

An agreement between the  
Secretary, NSW Health and the  
Bureau of Health Information  
for the period 1 July 2022 - 30 June 2023

An agreement between the  
Secretary, NSW Health and the  
Bureau of Health Information  
for the period 1 July 2022 - 30 Ju



## Health

# NSW Health Performance Agreement – 2022-23

## Principal purpose

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

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

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

## Parties to the agreement

### The Organisation

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

Date 1 July 2022 Signed 

Ms Hilary Rowell  
~~Dr Diane Watson~~  
A/Chief Executive  
Bureau of Health Information

Date 6 July 2022 Signed 

### NSW Health

Ms Susan Pearce  
Secretary  
NSW Health

Date 14/7/22 Signed 

# Contents

1. Legislation, governance and performance framework.....	3
1.1 Legislation	3
1.2 Ministerial Determination of Functions	3
1.3 Variation of the agreement	4
1.4 Governance	4
2. Strategic priorities .....	5
2.1 Future Health: Strategic Framework	5
2.2 NSW Premier's Priorities	6
2.3 NSW Health Outcome and Business Plan	6
3. Budget.....	7
3.1 State Outcome Budget Schedule: Part 1	7
3.2 State Outcome Budget Schedule: Part 2	8
4. Performance against strategies and objectives.....	9
4.1 Key performance indicators	9
4.2 Performance deliverables	11

# 1. Legislation, governance and performance framework

## 1.1 Legislation

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

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

## 1.2 Ministerial Determination of Functions

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

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

### 1.3 Variation of the agreement

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

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

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

### 1.4 Governance

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

#### 1.4.1 Clinical governance

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

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

The NSW Health Patient Safety and Clinical Quality Program (PD2005\_608) provides an important framework for improvements to clinical quality.

#### 1.4.2 Corporate governance

The Organisation must ensure services are delivered in a manner consistent with the NSW Health and Corporate Governance and Accountability Compendium.

#### 1.4.3 Procurement governance

The Organisation must ensure procurement of goods and services complies with NSW Health Goods and Services Procurement Policy (PD2019\_028).

#### 1.4.4 Aboriginal Procurement Policy

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

#### 1.4.5 Performance Framework







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

## 2. Strategic priorities

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

### 2.1 Future Health: Strategic Framework

The Future Health Strategic Framework is the roadmap for the health system to achieve NSW Health's vision. It will guide the next decade of care in NSW 2022-32, while adapting to and addressing the demands and challenges facing our system. The framework is also a reflection of the aspirations of the community, our patients, workforce and partners in care for how they envisage our health system by 2031.

Strategic outcomes	Key objectives
 <p><b>Patients and carers have positive experiences and outcomes that matter:</b> People have more control over their own health, enabling them to make decisions about their care that will achieve the outcomes that matter most to them.</p>	<ul style="list-style-type: none"> <li>1.1 Partner with patients and communities to make decisions about their own care</li> <li>1.2 Bring kindness and compassion into the delivery of personalised and culturally safe care</li> <li>1.3 Drive greater health literacy and access to information</li> <li>1.4 Partner with consumers in co-design and implementation of models of care</li> </ul>
 <p><b>Safe care is delivered across all settings:</b> Safe, high quality reliable care is delivered by us and our partners in a sustainable and personalised way, within our hospitals, in communities, at home and virtually.</p>	<ul style="list-style-type: none"> <li>2.1 Deliver safe, high quality reliable care for patients in hospital and other settings</li> <li>2.2 Deliver more services in the home, community and virtual settings</li> <li>2.3 Connect with partners to deliver integrated care services</li> <li>2.4 Strengthen equitable outcomes and access for rural, regional and priority populations</li> <li>2.5 Align infrastructure and service planning around the future care needs</li> </ul>
 <p><b>People are healthy and well:</b> Investment is made in keeping people healthy to prevent ill health and tackle health inequality in our communities.</p>	<ul style="list-style-type: none"> <li>3.1 Prevent, prepare for, respond to and recover from pandemic and other threats to population health</li> <li>3.2 Get the best start in life from conception through to age five</li> <li>3.3 Make progress towards zero suicides recognising the devastating impact on society</li> <li>3.4 Support healthy ageing ensuring people can live more years in full health and independently at home</li> <li>3.5 Close the gap by prioritising care and programs for Aboriginal people</li> <li>3.6 Support mental health and wellbeing for our whole community</li> <li>3.7 Partner to address the social determinants of ill health in our communities</li> </ul>
 <p><b>Our staff are engaged and well supported:</b> Staff are supported to deliver safe, reliable person-centred care driving the best outcomes and experiences.</p>	<ul style="list-style-type: none"> <li>4.1 Build positive work environments that bring out the best in everyone</li> <li>4.2 Strengthen diversity in our workforce and decision-making</li> <li>4.3 Empower staff to work to their full potential around the future care needs</li> <li>4.4 Equip our people with the skills and capabilities to be an agile, responsive workforce</li> <li>4.5 Attract and retain skilled people who put patients first</li> <li>4.6 Unlock the ingenuity of our staff to build work practices for the future</li> </ul>
 <p><b>Research and innovation, and digital advances inform service delivery:</b> Clinical service delivery continues to transform through health and medical research, digital technologies, and data analytics.</p>	<ul style="list-style-type: none"> <li>5.1 Advance and translate research and innovation with institutions, industry partners and patients</li> <li>5.2 Ensure health data and information is high quality, integrated, accessible and utilised</li> <li>5.3 Enable targeted evidence-based healthcare through precision medicine</li> <li>5.4 Accelerate digital investments in systems, infrastructure, security and intelligence</li> </ul>
 <p><b>The health system is managed sustainably:</b> The health system is managed with an outcomes-focused lens to deliver a financially and environmentally sustainable future.</p>	<ul style="list-style-type: none"> <li>6.1 Drive value based healthcare that prioritises outcomes and collaboration</li> <li>6.2 Commit to an environmentally sustainable footprint for future healthcare</li> <li>6.3 Adapt performance measurement and funding models to targeted outcomes</li> <li>6.4 Align our governance and leaders to support the system and deliver the outcomes of Future Health</li> </ul>

## 2.2 NSW Premier's Priorities

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

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

### **Improving outpatient and community care**

Reduce preventable hospital visits by 5% through to 2023 by caring for people in the community.

### **Improving service levels in hospitals**

100% of all triage category 1, 95% of triage category 2, and 85% of triage category 3 patients commencing treatment on time by 2023

### **Towards zero suicides**

Reduce the rate of suicide deaths in NSW by 20% by 2023.

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

## 2.3 NSW Health Outcome and Business Plan

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

NSW Health has identified five state outcomes that it will achieve for the people of NSW:

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

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

### 3. Budget

#### 3.1 State Outcome Budget Schedule: Part 1

Bureau of Health Information - Budget 2022-23		
		2022-23 Initial Budget (\$'000)
A	<b>Expenditure Budget by Account Group (General Fund)</b>	
	Employee Related	\$6,124
	VMO Payments	\$
	Goods & Services	\$772
	Repairs, Maintenance & Renewals	\$86
	Depreciation	\$
	Grants	\$
	Borrowing Costs	\$
	<b>Sub-total</b>	<b>\$6,982</b>
B	<b>Other items not included above</b>	
	Additional Escalation to be allocated	\$200
	Allocated Savings Programs	-\$17
	TMF Adjustments	\$13
	IntraHealth - eHealth 22/23 Adjustment	\$31
	Funding for the NSW Patient Survey Program 2022-2027	\$2,380
	<b>Sub-total</b>	<b>\$2,607</b>
C	<b>RFA Expenses</b>	<b>\$</b>
D	<b>Total Expenses (D=A+B+C)</b>	<b>\$9,589</b>
E	<b>Other - Gain/Loss on disposal of assets etc</b>	<b>\$</b>
F	<b>Revenue</b>	<b>-\$9,567</b>
G	<b>Net Result (G=D+E+F)</b>	<b>\$23</b>



### 3.2 State Outcome Budget Schedule: Part 2

		2022/23
	Bureau of Health Information	(\$'000)
	<u>Government Grants</u>	
A	Recurrent Subsidy	-\$9,470
B	Capital Subsidy	
C	Crown Acceptance (Super, LSL)	-\$97
D	<b>Total Government Contribution (D=A+B+C)</b>	<b>-\$9,567</b>
	<u>Own Source revenue</u>	
E	GF Revenue	\$
F	Restricted Financial Asset Revenue	\$
G	<b>Total Own Source Revenue (G=E+F)</b>	<b>\$</b>
H	<b>Total Revenue (H=D+G)</b>	<b>-\$9,567</b>
I	Total Expense Budget - General Funds	\$9,589
J	Restricted Financial Asset Expense Budget	\$
K	Other Expense Budget	\$
L	<b>Total Expense Budget as per Schedule A Part 1 (L=I+J+K)</b>	<b>\$9,589</b>
M	<b>Net Result (M=H+L)</b>	<b>\$23</b>
	<u>Net Result Represented by:</u>	
N	Asset Movements	\$
O	Liability Movements	-\$23
P	Entity Transfers	\$
Q	<b>Total (Q=N+O+P)</b>	<b>-\$23</b>
<b>Note:</b>  The minimum cash buffer for unrestricted cash is now zero. All payments-out from local bank accounts are now ceased, and payments are to be managed via the Shared Services accounts payable or payroll teams. All General Fund bank accounts will be swept to zero in line with the published schedule.		

## 4. Performance against strategies and objectives

### 4.1 Key performance indicators

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

Detailed specifications for the key performance indicators are provided in the Service Agreement Data Supplement. See: [http://internal4.health.nsw.gov.au/hird/view\\_data\\_resource\\_description.cfm?ItemID=47648](http://internal4.health.nsw.gov.au/hird/view_data_resource_description.cfm?ItemID=47648)

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

Bureau of Health Information KPIs				
Measure	Target	Performance Thresholds		
		Not Performing ✗	Under Performing ↘	Performing ✓
BHI is a trusted provider of health performance information (% strongly agree/agree)	>85%	<75%	75-85%	>85%
BHI reports and information products are objective (impartial and grounded in evidence) (% strongly agree/agree)	>80%	<70%	70-80%	>80%
Satisfaction with BHI engagement over the past 12 months (% very satisfied/satisfied)	>75%	<65%	65-75%	>75%
Effectiveness in BHI's delivery on its purpose: "To provide the community, healthcare professionals and policy makers with information that enhances transparency of the performance of the healthcare system in NSW, in order to inform actions to improve healthcare and strengthen accountability." (% excellent / very good / good)	>80%	<70%	70-80%	>80%

## 4 Our staff are engaged and well supported



Measure	Target	Performance Thresholds		
		Not Performing ✗	Under Performing ⚠	Performing ✓
Workplace Culture - People Matter Survey Culture Index- Variation from previous survey (%)	≥-1	≤-5	>-5 and <-1	≥-1
Take action - People Matter Survey take action as a result of the survey- Variation from previous survey (%)	≥-1	≤-5	>-5 and <-1	≥-1
<b>Outcome 5 Indicator</b> Staff Engagement - People Matter Survey Engagement Index - Variation from previous survey (%)	≥-1	≤-5	>-5 and <-1	≥-1
Staff Engagement and Experience – People Matter Survey - Racism experienced by staff Variation from previous survey (%)	≥5% decrease on previous survey	No change or increase from previous survey.	>0 and <5% decrease on previous survey	≥5% decrease on previous survey
Staff Performance Reviews - Within the last 12 months (%)	100	<85	≥85 and <90	≥90
Recruitment: Average time taken from request to recruit to decision to approve/decline/defer recruitment (business days)	≤10	>10	No change from previous year and >10	≤10
Aboriginal Workforce Participation - Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	3	<1.8	≥1.8 and <3	≥3
Compensable Workplace Injury Claims (% of change over rolling 12 month period)	0	Increase	≥0 and <5% decrease	≥5% decrease or maintain at 0

## 6 The health system is managed sustainably



Measure	Target	Performance Thresholds		
		Not Performing ✗	Under Performing ⚠	Performing ✓
Expenditure Matched to Budget - General Fund - Variance (%)	On budget or favourable	>0.5% unfavourable	>0 and ≤0.5% unfavourable	On budget or favourable
Own Sourced Revenue Matched to Budget - General Fund - Variance (%)				
Net Cost of Service (NCOS) Matched to Budget - General Fund - Variance (%)				
Annual Procurement Savings Target Achieved – (% of target achieved)	Individual – See Data Supplement	<90%	≥90% and <95%	≥95%

## 4.2 Performance deliverables

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

Deliverable in 2022-23	Due by
<b>1 Patients and carers have positive experiences and outcomes that matter</b>	
<p><b>Healthcare in Focus</b></p> <p>In 2023, Healthcare in Focus will provide new insights into the impact of the COVID-19 pandemic on patient outcomes and experiences through 2020, 2021 and into 2022. This report will examine trends in patient experience over this period using data drawn from the NSW Patient Survey Program, including in relation to virtual care. Where possible, it will also look at patient outcomes, such as in relation to elective surgery, mortality and readmissions for selected clinical cohorts. Where relevant, differences in impacts between regional and metropolitan areas will also be covered.</p> <p>This will fulfil our function to provide an annual report to the Minister and Parliament about the performance of the NSW public health system</p>	Q4
<p><b>Healthcare Quarterly</b></p> <p>Release four issues of Healthcare Quarterly which feature key indicators of activity and performance across public hospital and ambulance services in NSW. Key developments through the year will include:</p> <ul style="list-style-type: none"> <li>targeting new and enhanced content in relation to emergency surgery and mental health care</li> <li>streamlining content including an online approach to seclusion and restraint reporting</li> <li>releasing earlier after the end of the quarter to enhance timeliness of reporting.</li> </ul>	Q1-Q4
<p><b>NSW Patient Survey Program – survey sampling, mailing, data collection and analyses</b></p> <p>Manage survey sampling, mailing, data collection and analyses in relation to the core funded surveys:</p> <ul style="list-style-type: none"> <li>Adult Admitted Patient Survey 2022, then 2023</li> <li>Emergency Department Patient Survey 2021-22, then 2022-23.</li> </ul> <p>The Adult Admitted Patient Survey 2022 includes a virtual care question module.</p> <p>Key developments through the year will include:</p> <ul style="list-style-type: none"> <li>testing options for more timely sampling (in collaboration with Systems Information and Analysis branch) and data collection, and streamlining analyses</li> <li>continuing to refine approaches to collecting and analysing supplementary question modules.</li> </ul>	Q1-Q4
<p><b>NSW Patient Survey Program – reporting</b></p> <p>Release NSW, District and hospital results in the BHI Data Portal, and a short form Snapshot report, for the core funded surveys:</p> <ul style="list-style-type: none"> <li>Adult Admitted Patient Survey 2021</li> <li>Emergency Department Patient Survey 2021-22.</li> </ul> <p>The Adult Admitted Patient Survey 2021 included a virtual care question module for the period July to December 2021.</p> <p>BHI will streamline the reporting process, targeting earlier release of survey results in 2022-23.</p> <p>BHI will continue to support more effective use of results for improvement by providing Districts with:</p> <ul style="list-style-type: none"> <li>LHD Focus Areas Summary reports for each District, aligned with <i>Elevating the Human Experience</i> domains</li> <li>patient comments, including increasing the frequency of these to quarterly</li> <li>online sessions to assist Districts in accessing and making effective use of NSW Patient Survey Program reporting and information products.</li> </ul>	Q2-Q3

Deliverable in 2022-23	Due by
<p><b>NSW Patient Survey Program – key performance indicators</b></p> <p>Provide the Ministry with quarterly patient experience KPI data to support Districts' Service Agreements. These cover the Overall Patient Experience and Patient Engagement KPIs from the adult admitted and emergency department patient surveys.</p> <p>Provide each District with Quarterly Patient Experience KPI Summaries to assist them in interpreting the KPIs and determining priorities for improvement.</p>	Q1-Q4
<b>2 Safe care is delivered across all settings</b>	
<p><b>Mortality following hospitalisation for seven clinical conditions</b></p> <p>Provide updated hospital-level mortality results for 2018-21 and interim results for 2021-22 directly to District Chief Executives and Directors of Clinical Governance, and make available to clinicians, in order to inform quality improvement. BHI will be working on issues around appropriate use and interpretation of results for these years in the context of the impact of the COVID-19 pandemic, which places questions around attribution at hospital level and the extent to which fair comparison is possible.</p> <p>In 2022-23, BHI will publicly release insights into mortality rates at NSW level as part of Healthcare in Focus 2023.</p>	Q1-Q2
<b>4 Our staff are engaged and well supported</b>	
The results of the People Matter Employee Survey will be used to identify areas of best practice and improvement opportunities.	30 Jun 2023
<b>5 Research and innovation, and digital advances inform service delivery</b>	
<p>To further NSW Health's flagship reforms in relation to Data Governance, implement a program of data linkage and liberalisation in order to maximise the value of data assets and enable others to use data to derive insights and drive improvement.</p> <p>Datasets will be created and shared for specific purposes related to the 'management of health services' in domains and topics of high priority to the system, such as Emergency Department; Admitted Patients; Cancer Services; Virtual Care; Elective Surgery; Aboriginal Health.</p> <p><b>Data linkage</b></p> <p>Develop survey-administrative data linked assets, using survey data only from patients who have given consent to link their responses with other healthcare information relating to them.</p> <p><b>Data liberalisation</b></p> <p>Share datasets for use by NSW Health and/or researchers within a secure data sharing environment, and in compliance with all relevant NSW and Commonwealth legislation, regulations and policies, NSW Health delegations and Australian and International Standards. These will include:</p> <ul style="list-style-type: none"> <li>• survey-administrative data linked assets, as described above</li> <li>• patient survey datasets, at both unit-level and aggregate-level, as appropriate.</li> <li>• aggregated Healthcare Quarterly activity and performance information in an 'Open Data' format.</li> </ul>	Q1-Q4
<p><b>Digital first delivery of healthcare performance information</b></p> <p>In order to ensure our information reaches those who can best make use of it to inform improvement:</p> <ul style="list-style-type: none"> <li>• complete and implement redesign of the main BHI website by December 2022</li> <li>• complete and implement a permanent microsite accessible to NSW Health audiences for all historic and future internal releases.</li> </ul>	Q2-Q4

Deliverable in 2022-23		Due by
<b>1 Patients and carers have positive experiences and outcomes that matter</b>		
<b>Aboriginal Patient Experience Program</b> BHI will oversample adult Aboriginal patients admitted to NSW public hospitals during 2022 and 2023 using questions from the Adult Admitted Patient Survey 2022 plus a module that includes questions of high relevance to Aboriginal patients, the Aboriginal community and relevant stakeholders. Deliverables will include: <ul style="list-style-type: none"> <li>providing the Ministry and LHDs with results from oversampling of Aboriginal adult admitted patients to support monitoring and improvement efforts. Reporting will be semi-annual for those LHDs with sufficient responses (Q3), and annual for all other LHDs (Q1 2023-24)</li> <li>undertaking work to support the design of a potential future LHD KPI for Aboriginal patient experience, above-and-beyond current KPIs analysed for Aboriginal people. This work will commence in 2022-23 for further development in 2023-24.</li> </ul> <i>Funded by Ministry (Centre for Aboriginal Health)</i>		Q1-Q4
<b>Cancer patient experience</b> Manage survey sampling, mailing, data collection and analyses in relation to the Outpatient Cancer Clinics Survey 2021 and release NSW, District and hospital results in the BHI Data Portal, and a short form Snapshot report. The Outpatient Cancer Clinics Survey 2021 includes a virtual care question module. Extend data collection and reporting to cancer inpatient experiences of care. <i>Funded by Cancer Institute NSW</i>		Q1-Q4
<b>Secretary's flagship reforms</b>		
Value Based Health Care	<b>Leading Better Value Care program – patient experience information to support the management of health services</b> BHI will undertake targeted oversampling of eleven LBVC cohorts to provide data at LHD level that will support evaluation of this program. Deliverables will include: <ul style="list-style-type: none"> <li>modified questionnaires as required</li> <li>providing the Ministry with two patient-level datasets, specifically i) dataset of survey responses for all respondents without the key variables required for data linkage (to allow descriptive analysis of all patients), and ii) dataset of all respondents consenting to data linkage that includes variables previously agreed for the linkage of this data into ROVE (to be undertaken by CHeReL)</li> <li>patient comments</li> <li>a technical report.</li> </ul> <i>Funded by Ministry (Strategic Reform and Planning Branch)</i>	Q1-Q4
Virtual Care	<b>Virtual Care experience</b> Manage survey sampling, mailing, data collection and analysis in relation to the Virtual Care (Outpatient) Survey 2021. Note also the inclusion of virtual care modules in the Adult Admitted Patient Survey and the Outpatient Cancer Clinics Survey referenced above. This is to support monitoring and evaluation of the Virtual Care Strategy. Deliverables would include: <ul style="list-style-type: none"> <li>development report to provide transparency on the rationale, sources and processes involved in the development of the questionnaire</li> <li>an internal report on outpatients' experiences with virtual care in NSW</li> <li>de-identified patient-level information to support evaluation</li> <li>technical supplement.</li> </ul> Relevant results from the Virtual Care (Outpatient) Survey 2021 will also be included in Healthcare in Focus 2023. Public reporting of virtual care module data would occur within existing BHI reports. <i>Subject to funding by Ministry (Strategic Reform and Planning Branch)</i>	Q1-Q4