



SA Ambulance Service

SERVICE AGREEMENT

1 July 2024 – 30 June 2025

Version Control

Version No.	Changes Made	By Whom	Date
V0.1	Draft Service Agreement	K Lang	5 February 2024
V0.2	Inclusion of KPI Tables	K Lang	5 June 2024
V0.3	Amendments as per the Feedback Response Table	K Lang	19 June 2024
V0.4	Addition of Funding Tables	K Lang	26 June 2024

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PART A: OBJECTIVES, GOVERNANCE AND STRATEGIC DELIVERABLES

Introduction

The Agreement supports the delivery of safe, effective and accountable high quality health care to the South Australian community by formally setting out the performance expectations and funding arrangements between the Department for Health and Wellbeing (DHW) and the SA Ambulance Service (SAAS) during the term of the Agreement.

The content and process for preparing the Agreement is consistent with the requirements of the [Health Care Act 2008](#).

Fundamental to the success of the Agreement is:

- > a strong collaboration between SAAS including its Chief Executive Officer and DHW
- > the Parties' commitment to achieving high standards of governance, transparency, integrity and accountability
- > the Parties' commitment to delivering high quality health care to the South Australian community
- > the Parties' commitment to upholding the South Australian Public Sector Values and Behaviour Framework.

In entering this Agreement, and without limiting any other obligations, both DHW and SAAS commit to the compliance of the following;

- > the terms of this Agreement
- > the legislative requirements as set out within the Health Care Act 2008
- > all regulations made under Charter for Local Health Network Governing Boards Volume 1 (where applicable), and
- > all applicable Cabinet decisions.

Objectives of the Service Agreement

The Agreement is designed to:

- > describe the strategic priorities and Government commitments for the DHW and SAAS and the respective responsibilities of both Parties
- > describe the key services and obligations that SAAS is required to deliver including particulars of the volume, scope and standard of services
- > describe the performance indicators, associated reporting arrangements and monitoring methods that apply to both Parties
- > describe the sources of funding that the Agreement is based on and the manner in which these funds will be provided to SAAS
- > detail any other matter the Chief Executive, DHW considers relevant to the provision of the services by SAAS.

Legislative and Regulatory Framework

The Agreement is regulated by the [Health Care Act 2008](#). 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).

The Health Care (Governance) Amendment Act 2021

The Health Care (Governance) Amendment Act 2021 passed Parliament on 8 June 2021, with the amendments to the Health Care Act 2008 (HCA) coming into operation on 23 August 2021. The amendments aim to deliver improved governance, ensuring there are clear statutory roles, responsibilities and accountabilities across the South Australian public health system.

Part 4A of the HCA legislates the minimum requirements for the Service Agreements, bringing South Australia in line with other jurisdictions. This Part outlines high-level processes for negotiating amendments and resolving disputes and provides for further operational detail about these processes to be mandated in policy established by the Chief Executive, or as prescribed by the regulations.

It also contains a last resort dispute resolution provision to the effect that if DHW and a LHN or SAAS cannot agree on a term of, or variation to, the Service Agreement, the Minister may make a decision about the term or variation and must advise both parties in writing. Any such Ministerial decision must be tabled in each House of Parliament within seven sitting days after the Service Agreement to which the decision relates is entered into or varied.

A Service Agreement between DHW and a LHN or SAAS is binding and must, within 14 days after it is entered into or varied, be made publicly available by the Chief Executive.

Governance

The [Charter of Responsibility](#) sets out the legislative roles and responsibilities of the DHW, LHNs and SA Ambulance Service (SAAS) and 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.

The [SA Health Corporate Governance Framework Summary](#) provides the high level architecture of critical strategic documents required for DHW and SAAS to deliver services under this Agreement.

Without limiting any other obligations, SAAS must also comply and implement an appropriate compliance management system to ensure compliance with:

- > 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 legislation and regulations applicable to SAAS
- > all State Government and/or SA Health policies, directives, standards, instructions, circulars and determinations applicable to SAAS (refer to Part D: Obligations for examples).

DHW will ensure that any decision or agreement impacting on SAAS will be discussed and formally communicated to SAAS.

In order to demonstrate compliance, and in accordance with the [Integrated Compliance Policy](#), SAAS is also required to:

- > provide an Annual Compliance Certification from the Chief Executive Officer to the Chief Executive, DHW as the System Leader; and
- > escalate any serious or systemic breaches to the Chief Executive, DHW as the System Leader.

Amendments to the Service Agreement and Dispute Resolution

An amendment of the Agreement will occur where there is a change to the DHW 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, including the commencement, transfer or cessation of a service, formal negotiation and finalisation must be communicated in writing between all Parties and follow the process as laid out in the [Service Agreement Amendment Fact Sheet](#).

Resolution of disputes will be through a tiered resolution process, commencing at the local level and escalating to the Chief Executive, DHW and, if required, through to the Minister for Health and Wellbeing. Further information is specified in the [Service Agreement Dispute Resolution Fact Sheet](#).

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 delivered, and/or where new funding is required). The correspondence must clearly articulate details of the proposed service, any activity and/or financial implications and intended benefits/outcomes.

The non-requesting Party will provide a formal written response to the requesting Party regarding any proposed new service, including any amendments of Key Performance Indicators (KPIs) (new or revised targets), and will negotiate with the other Party regarding funding associated with any new service.

Cessation of Service Delivery

The DHW and SAAS 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 SAAS sustainability considerations. The Parties will agree to a notice period. Any changes to service delivery must maintain provision of care and minimise disruption to consumers.

Agreements with Other Local Health Networks and Service Providers

The DHW is responsible for supporting and managing whole of health contracts, in consultation with SAAS, as required. Where a service is required for which there is a 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 to deliver services on behalf of SAAS according to their business needs.

The terms of an agreement made with any health service provider do not limit SAAS' obligations under the Agreement, including the performance standards provided for in the Agreement.

Where a service is provided by either the DHW or another LHN/SAAS, the DHW, in principle, agree to ensure Service Agreements are established. It is expected that the Service Agreements will articulate

scope, deliverables and KPIs that will assist the LHN/SAAS in delivering service requirements. In the event that the LHN/SAAS is experiencing difficulties in establishing required Service Agreements, DHW will provide assistance as appropriate.

Strategic Deliverables

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 overarching strategy to address the health needs of all South Australians is underpinned by the SA Health and Wellbeing Strategy 2020-2025. This strategy provides the strategic intent for the health system, guiding how we align and balance our immediate priorities with a future vision of health and wellbeing.

Aboriginal Health Services and mainstream services for Aboriginal people

SA Health is committed to ensuring Aboriginal people in South Australia live long and healthy lives, grounded in culture, with access to equitable and culturally responsive services. [South Australia's implementation plan](#) sets out the state's plan for achieving and addressing the priority reforms and socio-economic targets embedded in the [Closing the Gap Agreement](#) to ensure the lives of Aboriginal people in South Australia can improve in all cultural, social and economic aspects.

SAAS is responsible for working collaboratively with the DHW's Aboriginal Health, other relevant health services, support organisations and Aboriginal community-controlled health services to support services meeting the needs of the local Aboriginal population.

Managing Capacity and Demand

SA Health is committed to creating additional hospital capacity, maximising current capacity and implementing hospital avoidance and early supported discharge strategies, in order to facilitate efficient patient flow through the system.

SAAS will contribute to the development and implementation of state-wide improvement strategies to ensure a significant reduction in delayed transfer of care (ambulance paramedic handover to Emergency Department clinician). DHW, SAAS and LHNs will work collaboratively to address ambulance ramping and reduce hospital attendances by developing and expanding pre-hospital strategies and alternatives to Emergency Departments.

SAAS will continue to work with metropolitan LHNs to implement the agreed transfer of care strategies to ensure the accurate capture of transfer of care times as a priority, providing quarterly updates on progress.

DHW Commitments

In order to enhance the services delivered by SAAS, and to improve commissioning outcomes, in 2024-25 DHW and SAAS will continue to work together to:

- > support the progression of the electronic Patient Clinical Record (ePCR) system.
- > develop a clinical reporting interface to capture the course of the patient journey.
- > successfully deliver the 2024-25 SAAS election commitments as outlined in the SAAS Operational Growth Plan.
- > address challenges in regional volunteer recruitment and retention for workforce sustainability.

PART B: GOVERNMENT COMMITMENTS

Purpose

Part B describes the Government Commitments for SAAS for the period of the Agreement.

Government Commitments

The Government's key priority is to fix the ramping crisis. SAAS is expected to focus its efforts on returning ambulance response times to 2018 levels, and substantially reducing transfer of care hours.

SAAS is expected to measure and regularly provide reports on its progress in these priority areas, including but not limited to active participation in the Ramping Sub-Committee of Cabinet. The Government expects the SAAS Chief Executive Officer and their senior executives to uphold open lines of communication with senior clinicians and staff, and to maintain a visible presence across various regions to ensure they are accessible to staff.

SAAS will contribute to the delivery of system-wide election commitments, including maintaining a blanket ban on voluntary separation packages for frontline clinicians.

In addition, LCLHN is expected to adhere to the timeline and scope of several LHN-specific election commitments, including an upgraded Mount Gambier Hospital emergency department, six new mental health beds at Mount Gambier Hospital, two new drug and alcohol withdrawal beds at Mount Gambier Hospital, and upgrading Naracoorte Hospital. As announced as part of the 2024-25 state budget, LCLHN will also receive Commonwealth funding for an integrated cancer consult suite at Mount Gambier Hospital.

PART C: SERVICES

Purpose

Without limiting any other obligation of SAAS, Part C sets out the key services that SAAS is required to deliver under the terms of the Agreement, the process for commencing or ceasing a service, and SAAS/DHW commitments.

Service Profile

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

- > triple zero (000) call receipt and patient triage and dispatch of ambulance and specialist resources to emergency incidents
- > delivery of high quality clinical care and coordination of referral, transport and retrieval services for emergency and time sensitive patients
- > out of hospital and pre-hospital emergency and urgent care, treatment and/or transport
- > rescue services
- > emergency management services and multi-agency operations.

Other Services

- > natural disaster and major event management
- > coordination of the Patient Transport Service (PTS) for the safe transport of non-emergency patients from hospital to home, home to hospital, and nursing home to nursing home
- > 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.
- > provision and administration of the Ambulance Cover subscription scheme.

SAAS Emergency Operations Centre

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, e.g., 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, paramedic telehealth clinicians and EOC Clinicians providing 24-hour clinical care and advice across the state.

SAAS MedSTAR

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.

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.

It should be noted that whilst management and planning are within budget allocations, actual deployments are currently not funded. SAAS will capture additional costs of deployments separately to facilitate funding considerations including under Commonwealth arrangements.

Metropolitan Operations

SAAS's metropolitan services are currently divided into the following areas:

- > Metro North, managing all stations in the northern metropolitan suburbs and the metropolitan Single Paramedic Response Intervention (SPRInt) team
- > Metro East, managing all stations in the eastern and central metropolitan suburbs, including the central business district
- > Metro South, managing all stations in the southern metropolitan suburbs and the Extended Care Paramedic (ECP) team
- > Metro West, managing all stations in the western metropolitan suburbs and Special Operations Team (SOT) rescue paramedics who deliver the specialist technical rescue service for SAAS.
- > Metro Non-Emergency, managing the Emergency Support Service, Patient Transport Service, and other specialist non-emergency transport initiatives such as mental health and bariatric teams. 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 provided across six regions at more than 70 stations, with a mix of career and volunteer staff. Of these 70 stations, 22 are in the state's major regional centres with service delivery provided by a mix of career Intensive Care Paramedics, Paramedics and Ambulance Officers. Additionally, Country Operations provides Community Paramedic services at three locations.

SAAS utilises third party providers at some remote locations such as Olympic Dam and Woomera. These Ambulance Officers are trained by SAAS to provide care using SAAS protocols.

SAAS also has a regional rescue capability (SAAS Remote) managed by trained career and volunteer staff.

Teaching, Training and Research

SAAS is required to clearly articulate and publish a summary of education and training delivered to demonstrate that education and training are a foundation for quality and safety in health care, as reflected in the Annual Safety and Quality report. The education and training will be reported against annually.

During 2023-24, SAAS will continue to provide summary research administration and performance data to DHW to fulfil the requirements of the National Aggregate Statistics (NAS) data collection.

PART D: OBLIGATIONS

Purpose

This Service Agreement requires SAAS and DHW to comply with all relevant legislation, regulations, State Government, and/or SA Health policies, directives, standards, instructions, circulars and determinations, including, but not limited to the following obligations:

[Addressing vaccine preventable disease: Occupational assessment, screening, and vaccination policy | SA Health](#)

[Australian Health Service Safety and Quality Accreditation \(AHSSQA\) Scheme](#)

[Australian Skills Quality Authority](#)

[Bilateral Schedule on Mental Health and Suicide Prevention: South Australia](#)

[Better Placed: Excellence in health education](#)

[Civil Liability Act 1935](#)

[Charter of Responsibility](#)

[Child Safe Environments \(Child Protection\) Policy](#)

[Children and Young People \(Safety\) Act 2017](#)

[Corporate Records Management Policy Directive](#)

[Department for Child Protections' Investing in their Future program](#)

[Commonwealth Aged Care Quality and Safety Commission \(where applicable\)](#)

[Disaster Resilience Policy Directive](#)

[Emergency Management Act 2004](#)

[Enterprise Data and Information \(EDI\) Data Requirements](#)

[The Fifth National Mental Health and Suicide Prevention Plan](#)

[Freedom of Information Act 1991](#)

[Freedom of Information Policy](#)

[Health Care Act 2008](#)

[Health Record Management Policy Directive](#)

[Integrated Compliance Policy](#)

[National Agreement on Closing the Gap](#)

[National Clinical Governance Framework](#)

[National Health Reform Agreement](#)

[National Partnership Agreements between the State and Commonwealth Government](#)

[National Safety and Quality Health Service Standards](#)

[National Safety and Quality Primary and Community Healthcare Standards](#)

[NDIS Code of Conduct](#)

[NDIS Practice Standards and Quality Indicators](#)

[Office for the Ageing \(Adult Safeguarding\) Amendment Act 2018](#)

[Public Health Act 2011](#)

[PC012 Information Privacy Principles \(IPPS\) Instructions](#)

[Privacy Policy Directive](#)

[RACGP Accreditation Standards](#)

[Return to Work Act 2014](#)

[SA Government Climate Change Actions](#)

[SA Health Gender Equality and Diversity Steering Committee: Strategic Directions 2020-2023](#)

[SA Health Policy Framework](#)

[SA Health Aboriginal Cultural Learning Framework](#)

[SA Health Aboriginal Health Care Framework](#)

[SA Health Aboriginal Workforce Framework 2023 -2031](#)

[SA Health Accreditation to the Safety and Quality Standards Policy](#)

[SA Health Allied Health Clinical Supervision Framework](#)

[SA Health Clinical Placement Requirements for Health Care Students](#)

[SA Health Clinical Services Capability Framework](#)

[SA Health Corporate Governance Framework Summary](#)

[SA Health Performance Framework](#)

[SA Health Research Ethics and Governance Policy](#)

[SA Medical Education and Training Principles](#)

[SA Mental Health Services Plan – 2020-2025](#)

[Service Agreement Amendment Fact Sheet](#)

[Service Agreement Dispute Resolution Fact Sheet](#)

[South Australian Health and Wellbeing Strategy 2020-2025](#)

[State Emergency Management Plan](#)

[State Public Health Plan 2019-2024](#)

[State Records Act 1997](#)

[The Mental Health Act 2009](#)

All other [policies and directives applicable](#) to DHW

PART E: DELIVERY AND PERFORMANCE

Purpose

Part E outlines the performance indicators, associated reporting requirements and monitoring methods that apply to SAAS.

Performance Framework

The [SA Health Performance Framework](#) 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 Performance Framework 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.

SAAS will endeavour to meet targets for each KPI identified in the table below as described under the four domain areas; timely access to care, productivity and efficiency, safe and effective care and people and culture.

While SAAS KPI reports will be issued monthly as an internal reporting tool, a formal assessment of performance will be completed quarterly. The quarterly process will include DHW undertaking an initial assessment to be discussed with SAAS to incorporate agreed contextual and qualitative aspects of sustainable performance. This discussion will inform the final quarterly performance assessment issued to SAAS. SAAS performance levels are not assigned solely on KPI data, with a range of other factors also considered by DHW.

Any performance issues which result in system-wide impacts will be actively managed as part of SAAS performance reviews.

A number of KPIs will be 'monitored' in year and may transition to Tier 1 or Tier 2 KPIs depending on the system's performance. Monitor KPIs do not contribute to the evaluation of SAAS' overall Performance Level but will inform opportunities for improvement.

It is expected that SAAS will perform within funded levels. Where a performance concern is identified, SAAS will be required to develop strategies to address, with improvement to be monitored in performance meetings.

More detailed information regarding the 2024-25 KPI architecture, including KPI descriptions, levels (Tier 1, Tier 2, and monitor), calculation methodology, targets and reporting frequency will be available in the [2024-25 KPI Master Definition Document](#).

2024-25 KPI Architecture Table

2024-25 KPI Architecture		
Subdomain	Tier 1	Tier 2
Timely Access to Care (Access and Flow)		
Emergency	Ambulance Hospital Clearance Time ≤ 20 Minutes	
Timeliness	'000' Calls Answered in 10 Seconds	
	Response Time (Urban Centres) - Priority 1	
	Response Time (Urban Centres) - Priority 2	Response Time (Urban Centres) - Priority 3
Productivity and Efficiency		
Finance	End Of Year Net Variance To Budget	Workforce Cost
Activity	Average Incident Cost	SAAS Emergency Department (ED) Avoidance
Safe and Effective Care		
Effectiveness of Care	Pain Reduction	'000' Emergency Call Audit - Partial Compliance
		'000' Emergency Call Audit – Low Compliance
		'000' Emergency Call Audit – Non Compliance
	Cardiac Arrest with ROSC Rate – VF/VT cardiac arrest	Cardiac Arrest with ROSC Rate – Resuscitation was attempted
	STEMI - Arrival at PCI Facility within 60 minutes	Suspected STROKE - Arrival at CSU Facility within 60 Minutes
People and Culture		
Workforce	Employees with Excess Annual Leave Balance	Staff Turnover
	Completion of Performance Reviews in Line with the Commissioner's Determination	Overtime hrs as proportion of total productive hours
		Percentage of Aboriginal and Torres Strait Islander workforce
		Sick/carers leave hrs as proportion of total productive hours
		New Workplace Injury Claims

Data and 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, DHW. All data provisions are outlined in the [Enterprise Data and Information \(EDI\) Data Requirements, 2024-25 Bulletin](#) including routine monthly data submissions and ad hoc requests. It is essential that data is submitted by the date provided within the Bulletin.

Where new data indicators are developed and agreed by the Commonwealth and the State, SAAS and DHW will work to deliver appropriate data to meet these needs.

On occasion there will be a requirement for SAAS to access DHW data, and vice versa, to fully complete effective performance. Where a requirement exists, SAAS would require a reciprocal data sharing arrangement with the relevant LHNs to enable SAAS to effectively discharge its functions through the agreed transfer of care of patients. All data sharing will be undertaken in compliance with the EDI Data Requirements, 2024-25 Bulletin.

SAAS is required to maintain up-to-date information for the public on its website regarding its relevant facilities and services. DHW is committed to working in year with SAAS to establish routine public reporting across all domains.

Integrated Safety and Quality Performance Account

Annually SAAS will complete a [Safety and Quality Account Report](#) (the Account) report to demonstrate its achievement and ongoing commitment to assurance and improving and integrating safety and quality activity. The 2024-25 Account, due 27 September 2025, will provide information about clinical governance and the safety and quality performance of the LHN, highlighting improvement initiatives and outcomes for the financial year.

Workplace Wellbeing Report

LHNs/SAAS are required to prepare an annual [Wellbeing report](#) to provide qualitative data to demonstrate workplace wellbeing action against priority areas. The report will be due on 6 December 2024. DHW will commit to providing a summary of the wellbeing reports from LHNs/SAAS to enable visibility across the system and provide the opportunity to collaborate on future initiatives.

PART F: FUNDING AND ACTIVITY LEVELS

Purpose

Part F 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 funding provided for delivery of activity.

Funding Allocation

Funding Sources			
Funding Source	Revenue (\$)	Expenditure (\$)	Net Result (\$)
Ambulance Operating Services			
DHW Recurrent Allocation	273,380,000		273,380,000
Operating	181,032,000	450,363,000	(269,331,000)
Capital			
DHW Allocation	115,461,000		115,461,000
Non-Cash Items			
Depreciation/Amortisation	0	21,603,000	(21,603,000)
Other Non-Cash Items	0	3,641,000	(3,641,000)
Total Allocation	569,873,000	475,607,000	94,266,000

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Estimated Activity Levels

2024-25 Estimated Activity Levels		
Calls Answered by the EOC	'000' Calls:	339,167
	Non-emergency Calls:	57,789
Fleet Activity - # of requests	Metro:	239,052
	Region:	100,919
Fleet Activity - # of responses	Metro:	257,814
	Region:	108,791
Fleet Activity - # patient transports	Metro:	170,789
	Region:	83,504
Fixed Wing Activity	Requests:	6,874
	Flights:	4,319
	Patient Transports:	6,875
Rotary Activity	Requests:	783
	Flights:	737
	Patient Transports:	728

The DHW and SAAS will monitor actual activity against estimated levels during 2024-25 as part of quarterly performance reviews.

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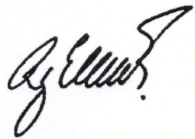
SIGNATURE

This is a Service Agreement (the Agreement) between the Chief Executive of the Department for Health and Wellbeing (Chief Executive) and SA 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 2024 - 30 June 2025.

Through execution of the Agreement, SAAS agrees to meet the service obligations and performance requirements as detailed in Part A-Part F of the Agreement. The Chief Executive agrees to provide the funding and other support as outlined in the Agreement.

Rob Elliott ASM
Chief Executive Officer
SA Ambulance Service

Signed:



Date: 22 July 2024

Dr Robyn Lawrence PSM
Chief Executive
Department for Health and Wellbeing

Signed: .....

Date: 29.7.24.....

For more information

SA Ambulance Service Agreement 2024-25
Commissioning and Performance
11 Hindmarsh Square
Adelaide SA 5000
health.commissioning@sa.gov.au
www.sahealth.sa.gov.au

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