

Interim Performance Agreement

AN AGREEMENT BETWEEN:

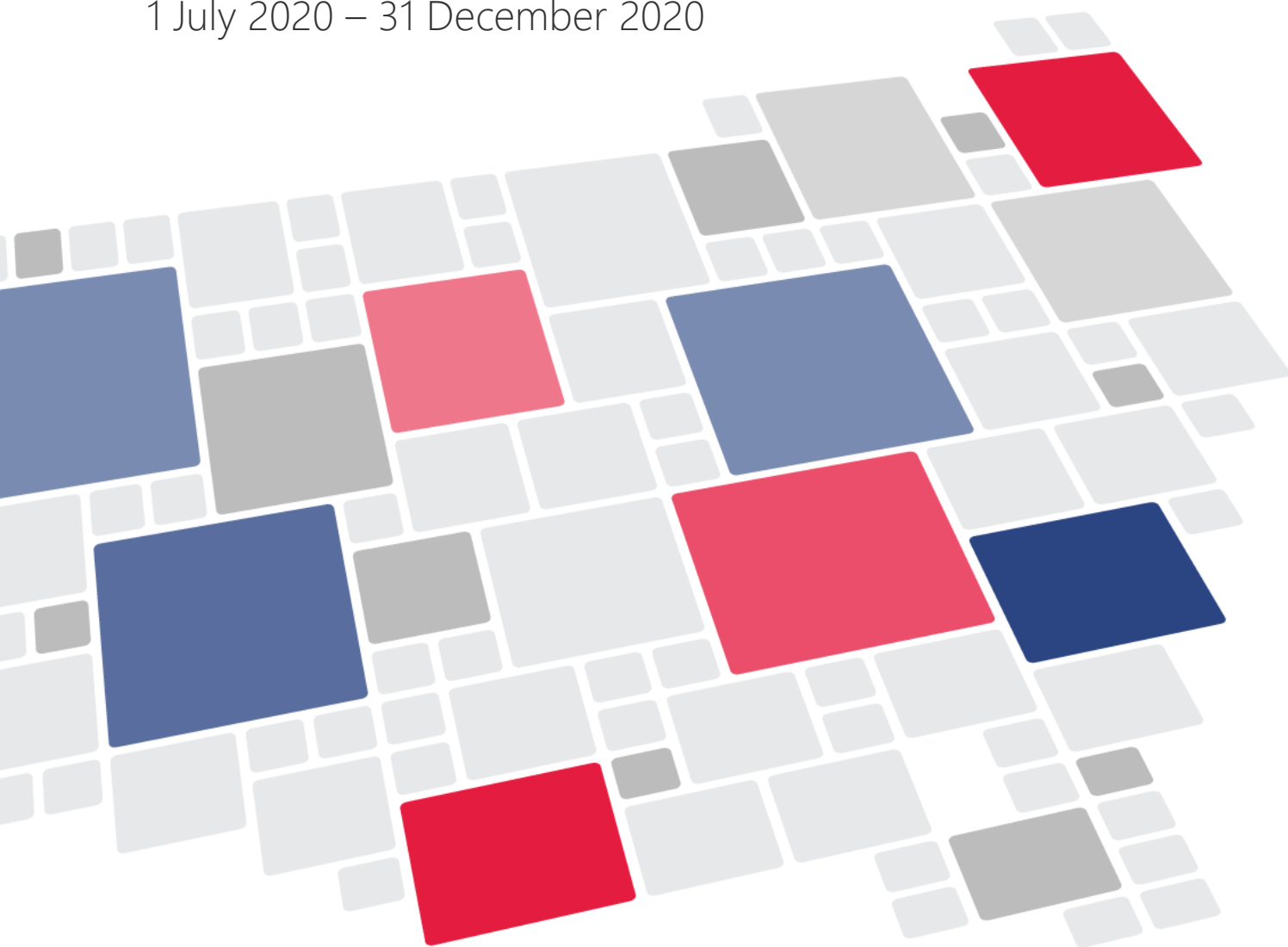
Secretary, NSW Health

AND THE

Bureau of Health Information

FOR THE PERIOD

1 July 2020 – 31 December 2020



NSW Health Interim Performance Agreement

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 prepare and publish regular reports of timely, meaningful and accurate information that help to ensure the provision of equitable, safe, high quality and human-centred healthcare services.

Due to the deferral of the NSW budget, an Instrument of Authorisation has been issued allowing clusters to access Consolidated Funds from 1 July 2020 in accordance with the Government Sector Finance Act 2018. This replaces the authority of an Appropriation until the NSW budget is issued.

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 Board

Date 17/07/2020

Signed 

Dr Diane Watson

Chief Executive

Bureau of Health Information

Date 17/07/2020

Signed



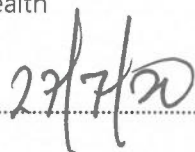
NSW Health

Ms Elizabeth Koff

Secretary

NSW Health

Date



Signed



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Strategic 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.

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.

NSW Health Strategic Priorities 2020-21

INTERIM NSW HEALTH STRATEGIC PRIORITIES FY2020-21								
STRATEGIES	1	2	3	4	5	6	7	8
Executive Sponsors	Population and Public Health	Patient Experience and System Performance	Health System Strategy and Planning	People, Culture and Governance	Population and Public Health	eHealth NSW	Health System Strategy and Planning	Finance and Asset Management
OBJECTIVES Strategic Oversight Leads	1.1 Implement policy and programs to increase healthy weight in children <i>Centre for Population Health</i>	2.1 Continue to deliver high quality and safe patient care <i>Clinical Excellence Commission and Agency for Clinical Innovation</i>	3.1 Drive health system integration and connectivity <i>System Performance Support and System Information and Analytics</i>	4.1 Achieve a 'Fit for Purpose' workforce for now and the future <i>Workforce Planning and Development</i>	5.1 Drive the generation of policy-relevant translational research <i>Centre for Epidemiology and Evidence and Office of Health and Medical Research</i>	6.1 Progress the implementation of paper-lite key clinical information systems <i>eHealth NSW</i>	7.1 Implement the 20 Year Health Infrastructure Strategy/Plan future focused models of care <i>Strategic Reform and Planning</i>	8.1 Deliver financial control in the day to day operations <i>Finance</i>
	1.2 Embed a health system response to alcohol, tobacco & other drug use and work across agencies <i>Centre for Alcohol and Other Drugs and Cancer Institute NSW</i>	2.2 Continue to embed value-based healthcare to deliver the right care in the right setting <i>Strategic Reform and Planning</i>	3.2 Progress Towards Zero Suicides initiatives across NSW <i>Mental Health</i>	4.2 Improve diversity in all levels of the system <i>Workforce Planning and Development</i>	5.2 Drive research translation in the health system <i>Office of Health and Medical Research and Agency for Clinical Innovation</i>	6.2 Foster eHealth solutions that support integrated health services <i>eHealth NSW</i>	7.2 Deliver agreed infrastructure on time and on budget <i>Health Infrastructure</i>	8.2 Develop sustainable funding for future growth <i>Finance</i>
	1.3 Reduce the impact of infectious diseases including COVID-19, and environmental health factors, including natural disasters, on community wellbeing <i>Health Protection NSW</i>	2.3 Improve the patient experience and further engage with patients and carers <i>System Purchasing</i>	3.3 Achieve mental health reforms across the system <i>Mental Health</i>	4.3 Strengthen the culture within Health organisations to reflect our CORE values more consistently <i>Workforce Planning and Development</i>	5.3 Make NSW a global leader in clinical trials <i>Office of Health and Medical Research</i>	6.3 Enhance systems and tools to improve workforce and business management <i>eHealth NSW</i>	7.3 Deliver infrastructure plans and integrate with other agencies <i>Strategic Reform and Planning and Precincts and Partnerships</i>	8.3 Drive value in procurement <i>Strategic Procurement</i>
	1.4 Embed Aboriginal social and cultural concepts of health and wellbeing in programs and services <i>Centre for Aboriginal Health</i>	2.4 Provide timely and equitable access to appropriate care <i>System Management</i>	3.4 Strengthen the network of services for frailty, ageing and end of life care <i>Health and Social Policy</i>	4.4 Develop effective health professional managers and leaders <i>Health Education and Training Institute</i>	5.4 Enable the research environment <i>Office of Health and Medical Research</i>	6.4 Develop and enhance health analytics to improve insights and decision-making <i>eHealth NSW</i>	7.4 Strengthen asset management capability <i>Asset Management and Health Infrastructure</i>	8.4 Deliver commercial programs <i>Strategic Procurement</i>
	1.5 Support pregnancy and families to ensure that all children have the best possible start in life <i>Health and Social Policy</i>	2.5 Use data and analytics to drive reform and innovation <i>System Information and Analytics</i>	3.5 Support vulnerable people and people with disability within the health sector and between agencies <i>Government Relations</i>	4.5 Improve health, safety and wellbeing at work <i>Workforce Relations</i>	5.5 Leverage research and innovation opportunities and funding <i>Office of Health and Medical Research</i>	6.5 Enhance patient, provider and research community access to digital health information <i>eHealth NSW</i>		8.5 Enhance productivity using new ways of working with the relocation to 1 Reserve Road <i>Corporate Services and Business Improvement</i>
				4.6 Deliver effective regulation, governance and accountability <i>Legal and Regulatory Services</i>		6.6 Enhance systems infrastructure, security and intelligence <i>eHealth NSW</i>		

KEY

■	Population and Public Health
■	People, Culture and Governance
■	Patient Experience and System Performance
■	Health System Strategy and Planning
■	Finance and Asset Management
■	Services
■	Pillars

INTERIM NSW HEALTH STRATEGIC PRIORITIES 2020-21

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



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.

The Organisation is to ensure

- Timely implementation of Coroner's findings and recommendations, as well as recommendations of Root Cause Analyses
- Active participation in state-wide reviews

The policies and frameworks referred to in section 4.4 of the 2019-20 Service Agreement between the Secretary, NSW Health and the Organisation remain applicable for this agreement.

Interim budget – NSW Outcome Budgeting

State Outcome Budget Schedule: Financial allocation

Bureau of Health Information - Budget 2020-21		
		Interim 2020-21 Initial Budget (\$'000)
Category A	General Administrative	
	Corporate Affairs	\$253
	Executive Office	\$202
	Additional Escalation to be allocated	\$3
	Procurement Savings	-\$11
	New funding to be allocated in FY2020/21	\$136
	Sub-total	\$583
Category B	Centrally Managed Projects	
	BHI Communications	\$590
	Patient Survey Program	\$1,121
	Data Management and Analyses	\$591
	BHI Performance Reports	\$549
	BHI Strategic Relations	\$198
	Performance Measurement and Reporting	\$78
	Sub-total	\$3,127
Category C	Payments to Third Parties	
	Operations	\$902
	Sub-total	\$902
Category D	Budgets Held for LHD Allocation	
	Sub-total	0.00
E	SP&T Expenses	0.00
F	Total Expenses (F=A+B+C+D+E)	\$4,612
G	Other - Gain/Loss on disposal of assets etc	0.00
H	Revenue	-\$4,633
I	Net Result (I=F+G+H)	-\$21
<u>Note:</u>		

		2020/21
		\$ (000's)
Bureau of Health Information		
	<u>Government Grants</u>	
A	Recurrent Subsidy	-\$4,554
B	Capital Subsidy	-\$33
C	Crown Acceptance (Super, LSL)	-\$47
D	Total Government Contribution (D=A+B+C)	-\$4,633
	<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)	-\$4,633
I	Total Expense Budget - General Funds	\$4,612
J	SP&T Expense Budget	\$
K	Other Expense Budget	\$
L	Total Expense Budget as per Schedule A Part 1 (L=I+J+K)	\$4,612
M	Net Result (M=H+L)	-\$21
	<u>Net Result Represented by:</u>	
N	Asset Movements	-\$36
O	Liability Movements	\$58
P	Entity Transfers	
Q	Total (Q=N+O+P)	\$21
<p>Note:</p> <p>The minimum weekly cash reserve buffer for unrestricted cash at bank will be maintained for FY 2020/21 to \$50k. The cash at bank reserve buffer was reduced to approximately 75% of the FY 2018/19 buffer as a result of the transition of creditor payments and PAYG remittance to HealthShare and HealthShare managed bank accounts from the 1st July 2019. All NSW Health Entities will comply with the cash buffer requirements under NSW Treasury Circular TC15_01 Cash Management – Expanding the Scope of the Treasury Banking System.</p> <p>The Ministry will closely monitor cash at bank balances during the year to ensure compliance with the NSW Treasury policy and will continue to sweep excess cash above the cash reserve buffer from Health Entities bank account.</p>		

State Outcome Budget Schedule: Capital program

Bureau Health Information											
PROJECTS MANAGED BY HEALTH SERVICE							2020/21 Capital Budget Allocation by Source of Funds				
2020/21 Capital Projects							Capital Budget Allocation 2020/21	MOH Funded 2020/21	Local Funds 2020/21	Revenue 2020/21	Lease Liabilities 2020/21
WORKS IN PROGRESS											
BHI Minor Works & Equipment	P51069	MWE	115,300	47,300	68,000	68,000	68,000	68,000	-	-	-
TOTAL WORKS IN PROGRESS							68,000	68,000	-	-	-
TOTAL CAPITAL EXPENDITURE AUTHORISATION LIMIT MANAGED BY Bureau Health Information							68,000	68,000	-	-	-

Notes:

- 1) The above budgets are reflective of interim budget approvals as per NSW Treasury and are subject to change as part of the State Budget process which has been postponed until November 2020.
- 3) The above budgets do not include allocations for new FY21 Locally Funded Initiative (LFI) Projects and Right of Use Assets (Leases) Projects. These budgets will be issued by the Ministry through a separate process.
- 4) Expenditure needs to remain within the Capital Expenditure Authorisation Limits (CEAL) indicated above
- 5) Minor Works & Equipment >\$10,000 Program is an annual allocation. Estimated Total Cost is calculated as Prior Year expenditure plus FY21 Budget Allocation

Performance against strategies and objectives

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://internal4.health.nsw.gov.au/hird/browse_data_resources.cfm?selinit=K

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

Strategy 8 Build financial sustainability and robust governance

Strategic Priorities	Measure	Target	Not Performing 	Under Performing 	Performing 
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.

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.

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	<p>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.</p> <p>Expansion of the indicators covered to include, for example, mental health.</p> <p>Enhanced operational efficiencies through developments to programming and data structures to streamline analysis and transfer of data to increase access and timeliness of results.</p> <p>Additional work to occur in defining reasons for readmission via groupers and potential sources of variation in readmissions.</p>	Q1-Q4
Healthcare in Focus	<p>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.</p> <p>This will fulfil our function to provide an annual report to the Minister and Parliament about the performance of the NSW public health system.</p> <p>We will also be reviewing the content and format of annual reports for future years.</p>	Q3
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 LHD-level, where possible; and we will publish a technical supplement to describe how the data were collected and analysed.</p> <p><small>1 As funded by Centre for Aboriginal Health</small></p>	Q2-Q4
NSW Patient Survey Program – KPIs	<p>Provide the MOH with quarterly patient experience KPI and improvement measure data to support LHD 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 MOH.</p>	Q1-Q4

Strategic Priority	Deliverable in 2020/21	Due by
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><small>1 As funded by Centre for Aboriginal Health</small></p> <p><small>2 As funded directly by Cancer Institute NSW and including invited private hospitals</small></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 A reformed Maternity Care Survey 2021. 	Q1-Q4
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 and implement 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> <p>Review the Children and Young People Survey to align the survey with multiple policy priorities including 'The first 2000 days'. A focus will also be on tailoring survey methods to reach this patient group to improve survey participation rates.</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

Strategic Priority	Deliverable in 2020/21	Due by
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> <p>Optimise the value and utility of health information in NSW by growing capacity through Masterclasses. These are to be led by BHI in partnership with stakeholders in areas of system priority, for example Ambulance data and Leading Better Value Care linked data.</p>	Q1-4

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>Subject to funding 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>Subject to funding by Strategic Reform and Planning Branch.</p>	Q1-Q3

Cancer patient experience	Manage questionnaire review, survey sampling, mailing and data collection in relation to the Outpatient Cancer Clinics Survey 2020. Subject to funding by Cancer Institute NSW.	Q1-Q4
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). Subject to specification of work and funding to be agreed via Strategic Reform and Planning Branch.	To be agreed

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 will be 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.

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.