

2020-21 Performance Agreement

AN AGREEMENT BETWEEN:

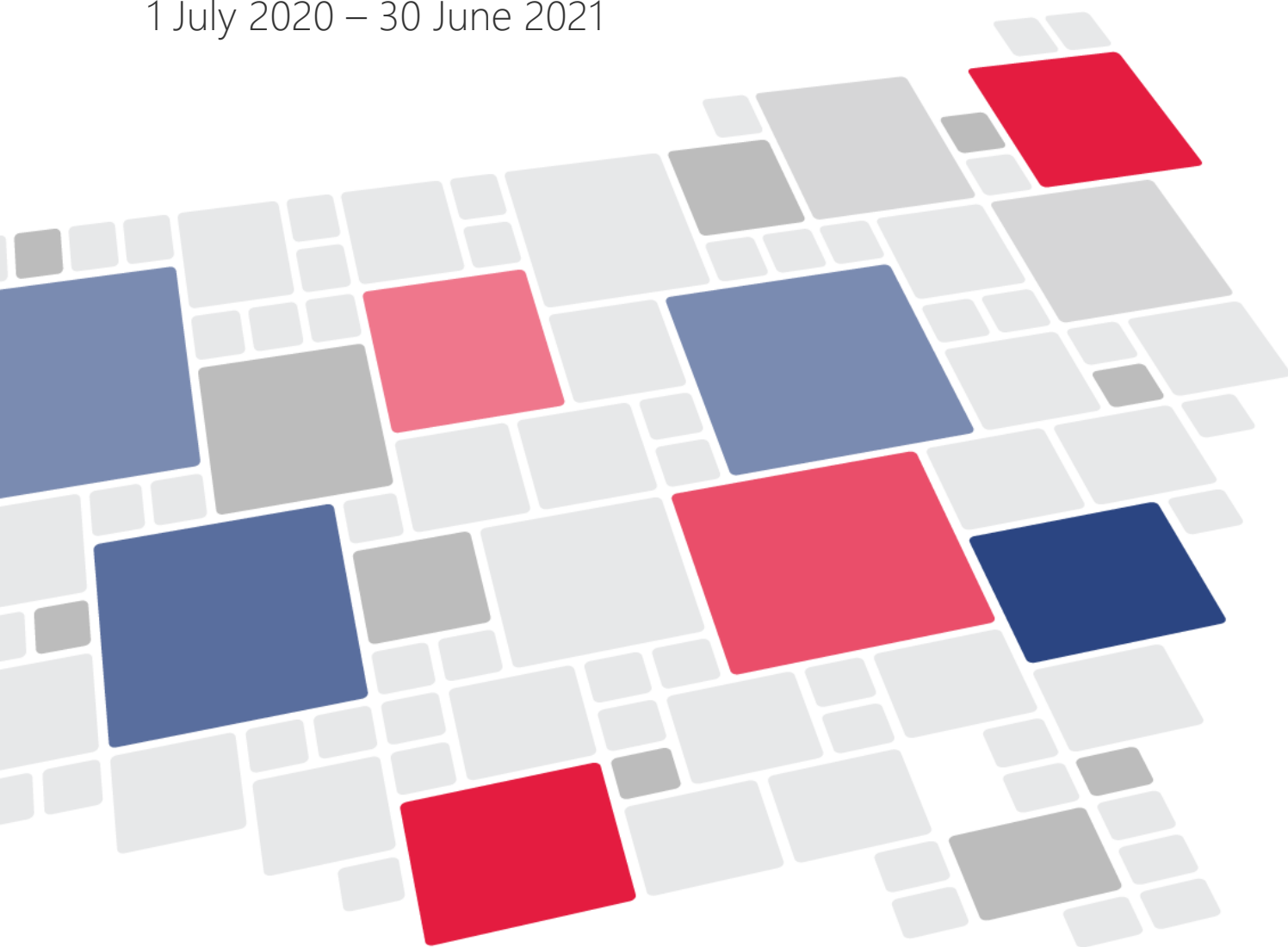
Secretary, NSW Health

AND THE

Bureau of Health Information

FOR THE PERIOD

1 July 2020 – 30 June 2021



NSW Health Performance Agreement – 2020-21

Principal purpose

The principal purpose of the Performance Agreement is to set out the service and performance expectations for the funding and other support provided to Bureau of Health Information (the Organisation), to ensure the provision of equitable, safe, high quality and human-centred healthcare services.

The Agreement articulates direction, responsibility and accountability across the NSW Health system for the delivery of NSW Government and NSW Health priorities. Additionally, it specifies the service delivery and performance requirements expected of the Organisation that will be monitored in line with the *NSW Health Performance Framework*.

Through execution of the Agreement, the Secretary agrees to provide the funding and other support to the Organisation as outlined in this Service Agreement.

Parties to the agreement

Bureau of Health Information

Professor Carol Pollock

Chair

On behalf of the Bureau of Health Information

Date 01/12/2020 Signed 

Dr Diane Watson

Chief Executive

Bureau of Health Information


Date 01/12/2020 Signed 

NSW Health

Ms Elizabeth Koff

Secretary

NSW Health

Date 3/12/20 Signed 

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1. Objectives of the Performance Agreement

- To articulate responsibilities and accountabilities across all NSW Health entities for the delivery of NSW Government and NSW Health priorities.
- To establish with Service Organisations a performance management and accountability system for the delivery of high quality, effective healthcare services that promote, protect and maintain the health of the community, and provide care and treatment to the people who need it, taking into account the particular needs of their diverse communities.
- To develop formal and ongoing, effective partnerships with Aboriginal Community Controlled Health Services ensuring all health plans and programs developed by Districts and Networks include measurable objectives that reflect agreed Aboriginal health priorities.
- To promote accountability to Government and the community for service delivery and funding.
- To ensure that the CORE Values of Collaboration, Openness, Respect and Empowerment are reinforced throughout NSW Health
- To ensure Service Organisations engage in appropriate consultation with patients, carers and communities in the design and delivery of health services.
- To ensure that Service Organisations work together with clinical staff about key decisions, such as resource allocation and service planning.

2. Legislation, governance and performance framework

2.1 Legislation

The *Health Services Act 1997* (the Act) provides a legislative framework for the public health system, including the establishment of Statutory Health Corporations to enable certain health services and health support services to be provided within the State other than on an area basis (s.11). The Bureau of Health Information is a Board governed statutory health corporation established under section 41 and specified in Schedule 2 of the Act.

Under the Act the Health Secretary's functions include: the facilitation of the achievement and maintenance of adequate standards of patient care within public hospitals, provision of governance, oversight and control of the public health system and the statutory health organisations within it, as well as in relation to other services provided by the public health system, and to facilitate the efficient and economic operation of the public health system (s.122).

2.2 Ministerial Determination of Functions

The Performance Agreement recognises that the Bureau of Health Information has a clearly defined role and set of functions as articulated in the Ministerial Determination of Functions for the Support Organisation, signed by the Minister on 27th June 2018, pursuant to Section 53 of the *Health Services Act 1997*:

1. To prepare and publish regular reports on the performance of the NSW public health system, including safety and quality, effectiveness, efficiency and responsiveness of the system to the health needs of the people of NSW.
2. To provide an annual report to the Minister and Parliament on the performance of the NSW public health system.
3. To publish reports benchmarking the performance of the NSW public health system with comparable health systems.
4. To establish and maintain a website providing information and analysis on the performance of the NSW public health system, including tools for data analysis.
5. To develop reports and tools to enable analysis of the performance of health services, clinical units and clinical teams across the NSW public health system.
6. To undertake analysis of data at the request of the Health Secretary to: (i) support planning and oversight for effective, efficient and safe health services in NSW; and (ii) meet NSW national commitments on Health (including but not limited to commitments arising from the National Health Reform Agreement)
7. To advise the NSW Ministry of Health on the quality of existing data sets and the development of enhanced information analysis and reporting to support performance reporting to clinicians, the community and Parliament.
8. To undertake and/or commission research to support the performance by the Bureau of its functions.

9. To liaise with other bodies and organisations undertaking reporting on the performance of the health systems in Australia and internationally.
10. To provide advice to the Minister for Health and the Health Secretary on issues arising out of its functions.

2.3 Variation of the agreement

The Agreement may be amended at any time by agreement in writing between the Organisation and the Ministry of Health.

The Agreement may also be varied by the Secretary or the Minister in exercise of their general powers under the Act, including determination of the role, functions and activities of Support Organisations.

Any updates to finance or activity information further to the original contents of the Agreement will be provided through separate documents that may be issued by the Ministry of Health in the course of the year.

2.4 Governance

The Organisation must ensure that all applicable duties, obligations and accountabilities are understood and complied with, and that services are provided in a manner consistent with all NSW Health policies, procedures, plans, circulars, inter-agency agreements, Ministerial directives and other instruments and statutory obligations.

2.4.1 Clinical governance

NSW public health services are accredited against the *National Safety and Quality Health Service Standards*.

<https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition/>

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.

<https://www.safetyandquality.gov.au/national-priorities/australian-safety-and-quality-framework-for-health-care/>

The NSW Patient Safety and Clinical Quality Program provides an important framework for improvements to clinical quality.

http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2005_608.pdf

2.4.2 Corporate governance

The Organisation must ensure services are delivered in a manner consistent with the *NSW Health Corporate Governance and Accountability Compendium* (the Compendium) seven corporate governance standards. The Compendium is at:

<http://www.health.nsw.gov.au/policies/manuals/pages/corporate-governance-compedium.aspx>

Where applicable, the Organisation is to:

- Provide required reports in accordance with timeframes advised by the Ministry;
- Review and update the *Manual of Delegations* (PD2012_059) to ensure currency;
- Ensure recommendations of the NSW Auditor-General, the Public Accounts Committee and the NSW Ombudsman, where accepted by NSW Health, are actioned in a timely and effective manner, and that repeat audit issues are avoided.

2.4.3 Procurement governance

The Organisation must ensure procurement of goods and services complies with the *NSW Health Goods and Services Procurement Policy Directive* (PD2019_028). This policy directive details the requirements for all staff undertaking procurement or disposal of goods and services on behalf of NSW Health. https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2019_028

2.4.4 Performance Framework

Performance Agreements are a central component of the *NSW Health Performance Framework*, which documents how the Ministry monitors and assesses the performance of public sector health services to achieve expected service levels, financial performance, governance and other requirements.

The performance of a health service is assessed on whether the organisation is meeting the strategic objectives for NSW Health and government, the Premier's Priorities and performance against key performance indicators. The availability and implementation of governance structures and processes, and whether there has been a significant critical incident or sentinel event also influences the assessment.

The Framework sets out responses to performance concerns and management processes that support the achievement of outcomes in accordance with NSW Health and government policies and priorities. Performance concerns will be raised with the Organisation for focused discussion at performance review meetings in line with the *NSW Health Performance Framework* available at: <http://www.health.nsw.gov.au/Performance/Pages/frameworks.aspx>

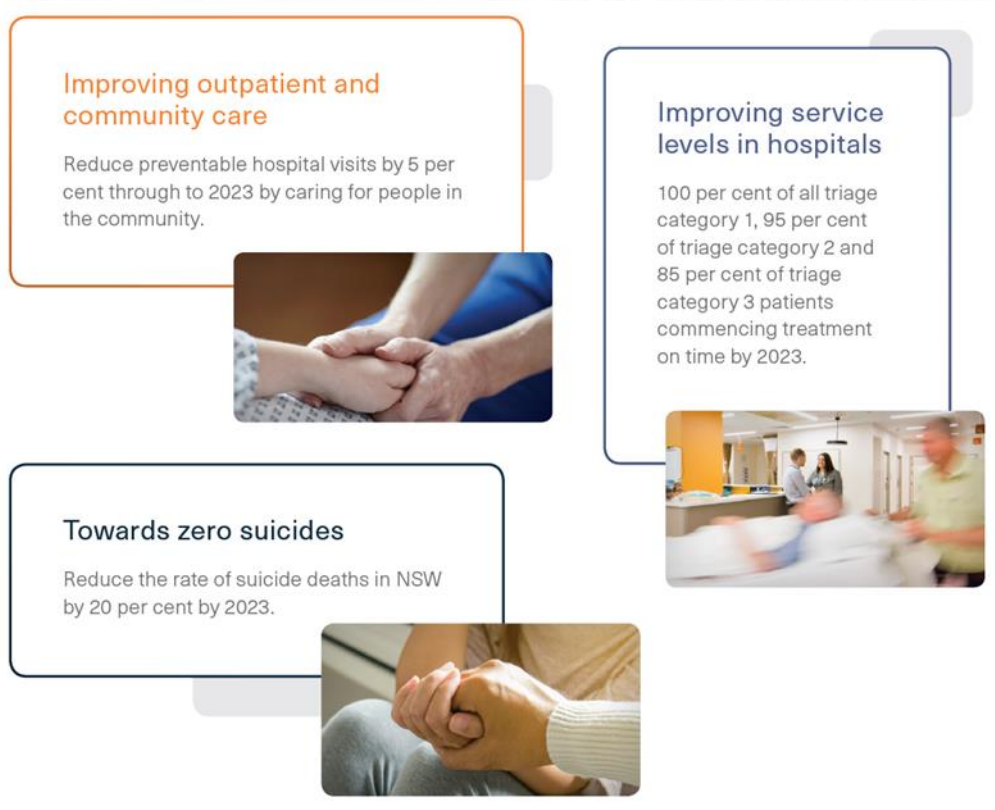
3. Strategies and local priorities

The delivery of NSW Health strategies and priorities is the responsibility of the Ministry of Health, health services and support organisations. These are to be reflected in the strategic, operational and business plans of these entities.

3.1 NSW Premier's Priorities

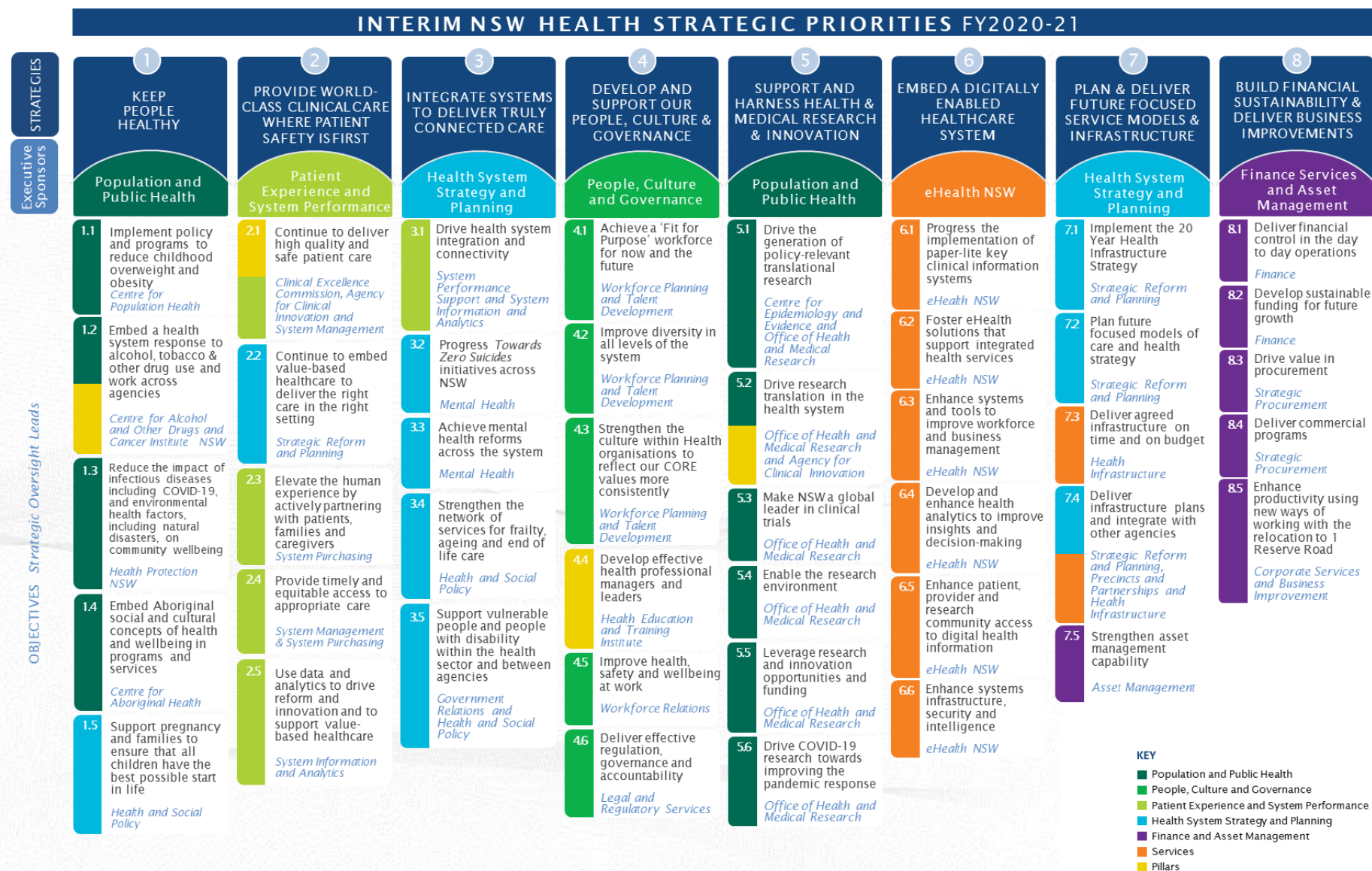
In June 2019, the NSW Premier set new social priorities to tackle tough community challenges, lift the quality of life for everyone in NSW and put people at the heart of everything the Government does.

NSW Health is leading the three priorities for improving the health system:



NSW Health staff will continue to work together to deliver a sustainable health system that delivers outcomes that matter to patients and the community, is personalised, invests in wellness and is digitally enabled.

3.2 NSW Health Strategic Priorities 2020-21



3.3 NSW Health Outcome and Business Plan 2019-20 to 2022-23

The NSW Treasury Outcome Budgeting initiative intends to transform the way budget decisions are made, and resources are managed in the NSW public sector. The overarching objective of Outcome Budgeting is to shift the focus of the NSW Government to deliver better outcomes for the people of NSW with increased transparency, accountability and value (TPP 18-09¹).

The *NSW Health Outcome and Business Plan* is an agreement between the Minister for Health and Medical Research, the Secretary, NSW Health and the NSW Government setting out the outcomes and objectives that will be focused on over the next four years.

NSW Health has identified five state outcomes that it will achieve for the people of NSW. The state outcomes cover the broad range of functions and services provided across care settings.

1. Keeping people healthy through prevention and health promotion
2. People can access care in out of hospital settings to manage their health and wellbeing
3. People receive timely emergency care
4. People receive high-quality, safe care in our hospitals
5. Our people and systems are continuously improving to deliver the best health outcomes and experiences

To achieve these outcomes, NSW Health has set a series of ambitious targets and has a comprehensive program of change initiatives in place. These targets have been built into key performance indicators in the Service Agreement, the *NSW Health Performance Framework*, the *NSW Health Purchasing Framework* and the funding model.

¹ <https://www.treasury.nsw.gov.au/sites/default/files/2018-12/TPP18-09%20Outcome%20Budgeting.pdf>

Alignment of directions and strategies to outcomes



4. Budget

4.1 State Outcome Budget Schedule: Part 1

Bureau of Health Information - Budget 2020-21			per BHI request	
		Final 2020-21 Initial Budget (\$'000)	Subsequent 2020-21 Budget (\$'000)	Total 2020-21 Budget (\$'000) as at 30Nov2020
Category A	General Administrative			
	BHI Communications	\$1,229		
	BHI Performance Reports	\$1,144		
	BHI Strategic Relations	\$412		
	Corporate Affairs	\$526		
	Data Management and Analyses	\$1,394		
	Executive Office	\$421		
	Operations (Third Party Payments)	\$1,946		
	Performance Measurement and Reporting	\$185		
	Sub-total	\$7,255		
Category B	Centrally Managed Projects			
	Digital Strategy	\$105		
	Patient Survey Program	\$2,265		
	Sub-total	\$2,370		
Category C	Payments to Third Parties			
	Sub-total	\$		
Category D	Budgets Held for LHD Allocation			
	Sub-total	\$		
E	Other items not included above			
	Additional Escalation to be allocated	\$22		
	Efficiency and Procurement Savings	-\$284		
	TMF Adjustments	-\$2		
	Intra Health Adjustments	\$5		
	Sub-total	-\$259		
F	RFA Expenses	\$		
G	Total Expenses (G=A+B+C+D+E+F)	\$9,365	\$612	\$9,978
H	Other - Gain/Loss on disposal of assets etc			
I	Revenue	-\$9,409	-\$619	-\$10,029
J	Net Result (J=G+H+I)	-\$44	-\$7	-\$51

Note:

The above schedule represents the NSW Treasury's transition to Outcome Budgeting (TPP 18-09) and aligns to the NSW Health Business Plan 2019-20 to 2022-23. The NSW Treasury Outcome Budgeting initiative intends to transform the way budget decisions are made, and resources are managed in the NSW public sector. The initiative aims to shift the focus of the NSW Government to deliver better outcomes for the people of NSW (TPP 18-09).

As this transition will take place across several years, figures listed in this schedule are currently unable to accurately be carried through from LHD/SHN budgets to each facility. Some facility figures will therefore be consolidated at a LHD/SHN level with investment allocation managed locally.

Figures included in this schedule do not include 2020-21 stimulus funding in response to the COVID-19 pandemic.

4.2 State Outcome Budget Schedule: Part 2

		2020/21		2020/21
	Bureau of Health Information	\$ (000's)		\$ (000's)
	<u>Government Grants</u>			
A	Recurrent Subsidy	-\$9,244	-\$619	-\$9,864
B	Capital Subsidy	-\$68		-\$68
C	Crown Acceptance (Super, LSL)	-\$97		-\$97
D	Total Government Contribution (D=A+B+C)	-\$9,409	-\$619	-\$10,029
	<u>Own Source revenue</u>			
E	GF Revenue	\$		
F	SP&T Revenue	\$		
G	Total Own Source Revenue (G=E+F)	\$		
H	Total Revenue (H=D+G)	-\$9,409	-\$619	-\$10,029
I	Total Expense Budget - General Funds	\$9,365	\$612	\$9,978
J	SP&T Expense Budget	\$		
K	Other Expense Budget	\$		
L	Total Expense Budget as per Schedule A Part 1 (L=I+J+K)	\$9,365	\$612	\$9,978
M	Net Result (M=H+L)	-\$44	-\$7	-\$51
	<u>Net Result Represented by:</u>			
N	Asset Movements	-\$76	\$7	-\$69
O	Liability Movements	\$120		\$120
P	Entity Transfers	\$		\$
Q	Total (Q=N+O+P)	\$44	\$7	\$51
<p>Note:</p> <p>The minimum weekly cash reserve buffer for unrestricted cash at bank has been updated for FY 2020/21 to \$50K. Based on final June 2020 cash balances, adjustments will be made from July 2020 to ensure alignment with the cash buffer requirements of NSW Treasury Circular TC15_01 Cash Management – Expanding the Scope of the Treasury Banking System.</p> <p>The minimum weekly cash buffer relates to cash held in General Fund bank accounts only and will be used to determine subsidy cash sweep amounts in line with the schedule advised by the Ministry of Health.</p>				

4.3 State Outcome Budget Schedule: Capital program

Bureau Health Information										
<u>PROJECTS MANAGED BY HEALTH SERVICE</u>	Project Code	Reporting Silo	Estimated Total Cost 2020/21	Estimated Expenditure to 30 June 2020	Cost to Complete at 30 June 2020	Capital Budget Allocation 2020/21	2020/21 Capital Budget Allocation by Source of Funds			
							MOH Funded 2020/21	Local Funds 2020/21	Revenue 2020/21	Lease Liabilities 2020/21
<u>2020/21 Capital Projects</u>			\$	\$	\$	\$	\$	\$	\$	\$
WORKS IN PROGRESS										
BHI Minor Works & Equipment	P51069	Minor Works	115,300	47,300	68,000	68,000	68,000	-	-	-
TOTAL WORKS IN PROGRESS			115,300	47,300	68,000	68,000	68,000	-	-	-
TOTAL CAPITAL EXPENDITURE AUTHORISATION LIMIT MANAGED BY Bureau Health Information			115,300	47,300	68,000	68,000	68,000	-	-	-
Notes: Expenditure needs to remain within the Capital Expenditure Authorisation Limits (CEAL) indicated above The above budgets do not include Right of Use Assets (Leases) entered into after 30 September 2020. These budgets will be issued through a separate process Minor Works & Equipment >\$10,000 Program is an annual allocation. Estimated Total Cost is calculated as Prior Year expenditure plus FY21 Budget Allocation										

5. Performance against strategies and objectives

5.1 Key performance indicators

The performance of the Organisation is assessed in terms of whether it is meeting key performance indicator targets for NSW Health Strategic Priorities.

✓	Performing	Performance at, or better than, target
↘	Underperforming	Performance within a tolerance range
✗	Not performing	Performance outside the tolerance threshold

Detailed specifications for the key performance indicators are provided in the Service Agreement Data Supplement. See:

http://hird.health.nsw.gov.au/hird/view_data_resource_external_information.cfm?ItemID=23857

Strategy 2: Provide world-class clinical care where patient safety is first					
Strategic Priority	Measure	Target	Not Performing ✗	Under Performing ↘	Performing ✓
2.5	BHI is a trusted provider of health performance information (% strongly agree/agree)	>80%	<70%	70-80%	>80%
	BHI reports and information products are objective (impartial and grounded in evidence) (% strongly agree/agree)	>70%	<60%	60-70%	>70%
	Satisfaction with BHI engagement over the past 12 months (% very satisfied/satisfied)	>70%	<60%	60-70%	>70%
	Effectiveness in BHI's delivery on its purpose: "To provide the community, healthcare professionals and policy makers with information that enhances transparency of the performance of the healthcare system in NSW, in order to inform actions to improve healthcare and strengthen accountability." (% excellent / very good / good)	>70%	<60%	60-70%	>70%

Strategy 4: Develop and support our people and culture

Strategic Priority	Measure	Target	Not Performing ✗	Under Performing ⚠	Performing ✓
4.3	Workplace Culture - People Matter Survey Culture Index- Variation from previous year (%)	≥ -1	≤ -5	> -5 and < -1	≥ -1
4.3	Take action-People Matter Survey take action as a result of the survey- Variation from previous year (%)	≥ -1	≤ -5	> -5 and < -1	≥ -1
4.1	Staff Performance Reviews - Within the last 12 months (%)	100	<85	≥85 and <90	≥90
4.1	Recruitment: time taken from request to recruit to decision to approve/decline/defer recruitment (business days)	≤10	>10	No change from previous year and >10	≤10
4.2	Aboriginal Workforce Participation - Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	1.8	Decrease from previous year	No change	Increase on previous year
4.5	Compensable Workplace Injury - Claims (% change)	≥10 Decrease	Increase	≥0 and <10 Decrease	≥10 Decrease

Outcome 5 Our people and systems are continuously improving to deliver the best health outcomes and experiences

4.3	Staff Engagement - People Matter Survey Engagement Index - Variation from previous year (%)	≥ -1	≤ -5	> -5 and < -1	≥ -1
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Strategy 8 Build financial sustainability and robust governance

8.1	Expenditure Matched to Budget - General Fund - Variance (%)	On budget or favourable	>0.5% unfavourable	>0 and ≤0.5% unfavourable	On budget or favourable
8.1	Own Sourced Revenue Matched to Budget - General Fund - Variance (%)	On budget or favourable	>0.5% unfavourable	>0 and ≤0.5% unfavourable	On budget or favourable

Note:

Aboriginal Workforce Participation - Where the Bureau of Health Information meets or exceeds the target for this item, the organisation will be deemed to be performing, regardless of the 'Performing' description.

Compensable Workplace Injury – Where the Bureau of Health Information has no Compensable Workplace Injury claims the organisation will be deemed to be performing against this item regardless of the 'Performing' description.

5.2 Performance deliverables

Key deliverables under the NSW Health Strategic Priorities 2020-21 will also be monitored, noting that process indicators and milestones are held in the detailed operational plans developed by the Organisation.

5.2.1 Workplace culture

Determine how change can be affected at an individual, organisational and system level to improve workplace culture and practices:

- The results of the People Matter Employee Survey will be used to identify areas of best practice and improvement opportunities.

5.2.2 Strategic priority deliverables

Strategic Priority	Deliverable in 2020/21	Due by
2. Provide world-class clinical care where patient safety is first		
Mortality data release	Internal release of annual unadjusted 30-day mortality rates for July 2019 to June 2020 for select clinical conditions, at hospital level.	Q2
Enhance mortality and readmissions reporting	Methodological development to strengthen rigour and continue to align with international methodological developments and options to address the timeliness of reporting and feasibility of trend analysis. Expansion of the indicators covered to include, for example, mental health. Enhanced operational efficiencies through developments to programming and data structures to streamline analysis and transfer of data to increase access and timeliness of results. Additional work to occur in defining reasons for readmission via groupers and potential sources of variation in readmissions.	Q1-Q4
Healthcare in Focus	In 2021, Healthcare in Focus will provide international comparisons of NSW healthcare performance using data from the 2020 Commonwealth Fund International Health Policy Survey (Adults). This survey includes COVID-related questions, so analyses will include reflections of survey participants on the health system in Australia compared to other countries. This will fulfil our function to provide an annual report to the Minister and Parliament about the performance of the NSW public health system.	Q3

Strategic Priority	Deliverable in 2020/21	Due by
Aboriginal Patient Experience Program	<p>In-depth Insights report on Aboriginal patient experiences¹</p> <p>This report will compare the experiences and outcomes of care between Aboriginal and non-Aboriginal adult admitted and maternal care patients.</p> <p>It will be developed with guidance from the Aboriginal Patient Experience Program advisory committee chaired by the Centre for Aboriginal Health and BHI.</p> <p>Note that all survey results will be made available online at the hospital and District-level, where possible; and we will publish a technical supplement to describe how the data were collected and analysed.</p> <p>¹ As funded by Centre for Aboriginal Health</p>	Q2-Q4
NSW Patient Survey Program – KPIs	<p>Provide the MOH with quarterly patient experience KPI and improvement measure data to support District Service Agreements – based on Adult Admitted Patient Survey and Emergency Department Patient Survey results, including options to enhance the scope of these data submissions.</p> <p>Undertake analysis of patient experience data, pertaining to the KPIs, that is collected during the pandemic period to compare with previous periods. This analysis will be used to inform reports and briefings for Ministry of Health.</p>	Q1-Q4
NSW Patient Survey Program – reporting	<p>Publish NSW, LHD and hospital results, and a short form Snapshot report, for:</p> <ul style="list-style-type: none"> • Adult Admitted Patient Survey 2019 – includes results from oversampling of Aboriginal patients ¹ • Maternity Care Survey 2019 –includes results from oversampling of Aboriginal patients ¹ • Outpatient Cancer Clinics Survey 2019² • Emergency Department Patient Survey 2019-20 • Rural Admitted Patient Survey 2019. <p>¹ As funded by Centre for Aboriginal Health</p> <p>² As funded directly by Cancer Institute NSW and including invited private hospitals</p>	Q2-Q4
NSW Patient Survey Program - Survey sampling, mailing and data collection in 2020-21	<p>Manage survey sampling, mailing and data collection in relation to:</p> <ul style="list-style-type: none"> • Adult Admitted Patient Survey 2020, then a reformed survey from 2021 • Emergency Department Patient Survey 2019-20, then a reformed survey from 2020-21 	Q1-Q4

Strategic Priority	Deliverable in 2020/21	Due by
Enhance the NSW Patient Survey Program as a source of robust and representative comparative information about patients' experiences	<p>Reforming the Emergency Department Patient Survey and Adult Admitted Patient Survey 2021 to align with strategic system priorities and optimising measurement of patient experience, including:</p> <ul style="list-style-type: none"> • Transitioning towards 'core' questionnaire plus ad hoc, special purpose modules approach to survey development and implementation • Reviewing survey methodology including survey scheduling, sampling and fieldwork to improve timeliness of data collection and reporting. <p>Review the Maternity Care Survey to align with multiple policy priorities such as 'The first 2000 days'. This includes for example capturing pre-and post-discharge experiences and outcomes.</p>	Q1-Q4
Healthcare Quarterly	<p>Release Healthcare Quarterly x 4. Key developments through the year will include:</p> <ul style="list-style-type: none"> • Transitioning to a digital product by mid to late 2021 • Targeting new and enhanced content in relation to emergency and elective surgery, particularly waiting times for elective surgery patients following the National Cabinet decision in March to suspend some surgeries with subsequent gradual, safe resumption. Enhanced content will also focus on measures of mental health. 	Q1-Q4
Strategy 3 Embed a digitally enabled health care system		
Digital strategy	<p>Ongoing implementation of BHI's digital strategy to enhance the digital provision of comparative performance information to the community, healthcare professionals and policymakers. This will include substantial work to:</p> <ul style="list-style-type: none"> • Enhance data processes to ensure the highest standards of data governance • Improve the consistency and efficiency of key processes and advance database build and management <p>Complete the design, build, test and launch of the new website and data portal by mid to late 2021.</p>	Q1-4
Data linkage/liberalisation/advanced analytics	<p>Continue to pursue enduring linkage of patient survey and administrative data, where patients offer consent. Undertake focused exploratory work aimed at better understanding opportunities for using data linkage and advanced analytics to report on experiences associated with variation in outcomes that matter to patients (all patients versus high priority cohorts).</p>	Q1-4

Strategic Priority	Deliverable in 2020/21	Due by
Other deliverables subject to additional funding		
Palliative care – experiences of patients and carers	<p>The development of a tailored survey module for patients/ carers that captures their experiences of palliative care and healthcare at the end of life in NSW healthcare services.</p> <p>The supplement will provide project funding for the following key activities, in line with BHI's established survey development processes:</p> <ul style="list-style-type: none"> • Scoping of cohort identification, audience and setting • Staff resourcing and time commitments • Research to inform the survey approach including literature review • Identification and selection of high relevance questions through focus groups, cognitive testing and other stakeholder engagement • Assessment of implementation options • Preparation, design and copy edit of deliverables • Management and oversight, including advisory group secretariat. <p>Funded from the Palliative Care carers budget via the Health and Social Policy branch.</p>	Q1-Q4
Leading Better Value Care program – patient experience information for evaluation	<p>BHI will undertake targeted oversampling of twelve LBVC cohorts to support evaluation of this program. The deliverables will include:</p> <ul style="list-style-type: none"> • Provision of two patient-level datasets to the Ministry, specifically i) dataset of survey responses for all respondents without the key variables required for data linkage (to allow descriptive analysis of all patients, and ii) dataset of all respondents consenting to data linkage that includes variables previously agreed for the linkage of this data into ROVE (to be undertaken by CHeReL) • Masterclasses to build system capacity to analyse patient survey data contributing to ROVE, in consultation with HETI and the Ministry • A technical report regarding cycle 3 of the LBVC oversampling <p>Funded by Strategic Reform and Planning Branch.</p>	Q1-Q3
Cancer patient experience	<p>Manage questionnaire review, survey sampling, mailing and data collection in relation to the Outpatient Cancer Clinics Survey 2020.</p> <p>Funded by Cancer Institute NSW.</p>	Q1-Q4

Strategic Priority	Deliverable in 2020/21	Due by
Virtual care patient experience	Develop a tailored survey module to capture experiences of virtual care and design approaches to ensure consistent collection of patient feedback to support improvement and accountability, (monitoring and evaluation). Funded by Strategic Reform and Planning Branch.	To be agreed

5.2.3 Delayed deliverables from 2019-20

Given the extraordinary demands the COVID-19 pandemic placed on the NSW public health system and its staff in the first half of 2020, BHI delayed the public release of a number of reports that had been due for release April to June 2020.

We have been clear that any report or information products that would usually be made public would be published at a later date once it is clear our health agencies are able to respond to the release without undue impact on their management of COVID-19, and all patients seeking healthcare during this challenging time.

The following 2019-20 deliverables were released in July 2020:

- *Snapshot report* – a short-form report summarising key findings from the Emergency Department Patient Survey 2018–19. Full results will also be released on BHI’s interactive data portal, Healthcare Observer.
- *Snapshot report* – a short-form report summarising key findings from the Rural Hospital Emergency Care Patient Survey 2019. Full results will also be released on BHI’s interactive data portal, Healthcare Observer.

6. Supplementary Document

The Memorandum of Understanding between the Ministry of Health and BHI in relation to access to and sharing of data and information held by the Ministry of Health follows here.

MEMORANDUM OF UNDERSTANDING

BETWEEN

**NSW MINISTRY OF HEALTH
(MOH)**

AND

**BUREAU OF HEALTH INFORMATION
(BHI)**

IN RELATION TO

**ACCESS TO AND SHARING OF DATA AND INFORMATION H
ELD BY THE
NSW MINISTRY OF HEALTH**

JUNE 2020

Background

The Bureau of Health Information (**BHI**) was established as a statutory health corporation under the Health Services Act 1997 on 1 September 2009 as part of the NSW Government's response to the Garling Special Commission of Inquiry (**SCI**).

The BHI provides independent reports to government, clinicians and the community on the performance of the NSW public sector health system. Performance measures include activity, access, effectiveness, efficiency, outcomes and safety and quality measures.

As recommended by the SCI, the BHI uses both existing NSW Health data collections and other data sets to develop and report on the performance of the NSW public health system at a cascading level - whole of system, by Local Health District, by hospital and by clinical service.

The Ministry of Health is custodian of a number of NSW Health state-wide data collections and the BHI is the data custodian of the data assets related to the NSW Patient Survey Program. The BHI requires access to some of the Ministry of Health data in order to perform its statutory role. The BHI seeks access to data from the Ministry in the areas outlined in *Schedule 1*. The parties recognise that revision of this Schedule may occur as the BHI's performance reporting scope and depth develops over time and it fulfils its commitments set out in this performance agreement.

This memorandum records an understanding (MOU) reached between the Ministry and the Bureau of Health Information regarding access to and conditions of use of data held by the Ministry and BHI. This agreement will facilitate liaison, cooperation and assist the access and exchange of information between the agencies in accordance with the relevant statutory provisions. The exchange of information between these parties includes the sharing of methodologies, data dictionaries and expertise to achieve the objectives of this memorandum.

Definitions

The following definitions apply in the context of this Memorandum:

- **BHI** means the Bureau of Health Information.
- **Chair** means the Chair of the Board of the Bureau of Health Information.
- **Chief Executive** means the Chief Executive of the Bureau of Health Information.
- **Data** as a general concept refers to the fact that a phenomenon is represented or coded in some form suitable for better usage or processing through attribution of values to certain parameters. For the purpose of this agreement, data encompasses any electronic information the BHI either holds in the case of the NSW Patient Survey Program or requests from the Ministry, in accordance with its Determination of Functions and Performance Agreement, in the areas set out in *Schedule 1*.

- **Information** generically relate to transformation of data into measures that provide an answer to a question or an assessment of a phenomenon. Data are used to produce information. For the purpose of this agreement, information would include any measures or indicators calculated through usage of data as well as the methodological knowledge surrounding the development of these measures or indicators.
- **Ministry** means the New South Wales Ministry of Health.
- **Determination of Functions** means the Determination made by the Minister for Health under the Health Services Act 1997 as set out in *Schedule 2* of this MOU and any variation to this.
- **SIA** means the System Information and Analytics branch of NSW Ministry of Health.
- **MOU** means Memorandum of Understanding which is this agreement.
- **Patient Identifiers** means any data elements that can be used to potentially identify individual health care users, including personal names, addresses and medical record numbers.
- **Patient Survey Program** means the NSW Patient Survey Program which is managed by BHI on behalf of the NSW Ministry of Health.
- **Performance Agreement** means the BHI's approved Strategic Plan and Annual Performance Agreement.
- **Secretary** means the Secretary of the NSW Ministry of Health.

Commencement

- 1.1 This MOU commences on the execution date and continues unless otherwise terminated in accordance with this agreement or by the parties.

Key objectives of this MOU

- 2.1 The key objectives of this MOU are to facilitate the liaison, cooperation and assistance between the BHI and the Ministry regarding the access to and exchange of information between these agencies in accordance with the relevant statutory provisions to:
- 2.1.1 enable the BHI to fulfill its statutory role and functions, including management of the patient survey; and
 - 2.1.2 enable the Ministry of Health to support Local Health Districts and Specialty Health Networks in

ongoing performance improvement activities.

Obligations of the Ministry

- 3.1 To provide to the BHI, appropriate access to data as defined by this MOU in order to support BHI work in delivering on the Performance Agreement and to support development work for future reports.
- 3.2 To share data collection, analysis and reporting methodologies and data dictionaries with the BHI.
- 3.3 To inform the BHI when new data become available so that data can be considered for inclusion in *Schedule 1*.
- 3.4 To access and use the data in accordance with this MOU and for the purposes stated in the Determination of Functions of the BHI by the Minister for Health.
- 3.5 To provide information on a regular basis about the quality of data used by the BHI under this MOU (see *Schedule 1*) such as data quality audits, quality assurance frameworks and known data limitations.
- 3.6 To provide information on a regular basis about significant changes to data definition, collection or data sets that may impact on the BHI measures and indicators.
- 3.7 To provide the information necessary for BHI to operate the Patient Survey Program according to program timetables, including but not limited to provision of patient-level public hospital and outpatient data for investigation of sampling methods, drawing the survey samples, and providing sampling summaries on conclusion of this work.

Obligations of the BHI

- 4.1 To provide to the Ministry, appropriate access to data as defined by this MOU.
- 4.2 To share data analysis and reporting methodologies and data dictionaries with the Ministry.
- 4.3 To inform the Ministry when new data becomes available so that data can be considered for inclusion in *Schedule 1*.
- 4.4 To access and use the data in accordance with this MOU.
- 4.5 To provide information on a regular basis about the quality of data used by the Ministry and collected by the BHI (as per *Schedule 1*) under this MOU such as data quality audits, quality assurance frameworks and known data limitations.

- 4.6 To provide information on a regular basis about significant changes to data definition, collection, statistical methods or data sets that may impact on the BHI measures and interpretation of indicators.

Consultation

- 5.1 The Chief Executive of BHI and Executive Director, System Information and Analytics Branch of the Ministry will hold regular meetings to monitor the operation of the MOU and to progress the objectives of this MOU.

Access to data

- 6.1 The BHI seeks access to data described in *Schedule 1* that are held by the Ministry so that BHI can fulfil its commitments under the Performance Agreement. The Ministry seeks access to data described in *Schedule 1* that are collected and held by the BHI.
- 6.2 The BHI will access data through a reporting servers' account that will be set up for BHI by the Ministry, under arrangements agreed by the Ministry.
- 6.3 The Ministry will access data from BHI via secure transfer.
- 6.4 The data sets BHI will have access to will be de-identified (they will not contain Patient Identifiers).
- 6.5 BHI requests for access to additional existing data sets shall be directed to the Executive Director, SIA.
- 6.6 BHI requests for data not currently collected by the Ministry shall be directed to the Executive Director, SIA for consideration.
- 6.7 BHI's Chief Executive has delegated authority to release aggregated and/or de-identified unit record data relating to the Patient Survey Program (under Section 10 of NSW Health's Combined Delegations Manual), including release of that data for linkage where consent is provided by survey respondents.
- 6.8 With the exception of the Patient Survey Program, BHI will inform the Ministry before conducting routine or ad hoc data collections directly from NSW Health Services or other public sector health organisations. This is essential to minimise duplication of data collection processes, burden of data collection activity and variances in data collection practices. Additional data collections will be addressed through clause 6.6.
- 6.9 The Ministry will provide BHI with access to datasets for the purposes of developing and validating measures of performance of the NSW public health system in accordance with the BHI's determination of functions.

Confidentiality and privacy

7.1 The BHI must adhere to the following:

- 7.1.1 all applicable legislation governing the confidentiality and privacy of personal health information. These provisions include but are not limited to s75 of the Public Health Act 1991, the Health Records and Information Privacy Act 2002 (NSW), the Privacy and Personal Information Protection Act 1998 (NSW) and the Health Services Act 1997 (NSW);
- 7.1.2 the Ministry's Privacy Manual as it may be amended or updated from time-to-time and all applicable policy directives, policies and procedures of the Ministry relating to information systems and network security, protection of the confidentiality and integrity of data and protection of the privacy of individuals.

7.2 The obligations of confidentiality and privacy referred to in clause 7.1 shall survive the termination of this MOU.

7.3 The BHI must not report data in a form or publication where the identity of individuals is apparent or can reasonably be ascertained.

7.4 BHI can request the MoH to supply patient contact details when the following situations occur in the operation of the Patient Survey Program:

- 7.4.1 where patient feedback identifies a duty of care to respond, e.g. threats of harm to themselves or to others, or serious safety issues at the facility;
- 7.4.2 where the patient has asked to be contacted to discuss an issue of concern.

Data security

8.1 The BHI must adhere to the Ministry's Information Security Policy as it may be amended or reissued from time-to-time.

8.2 The BHI's data storage, processing, analyses and reporting activities must operate within a secure environment, accessible through access arrangements as approved by the Ministry.

8.3 The BHI must ensure that staff or contractors employed by the BHI or who have access to the data sources, have signed an undertaking to protect the privacy and confidentiality of the data held and used by the BHI.

8.4 The BHI must operate their databases and all associated data processing operations involving data records in a manner whereby access will not be permitted or available to unauthorised persons.

- 8.5 Any actual or potential electronic links will occur via a secure BHI network only. BHI is responsible for ensuring no data or related record-level data analyses are removed from its secure network by any means.
- 8.6 The BHI must maintain appropriate levels of security over its website to prevent corruption of the data or manipulation of the data to identify a patient or client of a health service.

Data linkage

- 9.1 The Bureau of Health Information must not link records of identified individuals that it accesses, collects or holds with other records that it accesses, collects or holds, or the records of identified individuals from other sources, except:
- 9.1.1 with the specific agreement of the NSW Population & Health Services Research Ethics Committee; or
- 9.1.2 as authorised in writing by the Secretary.
- 9.2 The BHI must access linked record data through the CHeReL and is subject to the usual data custodian approvals. The CHeReL provides a record linkage system that has strict privacy-preserving protocols. BHI will be provided access to data from Australian Capital Territory (ACT) hospitals available through the CHeReL, subject to the approval of ACT Health.

Data release

- 10.1 The BHI will notify the Ministry about formal access applications and requests for information on behalf of organisations prior to release of that information that relates to the data sets for which the Ministry is data custodian
- 10.2 The BHI will not release or publicly report unit record data, where the Ministry is the custodian of that data.
- 10.3 BHI will publish and release aggregated data in different forms in accordance with the Report Release Process between BHI and the Ministry.
- 10.4 BHI may release aggregate data (data that does not permit the identification of individual data subjects), cross-tabulations and calculated indicators or measures, both routinely and on request, without first seeking the permission of the Ministry, where the release relates to work agreed upon in the Performance Agreement and is in accordance with the Determination of Functions set by the Minister for Health.
- 10.5 In cases where public reporting of performance elicits a request from Districts or Networks or health pillars for additional information to help identify patients as part of appropriate investigation locally, BHI will

alert the Ministry of the request and supply sufficient information to the District / Network to enable patient identification.

- 10.6 BHI will inform the Ministry when it creates new information for publication in a professional publication, such as a peer reviewed journal or health pillar newsletter, where the work is not in the Performance Agreement. This work must be in accordance with the Determination of Functions set by the Minister for Health.

Acknowledgements

- 11.1 When data supplied by one party is used in a publication prepared by the other party, both parties agree to include a reference in the publication acknowledging the other party as the source or custodian of the data.
- 11.2 The BHI must not use the NSW Health logo on any outputs without written approval of the Ministry.

Dispute

- 12.1 If the parties are unable to agree on a matter in this MOU:
- 12.1.1 The Chief Executive and the Executive Director, SIA will seek to resolve the dispute.
- 12.1.2 If the matter is not able to be resolved through 12.1.1, it may be escalated for resolution between the Chief Executive and the Deputy Secretary, Patient Experience and System Performance.
- 12.1.3 If the matter cannot be satisfactorily resolved through 12.1.2, the matter will be resolved by the Secretary and the Chair of the Board.

Ownership and return of data

- 13.1 Should the BHI cease to exist or this MOU is terminated, the BHI must return all data to the Ministry.

Termination

- 14.1 Subject to clause 14.2, if the BHI breaches this MOU and fails to rectify the breach to the satisfaction of the Ministry within a time period specified to the BHI in writing by the Ministry, the Ministry may terminate this MOU by further written notice to the BHI.
- 14.2 If the BHI breaches clause 7 or clause 9, the Ministry may terminate this MOU with immediate effect by written notice to the BHI.
- 14.3 This MOU will terminate if the BHI ceases to exist as a statutory body under NSW legislation.

Amendment of MOU

15.1 Subject to clause 15.2, the parties may amend this MOU by written agreement.

15.2 The CE, BHI and Executive Director, SIA may amend Schedule 1 by written agreement.

SCHEDULE 1

This schedule is current as at the time of signing, and may be amended in year per clause 15.2 in order to support BHI in delivering on the Performance Agreement.

Data held by the Ministry that is available for access and use by the BHI via:

Secure Analytics for Population Health Research and Intelligence [SaPHaRI]

- i Linked admitted patients and emergency departments and cause of death
- ii Linked perinatal data collection, and admitted patients, and emergency departments and deaths
- iii Population Health Surveys
- iv De-identified (but non-aggregated) data from NSW private hospitals
- v Population estimates

Health Information Exchange [HIE] or EDWARD

- vi Admitted patient including mental health
- vii Emergency department
- viii Mental health ambulatory data collection
- ix Non admitted data to support patient survey work in relation to the Outpatient Cancer Clinics Survey and Leading Better Value Care

Waiting List Online Collection System [WLCOS] or EDWARD

- x Waiting list data
- xi Health Establishments Online Register (HERO) Management authorities
- xii Health organisations
- xiii Locations
- xiv Service units

Transfer of Care Reporting and Computer Aided Dispatch (CAD) System [a separate MOU was signed on 05/10/2011 between Ambulance Services of NSW and BHI for this access]:

- xv Ambulance Transfer of care
- xvi Demand and Response Time

Incident Management System (managed by the CEC):

- xvii NSW Healthcare Associated Infections (HAI) Data Collection

Data held by the Ministry is available for access and use by the BHI via email:

- xviii Seclusion and restraint

Data held by BHI that is available for access and use by the Ministry via secure transfer or secure environment:

- xix Patient Survey Program data at the record level (de-identified)
- xx Data contained on the Healthcare Observer

SCHEDULE 2

Ministerial Determination of Functions, as of 27 June 2018

The Performance Agreement recognises that the Bureau of Health Information has a clearly defined role and set of functions as articulated in the Ministerial Determination of Functions for the Support Organisation, signed by the Minister on 27th June 2018, pursuant to Section 53 of the Health Services Act 1997:

1. To prepare and publish regular reports on the performance of the NSW public health system, including safety and quality, effectiveness, efficiency and responsiveness of the system to the health needs of the people of NSW.
2. To provide an annual report to the Minister and Parliament on the performance of the NSW public health system.
3. To publish reports benchmarking the performance of the NSW public health system with comparable health systems.
4. To establish and maintain a website providing information and analysis on the performance of the NSW public health system, including tools for data analysis.
5. To develop reports and tools to enable analysis of the performance of health services, clinical units and clinical teams across the NSW public health system.
6. To undertake analysis of data at the request of the Health Secretary to: (i) support planning and oversight for effective, efficient and safe health services in NSW; and (ii) meet NSW national commitments on Health (including but not limited to commitments arising from the National Health Reform Agreement)
7. To advise the NSW Ministry of Health on the quality of existing data sets and the development of enhanced information analysis and reporting to support performance reporting to clinicians, the community and Parliament.
8. To undertake and/or commission research to support the performance by the Bureau of its functions.
9. To liaise with other bodies and organisations undertaking reporting on the performance of the health systems in Australia and internationally.
10. To provide advice to the Minister for Health and the Health Secretary on issues arising out of its functions.