

Performance Agreement 2023-24

An agreement between the
Secretary, NSW Health and the
Bureau of Health Information
for the period 1 July 2023 – 30 June 2024



NSW Health Performance Agreement – 2023-24

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 10 October 2023 Signed 

Dr Diane Watson
Chief Executive
Bureau of Health Information

Date 10 October 2023 Signed 

NSW Health

Ms Susan Pearce AM
Secretary
NSW Health

Date 16/10/2023 Signed 

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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 Conditions of Subsidy

The Organisation is required to comply with the various Conditions of Subsidy set out in *Financial Requirements and Conditions of Subsidy (Government Grants)*.

1.5 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.

1.5.1 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.

1.5.2 Corporate governance

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

1.5.3 Procurement governance

The Organisation must ensure procurement of goods and services complies with *NSW Health Procurement* policy (PD2022_020).

1.5.4 Aboriginal Procurement Policy

The NSW Government supports 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.

1.5.5 Public health emergency preparedness and response

The Organisation must comply with standards set out in Public Health Emergency Response Preparedness Minimum Standards (PD2019_007) and adhere to the roles and responsibilities set out in Early Response to High Consequence Infectious Disease (PD2023_008)

1.5.6 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 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.

| Strategic outcomes | Key objectives |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>Patients and carers have positive experiences and outcomes that matter: 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> | <ol style="list-style-type: none"> 1.1 Partner with patients and communities to make decisions about their own care 1.2 Bring kindness and compassion into the delivery of personalised and culturally safe care 1.3 Drive greater health literacy and access to information 1.4 Partner with consumers in co-design and implementation of models of care |
|  <p>Safe care is delivered across all settings: 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> | <ol style="list-style-type: none"> 2.1 Deliver safe, high quality reliable care for patients in hospital and other settings 2.2 Deliver more services in the home, community and virtual settings 2.3 Connect with partners to deliver integrated care services 2.4 Strengthen equitable outcomes and access for rural, regional and priority populations 2.5 Align infrastructure and service planning around the future care needs |
|  <p>People are healthy and well: Investment is made in keeping people healthy to prevent ill health and tackle health inequality in our communities.</p> | <ol style="list-style-type: none"> 3.1 Prevent, prepare for, respond to and recover from pandemic and other threats to population health 3.2 Get the best start in life from conception through to age five 3.3 Make progress towards zero suicides recognising the devastating impact on society 3.4 Support healthy ageing ensuring people can live more years in full health and independently at home 3.5 Close the gap by prioritising care and programs for Aboriginal people 3.6 Support mental health and wellbeing for our whole community 3.7 Partner to address the social determinants of ill health in our communities 3.8 Invest in wellness, prevention and early detection |
|  <p>Our staff are engaged and well supported: Staff are supported to deliver safe, reliable person-centred care driving the best outcomes and experiences.</p> | <ol style="list-style-type: none"> 4.1 Build positive work environments that bring out the best in everyone 4.2 Strengthen diversity in our workforce and decision-making 4.3 Empower staff to work to their full potential around the future care needs 4.4 Equip our people with the skills and capabilities to be an agile, responsive workforce 4.5 Attract and retain skilled people who put patients first 4.6 Unlock the ingenuity of our staff to build work practices for the future |
|  <p>Research and innovation, and digital advances inform service delivery: Clinical service delivery continues to transform through health and medical research, digital technologies, and data analytics.</p> | <ol style="list-style-type: none"> 5.1 Advance and translate research and innovation with institutions, industry partners and patients 5.2 Ensure health data and information is high quality, integrated, accessible and utilised 5.3 Enable targeted evidence-based healthcare through precision medicine 5.4 Accelerate digital investments in systems, infrastructure, security and intelligence |
|  <p>The health system is managed sustainably: The health system is managed with an outcomes-focused lens to deliver a financially and environmentally sustainable future.</p> | <ol style="list-style-type: none"> 6.1 Drive value based healthcare that prioritises outcomes and collaboration 6.2 Commit to an environmentally sustainable footprint for future healthcare 6.3 Adapt performance measurement and funding models to targeted outcomes 6.4 Align our governance and leaders to support the system and deliver the outcomes of Future Health |

The framework is a reflection of the aspirations of the community, our patients, workforce and partners in care for how they envisage our future health system. The Strategic Framework and delivery plans will guide the next decade of care in NSW from 2022-32, while adapting to and addressing the demands and challenges facing our system. There will be specific activities for the Ministry of Health, health services and





support organisations to deliver as we implement the Future Health strategy, and services should align their strategic, operational and business plans with these Future Health directions.

2.2 Regional Health Strategic Plan 2022-32



The Regional Health Strategic Plan (the Plan) outlines NSW Health’s strategies to ensure people living in regional, rural and remote NSW can access high quality, timely healthcare with excellent patient experiences and optimal health outcomes. The Plan aims to improve health outcomes for regional, rural and remote NSW residents over the next decade of, from 2022 to 2032.

Regional NSW encompasses all regional, rural and remote areas of NSW. There are nine regional local health districts in NSW: Central Coast, Far West, Hunter New England, Illawarra Shoalhaven, Mid North Coast, Murrumbidgee, Northern NSW, Southern NSW and Western NSW. Some areas of other local health districts may also be considered regional for the purpose of the Plan such as South Western Sydney and Nepean Blue Mountains. The Regional Health Strategic Plan is also supported by the metropolitan local health districts and by the Specialty Health Networks which have patients in many regional locations.

The Regional Health Plan Priority Framework outlines a suite of targets for each Strategic Priority, to be achieved in the first time horizon of the Plan (years 1-3).

| PRIORITIES | KEY OBJECTIVES |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>1. Strengthen the regional health workforce: Build our regional workforce; provide career pathways for people to train and stay in the regions; attract and retain healthcare staff; address culture and psychological safety, physical safety and racism in the workplace.</p> | <ul style="list-style-type: none"> 1.1 Invest in and promote rural generalism for allied health professionals, nurses and doctors 1.2 Prioritise the attraction and retention of healthcare professionals and non-clinical staff in regional NSW 1.3 Tailor and support career pathways for Aboriginal health staff with a focus on recruitment and retention 1.4 Expand training and upskilling opportunities, including across borders to build a pipeline of regionally based workers 1.5 Accelerate changes to scope of practice whilst maintaining quality and safety, encouraging innovative workforce models and recognition of staff experience and skills 1.6 Nurture culture, psychological and physical safety in all NSW Health workplaces and build positive work environments that allow staff to thrive |
|  <p>2. Enable better access to safe, high quality and timely health services: Improve transport and assistance schemes; deliver appropriate services in the community; continue to embed virtual care as an option to complement face-to-face care and to provide multidisciplinary support to clinicians in regional settings.</p> | <ul style="list-style-type: none"> 2.1 Improve local transport solutions and travel assistance schemes, and address their affordability, to strengthen equitable access to care 2.2 Deliver appropriate services in the community that provide more sustainable solutions for access to healthcare closer to home 2.3 Leverage virtual care to improve access, whilst ensuring cultural and digital barriers are addressed 2.4 Enable seamless cross-border care and streamline pathways to specialist care ensuring access to the best patient care regardless of postcode 2.5 Drive and support improved clinical care, safety and quality outcomes for patients in hospitals and other settings 2.6 Align infrastructure and sustainable service planning around the needs of staff and communities and to enable virtual care |
|  <p>3. Keep people healthy and well through prevention, early intervention and education: Prevent some of the most significant causes of poor health by working across government, community, and other organisations to tackle the social determinants of health; prepare and respond to threats to population health.</p> | <ul style="list-style-type: none"> 3.1 Address the social determinants of health in our communities by partnering across government, business and community 3.2 Invest in mental health and make progress towards zero suicides 3.3 Invest in maternity care and early childhood intervention and healthcare to give children the best start in life 3.4 Invest in wellness, prevention and early detection 3.5 Prevent, prepare for, respond to, and recover from pandemics and other threats to population health |
|  <p>4. Keep communities informed, build engagement, seek feedback: Provide more information to communities about what health services are available and how to access them; empower the community to be involved in how health services are planned and delivered; increase responsiveness to patient experiences.</p> | <ul style="list-style-type: none"> 4.1 Encourage choice and control over health outcomes by investing in health literacy, awareness of services and access to information 4.2 Engage communities through genuine consultation and shared decision-making in design of services and sustainable local health service development 4.3 Support culturally appropriate care and cultural safety for zero tolerance for racism and discrimination in health settings 4.4 Capture patient experience and feedback and use these insights to improve access, safety and quality of care 4.5 Improve transparency of NSW Health decision-making and how it is perceived and understood by patients and the community |

Strategic priorities

| PRIORITIES | KEY OBJECTIVES |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>5. Expand integration of primary, community and hospital care: Roll out effective, sustainable integrated models of care through collaboration between Commonwealth and NSW Government and non-Government organisations to drive improved access, outcomes and experiences.</p> | <p>5.1 Develop detailed designs for expanded primary care models and trial their implementation in regional NSW through working with the Commonwealth and National Cabinet, Primary Health Networks, Aboriginal Community Controlled Health Organisations, NGOs and other partners</p> <p>5.2 Address the employer model to support trainees and staff to work seamlessly across primary care, public, private settings and Aboriginal Community Controlled Health Organisations to deliver care to regional communities</p> <p>5.3 Improve access and equity of services for Aboriginal people and communities to support decision making at each stage of their health journey</p> <p>5.4 Develop 'place-based' health needs assessments and plans by working closely with Primary Health Networks, Aboriginal Community Controlled Health Organisations and other local organisations including youth organisations and use these to resource services to address priority needs</p> |
|  <p>6. Harness and evaluate innovation to support a sustainable health system: Continue to transform health services through aligned funding and resourcing models, digital and health technologies, research and environmental solutions.</p> | <p>6.1 Align NSW and Commonwealth funding and resourcing models to provide the financial resources to deliver optimal regional health services and health outcomes</p> <p>6.2 Fund and implement digital health investments and increase capability of workforce to deliver connected patient records, enable virtual care, provide insightful health data and streamline processes</p> <p>6.3 Undertake research and evaluation with institutions, industry partners, NGOs, consumers and carers</p> <p>6.4 Commit to environmental sustainability footprint for future regional healthcare</p> |

2.3 NSW Government Priorities

There are several government priorities that NSW Health is responsible for delivering. These government priorities are usually reported to the Premier's Department or The Cabinet Office through NSW Health Executive. Progress on government priorities allocated to Health is monitored by the Ministry of Health including:

- Election Commitments
- Charter Letter commitments
- Inquiry recommendations

2.4 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. In 2022 NSW Health's Outcome Structure was realigned to the Future Health strategic framework. The revised state outcomes are:

- People are healthy and well
- Safe care is delivered within our community
- Safe emergency care is delivered
- Safe care is delivered within our hospitals
- Our staff are engaged and well supported
- Research and innovation and digital advances inform service delivery

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 Budget Schedule: Part 1

| Bureau of Health Information | | 2023-2024 Initial Budget (\$'000) |
|-------------------------------------|-----------------------------------------------------------|--------------------------------------------------|
| A | Expenditure Budget by Account Group (General Fund) | |
| | Employee Related | \$6,522 |
| | Goods & Services | \$3,103 |
| | Repairs, Maintenance & Renewals | \$87 |
| | Sub-total | \$9,713 |
| B | Other items not included above | |
| | Additional Escalation to be allocated | \$372 |
| | Better salary packaging for healthcare workers | \$1 |
| | Allocated Savings Programs | -\$341 |
| | TMF Adjustment - Workers Compensation | -\$1 |
| | IntraHealth - HealthShare 23/24 Adjustment | \$1 |
| | IntraHealth - eHealth 23/24 Adjustment | \$271 |
| | Sub-total | \$304 |
| C | RFA Expenses | |
| D | Total Expenses (D=A+B+C) | \$10,017 |
| E | Other - Gain/Loss on disposal of assets etc | |
| F | Revenue | -\$9,994 |
| G | Net Result (G=D+E+F) | \$23 |

3.2 Budget Schedule: Part 2

| Bureau of Health Information | | 2023-2024 Initial Budget (\$'000) |
|-------------------------------------|----------------------------------------------------------------|--------------------------------------------------|
| Government Grants | | |
| A | Recurrent Subsidy | -\$9,897 |
| B | Capital Subsidy | |
| C | Crown Acceptance (Super, LSL) | -\$97 |
| D | Total Government Contribution (D=A+B+C) | -\$9,994 |
| Own Source revenue | | |
| E | GF Revenue | |
| F | Restricted Financial Asset Revenue | |
| G | Total Own Source Revenue (G=E+F) | |
| H | Total Revenue (H=D+G) | -\$9,994 |
| Expenses | | |
| I | Total Expense Budget - General Funds | \$10,017 |
| J | Restricted Financial Asset Expense Budget | |
| K | Other Expense Budget | |
| L | Total Expense Budget as per Schedule A Part 1 (L=I+J+K) | \$10,017 |
| M | Net Result (M=H+L) | \$23 |
| Net Result Represented by: | | |
| N | Asset Movements | |
| O | Liability Movements | -\$23 |
| P | Entity Transfers | |
| Q | Total (Q=N+O+P) | -\$23 |

Note:

The Ministry will closely monitor cash at bank balances to ensure funds for payments are available as required for central payment of payroll and creditors in alignment with NSW Treasury requirements.

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 generic 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=48373

| Bureau of Health Information specific key performance indicators | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------|-----------------------|-----------------|
| 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 |
| 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 % points decrease on previous survey | No change or increase from previous survey. | >0 and <5 % points decrease on previous survey | ≥5 % points 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 (%) | 3.43 | <2.0 | ≥2.0 and <3.43 | ≥3.43 |
| Compensable Workplace Injury Claims (% of change over rolling 12 month period) | 0 | Increase | ≥0 and <5% decrease | ≥5% decrease or maintain at 0 |

Note:

People Matter Survey indicators: Given the size of the organisation's workforce and the volatility of results, the standard performance thresholds will not apply. Performance will be assessed on previous performance as well as current.

Aboriginal Workforce Participation: Due to BHI's small organisational size and low turnover rate it will be considered performing if it undertakes to actively recruit Aboriginal and Torres Strait Islanders (ATSI) when vacancies occur.

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 (%) | | | | |

4.2 Future Health actions and performance deliverables

Future Health actions and performance deliverables will be monitored, noting that indicators and milestones are held in the detailed program operational plans.




4.2.1 Future Health actions

| Action code | Achievement statement | Actions | Due by |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 2 Safe care is delivered across all settings | | |  |
| 2.1.1.3.11 | Assess hospital avoidance and preventive health: NSW can better quantify the effectiveness of hospital avoidance and secondary prevention strategies to inform service planning and models of care. | Apply advanced analytics to inform improving patient experiences that are directly correlated with likelihood of potentially preventable readmission to hospital | 30 June 2024 |

4.2.2 Performance deliverables

| Deliverable in 2023-24 | Due by |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 1 Patients and carers have positive experiences and outcomes that matter | |
| <p>Healthcare in focus</p> <p>In 2024, Healthcare in Focus will provide new insights to support NSW Health's focus on Elevating the Human Experience. The report will focus on experiences and outcomes that matter and, potentially, focus on trends. Where relevant, differences in impacts between rural and urban 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>Healthcare Quarterly</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"> • Providing additional insights through analysis of drivers behind key activity and performance measures, both to provide system performance context and to inform improvement action. • Targeting public release at 8 weeks after end of each performance quarter to provide more timely public reporting. | Q1-Q4 |
| <p>More agile reporting</p> <p>Introduce a series of new short form reports, designed to deliver actionable insights using advanced analytics of existing and new data, including linked administrative-survey data where possible.</p> <p>Topics will be determined in-year based on data availability, analytic discovery and system priorities.</p> | Q1-4 |

| Deliverable in 2023-24 | Due by |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| <p>NSW Patient Survey Program – survey sampling, mailing, data collection and analyses</p> <p>Manage survey development, sampling, mailing, data collection and analyses in relation to the core funded surveys:</p> <ul style="list-style-type: none"> • Adult Admitted Patient Survey (AAPS) 2023 then 2024 • Emergency Department Patient Survey (EDPS) 2023-4. <p>Core funding includes one module, priority topic to be determined.</p> <p>Note: An Aboriginal Patient Experience module is included in AAPS as funded by the Centre for Aboriginal Health (see later). A Rural Emergency Care module was funded for included in EDPS 2022-23.</p> <p>Continue to strengthen and streamline the survey program to allow for more timely data collection and analysis. This will include:</p> <ul style="list-style-type: none"> • Enhance the timeliness between drawing of the sample and reporting following the end of the sampling period. • Pilot new modes and methods of data collection, including revised data collection periods, trialling different combinations of reminder letters and hard copy and online survey delivery. • Leverage off advances in programming to enhance the speed and efficiency of data analytics. | Q1-Q4 |
| <p>NSW Patient Survey Program – reporting</p> <p>Publicly release NSW, District and hospital results in the BHI Data Portal, and a short form Snapshot report, for the core funded surveys, targeting public release within 8 months following the end of the sampling period (currently ten months) to improve timeliness:</p> <ul style="list-style-type: none"> • Adult Admitted Patient Survey 2022 (Q1) • Emergency Department Patient Survey 2022-23 (Q3). <p>Provide additional information products within NSW Health to support effective use of results and to inform action:</p> <ul style="list-style-type: none"> • Earlier access to results via supplementary data tables (within 6 months following the end of the sampling period) • LHD Focus Areas Summary reports for each District, aligned with Elevating the Human Experience domains (annually for each core funded survey) • Patient comments provided to LHDs on a quarterly basis. <p>Continue to prioritise users of patient survey information in initiatives to drive awareness and support effective use of information in line with BHI’s strategic plan.</p> | Q1-Q4 |
| <p>NSW Patient Survey Program – key performance indicators</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> <p>Target provision of KPI information within six months of the end of the relevant quarter.</p> | Q1-Q4 |

| Deliverable in 2023-24 | Due by |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 2 Safe care is delivered across all settings  | |
| Mortality following hospitalisation for seven clinical conditions Provide hospital-level mortality results directly to District Chief Executives and Directors of Clinical Governance, and make available to clinicians through the Quality Improvement Data System (QIDS), to inform quality improvement – including: <ul style="list-style-type: none"> • Final unadjusted hospital-level mortality results for July 2021- June 2022 (Q1) • Interim 2-year risk standardised mortality ratios (RSMRs) (Q2) • Interim unadjusted hospital-level mortality results for 2022-23 (Q2). To support future public reporting, develop methods to continue to assess the suitability of hospital-level reporting given current pandemic-related limitations in estimating risk of mortality. | Q1 |
| 4 Our staff are engaged and well supported  | |
| The results of the People Matter Employee Survey for BHI will be used to identify areas of best practice and improvement opportunities. | Q1 |
| 5 Research and innovation, and digital advances inform service delivery  | |
| Implement a data linkage and sharing program to maximise the value of survey data and calculated information assets and enable others to use these assets to derive insights and drive improvement. This will support a seamless, integrated information flow with colleagues within and outside of NSW Health. Key deliverables will include: <ul style="list-style-type: none"> • Making selected NSW Patient Survey Program and Healthcare Quarterly results (i.e. previously published information) in an open data format, and monitoring take-up to determine further open data provision • Promoting and supporting high value research and analysis using NSW Patient Survey Program datasets now available in SURE (Secure Unified Research Environment operated by the Sax Institute) • Creating at least one linked survey-administrative dataset, and initiating at least three demonstration projects using data from patients who've offered consent • Using the above initiatives to develop and refine relevant processes and data governance arrangements to support expanded data linkage and sharing in future years. | Q1-Q4 |
| Digital first delivery of healthcare performance information In order to ensure our information reaches those who can best make use of it to inform improvement: <ul style="list-style-type: none"> • new BHI website and full Data Portal functionality will be finalised and launched • complete and implement a permanent microsite accessible to NSW Health audiences for internal releases. | Q4 |

6 The health system is managed sustainably



Procurement reform

Quarterly

The Organisation will report on:

Procurement capability

- Local resources and training to uplift procurement capability of non-procurement staff
- Procurement staff attend Procurement Academy training


Procurement compliance


- Goods and services procurements and Information and Communication Technology (ICT) procurements valued over \$30,000 and outside existing arrangements are tested against the Risk Assessment Tool
- Disclosure requirements for contracts (including purchase orders) valued over \$150,000 are met:
 - Contracts/purchase orders are disclosed on eTendering
 - Contracts/purchase orders are saved on PROcure, where relevant
- Procurements outside existing arrangements that are valued over \$250,000 are referred to HealthShare or eHealth NSW to conduct the procurement (unless an exemption applies)
- The ICT Purchasing Framework contract templates (Core & contracts; Master ICT Agreement/ICT Agreement contracting framework) are used when engaging suppliers on the ICT Services Scheme (where relevant) unless an exemption applies.

Social and sustainable procurement

- Spend and contracts with Aboriginal businesses
- Achieve and report on a minimum 1.5% Aboriginal participation for contracts valued >\$7.5m through the Department of Customer Services (DCS) reporting portal (unless an exemption applies).
- Achieve and report on Small and Medium Enterprise participation of 25% of project addressable spend for goods and services contracts valued >\$3m through the DCS portal (unless an exemption applies).

Performance deliverables- subject to separate budget supplementation

| Deliverable in 2023-24 | Due by |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Regional Health Strategic Plan: Priority 4. Keep communities informed, build engagement, seek feedback | |
| <p>Rural Emergency Care</p> <p>Complete data collection, analysis and reporting on the Rural Emergency Care module, which allowed the inclusion of small rural emergency care facilities in Emergency Department Patient Survey (EDPS) 2022-23. Deliverables include:</p> <ul style="list-style-type: none"> Public release of Snapshot report, supplementary data tables and Data Portal updates (Q3) <p>For the Ministry and LHDs:</p> <ul style="list-style-type: none"> Include supplementary small rural facility information in BHI's quarterly LHD Patient Experience Key Performance Indicator reports (covering January to March 2023) for the Ministry and relevant LHDs (Q1) Patient comments (Q1) Summary preliminary data tables will be provided to Ministry and LHDs ahead of full analysis and public reporting (Q1) Internal reporting of results for small facilities with insufficient responses for public reporting to ensure availability to inform improvement activity (Q1) | Q1-Q3 |
| 1 Patients and carers have positive experiences and outcomes that matter  | |
| <p>Aboriginal Patient Experience Program</p> <p>Oversample adult Aboriginal patients admitted to NSW public hospitals during 2023 using a module in AAPS that includes questions of high relevance to Aboriginal patients, the Aboriginal community, and relevant stakeholders. Deliverables will include:</p> <ul style="list-style-type: none"> Providing NSW Health 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 2024-25) Undertaking work to support the design of a potential future LHD KPI for Aboriginal patient experience. | Q1-Q4 |
| <p>Cancer patient experience program</p> <p>Complete data collection and analyses in relation to the Outpatient Cancer Clinics Survey (OCCS) 2023, including a virtual care question module. Release NSW, District and hospital results in the BHI Data Portal, and a short form Snapshot report – within 8 months of the end of the sampling period (Q2).</p> <p>Provide additional information products within NSW Health to support effective use of results and to inform action:</p> <ul style="list-style-type: none"> Earlier access to results via supplementary data tables (within 6 months following the end of the sampling period) (Q1) Patient comments (Q1) | Q1-Q2 |

| Deliverable in 2023-24 | Due by |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| <p>Review OCCS for 2024 in collaboration with CINSW to ensure it is streamlined and focused on priority information needs. Manage survey sampling, mailing, data collection and analysis.</p> <p>Funded by Cancer Institute NSW</p> | Q1-Q4 |
| <p>Culturally and Linguistically Diverse Patient experience</p> <p>Provide an in-depth <i>Insights</i> report on the experiences of culturally and linguistically diverse patients in NSW public hospitals using existing patient survey data.</p> <p>Deliverables include:</p> <ul style="list-style-type: none"> • Public release of an Insights report providing NSW-level analysis, plus supplementary data tables and a technical supplement. • Internal reporting will include LHD and hospital level analysis where sufficient responses are available, including patient comments. | Q1 |
| <p>Virtual care</p> <p>Complete analysis and release results in relation to the Virtual Care (Outpatient) Survey 2022.</p> <p>Deliverables will include:</p> <ul style="list-style-type: none"> • Development report to provide transparency on the rationale, sources and processes involved in the development of the questionnaire • A report on outpatients' experiences with virtual care in NSW • De-identified patient-level information to support evaluation • Technical supplement. <p>Manage survey sampling, mailing, data collection and analysis in relation to the Virtual Care (Outpatient) Survey 2023.</p> | Q1-Q4 |
| <p>6 The health system is managed sustainably</p>  | |
| <p>Value based healthcare</p> <p>Leading Better Value Care program – undertake targeted oversampling of eleven LBVC cohorts to provide data at LHD level that will support evaluation of this program.</p> <p>Deliverables will include:</p> <ul style="list-style-type: none"> • Modified questionnaires as required • 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): • Patient comments • A technical report. | Q3 |