

Service Compact

An agreement between:

**Secretary
NSW Ministry of Health**

and

**Bureau of Health
Information**

for the period

1 July 2014 – 30 June 2015



Health

Abbreviations:

| | |
|---------|--|
| ABF | Activity Based Funding |
| ACCHS | Aboriginal Community Controlled Health Service |
| ACI | Agency for Clinical Innovation |
| AHO | Affiliated Health Organisation |
| AN-SNAP | Australian National Sub-Acute and Non-Acute Patient |
| ADA | Australian Dental Association |
| BHI | Bureau of Health Information |
| CEC | Clinical Excellence Commission |
| CI | Cancer Institute |
| COAG | Council of Australian Governments |
| DRG | Diagnostic Related Group |
| FTE | Full Time Equivalent |
| GL | Guideline |
| GP | General Practice/Practitioner |
| HETI | Health Education and Training Institute |
| HIV | Human Immunodeficiency Virus |
| ICT | Information & Communications Technology |
| KPI | Key Performance Indicator |
| LHD | Local Health District |
| MHDAO | Mental Health and Drug & Alcohol Office |
| MoH | Ministry of Health |
| MPS | Multipurpose Service |
| NEAT | National Emergency Access Target |
| NEST | National Elective Surgery Target |
| NFC | Nationally Funded Centre |
| NGO | Non-Government Organisation |
| NHMRC | National Health and Medical Research Council |
| NHRA | National Health Reform Agreement |
| NPA | National Partnership Agreement |
| NSW | New South Wales |
| NSWKF | NSW Kids and Families |
| NWAU | National Weighted Activity Unit |
| PD | Policy Directive |
| RACMA | Royal Australasian College of Medical Administrators |
| SCHN | Sydney Children's Hospital Network |
| SHC | Statutory Health Corporation |
| SHN | Specialty Health Network |
| SSS | Selected Specialty Services |
| STI | Sexually Transmitted Infections |
| UDG | Urgency Disposition Group |
| URG | Urgency Related Group |

Terminology:

In this Service Compact:

- The term “**the Organisation**” refers to the Bureau of Health Information, unless otherwise indicated.
- The term “**Health Services**” refers collectively to NSW Local Health Districts, Specialty Health Networks, Ambulance Service of NSW, St Vincent’s Health Network and Affiliated Health Organisations.
- The term “**Support Organisations**” refers collectively to the Pillars – the Agency for Clinical Innovation, the Bureau of Health Information, the Cancer Institute, the Clinical Excellence Commission, the Health Education and Training Institute and NSW Kids and Families, as well as other support organisations - Health Infrastructure, HealthShare NSW, NSW Health Pathology, Health Protection NSW and the Office of Health and Medical Research.
- The term “**other organisations**” refers to other relevant entities according to context, including Non-Government Organisations, Aboriginal Community Controlled Health Services and Medicare Locals.

SERVICE COMPACT

This Service Compact supports the devolution of decision making, responsibility and accountability for the provision of safe, high quality, person-centred healthcare to NSW Health Services and Support Organisations by setting out the service and performance expectations and funding for the Bureau of Health Information.

The Bureau of Health Information agrees to meet the service obligations and performance 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 Service Compact

Professor Bruce Armstrong AM
Chair
On behalf of the
Bureau of Health Information

Date: 18th September 2014

Signed:



Dr Jean-Frédéric Lévesque
Chief Executive
Bureau of Health Information

Date: 18th September 2014

Signed:



NSW Health
Dr Mary Foley
Secretary
NSW Health

Date:

19.2.15

Signed:



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1. Purpose and Objectives of the Service Compact

Principal Purpose:

- To clearly set out the service delivery and performance expectations for the funding and other support provided to the Organisation.

Objectives:

- To outline the Organisation's roles and responsibilities within the overarching NSW Health network of services and support organisations, and in line with delivering the *NSW State Health Plan, Towards 2021*.
- To promote accountability to Government and the community, and ensure NSW Government and national health priorities, services, outputs and outcomes are achieved.
- To ensure key directions, strategies and priorities aligned with the responsibilities of the Organisation within key NSW Health Plans, most notably, the *NSW State Health Plan, Towards 2021* are implemented and achieved, in order to facilitate their delivery
- To articulate the responsibility of the Organisation to conduct robust consultation across the NSW Health sector, to inform development of the Organisation's strategic and operational plans.
- To establish with the Organisation an expectation of responsiveness and flexibility in partnering with NSW Health to respond to emerging issues and priorities.
- To instate with the Organisation, a Performance Management and Accountability System that assists in achievement of effective and efficient management and performance.
- To provide the framework for the Chief Executive to establish service and performance agreements within the Organisation.
- To facilitate the progressive implementation of a purchasing framework as appropriate to Support Organisations.
- To develop effective and working partnerships with Aboriginal Community Controlled Health Services and ensure the health needs of Aboriginal people are considered in all health plans and programs developed by the Organisation.

Consistent with the principles of the devolution of accountability and stakeholder consultation, the engagement of clinicians in key decisions, such as resource allocation and service planning, is crucial to achievement of the above objectives.

2. Strategic Context

NSW Health is the lead agency to deliver on the *NSW 2021: A Plan to Make NSW Number One* goals of:

- i) Keeping people healthy and out of hospital.
- ii) Providing world class clinical services with timely access and effective infrastructure.

Achieving these goals requires clear priorities, supportive leadership and staff working together, underpinned by the core values of:

- **C**ollaboration – improving and sustaining performance depends on everyone in the system working as a team.
- **O**penness – transparent performance improvement processes are essential to make sure the facts are known and acknowledged, even if at times this may be uncomfortable.
- **R**espect – the role of everyone engaged in improving performance is valued.
- **E**mpowerment – there must be trust on all sides and at all levels with responsible delegation of authority and accountability.

One important way the CORE values can be realised is through active engagement of LHDs, other Health Services and Support Organisations with the NSW Health Performance Framework.

The annually negotiated Compacts between the Ministry and Support Organisations, and the Service Agreements with Local Health Districts and other Health Services, ensure that the priorities of NSW Health are delivered.

Building upon the goals set by *NSW 2021: A Plan to Make NSW Number One*, the priorities for NSW Health are:

- Building healthy communities
- Integrated care
- High quality, sustainable services

The Service Compact operates within the NSW Health Performance Framework and in the context of the NSW Health Funding Reform, Purchasing Framework and NSW Activity Based Funding and Small Hospitals Operational Specifications.

Local Health Districts, other Health Services and Support Organisations are core to the NSW Health System and are fundamental to the delivery of key goals and outcomes. Collaboration with other relevant entities, including Medicare Locals, Non-Government Organisations, the Aboriginal Community Controlled Health Sector, Aboriginal Health and Medical Research Council and other Government agencies is essential to achieving these goals.

Appropriate consultation and engagement with clinicians, patients and communities in relation to the design and delivery of health services is also a responsibility, including consideration of how best to support the needs of carers in the design and delivery of their services.

NSW Health Services and Support Organisations are also part of the NSW Public Sector and its governance and accountability framework. Boards must have effective governance and risk management processes in place to ensure compliance with this wider public sector framework (refer Schedule F for further detail on governance requirements).

Developments under the National Health Reform Agreement further inform this Compact, which may require corresponding updates or amendments over time.

Although Service Agreements and Compacts do not specify every responsibility of affected organisations, this does not diminish other applicable duties, obligations or accountabilities, or the effects of NSW Health policies, plans, circulars, inter-agency agreements, Ministerial directives or other instruments.

The Bureau of Health Information

The Bureau of Health Information (BHI) was established in 2009 to provide independent reports to government, the community and healthcare professionals on the performance of the NSW public health system, including safety and quality, effectiveness, efficiency, cost and responsiveness of the system to the health needs of the people of NSW.

The Bureau is a board governed statutory health organisation. It aims to deliver impartial information that increases understanding, informs decisions and ultimately leads to improved health care delivery. It consults widely with its stakeholders and uses international evidence to identify priorities for and approaches to reporting on the performance of healthcare organisations. The Bureau works with Local Health Districts, the Clinical Excellence Commission, Agency for Clinical Innovation, Health Education and Training Institute, NSW Ministry of Health and other health and support organisations to achieve its aims.

In the 2011 review of governance arrangements in NSW Health, it was stated that: *“The Bureau of Health Information (BHI) will be recognised as the primary source of quality information to the community, healthcare professionals and policymakers. Responsibilities for the Patient Survey will transfer from the Department to the BHI.”*

3. Regulatory and Legislative Framework

Health Services Act 1997

The Bureau of Health Information is a Board governed statutory health corporation established under section 41 and specified in Schedule 2 of the Health Services Act 1997. Along with the other statutory health corporations, local health districts and affiliated health organisations, it is a public health organisation under Section 7 of the Act.

The Board carries out its functions, responsibilities and obligations in accordance with the Health Services Act 1997 and the Determination of Functions for the organisation as approved by the Minister for Health, which include working in accordance with a Service Compact agreed with the Director General.

The Health Services Act 1997 provides that the Director-General may enter into an agreement with a public health organisation, which may:

- Set operational performance targets for the organisation in the exercise of specified functions during a specified period
- Provide for the evaluation and review of results in relation to those targets, and
- Provide for the provision of such data or other information by a public health organisation concerning the exercise of its functions that the State determines is required to comply with the State's performance reporting obligations under the National Health Reform Agreement.

Under the conditions of subsidy applicable to the Bureau of Health Information, all funding that has been provided for specific purposes must be used for those purposes unless otherwise approved by the Ministry of Health.

Ministerial Determination of Functions

Schedule A details the Ministerial Determination of Functions for the Bureau of Health Information, signed by the Minister on 18th November 2009, pursuant to Section 53 of the Health Services Act 1997.

National Agreements

As context, the NHRA requires the NSW Government to establish a Service Agreement with applicable organisations, and to implement a Performance Management and Accountability System, including processes for remediation of poor performance.

Included in the NHRA requirements is that each organisation is to annually develop a strategic plan, implement an operational plan, and deliver agreed services and performance standards within an agreed budget, based on these plans, to give effect to that organisation's Service Agreement. Consistent with the NHRA, affected organisations are to engage in annual reporting processes subject to NSW Government financial accountability and audit frameworks.

Health Services and other affected organisations are required to meet the applicable conditions of COAG National Agreements and National Partnership Agreements between NSW and the Commonwealth Government and commitments under any related implementation Plans. Details of these Agreements can be found at -

www.federalfinancialrelations.gov.au

4. The NSW Health Performance Framework

The Service Agreement is a key component of the NSW Health Performance Framework for LHDs, other Health Services and Support Organisations. The Framework:

- Has the over-arching objectives of improving service delivery, patient safety and quality.
- Provides a single, integrated process for performance review, escalation and management.
- Provides a clear and transparent outline of how the performance of LHDs, other Health Services and Support Organisations is assessed.
- Outlines how responses to performance concerns are structured to improve performance.
- Operates in conjunction with the Purchasing Framework and the NSW Activity Based Funding and Small Hospitals Operational Specifications.

5. Variation of the Compact

The Compact may be amended at any time by agreement in writing by all the Parties.

The Compact may also be varied by the Secretary or the Minister as provided in the *Health Services Act 1997*.

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

6. Summary of Schedules

- A: Strategic Priorities and Determination of Functions** - Outlines key NSW Health strategic themes and focus areas, and the Organisation's Determination of Functions.
- B: Agreed Work Plan and Support Roles** - Outlines the Organisation's Workplan, support services to be provided to the Ministry, contributions to supporting improvements in health system performance and roles in teaching and training in liaison with HETI and in research in liaison with the Office for Health and Medical Research.
- C: Budget** - Summarises the operating and capital budget allocated to the Organisation for the provision of its services, operations and capital works as well as the applicable funding under the National Health Funding Body Service Agreement.
- D: BHI's Report Release Process** - details all aspects of the Bureau's report release process which ensures stakeholders are fully informed about the Bureau's products while respecting the Bureau's editorial independence and impartiality. Includes a summary of the timelines associated with each part of the report release process.
- E: Performance Measures** - Lists the Key Performance Indicators that affect escalation/de-escalation under the NSW Health Performance Framework and the Service Measures that provide context against which performance is assessed.
- F: Governance Requirements** - Outlines the structures and processes the Organisation is to have in place to fulfil its statutory obligations and ensure good corporate and clinical governance, taking account of *NSW Health Corporate Governance and Accountability Compendium* requirements and its roles and responsibilities as a key member organisation of the wider NSW network of public health system organisations.

SCHEDULE A: Strategic Priorities and Determination of Functions

The Organisation operates in the context of the Strategic Priorities of NSW Health, which are to be reflected in Health Services' and Support Organisations' Strategic and Services Plans and in operational delivery. Additional local priorities are to be detailed in the Health Service's or Support Organisation's Strategic Plan, a copy of which is to be provided to the Ministry. Note that, following the release of a NSW State Health Plan, Boards will be requested to report to the Minister on the delivery of applicable strategic priorities for NSW Health.

This Schedule sets out:

- NSW Health's Strategic Themes for 2014/15 – NSW State Health Plan
- NSW Health's Specific Focus Areas for 2014/15
- The Organisation's Strategic Priorities for 2014/15

Strategic Themes for 2014/15 – NSW State Health Plan

In order to deliver fundamental change to the NSW Health System, the *NSW State Health Plan* has determined the following three Strategic Directions:

- **Keeping People Healthy** – supporting people to live healthier, more active lives and reducing the burden of chronic disease.
- **Providing World Class Clinical Care** – providing timely access to safe, quality care in our hospitals, Emergency Departments and in the community.
- **Delivering Truly Integrated Care** – creating a connected health system, so that patients get the care they need, where and when they need it, by connecting state health services with other health services.

These Strategic Directions will be delivered through implementation of the following key strategies:

- **Supporting and Harnessing Research and Innovation** – creating the evidence base for better models of care and translating research into new devices, drug therapies and procedures to deliver improved healthcare.
- **Enabling eHealth** – improving digital connectivity for a smart, networked health system in our hospitals, in the community and in the future.
- **Designing and Building Future-Focused Infrastructure** – improving facilities and equipment to support the delivery of care.
- **Supporting and Developing our Workforce** – helping the 'heart and hands' of NSW Health deliver first class, patient-centred care within our CORE values framework.

NSW Health Specific Focus Areas for 2014/15

Local Accountability and Clinician Engagement

One of the primary objectives of the recent reform of the NSW health system is the devolution of decision-making authority and performance accountability to Health Services and Support Organisations. Strong clinical engagement is essential to ensuring the involvement of clinicians in key decisions, such as resource allocation and service planning, thereby providing an invaluable contribution to improving health system outcomes and to ensuring sound clinical governance.

Health Services and Support Organisations are expected to strengthen clinical leadership throughout all levels of the organisation by facilitating the active participation of clinicians in decision-making processes regarding service delivery and planning, quality and safety systems, appropriate models of care and resource allocation. On an annual basis, Health Services and Support Organisations will be required to report on the mechanisms they have implemented to ensure effective clinical engagement and leadership to demonstrate:

- Clinician input at Board level.
- Clinician input at key Executive-level Committees (both LHD and facility-level).
- Clinician influence in service planning and resource allocation.
- Engagement with the wider health sector (including primary and community care).
- Effective linkages between Clinical Councils and the LHD Board.
- Effective mechanisms to ensure Medical Staff Council input to hospital-level Committees.

Integrated Care Strategy

Ageing, advances in science and technology, and increasing community expectations contribute to growing health care expenditure. In response, a key challenge for NSW is to transform the health system from one that is hospital-centric and designed to provide episodic treatment, to a more integrated health system, with connected service provision across different care providers (both within NSW Health and more widely), a greater emphasis on community-based services that better support people with long term conditions.

In the NSW health system context, integrated care involves the provision of seamless, effective and efficient care that reflects the whole of a person's health needs; from prevention through to end of life, across both physical and mental health, and in partnership with the individual, their carers and family. It is a system of care and support that is based around the needs of the individual, and that ensures provision of the right care, in the right place, at the right time.

Integrated care is seen as a pivotal strategy for meeting these challenges in NSW. Reflecting this, the NSW Government has committed \$120 million over four years from 2013/14 for investment in new, innovative models of integrated care. The aim is to move towards a sustainable health system that better meets the needs of the people of NSW, through:

- Connecting different care providers to deliver person-centred care.
- Enabling care to be provided in the most appropriate setting.
- Reinforcing prevention and early intervention.
- Embedding individual responsibility for health.

The majority of the integrated care investment will be directed to Local Health Districts to progress their ideas and strategies for integrated care locally, within defined parameters and clear accountability for how funding is spent, what is achieved, and for supporting transfer of good practice across the State. As integrated care spans prevention and primary care through to acute hospital and emergency services, Medicare Locals will be vital partners locally, together with Aboriginal Community Controlled Health Services and other local bodies.

Whole of Hospital Program

In 2014, the Whole of Hospital Program will build on the work that has been effective in 2013 and will be focusing on the following:

- Moving from a 23 site focus to a 17 Local Health District and Health Network focus to working together with LHD staff to target specific areas for support and improvement.
- The Program will move from a 'whole of hospital' to a 'whole of system' approach that takes into account not only what happens within our hospitals but also the impact that hospital

avoidance and post discharge care programs offer in reaching the National Emergency Access Target. Partnerships will be expanded to support this, e.g. with Mental Health, Drug and Alcohol, and Integrated Care.

- Continuing to connect the NSW health sector is key to the success of the Program. Interagency and Pillar partnerships.
- Supporting Health Services to continue to develop local capability to improve patient access to care.
- Improving medical engagement to enhance influence organisational performance.

Public Specialist Outpatient Services

Ensuring provision of timely access to public Specialist Outpatient Services is a key priority for 2014/15. Achievement of this priority will be monitored through the implementation of new performance indicators, including a Key Performance Indicator and Service Measure as outlined in Schedule E.

Efficient delivery of Specialist Outpatient Services will contribute to attainment of the State's ten year goal for an integrated, person-centred, effective and affordable health system. The principles and priorities for specialist outpatient services are closely aligned to those of the new State Health Plan to ensure delivery of the right care, at the right time, in the right place. It is intended that public Specialist Outpatient Services will:

- Respond to community needs and be appropriate, effective and sustainable.
- Enhance the system as a whole to better integrate services across the continuum.
- Be underpinned by evidenced-based standards of care that are contemporary, efficient and of a consistently high quality of care.

Reducing smoking rates among Aboriginal populations

Ensuring an enhanced focus on tobacco control among Aboriginal populations is a key priority for 2014/15. The involvement of Health Services and Support Organisations in implementing enhanced activity in this area is critical to the achievement of NSW2021 targets and will make a significant contribution to closing the gap. It is intended that LHDs and relevant Health Services and Support Organisations 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

Workplace Culture

A healthy and functional workplace culture is essential to facilitate the delivery of first class patient centred 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 2014/15.

Health Services and Support Organisations are to actively implement their local action plans developed in response to the first two *YourSay* Workplace Culture Surveys. One measure of the effectiveness of these plans will be the third and final *YourSay* survey to be conducted in the first half of 2015. Health Services and Support Organisations are to actively engage in the

promotion and administration of the third *YourSay* survey to achieve adequate response rates from their staff. Improvements in Health Services' and Support Organisations' Engagement and Workplace Culture Indices will be indicative of the effectiveness of culture improvement initiatives.

Other Priority Plans and Initiatives

In addition to the whole of system priorities outlined above, a number of high priority plans and initiatives are in place to assist in achieving the overarching goals and priorities of both the *NSW State Health Plan*, and *NSW 2021*, including:

- *Keep Them Safe — A Shared Approach to Child Wellbeing*
- *The NSW Aboriginal Health Plan 2013-2023*
- *National Maternity Services Plan*
- *National Primary Health Care Strategic Framework*
- *NSW Health Framework for Women's Health 2013*
- *National Drug Strategy and the COAG Roadmap on Mental Health Reform*
- *Oral Health 2020: A Strategic Framework for Dental Health*
- *NSW Health Professional Workforce Plan 2012 - 2022*
- *NSW Health Aboriginal Workforce Strategic Framework 2011 – 2015*
- *NSW Government Response to the NSW Health and Medical Research Strategic Review. 2012*
- *NSW Health Corporate Governance and Accountability Compendium*
- *Mental Health Strategic Plan (under development)*
- *NSW Healthy Eating and Active Living Strategy 2013-2018*
- *Blueprint for eHealth in NSW*
- *NSW Tobacco Strategy 2012 – 2017*

Support Organisations have individually assigned initiatives within the *NSW State Health Plan: Towards 2021* to report on. Some of these initiatives will be core elements of the Support Organisations responsibility, and for others, the Support Organisations will be required to coordinate reporting across other implementation partners within NSW Health. It is expected that the directions, strategies and priorities articulated within the *NSW State Health Plan: Towards 2021*, form the basis of the Support Organisation's strategic and operational plans.

Ministerial Determination of Functions

The current Ministerial Determination of Functions for the Bureau of Health Information as signed by the Minister for Health on 18th November 2009, pursuant to Section 53 of the Health Services Act 1997:

Functions

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.

In addition to the above functions, the Director-General's Report on the Future Governance Arrangements for NSW Health (August 2012) has assigned to the BHI the responsibilities for the management of the state-wide Patient Survey Program.

SCHEDULE B: Agreed Work Plan and Support Roles

SECTION 1 Key Support Services to be provided by the Organisation to the Ministry

Support services to be provided by the Organisation to the Ministry include:

- Provide briefings, advice and support to the Minister and Ministry in a timely manner
- Participate in relevant committees, taskforces and working groups
- Provide input into relevant national and inter-jurisdictional programs and committees
- Provide input on Commonwealth reports impacting New South Wales
- Support the Ministry in the identification of relevant data quality issues
- Undertake Ministry commissioned work in response to emerging issues, including development of new performance indicators or reports
- Support effective implementation of NSW Health Data Governance and Data Quality frameworks

SECTION 2 Supporting Improvements in Health System Performance

Support Organisations play key roles in supporting efforts to improve health system performance by being responsive to performance trends relevant to their functions.

The BHI will contribute to ongoing development, refinement and reporting of performance information contributing to Health Services achieving sustained high performance through improved understanding of performance and use of meaningful comparative analysis.

The Bureau will also adhere to its revised Report Release Process, outlined in Schedule D of this Service Compact.

SECTION 3 Teaching, Training, Research and Significant Relationships

Consistent with giving effect to Section 10(m) of the Health Services Act 1997, roles of the Organisation include supporting Health Services:

- To establish and maintain an appropriate balance in the provision and use of resources for health protection, health promotion, health education and treatment services;
- To undertake research and development relevant to the provision of health services

Further, the Organisation has a direct function:

- To undertake research and development relevant to the provision of health services

Teaching and training functions are to be undertaken in the context of the NSW Health Professionals Workforce Plan 2012-2022 and the workforce development requirements of the NSW Health Corporate Governance and Accountability Compendium.

Teaching and Training

To be informed by the implementation of relevant strategies in the *NSW Health Professionals Workforce Plan* and the work program of the Health Education and Training Institute.

Grow and support a skilled, competent and capable workforce

- Implement the Organisation's Education and Training Learning Plan.
- Ensure staff have learning plans that include learning resources from HETI Online
- Meet HETI reporting requirements for education and training programs for all staff.
- Implement and report against the *NSW Health Aboriginal Workforce Strategic Framework 2011-15*, *Good Health – Great Jobs* which includes and supports a variety of education and employment activities and the *Respecting the Difference Aboriginal Cultural Training Framework*.
- Encourage staff managing new starters and teams to use HETI-endorsed learning resources.

Develop effective health professional managers and leaders

- Implement the NSW Health People Skills Management Framework, the NSW Health Financial Management training program and the NSW Leadership Framework. Participate in the development of the NSW Health Talent Management Framework, as appropriate to the needs of the Organisation.

Research

All research conducted within Health Services and Support Organisations is to be informed by the *NSW Health and Medical Research Strategic Review 2012*. The Strategic Review will also apply to major research facilities and organisations based within Health Services and Support Organisations. The Organisation should work with the Office for Health and Medical Research and be responsible for:

- Encouraging the translation and innovation from research by:
 - Fostering a dynamic and supportive research culture through strategic leadership and governance.
 - Attracting and retaining high quality researchers.
 - Ensuring business, human resources, information technology and financial service processes support research activities.

- Participating in the development of state-wide initiatives to improve collaboration and translation which will include: *NSW Strategy for Health and Medical Research Hubs; Framework for NSW Biobanking; NSW Bioinformatics Strategy.*
- Establishment of appropriate governance structures for research activities within the organisation.

Major research facilities and organisations with which the Organisation has a relationship are:

| Name of Organisation | Nature of relationship |
|---|---------------------------------|
| <ul style="list-style-type: none"> • Sax Institute, various universities (Sydney, NSW, Western Sydney, UTS, and others, including international), the research hubs and other research groups. | Collaborative research projects |

Other Organisations with which the Organisation has particular relationships

While the Organisation has various associations across the NSW Health system, the following relationships are of particular importance:

| Name of Organisation | Nature of relationship |
|--|--|
| <ul style="list-style-type: none"> • NSW Ministry of Health | Collaborative work on measurement of hospital readmissions and healthcare transitions and integration |
| <ul style="list-style-type: none"> • Agency for Clinical Innovation | Collaborative work on clinical variation and other common topics |
| <ul style="list-style-type: none"> • Clinical Excellence Commission | Collaborative work on safety and quality measures |
| <ul style="list-style-type: none"> • Cancer Institute | Collaborative projects including contracted work |
| <ul style="list-style-type: none"> • NSW Kids & Families | Collaborative projects, eg, NSW Patient Survey Program; development of Insights reports |
| <ul style="list-style-type: none"> • NSW Mental Health commission | Expert input and advice on performance measurement issues and approaches for Mental Health, as required. |

SECTION 4 Agreed Work Plan

The following work plan includes key activities that will give effect to the BHI's Strategic Plan relevant to the 2014/15 financial year.

Progress against the Work Plan deliverables will be reviewed six-monthly.

| Core Elements | Key Deliverables for 2014/15 |
|---|--|
| Our products | |
| Healthcare in Focus | <ul style="list-style-type: none"> Produce and release 'Healthcare in Focus 2014' in April 2015 |
| Hospital Quarterly | <ul style="list-style-type: none"> Redesign of the 'Hospital Quarterly' report format Produce and release 'Hospital Quarterly' in September 2014, December 2014, March 2015, June 2015 |
| Insights into Care Series | <ul style="list-style-type: none"> Produce and release 'Insights into Care Report' on Assessing healthcare performance in rural and remote NSW Produce and release 'Insights into Care Report' on Emergency Department Care for Cancer Patients Produce and release 'Insights into Care Report' on Unplanned Hospital Readmissions Produce and release 'Insights into Care Report' on Care of Older Patients |
| Patient Perspectives Series | <ul style="list-style-type: none"> Produce and release 'Patient Perspectives' report on Healthcare transitions and integration Produce and release 'Patient Perspectives' report on Interpersonal aspects of healthcare " |
| Spotlight on Measurement & Data Matters Series | <ul style="list-style-type: none"> Produce a 'Data Matters' report on the benefits and potential of linked data Produce and release 'Spotlight on Measurement Report' on Emergency Department Care for Cancer Patients Produce and release 'Spotlight on Measurement Report' on Measuring Hospital Readmissions Produce and release 'Spotlight on Measurement Report' on Ambulance Performance Measures Produce and release 'Spotlight on Measurement Report' on Adverse Events and Complications of Care |
| Patient Survey Program | <ul style="list-style-type: none"> Adult Admitted Patient survey – monthly mailings through 2014-2015; review and planning for 2015 survey Emergency Department Patient survey - monthly mailings through 2014-2015; review and planning for 2015 survey Admitted Children and Young Patients survey - monthly mailings to patients seen up to Dec 2014; review and planning for 2017 survey Outpatients Survey – mailing in July 2014; review and planning for 2015 survey Maternity Patients survey – develop questionnaire and commence mailing cycle for patients seen Jan-Dec 2015 Small Facilities Survey – finalise scanning of international methods and develop questionnaire |
| Healthcare Observer (online reporting) | <ul style="list-style-type: none"> Regular releases and updates to coincide with each quarterly and thematic reports release Regular online releases and updates of results from the patient surveys – Winter, Spring, Summer and Autumn 2014-15 |

| Core Elements | Key Deliverables for 2012/13 |
|--|--|
| Our processes | |
| Data governance | <ul style="list-style-type: none"> • Participate in NSW Health Data Governance committees and related activities • Continue implementation of Information Management Policy Framework |
| Collaboration, communication and networking | <ul style="list-style-type: none"> • Work with the Ministry of Health on methods for measuring hospital readmissions and healthcare transitions and integration. • Commence meetings of Scientific Advisory Committee, involving international experts • Roll out <i>Challenging Ideas</i> Seminar Series showcasing international experts • Continue program of LHD visits • Healthcare professional engagement activities – ongoing, associated with each project • Work with NSW Cancer Institute on the analyses of Emergency Department Care for Cancer Patients • Work with Ambulance Service of NSW to develop a suite of Ambulance measures • Work with NSW Kids and Families to develop a suite of Child, Adolescent and Maternal Care measures • Work with the Ministry of Health and the Mental Health Commission to inform progressive development of a suite of Mental Health performance measures building on existing data collection and reporting mechanisms • 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 |
| Risk management | <ul style="list-style-type: none"> • Maintain enterprise-wide risk management systems and processes to minimise and mitigate risk exposure of the Bureau |
| Evaluation | <ul style="list-style-type: none"> • Implement enhanced evaluation and continuous improvement process for Bureau reports |
| Our resources | |
| Workforce development | <ul style="list-style-type: none"> • Support staff involvement in scientific activities, participation in workshops, conferences, and ongoing development |
| BHI web presence | <ul style="list-style-type: none"> • Launch updated website for the BHI, including enhanced interactivity • Continue to develop and expand the Healthcare Observer online reporting tool with additional measures and functionality |
| Financial performance | <ul style="list-style-type: none"> • Maintain effective financial controls and monitor expenditure to ensure most effective and efficient use of available resources |

SCHEDULE C: Budget

| Schedule C Part 1 | Bureau of Health Information - Budget 2014/15 | | | | | | | | | |
|-------------------|--|------------------------|---|------------------------|--|----------------------------------|-------------------------------------|---|--------------|----------------------------------|
| | 2014/15 BUDGET | | | | | Comparative Data | | | | |
| | | A | B | C | D | E | F | G | H | I |
| | | Target Volume (NWAU14) | Volume (Admissions & Attendances) Indicative only | State Price per NWAU14 | Your LHD/SHN Projected Average Cost per NWAU14 | Initial Budget 2014/15 (\$ '000) | 2013/14 Annualised Budget (\$ '000) | Variance Initial and Annualised (\$ '000) | Variance (%) | Volume Forecast 2013/14 (NWAU14) |
| A | Total | - | - | | | | | | | - |
| B | Total | - | - | | | | | | | - |
| C | Total | - | - | | | | | | | - |
| D | Block Funding Allocation | | | | | | | | | |
| | Block Funded Services In-Scope | | | | | | | | | |
| | - Teaching, Training and Research | | | | | \$7,343 | \$7,207 | \$137 | | |
| D | Total | | | | | \$7,343 | \$7,207 | \$137 | 1.9% | |
| E | Total | | | | | | | | | |
| F | Transition Grant (excluding Mental Health)* | | | | | | | | | |
| G | Gross-Up (Private Patient Service Adjustments) | | | | | | | | | |
| H | State Only Block Funded Services | | | | | | | | | |
| | Rollover from 2013/14 - Patient Survey | | | | | \$600 | | \$600 | | |
| H | Total | | | | | \$600 | \$ | \$600 | | |
| I | SP&T Expenses | | | | | | | | | |
| J | Depreciation (General Funds only) | | | | | \$16 | \$16 | \$ | | |
| K | Total Expenses (K=A+B+C+D+E+F+G+H+I+J) | | | | | \$7,959 | \$7,222 | \$737 | 10.2% | |
| L | Other - Gain/Loss on disposal of assets etc | | | | | | | | | |
| M | LHD Revenue | | | | | -\$8,011 | -\$7,207 | -\$805 | | |
| N | Net Result (N=K+L+M) | | | | | -\$52 | \$16 | -\$68 | | |

| | | 2014/15 |
|-------------------|--|------------|
| Schedule C Part 2 | Bureau of Health Information | \$ (000's) |
| | <u>Government Grants</u> | |
| | A In-Scope Activity | |
| | B In-Scope Services - Block Funded | -\$7,931 |
| | C Out of Scope Services - Block Funded | |
| | D Capital Grants (incl. RMR>\$10k) | -\$68 |
| | E Crown Acceptance (Super, LSL) | |
| | F Total Government Contribution (F=A+B+C+D+E) | -\$7,999 |
| | <u>Own Source revenue</u> | |
| | G GF Revenue | -\$12 |
| | H SP&T Revenue | |
| | I Total Own Source Revenue (I=G+H) | -\$12 |
| | | |
| | J Total Revenue (J=F+I) | -\$8,011 |
| | | |
| | K Total Expense Budget - General Funds | \$7,959 |
| | L SP&T Expense Budget | |
| | M Other Expense Budget | |
| | N Total Expense Budget as per Attachment C Part 1 (N=K+L+M) | \$7,959 |
| | | |
| | O Net Result (O=J+N) | -\$52 |
| | | |
| | <u>Net Result Represented by:</u> | |
| | P Asset Movements | \$52 |
| | Q Liability Movements | |
| | R Entity Transfers | |
| | S Total (S=P+Q+R) | \$52 |

| 2014/15 Shared Services & Consolidated Statewide Payment Schedule | | |
|---|--|--|
| Schedule C Part 3 | | Bureau of Health Information |
| | | \$ (000's) |
| | HS Charges | HS Service Centres ICT |
| | | HS Service Centres Warehousing |
| | | HS Enable NSW |
| | | HS Food Services |
| | | HS Linen Services |
| | | HS Recoups (E-Health) |
| | | HS Corporate IT (E-Health) |
| | | HS ICT SPA (E-Health) |
| | | HS Compacts |
| | Total HSS Charges | |
| | IH Transports | Interhospital Ambulance Transports |
| | | Interhospital Ambulance NETS |
| | | Total Interhospital Ambulance Charges |
| | | Interhospital NETS Charges - SCHN |
| | Payroll | Total Payroll (including SGC, excluding PAYG) |
| | | \$1,965 |
| | Loans | MoH Loan Repayments |
| | | Treasury Loan (SEDA) |
| | | Total Loans |
| | Other Miscellaneous | Superannuation (Pillar) |
| | | \$150 |
| | | Blood and Blood Products |
| | | SES Wages |
| | | NSW Pathology |
| | | TMF Insurances |
| | Energy Australia | |
| | Total | |
| | \$2,130 | |
| | Note: This schedule represents initial estimates of Statewide recoveries processed by the Ministry on behalf of Service Providers. LHDs/SHNs are responsible for regularly reviewing these estimates and liaising with the Ministry where there are discrepancies. The Ministry will work with LHDs/SHNs and Service Providers throughout the year to ensure cash held back for these payments reflects actual trends. | |

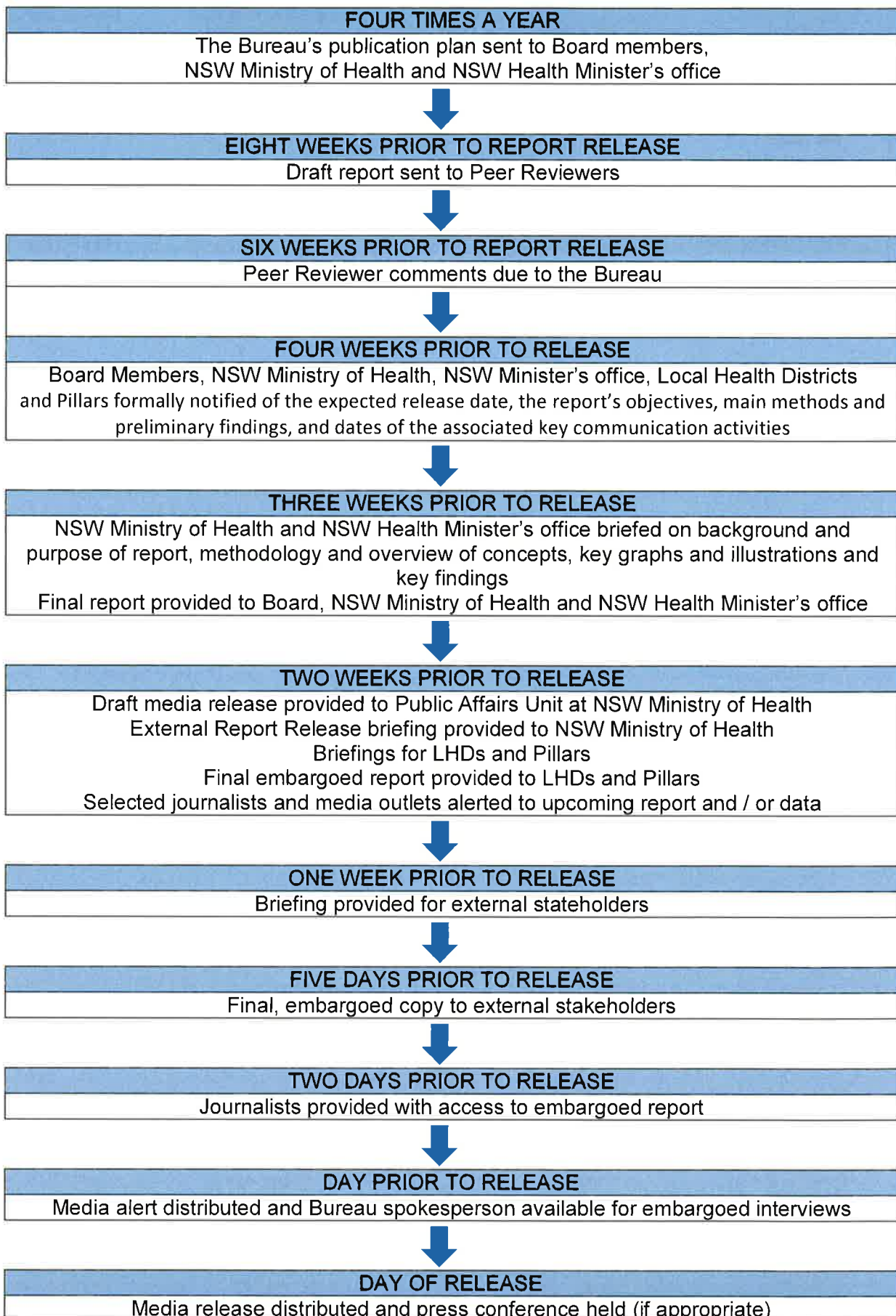
2014-15 National Health Funding Body Service Agreement - Bureau of Health Information

Period: 1 July 2014 - 30 June 2015

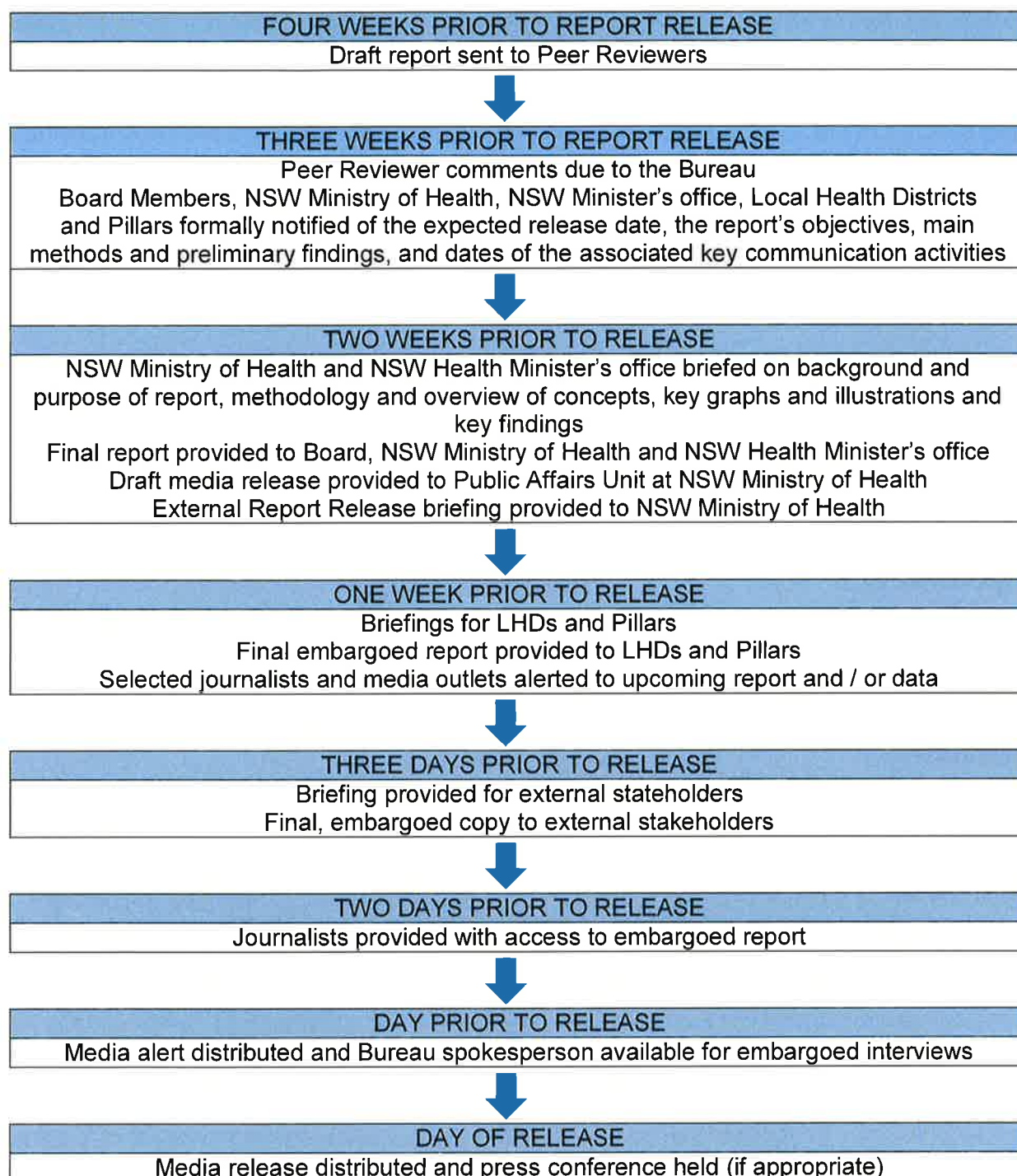
| Schedule C Part 4 | | | National Reform Agreement In-Scope Estimated National Weighted Activity Units | Commonwealth Funding Contribution |
|-------------------|------------------------------|--|---|---|
| | Acute | | | |
| | ED | | | |
| | Mental Health | | | |
| | Sub Acute | | | |
| | Non Admitted | | | |
| | Activity Based Funding Total | | | |
| | Block Funding Total | | | \$1,976,159 |
| | Total | | | \$1,976,159 |

SCHEDULE D: BHI's Report Release Process

TIMELINE FOR BHI REPORTS



TIMELINE FOR HOSPITAL QUARTERLY



SCHEDULE E: Performance Measures

KPIs

The performance of LHDs, other Health Services and Support Organisations is assessed in terms of whether it is meeting the performance targets for individual KPIs.

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

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.

Service Measures

A range of Service Measures are identified to assist the organisation to improve provision of safe and efficient patient care and to provide the contextual information against which to assess performance.

Other Measures

Note that the KPIs and Service Measures listed above are not the only measures collected and monitored by the NSW Health System. A range of other measures are used for a variety of reasons, including monitoring the implementation of new service models, reporting requirements to NSW Government central agencies and the Commonwealth, and participation in nationally agreed data collections. Relevant measures specified in the National Health Reform Performance and Accountability Framework, and in NSW 2021: A Plan to Make NSW Number One, have been assigned as NSW Health KPIs, Service Measures or Monitoring Measures, as appropriate.

KEY PERFORMANCE INDICATORS (KPIs) and Service Measures (SMs)

The Organisation's Key Performance Indicators and Service Measures

| Performance to Work Plan | | Target | Q1 | Q2 | Q3 | Q4 | Not Performing X | Under-performing ↘ | Performing ✓ |
|--------------------------|---|-------------------------|----|----|----|----|---------------------|-----------------------------|-------------------------|
| Tier 1 | Hospital Quarterly and Healthcare in Focus are delivered in accordance with the agreed time table | 100% Complete | ✓ | ✓ | ✓ | ✓ | Not completed | Partially completed | Completed |
| Tier 1 | The Patient Survey Program is effectively managed | 100% Complete | | ✓ | | ✓ | Not completed | Partially completed | Completed |
| Tier 1 | Healthcare Observer is regularly updated and expanded | 100% Complete | | | | ✓ | Not completed | Partially completed | Completed |
| Tier 1 | Expenditure matched to budget (General Fund): • Year to Date (%) | On budget or favourable | ✓ | ✓ | ✓ | ✓ | > 0.5% Unfavourable | >0% but < 0.5% Unfavourable | On budget or Favourable |
| Tier 1 | Expenditure matched to budget (General Fund): • June projection (%) | On budget or favourable | ✓ | ✓ | ✓ | ✓ | > 0.5% Unfavourable | >0% but < 0.5% Unfavourable | On budget or Favourable |
| Tier 2 | New Insight Series reports are developed as per the workplan | 100% Complete | | | | ✓ | Not completed | Partially completed | Completed |
| Tier 2 | New Patient Perspectives reports are developed as per the workplan | 100% Complete | | | | ✓ | Not completed | Partially completed | Completed |
| Tier 2 | New Spotlight on Measurement reports are developed as per the workplan | 100% Complete | | | | ✓ | Not completed | Partially completed | Completed |
| Tier 2 | New Data Matters report is developed as per the workplan | 100% Complete | | | | ✓ | Not completed | Partially completed | Completed |
| Tier 2 | Required support services are provided to the Ministry of Health | 100% Complete | | ✓ | | ✓ | Not completed | Partially completed | Completed |

| Core Elements | Key Deliverables for 2014/15 |
|---|--|
| Our products | |
| Healthcare in Focus | <ul style="list-style-type: none"> Produce and release 'Healthcare in Focus 2014' in April 2015 |
| Hospital Quarterly | <ul style="list-style-type: none"> Redesign of the 'Hospital Quarterly' report format Produce and release 'Hospital Quarterly' in September 2014, December 2014, March 2015, June 2015 |
| Insights into Care Series | <ul style="list-style-type: none"> Produce and release 'Insights into Care Report' on Assessing healthcare performance in rural and remote NSW Produce and release 'Insights into Care Report' on Emergency Department Care for Cancer Patients Produce and release 'Insights into Care Report' on Unplanned Hospital Readmissions Produce and release 'Insights into Care Report' on Care of Older Patients |
| Patient Perspectives Series | <ul style="list-style-type: none"> Produce and release 'Patient Perspectives' report on Healthcare transitions and integration Produce and release 'Patient Perspectives' report on Interpersonal aspects of healthcare " |
| Spotlight on Measurement & Data Matters Series | <ul style="list-style-type: none"> Produce a 'Data Matters' report on the benefits and potential of linked data Produce and release 'Spotlight on Measurement Report' on Emergency Department Care for Cancer Patients Produce and release 'Spotlight on Measurement Report' on Measuring Hospital Readmissions Produce and release 'Spotlight on Measurement Report' on Ambulance Performance Measures Produce and release 'Spotlight on Measurement Report' on Adverse Events and Complications of Care |
| Patient Survey Program | <ul style="list-style-type: none"> Adult Admitted Patient survey – monthly mailings through 2014-2015; review and planning for 2015 survey Emergency Department Patient survey - monthly mailings through 2014-2015; review and planning for 2015 survey Admitted Children and Young Patients survey - monthly mailings to patients seen up to Dec 2014; review and planning for 2017 survey Outpatients Survey – mailing in July 2014; review and planning for 2015 survey Maternity Patients survey – develop questionnaire and commence mailing cycle for patients seen Jan-Dec 2015 Small Facilities Survey – finalise scanning of international methods and develop questionnaire |
| Healthcare Observer (online reporting) | <ul style="list-style-type: none"> Regular releases and updates to coincide with each quarterly and thematic reports release Regular online releases and updates of results from the patient surveys – Winter, Spring, Summer and Autumn 2014-15 |

| Core Elements | Key Deliverables for 2012/13 |
|--|--|
| Our processes | |
| Data governance | <ul style="list-style-type: none"> • Participate in NSW Health Data Governance committees and related activities • Continue implementation of Information Management Policy Framework |
| Collaboration, communication and networking | <ul style="list-style-type: none"> • Work with the Ministry of Health on methods for measuring hospital readmissions and healthcare transitions and integration. • Commence meetings of Scientific Advisory Committee, involving international experts • Roll out <i>Challenging Ideas</i> Seminar Series showcasing international experts • Continue program of LHD visits • Healthcare professional engagement activities – ongoing, associated with each project • Work with NSW Cancer Institute on the analyses of Emergency Department Care for Cancer Patients • Work with Ambulance Service of NSW to develop a suite of Ambulance measures • Work with NSW Kids and Families to develop a suite of Child, Adolescent and Maternal Care measures • Work with the Ministry of Health and the Mental Health Commission to inform progressive development of a suite of Mental Health performance measures building on existing data collection and reporting mechanisms • 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 |
| Risk management | <ul style="list-style-type: none"> • Maintain enterprise-wide risk management systems and processes to minimise and mitigate risk exposure of the Bureau |
| Evaluation | <ul style="list-style-type: none"> • Implement enhanced evaluation and continuous improvement process for Bureau reports |
| Our resources | |
| Workforce development | <ul style="list-style-type: none"> • Support staff involvement in scientific activities, participation in workshops, conferences, and ongoing development |
| BHI web presence | <ul style="list-style-type: none"> • Launch updated website for the BHI, including enhanced interactivity • Continue to develop and expand the Healthcare Observer online reporting tool with additional measures and functionality |
| Financial performance | <ul style="list-style-type: none"> • Maintain effective financial controls and monitor expenditure to ensure most effective and efficient use of available resources |

SCHEDULE C: Budget

| Schedule C Part 1 | Bureau of Health Information - Budget 2014/15 | | | | | | | | | |
|-------------------|--|------------------------|---|------------------------|--|----------------------------------|-------------------------------------|---|--------------|----------------------------------|
| | 2014/15 BUDGET | | | | | Comparative Data | | | | |
| | | A | B | C | D | E | F | G | H | I |
| | | Target Volume (NWAU14) | Volume (Admissions & Attendances) Indicative only | State Price per NWAU14 | Your LHD/SHN Projected Average Cost per NWAU14 | Initial Budget 2014/15 (\$ '000) | 2013/14 Annualised Budget (\$ '000) | Variance Initial and Annualised (\$ '000) | Variance (%) | Volume Forecast 2013/14 (NWAU14) |
| A | Total | - | - | | | | | | | - |
| B | Total | - | - | | | | | | | - |
| C | Total | - | - | | | | | | | - |
| | Block Funding Allocation | | | | | | | | | |
| | Block Funded Services In-Scope | | | | | | | | | |
| | - Teaching, Training and Research | | | | | \$7,343 | \$7,207 | \$137 | | |
| D | Total | | | | | \$7,343 | \$7,207 | \$137 | 1.9% | |
| E | Total | | | | | | | | | |
| F | Transition Grant (excluding Mental Health)* | | | | | | | | | |
| G | Gross-Up (Private Patient Service Adjustments) | | | | | | | | | |
| | State Only Block Funded Services | | | | | | | | | |
| | Rollover from 2013/14 - Patient Survey | | | | | \$600 | | \$600 | | |
| H | Total | | | | | \$600 | \$ | \$600 | | |
| I | SP&T Expenses | | | | | | | | | |
| J | Depreciation (General Funds only) | | | | | \$16 | \$16 | \$ | | |
| K | Total Expenses (K=A+B+C+D+E+F+G+H+I+J) | | | | | \$7,959 | \$7,222 | \$737 | 10.2% | |
| L | Other - Gain/Loss on disposal of assets etc | | | | | | | | | |
| M | LHD Revenue | | | | | -\$8,011 | -\$7,207 | -\$805 | | |
| N | Net Result (N=K+L+M) | | | | | -\$52 | \$16 | -\$68 | | |

NSW Health Key Performance Indicators and Service Measures

| Finance and Activity | | | | | |
|---|--|-------------------------|-----------------------|-------------------------------|-------------------------|
| Key Performance Indicator | | Target | Not Performing X | Under Performing ↘ | Performing ✓ |
| Expenditure matched to budget (General Fund): | | | | | |
| Tier 1 | a) Year to date - General Fund (%) | On budget or Favourable | > 0.5 Unfavourable | > 0 but ≤ 0.5 Unfavourable | On budget or Favourable |
| Tier 1 | b) June projection - General Fund (%) | On budget or Favourable | > 0.5 Unfavourable | > 0 but ≤ 0.5 Unfavourable | On budget or Favourable |
| Own Source Revenue Matched to budget (General Fund): | | | | | |
| Tier 1 | a) Year to date - General Fund (%) | On budget or Favourable | > 0.5 Unfavourable | > 0 but ≤ 0.5 Unfavourable | On budget or Favourable |
| Tier 1 | b) June projection - General Fund (%) | On budget or Favourable | > 0.5 Unfavourable | > 0 but ≤ 0.5 Unfavourable | On budget or Favourable |
| Tier 1 | Recurrent Trade Creditors > 45 days correct and ready for payment (\$) | 0 | > 0 | N/A | 0 |
| Tier 1 | Small Business Creditors paid within 30 days from receipt of a correctly rendered invoice (%) | 100 | < 100 | N/A | 100 |
| Service Measures | | | | | |
| Red Tape Reduction savings (%) | | | | | |

| People and Culture | | | | | |
|--|---|--------|---------------------|-----------------------|------------------------------|
| Key Performance Indicator | | Target | Not Performing ✗ | Under Performing ↘ | Performing ✓ |
| Tier 2 | Staff who have had a performance review (%) | 100% | < 20% improvement | N/A | 100% or ≥ 20% improvement |
| Service Measures | | | | | |
| Workplace injuries (%) | | | | | |
| Annual reduction in the total number of days in respect of accrued leave balances of more than 40 days with specific targets to be agreed. | | | | | |
| Leave liability: average paid hours per FTE (Hours) | | | | | |
| Recruitment: improvement on baseline average time taken from request to recruit to decision to approve/decline recruitment (days) | | | | | |
| Aboriginal Workforce as a proportion of total workforce | | | | | |
| YourSay Survey: <ul style="list-style-type: none"> Estimated Response Rate Engagement Index Workplace Culture Index | | | | | |

NSW Health Key Performance Indicators and Service Measures

| Finance and Activity | | | | | |
|---|--|-------------------------|-----------------------|-------------------------------|-------------------------|
| Key Performance Indicator | | Target | Not Performing X | Under Performing ↘ | Performing ✓ |
| Expenditure matched to budget (General Fund): | | | | | |
| Tier 1 | a) Year to date - General Fund (%) | On budget or Favourable | > 0.5 Unfavourable | > 0 but ≤ 0.5 Unfavourable | On budget or Favourable |
| Tier 1 | b) June projection - General Fund (%) | On budget or Favourable | > 0.5 Unfavourable | > 0 but ≤ 0.5 Unfavourable | On budget or Favourable |
| Own Source Revenue Matched to budget (General Fund): | | | | | |
| Tier 1 | a) Year to date - General Fund (%) | On budget or Favourable | > 0.5 Unfavourable | > 0 but ≤ 0.5 Unfavourable | On budget or Favourable |
| Tier 1 | b) June projection - General Fund (%) | On budget or Favourable | > 0.5 Unfavourable | > 0 but ≤ 0.5 Unfavourable | On budget or Favourable |
| Tier 1 | Recurrent Trade Creditors > 45 days correct and ready for payment (\$) | 0 | > 0 | N/A | 0 |
| Tier 1 | Small Business Creditors paid within 30 days from receipt of a correctly rendered invoice (%) | 100 | < 100 | N/A | 100 |
| Service Measures | | | | | |
| Red Tape Reduction savings (%) | | | | | |

SCHEDULE F: Governance Requirements

The Boards of Local Health Districts and other applicable Health Services and Support Organisations are responsible for having governance structures and processes in place to fulfill statutory obligations and to ensure good corporate and clinical governance, as outlined in relevant legislation, NSW Health policy directives and policy and procedure manuals.

LHDs, other Health Services and Support 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:

- Standard 1: Establish robust governance and oversight frameworks
- Standard 2: Ensure clinical responsibilities are clearly allocated and understood
- Standard 3: Set the strategic direction for the organisation and its services
- Standard 4: Monitor financial and service delivery performance
- Standard 5: Maintain high standards of professional and ethical conduct
- Standard 6: Involve stakeholders in decisions that affect them
- Standard 7: Establish sound audit and risk management practices

Source: Corporate Governance and Accountability Compendium is published at:

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

Corporate Governance Compliance

In accordance with the Compendium, compliance must be demonstrated as a minimum through:

- Due 31 August each year a completed Corporate Governance Attestation Statement for the financial year (PD2010_039).
- Due 14 July each year a completed Internal Audit and Risk Management Attestation Statement for the financial year (PD2009_039).
- Due Quarterly (financial year) the entity Risk Management Register for those risks identified by the Health District or Specialty Network with a consequence or impact rating of extreme or of significant strategic risk.
- Ongoing review and update to ensure currency of the entity Delegations Manual.
- Ensure recommendations made by the Auditor-General arising from Financial Audits and Performance Audits are actioned in a timely manner and no repeat issues arise in the next audit.

These reports are to be available as required to assess compliance with the Performance Framework.

| People and Culture | | | | | |
|--|---|--------|---------------------|-----------------------|------------------------------|
| Key Performance Indicator | | Target | Not Performing X | Under Performing ↘ | Performing ✓ |
| Tier 2 | Staff who have had a performance review (%) | 100% | < 20% improvement | N/A | 100% or ≥ 20% improvement |
| Service Measures | | | | | |
| Workplace injuries (%) | | | | | |
| Annual reduction in the total number of days in respect of accrued leave balances of more than 40 days with specific targets to be agreed. | | | | | |
| Leave liability: average paid hours per FTE (Hours) | | | | | |
| Recruitment: improvement on baseline average time taken from request to recruit to decision to approve/decline recruitment (days) | | | | | |
| Aboriginal Workforce as a proportion of total workforce | | | | | |
| YourSay Survey: <ul style="list-style-type: none"> Estimated Response Rate Engagement Index Workplace Culture Index | | | | | |