

Service Compact

An agreement between:

Secretary, NSW Health

and

Bureau of Health Information

for the period

1 July 2016 – 30 June 2017

Agreement

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

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

Parties to the Agreement

Bureau of Health Information

Mrs Mary Elizabeth Rummery AM
Chair
On behalf of the
Bureau of Health Information

Date: 27/9/16

Signed: 

Dr Jean-Frédéric Lévesque
Chief Executive
Bureau of Health Information

Date: 28-9-16

Signed: 

NSW Health

Ms Elizabeth Koff
Secretary
NSW Health

Date: 20/9/16

Signed: 

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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 Bureau of Health Information (“the Organisation”).

Objectives:

- To instate accountability with the Organisation for delivering both the NSW Government and NSW Health Priorities in partnership with the Ministry of Health, Support Organisations, Districts and Networks.
- To annually monitor and review the effectiveness of the Organisation in delivering against the *‘Ministerial Determination of Functions’* of the Organisation.
- To establish with the Organisation the expectation of responsiveness and flexibility in partnering with the Ministry of Health, Support Organisations, Districts and Networks to respond to emerging issues and priorities.

Achieving the goals, directions and strategies articulated within the key plans is the responsibility of all entities. Successful delivery of key system priorities requires clear, co-ordinated and collaborative prioritisation of work programs, and supportive leadership that exemplifies the CORE Values of NSW Health:

- **C**ollaboration – we are committed to working collaboratively with each other to achieve the best possible outcomes for our patients who are at the centre of everything we do. In working collaboratively we acknowledge that every person working in the health system plays a valuable role that contributes to achieving the best possible outcomes.
- **O**penness – a commitment to openness in our communications builds confidence and greater cooperation. We are committed to encouraging our patients and all people who work in the health system to provide feedback that will help us provide better services.
- **R**espect – we have respect for the abilities, knowledge, skills and achievements of all people who work in the health system. We are also committed to providing health services that acknowledge and respect the feelings, wishes and rights of our patients and their carers.
- **E**mpowerment – in providing quality health care services we aim to ensure our patients are able to make well informed and confident decisions about their care and treatment.

Ministerial Determination of Functions

The Service Compact recognises that the Bureau of Health Information has a clearly defined role and set of functions as articulated in the Ministerial Determination of Functions for the Support Organisation, signed by the Minister on 18th November 2009, pursuant to Section 53 of the Health Services Act 1997:

1. To prepare and publish regular reports on the performance of the NSW public health system, including safety and quality, effectiveness, efficiency and responsiveness of the system to the needs of the people of NSW.
2. To provide an annual report to the Minister and Parliament on the performance of the NSW public health system.
3. To publish reports benchmarking the performance of the NSW public health system with comparable health systems.
4. To establish and maintain a website providing information and analysis on the performance of the NSW public health system, including tools for data analysis.
5. To develop reports and tools to enable analysis of the performance of health services, clinical units and clinical teams across the NSW public health system.
6. To advise the NSW Ministry of Health on the quality of existing data sets and the development of enhanced information analysis and reporting to support performance reporting to clinicians, the community and Parliament.
7. To undertake and/or commission research to support the performance by the Bureau of its functions.
8. To liaise with other bodies and organisations undertaking reporting on the performance of the health systems in Australia.
9. To provide advice to the Minister for Health and the Director-General of the Ministry of Health on issues arising out of its function.

In the above context the Ministry of Health will enter into a Memorandum of Understanding with the Bureau of Health Information regarding access to and sharing of information held by the Ministry of Health. See the Attachment to this Compact.

Strategic Priorities

This Schedule outlines the key strategic priorities for NSW Health in 2016/17. These priorities are to be reflected in the strategic and operational plans of the NSW Ministry of Health, Support Organisations and Health Services comprising NSW Health. Delivery of the strategic priorities is the responsibility of all entities.

The NSW Ministry of Health, Support Organisations and Statewide Services are committed to co-ordinating and partnering with Districts and Networks to:

- Deliver NSW: Making it Happen, including the Premier's and State Priorities.
- Achieve the key goals, directions and strategies articulated within the NSW State Health Plan: Towards 2021 and the NSW Rural Health Plan: Towards 2021.
- Harmonise the implementation and delivery of key plans and programs across NSW Health.
- Support Districts and Networks to deliver optimal and efficient frontline services.
- Provide leadership in NSW Health's contribution to the Reform of the Federation process, review of primary health care and any resulting reforms; and identification of strategies to drive efficiency and sustainability in the health system.
- Deliver on NSW Government election commitments.

NSW: Making it Happen

NSW: Making it Happen outlines 30 'State Priorities' including 12 'Premier's Priorities' that together define the NSW Government's vision for a stronger, healthier and safer NSW. The priorities on page 7 are to be reflected in the strategic and operational plans of the NSW Ministry of Health, Support Organisations and Health Services comprising NSW Health. As delivery of both Premier's and State priorities is the responsibility of all NSW Government Agencies, it is expected that all entities will work together to ensure successful delivery of the *Making it Happen* priorities. This includes contributing to the implementation and delivery of Premier's and State Priorities, in both lead and partnering agency capacities.

Election Commitments

NSW Health is responsible for the delivery of 102 election commitments over the period to March 2019. The election commitments comprise a mix of capital, service and research initiatives to build capacity and drive innovation across NSW Health. To be led by the Ministry, the support of Districts, Networks, Support Organisations and other Health agencies will be critical to delivery of the commitments.

Information on the election commitments can be found at

http://www.budget.nsw.gov.au/_data/assets/pdf_file/0008/126377/Election_Commitments_2015-19.pdf

Key System Priorities for 2016/17

The key strategic priorities for NSW Health in 2016/17 are articulated within the 'Plan on a Page' on page 8 of this document. These priorities are to be reflected in the strategic and operational plans of the NSW Ministry of Health, Support Organisations, Districts and Networks comprising NSW Health. Delivery of the strategic priorities is the mutual responsibility of all entities.

NSW: Making it Happen

OUR CONTRIBUTION TO THE 30 NSW PRIORITIES

NSW Health is contributing directly to 12 of the 30 NSW priorities, including 7 of the 12 Premier's priorities



State Priorities		Premier's Priorities			
<p>PROTECTING THE VULNERABLE</p> <p>01 Successful implementation of the NDIS by 2018</p> <p>Increase the number of households successfully transitioning out of social housing</p>	<p>BETTER SERVICES</p> <p>Increase the proportion of Aboriginal and Torres Strait Islander students in the top two NAPLAN bands for reading and numeracy by 30%</p> <p>02 70% of government transactions to be conducted via digital channels by 2019</p> <p>03 Increase the on-time admissions for planned surgery, in accordance with medical advice</p> <p>Increase attendance at cultural venues and events in NSW by 15% by 2019</p> <p>Maintain or improve reliability of public transport services over the next 4 years</p>	<p>SAFER COMMUNITIES</p> <p>LGAs to have stable or falling reported violent crime rates by 2019</p> <p>04 Reduce adult re-offending by 5% by 2019</p> <p>Reduce road fatalities by at least 30% from 2011 levels by 2021</p>	<p>STRONG BUDGET AND ECONOMY</p> <p>Make NSW the easiest state to start a business</p> <p>Be the leading Australian state in business confidence</p> <p>Increase the proportion of completed apprenticeships</p> <p>Halve the time taken to assess planning applications</p> <p>Maintain the AAA credit rating</p> <p>05 Expenditure growth to be less than revenue growth</p>	<p>BUILDING INFRASTRUCTURE</p> <p>90% of peak travel on key roads routes in on time</p> <p>Increase housing supply across NSW to deliver more than 50,000 approvals every year</p>	
<p>PROTECTING OUR KIDS</p> <p>06 Decrease the percentage of children and young people re-reported at risk of significant harm by 15%</p>	<p>REDUCING DOMESTIC VIOLENCE</p> <p>07 Reduce the proportion of domestic violence perpetrators re-offending within 12 months by 5%</p>	<p>TACKLING CHILDHOOD OBESITY</p> <p>09 Reduce overweight and obesity rates of children by 5% over 10 years</p>	<p>IMPROVING SERVICE LEVELS IN HOSPITALS</p> <p>10 81% of patients through emergency departments within four hours</p>	<p>IMPROVING GOVERNMENT SERVICES</p> <p>11 Improve customer satisfaction with key government services every year, this term of government</p>	<p>DRIVING PUBLIC SECTOR DIVERSITY</p> <p>12 Double the number of Aboriginal and Torres Strait Islander peoples in senior leadership roles and increase the proportion of women in senior leadership roles to 50% in the government sector in the next 10 years</p>
<p>REDUCING YOUTH HOMELESSNESS</p> <p>Increase the proportion of young people who successfully move from specialist homelessness services to long-term accommodation by 10%</p>	<p>BUILDING INFRASTRUCTURE</p> <p>08 key infrastructure projects to be delivered on time and on budget</p>	<p>FASTER HOUSING APPROVALS</p> <p>90% of housing development applications determined within 40 days</p>	<p>IMPROVING EDUCATION RESULTS</p> <p>Increase the proportion of NSW students in the top two NAPLAN bands by 8%</p>	<p>CREATING JOBS</p> <p>150,000 new jobs by 2019</p>	<p>KEEPING OUR ENVIRONMENT CLEAN</p> <p>Reduce the volume of litter by 40% by 2020</p>

Key System Priorities for 2016/17

NSW HEALTH STRATEGIC PRIORITIES: Plan on a Page FY 2016/17

<p>Direction 1: Keeping People Healthy</p>	<p>1.1 Drive preventative and population health programs with a focus on tackling childhood obesity</p> <p>1.2 Improve Aboriginal and Torres Strait Islander health outcomes</p> <p>1.3 Collaborate to support vulnerable youth to protect children at risk and reduce homelessness</p> <p>1.4 Develop whole of government drug and alcohol response</p> <p>1.5 Drive whole of government initiatives to reduce domestic violence and perpetrator re-offences</p>	<p>Strategy 1: Support and Develop our Workforce</p>	<p>4.1 Develop the capabilities of our workforce to be agile, nimble and value focused</p> <p>4.2 Recruit, support and performance manage our workforce</p> <p>4.3 Build and empower clinician leadership to deliver better value care</p> <p>4.4 Build engagement of our people and strengthen alignment to our culture</p> <p>4.5 Drive public sector diversity by increasing women and Aboriginal and Torres Strait Islander peoples in senior leadership roles</p>
<p>Direction 2: Providing World-Class Clinical Care</p>	<p>2.1 Deliver better value care through safe, quality, efficient and evidence-based care</p> <p>2.2 Improve service levels in hospitals by cutting waiting times for emergency and planned surgery</p> <p>2.3 Improve patient and carer satisfaction with key health services and build strong engagement</p> <p>2.4 Implement new business investment models to deliver evidence-based social impact</p> <p>2.5 Implement strategic commissioning for relevant clinical services</p>	<p>Strategy 2: Support & Harness Research and Innovation</p>	<p>5.1 Build globally relevant research capability through research hubs & medical technology precincts</p> <p>5.2 Develop a bio-banking strategy to support research into genomics and personalised medicine</p> <p>5.3 Progress medicinal cannabis trials</p>
<p>Direction 3: Delivering Truly Integrated Care</p>	<p>3.1 Embed emerging models of integrated care and care in the community, working with the Commonwealth</p> <p>3.2 Implement the 'Living Well' plan to deliver mental health reform across the system</p> <p>3.3 Promote choice through the introduction of End of Life care programs</p> <p>3.4 Protect the vulnerable through transition to the National Disability Insurance Scheme</p>	<p>Strategy 3: Enable eHealth & health information</p>	<p>6.1 Build digital services in health through implementation of the eHealth strategy</p> <p>6.2 Embed the analytics framework to improve decision-making in health care</p> <p>6.3 Deliver business ICT services to the organisation</p>
		<p>Strategy 4: Design and Build Future-Focused Infrastructure</p>	<p>7.1 Deliver the committed infrastructure projects to meet the growing population needs</p> <p>7.2 Implement strategic commissioning for infrastructure</p> <p>7.3 Proactively drive contestable commercial opportunities and efficient asset utilisation</p>
		<p>Strategy 5: Financial Sustainability</p>	<p>8.1 Refine our purchasing models including Activity Based Funding to drive better value care</p> <p>8.2 Deliver strong budgets</p> <p>8.3 Deliver effective regulatory, governance and business support</p> <p>8.4 Drive reforms to deliver better value care and efficiencies</p>

Funding Allocation

Bureau of Health Information - Budget 2016/17					
		2016/17 BUDGET	Comparative Data		
		Initial Budget 2016/17 (\$'000)	2015/16 Annualised Budget (\$'000)	Variance Initial and Annualised (\$'000)	Variance (%)
a	Expenditure Budget by Account Group (General Fund)				
	Employee Related	\$5,839	\$5,698	\$142	
	Goods & Services	\$2,330	\$2,297	\$33	
	Repairs, Maintenance & Renewals	\$82	\$77	\$5	
	Depreciation	\$110	\$110	\$	
	Grants	\$	\$	\$	
	Total	\$8,362	\$8,182	\$180	2.20%
b	Breaddown of Expenditure Budget Movement - Comprise				
	Award / CPI Composite Escalation			\$174	
	ICT Escalation additional cost of Maintenance of New Systems			\$5	
	TMF Benchmark Adjustment			\$1	
	Total			\$180	
c	SP&T Expenses	\$	\$		
d	Total Expenses (d=a+c)	\$8,362	\$8,182	\$180	2.20%
e	Other - Gain/Loss on disposal of assets etc	\$	\$		
f	Revenue	\$	\$		
	In-Scope Activity				
	In-Scope Services - Block Funded	-\$8,192	-\$8,027	-\$165	
	Out of Scope Services - Block Funded	\$		\$	
	Capital Grants (incl. RMR>\$10k)	-\$68	\$	-\$68	
	Crown Acceptance (Super, LSL)	-\$36	-\$36	\$	
	General Fund Own Sourced Revenue	-\$10	-\$9	-\$1	
	Total Revenue	-\$8,306	-\$8,072	-\$234	
g	Net Result (g=d+e+f)	\$56	\$110	\$	
h	Net Result represented by:				
	Asset movements (Depreciation)	-\$110	-\$110		
	Asset movements (Cash at Bank Adjustment) #	\$	\$		
	Asset movements (Capital Works)	\$68	\$		
	Liability movements	-\$14	\$		
	Entity transfers	\$	\$		
	Total	-\$56	-\$110	\$	
Note:					
The minimum weekly cash reserve buffer for unrestricted cash at bank has been updated for 2016/17 to \$0.1m and remains at approximately 4 days' cash expenses after removing Depreciation, Crown Acceptance and MOH Holdbacks. Based on final June 2016 cash balances, adjustments will be made in July 2016 to ensure alignment with the cash buffer requirements of NSW Treasury Circular TC 15_01 <i>Cash Management – Expanding the Scope of the Treasury Banking System</i> .					
The Ministry will closely monitor cash at bank balances during the year to ensure compliance with this NSW Treasury policy.					
Prior to July 2016 reporting, Pillars will be required to split their expenditure budgets into 4 expense categories: A - Corporate Services budget; B - Project Coordination & Management budget; C - Payments to Third Parties; and D - Budgets to be distributed to LHDs and other health entities. Further details will be issued by separate letter.					

Pillar Initial Budgets - 2016/17

Capital Program

BUREAU OF HEALTH INFORMATION									
ASSET AUTHORISATION LIMITS									
	SMRT	BP2 ETC 2016/17	Estimated Expenditure to 30 June 2016	Cost to Complete at 30 June 2016	BP2 Allocation 2016/17	BP2 Est. 2017/18	BP2 Est. 2018/19	BP2 Est. 2019/20	Balance to Complete
2016/17 Capital Projects		\$	\$	\$	\$	\$	\$	\$	\$
MINOR WORKS									
Minor Works & Equipment >\$10,000 Program	P51069				68,000	68,000			
TOTAL WORKS IN PROGRESS					68,000	68,000			
TOTAL ASSET ACQUISITION PROGRAM					68,000	68,000			

Notes:

Expenditure needs to remain within the Asset Authorisation Limits indicated above

Minor Works and Equipment > \$10,000 includes a confund contribution of \$68,000

Performance Measures

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

The performance of each Support Organisation will be evaluated against:

- Effectiveness of the Organisation on delivery of Ministerial determined roles and functions
- Delivery of NSW Government and NSW Health Key Priorities
- Development and delivery of annual work plan based on Ministerial determined roles and functions and delivery of NSW Government and NSW Health Key Priorities

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

KPIs have been designated into two tiers:

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

Key Performance Indicator		Target	Not Performing X	Under Performing ↘	Performing ✓
Effectiveness					
Tier 1	BHI assesses and reports objectively and fairly on healthcare performance of hospitals, local health districts and the NSW Public Health system (rating – 1 highest, 5 lowest)	2	4	3	2 or above
Tier 1	Satisfaction with engagement over the past 12 months (rating – 1 highest, 5 lowest)	2	4	3	2 or above
Tier 1	Effectiveness in BHI's delivery on its purpose: "To provide the community, healthcare professionals and policy makers with independent, timely and accurate information about the performance of the NSW public health system in ways that enhances the system's accountability and inform efforts to improve healthcare." (rating – 1 highest, 5 lowest)	2	4	3	2 or above

Service Measures**Effectiveness**

The relevance and meaningfulness of the measures of health performance found in BHI reports and information products to actual healthcare performance in the context of service delivery to patients (rating – 1 highest, 5 lowest)

The clarity and ease of understanding of BHI's reports and information products (rating – 1 highest, 5 lowest)

How trustworthy or untrustworthy do you perceive BHI and its reports and information products to be? (rating – 1 highest, 5 lowest)

How would you rate the transparency and openness exhibited by BHI in its dealings with you? (rating – 1 highest, 5 lowest)

The media coverage of BHI reports and information products is fair and balanced (rating – 1 highest, 5 lowest)

NSW: Making it Happen – Performance Measures

Premier's Priorities

Improving Service Levels at Hospitals – '81 per cent of patients through emergency departments within four hours.'

Key Performance Indicator		Target
SERVICE ACCESS AND PATIENT FLOW		
Tier 1	Emergency Treatment Performance - Patients with total time in ED \leq 4 hrs (%)	\geq 81

Tackling Childhood Obesity – 'Reduce overweight and obesity rates of children by 5 per cent over 10 years'

Key Performance Indicator		Target
POPULATION HEALTH		
Tier 2	Healthy Children Initiative (centre based early childhood service sites) – Adopted (% cumulative)	\geq 70% of sites adopting KPI target , with \geq 80% of practices adopted
Tier 2	Healthy Children Initiative – (primary school sites) - Adopted (% cumulative)	\geq 70% of sites adopting KPI target , with \geq 80% of practices adopted

State Priority

Cutting wait times for planned surgeries – 'Increase on-time admissions for planned surgery, in accordance with medical advice.'

Key Performance Indicator		Target
SERVICE ACCESS AND PATIENT FLOW		
Elective Surgery Access Performance: Elective Surgery Patients Treated on Time (%):		
Tier 1	• Category 1	100
Tier 1	• Category 2	\geq 97
Tier 1	• Category 3	\geq 97
Overdue Elective Surgery Patients (number)		
Tier 1	• Category 1	0
Tier 1	• Category 2	0
Tier 1	• Category 3	0

Key Performance Indicators

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 2	New Insight Series reports are developed as per the workplan	100% Complete				✓	Not completed	Partially completed	Completed
Tier 2	New Patient Perspectives and Snapshot 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

Key Performance Indicator		Target	Not Performing X	Under Performing ↘	Performing ✓
Finance and Activity					
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
Liquidity					
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
People and Culture					
Tier 2	Staff who have had a performance review (%)	100	> 20 improvement	N/A	≤ 20 improvement

Service Measures	
People and Culture	
Workplace Injuries: <ul style="list-style-type: none"> Claims (rate per 100 FTEs) Return to work experience -Continuous Average Duration (days) 	
Reduction in the number of employees with accrued annual leave balances of more than 30 days(Number)	
Recruitment: improvement on baseline average time taken from request to recruit to decision to approve/decline/defer recruitment (days)	
Aboriginal Workforce as a proportion of total workforce (%)	
Public Service Commission (PSC) People Matter Survey (%) <ul style="list-style-type: none"> Estimated Response Rate Engagement Index 	

Governance Requirements

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

The Corporate Governance and Accountability Compendium can be found 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 by all Health organisations as a minimum through:

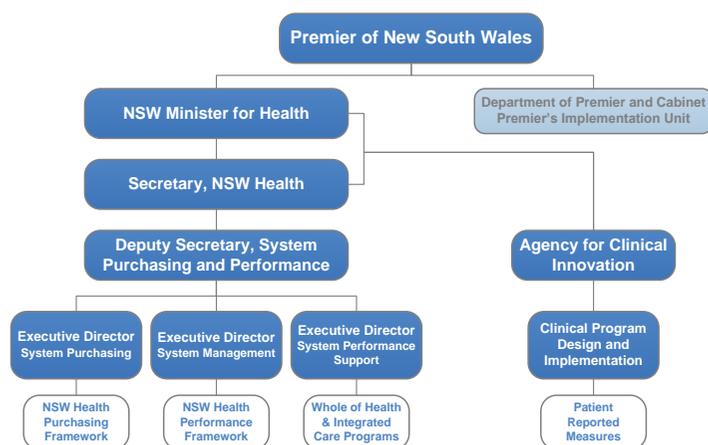
- Due 31 August each year a completed Corporate Governance Attestation Statement for the financial year (PD2010_039).
- Due 31 July each year a completed Internal Audit and Risk Management Attestation Statement for the financial year (PD2010_039).
- Due Quarterly (financial year) the entity Risk Management Register for the top 10 risks identified by the Local Health District, Specialty Network or Service Organisation:
 - 3rd Friday of the month of April (January to March quarter)
 - 3rd Friday of the month of July (April to June quarter)
 - 3rd Friday of the month of October (July to September quarter)
 - 3rd Friday of the month January (October to December quarter)
- 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.

PART A: NSW Health Priorities – Leaders and Partners in Delivery

NSW PREMIER’S PRIORITY – IMPROVING SERVICE LEVELS IN HOSPITALS

Governance Structure



Improving service levels in hospitals

81 per cent of patients through emergency departments within four hours by June 2019

- Timely access to care in emergency departments can lead to better health outcomes for patients and reduce or avoid hospital stays. Every year, the number of people accessing emergency departments increases, with more than one in five adults and one in four children presenting at least once a year.
- We are expanding our Whole of Hospital and Integrated Care Programs to ensure that more people receive appropriate treatment within four hours of presenting to hospital in NSW, while maintaining the safety of patients and staff.

Key Objectives:

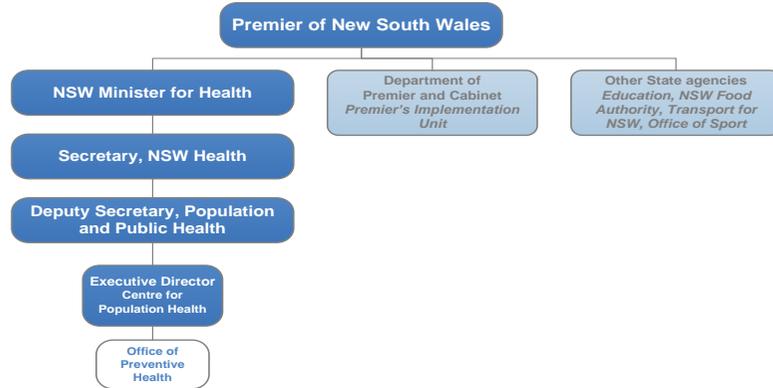
- To improve access to high quality, safe, person centred healthcare for users of the NSW public hospital system through a whole of health system approach;
- To improve the connectivity of the NSW public health system to support locally accountable improvements in access to care and patient flow
- To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

PARTNER ORGANISATIONS

KEY FOCUS AREAS / KEY DELIVERABLES	LEAD	SPP Division	HSPIR	LHD / SHNs	ACI	BHI	CEC	HETI	eHealth NSW	Cancer Inst.
Implementation of strategies to improve and maintain access & flow	MOH	✓		✓	✓		✓	✓		
Establish and monitor Emergency Treatment Performance trajectories	MOH	✓		✓						
State Wide benchmarking data	MOH	✓	✓	✓	✓	✓	✓			
Health system performance monitoring and management	MOH	✓	✓	✓		✓				
Part funding for Whole of Health Program (WOHP) Program Leads	MOH	✓								
On-site support via WOHP subject matter experts	MOH	✓		✓	✓		✓			
Sharing lessons learned	MOH	✓		✓						
Identify local Clinical Champions	MOH	✓								
Integrated Care Demonstrators	MOH	✓		✓	✓		✓		✓	
Integrated Care Innovators	MOH	✓	✓	✓	✓				✓	
Patient Reported Measures	ACI	✓	✓	✓	✓	✓	✓		✓	✓
eHealth	eHealth			✓	✓				✓	
Monitoring and evaluation of Integrated Care	MOH		✓		✓	✓				

NSW PREMIER'S PRIORITY – TACKLING CHILDHOOD OBESITY

Governance Structure



Key Objectives:

- Reduce intake of energy-dense nutrient-poor food and drinks
- Increase consumption of fruit and vegetables
- Increase intake of water in preference to sugar-sweetened drinks

Tackling childhood obesity

Reduce overweight and obesity rates of children by five per cent over 10 years

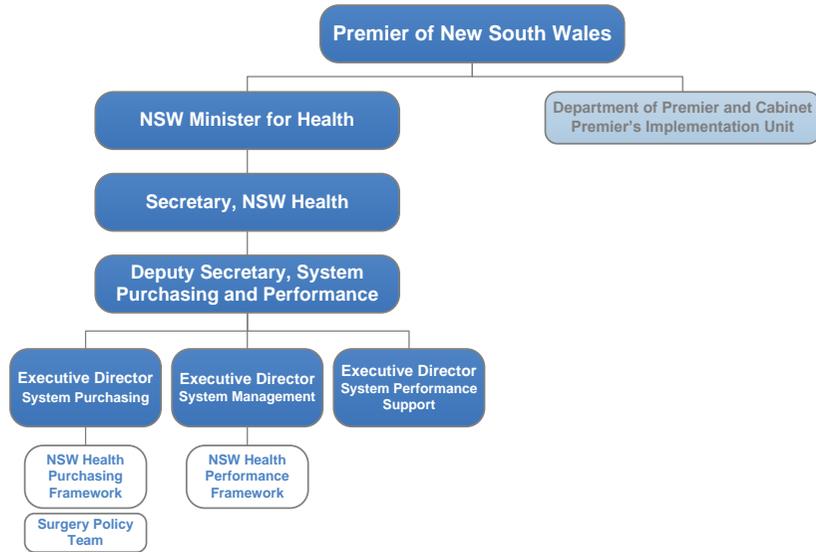
- Children who are overweight or obese are more likely to have poor health and wellbeing outcomes, compared with healthy children. They are also more likely to carry their excess weight into adulthood, placing them at increased risk of developing chronic diseases later in life.
- In 2014, more than one in five children were estimated to be overweight or obese. Reducing the rate of overweight or obese children by five per cent over the next 10 years will result in at least 62,000 fewer children being overweight or obese.
- Childhood obesity is a complex issue, which is why we are taking a whole-of-government, systematic approach to supporting children and families to be healthy and active.
 - Increase incidental, moderate and vigorous physical activity
 - Reduce time spent in sedentary behaviour
 - Increase community awareness of healthy eating and physical activity as protective factors against chronic disease

PARTNER ORGANISATIONS

KEY FOCUS AREAS / KEY DELIVERABLES	LEAD	PPH Division	LHD / SHNs	ACI	BHI	CEC	HETI	Other agencies
Population health performance monitoring and management	MOH	✓	✓					✓
Implementation of strategies to improve healthy eating and physical activity in childhood	MOH	✓						
<ul style="list-style-type: none"> • Healthy Children Initiative <ul style="list-style-type: none"> ○ Community treatment program (Go4Fun) ○ Primary school programs (Live Life Well @ School) ○ Early childhood program (Munch and Move) 		✓	✓					
• Make Healthy Normal campaign	MOH	✓	✓	✓	✓	✓	✓	✓
• Routine recording height and weight, provision of advice and referral as part of routine clinical care	MOH		✓	✓			✓	✓
• Implement healthy food and drink policy for staff and visitors	MOH	✓	✓	✓	✓	✓	✓	✓
• Participate in Get Healthy at Work	SafeWork NSW	✓	✓		✓	✓	✓	✓

NSW STATE PRIORITY – CUTTING WAIT TIMES FOR PLANNED SURGERIES

Governance Structure



Cutting wait times for planned surgeries

Increase on-time admissions for planned surgery, in accordance with medical advice

- Cutting waiting times is an essential part of reducing the burden of disease and injury on patients and their carers.
- With more than 215,000 planned surgeries undertaken each year, waiting times are an important indicator of the overall performance of our public hospital system.
- We are continuing to improve the management of all aspects of the patient journey to further increase our on-time admissions, and reduce waiting times for planned surgery.

Key Objectives:

- To improve access to high quality, safe, person centred healthcare for users of the NSW public hospital system through a whole of health system approach;
- To improve the connectivity of the NSW public health system to support locally accountable improvements in access to care and patient flow

KEY FOCUS AREAS / KEY DELIVERABLES	PARTNER ORGANISATIONS									
	LEAD	SPP Division	HSPIR	LHD / SHNs	ACI	BHI	CEC	HETI	eHealth NSW	Cancer Inst.
Implementation of strategies to improve and maintain on-time elective surgery performance	MOH	✓		✓	✓		✓	✓		
Elective surgery performance monitoring and management	MOH	✓	✓	✓	✓	✓	✓			
Overdue patient numbers tracking and monitoring	MOH	✓	✓	✓						
On-site support from surgical services subject matter experts	MOH	✓		✓	✓		✓			
Models of care and policy to improve theatre efficiency and timely surgery	MOH / ACI	✓			✓					
Surgical Services Taskforce	ACI	✓		✓	✓					
Surgery Redesign program	ACI	✓		✓	✓					

PART B: Bureau of Health Information Work Plan

Development and Delivery of an Annual Workplan

The Bureau of Health Information will collaborate with the Ministry of Health, other Support Organisations and Districts and Networks, to develop an annual work plan. The work plan will:

- Link the activities and priorities of each Support Organisation to the Premier's, State and Key System Priorities of NSW Health.
- Provide capacity to identify and respond to emerging issues facing Districts and Networks or the NSW Health system.
- Afford Districts and Networks the opportunity to engage the Bureau of Health Information to undertake key pieces of work to assist them in improving local service delivery.

Core Elements	Key Deliverables for 2016/2017
Our information products	
Healthcare in Focus	<ul style="list-style-type: none"> • Produce and release 'Healthcare in Focus 2016' in April 2017
Hospital Quarterly	<ul style="list-style-type: none"> • Produce and release 'Hospital Quarterly' in September 2016 (with unpublished prototype of ambulance section), December 2016, March 2017 (including ambulance section), June 2017 (including ambulance section)
Insights into Care Series	<ul style="list-style-type: none"> • Release 'Insights into Care' on Healthcare performance in rural/regional NSW in November 2016 • Produce and release 'Insights into Care' on Unwarranted Clinical Variation in December 2016
Patient Perspectives Series	<ul style="list-style-type: none"> • Release 'Patient Perspectives' on Outpatient cancer services in July 2016 • Release 'Patient Perspectives' on Care for Aboriginal People in August 2016 • Produce and release 'Patient Perspectives' on Maternity care in February 2017 • Produce and release 'Patient Perspectives' on Experience of care of people living with disability in June 2017
Snapshot Series	<ul style="list-style-type: none"> • Produce and release 'Snapshot' report of results of the patient survey program in February 2017
Spotlight on Measurement Series	<ul style="list-style-type: none"> • Produce and release 'Spotlight on Measurement' on Adverse events and complications of care in December 2016 • Produce and release 'Spotlight on Measurement' on Ambulance performance measures in March 2016 • Produce and release 'Spotlight on Measurement' on Patient reported experience and outcomes in June 2017
Data Matters Series	<ul style="list-style-type: none"> • Produce and release 'Data Matters' on Measuring unwarranted clinical variation in December 2016

Core Elements	Key Deliverables for 2016/2017
Patient Survey Program	<ul style="list-style-type: none"> • Continue mailings of Adult Admitted Patients Survey, Emergency Department Patients Survey, Admitted Children and Young Patients Survey (Paediatric facilities), Small and Rural Facilities Admitted Patients Survey, Small and Rural Facilities Emergency Department Survey, Outpatient Services Survey, Experiences of breast cancer screening survey • Community Health Services Survey – development • Quarterly data updates on 'Healthcare Observer' interactive portal
Dissemination	<ul style="list-style-type: none"> • Continue to develop and expand the 'Healthcare Observer' online reporting tool • Produce regular 'On Board / On Ward' reports and 'Hospital Profiles' associated with specific reports releases
Our processes	
Strategic relationships <ul style="list-style-type: none"> • Engaging community, clinicians and managers • Partnering with academic and reporting agencies 	<ul style="list-style-type: none"> • Work with Ambulance NSW and Ministry of Health to develop Ambulance measures suitable for public reporting • Work with the Ministry of Health and the Mental Health Commission to inform progressive development of Mental Health performance measures building on existing data collection and reporting mechanisms • Work with Cancer Institute NSW on developing an experiences of breast cancer screening survey • Continue meetings of BHI Scientific Advisory Committee, involving Australian and international experts • Consumers, healthcare professional and system managers engagement activities – associated with projects • Continue program of LHD visits • Participate in research studies into the interface between primary and acute care services with Sax Institute, UWS, UNSW and other partners
Organisational excellence <ul style="list-style-type: none"> • Rigorous and systematic processes • Regular evaluation and continuous improvement 	<ul style="list-style-type: none"> • Develop agile project management capability • Implement records management system • Maintain enterprise-wide risk management systems and processes to minimise and mitigate risk exposure of the Bureau • Provide documentation of processes for each products and reports including scoping, advisory committees minutes, peer-review and penultimate drafts, reviewers comments and response, final drafts and other relevant documents • Implement enhanced evaluation and continuous improvement process for Bureau reports

Core Elements	Key Deliverables for 2016/2017
Our resources	
Informational resources, human resources, financial and physical resources	<ul style="list-style-type: none"> • Information management <ul style="list-style-type: none"> - Renewal of the tender of the patient survey program for the upcoming 5 years (2017-2022) - Participate in relevant NSW Health data governance committees and related activities • Human resource management: Support staff involvement in scientific activities, workshops, conferences and ongoing development • Financial and physical resource management: Implement project costing monitoring, maintain effective financial controls and ensure most effective and efficient use of available resources
Our reputation	
Leadership in performance measurement and reporting	<ul style="list-style-type: none"> • Continue 'Challenging Ideas' Seminar Series showcasing international experts • Participate in recognised state-level, Commonwealth-level or international advisory committees • Publish peer-reviewed papers; present at scientific conferences

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Attachment

MEMORANDUM OF UNDERSTANDING

BETWEEN

NSW MINISTRY OF HEALTH

AND

BUREAU OF HEALTH INFORMATION (BHI)

IN RELATION TO

**ACCESS TO AND SHARING OF DATA AND INFORMATION HELD BY THE
NSW MINISTRY OF HEALTH**

JULY 2016

Background

The Bureau of Health Information (**BHI**) was established as a statutory health corporation under the Health Services Act 1997 on 1 September 2009 as part of the NSW Government's response to the Garling Special Commission of Inquiry (**SCI**).

The BHI provides independent reports to government, clinicians and the community on the performance of the NSW public sector health system. Performance measures include activity, access, effectiveness, efficiency, outcomes and safety and quality measures.

As recommended by the SCI, the BHI uses both existing NSW Health data collections and other data sets to develop and report on the performance of the NSW public health system at a cascading level - whole of system, by Health Service, by hospital and by clinical service.

The Ministry of Health is custodian of a number of NSW Health state-wide data collections and the BHI may require access to these data in order to perform its statutory role. The BHI is the data custodian of the NSW Patient Survey Program. The BHI seeks access to data from the Ministry in the areas outlined in Schedule 1. The parties recognise that revision of this Schedule may occur as the BHI's performance reporting scope and depth develops over time.

This memorandum records an understanding (MOU) reached between the Ministry and the Bureau of Health Information regarding access to and conditions of use of data held by the Ministry and BHI. This agreement will facilitate liaison, cooperation and assist the access and exchange of information between the agencies in accordance with the relevant statutory provisions. The exchange of information between these parties includes the sharing of methodologies, data dictionaries and expertise to achieve the objectives of this memorandum.

Definitions

The following definitions apply in the context of this Memorandum:

- **BHI** means the Bureau of Health Information.
- **Chair** means the Chair of the Board of Directors of the Bureau of Health Information.
- **Chief Executive** means the Chief Executive of the Bureau of Health Information.
- **Data** as a general concept refers to the fact that a phenomenon is represented or coded in some form suitable for better usage or processing through attribution of values to certain parameters. For the purpose of this agreement, data encompasses any electronic information the BHI either holds in the case of the NSW Patient Survey or requests from the Ministry, in accordance with its Determination of Functions and Service Compact, in the areas set out in Schedule 1.
- **Information** generically relate to transformation of data into measures that provide an answer to a question or an assessment of a phenomenon. Data are used to produce information. For the purpose of this agreement, information would include any measures or indicators calculated through usage of data as well as the methodological knowledge surrounding the development of these measures or indicators.
- **Ministry** means the New South Wales Ministry of Health.

- **Determination of Functions** means the Determination made by the Minister for Health under the Health Services Act 1997 as set out in Schedule 2 of this MOU and any variation to this.
- **HSIPR** means the Health System Information and Performance Reporting branch of NSW Ministry of Health.
- **MOU** means Memorandum of Understanding which is this agreement.
- **Patient Identifiers** means any data elements that can be used to potentially identify individual health care users, including personal names, addresses and medical record numbers.
- **Patient Survey Program** means the NSW Patient Survey Program which is managed by BHI on behalf of the NSW Ministry of Health.
- **Secretary** means the Secretary of the NSW Ministry of Health.
- **Service Compact** means the BHI's approved Strategic Plan and Annual Performance Agreement.

Commencement

- 1.1 This MOU commences on the execution date and continues unless otherwise terminated in accordance with this agreement or by the parties.

Key objectives of this MOU

- 2.1 The key objectives of this MOU are to facilitate the liaison, cooperation and assistance between the BHI and the Ministry regarding the access to and exchange of information between these agencies in accordance with the relevant statutory provisions to:
 - 2.1.1 enable the BHI to fulfil its statutory role and functions, including management of the patient survey; and
 - 2.1.2 enable the Ministry of Health to support Local Health Districts and Specialty Health Networks in ongoing performance improvement activities.

Obligations of the Ministry

- 3.1 To provide to the BHI, appropriate access to data as defined by this MOU in order to support BHI work in delivering on the service compact and to support development work for future reports.
- 3.2 To share data collection, analysis and reporting methodologies and data dictionaries with the BHI.
- 3.3 To inform the BHI when new data become available so that data can be considered for inclusion in Schedule 1.
- 3.4 To access and use the data in accordance with this MOU and for the purposes stated in the Determination of Functions of the BHI by the Minister for Health.

- 3.5 To provide information on a regular basis about the quality of data used by the BHI under this MOU (see Schedule 1) such as data quality audits, quality assurance frameworks and known data limitations.
- 3.6 To provide information on a regular basis about significant changes to data definition, collection or data sets that may impact on the BHI measures and indicators.
- 3.7 To provide the information necessary for BHI to operate the patient survey program according to program timetables, including but not limited to provision of patient-level data for investigation of sampling methods, drawing the survey samples, and providing sampling summaries on conclusion of this work.

Obligations of the BHI

- 4.1 To provide to the Ministry, appropriate access to data as defined by this MOU.
- 4.2 To share data analysis and reporting methodologies and data dictionaries with the Ministry.
- 4.3 To inform the Ministry when new data becomes available so that data can be considered for inclusion in Schedule 2.
- 4.4 To access and use the data in accordance with this MOU.
- 4.5 To provide information on a regular basis about the quality of data used by the Ministry and collected by the BHI (as per Schedule 2) under this MOU such as data quality audits, quality assurance frameworks and known data limitations.
- 4.6 To provide information on a regular basis about significant changes to data definition, collection, statistical methods or data sets that may impact on the BHI measures and interpretation of indicators.

Consultation

- 5.1 The Chief Executive of BHI and Executive Director, Health System Information and Performance Reporting (HSIPR) Branch of the Ministry will hold regular meetings to monitor the operation of the MOU and to progress the objectives of this MOU.

Access to data

- 6.1 The BHI seeks access to the data described in Schedule 1 that are held by the Ministry. The Ministry seeks access to data described in Schedule 2 that are held by the BHI.
- 6.2 The BHI will access data through a reporting servers' account that will be set up for BHI by the Ministry, under arrangements agreed by the Ministry.
- 6.3 The Ministry will access data through a secure server to be advised by the BHI, but similar to access granted to the BHI by the Ministry to reporting servers (such as the Health Information Exchange or SaPHaRI).
- 6.4 The data sets BHI will have access to will be de-identified (they will not contain Patient Identifiers).

- 6.5 BHI requests for access to additional existing data sets shall be directed to the Executive Director, HSIPR.
- 6.6 BHI requests for data not currently collected by the Ministry shall be directed to the Executive Director, HSIPR for consideration.
- 6.7 With the exception of the NSW Patient Survey Program, BHI will inform the Ministry before conducting routine or ad hoc data collections directly from NSW Health Services or other public sector health organisations. This is essential to minimise duplication of data collection processes, burden of data collection activity and variances in data collection practices. Additional data collections will be addressed through clause 6.6.
- 6.8 The Ministry will provide BHI with access to datasets for the purposes of developing and validating agreed measures of performance of the NSW public health system in accordance with the BHI's determination of functions (see Schedule 3).

Confidentiality and privacy

- 7.1 The BHI must adhere to the following:
 - 7.1.1 all applicable legislation governing the confidentiality and privacy of personal health information. These provisions include but are not limited to s75 of the Public Health Act 1991, the Health Records and Information Privacy Act 2002 (NSW), the Privacy and Personal Information Protection Act 1998 (NSW) and the Health Services Act 1997 (NSW);
 - 7.1.2 the Ministry's Privacy Manual as it may be amended or updated from time-to-time and all applicable policy directives, policies and procedures of the Ministry relating to information systems and network security, protection of the confidentiality and integrity of data and protection of the privacy of individuals.
- 7.2 The obligations of confidentiality and privacy referred to in clause 7.1 shall survive the termination of this MOU.
- 7.3 The BHI must not report data in a form or publication where the identity of individuals is apparent or can reasonably be ascertained.
- 7.4 BHI can request the MoH to supply patient contact details when the following situations occur in the operation of the patient survey program:
 - 7.4.1 where patient feedback identifies a duty of care to respond, e.g. threats of harm to themselves or to others, or serious safety issues at the facility;
 - 7.4.2 where the patient has asked to be contacted to discuss an issue of concern.

Data security

- 8.1 The BHI must adhere to the Ministry's Information Security Policy as it may be amended or reissued from time-to-time.
- 8.2 The BHI's data storage, processing, analysis and reporting activities must operate within a physically secure environment accessible only by electronic pass card or other such appropriate means as approved by the Ministry.

- 8.3 The BHI must ensure that staff or contractors working in the physical area occupied by the BHI or who have access to the data sources, have signed an undertaking to protect the privacy and confidentiality of the data held and used by the BHI.
- 8.4 The BHI must operate their databases and all associated data processing operations involving data records in a manner whereby access will not be permitted or available to unauthorised persons.
- 8.5 Any actual or potential electronic links will occur via a secure BHI network only. BHI is responsible for ensuring no data or related record-level data analyses are removed from its secure network by any means.
- 8.6 The BHI must maintain appropriate levels of security over its website to prevent corruption of the data or manipulation of the data to identify a patient or client of a health service.

Data linkage

- 9.1 The Bureau of Health Information must not link records of identified individuals that it accesses, collects or holds with other records that it accesses, collects or holds, or the records of identified individuals from other sources, except:
 - 9.1.1 with the specific agreement of the NSW Population & Health Services Research Ethics Committee; or
 - 9.1.2 as authorised in writing by the Secretary.
- 9.2 The BHI must access linked record data through the CHeReL and is subject to the usual data custodian approvals. The CHeReL provides a record linkage system that has strict privacy-preserving protocols. BHI will be provided access to data from ACT hospitals available through the CHeReL, subject to the approval of ACT Health.

Data release

- 10.1 The BHI will inform the Ministry about requests for information that it receives that relates to the data sets for which the Ministry is data custodian.
- 10.2 The BHI will not release or publicly report unit record data, where the Ministry is the custodian of that data.
- 10.3 BHI will publish and release aggregated data in different forms in accordance with the Report Release Process between BHI and the Ministry.
- 10.4 BHI may release aggregate data (data that does not permit the identification of individual data subjects), cross-tabulations and calculated indicators or measures, both routinely and on request, without first seeking the permission of the Ministry, where the release relates to work agreed upon in the service compact and is in accordance with the Determination of Functions set by the Minister for Health.
- 10.5 In cases where public reporting of performance elicits a request from LHDs for additional information to help identify patients as part of appropriate investigation locally, BHI will refer requests to the Ministry and supply sufficient information to the Ministry to inform the response to the LHD.

Acknowledgements

- 11.1 When data supplied by one party is used in a publication prepared by the other party, both parties agree to include a reference in the publication acknowledging the other party as the source or custodian of the data.
- 11.2 The BHI must not use the NSW Health logo on any outputs without written approval of the Ministry.

Dispute

- 12.1 If the parties are unable to agree on a matter in this MOU:
- 12.1.1 The Chief Executive and the Executive Director, HSIPR will seek to resolve the dispute.
 - 12.1.2 If the matter is not able to be resolved through 12.1.1, it may be escalated for resolution between the Chief Executive and the Deputy Secretary, System Purchasing and Performance.
 - 12.1.3 If the matter cannot be satisfactorily resolved through 12.1.2, the matter will be resolved by the Secretary and the Chair of the Board.

Ownership and return of data

- 13.1 Should the BHI cease to exist or this MOU is terminated, the BHI must return all data to the Ministry.

Termination

- 14.1 Subject to clause 14.2, if the BHI breaches this MOU and fails to rectify the breach to the satisfaction of the Ministry within a time period specified to the BHI in writing by the Ministry, the Ministry may terminate this MOU by further written notice to the BHI.
- 14.2 If the BHI breaches clause 7 or clause 9, the Ministry may terminate this MOU with immediate effect by written notice to the BHI.
- 14.3 This MOU will terminate if the BHI ceases to exist as a statutory body under NSW legislation.

Amendment of MOU

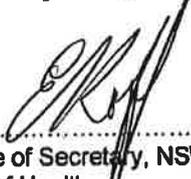
- 15.1 Subject to clause 15.2, the parties may amend this MOU by written agreement.
- 15.2 The CE, BHI and Executive Director, HSIPR may amend Schedule 1 by written agreement.

Execution and date

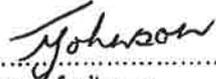
Executed as an agreement.

Date: 10-10-16

**Signed by the Secretary
NSW Ministry of Health**



.....
Signature of Secretary, NSW
Ministry of Health

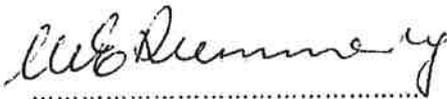


.....
Signature of witness

VAN JOHNSON

.....
Name of witness (print)

**Signed by the
Bureau of Health Information**



.....
Signature of Chairman, BHI Board



.....
Signature of witness

PATRICK JOSEPH RUMMENY

.....
Name of witness (print)

Schedule 1

Data held by the Ministry that is available for access and use by the BHI via :

Secure Analytics for Population Health Research and Intelligence [SaPHaRI]:

- i Linked admitted patients and emergency departments and fact of death
- ii Linked perinatal data collection, and admitted patients, and emergency departments and deaths
- iii Population Health Surveys
- iv De-identified (but non-aggregated) data from NSW private hospitals

Health Information Exchange [HIE] or EDWARD:

- v Admitted patient
- vi Emergency department

Mental health ambulatory data collection

Waiting List Online Collection System [WLCOS] or EDWARD

- vii Waiting list data

Transfer of Care Reporting System

- viii Ambulance Transfer of care [a separate MOU was signed on 05/10/2011 between Ambulance Services of NSW and BHI for this access].

Schedule 2

Data held by BHI that is available for access and use by the Ministry through a secure server to be advised by the BHI, but similar to access granted to the BHI by the Ministry to the HIE and SaPHaRI:

- i Patient Survey Program data at the record level (de-identified)
- ii Data contained on the Healthcare Observer in an easily consumable format

Schedule 3

HEALTH SERVICES ACT 1997 BUREAU OF HEALTH INFORMATION

DETERMINATION OF FUNCTIONS OF STATUTORY HEALTH CORPORATION

Pursuant to section 53 of the Health Services Act 1997, I, CARMEL TEBBUTT, Minister for Health, do hereby determine, in addition to those functions set out in section 12 of the Health Services Act, the following functions for the Bureau of Health Information:

- (1) To prepare and publish regular reports on the performance of the NSW Public Health System, including the 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 advise the NSW Department 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 health systems in Australia;
- (9) To provide advice to the Minister for Health and the Director-General of the Department of Health on issues arising out of its function.

Dated at Sydney this 18TH day of NOVEMBER 2009



Minister for Health