

2017-18 PERFORMANCE AGREEMENT

AN AGREEMENT BETWEEN:

Secretary, NSW Health

AND THE

Bureau of Health Information

FOR THE PERIOD

1 July 2017 – 30 June 2018



Health

NSW Health Performance Agreement – 2017/18

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 ensure 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. Additionally, it specifies the service delivery and performance requirements expected of the Organisation that will be monitored in line with the NSW Health Performance Framework.

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

Parties to the Agreement

Bureau of Health Information

Professor Carol Pollock

Chair

On behalf of the Bureau of Health Information

Date: 2/8/2017 Signed: [Signature]

Ms Kim Sutherland

Acting Chief Executive

Bureau of Health Information

Date: 2/8/17 Signed: [Signature]

NSW Health

Ms Elizabeth Koff

Secretary

NSW Health

Date: 4/8/17 Signed: [Signature]

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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 for 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.

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 are to be considered, and where relevant, appropriately 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.
- The Australian Medical Association, in conjunction with the Australian Salaried Medical Officers Association will be undertaking regular surveys of senior medical staff to assess clinical participation and involvement in local decision making to deliver patient centred care.

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 18th November 2009, 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 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 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.
7. To undertake and/or commission research to support the performance by the Bureau of its functions.
8. To liaise with other bodies and organisations undertaking reporting on the performance of the health systems in Australia.
9. To provide advice to the Minister for Health and the Director-General of the Ministry of Health on issues arising out of its function

4.3 Variation of the Agreement

The Agreement may be amended at any time by agreement in writing by all the Parties. The Agreement may also be varied by the Secretary or the Minister as provided in the Health Services Act 1997. 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.

Districts and Networks 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>

In particular, where applicable, they are to: provide required reports in accordance with the timeframes advised by the Ministry; ensure ongoing review and update to ensure currency of the Manual of Delegations (PD2012_059) and; 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 provides an important framework for improvements to clinical quality. Accreditation requirements of the National Safety and Quality Health Service Standards have applied from 1 January 2014. 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>

4.5 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, performance against targets, whether there has been a significant critical incident or sentinel event.

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.

5. Strategies and Priorities

NSW Health Strategies and Priorities are to be reflected in the strategic and 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.

5.1 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.

5.2 Election Commitments

To be led by the Ministry, NSW Health is responsible for the delivery of 102 election commitments over the period to March 2019 with the critical support of 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

5.3 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.

<http://www.health.nsw.gov.au/statehealthplan/Publications/NSW-state-health-plan-towards-2021.pdf>

The 2017/18 Strategic Priorities plan outlines how we work together to achieve our core objectives. It builds on and complements the NSW State Health Plan: Towards 2021 as well as directly aligning to the NSW State and Premier's Priorities. The new 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 a tight ownership around the deliverables which will enable us to easily and transparently monitor results.

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

5.4 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, Support Organisations 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.

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

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

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

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

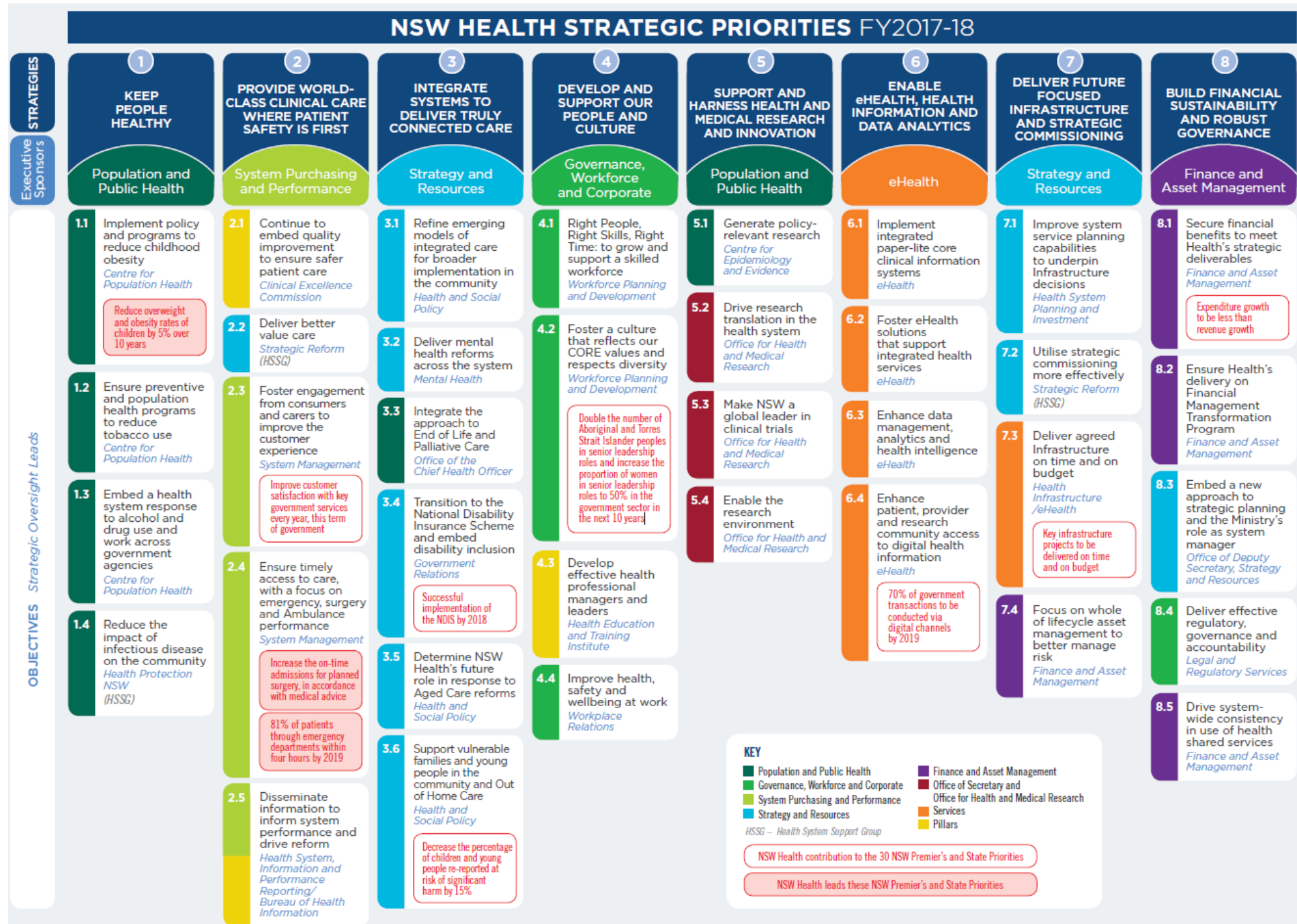
- Increase the proportion of young people who successfully move from specialist homelessness services to long-term accommodation by 10%

TACKLING CHILDHOOD OBESITY

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

NSW Health leads these NSW Premier's and State Priorities

NSW Health Strategic Priorities



5.5 Shared priorities

The Leading Better Value Care Program will create shared priorities across the NSW health system so that the system works together to improve health outcomes, to improve the experience of care and provide efficient and effective care. The main components of this approach include the following.

- The Ministry of Health will continue as system administrator, purchaser and manager and will articulate the priorities for NSW Health. Performance against delivery of the priorities will be monitored in line with the NSW Health Performance Framework.
- Districts and Networks will determine implementation plans reflective of their local circumstances. The Pillars, as required, will support Districts and Networks in a flexible and customisable manner, to meet local needs.
- The Leading Better Value Care Program initiatives will be evaluated through Evaluation and Monitoring Plans developed by the Agency for Innovation and Clinical Excellence Commission. The primary objective is to assess the impact of the initiatives across the Triple Aim. As some improvement measures are yet to be developed, measurement across the Triple Aim will evolve.

6. Performance against Strategies and Objectives

The performance of Districts, Networks, other Health Services and Support Organisations 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 Service 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

Performance concerns will be raised with the 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 NSW Health's Strategic Priorities 2107-18 will also be monitored, noting that process key performance indicators and milestones are held in the detailed Operational Plans developed by each Health Service and Support Service.

6.1 Key Performance Indicators

Strategic Priority	Domain	Measure	Target	Not Performing X	Under Performing ↘	Performing ✓
Strategy 2: Provide World-Class Clinical Care where Patient Safety is First						
2.5	N/A	BHI assesses and reports objectively and fairly on healthcare performance of hospitals, local health districts and the NSW Public Health system (% strong agree / agree))	>70%	<60%	60-70%	>70%
	N/A	Satisfaction with engagement over the past 12 months (% strong agree / agree)	>70%	<60%	60-70%	>70%
	N/A	Effectiveness in BHI's delivery on its purpose : "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." (% strong agree / agree)	>60%	<50%	50-60%	>70%
	N/A	Hospital Quarterly and Healthcare in Focus are delivered in accordance with the agreed time table (average rating – 1 highest, 5 lowest)	2	4	3	2 or above
	N/A	The Patient Survey Program is effectively managed (average rating – 1 highest, 5 lowest)	2	4	3	2 or above
	N/A	Healthcare Observer is regularly updated and expanded (average rating – 1 highest, 5 lowest)	2	4	3	2 or above
	N/A	New Insight Series reports are developed as per the workplan (average rating – 1 highest, 5 lowest)	2	4	3	2 or above
	N/A	New Patient Perspectives and Snapshot reports are developed as per the workplan (average rating – 1 highest, 5 lowest)	2	4	3	2 or above
	N/A	New Spotlight on Measurement reports are developed as per the workplan (average rating – 1 highest, 5 lowest)	2	4	3	2 or above
	N/A	New Data Matters report is developed as per the workplan (average rating – 1 highest, 5 lowest)	2	4	3	2 or above
Strategy 4: Develop and Support our People and Culture						
4.1	Safety	Staff Engagement - Public Service Commission (PSC) People Matter Survey - Engagement Index: Variation from previous year (%)	Increase, or no change from previous Year	=>5% decrease from previous Year	<5% decrease from previous Year	Increase, or no change from previous Year
	Efficiency	Performance Reviews - Staff who have had a performance review within the last 12 months (%)	100	<85	>=85 and <90	>=90
4.2	Equity	Aboriginal Workforce Improvement : Aboriginal Workforce as a proportion of total workforce - across all salary bands (%)	1.8%	Decrease from previous Year	Nil increase from previous year	Increase from previous Year
4.4	Safety	Compensable Workplace Injury - reduction in compensable injury claims- (number)	10% Decrease	Increase	>=0 and <10% Decrease	>= 10% Decrease
Strategy 7: Deliver Future Focused Infrastructure and Strategic Commissioning						
7.3	Efficiency	Capital - Variation Against Approved Budget (%)	On budget	> +/- 10 of budget	NA	< +/- 10 of budget
Strategy 8: Build Financial Sustainability and Robust Governance						
8.1	Efficiency	Expenditure Matched to Budget - General Fund - Variance (%)	On budget or Favourable	>0.5 Unfavourable	>0 but =<0.5 Unfavourable	On budget or Favourable
	Efficiency	Own Sourced Revenue Matched to Budget - General Fund - Variance (%)	On budget or Favourable	>0.5 Unfavourable	>0 but =<0.5 Unfavourable	On budget or Favourable

6.2 Strategic Deliverables

The following table identifies strategic deliverables applicable to the Bureau of Health Information under NSW Health Strategic Priorities 2017-18.

There will be regular monitoring of progress against each deliverable by the BHI and provided quarterly to the Ministry (HSIPR Branch and the Deputy Secretary of System Purchasing & Performance) including expected dates for peer review and publication dates (including other interim dates in report production as appropriate). Risks and mitigation strategies will be identified should material delays occur. Quarterly meetings will be arranged to discuss progress against the BHI Workplan and performance related matters as appropriate.

6.2.1 Deliverables under NSW Health Strategic Priorities 2017-18.

Strategy 2 Provide World-Class Clinical Care where Patient Safety is First

Objective 2.5 Disseminate information to inform system performance and drive reform *(shared Strategic Oversight lead)*

- Package and educate LHD Boards/Execs with targeted information. *(with Health System Information and Performance Reporting Branch)*
- Ensure access to and an understanding of clinical / financial data across all levels to drive reform. *(with Health System Information and Performance Reporting Branch)*

6.2.2 Other key deliverables

Other key deliverables include:

Key Deliverables for 2017/18	Timeline
<i>Healthcare in Focus 2017</i> In 2017, Healthcare in Focus will concentrate on the themes of safety, value, integration of care, expanded timeliness measures of NSW hospital performance, results of BreastScreen survey (de-identified). The equity focus for 2017 is Aboriginality. <ul style="list-style-type: none">• Plus accompanying Panorama package	Estimated publication date – mid-2018
<i>Healthcare Quarterly (x4)</i> A rebranded Healthcare Quarterly will provide more synthesis and summaries. It will continue to focus on admitted patients, elective surgery, emergency departments and ambulance services with a particular emphasis on timeliness and the relationship between activity and performance. <ul style="list-style-type: none">• Plus accompanying Hospital Profiles, Healthcare Observer and Hospital Navigator updates	Estimated publication date – September 2017, December 2017, March 2018, June 2018

Key Deliverables for 2017/18	Timeline
<p><i>The Insight Series</i> (one report)</p> <p>Emergency department utilisation by people with cancer – an update</p> <p>An update of a 2014 report that explored use of ED by cancer patients – following discharge from hospital; and in the 12 month preceding death. The new edition will report hospital performance in risk-standardised utilisation ratio on a nominal basis. This report will be produced in collaboration with Cancer Institute NSW.</p>	Estimated publication date – 2018
<p><i>Patient Perspectives</i></p> <p>Experiences of care of people living with a disability</p> <p>Drawing on NSW patient survey data, stratified according to patient responses to a standard question regarding self-reported disability or long-term health condition – explore differences in experiences of care between patients with and without a disability; as well as comparing experiences of patients with a disability across the state.</p> <ul style="list-style-type: none"> • Plus accompanying Healthcare Observer updates 	Estimated publication date – August 2017
<p><i>Spotlight on Measurement</i> (three reports)</p> <p>Adverse events and complications</p> <p>A methodological report that outlines the development of metrics to fairly report on performance in safety indicators. An associated edition of the Insights Series, using the developed indicators, is planned for 2018-19</p> <p>Predictive risk for performance measurement</p> <p>Explores the use of predictive risk modelling to report on performance, with a particular focus on how care is integrated across sectors, providers and settings.</p> <p>Patient reported experience and outcome measures</p> <p>A report that describes the development of metrics for reporting patient reported experience and outcome measures.</p>	<p>Estimated publication date – 2018</p> <p>Estimated publication date – late 2017</p> <p>Estimated publication date – early 2018</p>
<p><i>Data Matters</i> (Two reports)</p> <p>Mental health</p> <p>A report that canvasses approaches used internationally to measure performance in mental health. Associated editions of Spotlight on Measurement and of the Insights Series are planned for 2018-19.</p> <p>PROMs, PREMs and PRIMs</p> <p>A report that explores the ways in which patient reported measures reflect on healthcare performance and describes methods and approaches used internationally to leverage patient survey data.</p>	<p>Estimated publication date – mid 2018</p> <p>Estimated publication date – early 2018</p>

Key Deliverables for 2017/18	Timeline
<p>Patient surveys and reporting</p> <p>Continue mailings of Adult Admitted Patients Survey, Emergency Department Patients Survey, Admitted Children and Young Patients Survey (all facilities), Small and Rural Facilities Survey, Outpatient Services Survey, Experiences of breast cancer screening survey</p> <p>Community Health Services Survey – pilot Quarterly survey data updates on 'Healthcare Observer' interactive portal</p>	<p>Ongoing</p> <p>Quarterly</p>
<p>Complementary dissemination</p> <p>Produce quarterly 'On Board / On Ward' reports providing synthetic information for LHD Boards and Chief Executives</p> <p>'Hospital Profiles' associated with specific reports releases</p> <p>Continue to develop and expand the 'Healthcare Observer' online reporting tool</p> <p>Develop the Hospital 'Navigator' and Data information 'Compass'</p> <p>Develop 'Panorama' tool to provide key summaries Continue to produce blogs and animated infographics</p>	<p>All ongoing</p>
<p>Complementary exploratory work</p> <p>Collaborating with Activity Based Funding Taskforce to explore the potential of efficiency and value related datasets.</p> <p>Collaborating with Justice Health to explore potential areas of benchmarking performance.</p>	

6.2.3 Work Plan mapped to NSW Health Strategic Priorities 2017-18.

Strategy	Work Plan 2017/18	Contributes to Strategic programs
Strategy 2. Provide World-Class Clinical Care where Patient Safety is First		
Objective 2.5 Disseminate information to inform system performance and drive reform		
Package and educate LHD Boards/Execs with targeted information Ensure access to and an understanding of clinical / financial data across all levels to drive reform	<i>Healthcare in Focus 2017</i> In 2017, Healthcare in Focus will concentrate on the themes of safety, value, integration of care, expanded timeliness measures of NSW hospital performance, results of BreastScreen survey (de-identified). The equity focus for 2017 is Aboriginality.	Patient Safety First Better Value Care System Integration Strengthening governance and accountability Closing the Gap
	<i>Healthcare Quarterly (x4)</i> <i>Healthcare Quarterly</i> will focus on admitted patients, elective surgery, emergency departments and ambulance services with a particular emphasis on timeliness and the relationship between activity and performance. <ul style="list-style-type: none"> • Plus accompanying hospital profiles, healthcare observer updates and panorama interactive reports 	Premier's priority: Improving service levels in hospitals <ul style="list-style-type: none"> • Cutting wait times for planned surgeries • Increase on-time admissions for planned surgery, in accordance with medical advice • Spending four hours or less in the emergency department
	<i>The Insight Series</i> (one report) Emergency department utilisation by people with cancer – an update An update of a 2014 report that explored use of ED by cancer patients – following discharge from hospital; and in the 12 month preceding death. The new edition will report hospital performance in risk-standardised utilisation ratio on a nominal basis. This report will be produced in collaboration with Cancer Institute NSW.	Better Value Care (particularly end of life care) System integration
	<i>Patient perspectives</i> (one report) Experiences of care of people living with a disability Drawing on NSW patient survey data, stratified according to patient responses to a standard question regarding self-reported disability or long-term health condition – explore differences in experiences of care between patients with and without a disability; as well as comparing experiences of patients with a disability across the state.	

Strategy	Work Plan 2017/18	Contributes to Strategic programs
	<p><i>Spotlight on measurement</i> (two reports)</p> <p>Adverse events and complications</p> <p>A methodological report that outlines the development of metrics to fairly report on performance in safety indicators.</p> <p>Predictive risk for performance measurement</p> <p>Explores the use of predictive risk modelling to report on performance, with a particular focus on how care is integrated across sectors, providers and settings.</p>	<p>Patient Safety First</p> <p>Better Value Care (particularly end of life care)</p> <p>System integration</p>
	<p><i>Data Matters</i> (Two reports)</p> <p>Mental health</p> <p>A report that canvasses approaches used internationally to measure performance in mental health</p> <p>PROMs, PREMs and PRIMs</p> <p>A report that explores the ways in which patient reported measures reflect on healthcare performance and describes methods and approaches used internationally to leverage patient survey data.</p> <p><i>Spotlight on Measurement</i> (1 report)</p> <p>PROMS, PREMs and PRIMs</p> <p>A report that describes the development of metrics for reporting patient experience and outcome data.</p>	
	<p>Patient surveys and reporting</p> <p>Continue mailings of Adult Admitted Patients Survey, Emergency Department Patients Survey, Admitted Children and Young Patients Survey (all facilities), Small and Rural Facilities Survey, Outpatient Services Survey, Experiences of breast cancer screening survey</p> <p>Community Health Services Survey – pilot</p> <p>Quarterly survey data updates on 'Healthcare Observer' interactive portal</p>	

Strategy	Work Plan 2017/18	Contributes to Strategic programs
	<p><i>Complementary dissemination</i> On Board series providing synthetic information on a Quarterly basis. Provision of Hospital Profiles. Web-based dissemination products, including:</p> <ul style="list-style-type: none"> • Blogs and animated infographics • Panorama / Compass interactive reports • Interactive portal Healthcare Observer 	<p>Patient Safety First</p> <p>Better Value Care (particularly end of life care)</p>

Schedule A: Budget

Financial allocation

Pillar Initial Budget 2017/18 - Schedule A Part 1 (Budget by Category: A, B, C, D)

Bureau of Health Information - Budget 2017/18					
			Comparative Data		
		Initial Budget 2017/18 (\$'000)	2016/17 Annualised Budget (\$'000)	Variance Initial and Annualised (\$'000)	Variance (%)
Category A	General Administrative				
	cc 127001 BHI Management	\$1,443	\$1,413	\$30	
	cc 127008 Executive Office	\$380	\$372	\$8	
	TMF Worker's Compensation Premium adjustment	\$2	\$	\$2	
	Sub-total	\$1,826	\$1,785	\$40	2.27%
Category B	Centrally Managed Projects				
	cc 127002 BHI Communications	\$1,334	\$1,307	\$28	
	cc 127003 Patient Survey Project	\$2,611	\$2,556	\$55	
	cc 127004 BHI Quarterly Reports	\$634	\$621	\$13	
	cc 127005 BHI System and Thematic Reports	\$1,188	\$1,163	\$25	
	cc 127006 Quality Improvement and Innovation	\$213	\$209	\$4	
	Sub-total	\$5,980	\$5,855	\$125	2.13%
Category C	Payments to Third Parties				
	cc 127007 Third Party Payments I includes G&S and RMR	\$854	\$836	\$18	
	ICT escalation - cost of maintenance of new systems	\$131	\$	\$131	
	HealthShare Service Centre - new pricing model	-\$26	\$	-\$26	
	Sub-total	\$960	\$836	\$124	14.81%
Category D	Budgets Held for LHD Allocation				
	Sub-total	\$	\$	\$	-
E	SP&T Expenses	\$	\$	\$	-
F	Total Expenses (F=A+B+C+D+E)	\$8,765	\$8,476	\$289	3.41%
G	Other - Gain/Loss on disposal of assets etc	\$	\$	\$	-
H	Revenue	-\$8,709	-\$8,352	-\$357	
I	Net Result (I=F+G+H)	\$56	\$124		
Breakdown of Expenditure Budget Movement:			Movement		
Award/CPI composite escalation			\$180.727		
ICT escalation - cost of maintenance of new systems			\$131.435		
HealthShare Service Centre - new pricing model			-\$25.510		
TMF Worker's Compensation Premium adjustment			\$2.391		
Total Expenditure Budget Increase			\$289.043		

Schedule A Part 2	2017/18	
	Bureau of Health Information	\$ (000's)
	<u>Government Grants</u>	
	A Recurrent Subsidy	-\$8,592
	B Capital Subsidy	-\$68
	C Crown Acceptance (Super, LSL)	-\$37
	D Total Government Contribution (D=A+B+C)	-\$8,698
	<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)	-\$8,709
	I Total Expense Budget - General Funds	\$8,765
	J SP&T Expense Budget	
	K Other Expense Budget	
	L Total Expense Budget as per Schedules A Part 1 (L=I+J+K)	\$8,765
	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>Note:</p> <p>The minimum weekly cash reserve buffer for unrestricted cash at bank has been updated for FY 2017/18 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									
<u>ASSET AUTHORISATION LIMITS</u>	SMRT	BP2 ETC 2017/18	Estimated Expenditure to 30 June 2017	Cost to Complete at 30 June 2017	BP2 Allocation 2017/18	BP2 Est. 2018/19	BP2 Est. 2019/20	BP2 Est. 2020/21	Balance to Complete
<u>2017/18 Capital Projects</u>		\$	\$	\$	\$	\$	\$	\$	\$
MINOR WORKS									
Minor Works & Equipment >\$10,000 Program	P51069	68,000		68,000	68,000				
TOTAL WORKS IN PROGRESS		68,000		68,000	68,000				
TOTAL ASSET ACQUISITION PROGRAM		68,000		68,000	68,000				

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 - Memorandum of Understanding

MEMORANDUM OF UNDERSTANDING

BETWEEN

NSW MINISTRY OF HEALTH

AND

BUREAU OF HEALTH INFORMATION (BHI)

IN RELATION TO

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

JULY 2017

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 Health Service, 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 may require access to these data in order to perform its statutory role. The BHI is the data custodian of the NSW Patient Survey Program. 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.

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 Directors 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 3 of this MOU and any variation to this.

- **HSIPR** means the Health System Information and Performance Reporting 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 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 2.
- 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 2) 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, Health System Information and Performance Reporting (HSIPR) 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 the data described in Schedule 1 that are held by the Ministry. The Ministry seeks access to data described in Schedule 2 that are 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 through a secure server to be advised by the BHI, but similar to access granted to the BHI by the Ministry to reporting servers (such as the Health Information Exchange or SaPHaRI).
- 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, HSIPR.
- 6.6 BHI requests for data not currently collected by the Ministry shall be directed to the Executive Director, HSIPR 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 agreed measures of performance of the NSW public health system in accordance with the BHI's determination of functions (see Schedule 3).

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 inform the Ministry about requests for information that it receives 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 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.

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, HSIPR 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, HSIRP 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

ELIZABETH WOOD
.....
Name of witness (print)

Signed by the
Bureau of Health Information

.....
Signature of Chairman, BHI Board

.....
Signature of witness

Alexandra Petrowski
.....
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
- vi Emergency department
- Viii Mental health ambulatory data collection

Waiting List Online Collection System [WLCOS] or EDWARD

- vii Waiting list data

Transfer of Care Reporting System

- viii Ambulance Transfer of care [a separate MOU was signed on 05/10/2011 between Ambulance Services of NSW and BHI for this access].

Data on Ambulance activity and response times is provided by NSW Ambulance.

HSIPR, CHeReL, the Centre for Epidemiology and Evidence and BHI will work together to expand the suite of data sets available within the CHeReL to enable the expansion of the Hospital Performance Dataset (HoPeD). Prioritise for 2017 are Patient Reported Experience Measures (held by BHI), Patient Reported Outcome Measures (held by ACI) and Non-Admitted Patient (NAP) Services (held by HSIPR, MoH).

SCHEDULE 2

Data held by BHI that is available for access and use by the Ministry through a secure server to be advised by the BHI, but similar to access granted to the BHI by the Ministry to the HIE and SaPHaRI:

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

Patient Survey Program data will also be transferred to the CHeReL by October 2017, once appropriate governance is established, to enable the addition to the Master Linkage Key (MLK).

SCHEDULE 3

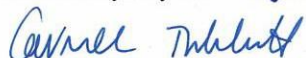
HEALTH SERVICES ACT 1997 BUREAU OF HEALTH INFORMATION

DETERMINATION OF FUNCTIONS OF STATUTORY HEALTH CORPORATION

Pursuant to section 53 of the Health Services Act 1997, I, CARMEL TEBBUTT, Minister for Health, do hereby determine, in addition to those functions set out in section 12 of the Health Services Act, the following functions for the Bureau of Health Information:

- (1) To 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;
- (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 advise the NSW Department 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;
- (7) To undertake and/or commission research to support the performance by the Bureau of its functions;
- (8) To liaise with other bodies and organisations undertaking reporting on the performance of health systems in Australia;
- (9) To provide advice to the Minister for Health and the Director-General of the Department of Health on issues arising out of its function.

Dated at Sydney this 18TH day of NOVEMBER 2009



Minister for Health