



SA Ambulance Service

# SERVICE AGREEMENT

1 July 2022 – 30 June 2023

## Version Control

Version No.	Changes Made	By Whom	Date
V1	Draft Service Agreement	J Browne	4 April 2022
V1.1	Addition of Funding Tables	J Browne	7 July 2022

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# PART A: INTRODUCTION, OBJECTIVES AND GOVERNANCE

## 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 South Australian 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](#) and the [National Health Reform Agreement \(NHRA\)](#).

Fundamental to the success of the Agreement is:

- 1) A strong collaboration between SAAS and the DHW.
- 2) The Parties' commitment to achieving high standards of governance, transparency, integrity and accountability.
- 3) The Parties' commitment to delivering high quality health care to the South Australian community.
- 4) 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;

- a) The terms of this Agreement
- b) The legislative requirements as set out within the Health Care Act 2008
- c) All regulations made under Charter for Local Health Network Governing Boards Volume 1, and
- d) All applicable Cabinet decisions

## Objectives of the Service Agreement

The Agreement is designed to:

- 1) Describe the strategic priorities and Government commitments for the DHW and SAAS and the mutual responsibilities of both Parties.
- 2) Describe the key services and accountabilities that SAAS is required to meet including particulars of the volume, scope and standard of services.
- 3) Describe the performance indicators, associated reporting arrangements and monitoring methods that apply to both Parties.
- 4) Describe the sources of funding that the Agreement is based on and the manner in which these funds will be provided to SAAS including the commissioned activity.
- 5) Detail any other matter the Chief Executive considers relevant to the provision of the services by SAAS.

## Legislative and Regulatory Framework

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

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.

The insertion of a new Part 4A into 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 Department for Health and Wellbeing (DHW), Local Health Networks (LHNs), and South Australian Ambulance Service (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.

The [SA Health Corporate Governance Framework Summary](#) provides the high level architecture of critical strategic documents required 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 the SAAS.
- < All State Government and/or SA Health policies, directives, standards, instructions, circulars and determinations applicable to the LHN (refer to Appendix 1 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 [System-wide Integrated Compliance Policy Directive](#), SAAS is also required<sup>1</sup> to:

- < Provide an Annual Compliance Certification from the Chief Executive Officer to its Governing Board and the DHW Chief Executive as the System Leader; and
- < Escalate any serious or systemic breaches to the Governing Board and the DHW Chief Executive as the System Leader.

## **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, 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](#).

## **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 KPIs (new or revised targets), and will negotiate with the other Party regarding funding associated with any new service.

## **Cessation of Service Delivery**

Either party 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 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.

## **Dispute Resolution**

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 Fact Sheet](#).

## **Agreements with Other 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 a SA Government or SA Health panel contract in place, SAAS is required to engage approved providers.

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<sup>1</sup>Refer to the respective LHN Integrated Compliance Management Framework (ICMF) for supporting processes and tools.

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 on behalf of 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. In the event that SAAS is experiencing difficulties in establishing required Service Agreements, DHW will provide assistance as appropriate within their role of system leader.



## PART B: GOVERNMENT COMMITMENTS

### Purpose

Part B describes the Government commitments and strategic partnerships for DHW and SAAS and the mutual responsibilities of both Parties for the period of the Agreement.

### Election Commitments

The Government's main priority is to eliminate ambulance ramping currently being experienced within the health system. Improvements will be achieved through a range of strategies that will invest in more Doctors, Nurses, Hospital Beds, Paramedics and significant capital investment. These investments will enable more patients to be seen and treated, improving the flow of patients through hospitals and allowing paramedics to bring patients into the Emergency Departments.

### Ending Privatisation of Services

The Government is committed to restricting any future privatisation and outsourcing of services, and will seek and consider opportunities to bring currently outsourced services back into the public service.

### Strategic Deliverables

The Parties will co-ordinate and partner to achieve the key goals, directions and strategies articulated within the following:

- < [South Australian Health and Wellbeing Strategy 2020-2025](#)
- < [State Public Health Plan 2019-2024](#)
- < [SA Health Strategic Clinical Services Plan 2021-2031](#)
- < [SA Mental Health Services Plan 2020-2025](#)
- < [SA Health Clinical Services Capability Framework](#)

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 following strategic deliverables are 2022-23 priorities:

### Managing Capacity and Demand

The Government is committed to creating additional hospital capacity, maximising current capacity and implementing hospital avoidance and early supported discharge strategies, in order to manage COVID related surges and 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 expand alternative pathway services as well as to develop further alternative pathways such as the Urgent Mental Health Care Centre in the Adelaide CBD and redesigning a falls pathway for the transport of patients to a Priority Care Centre in lieu of an emergency department.

DHW, SAAS and LHNs will work collaboratively to contribute to the implementation of state-wide strategies aimed at improving hospital flow and timely access to care, and will partner and engage in the development of a State Health Control Centre.

## **Strategic Partnerships**

### **DHW/SAAS Commitments**

DHW and SAAS will work together to:

- < Monitor the progression of the Electronic Patient Clinical Record (ECPR) system, Health Navigation and Goodsam Responder Integration Program
- < Develop a clinical reporting interface to capture the course of the patient journey

### **Agreed Transfer of Care (ATOC) Project**

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

## 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.

### 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

- < 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.

#### 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, 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.

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 (SPRIInt) team.
- < Metro Central, managing all stations in the eastern and western 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 Non-Emergency, managing the Emergency Support Service, Patient Transport Service, and other non-emergency initiatives such as mental health. 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.

## **Aboriginal Health Services and mainstream services for Aboriginal people**

Reducing the disparities in health outcomes and life expectancy is one of the main aims of the National Closing the Gap Agreement, under which South Australia has committed to the following clause:

*58. The Parties commit to systemic and structural transformation of mainstream government organisations to improve accountability and respond to the needs of Aboriginal and Torres Strait Islander people*

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 continue to implement the regional Aboriginal Health Improvement Plan to support services meeting the needs of the local Aboriginal population.

## PART D: DELIVERY AND PERFORMANCE

### Purpose

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

### Performance Framework

The SA Health Performance Framework 2022-23 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; access and flow, productivity and efficiency, safe and effective care and people and culture. Interim KPI targets that reflects a performance improvement trajectory will be agreed with the SAAS and will be used as the basis for monitoring performance in 2022-23.

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

A number of KPIs, including outcome based measures, will be 'monitored' in year and may be considered to transition to Tier 1 or Tier 2 KPIs depending on the health system's performance. A number of KPIs will also be 'shadowed' in year to allow DHW to work SAAS and/or other business areas to develop clear data and reporting process. Shadow KPIs may be considered to transition to monitor or Tier 1 or Tier 2 as required. Monitor and shadow KPIs do not contribute to the evaluation of overall Performance Level, but will inform opportunities for improvement.

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

SAAS have been commissioned at the full National Efficient Price (NEP) incorporating 2022-23 national weights and classifications, as determined by the Independent Hospital Pricing Authority (IHPA). It is expected that SAAS will perform within this price and any over expenditure will be monitored in performance meetings.

More detailed information regarding the 2022-23 KPI architecture, including KPI descriptions, levels (Tier 1, Tier 2, shadow and monitor), calculation methodology, targets and reporting frequency is available in the [2022-23 KPI Master Definition Document](#).

## 2022-23 KPI Architecture

Subdomain	Tier 1
<b>Timely Access to Care (Access and Flow)</b>	
<b>Emergency</b>	Ambulance Hospital Clearance Time - Less Than or Equal To 20 Minutes
<b>Timeliness</b>	'000' Calls Answered in 10 Seconds
	Response Time (Urban Centres) - Priority 1
	Response Time (Urban Centres) - Priority 2
<b>Productivity and Efficiency</b>	
<b>Finance</b>	End Of Year Net Variance To Budget
<b>Activity</b>	Average Incident Cost
<b>Safe and Effective Care</b>	
<b>Safe Care</b>	Open Disclosure Actual SAC 1 & 2
	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 – Resuscitation was attempted
	Suspected STROKE - Arrival at CSU Facility within 60 Minutes
<b>People and Culture</b>	
<b>Workforce</b>	Challenging Behaviour in the Workplace <i>Monitoring of Tier 2 indicators will occur in year as per the KPI definition document, including the inclusion of a Fatigue and Wellbeing Annual Report Requirement</i>



## **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 DHW Chief Executive in alignment with the National Health Care Reform Agreement. All data provisions are outlined in the [Enterprise Data And Information \(EDI\) Data Requirements, 2022-2023 Bulletin](#) including routine monthly data submissions and ad hoc requests. It is essential that data is submitted by the date provided within the Bulletin.

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, 2022-2023 Bulletin.

SAAS is also required to maintain up-to-date information for the public on its website regarding its relevant facilities and services including population health, inpatient services and other non-inpatient services and community health.

## **Integrated Safety and Quality Performance Account**

Annually the SAAS will complete a [Safety and Quality Account](#) (the Account) to demonstrate its achievement and ongoing commitment to assurance and improving and integrating safety and quality activity. The 202-23 Account, due 20 May 2023, will provide information about clinical governance and the safety and quality performance of SAAS.

## **Workplace Wellbeing and Fatigue**

SAAS are required to prepare an annual *Wellbeing and Fatigue* report against the four main themes – Resourcing, Rostering, Leave Management and Fatigue Management to demonstrate the progress of local staff wellbeing initiatives, the 2022-23 report will be due on 1 December 2022.

## PART E: FUNDING AND ACTIVITY LEVELS

### Purpose

Part E 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.

### COVID Related Costs

The 2022-23 funding allocation is exclusive of specific COVID-19 related costs. All COVID related expenditure will be closely monitored in year.

### Funding Allocation

Funding Allocation			
Funding Type	Revenue (\$)	Expenditure (\$)	Net Result (\$)
<b>Ambulance Operating Services</b>			
DH Recurrent Allocation	173,638,000	0	173,638,000
Operating	174,726,000	344,456,000	(169,730,000)
<b>Capital</b>			
DH Allocation	31,624,000	0	31,624,000
<b>Non-Cash Items</b>			
Depreciation/Amortisation	0	18,869,000	(18,869,000)
Non Impacting Accruals	0	3,511,000	(3,511,000)
<b>Total Allocation</b>	<b>379,988,000</b>	<b>366,836,000</b>	<b>13,152,000</b>

## Estimated Activity Levels

2022-23 Estimated Activity Levels		
Calls Answered by the EOC	'000' Calls:	303,447
	Non-emergency Calls:	67,244
Fleet Activity - # of requests	Metro:	235,789
	Region:	95,130
Fleet Activity - # of responses	Metro:	258,221
	Region:	103,672
Fleet Activity - # patient transports	Metro:	179,108
	Region:	81,882
Fixed Wing Activity	Requests:	6,470
	Flights:	4,202
	Patient Transports:	6,476
Rotary Activity	Requests:	777
	Flights:	725
	Patient Transports:	720

*Forecasting calculated on monthly totals from July 2017 - April 2022.*

The DHW and SAAS will monitor actual activity against estimated levels during 2022-23 as part of quarterly performance reviews.

## SIGNATURE

This is a Service Agreement (the Agreement) between the Chief Executive of the Department for Health and Wellbeing (Chief Executive) and 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 2022 - 30 June 2023.

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

**Rob Elliott**  
Chief Executive Officer  
South Australian Ambulance Service

Signed:



Date: 17 November 2022

**Julienne TePohe**  
Acting Chief Executive  
Department for Health and Wellbeing

Signed: .....



Date: 23 November 2022

## APPENDIX 1: COMPANION ARCHITECTURE

Without limiting any other obligations, the delivery of services under this Agreement requires the LHN and DHW to comply with:

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

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

[Charter of Responsibility](#)

[Clinical Services Capability Framework](#)

Commonwealth Aged Care Quality and Safety Commission (where applicable)

[Disaster Resilience Policy Directive](#)

[Emergency Management Act 2004](#)

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

[Health Care \(Governance\) Amendment Bill 2020](#)

[Health Care Act 2008](#)

[Integrated Compliance Management Framework](#)

[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](#)

[NDIS Code of Conduct](#)

[NDIS Practice Standards and Quality Indicators](#)

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

[Public Health Act 2011](#)

[System-wide Integrated Compliance Policy Directive](#)

[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 2017-2022](#)

[SA Health Accreditation Policy Directive](#)

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

[SA Health Clinical Services Capability Framework](#)

[SA Health Corporate Governance Framework Summary](#)

[Enterprise Data And Information \(EDI\) Data Requirements Bulletin](#)

[SA Health Performance Framework](#)

[SA Health Research Ethics Policy Directive](#)

[SA Health Research Governance Policy Directive](#)

[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 Aboriginal Cancer Control Plan 2016-2021](#)

[South Australian Aboriginal Diabetes Strategy 2017-2021](#)

[South Australian Aboriginal Heart and Stroke Plan 2017-2021](#)

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

Standards for General Practice (where applicable)

[State Emergency Management Plan](#)

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

[The Mental Health Act 2009](#)

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

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## For more information

**SA Ambulance Service Agreement 2021-22  
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