
Appendix four – NSW Ambulance key performance indicators

The NSW Ambulance Service Agreement with the Secretary of Health contains state wide key performance indicators under which its performance is monitored and reported. Key performance indicators included in Service Agreements between NSW Ambulance and the Secretary of Health fall under four categories: clinical ('Safe care is delivered across all settings'), workforce ('Our staff are engaged and well supported'), research ('Research and innovation, and digital advances inform service delivery') and finance ('The health system is managed sustainably').

For the purposes of this audit, the audit team focused its analysis on key performance indicators falling under the clinical and workforce categories. The key performance indicators included under these categories in the NSW Ambulance 2023–24 Service Agreement are:

Safe Care is delivered across all settings:

- All cases where STEMI is confirmed and patient meets Pre-hospital Assessment for Primary Angioplasty (PAPA) criteria and who arrive at the designated cardiac catheterisation laboratory facility within 60 minutes (95% target).
- Major trauma patients managed as per protocol T1 by either direct transport to a Trauma Service OR with Aeromedical Control Centre (ACC) notification (95% target).
- Stroke FAST positive patients with onset of symptoms in last 24 hours transported to a 24/7 Acute Thrombolytic Centre within the 4.5 hour clinical window from time of call for Metropolitan Sydney (90% target).
- Stroke FAST positive patients with onset of symptoms in last 24 hours transported to a 24/7 Acute Thrombolytic Centre or Acute Stroke Unit within the 4.5 hour clinical window from time of call for Regional NSW (80% target).
- Mental Health patients who have a mental health assessment completed and documented (70% target).
- Triple Zero call answer time – calls answered in < ten seconds (90% target).
- Transfer of care – Patients transferred from ambulance to ED < 30 minutes (90% target).
- Make Ready Time Priority 1 & Priority 2 cases < 30 minutes (90% target).
- Make Ready Time Priority 3 cases < 20 minutes (90% target).
- Response Time – Ambulance response times to Priority 1A Incidents (50th per centile – minutes) (target 10).
- Frequent User Management Program Monitoring – reduction in the number of 000 calls from the Top 20 callers currently enrolled (50% change from 2015–16 baseline target).
- Complaints Management: Complaints resolved within 35 days (80% target).
- Death Review: Witnessed deaths reviewed within 45 days (100% target).
- Serious Adverse Events Reviews completed within 60 days (100% target).
- Clinical Incidents Management- Clinical incidents with Harm Score 2, 3, 4 (Not SAER) completed within 45 days (85% target).

Our staff are engaged and well supported:

- Workplace Culture – People Matter Survey Culture Index – Variation from previous survey ($\geq -1\%$ target).
- Take action – People Matter Survey take action as a result of the survey – Variation from previous survey ($\geq -1\%$ target).
- Staff Engagement – People Matter Survey Engagement Index – Variation from previous survey ($\geq -1\%$ target).
- Staff Engagement and Experience – People Matter Survey – Racism experienced by staff – Variation from previous survey ($>5\%$ points decrease on previous survey target).
- Staff Performance Reviews – Within the last 12 months (100% target).
- Recruitment: Average time taken from request to recruit to decision to approve/decline/defer recruitment (business days) (<10 target).
- Aboriginal Workforce Participation – Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (3.43% target).
- Employment of Aboriginal Health Practitioners (Number) (Individual – See Data Supplement).
- Compensable Workplace Injury Claims (% of change over rolling 12 month period) (0% target).