

**2018-19 PERFORMANCE AGREEMENT**

AN AGREEMENT BETWEEN:

**Secretary, NSW Health**

AND THE

**Bureau of Health  
Information**

FOR THE PERIOD

**1 July 2018 – 30 June 2019**



**Health**



# NSW Health Performance Agreement – 2018/19

## Principal Purpose

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

The Agreement articulates clear direction, responsibility and accountability across the NSW Health system for the delivery of NSW Government and NSW Health priorities, and the Bureau's contribution to that work. 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**

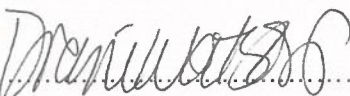
**On behalf of the Bureau of Health Information**

Date: 24/7/2018 Signed: 

**Dr Diane Watson**

**Chief Executive**

**Bureau of Health Information**


Date: 24/7/2018 Signed: 

### NSW Health

**Ms Elizabeth Koff**

**Secretary**

**NSW Health**

Date: 20/7/18 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 the priorities of the NSW Government and NSW Health.
- To establish with Support Organisations a performance management and accountability system that supports NSW Health in the delivery of high quality, effective health care services.
- To develop effective and working partnerships with Aboriginal Community Controlled Health Services and ensure the health needs of Aboriginal people are considered in all health plans and programs developed by Support Organisations.
- To promote accountability to Government and the community for service delivery and funding.

## 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, as well as health care professionals, in relation to deliverables in this Agreement.

### Engagement Survey

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, 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.

### 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

Each Health Service and Support 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.

Support Organisations are 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

Each Health Service and Support 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, they are to:

- Provide required reports in accordance with the timeframes advised by the Ministry;
- Review and update Manual of Delegations (PD2012\_059) to ensure currency;
- Ensure NSW Auditor-General's, the Public Accounts Committee and the NSW Ombudsman's recommendations 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

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

[http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2005\\_608.pdf](http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2005_608.pdf)

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. See <http://www.safetyandquality.gov.au/wp-content/uploads/2012/04/Australian-SandQ-Framework1.pdf>

#### **4.4.3 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 in terms of whether the organisation is meeting the strategic objectives for NSW Health and Government, the Premier's priorities, the availability and implementation of governance structures and processes, and performance against targets as outlined in this Agreement.

The Framework also sets out the performance improvement approaches, responses to performance concerns and management processes that support achievement of these outcomes in accordance with NSW Health and Government policy and priorities.

Performance concerns will be raised with the Support 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

NSW Health Strategies and Priorities are to be reflected in the strategic, operational and business plans of the Ministry and NSW Health Services and Support Organisations. Delivery of the Strategies and Priorities is the mutual responsibility of all entities.

### **NSW: Making it Happen**

NSW: Making it Happen outlines NSW Health's State Priorities, including 12 Premier's Priorities that together define the NSW Government's vision for a stronger, healthier and safer NSW. As delivery of both Premier's and State priorities is the responsibility of all NSW Government Agencies, all entities work together to ensure successful delivery, in both lead and partnering agency capacities.

### **Election Commitments**

NSW Health is responsible for the delivery of 102 election commitments over the period to March 2019. The Ministry of Health will provide the lead for the delivery of these commitments with support from Health Services and Support Organisations – see also [http://nswtreasury.prod.acquia-sites.com/sites/default/files/pdf/2015-2016\\_Budget\\_Papers\\_-\\_Election\\_Commitments\\_2015-19.pdf](http://nswtreasury.prod.acquia-sites.com/sites/default/files/pdf/2015-2016_Budget_Papers_-_Election_Commitments_2015-19.pdf)

### **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 - Making it Happen

## Our Contribution to the 30 NSW Priorities

NSW Health is contributing directly to 10 of the 30 NSW Priorities: 4 State Priorities and 6 Premier's Priorities

### STATE PRIORITIES

#### BETTER SERVICES

70% of government transactions to be conducted via digital channels by 2019

Increase the on-time admissions for planned surgery, in accordance with medical advice

- Increase the proportion of Aboriginal and Torres Strait Islander students in the top two NAPLAN bands for reading and numeracy by 30%
- Increase attendance at cultural venues and events in NSW by 15% by 2019
- Maintain or improve reliability of public transport services over the next 4 years

#### BUILDING INFRASTRUCTURE

- 90% of peak travel on key road routes in on time
- Increase housing supply across NSW to deliver more than 50,000 approvals every year

#### PROTECTING THE VULNERABLE

Successful implementation of the NDIS by 2018

- Increase the number of households successfully transitioning out of social housing

#### SAFER COMMUNITIES

- LGAs to have stable or falling reported violent crime rates by 2019
- Reduce adult re-offending by 5% by 2019
- Reduce road fatalities by at least 30% from 2011 levels by 2021

#### STRONG BUDGET AND ECONOMY

Expenditure growth to be less than revenue growth

- Make NSW the easiest state to start a business
- Be the leading Australian state in business confidence
- Increase the proportion of completed apprenticeships
- Halve the time taken to assess planning applications
- Maintain the AAA credit rating

#### KEY

NSW Health leads these NSW Premier's and State Priorities

### PREMIER'S PRIORITIES

#### BUILDING INFRASTRUCTURE

Key infrastructure projects to be delivered on time and on budget

#### CREATING JOBS

- 150,000 new jobs by 2019

#### DRIVING PUBLIC SECTOR DIVERSITY

Double the number of Aboriginal and Torres Strait Islander peoples in senior leadership roles and increase the proportion of women in senior leadership roles to 50% in the government sector in the next 10 years

#### IMPROVING SERVICE LEVELS IN HOSPITALS

81% of patients through Emergency Departments within four hours by 2019

#### KEEPING OUR ENVIRONMENT CLEAN

- Reduce the volume of litter by 40% by 2020

#### PROTECTING OUR KIDS

Decrease the percentage of children and young people re-reported at risk of significant harm by 15%

#### REDUCING DOMESTIC VIOLENCE

- Reduce the proportion of domestic violence perpetrators re-offending within 12 months by 5%

#### REDUCING YOUTH HOMELESSNESS

- Increase the proportion of young people who successfully move from specialist homelessness services to long-term accommodation by 10%

#### TACKLING CHILDHOOD OBESITY

Reduce overweight and obesity rates of children by 5% over 10 years

#### FASTER HOUSING APPROVALS

- 90% of housing development applications determined within 40 days

#### IMPROVING EDUCATION RESULTS

- Increase the proportion of NSW students in the top two NAPLAN bands by 8%

#### IMPROVING GOVERNMENT SERVICES

Improve customer satisfaction with key government services every year, this term of government

## **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>

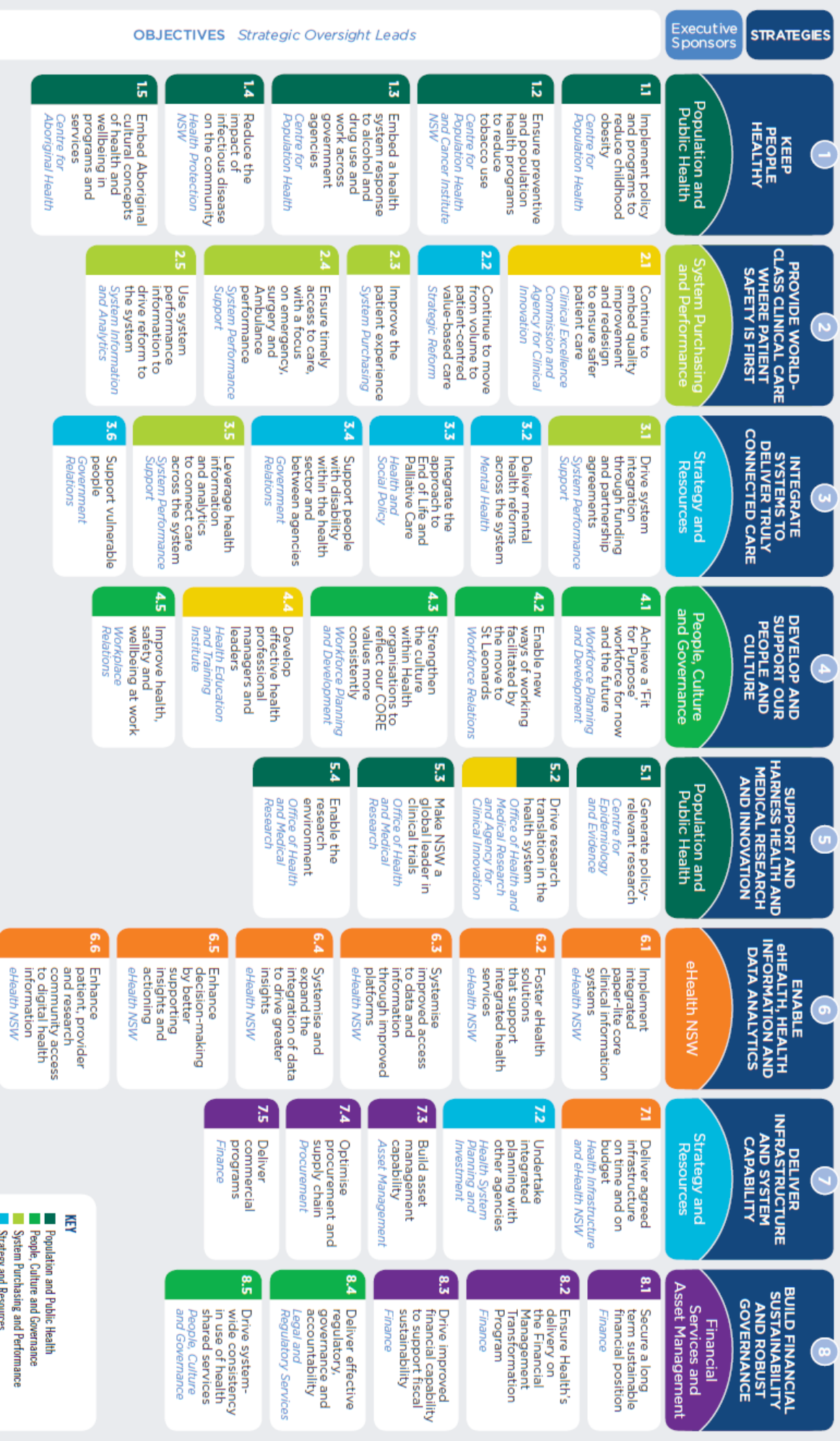
## **NSW Health Strategic Priorities 2018-19**

The NSW Health Strategic Priorities 2018-19 outlines builds on and complements the NSW State Health Plan: Towards 2021 and aligns to the NSW State and Premier's Priorities. The approach outlined in the plan reframes the Ministry's role as system manager for NSW Health, strengthens system governance and establishes a strategic planning framework that:

- Embeds a new cross-functional approach to strategic planning and delivery in the Ministry including tighter direction and leadership;
- Allows a flexibility about how we go about achieving this in order to encourage innovation and continuous improvement; and
- Applies tight ownership around the deliverables which will enable transparency in monitoring results.

This will provide the system and stakeholders with an overview of system priorities, and transparency and clarity on where strategic effort will be focused each year, while also delivering business as usual.

# NSW HEALTH STRATEGIC PRIORITIES FY2018-19



- KEY**
- Population and Public Health
  - People, Culture and Governance
  - System Purchasing and Performance
  - Strategy and Resources
  - Financial Services and Asset Management
  - Office of the Secretary
  - Services
  - Pillars

## 6. Performance against Strategies and Objectives

The performance of a Support Organisation is assessed in terms of whether it is meeting performance targets for individual key performance indicators for each NSW Health Strategic Priority.

✓	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 Performance Agreement Data Supplement along with the list of improvement measures that will continue to be tracked by the Ministry's Business Owners - see

[http://hird.health.nsw.gov.au/hird/view\\_data\\_resource\\_description.cfm?ItemID=22508](http://hird.health.nsw.gov.au/hird/view_data_resource_description.cfm?ItemID=22508)

Performance concerns will be raised with the Support Organisation for focused discussion at performance review meetings in line with the NSW Health Performance Framework.

The Data Supplement also 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
- Financial Management Transformations

Key deliverables under the NSW Health Strategic Priorities 2018-19 will also be monitored, noting that process key performance indicators and milestones are held in the detailed Operational Plans developed by each Support Organisation.

BHI will provide six-monthly reports against KPIs or as agreed to substantiate progress.

## 6.1 Key Performance Indicators

Strategic Priority	Measure	Target	Not Performing X	Under Performing ↘	Performing ✓
<b>Strategy 2 – Provide World Class Clinical Care Where Patient Safety is First</b>					
2.5	<b>BHI assesses and reports</b> objectively and fairly on healthcare performance of hospitals, local health districts and the NSW Public Health system (% strongly agree / agree)	>70%	<60%	60-70%	>70%
	<b>BHI assesses and reports</b> objectively and fairly on the experiences of patients in NSW public hospitals (% strongly agree / agree)	>70%	<60%	60-70%	>70%
	<b>Satisfaction with engagement</b> over the past 12 months (% strongly agree / agree)	>70%	<60%	60-70%	>70%
	Effectiveness in <b>BHI's delivery on its purpose</b> : "To provide the community, healthcare professionals and policy makers with independent, timely and accurate information about the performance of the NSW public health system in ways that enhances the system's accountability and inform efforts to improve healthcare." (% excellent / very good / good)	>60%	<50%	50-60%	>70%
	<b>Healthcare Quarterly and Healthcare in Focus</b> are delivered in accordance with the agreed time table (average rating – 1 highest, 5 lowest)	2	4	3	2 or above
	The <b>Patient Survey Program</b> is effectively managed, including supply of new KPI data, release of survey results summaries and data (average rating – 1 highest, 5 lowest)	2	4	3	2 or above
	<b>Healthcare Observer</b> is regularly updated and expanded (average rating – 1 highest, 5 lowest)	2	4	3	2 or above
	Other reports are developed as per the workplan (average rating – 1 highest, 5 lowest)	2	4	3	2 or above
	New <b>Spotlight on Measurement</b> report is developed as per the workplan (average rating – 1 highest, 5 lowest)	2	4	3	2 or above
<b>Strategy 4: Develop and Support Our People and Culture</b>					
4.1	<b>Staff Engagement</b> - People Matter Survey Engagement Index - Variation from previous People Matter Survey (%)	=<0 Increase	=>5% decrease from previous survey	<5% decrease from previous survey	Increase, or no change from previous survey
	<b>Staff Performance Reviews</b> - Within the last 12 months (%)	100	<85	>=85 and <90	>=90
4.2	<b>Aboriginal Workforce Participation</b> - Aboriginal Workforce as a proportion of total workforce - at all salary levels (bands) and occupations (%)	1.8%	Decrease from previous Year	Nil increase from previous year	Increase from previous Year
4.4	<b>Compensable Workplace Injury</b> - Claims (Number)	10% Decrease	Increase	>=0 and <10% Decrease	>= 10% Decrease

Strategic Priority	Measure	Target	Not Performing X	Under Performing ↘	Performing ✓
<b>Strategy 7: Deliver Infrastructure and System Capability</b>					
7.3	<b>Capital</b> - Variation Against Approved Budget (%)	On budget	> +/- 10 of budget	NA	< +/- 10 of budget
<b>Strategy 8: Build Financial Sustainability and Robust Governance</b>					
8.1	<b>Expenditure Matched to Budget</b> - General Fund - Variance (%)	On budget or Favourable	>0.5 Unfavourable	>0 but ≤0.5 Unfavourable	On budget or Favourable
	<b>Own Sourced Revenue Matched to Budget</b> - General Fund - Variance (%)	On budget or Favourable	>0.5 Unfavourable	>0 but ≤0.5 Unfavourable	On budget or Favourable

## 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 2018-19 will be monitored.

There will be regular monitoring of progress by both parties.

Strategic Priority/ Determination of Functions	Deliverable in 2018/19	Due by
<b>Strategy 2 Provide World-Class Clinical Care where Patient Safety is First</b>		
<b>Objective 2.3 Improve the patient experience</b>		
Prepare and publish regular reports on the performance of the NSW public health system, including the safety and quality, effectiveness, efficiency and responsiveness of the system to the health needs of the people of NSW	<p>Publish a summary of results of patient surveys:</p> <ul style="list-style-type: none"> <li>• Adult Admitted Patient Survey (2017)</li> <li>• Admitted Children and Young Patients Survey (all facilities) (2017)</li> <li>• Outpatient Cancer Clinics Survey (2017)</li> <li>• BreastScreen NSW Survey (2017)</li> <li>• Maternity Care Survey (2017)</li> <li>• Emergency Department Patient Survey (2017-18)</li> </ul> <p>These products include routine updates to Healthcare Observer, a Summary Tool for LHDs and relevant pillar organisations and technical reports to describe our methodologies.</p>	Q2-Q4
Develop reports and <b>tools to enable analysis</b> of the performance of health services, clinical units and clinical teams across the NSW public health system	<p>Continue to manage survey sampling and mailings in 2018-19 in relation to:</p> <ul style="list-style-type: none"> <li>• Adult Admitted Patients Survey (AAPS)</li> <li>• Emergency Department Patient Survey (EDPS)</li> <li>• Admitted Children and Young Patients Survey (specialist facilities in 2018 and all facilities in 2019) (ACYPS)</li> <li>• Small and Rural Facilities Survey (SRFS), including survey development work to merge ED and AAPS cohorts as agreed with regional and rural LHDs</li> <li>• Outpatient Cancer Clinics Survey, as funded directly by the NSW Cancer Institute and including select private hospitals.</li> </ul>	Q1-Q4



Strategic Priority/ Determination of Functions	Deliverable in 2018/19	Due by
Develop reports and <b>tools to enable analysis</b> of the performance of health services, clinical units and clinical teams across the NSW public health system	<p>Provide the MOH with quarterly Adult Admitted Patient Survey information, regarding new composite measure KPIs and/or single item survey questions, to support LHD Performance Agreements.</p> <p>Publish a technical report, previously called Spotlight on Measurement proposed in the 2017-18 Performance Agreement, to describe methods used to develop new composite indices for reporting patient reported experience and outcome measures, including for inclusion in LHD Performance Agreements.</p>	<p>Q1-Q4</p> <p>Q1</p>
Advise the NSW Ministry of Health on the quality of existing data sets and the <b>development of enhanced information analysis</b> and reporting to support performance reporting to clinicians, the community and Parliament	<p>Undertake targeted oversampling of nine Leading Better Value Care (LBVC) patient cohorts for Adult Admitted Patient Survey/Outpatient/Emergency Department or Children and Young Patients Survey, depending on the specification of the cohorts. Conduct all required steps for data cleaning, recoding and calculation of weights to prepare the data inclusion in the Register of Outcomes, Value and Experience.</p> <p>As the cohorts are not mutually exclusive, this process requires extensive high-level methodological expertise in survey analytics. Accordingly, a technical report will be published with specifications regarding sampling techniques, calculation of weights and required data management.</p> <p>This work is funded by the Ministry, under a separately agreed budget supplement.</p>	Q1-Q4
Advise the NSW Ministry of Health on the quality of existing data sets and the <b>development of enhanced information analysis</b> and reporting to support performance reporting to clinicians, the community and Parliament	BHI will also provide select, historical patient survey data collected from 2013-2017 to support enhanced information analyses using these data, in tandem with administrative data, pending the Ministry's establishment of appropriate policies and procedures regarding this work.	Q1-Q4



Strategic Priority/ Determination of Functions	Deliverable in 2018/19	Due by
<b>Objective 2.5 Use system performance information to drive reform to the system</b>		
<p>Prepare and publish <b>regular reports</b> on the performance of the NSW public health system, including the safety and quality, effectiveness, efficiency and responsiveness of the system to the health needs of the people of NSW</p> <p>Develop <b>reports and tools</b> to enable analysis of the performance of health services, clinical units and clinical teams across the NSW public health system</p>	<p>In advance of a 2019-20 public report on 3-year risk standardised ratios for 30-day mortality and 30/60-day readmissions for select clinical conditions, provide LHD and hospital profiles including unadjusted annual rates for 2015/16 and 2016/17 to support actions to improve care.</p>	Q1
<p><b>Advise the NSW Ministry of Health</b> 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</p> <p>Develop <b>reports and tools</b> to enable analysis of the performance of health services, clinical units and clinical teams across the NSW public health system</p>	<p>Expand the Spotlight on Measurement report underway as part of the Performance Agreement: 2017-18 regarding the development of metrics to fairly report on safety performance; and include high priority national and select international measures and patient reported measures from the NSW Patient Survey Program. This work will include engagement with the CEC and LHDs to test 'face validity' and advise on the use of these measures for safety surveillance.</p> <p>Commence work on an associated edition of the Insights Series, for 2019-20, using selected indicators.</p>	Q4

Strategic Priority/ Determination of Functions	Deliverable in 2018/19	Due by
<b>Other strategic deliverables - Agreed</b>		
	Strategic Plan: 2019-22	Q2
	Strategic program plan for the NSW Patient Survey Program: 2019-22	Q2
Establish and maintain a <b>website</b> providing information and analysis on the performance of the NSW public health system, including tools for data analysis	Enhancements to improve interactive tools on the BHI websites.	Q1-Q4
Provide an <b>annual report</b> to the Minister and Parliament about the performance of the NSW public health system	<p>In 2018-19, Healthcare in Focus will focus on key aspects of mental health care performance in the NSW public health system.</p> <p>This annual report will be accompanied by a technical report outlining methodological approaches used in mental health care performance measurement, and furthers the development of a technical report called Data Matters commenced as part of the 2017-18 Performance Agreement.</p> <p>This work will align with initiatives underway by the NSW Mental Health Commissioner and those underway as part of NSW Strategic Priorities: 2018-19, including Government responses to issues related to mental health patients (e.g. seclusion and restraint).</p>	Q4
Prepare and publish <b>regular reports</b> on the performance of the NSW public health system, including the safety and quality, effectiveness, efficiency and responsiveness of the system to the health needs of the people of NSW	<p>Healthcare Quarterly (x4)</p> <p>Healthcare Quarterly will provide synthesis and summaries with a focus on admitted patients, elective surgery, emergency departments and ambulance services. In 2018-19 a particular emphasis will be placed on (a) reducing the size of print modules while increasing their value to public and media audiences, and (b) working towards including content that aligns with NSW Strategic Priorities. This product includes routine production of Hospital Profiles, and updates to Healthcare Observer.</p>	<p>Sept 2018</p> <p>Dec 2018</p> <p>Mar/ Apr 2019</p> <p>June 2019</p>

Strategic Priority/ Determination of Functions	Deliverable in 2018/19	Due by
<b>Other strategic deliverables, not yet agreed.</b> <b>To be agreed, pending final consultations in relation to BHI's <i>Strategic Plan: 2019-22</i></b>		
Develop <b>reports and tools</b> to enable analysis of the performance of health services, clinical units and clinical teams across the NSW public health system	On request, continue to provide advice regarding the development of routine reports with performance and trend information for board members of LHDs.	
Prepare and publish <b>regular reports</b> on the performance of the NSW public health system, including the safety and quality, effectiveness, efficiency and responsiveness of the system to the health needs of the people of NSW	Extending routine Healthcare Quarterly analysis to include activity and performance in very small hospitals. Online data release on annual basis.	
Develop <b>reports and tools</b> to enable analysis of the performance of health services, clinical units and clinical teams across the NSW public health system	An interactive tool to enable health services, CEC, MOH and BHI to better understand and analyse patient free-text comments derived from surveys, to support public reporting and actions to improve care.	

# Schedule A: Budget

## Part 1

Bureau of Health Information - Budget 2018/19																																			
		Comparative Data																																	
		Initial Budget 2018/19 (\$'000)	2017/18 Annualised Budget (\$'000)	Variance Initial and Annualised (\$'000)	Variance (%)																														
Category A	<b>General Administrative</b>																																		
	cc 127001 Corporate Affairs	\$590	\$1,443	-\$853																															
	cc 127008 Executive Office	\$579	\$380	\$199																															
	New funding to be allocated in FY18/19	\$	\$181	-\$181																															
	TMF Worker's Compensation Premium adjustment	\$	\$2	-\$2																															
	<b>Sub-total</b>	<b>\$1,169</b>	<b>\$2,006</b>	<b>-\$837</b>	<b>-41.74%</b>																														
Category B	<b>Centrally Managed Projects</b>																																		
	cc 127002 BHI Communications	\$1,334	\$1,334	\$																															
	cc 127003 Patient Survey Program	\$2,560	\$2,611	-\$51																															
	cc 127004 Data Management and Analyses	\$1,072	\$634	\$438																															
	cc 127005 BHI Performance Reports	\$1,134	\$1,188	-\$54																															
	cc 127009 BHI Strategic Relations	\$450	\$	\$450																															
	cc 127006 Performance Measurement and Reporting	\$151	\$213	-\$63																															
	<b>Sub-total</b>	<b>\$6,701</b>	<b>\$5,980</b>	<b>\$721</b>	<b>12.06%</b>																														
Category C	<b>Payments to Third Parties</b>																																		
	cc 127007 Operations (Third Party Payments)	\$1,252	\$854	\$398																															
	ICT escalation - cost of maintenance of new systems	\$	\$131	-\$131																															
	HealthShare Service Centre - new pricing model	\$	-\$26	\$26																															
	<b>Sub-total</b>	<b>\$1,252</b>	<b>\$960</b>	<b>\$292</b>	<b>30.44%</b>																														
Category D	<b>Budgets Held for LHD Allocation</b>																																		
	<b>Sub-total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>-</b>																														
E	<b>SP&amp;T Expenses</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>-</b>																														
F	<b>Total Expenses (F=A+B+C+D+E)</b>	<b>\$9,122</b>	<b>\$8,946</b>	<b>\$176</b>	<b>1.96%</b>																														
G	<b>Other - Gain/Loss on disposal of assets etc</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>-</b>																														
H	<b>Revenue</b>	<b>-\$9,066</b>	<b>-\$8,822</b>	<b>-\$244</b>																															
I	<b>Net Result (I=F+G+H)</b>	<b>\$56</b>	<b>\$124</b>																																
<table> <tr> <td colspan="3"><b>Breakdown of Expenditure Budget Movement:</b></td><td colspan="3"><b>Movement</b></td></tr> <tr> <td colspan="3">Award/CPI composite escalation</td><td colspan="3">\$141</td></tr> <tr> <td colspan="3">ICT escalation</td><td colspan="3">\$39</td></tr> <tr> <td colspan="3">ICT Savings Strategy</td><td colspan="3">-\$4</td></tr> <tr> <td colspan="3"><b>Total Expenditure Budget Increase</b></td><td colspan="3"><b>\$176</b></td></tr> </table>						<b>Breakdown of Expenditure Budget Movement:</b>			<b>Movement</b>			Award/CPI composite escalation			\$141			ICT escalation			\$39			ICT Savings Strategy			-\$4			<b>Total Expenditure Budget Increase</b>			<b>\$176</b>		
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## Part 2

Schedule A Part 2	2018/19	
	Bureau of Health Information	\$ (000's)
	<u>Government Grants</u>	
	A Recurrent Subsidy	-\$8,948
	B Capital Subsidy	-\$68
	C Crown Acceptance (Super, LSL)	-\$37
	D Total Government Contribution (D=A+B+C)	-\$9,054
	<u>Own Source revenue</u>	
	E GF Revenue	-\$12
	F SP&T Revenue	\$
	G Total Own Source Revenue (G=E+F)	-\$12
	H Total Revenue (H=D+G)	-\$9,066
	I Total Expense Budget - General Funds	\$9,122
	J SP&T Expense Budget	\$
	K Other Expense Budget	\$
	L Total Expense Budget as per Schedule A Part 1 (L=I+J+K)	\$9,122
	M Net Result (M=H+L)	\$56
	<u>Net Result Represented by:</u>	
	N Asset Movements	-\$42
	O Liability Movements	-\$14
	P Entity Transfers	\$
	Q Total (Q=N+O+P)	-\$56
	<p><b>Note:</b></p> <p>The minimum weekly cash reserve buffer for unrestricted cash at bank has been updated for FY 2018/19 to \$100,000 and remains at approximately 4 days' cash expenses after removing Depreciation, Crown Acceptance and MOH Holdbacks) 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									
ASSET AUTHORISATION LIMITS <u>2018/19 Capital Projects</u>	SMRT	BP2 ETC 2018/19	Estimated Expenditure to 30 June 2018	Cost to Complete at 30 June 2018	BP2 Allocation 2018/19	BP2 Est. 2019/20	BP2 Est. 2020/21	BP2 Est. 2021/22	Balance to Complete
		\$	\$	\$	\$	\$	\$	\$	\$
<b>MINOR WORKS</b>									
Minor Works & Equipment >\$10,000 Program	P51069	68,000		68,000	68,000				
<b>TOTAL WORKS IN PROGRESS</b>		68,000		68,000	68,000				
<b>TOTAL ASSET ACQUISITION PROGRAM</b>		<b>68,000</b>		<b>68,000</b>	<b>68,000</b>	<b>0</b>	<b>0</b>		

Notes:

Expenditure needs to remain within the Asset Authorisation Limits indicated above

Minor Works and Equipment > \$10,000 includes a confund contribution of \$68,000

## 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.

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# **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 2018**

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## 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, analysis and reporting activities must operate within a physically secure environment accessible only by electronic pass card or other such appropriate means 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: 30/07/2018

Signed by the Secretary

**NSW Ministry of Health**



Signature of Secretary  
NSW Ministry of Health



Signature of witness

VAN JOHNSON

Name of witness (print)

Signed by the

**Bureau of Health Information**



Signature of Chairman, BHI Board



Signature of witness

Lauren Fenton

Name of witness (print)



## **SCHEDULE 1**

### **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:

- xii Seclusion and restraint

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

- xiii Patient Survey Program data at the record level (de-identified)
- xiv 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 27<sup>th</sup> 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.