**Version Control**

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<th>Changes Made</th>
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<th>Date</th>
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<td>V2</td>
<td>Changes to reflect SAAS feedback</td>
<td>M Arnaudovic</td>
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<td>V3</td>
<td>Updated with Budget and Activity</td>
<td>M Arnaudovic</td>
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<td>V4</td>
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<td>L Bell</td>
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<td>K Lang</td>
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<td>V6</td>
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Parties to the Service Agreement 2019-20

From 01 July 2019 to 30 June 2020

This is a Service Agreement (the Agreement) between the Chief Executive of the Department for Health and Wellbeing (Chief Executive) and the South Australian Ambulance Service Incorporated (the Parties) 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 01 July 2019 - 30 June 2020.

Through execution of the Agreement, the South Australian Ambulance Service (SAAS) agrees to meet the service obligations and performance requirements as detailed in the Agreement. The Chief Executive agrees to provide the funding and other support as outlined in the Agreement.

David Place  
Chief Executive Officer  
South Australian Ambulance Service

Date: 19th September 2019  
Signed: ........................................

Dr Chris McGowan  
Chief Executive  
Department for Health and Wellbeing

Date: 21/10/19  
Signed: ........................................
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1. Objectives of the Service Agreement

The Agreement is designed to:

1) Describe the health services, teaching, training and research to be provided by SAAS, including particulars of the volume, scope and standard of services.
2) Describe the funding allocated to SAAS for the provision of the services, including the way in which the funding is to be allocated.
3) Detail the agreed performance measures and operational targets for the provision of the services by SAAS.
4) Detail how the evaluation and review of results in relation to the performance measures and operational targets are to be carried out.
5) Describe the requirements for performance data and other information to be provided by SAAS to the Chief Executive, including how, and how often, the data is to be provided.
6) Detail any other matter the Chief Executive considers relevant to the provision of the services by SAAS.
7) Outline the responsibilities and accountabilities for and facilitate achievement of the DHW, State and Commonwealth Government priorities, services, outputs and outcomes.
8) Acknowledge that SAAS and the DHW will work collaboratively to identify areas for service provision.

2. Legislative and Regulatory Framework

The Agreement is regulated by the Health Care Act 2008 and the National Health Reform Agreement (NHRA) which provides the Commonwealth funding contribution for the delivery of public hospital services and details a range of reforms.

The NHRA requires the State of South Australia to establish Service Agreements with each health service for the commissioning of health services and to implement a performance and accountability framework including processes for remediation of poor performance. The Health Care Act 2008 states, under Part 4 – Service Agreements that the Service Agreement is to be executed between the Chief Executive of SAAS and the Chief Executive of the DHW. The Service Agreement is binding on both Parties.

In delivering health services, SAAS is required to meet the applicable conditions of any National Partnership agreements between the State Government and the Commonwealth Government (including any commitments under related implementation plans). This is inclusive of any relevant Council of Australian Governments (COAG) national agreements including, for example, the Health Practitioner Regulation National Law.

In addition to complying with all relevant legislation and regulations, the Parties will adhere to a common set of overarching guidelines, policies and principles. These assist the DHW with decision-making for the health care system and provide the common ground needed for each Party to work successfully together to address mutual objectives within stipulated timeframes.

3. Principles

Achieving the goals, directions and strategies for SA Health requires clear priorities, supportive leadership and staff who work together and across each level of the health system and who exemplify the following South Australian Public Health Sector Values:
1) **Collaboration and respect:** recognising, accepting and working in partnership with all relevant Parties in a respectful manner to achieve the best possible outcomes. Providing health services that acknowledge and respect the wishes and rights of our patients and their carers.

2) **Transparency:** a commitment to openness in our community to build confidence and greater cooperation, having clear roles, responsibilities, procedures and documentation for making evidence-based decisions and exercising power. Being accountable to the people of South Australia for the performance and quality of our public health services.

3) **Honesty and Integrity:** acting impartially, honestly and ethically in the interest of the public, whilst using every opportunity to enhance the value of public assets and institutions that have been entrusted to care.

4) **Sustainability:** ensuring the best use of resources to further the aims of SA Health, with a commitment to evidence-based strategies for improvement and future sustainability.

5) **Empowerment:** creating a sense of empowerment in the workplace to ensure maximum benefit of knowledge, skills and experience and to ensure that our patients are able to make well-informed and confident decisions about their care and treatment.

### 4. Governance and Accountabilities

The Charter of Responsibility sets out the legislative roles and responsibilities of the DHW, Local Health Networks (LHNs) and SAAS which is consistent with the *Health Care Act 2008* and articulates the shared commitment and accountabilities of each party to support the operation of the South Australian health system.

### 5. Department for Health and Wellbeing Role and Accountabilities

Without limiting any other obligations, the DHW must comply with:

- The terms of the Agreement.
- The legislative requirements applicable to the DHW, including the *Health Care Act 2008*, the *Mental Health Act 2009* and the *Office for the Ageing Act 1995* and all regulations made under these Acts.
- All Cabinet decisions and directives applicable to the DHW.
- All Ministerial directives applicable to the DHW.
- All agreements entered into between the South Australian and Commonwealth Governments applicable to the DHW.
- All State Government policies, standards, instructions, circulars and determinations applicable to the DHW.
- All policies and directives applicable to DHW.

The DHW will lead and steward the public health system, working in collaboration with SAAS to ensure delivery of high quality hospital and other health services, having regard to the principles and objectives of the national health system.

The DHW will:

- Facilitate the provision of funding to SAAS as specified under Schedule 4 of the Agreement.
- Provide strategic leadership and direction for the provision of public health services in the state, including the development of health system-wide planning.
• Promote the effective and efficient use of available resources in the provision of public health services in the State.
• Contribute, where required, to the development and implementation of statewide service plans that apply to SAAS.
• Oversee, monitor and promote improvements in safety and quality within SAAS.
• Monitor the performance of SAAS, LHNs and Statewide Clinical Support Services (SCSS) and take remedial action when performance does not meet the expected standard.
• Develop Service Level Agreements (SLAs), where applicable, and monitor KPIs to assess the outcomes of the DHW, Wellbeing SA, Commission of Excellence and Innovation and Digital Health SA.
• Develop and issue health service policies and directives to apply to the DHW and SAAS.
• Report on system-wide performance, including DHW agreed objectives and KPIs.

The DHW has a role in informing national initiatives, coordination of system-wide responses to national health initiatives and supporting Commonwealth-State relations. The DHW also has a role in leading the development and delivery of the objectives of the Ageing Well Portfolio and in line with the Office for the Ageing Act 1995.

The DHW will endeavour to commission services with proven effectiveness and efficient use of available resources, improve equity of access to health care and reflect the required scope of publicly funded services.

6. South Australian Ambulance Service Role and Accountabilities

Without limiting any other obligation, the SAAS must comply with:

• The terms of the Agreement.
• The legislative requirements applicable to SAAS, including the Health Care Act 2008, the Mental Health Act 2009 and the Office for the Ageing Act 1995 and all regulations made under these Acts.
• All Cabinet decisions and directives applicable to SAAS.
• All Ministerial directives applicable to SAAS.
• All agreements entered into between the South Australian and Commonwealth Governments applicable to SAAS.
• All State Government policies, standards, instructions, circulars and determinations applicable to SAAS and policies and directives applicable to SAAS.

The main role of SAAS under the Agreement is to provide the services and responsibilities detailed in Schedule 3, within the allocated funding stipulated in Schedule 4, and in accordance with the performance measures and targets set by the DHW in Schedule 5.

Additional functions of SAAS include, but are not limited to:

• Ensure the operations of SAAS are carried out efficiently, effectively and economically.
• Comply with all necessary clinical governance, ethics, principles and standards such as relevant national safety and quality requirements, including obtaining appropriate accreditation to deliver commissioned services.
• Provide teaching, training and research in support of the provision of health services and the enable a highly skilled, engaged and resilient workforce.
• Promote consultation with health professionals working within the health service and engage with health consumers and community members about the services that the health service provides.
• Report to the DHW on the provision and performance of health services, including flowed activity targets (where applicable) and any data or information as required by the Chief Executive.
• Actively partake in collaboration with the DHW, including at routine Performance Review Meetings.
• SAAS is committed to working collaboratively with the Country LHNs to support clinical service delivery and workforce.

6.1 Corporate Governance

SAAS must ensure services are delivered in a manner consistent with the SA Health Corporate Governance Framework.

In particular, and where applicable, SAAS is required to:

• Provide required reports in accordance with the timeframes advised by the DHW.
• Review and update Manual of Delegations to ensure currency.
• Work collaboratively with DHW to ensure timely implementation of agreed recommendations from the Auditor-General’s Department or the SA Health Risk and Assurance Services Internal Audit Unit so that repeat audit issues are avoided.

SAAS must also ensure:

• Timely implementation of Coroner’s findings and recommendations as well as recommendations of Root Cause Analyses (where the recommendations have been accepted).
• Active participation in statewide reviews.
• Timely investigation of all matters referred to SAAS following a referral from the Independent Commissioner Against Corruption.

6.2 Provision of Data and Information

The Health Care Act 2008 provides that the Agreement will state the performance data and other data to be provided by the LHN to the Chief Executive, including how, and how often, the data is to be provided. High quality data is used to provide meaningful information for evidence based decision making with a strong focus on supporting current and emerging priorities and strategic areas and to comply with national reporting requirements.

SAAS will provide data to the DHW on the provision and performance of health services in a timely manner and as required by the Chief Executive, including data pursuant to ad hoc requests. All data is to be submitted in accordance with the requirements stipulated within Schedule 5 of the Agreement. The DHW will endeavour to support SAAS to meet data requirements via grant provision.

SAAS is also required to maintain up-to-date information for the public on its website regarding its relevant facilities and services.

6.3 Safety, Quality and Clinical Effectiveness

Annually, SAAS will complete a Safety and Quality Account (the Account) to demonstrate its achievement and ongoing commitment to improving and integrating safety and quality activity. This approach places safety and quality reporting on the same level as financial
reporting as an accountability mechanism with public transparency. The account will provide information about the safety and quality of care delivered by SAAS, including performance against key quality and safety measures and patient safety priorities, service improvements and integration initiatives.

The Account seeks to ensure that structures, systems and processes are in place that require and foster quality service delivery and ongoing improvement. The Account will cover the five components of the National Clinical Governance Framework:

6.4 Accreditation

The SAAS must implement and comply with the National Safety and Quality Health Service (NSQHS) Standards and maintain accreditation under the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme.

Following an accreditation event, SAAS will submit to the DHW:

- A copy of the ‘not met’ report within two days of receipt by SAAS.
- The accreditation report within seven days of receipt by SAAS, as long as no significant patient risks have been identified.
- 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 60 days to address any core actions that have not been met.

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

7. Performance Framework

The SA Health Performance Framework 2019-20 sets out how the DHW, as the leader and steward of the public health system, monitors and assesses the performance of public health services and resources within South Australia. The systems and processes in place to achieve this include, but are not limited to, assessing and monitoring SAAS performance, reporting on SAAS performance and as required, intervening to manage identified performance issues.

The Performance Framework uses Performance Measures to monitor the extent to which SAAS is delivering the high level objectives set out in the Agreement. The KPIs and other measures of performance against which SAAS will be assessed and benchmarked are detailed in Schedule 5 of the Agreement.

The parties agree to constructively implement the Performance Framework.

8. Amendments to the Service Agreement

An amendment of the Agreement will occur where there is a change to the Chief Executive’s commissioning intentions, i.e. a change to funding, to deliverables or to other requirements contained within the Agreement.

Whilst a Party may submit an amendment proposal at any time, formal negotiation and finalisation will only occur during set periods of time during the year (Amendment Windows). For further information, please refer to the Service Agreement Amendment Fact Sheet.
8.1 Commencement of a New Service

In the event that either Party wishes to commence providing a new service, the requesting Party will notify the other Party in writing prior to any commencement or change in service (services in addition to those already delivery, and/or where new funding is required). The correspondence must clearly articulate details of the proposed service, any activity and/or funding implications and intended benefits/outcomes.

The DHW will provide a formal written response to the LHN regarding any proposed new service, including any amendments of KPIs (new or revised targets), and will negotiate with the LHN regarding funding associated with any new service.

8.2 Cessation of Service Delivery

The DHW and LHN may terminate or temporarily suspend a service by mutual agreement. Any proposed Service Termination or Suspension must be made in writing to the other Party, detailing the patient needs, workforce implications, relevant government policy and LHN sustainability considerations. The Parties will agree a notice period. Any changes to service delivery must maintain maintenance of care and minimise disruption to patients.

9. Dispute Resolution

Use of the dispute resolution process should only occur where an agreement cannot be reached despite the best endeavours of the Parties to negotiate and agree a resolution to an issue at the local level. The dispute resolution process will not be used for the resolution of ongoing issues or performance related issues.

Resolution of disputes will be through a tiered resolution process, commencing at the local level and escalating to the Chief Executive and if required, through to the Minister for Health and Wellbeing. Further information is specified in the Service Agreement Dispute Resolution Policy Directive.

10. Agreements with Local Health Networks and Service Providers

The DHW is responsible for supporting and managing whole of health contracts. Where a service is required for which there is an SA Government or SA Health panel contract in place, SAAS is required to engage approved providers.

Where a service is required outside of an approved panel contract, SAAS may agree with another service provider for that service provider to deliver services for SAAS according to their business needs.

The terms of an agreement made with any health service provider do not limit SAAS's obligations under the Agreement, including the performance standards provided for in the Agreement.
Parties to Section 1: Introduction and Conditions of the Service Agreement 2019-20

SAAS agrees to meet the service obligations and performance requirements as detailed in Section 1 of the Agreement. The Chief Executive agrees to provide the funding and other support as outlined in this section of the Agreement.

David Place  
Chief Executive Officer  
South Australian Ambulance Service  

Date: 19th September 2019  
Signed: DRac

Dr Chris McGowan  
Chief Executive  
Department for Health and Wellbeing  

Date: 21/10/19  
Signed:  

South Australian Ambulance Service  
Service Agreement 01 July 2019 to 30 June 2020
Schedule 1: Strategic Priorities

1. Purpose

This Schedule outlines the strategic priorities for SA Health and the mutual responsibilities of both Parties in supporting South Australians to be as healthy as possible and protecting and improving the health and wellbeing of all South Australians.

2. Strategic Direction

The State Governments’ key priority is to rebalance the South Australian health system in a way that represents the values of the community, delivers the highest standards of safe and quality care and is economically viable for the future. The State Government will use international best practice to develop specific programs that keep people as well as possible and reduce their need to use the existing hospital system by providing increased options for health care provision in the home and community.

The Parties will co-ordinate and partner to assist in rebalancing the health system and to achieve the key goals, directions and strategies articulated within the following and to deliver on the SA Government commitments:

- SA Health Strategic Plan 2017 to 2020
- South Australian Health and Wellbeing Strategy 2019-2024
- State Public Health Plan 2019-2024
- SA Mental Health Services Plan

SAAS has a responsibility to ensure that the delivery of health care services is consistent with SA Health’s strategic directions and priorities and that these and local priorities are reflected in strategic and operational plans. The South Australian Government, Premier or the Minister for Health and Wellbeing may articulate key priorities and themes.

3. Local Priorities

Under the Health Care Act 2008, SAAS must ensure that strategic plans to guide the delivery of services are developed:

- Strategic Plan
- Safety and Quality Account
- Workforce Plan, including an education and training strategy
- Corporate Governance Plan
- Clinical, consumer and community engagement strategies
- Annual Report

It is acknowledged that SAAS will implement local priorities to deliver the SA Government and SA Health priorities, and meet the needs of their respective populations.
4. Strategic Deliverables

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<th>Deliverables</th>
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<tr>
<td>Managing Capacity and Demand</td>
<td>SAAS must work with LHNs to improve ramping to meet seasonal demand and to support the development and implementation of statewide improvement strategies to ensure a significant reduction in delayed 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 60 minutes.</td>
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<tr>
<td>Service Delivery Model</td>
<td>SAAS will continue to embed work planning into business operations and to undertake future workforce planning modelling, including clinical risk mapping in both metro and country regions, to inform the future service delivery model and the clinical care required to service the community of South Australia. The DHW will endeavour to support SAAS in this endeavour via grant provision.</td>
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Parties to Schedule 1: Strategic Priorities

SAAS agrees to meet the service obligations and performance requirements as detailed in Schedule 1 of the Agreement. The Chief Executive agrees to provide the funding and other support as outlined in this schedule of the Agreement.

David Place  
Chief Executive Officer  
South Australian Ambulance Service

Date: 19th September 2019  
Signed: 

Dr Chris McGowan  
Chief Executive  
Department for Health and Wellbeing

Date: 21/10/19  
Signed: 

South Australian Ambulance Service  
Service Agreement 01 July 2019 to 30 June 2020  
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Schedule 2: Government Commitments

1. Purpose

This Schedule outlines the Government’s commitments over the period of 2019-20 to 2021-22 and the mutual responsibilities of all Parties to ensure successful delivery.

2. Premier and State Priorities

The delivery of both Premier’s and State priorities is the responsibility of all SA Health, and 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.

SA Health is responsible for the delivery of a number of Government commitments over the period 2019-20 to 2021-22 including capital, service and research initiatives to build capacity and drive improvements across SA Health. Although led by the DHW, the support of the LHNs, the SAAS, non-government, education, research, private and Commonwealth sectors are critical to their delivery.

Information regarding all of the State Government’s commitments can be found at the following website: https://strongplan.com.au/policies/

In 2019-20, SAAS will deliver a statewide workforce plan, in consultation with the Ambulance Employees’ Association and other relevant bodies and is expected to make available the key assumptions underlying its planning and forecasts.

3. South Australian State Budget 2019-20

The State Budget for 2019-20 was released on 18 June 2019, and includes funding for the State’s health system to reduce savings targets, with an aim to reach national average efficiency levels in health service delivery by 2021-22.

The Government remains committed to this objective, and steps have already been taken to improve the performance of our health system, including the commencement of financial and organisational recovery plans.

Funding in the 2019-20 State Budget recognises that financial targets for the portfolio have not been achieved in 2018-19. A significant savings task remains and SA Health will continue to drive efficiencies and service improvements across the sector.

In addition, the Government continues its strong investment to improve the State’s health care system efficiency and effectiveness through a range of initiatives. A range of initiatives will commence during 2019-20, with a number also due for completion. Where required, SAAS will work collaboratively with DHW and provide support to implement these initiatives.

For further detail, refer to https://statebudget.sa.gov.au/
Parties to Schedule 2: Government Commitments

SAAS agrees to meet the service obligations and performance requirements as detailed in Schedule 2 of the Agreement. The Chief Executive agrees to provide the funding and other support as outlined in this schedule of the Agreement.

David Place  
Chief Executive Officer  
South Australian Ambulance Service  
Date: 19th September 2019  
Signed: 

Dr Chris McGowan  
Chief Executive  
Department for Health and Wellbeing  
Date: 2/10/19  
Signed:
Schedule 3: South Australian Ambulance Service – Services and Accountabilities

1. Purpose
Without limiting any other obligations of SAAS, this Schedule sets out the key services and accountabilities that SAAS is required to meet under the terms of the Agreement.

2. Services and Facilities
SAAS is to maintain up-to-date information for the public on its website regarding its relevant facilities and services (where applicable).

SAAS is the statutory provider of ambulance services in South Australia and is responsible for providing timely and safe access to appropriate care for each resident of South Australia as part of an integrated health network of clinical services.

SAAS will continue to provide the following, as part of an integrated network:

Emergency Services
- Delivery of high quality clinical care and coordination of referral, transport and retrieval services for emergency and time sensitive patients.
- Triple zero (000) call receipt and patient triage and dispatch of ambulance and specialist resources to emergency incidents.
- Pre-hospital emergency and urgent care, treatment and/or transport.
- Emergency management services and multi-agency operations.

Trauma Services
- Aeromedical and Medical Retrieval services.
- Coordination of State Rescue Helicopter Services, via SAAS Emergency Operations Centre (EOC).
- Management of the Royal Flying Doctor Services (RFDS) contract for fixed-wing inter-hospital air transfers and coordination of medical assistance in rural and remote areas in South Australia.

Other Services
- Natural disaster and major event management.
- Coordination of the Patient Transport Service (PTS) for the safe transport of patients from hospital to home, home to hospital, and nursing home to nursing home.
- Management of Call Direct, a 24-hour personal monitoring emergency service.
- Provision and administration of the Ambulance Cover subscription scheme.
2.1 Support Services

SAAS Emergency Operations Centre

SAAS Emergency Operations Centre (EOC) has statewide 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 SAAS EOC.
- 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 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 the specialist technical rescue service for SAAS 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.

Metropolitan Operations


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.
- 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.
Country Operations

Emergency ambulance response and patient transfer services in South Australian regional areas are largely provided by more than 70 stations, with a mix of career (based in major regional centres) and volunteer staff. Of these 70 stations, 21 are in the state’s major regional centres.

There are approximately 100 SAAS trained staff at mining sites across the state who, while employees of specific mine sites, provide a vital service to those communities in response to emergency situations.

The 70 country stations operated predominately by volunteers can be located at the following link - http://www.saambulance.com.au/Volunteering/Location.aspx

3. Services for Priority Population Groups

SA Health maintains a strong commitment to delivering a culturally respectful and sustainable health care system that improves the health and cultural wellbeing of all South Australians, in particular those most vulnerable including, but not limited to, Aboriginal South Australians, culturally and linguistically diverse consumers and those with disabilities, the very young and the aged. SAAS will continue to support discrete programs and services and strive to build mainstream services, which are delivered by a culturally respectful and competent workforce.

4. Health Promotion

In accordance with the Health Care Act 2008, health services should be provided as part of an integrated system that includes all aspects of health promotion and disease, illness and injury prevention to maximise community health and wellbeing.

Where possible, SAAS will support and encourage responsibility at community and individual level to ensure that people can make informed decisions about their health. SAAS is encouraged to support relevant initiatives and prevention programs across the State.

5. Preventative Health

As prescribed under the Health Care Act 2008, SAAS may be required to provide services for the prevention of disease and the improvement of health. Where required, SAAS will continue to contribute to and support investigation, prevention and control activities for communicable diseases and environmental hazards. SAAS will also lead the investigation and response to situations where there is a risk of communicable disease transmission and environmental hazard exposure in their sites.

6. Adult Safeguarding Unit

As prescribed under the Office for the Ageing (Adult Safeguarding) Amendment Act 2018, the Adult Safeguarding Unit has been established to make it easier for the community to report suspected or actual cases of abuse or neglect of vulnerable adults. The Unit will be empowered to investigate issues and to request information from government and non-government organisations. Working closely with South Australian Police, its key focus will be
to minimise harm through early intervention, multiagency coordination and information sharing.

SAAS will work collaboratively with the Office for Ageing Well, Adult safeguarding Unit to support the safeguarding of vulnerable adults 65 years of age or over or 50 years of age for Aboriginal and Torres Strait Islander people.

7. Registration and Scope of Clinical Practice

SAAS must ensure that:

1) 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.
2) 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 practice within that scope of clinical practice (which includes practicing within their registration conditions and within the scope of the Clinical Services Capability Framework (CSCF) of the site/s at which the service is provided).
3) Monitor and ensure ongoing licensing, accreditation and registration of the service staff.
4) All staff, contractors, visiting private practitioners, volunteers and students are credentialled. All paid staff included in the SA Health Credentialing Policies are to be entered into the SA Health Credentialing System to ensure visibility of credentials across SAAS and sites, ensuring safe quality practice for patients/clients of SA Health.

Confirmation of registration and/or professional memberships is to be undertaken in accordance with relevant processes, as amended from time to time.

8. Teaching Commitments

SAAS is required to facilitate teaching and training for which funding, if applicable, is identified within Schedule 4, and ensure compliance with the responsibilities outlined below.

SAAS is required to have a clearly articulated education and training strategy that positions education and training as a foundation for quality and safety in health care. The education and training strategy is reported against annually and includes but is not limited to the following key areas:

- Learning and development
- Clinical education and training.

8.1 Learning and Development

Learning and development is a critical function in ensuring maintenance and development of the required capabilities and to creating a learning and innovative culture. SAAS will encourage and support leadership development as a collective endeavour, in addition to individual leader development.

SAAS will ensure that:

- Staff are supported to develop and maintain their skillset in line with their assigned roles and responsibilities.
Staff are encouraged and supported to participate in statewide and multi-disciplinary learning to enhance understanding of the health system through management training and professional development opportunities.

Staff have an annual education and training plan to facilitate learning and development.

Bi-annual performance reviews are undertaken with all SAAS staff.

8.2 Clinical Education and Training

SA Health supports clinical placement allocations and coordination for health professionals. To ensure that clinical placements are available across the system, and subject to financial capacity, SAAS is required to:

- Optimise and maintain clinical placement capacity and be creative and innovative in identifying alternative and different options to provide quality clinical placements.
- Engage with universities, colleges, other education providers, practitioners and consumers in order to develop appropriate training and research, with the aim to continue to improve outcomes for patients and consumers of the health system.
- Demonstrate that clinical placements are offered to students in medicine, nursing, midwifery and allied health and optimise clinical placement capacity as described in the SA Health Clinical Placement Principles document.
- Work collaboratively with other LHN to optimise the available clinical placements across sites and consider options for redistribution when required.
- Where any clinical placement is offered, ensure compliance with all relevant laws, policies and frameworks, including the following:
  - SA Health Clinical Placement Principles
  - Better Placed: Excellence in Health 2017-2019

SAAS will continue to provide the following:

- Collaboration with Flinders University to deliver the Bachelor of Paramedic Science, the Master of Health Services (Pre-Hospital and Emergency Care) and 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.

9. Workforce Management

SAAS Chief Executive Officer is a Work Health and Safety defined officer and is required to meet the elements of Work Health and Safety due diligence, including compliance with legislation and the implementation of the SA Health Work Health and Safety and Injury Management System which supports workplace health, safety and wellbeing considerations and the development of a safety culture.

SAAS will ensure a safe, respectful and positive working environment that fosters workforce wellbeing and a culture of respect. SAAS will actively promote positive workplace behaviours and encourage reporting and will take prompt action to deal constructively with behaviours that are not respectful in the workplace. SAAS is responsible for implementing workplace wellbeing initiatives and encouraging, enabling and supporting leadership
development as a collective endeavour, in addition to individual leadership development. This includes but is not limited to, management training and skills development, support for continued professional development (e.g. postgraduate study) and NSQHS Standards, work health and safety competencies, and the leadership, learning and training obligations under these.

The SAAS Chief Executive Officer will exercise their decision making power in relation to all Human Resources (HR) management functions which may be delegated to the SAAS Chief Executive Officer by the Chief Executive in respect of health service employees. All decisions must be made, in a lawful and reasonable manner and with due diligence, and in accordance with relevant legislation and policy, including but not limited to:

- **Code of Ethics for the South Australian Public Sector.**
- Employing authority policies and directives.
- South Australian public sector directions, determinations and guidelines.
- Any other policy document that applies to the health service employee.
- Any industrial instrument that applies to the health service employee.
- The HR delegations manual.

This also includes but is not limited to ensuring health service employees are suitably qualified to perform their required functions.

SAAS will also be expected to monitor workforce metrics and at least maintain, if not improve on performance. This includes, but is not limited to, injury data (e.g. manual handling and psychological health), disputes, collaboration, and policy and enterprise agreement implementation.

SAAS shall provide to the Chief Executive, HR, workforce and health and safety reports of a type, and at the intervals agreed between the Parties, or as reasonably specified by the Chief Executive.

10. **Disaster Management**

SAAS will ensure disaster resilience arrangements are established in line with SAAS Emergency Management Framework, SAAS Emergency Management Plan and SAAS Major Incident Response Plan. The aforementioned framework and plans have been developed in accordance with the Disaster Resilience Policy Directive.

The Policy Directive sets the minimum standard for the consistent application of preventing, mitigating, preparing for, responding to and recovering from emergencies, disasters and business disruption incidents across SA Health. It aims to strengthen greater integration, commonality and consistency in the achievement of disaster resilience objectives across SA Health. This Policy Directive, and its associated frameworks, also ensures SA Health’s compliance with legislative, regulatory and commonwealth/state government requirements, including the *Emergency Management Act 2004*, the *Public Health Act 2011* and the State Emergency Management Plan.
Parties to Schedule 3: South Australian Ambulance Service – Services and Accountabilities

SAAS agrees to meet the service obligations and performance requirements as detailed in Schedule 3 of the Agreement. The Chief Executive agrees to provide the funding and other support as outlined in this schedule of the Agreement.

David Place  
Chief Executive Officer  
South Australian Ambulance Service

Date: 19th September 2019  
Signed:

Dr Chris McGowan  
Chief Executive  
Department for Health and Wellbeing

Date: 2/10/19  
Signed:
Schedule 4: Funding and Commissioned Activity

1. Purpose
This Schedule sets out:
- The sources of funding that the Agreement is based on and the manner in which these funds will be provided to SAAS.
- The estimated activity commissioned by the DHW from SAAS.
- The funding provided for delivery of the commissioned activity.

2. Budget Allocation

<table>
<thead>
<tr>
<th>Funding Type</th>
<th>Revenue ($)</th>
<th>Expenditure ($)</th>
<th>Net Result ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Operating Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DH Recurrent Allocation</td>
<td>141,663,000</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Operating</td>
<td>143,608,000</td>
<td>285,293,000</td>
<td></td>
</tr>
</tbody>
</table>

| Capital                         |             |                 |                |
| DH Allocation                   | 14,103,000  | 0               |                |

| Non-Cash Items                  |             |                 |                |
| Depreciation/Amortisation       | 0           | 13,636,000      |                |
| Non Impacting Accurals          | 0           | 3,327,000       |                |
| Total Allocation                | **299,374,000** | **302,256,000** | **(2,882,000)** |

3. Estimated Activity Levels
The DHW will monitor actual activity against estimated levels.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Estimated Activity (full year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calls Answered by the EOC</td>
<td>'000' Calls: 224,268</td>
</tr>
<tr>
<td></td>
<td>Ncn-emergency Calls: 96,336</td>
</tr>
<tr>
<td>Fleet Activity - # of requests</td>
<td>Metro – 230,189</td>
</tr>
<tr>
<td></td>
<td>Region – 80,881</td>
</tr>
<tr>
<td>Fleet Activity - # of responses</td>
<td>Metro – 324,324</td>
</tr>
<tr>
<td></td>
<td>Region – 100,822</td>
</tr>
<tr>
<td>Fleet Activity - # patient transports</td>
<td>Metro – 152,481</td>
</tr>
<tr>
<td></td>
<td>Region – 56,655</td>
</tr>
<tr>
<td>Fixed Wing Activity - # of requests</td>
<td># of Requests: 6,926</td>
</tr>
<tr>
<td></td>
<td># of Flights: 4,187</td>
</tr>
<tr>
<td></td>
<td># of Patient Transports: 6,926</td>
</tr>
<tr>
<td>Rotary Activity - # of requests</td>
<td># of Requests: 842</td>
</tr>
<tr>
<td></td>
<td># of Flights: 842</td>
</tr>
<tr>
<td></td>
<td># of Patient Transports: 653</td>
</tr>
</tbody>
</table>
Parties to Schedule 4: Funding and Commissioned Activity

SAAS agrees to meet the service obligations and performance requirements as detailed in Schedule 4 of the Agreement. The Chief Executive agrees to provide the funding and other support as outlined in this schedule of the Agreement.

David Place
Chief Executive Officer
South Australian Ambulance Service

Date: 19th September 2019
Signed: 

Dr Chris McGowan
Chief Executive
Department for Health and Wellbeing

Date: 21st October 2019
Signed: 

South Australian Ambulance Service
Service Agreement 01 July 2019 to 30 June 2020
Schedule 5: Performance Monitoring

1. Purpose

This Schedule outlines the performance indicators and associated reporting arrangements that apply to SAAS.

2. Performance Indicators

The Performance Framework 2019-20 uses performance indicators to monitor the extent to which SAAS is delivering the high level objectives set out in the Agreement.

SAAS should refer to the SA Health Performance Framework for further information about the performance assessment process.

The performance of SAAS is assessed in terms of whether designated targets are met for individual KPIs. KPIs are limited in number and reflect the highest priority performance areas across the domains of:

- Access and flow.
- Productivity and efficiency.
- Safe and effective care.
- People and culture.

Performance will be assessed as the following:

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>Performing - Performance at, or better than, target</td>
</tr>
<tr>
<td>‼</td>
<td>Performance Concern - Performance within a tolerance range</td>
</tr>
<tr>
<td>X</td>
<td>Under Performing - Performance outside the tolerance threshold</td>
</tr>
</tbody>
</table>

KPIs are also accompanied by a suite of supporting performance information which provide contextual information and enable an improved understanding of performance, facilitate benchmarking and provide intelligence on potential future areas of focus.

Where appropriate, annual targets for individual indicators and measures have been specified. SAAS is required to flow relevant annual targets by month and provide them to the DHW, to reflect the anticipated progress towards the annual target that must be achieved by 30 June 2020.

Key deliverables under the SA Strategic Plan 2017-2020 and other agreed priorities may also be monitored, noting that process key performance indicators and milestones may be held in the detailed Operational Plans developed by SAAS and other health service providers.

SAAS will endeavour to meet target for each KPI identified in the table below. Internal improvement targets may be negotiated for specific indicators, where agreed.
<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>Measures</th>
<th>2019-20 Targets</th>
<th>Performing</th>
<th>Performance Concern</th>
<th>Under</th>
<th>Performing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access and Flow</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Department</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance Hospital Clearance Time</td>
<td>% of ambulance presentations that depart the ED less than or equal to 20 minutes following a patient’s transfer of care</td>
<td>&gt;=80%</td>
<td>&gt;=80.0%</td>
<td>&lt;=80.0% and &gt;=75.0%</td>
<td>&lt;75.0%</td>
<td></td>
</tr>
<tr>
<td><strong>Timeliness</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>'000' Calls Answered in 10 Seconds</td>
<td>% of '000' calls answered within 10 seconds</td>
<td>&gt;=95%</td>
<td>&gt;=95.0%</td>
<td>&lt;=95.0% and &gt;=92.5%</td>
<td>&lt;92.5%</td>
<td></td>
</tr>
<tr>
<td>Response Time (Urban Centres)</td>
<td>% of Priority 1 incidents where the ambulance responds within 8 minutes</td>
<td>&gt;=60%</td>
<td>&gt;=60.0%</td>
<td>&lt;=60.0% and &gt;=55.0%</td>
<td>&lt;55.0%</td>
<td></td>
</tr>
<tr>
<td>% of Priority 2 incidents where the ambulance responds within 16 minutes</td>
<td>&gt;=90%</td>
<td>&gt;=90.0%</td>
<td>&lt;=90.0% and &gt;=85.0%</td>
<td>&lt;85.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Productivity and Efficiency</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>End of Year Projection Net Variance to Budget</td>
<td>Variance of end of year projection to adjusted budget</td>
<td>&lt;=0% - Balanced or surplus</td>
<td>&lt;=0.0%</td>
<td>&gt;0.0% and &lt;=0.5%</td>
<td>&gt;0.5%</td>
<td></td>
</tr>
<tr>
<td>See and Treat</td>
<td>% of incidents where SAAS Fleet treated and discharged a patient from care at scene</td>
<td>&gt;=15%</td>
<td>&gt;=15.0%</td>
<td>&lt;=15.0% and &gt;=10.0%</td>
<td>&lt;10.0%</td>
<td></td>
</tr>
<tr>
<td>Average Incident Cost</td>
<td>Average cost per SAAS Ambulance incident</td>
<td>&lt;=previous year</td>
<td>&lt;=previous year</td>
<td>&gt;previous year to &lt;=2.5% above previous year</td>
<td>&gt;2.5% above previous year</td>
<td></td>
</tr>
<tr>
<td>Workforce Cost</td>
<td>Total workforce cost compared to budgeted workforce cost</td>
<td>&lt;=0% YTD Variance to YTD Workforce Cap</td>
<td>&lt;=0.0%</td>
<td>&gt;0.0% and &lt;=0.5%</td>
<td>&gt;0.5%</td>
<td></td>
</tr>
<tr>
<td><strong>Safe and Effective Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain Reduction</td>
<td>% of patients who report a clinically meaningful pain reduction</td>
<td>&gt;=50%</td>
<td>&gt;=50.0%</td>
<td>&lt;=50.0% and &gt;=45.0%</td>
<td>&lt;45.0%</td>
<td></td>
</tr>
<tr>
<td>'000' Emergency Call Audit</td>
<td>Compliance: - Partial - Low - Non</td>
<td>&lt;=10%</td>
<td>&lt;=10%</td>
<td>&lt;=10%</td>
<td>&lt;=7%</td>
<td>N/A</td>
</tr>
<tr>
<td>Cardiac Arrest with ROSC Rate - Resuscitation was attempted (Quarterly)</td>
<td>% of patients who returned to ROSC after a cardiac arrest where resuscitation was attempted</td>
<td>&gt;=23%</td>
<td>&gt;=23.0%</td>
<td>&lt;=23.0% and &gt;=18.0%</td>
<td>&lt;18.0%</td>
<td></td>
</tr>
<tr>
<td>Cardiac Arrest with ROSC Rate - VF/VT cardiac arrest (Quarterly)</td>
<td>% of patients who returned to ROSC after a VF/VT cardiac arrest</td>
<td>&gt;=35%</td>
<td>&gt;=35.0%</td>
<td>&lt;=35.0% and &gt;=30.0%</td>
<td>&lt;30.0%</td>
<td></td>
</tr>
<tr>
<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>
<td>&gt;=70%</td>
<td>&gt;=70.0%</td>
<td>&lt;=70.0% and &gt;=65.0%</td>
<td>&lt;65.0%</td>
<td></td>
</tr>
<tr>
<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>
<td>&gt;=80%</td>
<td>&gt;=80.0%</td>
<td>&lt;=80.0% and &gt;=75.0%</td>
<td>&lt;75.0%</td>
<td></td>
</tr>
<tr>
<td>Safety</td>
<td>% of Actual SAC 1 &amp; 2 incidents that are openly disclosed (unless declined or deferred)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>--------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;=95%</td>
<td>&gt;=95.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;95.0% and &gt;=85.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;85.0%</td>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>People and Culture</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Workforce</th>
</tr>
</thead>
</table>

| Work Health and Safety Related Incidents Due to Challenging Behaviour in the Workplace | Proportion of incidents attended by SAAS where an injury occurred as a result of Violence and Aggression | <=same time previous year | <=same time previous year | >same time previous year to <=2.5% above same time previous year | >2.5% above previous year |
| Completion of Performance Reviews | % of staff with completed performance reviews in last 6 months | >=80% | >=80.0% | <80.0% and >=75.0% | <75% |
| Expenditure for Workplace Injury Claims | Variance of gross workers compensation expenditure | <= same time previous year | <= same time previous year | > same time previous year to <=2.5% above same time previous year | >2.5% above same time previous year |
| New Workplace Injury Claims | Variance of new workplace injury claims reported | <= same time previous year | <= same time previous year | > same time previous year to <=2.5% above same time previous year | >2.5% above same time previous year |
| ATSI Employee Rate | % of employees who identified as being of Aboriginal or Torres Strait Islander origin | >=4% | >=4.0% | <4.0% and >=1.5% | <1.5% |
3. Data and Reporting Requirements

Without limiting any other obligations of SAAS and the DHW, responsibilities related to performance data for the purpose of monitoring the Agreement and other data to be provided are outlined below. In signing the Agreement, SAAS acknowledges it must comply with the requirements for the provision of all data outlined in the SA Health Data Plan.

SAAS must:

- Provide, including in the form and manner at the times specified, the required data assets for commissioning, 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 collected and submitted in accordance with the requirements of each data asset and ensuring data quality and timeliness.
- Provide (or support the provision of) data to SAAS or other health services 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 Policy Directive.
- Provide, as requested by the Chief Executive from time to time, data in the form and manner and at the times specified by the Chief Executive.
- Ensure a data driven culture through the intelligent use of data and information, including Health Round Table data, to drive continuous improvement across the range of health services and to assist in predicting and planning for outcomes and demand.

The DHW must:

- Provide details to SAAS, including the quality, format and timeframes, about the required data assets used for commissioning, monitoring and reporting purposes, including data as required to facilitate reporting against the performance indicators set out in this schedule and national reporting requirements, in a timely manner.
- Provide details to SAAS, including the definitions, methodology and timeframes, about the required indicator set listed in this schedule, in a timely manner.
- Produce monthly reports, including actual activity compared to commissioned 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 and national reporting requirements.
  - To monitor and promote improvements in safety and quality of health services.
  - To support clinical innovation.
  - To respond to media and ministerial requests.

- Advise SAAS of any updates to indicator set specification as they occur.
Parties to Schedule 5: Performance Monitoring

SAAS agrees to meet the service obligations and performance requirements as detailed in Schedule 5 of the Agreement. The Chief Executive agrees to provide the funding and other support as outlined in this schedule of the Agreement.

David Place  
Chief Executive Officer  
South Australian Ambulance Service

Date: 19th September 2019  
Signed: ____________________________

Dr Chris McGowan  
Chief Executive  
Department for Health and Wellbeing

Date: 21/10/19  
Signed: ____________________________
Schedule 6: Definitions

In the Agreement:

2019-2020 means the term commencing 1 July 2019 and ending 30 June 2020.

Activity Based Funding (ABF) refers to the ABF framework which allocates health funding to hospitals based on the standardised costs of health care services. The framework promotes smarter health care choices and better care by placing greater focus on the value of the health care delivered for the amount of money allocated.

Chief Executive means the Chief Executive of the 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.

Policy means any policy document (including directives and guidelines) that apply for SA Health employees, including DHW and SAAS policies.

SA Health means the South Australian public health system, services, and agencies, comprising the DHW, its Local Health Networks, and the South Australian Ambulance Service (SAAS).

SAAS Chief Executive Officer means the Chief Executive Officer of the South Australian Ambulance Service.

Schedule means the schedules to this SA.

Service Agreement Value means the figure set out in Commissioned Activity and Funding (Schedule 4) as the annual service agreement value of the services commissioned by the DHW.

South Australian Ambulance Service (SAAS) means the SA Ambulance Service Inc. This agency acts as the principal provider of ambulance services in South Australia.

the Account means the Safety and Quality Account which outlines the safety and quality of care delivered by the LHNs, SAAS and Statewide Clinical Support Services (SCSS), including performance against key quality and safety measures and patient safety priorities, service improvements and integration initiatives.

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

the Parties means the Chief Executive and the SAAS Chief Executive Officer to which the Agreement applies.

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 Information 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.