

# Service Compact

An agreement between:

**Secretary  
NSW Health**

and

**Bureau of Health  
Information**

for the period

**1 July 2015 – 30 June 2016**



Health

## Agreement

The Bureau of Health Information agrees to meet the service requirements outlined in this Service Compact.

The Secretary NSW Health agrees to provide the funding and other support outlined in this Service Compact to the Bureau of Health Information.

## Parties to the Agreement

### Bureau of Health Information

**Professor Bruce Armstrong AM**

**Chair**

**On behalf of the**

**Bureau of Health Information**

Date: 16/10/15

Signed: 

**Dr Jean-Frédéric Lévesque**

**Chief Executive**

**Bureau of Health Information**

Date: 16/10/15

Signed: 

**NSW Health**

**Dr Mary Foley**

**Secretary**

**NSW Health**

Date: 25.9.15

Signed: 

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## Health System

The environment in which the health system operates is not static, and as a system, we must be responsive and adaptable, to ensure we deliver the best in healthcare to the people of NSW. The issues of increasing health service demand, rising cost of health service delivery, ageing of the population, increasing chronic disease, and advances in health technology and medical research which offers new, effective approaches to improving patient outcomes, require health systems to be constantly redesigning and improving care. In NSW Health's devolved model of health service governance, the Ministry of Health and Pillars are critical partners in supporting Districts and Networks to meet these challenges.

The *NSW State Health Plan: Towards 2021* and the *NSW Rural Health Plan: Towards 2021* articulate the key Directions and Strategies for NSW Health. These plans can be found at the following links:

- <http://www.health.nsw.gov.au/statehealthplan/Publications/NSW-State-Health-Plan-Towards-2021.pdf>
- <http://www.health.nsw.gov.au/rural/Pages/rural-health-plan.aspx>

Achieving the goals, directions and strategies articulated within the key plans is the responsibility of all entities. Successful delivery of key system priorities 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.

## Service Compacts

Pillars are an important source of expertise for our health system, and are critical partners in supporting Districts and Networks. Service Compacts demonstrate the shared commitment of the NSW Ministry of Health and Pillars to coordinating and partnering with each other, and with Districts and Networks, to achieve the key Directions and Strategies articulated within the *NSW State Health Plan: Towards 2021* and the *NSW Rural Health Plan: Towards 2021*.

## Guiding Principles of Service Compacts

### Delivery of Key System Priorities

For key system priorities, the Service Compact provides a strategic framework to align the work programs of the NSW Ministry of Health and all the Pillars to improve coordination of implementation as requested by Districts and Networks.

**Part A** of the Service Compact highlights the Key System Priorities and demonstrates the contribution of the Bureau of Health Information, both as a lead agency and as a partner in facilitating the delivery of key projects and programs across NSW Health.

### Development and Delivery of an Annual Workplan

The Bureau of Health Information will collaborate with the Ministry of Health, other Pillars and Districts and Networks, to develop an annual work plan. The work plan will link the activities and priorities of each Pillar to the Key System Priorities of NSW Health. The work plan will also provide capacity to respond to emerging issues facing Districts and Networks or the NSW Health system. Districts and Networks may engage the Bureau of Health Information to undertake key pieces of work to assist them in improving local service delivery.

**Part B** of the Service Compact contains the 2015/16 Bureau of Health Information Work Plan.

## Ministerial Determination of Functions

The Service Compact 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

## Key System Priorities for 2015/16

This section outlines the key strategic priorities for NSW Health in 2015/16. These priorities are to be reflected in the strategic and operational plans of the NSW Ministry of Health, Pillars, Support Organisations, Districts and Networks comprising NSW Health. Delivery of the strategic priorities is the mutual responsibility of all entities.

The Ministry and Pillars have taken note of feedback from Districts and Networks of the need for enhanced co-ordination amongst the Pillars, and between the Pillars and the Ministry, in the delivery of key developmental activities. The strategic priorities outlined in this schedule provide a framework to guide a more co-ordinated approach.

### Whole of Health Program

Access to high quality, safe and timely health care is critical for patients, carers and staff. The Whole of Health Program supports Health Services in driving the strategic change needed to improve access to care and patient flow within NSW public hospitals. Using a centrally facilitated but locally led approach, the Ministry of Health is working with its Whole of Health partners to help Health Services develop capability in devising and implementing sustainable patient flow improvement strategies, whilst sharing knowledge and experience across the sector. Further detail on the Whole of Health Program is available at:

<http://www.health.nsw.gov.au/wohp/Pages/default.aspx>

### Reducing Unwarranted Clinical Variation

Unwarranted Clinical Variation is variation that cannot be explained by the condition or the preference of the patient; it is variation that can only be explained by differences in health system performance. Left unchecked it has the potential to reduce safety, quality, performance effectiveness and efficiency outcomes. The Reducing Unwarranted Clinical Variation Taskforce oversees the development and implementation of a system-wide approach to identify, address and reduce Unwarranted Clinical Variation (UCV).

<http://www.eih.health.nsw.gov.au/initiatives/reducing-unwarranted-clinical-variation-taskforce>

### Integrated Care Strategy

The NSW Integrated Care Strategy continues to be a key priority for NSW Health in 2015/16. This is reflected in the *NSW State Health Plan: Towards 2021*. Announced in 2014, the Integrated Care Strategy aims to transform how healthcare is delivered in NSW, moving from a health system that is often hospital-centric and episodic to one where care is connected across different health and social care providers. A greater emphasis on preventative, primary and community-based services will better support people with long term conditions. A range of agencies and organisations including but not limited to Primary Health Networks, Aboriginal Community Controlled Health Services, Non-government organisations, consumer groups and general practice are critical in delivering our Integrated Care Strategy. Further detail on the Integrated Care Strategy is available at:

<http://www.health.nsw.gov.au/integratedcare/pages/default.aspx>

## Public Specialist Outpatient Services

Ensuring timely access to public Specialist Outpatient Services across NSW is a key priority for NSW Health. In 2015/16 it is expected that Districts and Networks will continue to focus on improving the delivery of public Specialist Outpatient Services to ensure that they are:

- Responsive to community and individual needs.
- Delivery of the right care, in the right place, at the right time.
- Accessible, effective and sustainable.
- Enhancing the system as a whole to better integrate services across the continuum.
- Underpinned by evidenced-based standards of care that are contemporary, efficient and of a consistently high quality of care.

## Living Well: A Strategic Plan for Mental Health in NSW 2014-2024

The Strategic Plan for Mental Health in NSW will involve extensive change to the way mental health is supported in the State. The Plan includes 141 actions for implementation by Health, Justice and Human Service agencies. The total approved funding of \$115 million over the first 3 years (2014/15-16/17) focuses on eight strategic priorities and 27 initiatives. The strategic priorities and initiatives build on, and align with, existing change and reform directions across the NSW Health system.

There are three critical elements of reform that will be the major focus of the first three years of the work program these include:

- **380 institutionalised clients** - implementing a phased program to transition long-stay hospital patients into community care (transitioning 100 patients in first 3 yrs).
- **Specialist clinical mental health services in the community** - filling service gaps and expanding community based mental health services, enhancing Whole Family Teams and continuing Community Integration Teams involving a number of agencies as key partners in delivery.
- **Community Living Supports** - Enhancing partnerships with NGOs to deliver health and psychosocial supports for consumers, as well as developing more effective pathways for all State Government agencies to access appropriate support for clients.

The Living Well: A Strategic Plan for Mental Health in NSW 2014-2024 is available at:

<http://www.health.nsw.gov.au/mentalhealth/Publications/living-well-strategic-plan.pdf>

## Patient Reported Measures

Patient Reported Outcome Measures (PROMs) capture a person's perception of their health. PROMs are measured by validated generic and disease specific tools, and measure symptoms, distress/anxiety, unmet needs and self-efficacy. Patient Reported Experience Measures (PREMs) capture a person's perception of their experience with health care or service.

## **Reducing Smoking Rates amongst Aboriginal Populations**

Ensuring an enhanced focus on tobacco control among Aboriginal populations is a key priority for 2015/16. The involvement of Districts and Networks in implementing enhanced activity in this area is critical to the achievement of State targets and will make a significant contribution to closing the gap. It is intended that Districts and Networks will:

- Implement the Quit for New Life program.
- Embed brief interventions to reduce tobacco consumption as part of core clinical practice, including access to nicotine replacement therapy where clinically indicated and referral to the Aboriginal quit line.
- Support tobacco control social marketing campaigns at the local level.
- Increase awareness of new outdoor smoking bans among Aboriginal communities.
- Establish partnerships with Aboriginal Community Controlled Health Services to ensure a strong focus on community engagement.
- Establish local performance monitoring strategies to assess progress toward targets.

## **Local Accountability and Clinician Engagement**

As part of the devolution to Districts and Networks, strong clinician engagement, which ensures the involvement of clinicians in key decisions affecting patient care, is essential.

Consistent with a Joint Statement of Cooperation between the Minister for Health, Australian Medical Association (AMA) and Australian Salaried Medical Officers Federation (ASMOF), senior medical clinician engagement is an area of focus for both Districts/Networks and senior medical clinicians in the context of NSW Health performance management systems.

The AMA in conjunction with ASMOF will be undertaking regular surveys of senior medical staff. These surveys relate to the engagement of senior medical clinicians and the survey questions have been agreed with the Ministry.

The results of the AMA/ASMOF survey, together with the results of the NSW Health YourSay survey, will be considered as part of understanding and assessing performance of Districts and Networks.

## **Workplace Culture**

A healthy and functional workplace culture is essential to facilitate the delivery of first class patient centered care. The further consolidation within our workforce of NSW Health's core values of Collaboration, Openness, Respect and Empowerment (CORE) continues to be a key focus area in 2015/16. Districts and Networks are to actively implement their local action plans developed in response to the first two YourSay Workplace Surveys. One measure of the effectiveness of these plans will be the third and final YourSay survey which was conducted in the first half of 2015. Improvements in Districts and Networks' Engagement and Workplace Culture Indices will be indicative of the effectiveness of culture improvement initiatives.

## **National Disability Insurance Scheme**

The National Disability Insurance Scheme (NDIS) will deliver a national system of disability support focused on the individual needs and choices of people with a disability. The NDIS is designed to provide people with a disability reasonable and necessary supports to achieve their goals and participate in the community both socially and economically. Under the new Scheme, funding for disability support will be allocated to each eligible individual, rather than a service provider, giving people control over the support they want as well as from whom they wish to purchase that support. Under the NDIS, investment in NSW for disability supports is expected to more than double in next five years to provide supports for around 140,000 people.

NSW Health is currently working with the National Disability Insurance Agency and the NSW Department of Family and Community Services to promote a seamless transition to the NDIS for people currently receiving disability services through the NSW health system. Local Health Districts (other than HNELHD and NBMLHD) will begin a phased transition starting in 2016. NSW Health is also working closely with the Department of Premier and Cabinet, the Commonwealth and other Health jurisdictions to agree on roles and responsibilities of different Agencies.

Further detail on the National Disability Insurance Scheme is available at: <http://www.ndis.gov.au/>

## Funding Allocation

Pillar Initial Budgets - 2015/16	Bureau of Health Information - Budget 2015/16				
	2015/16 BUDGET		Comparative Data		
	A	B	C	D	
	Initial Budget 2015/16 (\$'000)	2014/15 Annualised Budget (\$'000)	Variance Initial and Annualised (\$'000)	Variance (%)	
<b>A Expenditure Budget by Account Group (General Fund)</b>					
Employee Related	\$5,737	\$5,614	\$124		
Goods & Services	\$2,708	-\$93	\$2,800		
Repairs, Maintenance & Renewals	\$77	\$76	\$1		
Depreciation	\$110	\$110	\$		
Grants	\$	\$	\$		
<b>Total</b>	<b>\$8,632</b>	<b>\$5,707</b>	<b>\$2,925</b>	<b>51.26%</b>	
<b>B Breakdown of Expenditure Budget Movement - Comprise</b>					
Award / CPI Composite Escalation			\$126		
ICT Escalation additional cost of Maintenance of New Systems			\$14		
TMF Benchmark Adjustment			-\$3		
Patient Survey Rollover			\$450		
Patient Survey Program			\$2,338		
<b>Total</b>			<b>\$2,925</b>		
<b>C SP&amp;T Expenses</b>	<b>\$</b>	<b>\$</b>			
<b>D Total Expenses (D=A+C)</b>	<b>\$8,632</b>	<b>\$5,707</b>	<b>\$2,925</b>	<b>51.26%</b>	
<b>E Other - Gain/Loss on disposal of assets etc</b>	<b>\$</b>	<b>\$</b>			
<b>F Revenue</b>	<b>\$</b>	<b>\$</b>			
In-Scope Activity					
In-Scope Services - Block Funded	-\$8,515	-\$5,514	-\$3,001		
Out of Scope Services - Block Funded					
Capital Grants (Incl. RMR>\$10k)	-\$68	\$	-\$68		
Crown Acceptance (Super, LSL)	-\$72	-\$71	-\$2		
General Fund Own Sourced Revenue	-\$9	-\$12	\$3		
<b>Total Revenue</b>	<b>-\$8,665</b>	<b>-\$5,597</b>	<b>-\$3,068</b>		
<b>G Net Result (G=D+E+F)</b>	<b>-\$33</b>	<b>\$110</b>	<b>\$</b>		
<b>H Net Result represented by:</b>					
Asset movements (Depreciation)	-\$110	-\$110			
Asset movements (Cash at Bank Adjustment) #	\$	\$			
Asset movements (Capital Works)	\$68	\$			
Liability movements (27th Payroll)	\$75	\$			
Entity transfers	\$	\$			
<b>Total</b>	<b>\$33</b>	<b>-\$110</b>	<b>\$</b>		
<b>Note:</b>  A minimum weekly cash reserve of \$0.1m has been calculated to represent around 4 days of Pillar-related cash expenses (after depreciation, MOH holdbacks and crown acceptance).  The Ministry will use this value to monitor the level of cash on hand during the year. This calculated minimum weekly cash reserve excludes amounts where Pillars have requested use of prior-year accumulated general fund cash balances to be applied to LFI capital works in 2015/16. This 'capital cash', where Pillars have provided estimates for use during 2015/16, will be retained by Pillars so that it is available to be applied for that purpose.  The weekly minimum cash reserve has been calculated to include a level of own source revenues which would generally be on hand and available to health entities plus MOH subsidy to be provided up to the weekly minimum reserve calculations.  # Cash at bank adjustments as per Treasury Circular TC15/01 detailed in CFO letter of 12 June 2015. The reduction in bank balance is Nil due to your Pillar holding a low cash balance.					

## 2015/16 Budget Explanatory Notes – Bureau of Health Information

### Expenditure Budget Increase

**\$2,925,119**

#### Escalation

The 2015/16 budget includes a state average efficient escalation factor of 2% on funded expenditure, excluding non-escalated items. National Partnership Agreement items of expenditure are traditionally not escalated (and generally relate to expenditure sourced from Commonwealth funds). Examples of expenditure items not escalated are National Partnership Agreements for ACAT and ATSI Aids. Depreciation and SP&T are also not escalated.

Some expenditure items have been escalated at a rate greater than efficient escalation. For example, NGO's have been escalated at a rate of 2.5% while a general escalation rate of 2.1% was applied for intra-health charges for eHealth NSW, HealthShare and NSW Health Pathology.

In addition, specific cost increases have been provided for expenditure items such as High Cost Drugs (escalation rate is specific to each health entity and is matched to increases in direct revenues for these costs) and additional eHealth recoups for new IT systems and the increased costs of licensing (eg, Microsoft licenses).

A further escalation adjustment relates to the re-basing of the HealthShare NSW SPA budgets across the State, following revision of the pricing methodology.

Given that some of the above escalation items will vary between health entities, the overall composite escalation factor will be specific to each health entity. After taking all of the above-noted escalation items into account, the state average rate of escalation for all funded expenditure (excluding non-escalated items) is 2.24%. The composite escalation rate for your organisation is 2.5%, calculated as follows:

<b>2014/15 annualised expenditure base</b>	<b>\$5,706,832</b>
<b>Less: Non escalated expenditure items</b>	<b>\$110,000</b>
<b>Expenditure base for 2015/16 Budget escalation</b>	<b>\$5,596,832</b>
<b>General escalation (excl. specific items)</b>	<b>\$126,011</b>
<b>Add specific items:</b>	
NGOs	\$0
High Cost Drugs	\$0
eHealth recoups - New IT Systems increase for 2015/16	\$13,713
HealthShare SPAs and other charges – re-base of budgets following revision of pricing methodology (after general escalation of 2.1%)	\$0
<b>Total composite escalation (\$)</b>	<b>\$139,724</b>
<b>BHI composite escalation rate (%)</b>	<b>2.5%</b>

Note that it is a Condition of Subsidy (Government Grant) that the budget health entities allocate for services purchased from NSW Health Pathology, eHealth NSW and HealthShare NSW must agree with the pricing advice provided by these entities (and, therefore, with the budgets allocated to Pillars for this purpose). It is also a Condition of Subsidy that health entities escalate NGO budgets by the applied escalation rate (2.5%).

## Other Expenditure Budget Enhancements and Adjustments

Other expenditure budget enhancements and adjustments for BHI include the following:

TMF Premium Adjustment (MOH contact: Joe Kaszuba/Michele Murphy)	(\$2,605)
Patient Survey – Rollover from 2014/15 (MOH contact: Adam Phillips)	\$450,000
Patient Survey Program 2015/16 (MOH contact: Adam Phillips)	\$2,338,000
<b>Total Other Budget Enhancements &amp; Adjustments</b>	<b>\$2,785,395</b>

## Revenue Budget Increase

**\$3,068,242**

### Own Source Revenue (excl. Government Contributions)

Pillar Revenue Budget increases for 2015/16 comprise the following:

1. Price Increase – refers to fee escalation for the goods and services offered by NSW Health (eg, default shared room rate).
2. Other Revenue Budget Adjustments – refers to new or extraordinary items such as new car parks, Regional Assistance Scheme (RAS) and reduction of revenue through loss of interest income.

The final revenue increase target is the sum of the two components noted above and is added to the health entity's 2014/15 revenue budget (along with agreed in year adjustments, eg car parks & donations) to provide the health entity's 2015/16 revenue budget.

Excluding Government Contributions, the revenue budget for BHI decreased by \$2,754, comprising:

Revenue Category	Budget Increase
Price Increase	\$1,366
Interest Income (budget reduction)	(\$4,120)
<b>Total Revenue Budget Decrease (excl. Govt Contributions)</b>	<b>(\$2,754)</b>

### Revenue Baseline

The Budget increases are calculated by applying specific price and volume factors to each health entity's Revenue Baseline (refer Table 1 below). The 2014/15 Revenue Baseline was calculated by applying escalation factors to actual financial results from 2013/14. The Revenue Baseline was analysed in conjunction with each health entity's YTD financial results as at 31 March 2015 and an adjustment factor applied if a significant difference was found.

### Price Increase

The value of the price increase is calculated by escalating selected Baseline accounts by a determined percentage price change. Price changes may be regulated by the Ministry of Health (eg, patient fees single private room) or set at a local level (eg, Conference & Training receipts). These changes are applied to each account group as shown in the table below.

TABLE 1

Account Group	Price Increases (%)	Calculation Method
<b>Non-Patient Fee Revenue</b>		
Other User Charges	1.65%	Sydney CPI
Investment Income	1.65%	Sydney CPI
Grants & Contributions	1.65%	Sydney CPI
Other Revenue	1.65%	Sydney CPI

#### Other Revenue Budget Adjustments

In 2015/16, a number of new amendments to revenue will occur. For Pillars, the key change is the transfer of interest income to NSW Treasury.

#### **Government Contributions**

The total BHI revenue budget increase also includes Government Contributions, as follows:

Recurrent Subsidy	\$3,001,406
Crown Acceptance Escalations	\$1,590
Capital Subsidy	\$68,000
<b>Total Increase in Government Contributions</b>	<b>\$3,070,996</b>

Note that 2015/16 subsidy allocations reflect the new Treasury cash management policy (TC15-01). The Finance Branch of the Ministry will be issuing regular guidance on the application of this policy, commencing in the first week of July with *Cash Management Guidelines 2015/16-1*.

## Capital Program

### BUREAU OF HEALTH INFORMATION

#### ASSET AUTHORISATION LIMITS

##### 2015/16 Capital Projects

	DOHRS/SMRT	BP4 ETC 2015/16	Estimated Expenditure to 30 June 2015	Cost to Complete at June 2015	BP4 Allocation 2015/16	BP4 Est. 2016/17	BP4 Est. 2017/18	BP4 Est. 2018/19	Balance to Complete
		\$	\$	\$	\$	\$	\$	\$	\$
<b>MINOR WORKS</b>									
Minor Works & Equipment >\$10,000 Program	P51069				68,000				
<b>TOTAL WORKS IN PROGRESS</b>					68,000				
<b>TOTAL ASSET ACQUISITION PROGRAM</b>					68,000				

Note: Expenditure needs to remain within the Asset Authorisation Limits indicated above. Minor Works and Equipment >\$10,000 Program includes a confund contribution of \$68k.

## Performance Measures

The performance of each Pillar will be monitored in line with the *NSW Health Performance Framework*. The Framework provides a clear and transparent outline of how performance is assessed, and a single, integrated process for performance management.

The performance of each Pillar will be evaluated against delivery of the following:

- Statewide Key Strategic Priorities
- Annual Work plan

Additionally, performance against a suite of operational Key Performance Indicators (KPIs) and Service Measures will be reviewed during bi-annual performance meetings between the Ministry of Health and the Pillar.

KPIs have been designated into two tiers:

- **Tier 1** - Will generate a performance concern when the organisation's performance is outside the tolerance threshold for the applicable reporting period.
- **Tier 2** - Will generate a performance concern when the organisation's performance is outside the tolerance threshold for more than one reporting period.

Key Performance Indicator		Target	Not Performing X	Under Performing ↘	Performing ✓
<b>Finance and Activity</b>					
<b>Expenditure matched to budget</b> (General Fund):					
<b>Tier 1</b>	a) Year to date - General Fund (%)	On budget or Favourable	> 0.5 Unfavourable	> 0 but ≤ 0.5 Unfavourable	On budget or Favourable
<b>Tier 1</b>	b) June projection - General Fund (%)	On budget or Favourable	> 0.5 Unfavourable	> 0 but ≤ 0.5 Unfavourable	On budget or Favourable
<b>Own Source Revenue Matched to budget</b> (General Fund):					
<b>Tier 1</b>	a) Year to date - General Fund (%)	On budget or Favourable	> 0.5 Unfavourable	> 0 but ≤ 0.5 Unfavourable	On budget or Favourable
<b>Tier 1</b>	b) June projection - General Fund (%)	On budget or Favourable	> 0.5 Unfavourable	> 0 but ≤ 0.5 Unfavourable	On budget or Favourable
<b>Liquidity</b>					
<b>Tier 1</b>	<b>Recurrent Trade Creditors</b> > 45 days correct and ready for payment (\$)	0	> 0	N/A	0
<b>Tier 1</b>	<b>Small Business Creditors</b> paid within 30 days from receipt of a correctly rendered invoice (%)	100	< 100	N/A	100
<b>People and Culture</b>					
<b>Tier 2</b>	<b>Staff who have had a performance review</b> (%)	100	> 20 improvement	N/A	≤ 20 improvement
<b>Service Measures</b>					
Workplace injuries (%)					
Reduction in the number of employees with accrued annual leave balances of more than 30 days					
Recruitment: improvement on baseline average time taken from request to recruit to decision to approve/decline/defer recruitment (days)					
Aboriginal Workforce as a proportion of total workforce					
YourSay Survey:					
<ul style="list-style-type: none"> <li>• Estimated Response Rate</li> <li>• Engagement Index</li> <li>• Workplace Culture Index</li> </ul>					

## Governance Requirements

The Boards of Pillar Organisations are responsible for having governance structures and processes in place to fulfill statutory obligations and to ensure good corporate governance, as outlined in relevant legislation, NSW Health policy directives, and policy and procedure manuals. Pillar Organisations are also part of the NSW Public Sector and its governance and accountability framework, and must have effective governance and risk management processes in place to ensure compliance with this wider public sector framework.

### Corporate Governance

Informing NSW Health's good corporate governance, each Health entity is to meet compliance requirements as outlined in the *NSW Health Corporate Governance and Accountability Compendium* (the Compendium), including the seven corporate governance standards.

**Source:** Corporate Governance and Accountability Compendium is published at:

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

### Capacity Assessment Project

In 2014/15 NSW Health assessed the operational level of development, organisational capacity and maturity across NSW Health services under the following domains:

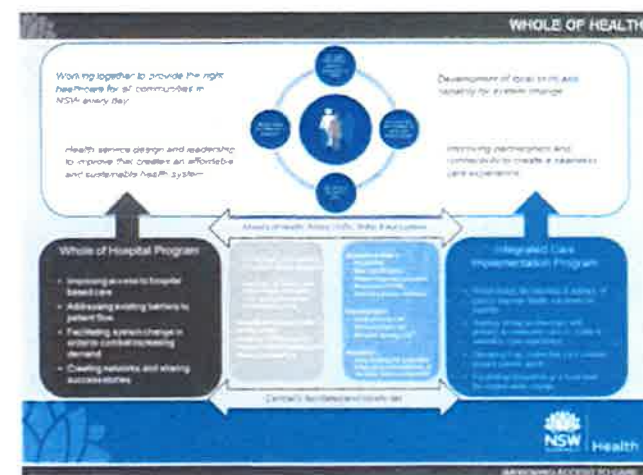
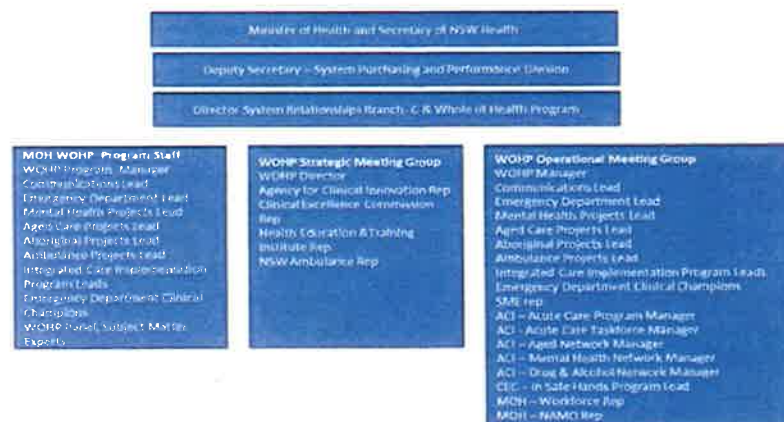
- Quality and Safety
- People and Culture
- Governance and Leadership
- Finance

In 2015/16, Districts and Networks, as well as the Ministry and Pillars, will determine a plan of action to further develop system capacity and maturity in the areas identified for improvement under the Capacity Assessment Project. A *Leading Practice* compedium will also be released, sharing lessons learnt and good practice across the system.

## PART A: Key System Priorities – Leaders and Partners in Delivery

### NSW HEALTH KEY PRIORITY – WHOLE OF HEALTH PROGRAM

#### Governance Structure



#### Key Objectives:

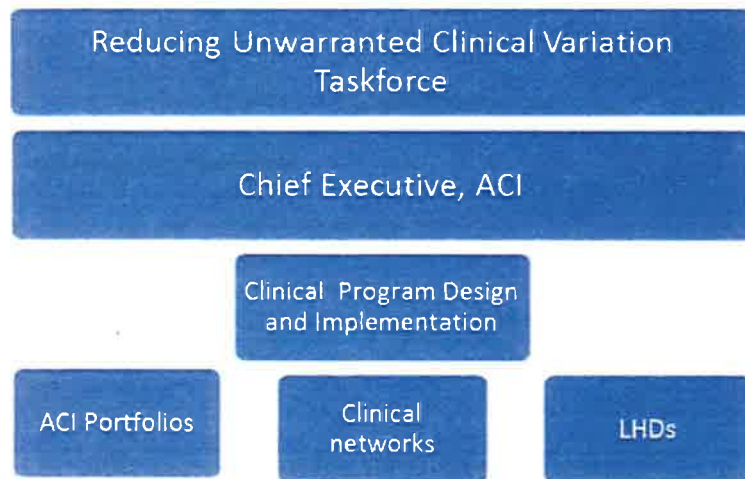
- To improve access to high quality, safe, person centred healthcare for users of the NSW public hospital system through a Whole of Health System approach;
- To improve the connectivity of the NSW health system to support locally accountable improvements in access to care and patient flow within the public hospital system
- To embed significant improvements in service provision
- To use effective communication to provide access to state-wide benchmarking data and local examples of best practice to drive change

#### PARTNER ORGANISATIONS

KEY FOCUS AREAS / KEY DELIVERABLES	LEAD ORGANISATION	SRFB	HSPiR	MOH Branches (Other)	LHD/ SHNs	ACI	CEC	HETI
Implementation of strategies to support 4hour benchmark "Emergency Treatment Performance Target"	MOH	✓	✓		✓			
Part funding for WOHP Program Leads	MOH	✓			✓			
On-site support via Subject Matter Experts	MOH	✓			✓	✓	✓	
Connecting the NSW Health sector via interagency partnerships	MOH	✓		✓	✓	✓	✓	✓
Partnerships with MOH branches	MOH	✓	✓	✓	✓	✓	✓	✓
Sharing lessons learned	MOH	✓			✓	✓	✓	
Quarterly Emergency Treatment Performance Trajectories	MOH	✓			✓		✓	
Whole of Health website	MOH	✓			✓	✓	✓	
Identify local Clinical Champions	MOH	✓			✓	✓	✓	
State Wide benchmarking data	MOH	✓	✓		✓	✓	✓	
Medical Engagement Scale (MES) tool	MOH	✓			✓			
Group Coaching	MOH	✓			✓	✓		

## NSW HEALTH KEY PRIORITY – REDUCE UNWARRANTED CLINICAL VARIATION

### Governance Structure



#### ACI

- Continue to develop approach through the RUCV Taskforce to identify and address UCV
- Complete the Evaluation of the Hip Fracture Project
- Continue to investigate variation in LoS and Cost
- Commence work around low value care
- Work with clinical networks and LHDs to demonstrate and evaluate changes in variation and to disseminate key findings to the NSW Health system

#### Other Partners

- Work collaboratively to continue to refine and develop the analytics approach to identifying variation and determining if it is "unwarranted"
- Undertake a strategic review of UCV with a focus on lessons learnt from current projects and future areas of focus (eg low value care)

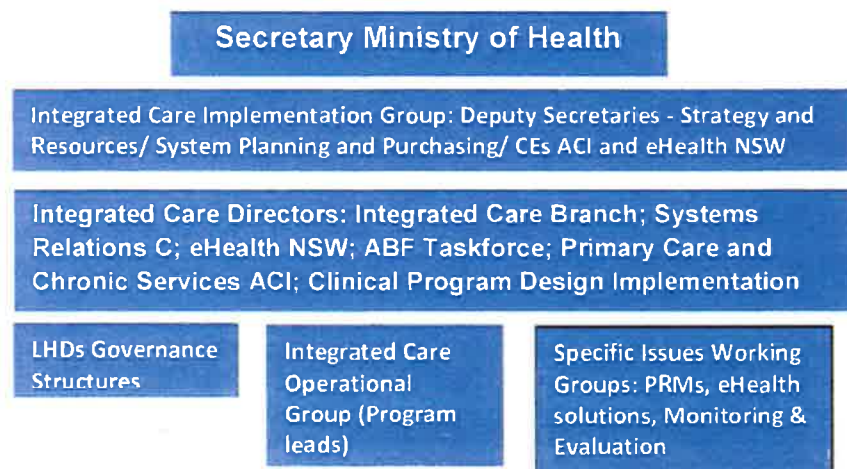
### Key Objectives:

- Reduce Unwarranted Clinical Variation to improve care and efficiency
- Partner with LHDs and Pillars to analyse variation & to implement process to address UCV

KEY FOCUS AREAS / KEY DELIVERABLES	LEAD ORGANISATION	LHD/SHNs	CEC	PARTNER ORGANISATIONS			
				BHI	Klds and Families	Cancer Institute	MoH - ABFT
REDUCING MORTALITY - Hip Fracture	ACI	✓					
REDUCING MORTALITY - Pneumonia	ACI	✓		✓			
REDUCING MORTALITY – Stroke	ACI	✓		✓			
REDUCING MORTALITY – Low volume Cancer	ACI	✓	✓			✓	
LOS & COST VARIATION - TURPs	ACI	✓					
LOS & COST VARIATION - Childbirth	ACI	✓			✓		
LOS & COST VARIATION - Surgical DRGs	ACI	✓					✓
STRATEGIC REVIEW OF RUCV	ACI	✓	✓	✓	✓	✓	✓
LOW VALUE CARE - Commence Analytics	ACI		✓				✓

## NSW HEALTH KEY PRIORITY – INTEGRATED CARE STRATEGY

### Governance Structure



\$120 million over four years has been committed by the NSW Government to implement innovative, locally led models of integrated care across the State to transform the NSW healthcare system. The funding supports:

- Three integrated care demonstrators in Western NSW, Central Coast and Western Sydney Local Health Districts
- A planning and innovation fund that supports 17 LHD and Specialty Health Networks (The Innovators) plan and implement local discrete projects in partnership with other providers
- Key pieces of state-wide infrastructure are being funded to support and enable better connectivity and integration across all levels of the healthcare system. These tools include the state-wide rollout of a fully linked-up eHealth record, HealthNet, risk stratification tools to identify early intervention opportunities for people likely to need healthcare services frequently, and patient reported measures to drive shared care planning.

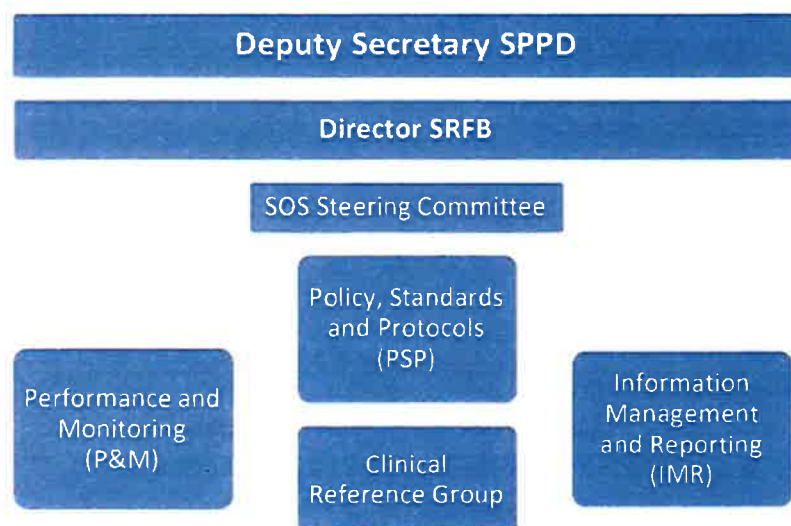
**Key Objectives:** to transform how we deliver care to improve health outcomes for patients and reduce costs deriving from inappropriate and fragmented care, across hospital and primary care services by:

- Focussing on organising care to meet the needs of targeted patients and their carers, rather than organising services around provider structures;
- Designing better connected models of healthcare to leverage available service providers to meet the needs of our smaller rural communities;
- Improving the flow of information between hospitals, specialists, community and primary care healthcare providers;
- Developing new ways of working across State government agencies and with Commonwealth funded programs to deliver better outcomes for identified communities;
- Providing greater access to out-of-hospital community-based care, to ensure patients receive care in the right place for them.

KEY FOCUS AREAS / KEY DELIVERABLES	LEAD ORGANISATION	LHD/ SHNs	PARTNER ORGANISATIONS			
			ACI	eHealth	PHNs	NGOs
Demonstrators	MoH (System Relationships (C))			✓	✓	✓
Innovators	MoH (System Relationships (C))		✓	✓	✓	✓
Patient Reported Measures	ACI	✓		✓		✓
eHealth	eHealth NSW	✓	✓		✓	
Risk Stratification	ACI	✓	✓	✓	✓	
Monitoring and evaluation	MoH HSIPR	✓	✓		✓	
Policy and Strategy	MoH: Integrated Care Branch	✓				

## NSW HEALTH KEY PRIORITY – PUBLIC SPECIALIST OUTPATIENT SERVICES

### Governance Structure



#### P&M (MoH:SRFB)

- Integration of Framework with annual performance and purchasing functions
- Support the management of 'Hot Spots' in liaison with relationship management leads
- Provide internal and external point of contact and coordination for feedback on the Consultation draft of the SOS Framework in preparation for becoming mandated policy.
- Support development of the SOS Toolkit as needed.

#### PSP (ACI)

- Develop a SOS Toolkit in conjunction with P&M stream as the implementation pathway in anticipation of the SOS Framework becoming mandated policy.

#### IMR (MoH:HSIPR)

- Improve compliance with PD2013-10 in order to reconcile self reported data to WebNap data
- Develop an IT transitional pathway in anticipation of the implementation of the SOS Framework.

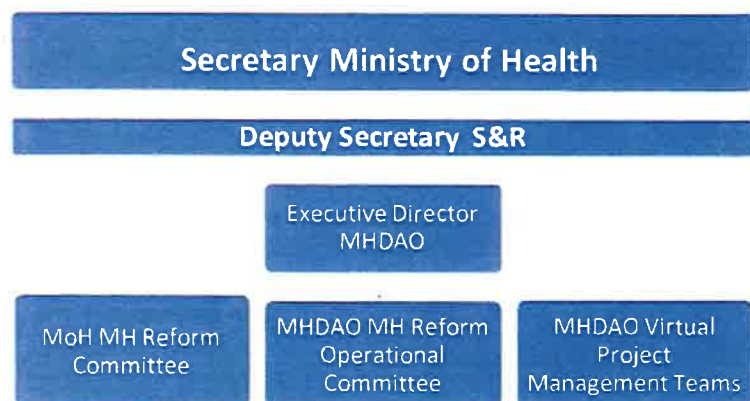
### Key Objectives

- Development and implementation of SOS Framework
- Development of a SOS Toolkit to support implementation

KEY FOCUS AREAS / KEY DELIVERABLES	LEAD ORGANISATION	LHD/SHNs	PARTNER ORGANISATIONS				
			MoH: SRFB	MoH: HSIPR	MoH: Finance	ACI	E-Health
SOS FRAMEWORK – Co-ordination of Document Development	MoH: SRFB		✓				
SOS FRAMEWORK – Co-ordination of IT Requirements	MoH: SRFB			✓			
SOS FRAMEWORK – System Infrastructure	MoH: SRFB	✓					✓
SOS FRAMEWORK – Ensuring Commonwealth Compliance With Medicare Billing Information Provided	MoH: SRFB				✓		
SOS TOOLKIT – Co-ordination of Document Development	MoH: SRFB		✓			✓	
SOS TOOLKIT – Implementation Pathway	MoH: SRFB		✓			✓	
SOS FRAMEWORK AND TOOLKIT – Local Implementation	MoH: SRFB	✓					

## NSW HEALTH KEY PRIORITY – MENTAL HEALTH REFORM IMPLEMENTATION

### Governance Structure



The NSW Government committed an additional \$115 million in mental health funding to 2016-17 to improve and strengthen mental health services in NSW. The majority of initiatives are scheduled for roll out in 2015-16 and planning for implementation is underway.

A Business Case for the Mental Health Strategy is to be submitted to the Expenditure Review Committee of NSW Cabinet in September 2015. A whole of government Monitoring and Reporting Framework and Implementation Plan for the reform have also been developed and these documents will be submitted to Cabinet following the ERC business case process. This will present the planning for implementation of the NSW Government's commitments in more detail and consider the total package of reforms intended by the Mental Health Strategic Plan.

### Key Objectives:

- Implement the NSW response to the Mental Health Commission's Strategic Plan

KEY FOCUS AREAS / KEY DELIVERABLES	LEAD ORGANISATION	LHD/ SHNs	PARTNER ORGANISATIONS				
			MoH: SRFB	MoH: HSPiR (InforMH)	MoH: Finance	ACI	E-Health
Provide bi-annual updates of activities and actions related to mental health relevant to individual Branches/Pillars	MoH: MHDAO	✓		✓			
Moving away from institutionalised care – reducing current number of long stay patients	MoH: MHDAO	✓		✓			
Increasing specialist clinical mental health services in the community	MoH: MHDAO	✓		✓			
Develop and enhance community managed living supports	MoH: MHDAO	✓		✓			✓
Local innovation and performance	MoH: MHDAO	✓					

## NSW HEALTH KEY PRIORITY – PATIENT REPORTED MEASURES

### Governance Structure



### ACI – (Patient Reported Measures)

- Continue to lead and develop the Patient Reported Measures project as part of the NSW Health Integrated Care Strategy
- Continue to provide support to the four (4) pilot sites across NSW to develop processes for collecting and using Patient Reported Measures
- Finalise the Patient Reported Outcome Measures (PROM), Patient Reported Experience Measures (PREM) and Disease specific question sets, in liaison with key stakeholders
- Continue discussions for the evaluation framework for Patient Reported measures project
- Continue discussions for ethics process for the Patient Reported Measures Project

### Other partners

- Work collaboratively to develop, test and implement Patient Reported Measures project by October 2015

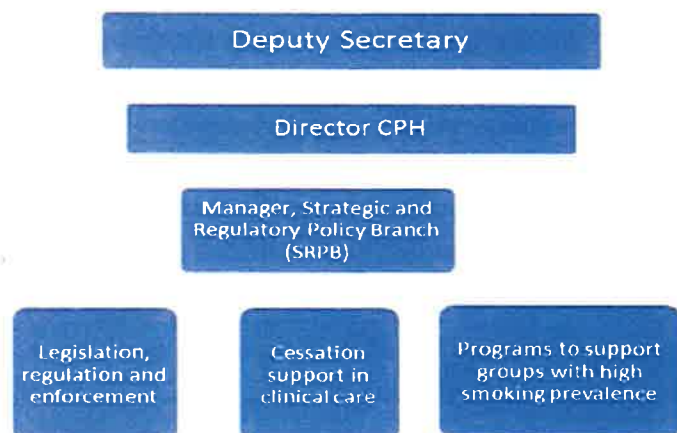
### Key Objectives:

- Enable patients to provide direct, timely feedback about their health related quality of life and outcome measures

KEY FOCUS AREAS / KEY DELIVERABLES	LEAD ORGANISATION	LHD/SHNs	MoH: SRFB	CEC	PARTNER ORGANISATIONS			
					BHI	Cancer Institute	ACI	eHealth
Patient Reported Measures	ACI	✓				✓	✓	✓
Patient Reported Outcome Measures	ACI	✓	✓		✓	✓	✓	✓
Patient Reported Experience Measures	ACI	✓		✓	✓	✓	✓	✓
Real time patient outcomes (Patient Experience Trackers)	ACI	✓						
Implementing Patient Reported Measures to enable real time feedback about PROMs to health care providers	ACI	✓	✓			✓	✓	✓

## NSW HEALTH KEY PRIORITY – TOBACCO CONTROLS

### Governance Structure



### Key Objective:

- Implementation of the NSW Tobacco Strategy 2012 – 2017

### Legislation, regulation and enforcement

- Support achievement of high level compliance with tobacco legislation including smoke-free outdoor areas and regulation of tobacco retailing through education, compliance monitoring and enforcement.
- Implement and achieve compliance with the revised NSW Health Smoke-free Health Care policy (PD2015\_003).
- Ongoing work relating to the regulation of electronic cigarettes in NSW including implementation of recent legislative amendments to tobacco legislation to incorporate electronic cigarettes.

### Embedding smoking cessation support in clinical care

- Support the work of the NSW Pillars Smoking Cessation Collaboration, set up in 2014 to explore how best to work together to embed identification and assessment of nicotine dependence and provision of cessation support into routine clinical care.
- Support further development of HETI online training modules related to smoking cessation.
- Continue to develop tools and resources to support smoking cessation in the clinical setting.

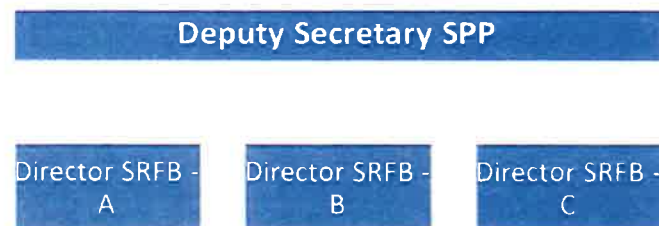
### Programs to support groups with high smoking prevalence

- Embed Quit for new life into routine clinical care for pregnant Aboriginal women.
- Facilitate the transition to Smoke-free correctional centres from 10 August 2015.
- Encourage the use of the ATRAC Framework that outlines best practice approaches to addressing smoking in Aboriginal communities and supports the planning, integration and coordination of Aboriginal tobacco resistance and control efforts across NSW.

KEY FOCUS AREAS / KEY DELIVERABLES	PARTNER ORGANISATIONS						
	LEAD ORGANISATION	LHDs/SHNs	MoH: CPH	CINSW	NSWK&F	ACI	HETI
Legislation, regulation and enforcement							
- Coordination of education, compliance monitoring and enforcement activities related to tobacco legislation	MoH: CPH	✓					
Legislation, regulation and enforcement							
- Implement the Smoke-free Health Care policy	LHDs/SHNs		✓				
Cessation support in clinical care							
- Embed brief intervention questions into the electronic medical record (ACI lead)							
- Work with LHDs to identify if patients are asked about smoking on admission and offered brief intervention (MoH)	Smoking Cessation Collaboration (joint)	✓	✓	✓	✓	✓	✓
- Develop evidence-based guide and associated tools (MoH)							
- Embed brief intervention into clinical Models of care (ACI)							
- On-line smoking cessation training for NSW Health staff (HETI)							
- Increasing referrals to the Quitline (CINSW)							
Programs to support groups with high smoking prevalence							
- Quit for new life	MoH: CPH	✓			✓		
Programs to support groups with high smoking prevalence							
- Smoke-free correctional facilities	JH&FMHN		✓	✓			
Programs to support groups with high smoking prevalence							
- Support the use of the ATRAC Framework	MoH: CPH	✓	✓	✓			

## NSW HEALTH KEY PRIORITY – LOCAL ACCOUNTABILITY AND CLINICIAN ENGAGEMENT

### Governance Structure



### Key Focus Area:

- Effectively and meaningfully engaging clinicians in key decisions affecting patient care

**Key Objective** – promote strong clinician engagement to ensure involvement of clinicians in key decisions affecting patient care

- As part of the devolution to Districts and Networks, strong clinician engagement, which ensures the involvement of clinicians in key decisions affecting patient care, is essential.
- Consistent with a Joint Statement of Cooperation between the Minister for Health, Australian Medical Association (AMA) and Australian Salaried Medical Officers Federation (ASMOF), senior medical clinician engagement is an area of focus for both Districts/Networks and senior medical clinicians in the context of NSW Health performance management systems.
- The AMA in conjunction with ASMOF will be undertaking regular surveys of senior medical staff. These surveys relate to the engagement of senior medical clinicians and the survey questions have been agreed with the Ministry.
- The results of the AMA/ASMOF survey, together with the results of the NSW Health YourSay survey, will be considered as part of understanding and assessing performance of Districts and Networks.

Key Deliverables	PARTNER ORGANISATION									
	LEAD ORGANISATION	LHDs/ SHNs	MoH: SPP	HETI	MoH: GWC	ACI	CEC	BHI	Cancer Institute	
Health/AMA/ASMOF survey questions on senior medical engagement agreed and reported	SRFB	✓			✓					
Adjust policy framework for Performance Review of executives and medical clinicians to effectively take account of senior medical engagement survey results	SRFB	✓			✓					
Performance Review of LHDs/SHNs taking account of senior medical engagement survey results	SRFB	✓	✓							
Review of model by-laws to ensure governance structures for clinician engagement	SRFB	✓			✓					
Activity Based Management promoted across Clinician Networks and Forums	SRFB	✓	✓	✓	✓					
On Board and On Ward	BHI	✓				✓	✓		✓	

## NSW HEALTH KEY PRIORITY – WORKPLACE CULTURE

### Governance Structure

Deputy Secretary Governance, Workforce &

Workforce Advisory Group

#### Key Focus Areas:

- 2015 YourSay survey
- Respectful Behaviour Initiatives
- Improving Patient Experience
- Leadership Programs -

**Key Objective** - development and implementation of strategies and programs with a view to achieving a healthy and functional workplace culture that embeds NSW Health CORE values

KEY FOCUS AREAS / KEY DELIVERABLES	LEAD ORGANISATION	LHDs/SH Ns	MoH	PARTNER ORGANISATIONS					
				HETI	ACI	CEC	BHI	Cancer Institute	Kids and Families
Individual LHDs action plans developed in response to the 2015 survey by early 2016	MoH GWC	✓	✓	✓	✓	✓	✓	✓	✓
Develop the next stage of ongoing staff surveying through the PSC People Matters program	MOH GWC	✓	✓	✓	✓	✓	✓	✓	✓
HETI will deliver up to 15 CORE Chat courses in Health Organisations to further embed CORE values.	HETI	✓	✓	✓	✓	✓	✓	✓	✓
Respectful Behaviour Initiatives - Implement strategies to address bullying and sexual harassment in medical training environments	MoH GWC	✓	✓		✓	✓		✓	
Deliver 6 surveys through the Patient Survey program	BHI	✓	✓				✓		
Small Acts of Kindness- continuation of compassion program including partnership with CEC for Patient Experience Symposium	MoH GWC	✓	✓	✓	✓	✓			
Evaluate Take the Lead (2) and progress further roll out for up to 60 senior nursing and midwifery managers and DONMs	MoH GWC	✓	✓	✓					
Partner with HETI to improve the sustainability of Essential of Care Program by developing a facilitation education program	MOH GWC	✓	✓	✓					
NAMO to progress the Productive Ward Program in 1000 Acute MH beds across the state	MoH GWC	✓	✓						
Extend the NSW Health Leadership Program (HLP) to five new sites; Perform ongoing evaluation and improvement of HLP based on emerging data	HETI	✓	✓	✓					
Support the enrolment of an additional 1000 applicants in the People Management Skills Program (PMSP); Evaluate and improve local contextualisation of PMSP; effectively engaging all relevant stakeholders to support improved workplace culture	HETI	✓	✓	✓					

## NSW HEALTH KEY PRIORITY – NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

### Governance Structure



#### PM (GRB)

- Develop an Implementation Toolkit to support LHDs/SHNs with transition.
- Guide LHDs/SHNs with the decision to become an NDIS provider – Provider tool
- Develop a transition plan and support implementation planning, client phasing and service adjustments

#### IM (MoH:HSIPR & GRB)

- Adjust information management systems to coordinate client identification and referral
- Influence NDIA information design and promote the development of a participant unique identifier

#### PDII (MoH:GRB)

- Influence national design and state implementation of Health's role and interface with NDIS
- Negotiate agreements on NSW Health's in-kind and cash contributions

#### M&E (MoH:HSIPR)

- Monitor and evaluate the impact of the NDIS trial and full scheme on NSW Health

### Key Objectives:

- Support the state wide roll out of the NDIS
- Identify opportunities and mitigate risks and impacts from the NDIS

KEY FOCUS AREAS / KEY DELIVERABLES	LEAD ORGANISATION	PARTNER ORGANISATIONS							
		GRB	MOH Branches	HSIPR	MHDAO	Health Share	ACI	LHDs/SHNs	SRC
Health Cluster Transition Plan for State roll out	MoH:S&R	✓	✓	✓	✓	✓	✓	✓	✓
Negotiate state & national agreements, design, interface	MoH:S&R	✓			✓				
Local operational issues, agreements and interface	HNE, NBM LHDs	✓			✓	✓	✓	✓	
Agreement on in-scope, in-kind and cash contributions	MoH:S&R	✓	✓		✓	✓		✓	
Implementation Toolkit and NDIS Provider decision tool to support LHDs/SHNs, PMO – LHD preparedness	MoH:S&R	✓	✓	✓	✓	✓	✓	✓	✓
Adjust information management systems	MoH:HSIPR	✓		✓		✓		✓	
Monitoring & evaluation of trial and full scheme	MoH:HSIPR	✓	✓	✓	✓	✓	✓	✓	
Communications framework, website and factsheets	MoH:SRC	✓	✓	✓	✓	✓	✓	✓	✓

## PART B: Bureau of Health Information Work Plan

### Key Deliverables for 2015/2016

Core Elements	Key Deliverables for 2015/2016
<b>Our Information products</b>	
Healthcare in Focus	<ul style="list-style-type: none"> <li>Release '<b>Healthcare in Focus 2014</b>' (produced in the previous financial year)</li> <li>Produce and release '<b>Healthcare in Focus 2015</b>'</li> </ul>
Hospital Quarterly	<ul style="list-style-type: none"> <li>Produce and release '<b>Hospital Quarterly</b>' in September 2015, December 2015, March 2016, June 2016</li> </ul>
Insights into Care Series	<ul style="list-style-type: none"> <li>Release '<b>Insights into Care</b>' on Healthcare for an aging population (produced in the previous financial year)</li> <li>Revise and release '<b>Insights into Care</b>' on Healthcare performance across the rural-urban continuum in NSW (produced in the previous financial year and complementary consultation will support its revision)</li> <li>Produce and release '<b>Insights into Care</b>' on Care for Children and Young People</li> <li>Produce '<b>Insights into Care</b>' on Clinical Variation in NSW hospitals (to be released in 2016-17)</li> </ul>
Patient Perspectives Series	<ul style="list-style-type: none"> <li>Produce and release '<b>Patient Perspectives</b>' report on Hospital care for cancer patients</li> <li>Produce and release '<b>Patient Perspectives</b>' report on Care for Aboriginal People</li> </ul>
Snapshot Series	<ul style="list-style-type: none"> <li>Produce and release '<b>Snapshot</b>' on Adult Admitted Patient Survey results 2014</li> <li>Produce and release '<b>Snapshot</b>' on Children and Young People Survey results 2014</li> <li>Produce and release '<b>Snapshot</b>' on Emergency Department Patient Survey results 2014</li> <li>Produce and release '<b>Snapshot</b>' on Outpatient Survey results 2014</li> <li>Produce and release '<b>Snapshot</b>' on Cancer outpatient Survey 2015 results</li> </ul>
On Board On Ward Series	<ul style="list-style-type: none"> <li>Develop and pilot '<b>On Board On Ward</b>' reports with Local Health Districts and Clinical Governance Councils</li> </ul>
Spotlight on Measurement Series	<ul style="list-style-type: none"> <li>Release '<b>Spotlight on Measurement</b>' on Measuring mortality following hospitalisation for five clinical conditions: Building on the reporting base (produced in the previous financial year)</li> <li>Produce '<b>Spotlight on Measurement</b>' on Ambulance Performance Measures</li> <li>Produce '<b>Spotlight on Measurement</b>' on Adverse Events and Complications of Care (to be released in 2016-17)</li> </ul>
Data Matters Series	<ul style="list-style-type: none"> <li>Release '<b>Data Matters</b>' on Linking data for improved performance measurement (produced in the previous financial year)</li> <li>Produce '<b>Data Matters</b>' on Measuring clinical variation and predictive risk (to be released in 2016-17)</li> </ul>
Patient Survey Program	<ul style="list-style-type: none"> <li>Continue monthly mailings of Adult Admitted Patient Survey, Emergency Department Survey and do annual reviews</li> <li>Admitted Children and Young Patients survey - monthly mailings to tertiary paediatric facilities</li> <li>Outpatients Survey - review, planning and mailing of 2015/16 survey</li> <li>Complete mailing cycle for patients seen Jan-Dec 2015 - Maternity Patients survey, Small Facilities Survey</li> </ul>
Dissemination	<ul style="list-style-type: none"> <li>Launch updated website for the BHI, including enhanced interactivity</li> <li>Continue to develop and expand the Healthcare Observer online reporting tool with additional measures and functionality</li> </ul>

Core Elements	Key Deliverables for 2015/2016
Our processes	
<b>Strategic relationships</b> <ul style="list-style-type: none"> <li>Engaging community, clinicians and managers</li> <li>Partnering with academic and reporting agencies</li> </ul>	<ul style="list-style-type: none"> <li>Continue meetings of BHI Scientific Advisory Committee, involving international experts</li> <li>Continue program of LHD visits</li> <li>Consumers, healthcare professional and system managers engagement activities – associated with projects</li> <li>Work with Ambulance Service of NSW to develop Ambulance measures suitable for public reporting</li> <li>Work with NSW Kids and Families to develop Child, Adolescent and Maternal Care measures</li> <li>Work with the Ministry of Health and the Mental Health Commission to inform progressive development of Mental Health performance measures building on existing data collection and reporting mechanisms</li> <li>Participate in research studies into the interface between primary and acute care services (APHID study, IMPACT team) with Sax Institute, UWS, UNSW and other partners</li> </ul>
<b>Organisational excellence</b> <ul style="list-style-type: none"> <li>Rigorous and systematic processes</li> <li>Regular evaluation and continuous improvement</li> </ul>	<ul style="list-style-type: none"> <li>Develop agile project management capability</li> <li>Implement records management system</li> <li>Maintain enterprise-wide risk management systems and processes to minimise and mitigate risk exposure of the Bureau</li> <li>Provide documentation of processes for each products and reports               <ul style="list-style-type: none"> <li>scoping documents</li> <li>advisory committees minutes</li> <li>peer-review and penultimate drafts</li> <li>reviewers comments and response</li> <li>final drafts</li> </ul> </li> <li>Develop a detailed BHI evaluation framework               <ul style="list-style-type: none"> <li>Implement enhanced evaluation and continuous improvement process for Bureau reports</li> </ul> </li> </ul>
Our resources	
<b>Informational resources, human resources, financial and physical resources</b>	<ul style="list-style-type: none"> <li>Information management               <ul style="list-style-type: none"> <li>Participate in relevant NSW Health data governance committees and related activities (eg, Business Information Systems Committee)</li> <li>Continue implementation of BHI Information Management Policy Framework</li> </ul> </li> <li>Human resource management               <ul style="list-style-type: none"> <li>Support staff involvement in scientific activities, workshops, conferences and ongoing development</li> </ul> </li> <li>Financial and physical resource management               <ul style="list-style-type: none"> <li>Maintain effective financial controls and monitor expenditure to ensure most effective and efficient use of available resources</li> <li>Implement project costing monitoring</li> </ul> </li> </ul>
Our reputation	
<b>Leadership in performance measurement and reporting</b>	<ul style="list-style-type: none"> <li>Continue 'Challenging Ideas' Seminar Series showcasing international experts</li> <li>Participate in recognised state-level, Commonwealth-level or international advisory committees</li> <li>Publish peer-reviewed papers</li> </ul>

## Strategic Plan

### Focus area 1

#### Our information products

#### What we will deliver

BHI's primary focus is the production of information for the community, healthcare professionals and policy makers.

Performance information should be presented in a way that informs users, provides fair comparisons and considers the diversity and complexity of the NSW healthcare system.

We aim to deliver impartial, accurate and accessible information, that will lead to increased understanding of the NSW healthcare system, inform decision making by patients, carers, healthcare professionals, managers and policy-makers, and ultimately support improved patient care and wellbeing.

BHI has three objectives for its information products, as set out below.

- More timely, detailed and tailored information about performance
- Provide added-value through contextual information, integrated analyses and interpretation
- Increased access and use of digital data, interactive media and advanced visualisation

Objective	What this means	What we do well
Up-to-date and detailed information	Our reports and information products are timely, accurate, valid and provide sufficient detail to aid understanding and inform decision-making. We develop new measures to inform priority issues for the system.	<ul style="list-style-type: none"><li>• Deliver timely information that is reported at NSW, local health district / specialty health network, peer group, hospital and when appropriate, unit level</li><li>• Develop new measures that are linked to priority areas for the NSW public health system</li><li>• Provide clinicians and managers access to more detailed information to support their local decision-making</li></ul>
Clear and insightful reports	We publish independent, objective and easy to understand information that is valued by policy-makers, healthcare providers and the general public. Our interpretation, writing and presentation are clear and thoughtfully designed for a range of audiences.	<ul style="list-style-type: none"><li>• Maintain a publication program that provides high quality reports across our suite of product lines</li><li>• Apply a systematic approach to reviewing writing and presentation to ensure readability and clarity of interpretation</li><li>• Key development areas are:</li></ul>

	BHI reports contribute to adoption of evidence based practice.	<ol style="list-style-type: none"> <li>1. Stronger measures of outcomes of care</li> <li>2. More information about clinical variations in acute and chronic care</li> <li>3. Greater focus on what patients have to say about their care and how it impacts their life</li> <li>4. Insights into how providers and delivery organisations work as a system</li> </ol>
Accessible and broadly disseminated	<p>Our information products are readily accessible. We use a range of methods to promote and distribute our reports and information widely. Our information reaches more and more people (the public, service providers and policy-makers).</p>	<ul style="list-style-type: none"> <li>• Develop a range of flexible, wide-reaching dissemination strategies to deliver BHI information products to key audiences</li> <li>• Develop and enhance electronic access to BHI information products, including increasing emphasis on interactive tools and advanced data visualisations</li> <li>• Focus on strategies to enhance knowledge sharing and use of BHI information</li> </ul>

## Focus area 2

### Our processes (part 1)

#### How we will work – Strategic relationships

BHI has two themes relating to its processes: organisational excellence (see page 12) and strategic relationships.

BHI's success requires strong strategic relationships with our audiences, service providers, colleagues reporting on performance in other jurisdictions, and academic institutions; all of whom can guide and assist us to constantly improve the quality of our work.

We involve key stakeholders throughout the design, development, publication and evaluation of our reports.

BHI has two objectives for its strategic relationships, as set out below.

- Increased consultation with stakeholders, especially clinicians and consumers
- A renewed emphasis on collaboration with other 'pillars' of NSW Health and academic groups
- Innovative ways of engaging users in prioritising, producing and using our information

Objective	What this means	What we do well
Engaging community, clinicians and managers	<p>We know our audience for each product, understand their information needs and use this to inform our work.</p> <p>Our stakeholders feel they have opportunities to contribute ideas and that their advice is considered.</p> <p>System priorities clearly inform BHI report development.</p> <p>We support our stakeholders to increase data literacy and capacity to interpret and act on performance reports.</p>	<ul style="list-style-type: none"><li>• Review and implement our stakeholder engagement framework to maintain effective consultation with stakeholders about our priorities, measurements and reporting methods to ensure their information needs are met</li><li>• • Maintain strong working relationships with our data suppliers</li><li>• Increase opportunities for clinicians and other frontline healthcare professionals to provide input and be involved in BHI's work</li><li>• Ensure appropriate engagement of healthcare consumers, carers and members of the general public through a range of strategies</li><li>• Explore ways to further the sense of ownership stakeholders have of the information we report and their ability to act on results</li><li>• Develop strategies to increase data literacy and support stakeholders to interpret and act on performance information</li></ul>

<p>Partnering with academic and reporting agencies</p>	<p>We communicate and collaborate with key academic and health reporting agencies in Australia and internationally so we are aware of the latest developments; we work together where relevant.</p> <p>We have established working relationships with our partners based on shared goals, clearly agreed responsibilities and identified outcomes.</p>	<ul style="list-style-type: none"> <li>• Establish and maintain an international scientific advisory committee to inform best practice at BHI</li> <li>• Participate in inter-jurisdictional collaboration with performance reporting agencies</li> <li>• Formally review priority areas for healthcare reporting twice a year and encompass new analyses and reporting where appropriate</li> <li>• Collaborate with other 'pillars' of NSW Health (ACI, HETI, CEC, Cancer Institute, NSW Kids and Families) and other components of the health system at the Commonwealth, NSW and local health district / specialty health network level to deliver on shared goals.</li> <li>• Pursue research collaborations where these benefit BHI's work or contribute to evidence regarding health performance reporting</li> </ul>
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## Focus area 2

### Our processes (part 2)

#### How we will work – Organisational excellence

BHI has two themes relating to its processes: strategic relationships (see previous page) and organisational excellence.

Innovative, rigorous and impartial measurement and reporting arise from thorough research and planning, sophisticated and accurate analyses, thoughtful interpretation, writing and design, all underpinned by effective corporate systems and structures.

BHI has two objectives for its processes related to organisational excellence, as set out below.

- Target the development of new measures based on system needs
- Implement agile planning and management processes to support rigour and innovation
- Systematically evaluate our work to understand the impact and identify and support improvements

Objective	What this means	What we do well
Rigorous and systematic processes	<p>Processes across BHI ensure we work in a coordinated, consistent way that meets legislative and policy requirements.</p> <p>We are transparent and objective in our decision making and processes, balancing consultation and collaboration with maintaining editorial independence.</p> <p>We use agile project planning and management approaches that involve the BHI team, incorporate intelligence from stakeholders and the literature, consider best practice and prepare us for effective and efficient report development.</p> <p>We adopt sophisticated, rigorous methods for analysing and checking data.</p>	<ul style="list-style-type: none"><li>• Implement a systematic approach to gap analysis and priority setting for future reporting</li><li>• Design, build, test and evaluate new measures where suitable measures do not exist</li><li>• Develop and adhere to clearly documented processes for report development and production (BHI creative cycles)</li><li>• Develop and apply systematic data checking at each stage</li><li>• Obtain broad peer review of all products prior to publication including reviewers from stakeholder agencies in NSW, consumer representatives and clinicians, and national or international experts</li><li>• Apply efficient, effective planning and management approaches to each project BHI undertakes</li><li>• Develop, implement and monitor compliance with a suite of policies and procedures to enhance BHI's operations</li></ul>

		<ul style="list-style-type: none"> <li>• Maintain rigorous application of risk management framework</li> </ul>
Regular evaluation and continuous improvement	<p>We use a variety of approaches to evaluate the successful achievement of objectives and inform future planning. Systems and processes are regularly reviewed to ensure we operate efficiently and effectively.</p> <p>We assess the reach and impact of our work</p>	<ul style="list-style-type: none"> <li>• Develop a robust evaluation framework to assess the success of our work, and embed an evaluation strategy across all BHI products. Conduct regular evaluations of: <ul style="list-style-type: none"> <li>○ Reporting products</li> <li>○ Data management</li> <li>○ Dissemination and communication</li> <li>○ Engagement and partnerships</li> </ul> </li> <li>• Collect and use information about the usefulness, quality and impact of our work from: <ul style="list-style-type: none"> <li>○ Key stakeholders</li> <li>○ BHI website users</li> <li>○ Staff</li> </ul> </li> <li>• Assess our administrative processes and develop corporate intelligence, through regular audits and evaluations</li> </ul>

### Focus area 3

#### Our resources

#### What we need to do our work

The main inputs necessary for BHI to undertake its work are human, financial and physical resources. We require quality data including relevant linked data so we can develop strong measures and reports.

We must recruit and retain highly skilled individuals and have systems of support to enhance skills so staff can maximise their performance. We aim to nurture a culture of teamwork, innovation and excellence and to promote a safe work environment and healthy activities. Systems and processes need to be in place to ensure effective management of BHI's physical resources and the introduction of new technologies to enhance business practices.

BHI has three objectives for its resources, as set out below.

- Recruit highly skilled staff and support ongoing professional development
- Access new datasets with increased linkage capacity
- Increase our business intelligence for optimal use of resources

Objective	What this means	What we do well
A competent, healthy and motivated workforce	We recruit highly skilled staff who add value to the work of the team. We have systems in place to continually develop the skills and expertise to maximise their contribution at all levels of the organisation. We promote a safe work environment and support healthy activities. We aim for a good work-life balance for our staff.	<ul style="list-style-type: none"><li>• Continue to recruit and retain highly skilled staff and provide professional development opportunities</li><li>• Implement regular performance development review process and use results to plan for and support staff development</li><li>• Promote and reward teamwork, innovation and excellence</li><li>• Undertake regular workplace safety assessments and address emerging issues</li><li>• Maintain an active workplace social program</li><li>• Support business continuity by implementing a workforce development plan</li></ul>
Valid and accurate data and robust methods	BHI has access to a wide range of datasets that are complete, accurate and useful. We can obtain linked data where required to better assess and report on performance. We manage our data resources scrupulously and ethically to maintain quality and protect privacy. We undertake targeted research, assess	<ul style="list-style-type: none"><li>• Expand our range of data sources including relevant linked data</li><li>• Regularly undertake quality scanning of data sources and exploration of anomalies, and develop recommendations to inform policy, process and system improvement on data collection and reporting</li></ul>

	intelligence from stakeholders and the literature, and consider best practice to prepare us for effective and efficient report development.	<ul style="list-style-type: none"> <li>• Ensure robust systems of data and information management</li> <li>• Investigate and develop new analytical methods and reporting techniques to maintain cutting edge approaches</li> <li>• Continually develop and enhance the Patient Survey Program</li> </ul>
Appropriate funding and infrastructure	<p>Systems are in place to ensure that our resources are managed effectively in accordance with agreed priorities.</p> <p>We monitor and introduce new technologies to enhance our business processes.</p> <p>We obtain and provide the necessary infrastructure to ensure our staff can work effectively.</p>	<ul style="list-style-type: none"> <li>• Develop a strategic approach to financial planning and management that optimises available resources and secures additional funding as required to support priorities</li> <li>• Continually review the suitability of office accommodation and equipment to meet needs and provide a comfortable, efficient and safe physical environment</li> <li>• Develop and implement a strategic approach to information and communication technology</li> <li>• Develop effective contract management and risk management</li> </ul>

## Focus area 4

### Our reputation

#### How our achievements are perceived

The value and benefits of performance reporting rely on the trust that the public, clinicians, managers and policy-makers put in the information provided. It is crucial that public reports are seen as providing information that is valid, accurate, impartial and fair. Maintaining the legitimacy and credibility of the organisation is thus a key strategic activity.

All of the objectives in our plan contribute to achievement in this focus area. We also need to take some specific actions to support it.

There is one main objective, as shown below.

- Deliver on all aspects of our mandate
- Increase our visibility in academic publications and forums
- Lead discussions and debates about performance measurement and reporting

Objective	What this means	What we do well
Leadership in performance measurement and reporting	BHI is a trusted source of accurate, reliable, fair and useful information. We are seen as experts in performance reporting, and our advice and opinions are sought within NSW, nationally and internationally.	<ul style="list-style-type: none"><li>• Develop our annual plans and conduct our work to ensure we fulfil our mandated functions and provide meaningful support to health services and the health system in NSW</li><li>• Undertake work to measure the impact of BHI work, assess cost effectiveness and identify benchmarking opportunities</li><li>• Provide leadership in more consistent measurement and reporting approaches across NSW Health entities</li><li>• Publish in peer reviewed literature and present at conferences</li><li>• Take a leadership role by promoting discussions about the science of performance reporting and contribute to expert deliberations related to our work</li><li>• Maintain a clear and transparent process for the public release of BHI information with established mechanisms and timeframes</li></ul>