

NSW Health Performance Agreement – 2021-22

Principal purpose

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

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

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

Parties to the agreement

The Organisation

Professor Carol Pollock
Chair
On behalf of the
Bureau of Health Information Board

Date 29 July 2021 Signed 

Dr Diane Watson
Chief Executive
Bureau of Health Information

Date 30 July 2021 Signed 

NSW Health

Ms Elizabeth Koff
Secretary
NSW Health

Date 29/8/21 Signed 

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1. Objectives of the Performance Agreement

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

2. Legislation, governance and performance framework

2.1 Legislation

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

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

2.2 Ministerial Determination of Functions

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

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

2.3 Variation of the agreement

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

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

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

2.4 Governance

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

2.4.1 Clinical governance

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

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

The *Australian Safety and Quality Framework for Health Care* provides a set of guiding principles that can assist health services with their clinical governance obligations.

<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-safety-and-quality-framework-health-care>

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

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

2.4.2 Corporate governance

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

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

Where applicable, the Organisation is to:

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

2.4.3 Procurement governance

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

2.4.4 Aboriginal Procurement Policy

The NSW Government support employment opportunities for Aboriginal people, and the sustainable growth of Aboriginal businesses by driving demand via Government procurement of goods, services and construction. NSW Government agencies must apply the *Aboriginal Procurement Policy* to all relevant procurement activities. The policy is at:

<https://buy.nsw.gov.au/policy-library/policies/aboriginal-procurement-policy>

2.4.5 Performance Framework

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

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

The Framework sets out responses to performance concerns and management processes that support the achievement of outcomes in accordance with NSW Health and government policies and priorities. Performance concerns will be raised with the Organisation for focused discussion at performance review meetings in line with the *NSW Health Performance Framework* available at:

<http://www.health.nsw.gov.au/Performance/Pages/frameworks.aspx>

3. Strategic priorities

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

3.1 NSW Premier's Priorities

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

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

- Improving outpatient and community care
Reduce preventable hospital visits by 5% through to 2023 by caring for people in the community.
- Improving service levels in hospitals
100% of all triage category 1, 95% of triage category 2, and 85% of triage category 3 patients commencing treatment on time by 2023
- Towards zero suicides - Reduce the rate of suicide deaths in NSW by 20% by 2023

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

3.2 NSW Health Outcome and Business Plan

The NSW Treasury Outcome Budgeting initiative intends to transform the way budget decisions are made, and resources are managed in the NSW public sector. The overarching objective of Outcome Budgeting is to shift the focus of the NSW Government to deliver better outcomes for the people of NSW with increased transparency, accountability and value (TPP 18-09 – available at <https://www.treasury.nsw.gov.au/sites/default/files/2018-12/TPP18-09%20Outcome%20Budgeting.pdf>).

The NSW Health Outcome and Business Plan is an agreement between the Minister for Health and Medical Research, the Secretary, NSW Health and the NSW Government setting out the outcomes and objectives that will be the focus for the current period.

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

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

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

4. Budget

4.1 State Outcome Budget Schedule: Part 1

Bureau of Health Information - Budget 2021-22		
		2021-22 Initial Budget (\$'000)
Category A	General Administrative	
	Executive Office	\$421
	BHI Strategic Relations	\$412
	Corporate Affairs	\$526
	Sub-total	\$1,359
Category B	Centrally Managed Projects	
	Digital Strategy	\$160
	Patient Survey Program	\$2,380
	Performance Measurement and Reporting	\$185
	BHI Communications (Project Communications)	\$1,229
	BHI Performance Reports	\$1,029
	Data Management and Analyses	\$1,339
	Sub-total	\$6,320
Category C	Payments to Third Parties	
	Operations (Third Party Payments)	\$905
	Sub-total	\$905
E	Other items not included above	
	Additional Escalation to be allocated	\$185
	Allocated Savings Programs	-\$163
	TMF Adjustments	\$12
	Intra Health Adjustments	\$6
	Survey program for experiences and outcomes of Aboriginal patients	\$52
Surveys of peritonectomy patients	\$90	
	Sub-total	\$182
F	RFA Expenses	\$
G	Total Expenses (G=A+B+C+D+E+F)	\$8,766
H	Other - Gain/Loss on disposal of assets etc	\$
I	Revenue	-\$8,743
J	Net Result (J=G+H+I)	\$22

4.2 State Outcome Budget Schedule: Part 2

		2021/22
Bureau of Health Information		(\$'000)
	<u>Government Grants</u>	
A	Recurrent Subsidy	-\$8,646
B	Capital Subsidy	
C	Crown Acceptance (Super, LSL)	-\$97
D	Total Government Contribution (D=A+B+C)	-\$8,743
	<u>Own Source revenue</u>	
E	GF Revenue	\$
F	Restricted Financial Asset Revenue	\$
G	Total Own Source Revenue (G=E+F)	\$
H	Total Revenue (H=D+G)	-\$8,743
I	Total Expense Budget - General Funds	\$8,766
J	Restricted Financial Asset Expense Budget	\$
K	Other Expense Budget	\$
L	Total Expense Budget as per Schedule A Part 1 (L=I+J+K)	\$8,766
M	Net Result (M=H+L)	\$22
	<u>Net Result Represented by:</u>	
N	Asset Movements	\$
O	Liability Movements	-\$23
P	Entity Transfers	\$
Q	Total (Q=N+O+P)	-\$22
Note:		
<p>The minimum weekly cash reserve buffer for unrestricted cash at bank has been updated for FY 2021/22 to \$50K. Based on final June 2021 cash balances, adjustments will be made from July 2021 to ensure alignment with the cash buffer requirements of NSW Treasury Circular TC15_01 Cash Management – Expanding the Scope of the Treasury Banking System. The minimum weekly cash buffer relates to cash held in General Fund bank accounts only and will be used to determine subsidy cash sweep amounts in line with the schedule advised by the Ministry of Health</p> <p>The Ministry will closely monitor cash at bank balances during the year, excess cash will be swept back to the Ministry of Health regularly and made available to be allocated to the central payments bank accounts as required. Compliance with the General Sector Finance Act (2018), NSW Treasury and NSW Health policy and directives will also be monitored.</p>		

5. Performance against strategies and objectives

5.1 Key performance indicators

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

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

Detailed specifications for the key performance indicators are provided in the Data Supplement. See: http://hird.health.nsw.gov.au/hird/view_data_resource_description.cfm?ItemID=47060

Outcome Indicators: These key performance indicators are reported to NSW Treasury under the NSW Health Outcome and Business Pla

NSW Health Outcome 4

People receive high quality, safe care in our hospitals

Measure	Target	Not Performing ✘	Under Performing ⚡	Performing ✔
BHI is a trusted provider of health performance information (% strongly agree/agree)	>80%	<70%	70-80%	>80%
BHI reports and information products are objective (impartial and grounded in evidence) (% strongly agree/agree)	>70%	<60%	60-70%	>70%
Satisfaction with BHI engagement over the past 12 months (% very satisfied/satisfied)	>70%	<60%	60-70%	>70%
Effectiveness in BHI's delivery on its purpose: "To provide the community, healthcare professionals and policy makers with information that enhances transparency of the performance of the healthcare system in NSW, in order to inform actions to improve healthcare and strengthen accountability." (% excellent / very good / good)	>70%	<60%	60-70%	>70%

NSW Health Outcome 5

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

Measure	Target	Not Performing ✘	Under Performing ⬇	Performing ✔
Workplace Culture - People Matter Survey Culture Index- Variation from previous survey (%)	≥-1	≤-5	>-5 and <-1	≥-1
Take action - People Matter Survey take action as a result of the survey- Variation from previous survey (%)	≥-1	≤-5	>-5 and <-1	≥-1
Outcome Indicator Staff Engagement - People Matter Survey Engagement Index - Variation from previous survey (%)	≥-1	≤-5	>-5 and <-1	≥-1
Staff Engagement and Experience – People Matter Survey - Racism experienced by staff Variation from previous survey (%)	≥5% decrease on previous survey	No change or increase from previous survey.	>0 and <5% decrease on previous survey	≥5% decrease on previous survey
Staff Performance Reviews - Within the last 12 months (%)	100	<85	≥85 and <90	≥90
Recruitment: Average time taken from request to recruit to decision to approve/decline/defer recruitment (business days)	≤10	>10	No change from previous year and >10	≤10
Aboriginal Workforce Participation - Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	3	<1.8	≥1.8 and <3	≥3
Compensable Workplace Injury - Claims (% of change)	≥10% decrease	Increase	≥0 and <10% decrease	≥10% decrease
Finance				
Expenditure Matched to Budget - General Fund - Variance (%)	On budget or favourable	>0.5% unfavourable	>0 and ≤0.5% unfavourable	On budget or favourable
Own Sourced Revenue Matched to Budget - General Fund - Variance (%)				

Note:

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

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

5.2 Performance deliverables

Key deliverables will also be monitored, noting that process indicators and milestones are held in the detailed operational plans developed by the Organisation.

NSW Health outcome	Deliverable in 2021-22	Due by
Workplace culture		
Outcome 5	The results of the People Matter Employee Survey will be used to identify areas of best practice and improvement opportunities.	30 June 2022
Value based health care		
Outcome 4	Health outcomes and experiences that matter to patients In 2022, Healthcare in Focus will use advanced analytics with linked data to investigate the relationship between patient experience and outcomes (such as returns to care) for patients who are high users of hospital services to support ongoing improvement programs. This report will draw on the NSW Patient Survey Program, as well as linked data sets in ROVE and SAPHaRI. This will fulfil our function to provide an annual report to the Minister and Parliament about the performance of the NSW public health system.	Q4
Outcome 4	NSW Patient Survey Program – Key performance indicators Provide the MOH with quarterly patient experience KPI and improvement measure data to support Districts Service Agreements – based on Adult Admitted Patient Survey and Emergency Department Patient Survey results. Develop a format for providing LHDs with additional supporting information to assist them in interpreting the KPIs and determining priorities for improvement.	Q1-Q4
Outcome 4	NSW Patient Survey Program - reporting Publish NSW, Districts and hospital results, and a short form Snapshot report, for: <ul style="list-style-type: none"> • Adult Admitted Patient Survey 2020 • Outpatient Cancer Clinics Survey 2020¹ • Emergency Department Patient Survey 2020-21 Results will be delivered more accessibly through BHI's new data portal. Internal release: in order to support effective use of results for improvement, Districts will also be provided with suggested focus areas of improvement based on their results, as well as copies of freetext comments made by patients. <small>¹ Funding expected from Cancer Institute NSW</small>	Q2-Q4
Outcome 4	NSW Patient Survey Program – survey sampling, mailing and data collection Manage survey sampling, mailing and data collection in relation to: <ul style="list-style-type: none"> • Adult Admitted Patient Survey 2021, then 2022 • Emergency Department Patient Survey 2020-21, then 2021-22 • Outpatient Cancer Clinics Survey 2021¹ <small>¹ Funding expected from Cancer Institute NSW</small>	Q1-Q4
Outcome 4	Health outcomes and experiences that matter to patients In 2022, Healthcare in Focus will use advanced analytics with linked data to investigate the relationship between patient experience and outcomes (such as returns to care) for patients who are high users of hospital services to support ongoing improvement programs. This report will draw on the NSW Patient Survey Program, as well as linked data sets in ROVE and SAPHaRI. This will fulfil our function to provide an annual report to the Minister and Parliament about the performance of the NSW public health system. This will fulfil our function to provide an annual report to the Minister and Parliament about the performance of the NSW public health system.	Q4

NSW Health outcome	Deliverable in 2021-22	Due by
Strategy 2: Provide world class clinical care where patient safety is first		
Outcome 3	<p>Healthcare Quarterly</p> <p>Release four issues of <i>Healthcare Quarterly</i> which features key indicators of activity and performance across public hospital and ambulance services in NSW. Key developments through the year will include:</p> <ul style="list-style-type: none"> Digital first delivery of results via BHI's new data portal, with a streamlined accompanying report Targeting new and enhanced content in relation to emergency surgery and mental health. 	Q1-Q4
Outcome 4	<p>Mortality following hospitalisation for seven clinical conditions Internal release of updated unadjusted mortality rates and 3-year risk standardised 30 day mortality ratios for select clinical conditions, 2018-2021, including results for individual hospitals. These will be delivered directly to District Chief Executives and Directors of Clinical Governance and made available to clinicians via CEC's QIDS portal – in order to inform quality improvement.</p>	Q2
Outcome 3	<p>Healthcare Quarterly</p> <p>Release four issues of <i>Healthcare Quarterly</i> which features key indicators of activity and performance across public hospital and ambulance services in NSW. Key developments through the year will include:</p> <ul style="list-style-type: none"> Digital first delivery of results via BHI's new data portal, with a streamlined accompanying report Targeting new and enhanced content in relation to emergency surgery and mental health. 	Q1-Q4
Strategy 6: Embed a digitally enabled healthcare system		
Outcome 5	<p>Digital first delivery of healthcare performance information</p> <p>Ongoing implementation of BHI's digital strategy to enhance the digital provision of comparative performance information to the community, healthcare professionals and policymakers. This will include:</p> <ul style="list-style-type: none"> Completing the design, build, test and launch of the new website and data portal, and streamlining pdf and other report products Further enhancing data policies and processes to ensure the highest standards of data governance Improving the consistency and efficiency of key processes and advance database build and management Developing a new microsite for internal releases, so that information that does not satisfy requirements for public release is nevertheless easily available to support improvement efforts. 	Q1-4
Other deliverables subject to separate budget supplementation		
Outcome 4	<p>Aboriginal Patient Experience Program</p> <p>BHI will oversample Aboriginal patients admitted to NSW public hospitals in during January to December 2022 and January to December 2023 using a modified survey questionnaire that includes questions of high relevance to Aboriginal patients, the Aboriginal community and relevant stakeholders. BHI will provide survey results to the Centre for Aboriginal Health to support monitoring and improvement efforts on a six-monthly basis. Development work will commence in 2021-22.</p> <p>Funded by Centre for Aboriginal Health</p>	Q2-Q4
Outcome 4	<p>Leading Better Value Care program – patient experience information for evaluation.</p> <p>BHI will undertake targeted oversampling of eleven LBVC cohorts to provide data at LHD level that will support evaluation of this program. The deliverables will include:</p> <ul style="list-style-type: none"> Modified questionnaires as required Provision of two patient-level datasets to the Ministry, specifically i) dataset of survey responses for all respondents without the key variables required for data 	Q1-Q4

NSW Health outcome	Deliverable in 2021-22	Due by
	<p>linkage (to allow descriptive analysis of all patients, and ii) dataset of all respondents consenting to data linkage that includes variables previously agreed for the linkage of this data into ROVE (to be undertaken by CHeReL)</p> <ul style="list-style-type: none"> • A technical report <p>Funding expected from Strategic Reform and Planning Branch.</p>	
Outcome 4	<p>Peritonectomy patient experience</p> <p>The Cancer Institute (the Institute) and Bureau of Health Information (BHI) will work together to collect self-reported experiences and outcomes data of cancer patients who received peritonectomy surgery in select hospitals and link that information with other clinical and administrative data to support management of health services.</p>	Q1-Q4
Outcome 4	<p>Cancer patient experience</p> <p>BHI will continue survey data collection and reporting for outpatient cancer clinics for a further three years, and extend data collection and reporting to adult inpatient cancer patients. Deliverables will include:</p> <ul style="list-style-type: none"> • A review of the outpatient cancer clinics survey (OCCS) questionnaire • A review of sampling cohorts and sample generation, and the inclusion of additional private facilities • OCCS survey data collection, analysis, reporting and engagement • Development of a cancer inpatient module as part of the adult admitted patient survey, data collection, analysis, reporting and engagement <p>Funding expected from Cancer Institute NSW.</p>	Q1-Q4