

AN AGREEMENT BETWEEN:
Secretary, NSW Health

AND THE
**Bureau of Health
Information**

FOR THE PERIOD
1 July 2019– 30 June 2020



Health



NSW Health Performance Agreement – 2019-20

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 the Bureau of Health Information (the Organisation), to ensure the provision of equitable, safe, high quality, patient-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 Performance Agreement.

Parties to the Agreement

Bureau of Health Information

Professor Carol Pollock

Chair

On behalf of the Bureau of Health Information

Date: 24 July 2019 Signed: 

Dr Diane Watson

Chief Executive

Bureau of Health Information

Date: 24 Jul 2019 Signed: 

NSW Health

Ms Elizabeth Koff

Secretary

NSW Health

Date: 29/7/17 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 Support Organisations a performance management and accountability system for the delivery of high quality, effective health care services that promote, protect and maintain the health of the community, and provide care and treatment to sick and injured people, 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 Support Organisations include measurable objectives that reflect agreed Aboriginal health priorities.
- To promote accountability to Government and the community for service delivery and funding.
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2. CORE Values

Achieving the goals, directions and strategies for NSW Health requires clear, co-ordinated and collaborative prioritisation of work programs, and supportive leadership that exemplifies the CORE Values of NSW Health:

- **C**ollaboration – we are committed to working collaboratively with each other to achieve the best possible outcomes for our patients who are at the centre of everything we do. In working collaboratively we acknowledge that every person working in the health system plays a valuable role that contributes to achieving the best possible outcomes.
- **O**penness – a commitment to openness in our communications builds confidence and greater cooperation. We are committed to encouraging our patients and all people who work in the health system to provide feedback that will help us provide better services.
- **R**espect – we have respect for the abilities, knowledge, skills and achievements of all people who work in the health system. We are also committed to providing health services that acknowledge and respect the feelings, wishes and rights of our patients and their carers.
- **E**mpowerment – in providing quality health care services we aim to ensure our patients are able to make well informed and confident decisions about their care and treatment. We further aim to create a sense of empowerment in the workplace for people to use their knowledge, skills and experience to provide the best possible care to patients, their families and carers.

3. Culture, Community and Workforce Engagement

Support Organisations are to ensure appropriate consultation and engagement with patients, carers and communities in relation to the design and delivery of health services. Impact Statements, including Aboriginal Health Impact Statements, are to be considered and, where relevant, incorporated into health policies.

Consistent with the principles of accountability and stakeholder consultation, the engagement of clinical staff in key decisions, such as resource allocation and service planning, is crucial to achievement of local priorities.

Engagement Surveys

The People Matter Employee Survey measures the experiences of individuals across the NSW Health system in working with their team, managers and the organisation. The results of the survey will be used to identify areas of both best practice and improvement opportunities, to determine how change can be affected at an individual, organisational and system level to improve workplace culture and practices.

4. Legislation, Governance and Performance Framework

4.1 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).

4.2 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.

4.3 Variation of the Agreement

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

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 in the course of the year.

4.4 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.

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.

4.4.1 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-compendium.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.

4.4.2 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

4.4.3 Procurement Governance

The Organisation must ensure procurement of goods and services complies with the NSW Health Procurement Policy, the key policy governing procurement practices for all NSW Health organisations. The NSW Health Procurement Policy is to be applied in conjunction with procedures detailed in the NSW Health Goods and Services Procurement Policy Directive (PD2018_030). These documents detail the requirements of 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=PD2018_030

4.4.4 Performance Framework

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

The performance of a Support Organisation 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 performance improvement approaches, 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>

5. Strategies and Priorities

The delivery of NSW Health strategies and priorities is the responsibility of the Ministry, NSW Health Services and Support Organisations. These are to be reflected in the strategic, operational and business plans of these entities.

NSW Government Priorities

The NSW Government has outlined their priorities for their third term:

- Building a strong economy
- Providing high-quality education
- Creating well connected communities
- Providing world class customer service
- Tackling longstanding social challenges

NSW Health will contribute to the NSW Government's priorities in a number of ways:

- Our focus and commitment to put the patient at the centre of all that we do will continue and be expanded.
- We will continue to deliver new and improved health infrastructure and digital solutions that connect communities and improve quality of life for people in rural, regional and metropolitan areas.
- We will help develop solutions to tackle longstanding social challenges including intergenerational disadvantage, suicide and indigenous disadvantage.

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

Election Commitments

NSW Health is responsible for the delivery of 50 election commitments over the period to March 2023. The Ministry of Health will lead the delivery of these commitments with support from Health Services and Support Organisations.

Minister's Priority

NSW Health will strive for engagement, empathy and excellence to promote a positive and compassionate culture that is shared by managers, front-line clinical and support staff alike. This culture will ensure the delivery of safe, appropriate, high quality care for our patients and communities. To do this, Health Services are to continue to effectively engage with the community, and ensure that managers at all levels are visible and working collaboratively with staff, patients and carers within their organisation, service or unit. These requirements will form a critical element of the Safety and Quality Account.

NSW State Health Plan: Towards 2021

The NSW State Health Plan: Towards 2021 provides a strategic framework which brings together NSW Health's existing plans, programs and policies and sets priorities across the system for the delivery of the right care, in the right place, at the right time. See <http://www.health.nsw.gov.au/statehealthplan/Publications/NSW-state-health-plan-towards-2021.pdf>

NSW Health Strategic Priorities 2019-20

Value based healthcare

Value based healthcare (VBHC) is a framework for organising health systems around the concept of value. In NSW value based healthcare means continually striving to deliver care that improves:

- The health outcomes that matter to patients
- The experience of receiving care
- The experience of providing care
- The effectiveness and efficiency of care

VBHC builds on our long-held emphasis on safety and quality by increasing the focus on delivering health outcomes and the experience of receiving care as defined from the patient perspective; systematically measuring outcomes (rather than outputs) and using insights to further inform resource allocation decisions; and a more integrated approach across the full cycle of care.

Improving patient experience

Consistent with NSW Government priorities to improve customers experience for NSW residents, NSW Health is committed to enhancing patients and their carer's experience of care. A structured approach to patient experience that supports a cohesive, strategic and measurable approach is being progressed. An audit in 2018 of initiatives underway across the NSW Health system identified 260 initiatives across districts, networks and pillar organisations to enhance the patient experience.

In 2019-20, the Ministry of Health will work closely with Health Services and Support Organisations to progress the strategic approach to improving patient experience across the NSW public health system.

NSW HEALTH STRATEGIC PRIORITIES FY2019-20

STRATEGIES Executive Sponsors	1	2	3	4	5	6	7	8
	KEEP PEOPLE HEALTHY Population and Public Health	PROVIDE WORLD-CLASS CLINICAL CARE WHERE PATIENT SAFETY IS FIRST Patient Experience and System Performance	INTEGRATE SYSTEMS TO DELIVER TRULY CONNECTED CARE Health System Strategy and Planning	DEVELOP AND SUPPORT OUR PEOPLE AND CULTURE People, Culture and Governance	SUPPORT AND HARNESS HEALTH AND MEDICAL RESEARCH AND INNOVATION Population and Public Health	ENABLE eHEALTH, HEALTH INFORMATION AND DATA ANALYTICS eHealth NSW	DELIVER INFRASTRUCTURE FOR IMPACT AND TRANSFORMATION Health System Strategy and Planning	BUILD FINANCIAL SUSTAINABILITY AND ROBUST GOVERNANCE 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 embed quality improvement and redesign to ensure safer patient care <i>Clinical Excellence Commission and Agency for Clinical Innovation</i>	3.1 Drive system integration through funding and partnership agreements <i>System Performance Support</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/Office of Health and Medical Research</i>	6.1 Implement integrated paper-lite key clinical information systems <i>eHealth NSW</i>	7.1 Utilise capital investment to drive new models of health service delivery <i>Health System Planning and Investment</i>	8.1 Deliver financial control in the day-to-day operations <i>Finance</i>
	1.2 Ensure preventive and population health programs to reduce tobacco use <i>Centre for Population Health and Cancer Institute NSW</i>	2.2 Continue to move from volume to value based healthcare <i>Strategic Reform</i>	3.2 Deliver mental health reforms across the system <i>Mental Health</i>	4.2 Undertake whole system workforce analysis <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 Embed a health system response to alcohol and other drug use and work across government agencies <i>Centre for Population Health</i>	2.3 Improve the patient experience and further engage with patients and carers <i>System Purchasing</i>	3.3 Strengthen integrated approaches to frailty, ageing and end of life care <i>Health and Social Policy</i>	4.3 Enable new ways of working facilitated by the move to St Leonards <i>Change</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>Health System Planning and Investment</i>	8.3 Drive value in procurement <i>Strategic Procurement</i>
	1.4 Reduce the impact of infectious disease and environmental impacts on the community <i>Health Protection NSW</i>	2.4 Ensure timely and equitable access to appropriate care <i>System Management</i>	3.4 Support people with disability within the health sector and between agencies <i>Government Relations</i>	4.4 Strengthen the culture within Health organisations to reflect our CORE values more consistently <i>Workforce Planning and Development</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</i>	8.4 Deliver commercial programs <i>Strategic Procurement</i>
	1.5 Embed Aboriginal social and cultural concepts of health and wellbeing in programs and services <i>Centre for Aboriginal Health</i>	2.5 Use system performance information to drive reform to the system <i>System Information and Analytics</i>	3.5 Support vulnerable people within the health sector and between agencies <i>Government Relations</i>	4.5 Develop effective health professional managers and leaders <i>Health Education and Training Institute</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 Deliver effective regulation, governance and accountability <i>Legal and Regulatory Services</i>
	1.6 Support pregnancy and the first 2000 days <i>Health and Social Policy</i>		3.6 Share health information to enable connected care across the system <i>System Information and Analytics</i>	4.6 Improve health, safety and wellbeing at work <i>Workplace Relations</i>		6.5 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

6. 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 along with the list of improvement measures that will be tracked by business owners within the Ministry. See:

http://hird.health.nsw.gov.au/hird/view_data_resource_description.cfm?ItemID=22508

The Data Supplement maps indicators and measures to key strategic programs including:

- Premier's and State Priorities
- Election Commitments
- Better Value Care
- Patient Safety First
- Mental Health Reform
- Outcome Budgeting

Strategic Deliverables

Key deliverables under the NSW Health Strategic Priorities 2019-20 will also be monitored, noting that process key performance indicators and milestones are held in the detailed Operational Plans developed by the Organisation.

6.1 Key Performance Indicators

Strategic Priority	Measure	Target	Not Performing X	Under Performing ↘	Performing ✓
Strategy 2 – Provide World Class Clinical Care Where Patient Safety is First					
2.5	The information included in BHI reports and information products can be trusted (% strongly agree/agree)	>80%	<70%	70-80%	>80%
	BHI assesses and reports objectively and fairly on healthcare performance of the NSW public health system (% strongly agree / agree)	>70%	<60%	60-70%	>70%
	Satisfaction with BHI engagement over the past 12 months (% strongly agree / agree)	>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					
4.1	Staff Engagement - People Matter Survey Engagement Index - Variation from previous year (%)	≥-1	≤ -5	>-5 and <-1	≥-1
	Workplace Culture - People Matter Survey Culture Index- Variation from previous year (%)	≥-1	≤ -5	>-5 and <-1	≥-1
	Take action -People Matter Survey take action as a result of the survey- Variation from previous year (%)	≥-1	≤ -5	>-5 and <-1	≥-1
	Staff Performance Reviews - Within the last 12 months (%)	100	<85	≥85 and <90	≥90
4.4	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
4.6	Compensable Workplace Injury - Claims (% change)	10% Decrease	Increase	≥0 and <10% Decrease	≥10% Decrease
Strategy 7: Deliver Infrastructure for impact and transformation					
7.2	Capital - Variation Against Approved Budget (%)	On budget	> +/- 10 of budget	NA	< +/- 10 of budget
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
	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.

6.2 Strategic Deliverables

In addition to key performance indicators, achievement of strategic deliverables by the Bureau of Health Information under NSW Health Strategic Priorities 2019-20 will be monitored.

There will be regular monitoring of progress by the Strategic Lead position and using Roadmaps.

Strategic Priority	Deliverable in 2019-20	Due by
2. Provide World-Class Clinical Care where Patient Safety is First		
2.1 Continue to embed quality improvement and redesign to ensure safer patient care		
Insights series	Release 3-year risk standardised ratios for select clinical conditions, at LHD and hospital level for: <ul style="list-style-type: none"> 30 day mortality 30/60 day returns to acute care. 	Q2-Q3
2.2 Continue to move from volume to value based healthcare		
NSW Patient Survey Program - Survey sampling, mailing and data collection in 2019-20	Undertake targeted oversampling of nine Leading Better Value Care patient cohorts and prepare survey data for ongoing inclusion in the ROVE. Provide a technical report with specifications regarding sampling techniques, calculation of weights and required data management.	Q1 Q2
2.4 Ensure timely and equitable access to appropriate care		
Healthcare Quarterly	Release Healthcare Quarterly x 4. Key developments through the year will include: <ul style="list-style-type: none"> Transitioning towards a more digitally-enabled suite of products Continuing development of content that aligns with NSW Strategic Priorities. 	Q1-Q4
2.5 Use system information to drive reform to the system		
Healthcare in Focus	In 2020, Healthcare in Focus will focus on trends in patient experience across sectors. This will fulfil our function to provide an annual report to the Minister and Parliament about the performance of the NSW public health system. We will also be reviewing the content and format of annual reports for future years.	Q4
3. Integrate systems to deliver truly connected care		
3.1 Drive health system integration through funding and partnership agreements		
NSW Patient Survey Program - Survey	Undertake a targeted collection of patient-reported measures, using a special purpose	Q1

Strategic Priority	Deliverable in 2019-20	Due by
sampling, mailing and data collection in 2019-20	survey questionnaire, to support the monitoring and evaluation of NSW Health integrated care programs. Supply results to the Ministry and provide a technical report with specifications regarding sampling techniques, calculation of weights and required data management.	Q2
3.2 Deliver mental health reforms across the system		
Healthcare Quarterly	Release routine reporting on seclusion and restraint at facility level in <i>Healthcare Quarterly</i> (4).	Q1-Q4
Healthcare Quarterly	Release a <i>Measurement Matters</i> report describing the approach to quarterly reporting of seclusion and restraint.	Q1

BHI Priorities

Strategic Priority	Deliverable in 2019-20	Due by
2. Provide World-Class Clinical Care where Patient Safety is First		
2.3 Improve the patient experience and further engage with patients and carers		
Enhance the NSW Patient Survey Program as a source of robust and representative comparative information about patients' experiences	<p>Priorities for NSW Patient Survey Program strategy implementation will include:</p> <ul style="list-style-type: none"> • Transitioning towards more flexible, modular survey approaches, streamlining data collection to focus on questions of most value • Leveraging the value of survey data, including through data liberalisation • Enhancing governance and engagement to increase uptake and use of information to support improvement. <p>Implementation of BHI's digital strategy (see Strategy 6) is also critical to progress in achieving the goals of the NSW Patient Survey Program strategy.</p>	Q1-Q4
Enhance the NSW Patient Survey Program as a source of robust and representative comparative information about patient experience	<p>KPIs</p> <p>Provide the MOH with quarterly patient experience KPI and improvement measure data to support LHD Performance Agreements - based on Adult Admitted Patient Survey and, from Q2, Emergency Department Patient Survey results.</p>	Q1-Q4

Strategic Priority	Deliverable in 2019-20	Due by
	<p>Methodology reporting</p> <p>Release a <i>Measurement Matters</i> report describing methods undertaken and recommendations in relation to the establishment of state-wide KPIs for EDs in relation to patient experience of care [KPIs implemented for 2019-20].</p>	Q2
	<p>Reporting</p> <p>Publish results, including a short form <i>Snapshot</i> report, for:</p> <ul style="list-style-type: none"> • Release of existing survey data by Aboriginality¹ • Adult Admitted Patient Survey (2018) ² • Outpatient Cancer Clinics Survey (2018) ^{2,3} • Admitted Children and Young Patient Survey (specialist facilities) (2018) • Small and Rural Hospitals – Emergency Department Patient Survey (2019) ^{2,4} • Emergency Department Patient Survey (2018-19). ² <p>¹ As funded by Centre for Aboriginal Health</p> <p>² Including standardised comparison for the first time</p> <p>³ As funded directly by Cancer Institute NSW and including invited private hospitals</p> <p>⁴ Released internally to LHDs when available but published alongside full EDPS results</p>	Q1-Q4
	<p>Survey sampling, mailing and data collection in 2019-20</p> <p>Continue to manage survey sampling, mailing and data collection in relation to:</p> <ul style="list-style-type: none"> • Rural Admitted Patient Survey 2019-20 • Emergency Department Patient Survey (EDPS) 2018-19 then 2019-20 • Small and Rural Hospitals – Emergency Department Patient Survey 2019 • Adult Admitted Patient Survey (AAPS) 2019 - includes Aboriginal census¹ then 2020 • Maternity Care Survey 2019 - includes Aboriginal census¹ • Admitted Children and Young Patient Survey (all facilities) (ACYPS) 2019 • Outpatient Cancer Clinics Survey 2019³. <p>¹ As funded by Centre for Aboriginal Health</p> <p>³ As funded directly by Cancer Institute NSW and including invited private hospitals</p>	Q1-Q4

Strategic Priority	Deliverable in 2019-20	Due by
	<p>Survey development</p> <p>Develop a special purpose question module designed for Aboriginal patients¹ for use in future surveys. Developed with guidance from an Aboriginal Patient Experience Program advisory committee chaired by the Centre for Aboriginal Health and BHI.</p> <p>¹ As funded by Centre for Aboriginal Health</p>	Q2-Q3
6. Enable eHealth, Health Information and Data Analytics		
6.5 Enhance patient, provider and research community access to digital health information		
Enhance the digital provision of comparative performance information to the community, healthcare professionals and policymakers to enhance transparency, inform improvement and strengthen accountability.	<p>Ongoing implementation of BHI's digital strategy to enhance the digital provision of comparative performance information to the community, healthcare professionals and policymakers. We will provide improved access and user experience through:</p> <ul style="list-style-type: none"> • BHI's website • A redesigned interactive data portal • Microsite for internal NSW Health access to embargoed material and supplementary internal reporting. <p>This will include substantial work to redefine and streamline processes for housing and outputting aggregated data, including our data architecture and data models, as well as the systems and tools we use for data visualisation, so as to facilitate digital access to useful and meaningful performance information.</p> <p>This area of work is subject to a business case for additional resources in 2019-20 and 2020-21.</p>	TBC

Schedule A: Budget

Financial allocation

Bureau of Health Information - Budget 2019/20		
		Initial Budget 2019/20 (\$'000)
Category A	General Administrative	
	Corporate Affairs	\$538
	Executive Office	\$460
	Additional Escalation to be allocated	\$8
	Sub-total	\$1,006
Category B	Centrally Managed Projects	
	BHI Communications	\$1,538
	Patient Survey Program	\$2,335
	Data Management and Analyses	\$1,286
	BHI Performance Reports	\$1,165
	BHI Strategic Relations	\$442
	Performance Measurement and Reporting	\$173
	Sub-total	\$6,939
Category C	Payments to Third Parties	
	Operations	\$1,501
	Sub-total	\$1,501
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)	\$9,446
G	Other - Gain/Loss on disposal of assets etc	0.00
H	Revenue	-\$9,403
I	Net Result (I=F+G+H)	\$43
<u>Note:</u>		

Schedule A Part 2			2019/20
		Bureau of Health Information	\$ (000's)
		<u>Government Grants</u>	
	A	Recurrent Subsidy	-\$9,298
	B	Capital Subsidy	-\$68
	C	Crown Acceptance (Super, LSL)	-\$37
	D	Total Government Contribution (D=A+B+C)	-\$9,403
		<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)	-\$9,403
	I	Total Expense Budget - General Funds	\$9,446
	J	SP&T Expense Budget	\$
	K	Other Expense Budget	\$
	L	Total Expense Budget as per Schedule A Part 1 (L=I+J+K)	\$9,446
	M	Net Result (M=H+L)	\$43
		<u>Net Result Represented by:</u>	
	N	Asset Movements	-\$20
	O	Liability Movements	-\$23
	P	Entity Transfers	\$
	Q	Total (Q=N+O+P)	-\$43
	<p>Note:</p> <p>The minimum weekly cash reserve buffer for unrestricted cash at bank has been updated for FY 2019/20 to \$50k and has been reduced by 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. Based on final June 2019 cash balances, adjustments will be made in July 2019 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 Ministry will closely monitor cash at bank balances during the year to ensure compliance with this NSW Treasury policy.</p>		

Capital Program

BUREAU OF HEALTH INFORMATION									
						2019/20 Capital Budget Allocation by Source of Funds			
PROJECTS MANAGED BY HEALTH SERVICE	Project Code	Estimated Total Cost 2019/20	Estimated Expenditure to 30 June 2019	Cost to Complete at 30 June 2019	Capital Budget Allocation 2019/20	Confund 2019/20	Local Funds 2019/20	Revenue 2019/20	Lease Liabilities 2019/20
<u>2019/20 Capital Projects</u>			\$	\$	\$	\$	\$	\$	\$
WORKS IN PROGRESS									
Minor Works & Equipment >\$10,000 Program	P51069	n.a	-	-	68,000	68,000	-	-	-
TOTAL WORKS IN PROGRESS		-	-	-	68,000	68,000	-	-	-
TOTAL CAPITAL EXPENDITURE AUTHORISATION LIMIT MANAGED BY BUREAU OF HEALTH INFORMATION		-	-	-	68,000	68,000	-	-	-

Notes:
 Expenditure needs to remain within the Capital Expenditure Authorisation Limits (CEAL) indicated above
 The above budgets do not include allocations for new FY20 Locally Funded Initiative (LFI) Projects or Right of Use Assets (Leases) Projects. These budgets will be issued through a separate process.
 Minor Works & Equipment >\$10,000 Program is an annual allocation with no Total Estimated Cost

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
HELD BY THE
NSW MINISTRY OF HEALTH**

JUNE 2019

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 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 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 With the exception of the NSW 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.
- 6.8 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 physical or remote access arrangements as approved by the Ministry.

8.3 The BHI must ensure that staff or contractors working in the physical area occupied 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, System Purchasing and 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.

Execution and date

Executed as an agreement.

Date:

Signed by the Secretary

NSW Ministry of Health

.....
Signature of Secretary
NSW Ministry of Health

.....
Signature of witness

.....
Name of witness (print)

Signed by the

Bureau of Health Information

.....
Signature of Chairman, BHI Board

.....
Signature of witness

.....
Name of witness (print)

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 fact 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

Health Information Exchange [HIE] or EDWARD

- v Admitted patient including mental health
- vi Emergency department
- vii Mental health ambulatory data collection
- viii 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

- ix Waiting list data

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]:

- x Ambulance Transfer of care
- xi Demand and Response Time

Incident Management System (managed by the CEC):

- xii NSW Healthcare Associated Infections (HAI) Data Collection

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

- xiii Seclusion and restraint

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

- xiv Patient Survey Program data at the record level (de-identified)
- xv Data contained on the Healthcare Observer in an easily consumable format

Patient Survey Program data will continue to be transferred to the CHeReL to enable the addition to the Master Linkage Key (MLK).

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.