Schedule

National Critical Care and Trauma Centre (Royal Darwin Hospital)

FEDERATION FUNDING AGREEMENT – HEALTH

Table 1: Formalities and operation of schedule	
Parties	Commonwealth Northern Territory (NT)
Duration	This Schedule is expected to expire on 30 August 2027.
Purpose	The National Critical Care and Trauma Response Centre (NCCTRC) forms part of Australian emergency preparedness and response capabilities both domestically and internationally. This Schedule supports the continued operation and development of the NCCTRC as Australia's Centre of Excellence for health disaster response, through its continued operation as a hub of evidence-based emergency care, research and education; its maintenance in a state of readiness to respond to incidents of national and international significance.
Estimated financial contributions	The Commonwealth will provide an estimated total financial contribution to the NT of $65.3 m in respect of this Schedule. The profile for the total financial contribution is presented in Table 1.

Additional Terms	The primary output of this Schedule is the continued operation and development of the NCCTRC's national and regional response capability, and its maintenance in a state of readiness to respond to incidents of national and international significance including the activities and functions outlined at Attachment A. The NT will provide annual workplans for the NCCTRC at the times set out in Table 2, outlining the strategy to assure the NCCTRC's national and regional response capability, and addressing the activities and functions outlined at Attachment A. Annual workplans will include, but are not limited to, information on the following activities: • Training and exercises • AUSMAT cohort recruitment • Cache and warehouse management • Specialised projects • Planned travel (both domestic and international) • Research • Working group activities The NT will provide Bi-annual Performance Reports at the times set out in Table 2, describing the actual performance of the NCCTRC against indicators outlined in Attachment A and in the agreed annual workplans. Bi-annual reports will include, but are not limited to, information about: • Response capability • Governance arrangements • National collaboration • Training and Exercises • Work in & around the Region • Publications • Other activities The NT will report on the annual expenditure of the NCCTRC at the conclusion of each financial year (concurrently with the relevant bi-annual report). The report may address the breakdown of expenditure across salaries, travel, training and development, exercises, warehouse management, cache replenishment and/or upgrade, property operating expenses, organisational services and ICT services, as well as planned future expenditure. The NT will undertake a Functional and Efficiency Review of the NCCTRC capabilities to respond to incidents of national and international significance; and a Review of the training for AUSMAT personnel as described in Attachment B.

	National Diphtheria Response Support (May 2026-June 2027) The NT will support the NCCTRC to undertake activities in response to a diphtheria outbreak in the Northern Territory and if requested, other affected jurisdictions, as described in Attachment C. The NT, for work health and safety reasons, will give prompt consideration to requests for the NCCTRC to respond to diphtheria outbreaks in other jurisdictions enabling rapid mobilisation where required. If the NCCTRC is unable to meet the resourcing needs of a requesting jurisdiction, AUSMAT may be deployed to support the diphtheria response. The NCCTRC will facilitate and support AUSMAT deployments for diphtheria outbreaks, if requested by jurisdictions or the Commonwealth, in accordance with existing national arrangements under the Australian Government Crisis Management Framework (AGCMF). <u>Use of Commonwealth funding to support NCCTRC diphtheria response outside the NT</u> Should requests for NCCTRC support exceed the Commonwealth funding provided for the diphtheria response, there is an expectation that financial arrangements will be negotiated between the NT and requesting jurisdiction prior to commencement of these activities. Should any requests not be supported, the NT will document the reasons in writing to the requesting jurisdiction and the Commonwealth. <u>Reallocation of Unspent Funds</u> Commonwealth funds for the diphtheria response have been provided to support NCCTRC activities to contain and reduce the transmission of diphtheria. Unspent funds from the response are to be used by the NCCTRC for diphtheria-related preventative or maintenance activities – such as education, training or research. The NT, through the NCCTRC, should provide a proposal, developed in consultation with the Diphtheria Governance Committee, for the use of unspent funds to the Joint Governance Group for consideration and agreement by no later than March 2027.

Table 1: Financial contributions to the state				
($)	**2024-2025**	**2025-2026**	**2026-2027**	**Total**
Estimated total budget	**18,100,000.00**	**28,400,000.00**	**18,800,000.00**	**65,300,000.00**
Less estimated National Partnership Payments	18,100,000.00	28,400,000.00	18,800,000.00	65,300.000.00
Balance of non-Commonwealth contributions	0	0	0	0

Table 2: Performance requirements, reporting and payment summary			
Output	**Performance milestones**	**Report due**	**Payment**
Maintenance and development of the NCCTRC's capability and deployment readiness	Provision of an annual work plan for 2024-25	01/08/2024	$9.05m
	Provision of a bi-annual report for the period 1 July to 31 December 2024	31/01/2025	$9.05m
	Provision of a bi-annual report for the period 1 January to 30 June 2025 (including a report on annual expenditure 2024-25)	01/08/2025	$6.9m
	Provision of an annual workplan for 2025-26		$3.6m
	Provision of a bi-annual report for the period 1 July to 31 December 2025	31/01/2026	$6.9m
	Provision of a bi-annual report for the period 1 January to 30 June 2026 (including a report on annual expenditure 2025-26)	01/08/2026	$7.2m
	Provision of an annual workplan for 2026-27		$3.9m
	Provision of a bi-annual report for the period 1 July to 31 December 2026	31/01/2027	$7.2m
	Provision of a bi-annual report for the period 1 January to 30 June 2027 (including a report on annual expenditure 2026-27)	01/08/2027	$0.0m
Assuring future NCCTRC capability and deployment readiness	Provision of a comprehensive report of the Functional and Efficiency Review of the NCCTRC capabilities to respond to incidents of national and international significance.	30/11/2025	$1.0m
	Provision of a comprehensive report of the Review of the training for AUSMAT personnel.	30/11/2026	$0.5m
NCCTRC Diphtheria Response May 2026 – June 2027	Establishment of a Diphtheria Governance Committee to guide the response consistent with the expectations prescribed in Attachment C (evidenced by a membership list and terms of reference); and	18/06/2026	$10.0m

	Provision of a NCCTRC Diphtheria Response Plan (May 2026-June 2027) addressing the matters outlined in Attachment C (as a minimum), and presented to the Diphtheria Governance Committee.		
	Provision of Final Report addressing: • The matters outlined Attachment C (as a minimum); • Detailing the methodology, staffing, prioritisation of activities and activities delivered to support the national diphtheria response (including but not limited to procurements, deployments and outcomes) to 30 June 2027; • Detailing how Commonwealth funding under this Schedule was utilised to support the diphtheria response.	01/08/2027	$0.0m

The **Parties** have confirmed their commitment to this schedule as follows:

Signed *for and on behalf of the Commonwealth of Australia by*

The Honourable Mark Butler MP
Minister for Health and Ageing

Minister for Disability and the National Disability Insurance Scheme

[Day] [Month] [Year]

11 June 2026

Signed *for and on behalf of the Northern Territory by*

The Honourable Steven Edgington MP
Minister for Health

Minister for Mental Health; Alcohol Policy; Aboriginal Affairs; Housing, Local Government and Community Development; Essential Service

[Day] [Month] [Year]

25 JUN 2026

ATTACHMENT A

Response capability

a) Maintenance of the Trauma Service capability at northern Australia's primary tertiary reception hospital (Royal Darwin Hospital), critical to NCCTRC operations by:
   i. maintaining the Trauma Service in accordance with Royal Australasian College of Surgeons accreditation standards;
   ii. engaging, training, exercising and maintaining a clinical workforce prepared to respond to all hazards and all incidents health emergencies of national and international significance;
   iii. supporting, facilitating and advising on health emergency response planning; and
   iv. building an integrated northern Australia trauma network in collaboration with key stakeholders improving access across the care continuum.

b) Maintenance, ongoing development, and operation of the Australian Medical Team (AUSMAT) capability:
   i. in accordance with AUSMAT Guiding Principles, providing 24/7 response capability and support to the Australian Government via the Department of Health, Disability and Ageing (DHDA) through domestic and/or international deployments, or potential deployments of AUSMAT as requested;
   ii. maintaining resources for at least two domestic AUSMAT type 1 mobile or fixed deployments, in accordance with the World Health Organization (WHO) standards, of up to 30 people for a period no greater than 28-day days each financial year as requested.
   iii. in accordance with AUSMAT Guiding Principles, maintain, develop, and enhance the AUSMAT capabilities by training, exercising and preparing AUSMAT personnel and ensuring team selection and training optimises overall cohort capability to respond effectively;
   iv. regularly reviewing and updating training materials and resources to reflect best practice World Health Organization (WHO) Type 1 and Type 2 standards for Emergency Medical Teams (EMT);
   v. operating and maintaining a Monitoring, Evaluation and Learning (MEL) framework, which includes After-Action Reviews (AAR), for all deployments, major trauma responses at RDH and other emergency responses.
   vi. in accordance with AUSMAT Guiding Principles, maintaining the AUSMAT volunteer database by annually reviewing information stored in the database and updating where required;
   vii. providing access to the AUSMAT volunteer database as requested by DHDA;
   viii. maintaining fit for purpose office spaces and a purpose-built training facility that complies with the WHO EMT standards; and
   ix. maintaining the AUSMAT cache warehouse in Darwin, and investigating establishing a second minor site to support the supply and access for the national AUSMAT capabilities that comply with the WHO EMT standards.

c) Maintenance of the NCCTRC's role as Australia's Centre of Excellence for health disaster response by:
   i. retaining WHO EMT Type 1 (fixed and mobile) and Type 2 accreditation and other relevant EMT or emergency response classification standards;
   ii. maintaining the Australian Council on Healthcare Standards accreditation;
   iii. providing dedicated resources to maintain and update the AUSMAT Guiding Principles for consideration by the National Health Emergency Management Sub-Committee

(NHEMS) of the Australian Health Protection Committee (AHPC) and any changes agreed to by DHDA;

iv. examining national and international models of practice in disaster and health emergency response capabilities to update AUSMAT Guiding Principles, training and education programs were relevant;

v. ensuring NCCTRC and AUSMAT team members engage with exercises and courses held by partner organisations; and

vi. providing expertise, advice and other assistance on national and international emergencies and public health response matters as requested by DHDA.

Governance and National collaboration

d) Reporting on NCCTRC and AUSMAT activities, agreed workplan items, MEL framework outputs and staffing at the quarterly Joint Governance Group (JGG) meetings between the NT Government, the NCCTRC and DHDA.

e) Establishing the function of a Deputy Executive Director within the NCCTRC.

f) Including members of the JGG in the selection panel for the NCCTRC Executive Director and Deputy Executive Director appointments.

g) Ensuring all relevant policy decisions related to AUSMAT capabilities, including AUSMAT Guiding Principles, are determined in consultation with NHEMS and agreed to by DHDA.

h) Participating as a member on NHEMS and JGG, including the provision of dedicated resources to complete requested committee work.

i) Participating in other relevant national committees to ensure consistent, strategic and effective response to health emergencies.

j) Timely responses to requests for information, technical advice and assistance from DHDA.

k) Establishing and maintaining collaborative relationships with jurisdictional health departments and relevant local, national and international organisations or countries, to enhance NCCTRC's role as a hub for Health Emergency Response.

l) Consulting with and reporting to the JGG on activities undertaken by the NCCTRC that involve other Commonwealth agencies, Australian jurisdictional governments and international organisations or governments.

m) Providing advanced notice to the JGG when publications, reports or other relevant documentation are to be released.

Training and Research

n) Organising and conducting exercises (including tabletop) and training programs in multiple major/regional cities across Australia over the period of the agreement, to support the development of essential healthcare workforce competencies and capabilities required for health emergency responses.

o) Facilitate and organise training exercises, for example Humanitarian Assistance and Disaster Relief (HADR) exercises, as mutually agreed by NCCTRC and DHDA.

p) Leading, coordinating, and conducting research activities that inform and influence protocols and decision-making processes for health emergency responses.

q) Supporting the development, implementation and/or review of international initiatives that facilitate timely and effective health emergency responses domestically and internationally (for example the WHO EMT initiative).

r) In consultation with DHDA, developing new capability areas for AUSMAT.

ATTACHMENT B

Functional and Efficiency Review

The Functional and Efficiency Review of the NCCTRC capabilities to respond to incidents of national and international significance must be conducted in consultation with relevant stakeholders and:

- Describe how the NCCTRC capabilities meet the Australian Governments objectives to respond to incidents of national and international significance in Australia and the Indo-pacific region.
- Analyse resources available to meet these objectives and identify any gaps in funding and propose how these can be addressed.
- Identify barriers preventing the NCCTRC from achieving its intended outcomes, and propose solutions or alternative approaches on how these could be addressed.

The written report deliverable will set out the methodology employed for the review and include as a minimum:

- A record of the stakeholders consulted and a summary of the various inputs.
- An assessment of the strengths and weaknesses of the current NCCTRC and AUSMAT capabilities.
- Recommendations to enhance these capabilities now and into the future.

Review of the training for AUSMAT personnel

The Review of the training for AUSMAT personnel must be conducted in consultation with relevant stakeholders and consider:

- The utility and currency of offered training.
- The appropriateness of training offered and the mechanisms to ensure participant wellbeing.
- Timing and frequency of offered training.
- Current strengths and limitations of offered training.
- Identified gaps in training and proposed strategy to address them.

The written report deliverable will set out the methodology employed for the review and include as a minimum:

- An outline of the training reviewed, including the objectives of each training module as relevant.
- A record of the stakeholders consulted and a summary of the various perspectives.
- An assessment of the strengths and weaknesses of the current training, including whether it is fit for purpose in the current and expected future operational environment.
- Recommendations to enhance training in the short and long-term.
- A plan and timeline for ongoing periodic reviews of training.

ATTACHMENT C

NCCTRC Diphtheria Response (May 2026-June 2027)

The NCCTRC will support the national diphtheria response in the NT, and where requested, other affected jurisdictions, by:

- Establishing a Diphtheria Governance Committee to guide the response;
- Preparing a NCCTRC diphtheria response plan (May 2026-June 2027) outlining methodology, staffing and prioritisation of activities, endorsed by the Diphtheria Governance Committee by 30 June 2026;
- Identifying and engaging appropriately skilled and experienced staff to support outbreak response activities;
- Procuring and distributing diphtheria vaccines and antibiotics;
- Undertaking mass community immunisation;
- Undertaking case management and contact tracing;
- Where appropriate, undertaking incidental testing, treatment and education for syphilis and acute rheumatic fever/rheumatic heart disease;
- Supporting and facilitating AUSMAT deployments for diphtheria outbreaks, if requested by jurisdictions or the Commonwealth, in accordance with existing national arrangements under the AGCMF.
- Reporting on diphtheria response activities to the Diphtheria Governance Committee and the quarterly Joint Governance Group meetings between the NT Government, the NCCTRC and DHDA; and
- Providing a Final Report detailing the methodology, staffing, prioritisation of activities and activities delivered to support the national diphtheria response (including but not limited to procurements, deployments and outcomes) to 30 June 2027, including how Commonwealth funding under this Schedule was utilised.

The Diphtheria Governance Committee should, at a minimum, be comprised of senior representatives from:

- DHDA
- Australian Centre for Disease Control
- NCCTRC
- Health authorities from affected jurisdictions
- the Aboriginal Medical Services Alliance of the Northern Territory, and
- the National Aboriginal Community Controlled Health Organisation and affiliates from affected jurisdictions.