td><strong>21,262</strong></td>
<td><strong>20,721</strong></td>
<td><strong>20,205</strong></td>
<td><strong>20,922</strong></td>
<td><strong>20,214</strong></td>
<td><strong>20,474</strong></td>
<td><strong>20,544</strong></td>
<td><strong>21,552</strong></td>
<td><strong>21,138</strong></td>
<td><strong>253,254</strong></td>
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<td>115</td>
<td>125</td>
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<td>141</td>
<td>135</td>
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<td>150</td>
<td>145</td>
<td>127</td>
<td>109</td>
<td>1,516</td>
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<tr>
<td>Inter-Hospital demand forecast</td>
<td>21</td>
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<td>21</td>
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<td>252</td>
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SCHEDULE 4: KEY PERFORMANCE INDICATORS AND TARGETS

PURPOSE

This schedule outlines the KPIs and associated targets that SAAS is required to meet during the 2017/18 financial year.

The KPIs have been reviewed and revised to ensure alignment with expected outcomes for 2017/18. It is not expected that further, significant changes to the KPIs will be made for the 2017/18 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 Performance Indicators (Tier 2) and service measures that reflect a balance across the dimensions of access, quality (effectiveness, safety and patient centred care), productivity and sustainability and workforce.

The KPIs for 2017/18 are listed on page 27 onwards.

Annual targets for each KPI have been specified above. 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 and provide them to the DHA (a pro-forma will be provided where relevant). The purpose is to provide interim monthly targets that reflect the level of anticipated progress towards the annual target that must be achieved by 30 June 2018. Performance during the year will be monitored against the interim monthly targets. For some indicators, the monthly targets will be the same as the annual targets.

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.

The Department will:
• produce monthly reports, including actual activity compared to purchased activity levels, performance information as required by the Department to demonstrate SAAS performance against the indicator targets specified in this schedule and performance information as required by the Department to demonstrate 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

**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](http://metadata.health.sa.gov.au/content/index.phtml/itemId/410221).
### Key and Supporting 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><strong>Tier 1</strong></td>
<td><strong>Ambulance Clearance from Major Metropolitan Hospitals</strong></td>
<td>% of transports to a Major Metropolitan Hospital Emergency Department, with a clearance time within 15 minutes of Patient Transfer of Care</td>
</tr>
<tr>
<td><strong>Tier 2</strong></td>
<td><strong>Ambulance Hospital Turnaround Time</strong> (shared with Metropolitan Local Health Networks: CALHN, NALHN, SALHN and WCHN)</td>
<td>% of transports to a Major Metropolitan Hospital Emergency Department with a combined clearance time within 40 minutes, from ambulance arrival to ambulance clearance.</td>
</tr>
<tr>
<td><strong>Ambulance Response</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Tier 1</strong></td>
<td><strong>‘000’ Calls Answered in 10 Seconds</strong></td>
<td>% of ‘000’ calls answered within 10 seconds</td>
</tr>
<tr>
<td><strong>Tier 1</strong></td>
<td><strong>Response Time</strong> (Urban Centres)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Priority 1</td>
<td>% of carries within 8 minutes</td>
</tr>
<tr>
<td></td>
<td>• Priority 2</td>
<td>% of incidents responded to within 16 minutes</td>
</tr>
<tr>
<td></td>
<td>• Priority 3</td>
<td>% of incidents responded to within 30 minutes</td>
</tr>
<tr>
<td><strong>Patient Care Pathway</strong></td>
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<tr>
<td><strong>Tier 1</strong></td>
<td><strong>Avoided Hospital Carries:</strong></td>
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</tr>
<tr>
<td></td>
<td>• <strong>Extended Care Paramedic</strong> (ECP)</td>
<td>% of patients for whom ECP clinical care resulted in appropriate out of hospital care</td>
</tr>
<tr>
<td></td>
<td>• <strong>Clinical Telephone Assessment</strong> (Hear and Treat)</td>
<td>% of total call volume referred to Clinical Telephone Assessment</td>
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<tr>
<td></td>
<td>• <strong>Clinical Telephone Assessment</strong> (Ambulance Attendance)</td>
<td>% of patients that require an ambulance attendance after Clinical Telephone Assessment</td>
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<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>
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<tr>
<td><strong>Finance and Activity</strong></td>
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</tr>
<tr>
<td><strong>Tier 1</strong></td>
<td><strong>Total and Unfunded Variation in Net Cost of Service for End of Year</strong></td>
<td>Balanced or surplus</td>
</tr>
<tr>
<td><strong>Total Incidents:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <strong>Emergency Incidents</strong> (Priority 1 and 2)</td>
<td>Number of Incidents</td>
<td>143,959</td>
</tr>
<tr>
<td>• <strong>Helicopter</strong> (Rotary)</td>
<td><strong>Total Helicopter Transfers</strong></td>
<td>1,516</td>
</tr>
<tr>
<td>• <strong>Non-Emergency Transfers</strong></td>
<td>Number of Incidents</td>
<td>38,238</td>
</tr>
<tr>
<td>• <strong>Extended Care Paramedics (ECPs)</strong></td>
<td>Number of incidents attended</td>
<td>6312</td>
</tr>
<tr>
<td>• <strong>RFDS</strong> (Fixed wing) <strong>Transfers</strong></td>
<td>Number of Incidents</td>
<td>14,325</td>
</tr>
<tr>
<td>• <strong>Urgent Incidents</strong> (Priorities 3, 4 and 5)</td>
<td>Number of Incidents</td>
<td>92,268</td>
</tr>
<tr>
<td><strong>Tier 1</strong></td>
<td><strong>Total Transports:</strong></td>
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</tr>
<tr>
<td>• <strong>Emergency Transports</strong> (Priority 1 and 2)</td>
<td>Number of transports</td>
<td>116,904</td>
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<tr>
<td>• <strong>Helicopter</strong> (Rotary)</td>
<td><strong>Total Helicopter Transports</strong></td>
<td>1,516</td>
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<tr>
<td>• <strong>Non-Emergency Transfers</strong></td>
<td>Number of Transports</td>
<td>38,896</td>
</tr>
<tr>
<td>• <strong>Extended Care Paramedics (ECPs)</strong></td>
<td>Number of attendances which resulted in a transport</td>
<td>2544</td>
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<tr>
<td>• <strong>RFDS</strong> (Fixed wing) <strong>Transfers</strong></td>
<td>Number of Transports</td>
<td>13,940</td>
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<td>• <strong>Urgent Transports</strong> (Priorities 3, 4 and 5)</td>
<td>Number of Transports</td>
<td>80,970</td>
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<td>Indicator</td>
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<td><strong>SAFE AND EFFECTIVE CARE</strong></td>
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<td>Tier 1</td>
<td>Serious Adverse Events (Actual SAC 1 &amp; 2)</td>
<td># Monthly/YTD</td>
</tr>
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<td>Tier 2</td>
<td>Open Disclosure Rate for all Actual SAC 1 &amp; 2 Patient Incidents</td>
<td>Monthly/YTD</td>
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<td><strong>Quality and Effectiveness</strong></td>
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<td>Tier 2</td>
<td>Consumer Experience: 1. Involvement in Care and Treatment</td>
<td>Quarterly/YTD</td>
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<td>Tier 2</td>
<td><strong>Major Trauma</strong> (Strategy 1)</td>
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<td></td>
<td>Ambulance response to major trauma incidents in metropolitan South Australia which result in transport to a defined major trauma service within 60 minutes of departing the scene</td>
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<tr>
<td>Tier 2</td>
<td>Code STEMI (Strategy 2)</td>
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<tr>
<td></td>
<td>• Arrive to Hospital within 60 Minutes, with a Notification Prior to Arrival</td>
<td>% of metropolitan patients recorded as having Code STEMI notification prior to arrival (H02), who arrive at hospital within 60 minutes of triple zero (000) call</td>
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<tr>
<td></td>
<td>• First ECG within 10 Minutes of Ambulance Arrival</td>
<td>% of STEMI patients who receive first ECG within 10 minutes of ambulance arrival</td>
</tr>
<tr>
<td></td>
<td>• Patients Correctly Identified as Having a STEMI</td>
<td>% of metropolitan patients correctly identified as having a STEMI</td>
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<tr>
<td></td>
<td>• Timely Transfer from ED to PCI STEMI Receiving Facility</td>
<td>% of patients transferred from ED to a PCI STEMI receiving facility within 60 minutes</td>
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<tr>
<td>Tier 2</td>
<td>Code STROKE (Strategy 3)</td>
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<tr>
<td></td>
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<td>% of metropolitan patients with suspected stroke (D30) recorded as having Code STROKE notification prior to arrival (H03), who arrive at hospital within 60 minutes of triple zero (000) call</td>
</tr>
<tr>
<td>Tier 2</td>
<td>‘000’ Call Audit (Strategy 4)</td>
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<tr>
<td></td>
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<td>% of compliance and high compliance with EMD-Q Performance Standards 9a for correct application of Medical Priority Dispatch System</td>
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</tbody>
</table>
| Tier 2 | **Pain Reduction for Cardiac Patients**  
(Strategy 5) | % of cardiac patients that record a pain score decrease of more than 2, where the original score was greater than 7 | >50% |
<p>| Tier 2 | <strong>Cardiac Arrest Cases with Early Intervention</strong> | % of cardiac arrest cases with early activation of AED through advice provided by Emergency Medical Dispatch Support Officer (EMDSO) using AED register | Monitor in 2017-18 |
| Tier 2 | <strong>Out of Hospital Adult Cardiac Arrest Survival Rate</strong> | % of out of hospital adult VF/VT cardiac arrests survival rates (YTD) | ≥ 40% |
| Tier 2 | <strong>Trauma Patients that Receive Effective Pain Management</strong> | % of trauma patients that receive effective pain management (YTD) | ≥ 60% |</p>
<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>
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</tr>
<tr>
<td><strong>Workforce</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>Lost Time Injury Frequency Rates (LTIFR)</td>
<td>% reduction (SIMS Database)</td>
</tr>
<tr>
<td>Tier 1</td>
<td>Total Labour Effort Variance to Budget</td>
<td># Established FTE compared to actual FTE</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Achieve Favourable Passion/Engagement in Next Staff Survey (Annual)</td>
<td>% of surveys which achieved favourable passion/engagement (Your Voice Project)</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Completion of Performance Reviews in Line with the Commissioner’s Determination</td>
<td>% staff with completed performance reviews in last 6 months (CHRIS reporting)</td>
</tr>
<tr>
<td>Tier 2</td>
<td>ATSI Employee participation rate</td>
<td>% of current employees who identified as being of Aboriginal or Torres Strait Islander origin</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Excess Annual Leave Balance &gt; 2 Years</td>
<td># of staff with annual leave balance greater than 2 years</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Volunteer Rostered Hours Supplied</td>
<td>% of overall operational rostered hours supplied for the volunteer workforce (Monthly)</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Volunteer Recruitment</td>
<td>% of volunteers recruited to the SA Ambulance Service workforce per year (Annually)</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Achieve Gender Equity in the Executive Workforce</td>
<td>The number of women in SAES 1 and SAES 2 (and equivalent) roles within the Public Sector</td>
</tr>
<tr>
<td><strong>Service Measure</strong></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>
<tr>
<td><strong>Service Measure</strong></td>
<td>Embed Public Value into all Policies and Programs within SA Health</td>
<td># SAES 1 and SAES 2 and equivalent who have undertaken training in Public Value (Bi-Annual)</td>
</tr>
<tr>
<td><strong>Service Measure</strong></td>
<td>% Completion of the Aboriginal Cultural Learning Program</td>
<td>% of total employee headcount who have completed an Aboriginal Cultural Learning program that meets level 1 learning outcomes (bi-annual)</td>
</tr>
</tbody>
</table>
SCHEDULE 5: SA HEALTH PERFORMANCE FRAMEWORK

The SA Health Performance Framework sets out the systems and processes that the DHA 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.

The key activities that form the performance accountability assessment, reporting and management for SAAS are detailed in the attached 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 2017/18, 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 2017/18. The Performance Report will assess performance against the agreed key and supporting indicators, including FTE 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.
The frequency of the contract and performance meetings will depend on SAAS 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>
</tbody>
</table>

| Significant variation in other (Tier 2) Indicators and service measures. | Report on underlying factors and mitigation strategy. | Review at relevant governance committee and/or monthly contract meeting and agree on recovery plan. Where performance does not improve, escalation may be required. | SAAS to report progress against recovery plan to Contract Performance Meetings. |

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 2018) 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 2018/19.

ANNUAL REVIEW

A formal annual review of performance under the SLA will be undertaken between the CE and SAAS CEO. The annual review 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 review will also incorporate the review of SAAS CEOs performance on the three areas outlined above.