

## 3.6 STRATEGIC DIRECTION 6: STRENGTHENING PERFORMANCE MONITORING, MANAGEMENT AND ACCOUNTABILITY

Performance monitoring, management and accountability are important in all government sectors, as they support judicious allocation and spending of public monies and can help maximise return on investment. Strategic Direction 6 focuses on strengthening performance monitoring, management and accountability to improve Aboriginal health. Key actions are:

- developing and continually refining performance indicators for Aboriginal health at the system and program levels
- including Aboriginal health performance, service use and quality measures in all relevant service agreements
- increasing reporting on disparities in health outcomes and quality of care experienced by Aboriginal people
- building leadership and accountability responsibilities for Aboriginal health into the roles of executives and managers at all levels in the system
- reviewing other governance systems, policies and processes, and identifying opportunities to strengthen responsibility and accountability for Aboriginal health.

### 3.6.1 NSW HEALTH ACTIVITIES

#### *NSW Health Performance Framework*

The *NSW Health Performance Framework* sets out the structure with which the MoH monitors, assesses and responds to the performance of public sector health services in NSW. It describes the performance expected of health services and support organisations with respect to health improvement, service delivery and financial management.

Annual Service Agreements between the MoH and LHDs/SHNs are a key component of the Framework. LHDs and SHNs are expected to meet the performance requirements set out in the Service Agreement schedules. These schedules outline strategic priorities, key programs and services to be delivered (including purchased volumes), budget allocation, governance

#### KEY FINDINGS

##### NSW Health has:

- established performance and data analytics frameworks that guide and support performance monitoring, management and accountability in Aboriginal health
- built responsibility for Aboriginal health into various policies and procedures, organisational structures, and the composition and functions of governing boards
- sixteen of 17 LHD and SHN boards with current membership including at least one person with Aboriginal health expertise, knowledge or experience
- implemented many initiatives (n=67) that support data-driven improvements and accountability in the delivery of services and programs to Aboriginal people, including Aboriginal Health Dashboards and data warehouse and analytics applications
- established health topic-specific strategic frameworks that prioritise action among Aboriginal patients and populations, that have strong governance arrangements, and that have effective processes for monitoring, and using data to drive, implementation.

Both ACCHSs and LHDs reported a need for increased engagement with the Aboriginal community-controlled health sector when developing or reviewing performance indicators, and when reporting on the performance of LHDs and NSW Health-funded ACCHSs.

requirements, and standardised Key Performance Indicators (KPIs) and Improvement Measures.

KPIs define performance targets and thresholds in the following domains: population health; the quality and safety of clinical care; integrated healthcare; workforce and culture; research; infrastructure/asset purchasing and management; and financial management and governance. Four KPIs in the 2017/18 Agreements



relate specifically to Aboriginal health (that is, where performance is explicitly monitored in Aboriginal patients/staff): women who smoked at any time during pregnancy; adult admitted patients' overall rating of care received; unplanned hospital readmissions; and Aboriginal workforce as a proportion of total workforce, across all salary bands.

Improvement Measures assist LHDs and SHNs to improve the safety and efficiency of patient care and provide contextual information to aid interpretation of KPI data. Improvement Measures that are monitored in Aboriginal patients/people and are explicitly designed to improve Aboriginal health outcomes are:

- children fully immunised at one year and four years of age
- inpatients discharged against medical advice
- comprehensive antenatal visits before 14 weeks' gestation
- BreastScreen participation rates
- elective surgery patients treated on time
- unplanned and emergency re-presentations to the same emergency department
- Aboriginal people correctly reported in admitted patient data
- participation in state-wide and other large-scale programs.

The MoH provides LHDs and SHNs with monthly data on their performance against the KPIs and Improvement Measures in Service Agreements. It also holds quarterly performance review meetings with senior executives of LHDs and SHNs. These meetings aim to recognise high performance and to identify lessons that can be shared across NSW Health. Equally, the purpose is to identify and unpack unsatisfactory performance, and to support organisations to restore and maintain effective performance. Responses to performance concerns are coordinated by the MoH and may be supported by the pillars, including the Clinical Excellence Commission and the Agency for Clinical Innovation.

Performance Agreements are also established between the MoH and pillars which, among other aims, seek to ensure that pillars consider the health needs of Aboriginal people in the development and implementation of health plans and programs.

## Performance Management Framework for Aboriginal health NGOs

The Centre for Aboriginal Health coordinates and oversees funding agreements between the MoH and ACCHSs and other NGOs funded to deliver Aboriginal health programs. The Performance Management Framework for Aboriginal health NGOs guides how these funding agreements are administered and monitored. The Framework outlines a collaborative approach to monitoring program and organisational performance, with the goal of enhancing Aboriginal health service delivery and promoting best practice models of care.

As part of the Framework, service and program performance is measured through a set of KPIs, which cover population health, drug and alcohol, STI and BBV, immunisation, and mental health programs. Funded organisations are required to submit their KPI data to the Centre for Aboriginal Health on a quarterly basis through a centralised digital contract management system. The Centre for Aboriginal Health develops tailored KPI reports using these data, which are shared with respective organisations. These KPI reports enable organisations to assess their service performance against the NSW state average for that quarter, and act as a feedback mechanism to assist ACCHSs and NGOs to track progress over time, identify areas for improvement, and undertake quality improvement activities.

The Centre for Aboriginal Health regularly visits MoH-funded organisations to build and strengthen relationships between the MoH and ACCHS staff and to gain important local context about the challenges and successes of each service, including in relation to the KPIs. The visits are an opportunity to learn more about the unique and innovative local health initiatives that have been successful for the community, to discuss any questions that the organisation or MoH may have in relation to the organisation's KPI reports, and for ACCHSs to raise any local matters with the MoH. Information from these visits also provides valuable context for the quantitative data provided through the KPI reports.

The Centre for Aboriginal Health has also established a NSW Aboriginal Health KPI Reference Group, which consists of representatives from ACCHSs and Aboriginal health NGOs and the AH&MRC. Chaired by the Centre for Aboriginal Health, this group meets on a quarterly basis to facilitate a partnership approach to analysing, interpreting and making decisions about KPI data.

A key objective for this group is to improve the relevance and utility of the KPIs for both the MoH and



the ACCHS sector and to strengthen ACCHS's capacity for using the data for planning, monitoring and quality improvement initiatives.

### **NSW Health Analytics Framework**

Maximising the relevance, accuracy and availability of health information is essential to monitoring and improving health system performance. The *NSW Health Analytics Framework* aims to transform health through data and insights. It supports the use of sophisticated analytics and enables NSW Health staff to access, interpret, analyse and report on the increasing volume and complexity of health data. Priority areas are:

- establishing a skilled and capable workforce
- creating a supportive culture and promoting engagement across the health system
- using appropriate analytical tools and technologies
- streamlining data processes, protocols and guidelines
- improving data governance structures.

The NSW Health Analytics Steering Committee is responsible for overseeing and driving implementation of the Framework and analytics use more broadly. This includes monitoring progress against priority areas and an annual review of the Framework.

### **The NSW Health Corporate Governance and Accountability Compendium**

The governance and accountability requirements of NSW Health organisations are established in relevant legislation and NSW Health policies and procedures, and are articulated in the *NSW Health Corporate Governance and Accountability Compendium*. The Compendium describes two key mechanisms that support governance and accountability for Aboriginal health in LHDs and SHNs:

1. **The establishment of governing boards** which lead, direct and monitor the activities of LHDs/SHNs and drive overall performance. Boards perform key functions, like overseeing the establishment of clinical and corporate governance frameworks, and are required to have at least one member with expertise, knowledge or experience in Aboriginal health—a recent review undertaken by the Centre for Aboriginal Health found that 16 of 17 LHDs and SHNs met this requirement.

2. **The NSW Health Governance Framework** which sets out the key elements of a robust governance framework for NSW Health organisations. The Framework identifies various ways to embed accountability for Aboriginal health. Examples include establishing an Aboriginal Health Advisory Committee to guide the delivery of clinical services to Aboriginal people, building leadership and accountability for Aboriginal health into the roles of executives and managers, and establishing partnership agreements with ACCHSs. Additionally, each LHD and SHN must establish an Aboriginal Health Implementation Plan and ensure its implementation is monitored. Each NSW Health organisation must also publish an annual Corporate Governance Attestation Statement which is reviewed by the MoH as part of the *NSW Health Performance Framework*.

### **Summary of initiatives implemented across NSW Health**

The document review and survey of NSW Health organisations identified many (n=67) initiatives that enable good performance monitoring, management and accountability in Aboriginal health (see the Appendix for a complete list of initiatives). Table 6 describes a selection of current or recent initiatives.

State health organisations have established performance monitoring systems with robust data feedback loops designed to inform healthcare delivery and appraisal in LHDs and SHNs and to increase accountability for healthcare efficiency and effectiveness. These systems complement Service Agreements between the MoH and LHDs/SHNs and include Aboriginal health performance measures. Examples of such systems include the Aboriginal Health Dashboards, the Reporting for Better Cancer Outcomes system and the NSW Older People's Mental Health Services Benchmarking and Self-Audit Tool.

State health organisations also host data warehouse and analytics applications that enable the interrogation and use of health outcomes, clinical activity and cost benchmarking data at the state and local levels. Most of these applications have the functionality to conduct sub-analyses by Aboriginal patients and populations. Examples include: the Clinical Services Planning Analytics portal; Secure Analytics for Population Health Research and Intelligence; and the Activity Based Management portal.



**TABLE 6. EXAMPLES OF KEY INITIATIVES ALIGNING WITH STRATEGIC DIRECTION 6: STRENGTHENING PERFORMANCE MONITORING, MANAGEMENT AND ACCOUNTABILITY\***

Initiative name		Initiative description	Lead agency(ies)	Scale and outcomes
<b>Performance monitoring systems</b>				
1	Aboriginal Health Dashboards	Provide data on measures of access and equity of healthcare for Aboriginal people. Separate dashboards prepared annually for each LHD and SHN. Support constructive conversations and collaborative action locally. Inform discussions in performance review meetings between the MoH and LHDs/SHNs.	MoH/LHDs/SHNs	State-wide implementation.
2	Reporting for Better Cancer Outcomes	Aims to influence the health system to lessen the impact of cancer. Provides data on key areas of cancer control. Some KPIs are disaggregated by Aboriginality, including smoking in adults and pregnant women and breast screening rates. Separate annual reports prepared for LHDs, SHNs and primary health networks. Performance of these organisations is reviewed at regular operational meetings and at an annual forum.	Cancer Institute NSW	State-wide implementation. Has facilitated regular engagement with Chief Executives of LHDs, SHNs and PHNs, with Directors of Cancer Services, and with Cancer System Innovation Managers.
3	NSW Older People's Mental Health Services Benchmarking and Self-Audit Tool	Data on use of Specialist Mental Health Services for Older People, including among Aboriginal people, are examined twice-yearly and are discussed in benchmarking forums with key stakeholders. Discussions inform service improvements for Aboriginal and non-Aboriginal clients. Services also self-assess their performance against best practice standards, including in relation to caring for Aboriginal clients.	MoH	State-wide implementation.
4	NSW Health Project Management Office LHD Roadmapping	Aims to ensure the efficiency objectives set by the NSW Government are met across the Health Cluster. Monitors and evaluates the progress of priority projects, including Aboriginal health initiatives, using 'Roadmapping'. Implementation and efficiency data are fed back to LHDs, SHNs and other NSW Health organisations to inform quality processes.	MoH	State-wide implementation. Roadmaps have been developed for priority initiatives like Leading Better Value Care.
<b>Data warehouse and analytics applications and analytics services</b>				
5	Healthcare Observer online data portal	A publicly available interactive website allowing users to explore, analyse and download data about health system performance. Provides aggregated data on emergency department visits, elective surgeries, ambulance calls and patient experiences of care in NSW. Some data are disaggregated by Aboriginality, like responses to the NSW Adult Admitted Patient Survey.	Bureau of Health Information	State-wide implementation. There were 10,900 visits to the portal in 2016/2017. The portal contains over five years of detailed results for more than 80 public hospitals in NSW.
6	HealthStats NSW	A publicly available interactive web-based application that allows users to access data and tailor reports about the health of the NSW population. Data are available for Aboriginal and non-Aboriginal people for all health indicators and measures where there is sufficient information to report.	MoH	State-wide implementation. Holds over 200 indicators with more than 70,000 views. Ninety indicators focus on Aboriginal health. One page is viewed every two minutes.
7	Secure Analytics for Population Health Research and Intelligence	A specialised data warehouse and analytical platform that enables sophisticated statistical analysis of complex population-based health data across NSW Health. Part of the <i>NSW Health Analytics Framework</i> and contributes to the <i>NSW Open Data Policy</i> by facilitating data-informed policy and programs. Holds public health registers that enhance reporting of Aboriginality in perinatal, admitted patient and emergency department data.	MoH	State-wide implementation. Currently accessed by over 300 analysts across NSW Health. Contains over 11,000 variables contained in 16 datasets.

\* In identifying activities for inclusion in this table, large-scale initiatives were prioritised over programs of smaller scale, as the former have greater potential to influence population health. A few small-scale innovations *with good potential for scaling up* are also included. Initiatives in this table are informed by evidence.



8	Clinical Services Planning Analytics portal	An online platform that provides NSW Health's planners with resources for clinical service planning. Includes: data analytics tools to understand historic trends and patterns related to health activity; activity projections with scenario modeling capability to plan for future-focused healthcare; and reports and guidelines to support robust health service planning.	MoH	State-wide implementation. Contains more than 10 years of data from NSW public and private admitted patients. Currently accessed by over 100 analysts and planners in the LHDs/SHNs, MoH, and pillars.
9	Health System Performance App	An App designed to enhance the capability of local teams to monitor and report on performance. Provides relevant LHD/SHN staff access to provisional data on a number of Service Agreement KPIs and Improvement Measures. Assists the early identification of performance trends, the benchmarking of results between facilities, and the exploration of factors influencing performance. Data are updated weekly. No or limited disaggregation by Aboriginality.	MoH	State-wide implementation.
10	Activity Based Management Portal	A comprehensive multipurpose online program available to NSW health workers that assists users in evaluating the efficiency and efficacy of local health service delivery. Provides activity and cost data at LHD/SHN, facility and patient levels that help staff assess variance in cost, performance and models of care. Allows exploration of variance among patient groups, including analyses by patient Aboriginal status.	MoH	State-wide implementation. The portal has simplified performance benchmarking, fostered interdepartmental collaboration, improved transparency and highlighted clinical variation.
11	Analytics Assist	Designed to help people find and use statewide data and information to drive improved health outcomes and health system performance. Includes an intranet site that enables users to navigate a range of data and information within a single place and find resources on how to use these assets – Aboriginal health is a featured topic. Includes an advisory service that provides guidance and referrals to support NSW Health staff reach their analytic objectives.	MoH	State-wide implementation. Staged implementation commenced in April 2018.
12	Western NSW Health Intelligence Unit	Provides a single point of contact for accessing health and healthcare data. Provides advice and support on interpreting statistics and making best use of data and information to inform clinical or operational decision making. Operates as a virtual unit that is jointly owned by member organisations including Western Primary Health Network, Bila Muuji Regional Aboriginal Health Service, Far West NSW LHD and Western NSW LHD.	Various NSW Health and non-NSW Health organisations	Implemented in Western NSW. New service. An initial Aboriginal Health Scorecard has been developed and published on the Western NSW LHD intranet.
13	Generation of periodic reports	Describe the health, health-related behaviours and healthcare experiences of NSW residents, including among Aboriginal people. Describe health system performance, including performance in Aboriginal health. Some are published publicly, while others are for internal use only. Examples include: <i>Report of the Chief Health Officer</i> ; <i>Patient Perspectives</i> reports; system performance reports; <i>Healthcare Quarterly</i> ; and the <i>Insights Series</i> .	Bureau of Health Information/ MoH	State-wide implementation.
<b>Strategy data reports and implementation committees</b>				
14	NSW Blood Borne Viruses and Sexually Transmissible Infections (STI) Strategies	Aboriginal people are a priority population in the NSW Hepatitis C, Hepatitis B, HIV and STI Strategies. Six-monthly data reports and annual snapshots are developed to monitor progress against the key actions and targets of these Strategies. Data are shared with stakeholders and advisory committees, and are used to assess progress against established targets and indicators and to guide implementation.	MoH	State-wide implementation.
15	NSW Health Integrated Care Strategy Monitoring and Evaluation Framework	Monitoring approach is multi-faceted and includes quarterly analysis of linked administrative data to assess outcomes among patients registered for Integrated Care services in NSW. An implementation group chaired by the Secretary, NSW Health ensures appropriate oversight of Strategy implementation and the use of data to drive implementation.	MoH	State-wide implementation. The 2016 Patient Monitoring Report is available <a href="#">here</a> . About one-third (32%) of participating patients were Aboriginal.



16	NSW implementation of the National Immunisation Program	Data from the Australian Immunisation Register, the NSW School Vaccination Program and the NSW Population Health Survey are used for administering, implementing and monitoring the National Immunisation Program in NSW. Coverage reports provide information on trends and issues in vaccination coverage and timeliness for Aboriginal and non-Aboriginal children and guide the work of health protection staff in NSW.	Health Protection NSW	Implemented state-wide. Vaccination coverage in Aboriginal children has increased over time. The immunisation rate in Aboriginal children at 1, 2 and 5 years of age has been higher than the rate in non-Aboriginal children in recent years.
<b>Patient and population surveys</b>				
17	NSW Patient Survey Program	Aims to measure and report on patients' self-reported experiences of care in public health facilities in NSW. A range of patient groups are surveyed, including admitted, non-admitted, maternity care and emergency department patients. Results are used to monitor performance at the LHD and facility levels. Aboriginal patients are sampled incidentally, although oversampling was conducted for the NSW Admitted Patient Survey in 2014.	Bureau of Health Information	State-wide implementation. Oversampling of Aboriginal patients in the NSW Admitted Patient Survey ensured enough respondents for results to be provided at the LHD and large facility levels. The report is available <a href="#">here</a> .
18	Network Patient Health Survey	A comprehensive survey of inmate health conducted about every five years. Aims to describe the health status and needs of the prison population. Data are used to inform service planning and resource allocation. Method includes face-to-face interviews, physical measures and pathology testing of blood and urine specimens. Targets are set for recruitment of Aboriginal inmates to enable comparisons with non-Aboriginal inmates.	JH&FMHN	Implemented in NSW correctional centres. In the 2015 survey, Aboriginal people were oversampled to maximise the accuracy of estimates for this group. Findings for Aboriginal inmates are described <a href="#">here</a> .
19	NSW Population Health Surveys	Ongoing telephone surveys of NSW resident adults and children which enable NSW Health to monitor population health and report on health system performance. Provide ongoing information on a range of health issues, including health behaviours, risk factors, and service use and outcomes, much of which is exclusive to the surveys. Collect data on Aboriginal status and have been used to report on the health of Aboriginal people.	MoH	State-wide implementation. Data are published on HealthStats NSW and in the <i>Report of the Chief Health Officer</i> series, and are also made available via data requests.
20	Patient Reported Measures Program	Aims to enable patients to provide direct, timely feedback about their healthcare-related outcomes and experiences. Patient Reported Measures are surveys used to capture outcomes that matter to patients. Implemented in 11 proof of concept sites in NSW via REDCap, a cloud-based, non-integrated solution.	Various LHDs	Implemented in a number of LHDs.
<b>Committees</b>				
21	Strategic Aboriginal Health Steering Committee	Responsible for providing system-wide oversight of, and accountability for, Aboriginal health in NSW Health. Members are senior Aboriginal and non-Aboriginal NSW Health staff. Co-chaired by the Secretary, NSW Health and the Executive Director, Centre for Aboriginal Health in the MoH. Focus areas include improving Aboriginal health governance and addressing racism in LHDs.	MoH	State-wide implementation.
22	NSW Aboriginal Strategic Leadership Group	Senior Aboriginal leaders meet quarterly to drive improvements in Aboriginal health in the areas of leadership, governance, organisational management and service quality and safety.	MoH and various LHDs and SHNs	State-wide implementation.
23	Implementation of the Closing the Gap Strategy	A number of LHDs have established District-wide Closing the Gap Strategies, which set targets for improvements in areas like workforce diversity and capability, health service quality, safety and governance, and health outcomes. Committees with diverse membership, often including executive staff, regularly review performance data to identify intervention points and drive performance accountability.	Hunter New England LHD	Implemented in multiple LHDs and NSW Health organisations.



Health outcomes and health system performance data are publicly available online through HealthStats NSW and the Healthcare Observer website. These portals allow focused reporting on health inequities, including disparities between Aboriginal and non-Aboriginal people. Additionally, services have been established to help NSW Health staff find and use health data and information, like Analytics Assist and the Western NSW Health Intelligence Unit.

Periodic reports describe the health, health-related behaviours and healthcare experiences of NSW residents, including among Aboriginal people. They also describe health system performance, including performance in Aboriginal health. For example, the *Report of the Chief Health Officer* focuses on key health priorities and applies an equity lens to all indicators, which includes reporting about Aboriginal populations.

The MoH has established strong governance arrangements and data feedback loops to guide implementation of strategic frameworks (including strategies that identify Aboriginal people as a priority

group), particularly in the blood borne viruses and sexually transmissible infections areas.

Various survey programs are established to monitor the health and health behaviours of the people of NSW as well as their use of, and satisfaction with, health services, including among Aboriginal people. Examples include the NSW Population Health Surveys, the NSW Patient Survey Program, the Patient Reported Measures Program, and the Justice Health and Forensic Mental Health Network Patient Health Survey.

The Centre for Aboriginal Health coordinates key committees that promote accountability for, and seek to improve, Aboriginal health in NSW, including the Strategic Aboriginal Health Steering Committee and the NSW Aboriginal Strategic Leadership Group. Similarly, many LHDs have established Closing the Gap strategies and implementation committees seeking to reduce the gap in health outcomes between Aboriginal and non-Aboriginal people and to improve organisational responsibility for Aboriginal health.

## CASE STUDY

### HIV STRATEGY DATA REPORT AND IMPLEMENTATION COMMITTEE

The *NSW HIV Strategy 2016–2020* aims to achieve the virtual elimination of HIV transmission in NSW by 2020, and sustain the virtual elimination of HIV transmission in people who inject drugs, sex workers and from mother to child. The Strategy builds on previous efforts to increase prevention, testing and treatment, and prioritises making Pre-Exposure Prophylaxis (PrEP) for HIV available for people at high risk of infection.

Although HIV continues to be most commonly diagnosed among gay and homosexually active men, and newly diagnosed HIV rates in Aboriginal populations are similar to rates in non-Aboriginal populations in NSW, Aboriginal people are a priority population in the Strategy. The Strategy highlights a need to strengthen systems and integrate services for HIV prevention, testing and treatment for Aboriginal people at risk of HIV.

The NSW HIV Strategy Implementation Committee oversees and drives implementation of the Strategy and monitors performance against Strategy targets. The Committee includes LHD Chief Executives, senior clinicians from HIV specialist and general practice settings, representation from the AH&MRC and senior community and public sector leaders who have the ability to influence practice.

Health Protection NSW, in collaboration with the MoH and sexual health clinical directors across NSW, has implemented strategies to strengthen follow up and partner notification of Aboriginal people diagnosed with HIV. This includes communicating directly with LHDs where notifications have occurred to support rapid, outreach testing programs to high-risk groups. Directors of sexual health clinics where sexual and/or injecting networks are shared across districts are also supported to communicate with each other.

A framework has been established to monitor progress and determine areas for additional focus. The NSW HIV Strategy 2016–2020 Data Reports are the primary mechanism for monitoring progress against Strategy targets and related indicators. These reports are published quarterly on the NSW Health website and include data on notification rates and engagement with programs and services among Aboriginal people.

'Real time' data collection and quarterly reporting have been effective in stimulating discussion within the HIV sector about innovative strategies, new service models, and ways of improving health service quality, clinical safety, and performance. Disseminating robust data among key stakeholders supports a policy development and implementation process that is transparent, participatory and responsive.

The HIV surveillance system has been enhanced to provide information on key indicators such as care outcomes, uptake of treatment and viral load of people newly diagnosed with HIV in NSW. HIV surveillance will be further enhanced to meet critical information needs and to help optimise the state's performance in relation to HIV prevention and key indicators within the HIV diagnosis and care cascade.



## 3.6.2 STAKEHOLDER FEEDBACK

### Views of NSW Health staff

NSW Health staff considered Aboriginal health scorecards and dashboards and the Aboriginal Health Impact Statement key tools for improving performance monitoring, management and accountability in Aboriginal health. The latter was considered effective in applying an Aboriginal lens to, and engaging Aboriginal people in, NSW Health initiatives. However, staff felt their organisations could do more to adhere to the Aboriginal Health Impact Statement Policy Directive.

Reports of the 2014 NSW Admitted Patient Survey—for which Aboriginal patients were oversampled, allowing reporting of findings among this group at the LHD and large facility levels—were considered helpful in monitoring disparities in experiences of healthcare. One LHD reported combining data from this survey with the results of Aboriginal cultural audits of health facilities to identify where best to target cultural responsiveness and education strategies.

NSW Health staff perceived two main barriers to strengthening performance monitoring and accountability in Aboriginal health. First, it was felt the quality and reliability of data about Aboriginal patients/clients was sub-optimal. Second, multiple data sources, custodians and governance protocols were identified; it was felt this added complexity in accessing and sharing health information.

Two areas that were identified as requiring more or ongoing attention included:

1. reviewing and refining the use of performance indicators, in consultation with the Aboriginal community-controlled health sector
2. increasing the representation of Aboriginal people in senior management and executive roles in LHDs and SHNs, to strengthen accountability for Aboriginal health.

### Views of the Aboriginal community-controlled health sector

AH&MRC interviewees described supporting ACCHSs to meet their performance reporting requirements. However, some ACCHS interviewees felt the KPIs in agreements between the MoH and their services should be tailored to better reflect local priorities:

*“The Ministry should have a subset at the local level looking at related downstream indicators like low birth weight, youth pregnancy, and kids in out of home care, based on local priorities ... The answer might be tailored KPIs for services to monitor a smaller number of bigger wins.”* (ACCHS 2)

AH&MRC staff felt they were not sufficiently involved in developing LHD performance indicators relating to Aboriginal health. They also felt there was potential for the AH&MRC to work more closely with LHD executives on performance and accountability issues. Some ACCHS staff suggested that Service Agreements between the MoH and LHDs/SHNs should include performance indicators that assess the strength of partnerships between LHDs and ACCHSs, such as the establishment of shared care arrangements.

Interviewees from several ACCHSs perceived a lack of transparency in how NSW Health funding processes work and how Aboriginal health funds are spent, which they felt made it hard for them to navigate NSW Health funding schemes and could undermine the strength of their partnerships with LHDs:

*“There is no transparency around the NSW Health funding processes, while at the same time the level of reporting required has been increasing.”* (ACCHS 2)

Interviewees also expressed that the *NSW Aboriginal Health Plan 2013–2023* provides useful guidance to the health system in NSW but that it was not being adequately translated into practice locally. It was felt that improved communication about the Plan, and more funding for related programs, may enable better buy-in from stakeholders:

*“Broad plans from the Ministry are amazing and hit the mark. However, progression to the ground rarely happens. It needs more transference into the real world. Funding is not backing the plans up. For example, our projects are successful but funding is not guaranteed.”* (ACCHS 8)

## 3.6.3 SUMMARY AND IMPLICATIONS

NSW Health has established performance management frameworks and mechanisms with a strong emphasis on improving Aboriginal health in NSW. Service Agreements between the MoH and LHDs and SHNs include a number of performance measures with an Aboriginal health focus, however, there may be opportunities to increase the number of KPIs and Improvement Measures that are explicitly monitored among Aboriginal patients/people.

Guided by the *NSW Health Analytics Framework*, NSW Health is strengthening health system performance measurement, reporting and transparency, including in the Aboriginal health area. Main strategies include publishing performance and other health data internally and in the public domain, investing in data warehouse and analytics applications, and improving the quality of administrative health data (including the estimated



## SOUTH WESTERN SYDNEY LHD ABORIGINAL HEALTH GOVERNANCE PROJECT

The South Western Sydney LHD Aboriginal Health Governance Project aimed to increase meaningful participation of Aboriginal people in the governance structures of the organisation and to support effective service planning and delivery for Aboriginal people. The Project also sought to address the Premier's Priority of increasing Aboriginal workforce participation in senior positions.

The Project involved re-establishing the Aboriginal Health Unit with direct reporting to the Chief Executive, and gaining organisational buy-in around Aboriginal health and the Close the Gap agenda. Other initiatives undertaken as part of the Project included:

- establishing Aboriginal representation on the LHD Board
- establishing an Aboriginal Health Committee of the Board, as well as hospital and service-specific Aboriginal Health Committees, to drive service development
- developing an Aboriginal Health Plan that addresses the health needs of, and service safety and quality issues specific to, Aboriginal people
- establishing formal partnerships with local Aboriginal organisations to ensure initiatives are implemented collaboratively and are responsive to the needs of Aboriginal communities
- developing an Aboriginal health KPI dashboard that measures service provision to Aboriginal patients — KPI data are regularly reviewed by the Aboriginal Health Committee and are used to identify performance and service gaps, to develop responses, to engage partners, and to ensure transparency of service provision
- providing professional support and role clarity to AHWs
- providing more opportunities for AHWs to collaborate and be co-located.

A key achievement of the Project has been embedding the Aboriginal Health Committee into LHD governance mechanisms. This Committee is responsible for setting strategic direction and monitoring and managing performance. The Committee meets quarterly and members include representatives of the LHD Board and Executive, community partner organisations and the local primary health network.

Work driven by the Aboriginal Health Governance Project has likely contributed to increased identification of Aboriginal patients and improved participation in Respecting the Difference training. Ongoing review of the Aboriginal health KPI dashboard informs strategic and operational directions to improve Aboriginal health outcomes.

accuracy of reporting of Aboriginality (see Section 3.2 of this report)). More work is needed to ensure that all key NSW Health patient information systems and other program monitoring systems include data item(s) relating to patient/client Aboriginality and to ensure that these data are made accessible. Additionally, there is scope to improve the functionality of some data analytics applications, like the Health System Performance App, to enable disaggregation of data by patient Aboriginal status.

Large-scale patient experience and population health surveys have been established that inform the monitoring of clinical services and population health initiatives in NSW. Some surveys have trialled enhancements aiming to improve the validity and reliability of data captured on the health and healthcare experiences of Aboriginal people, however, further work could be done in some areas. For example, there is scope to embed periodic oversampling of Aboriginal patients in the NSW Patient Survey Program and to ensure the introduction of patient-reported measures

adequately captures the experiences of Aboriginal patients, including in domains that impact Aboriginal patients, like experiences of racism.

NSW Health has established health topic-specific strategic frameworks that: prioritise action among Aboriginal patients and populations; have strong governance arrangements; and have effective processes for monitoring, and using data to drive, implementation. The approach used in the blood borne viruses and sexually transmissible infections portfolio provides an example of good practice which may be replicated in other health areas. Additionally, the Centre for Aboriginal Health-developed Aboriginal Health Dashboards can guide implementation of the *NSW Aboriginal Health Plan 2013–2023* in LHDs and SHNs. There is a need to continue to strengthen the development and use of these Dashboards.

Responsibility for Aboriginal health is built into various NSW Health policies and procedures, organisational structures, the responsibilities of key strategic

## ABORIGINAL HEALTH DASHBOARDS

Aboriginal Health Dashboards are a tool developed by the Centre for Aboriginal Health aiming to strengthen accountability for Aboriginal health across NSW Health and to promote and drive health equity for Aboriginal people and communities.

Annual Dashboards are prepared for each LHD and SHN and provide data on indicators in the domains of: healthcare safety and quality; access to care; the health of mothers, babies and children; and workforce. Dashboards also describe the proportion of the LHD population who identify as Aboriginal and the estimated accuracy of reporting of Aboriginality in admitted patient data. Indicators reflect NSW Health priorities for Aboriginal health.

A traffic light system highlights the level of change in an indicator from the previous reporting period – this includes change in the indicator among Aboriginal people as well as change in the gap between Aboriginal and non-Aboriginal people. LHD/SHN performance is also compared to NSW rates. In this way, the Dashboards help identify areas of progress as well as areas requiring more attention. Further, LHDs/SHNs are provided with a separate set of graphs that enable comparison of performance across LHDs/SHNs.

Dashboards support constructive conversations and collaborative action locally. They also inform discussions in performance review meetings between the MoH and LHDs/SHNs as part of the *NSW Health Performance Framework*. The Centre for Aboriginal Health has developed an Aboriginal Health Dashboard Toolkit to help LHDs and SHNs interpret and act on the data included in Dashboards. The Toolkit synthesises intervention evidence and expert opinion in relevant domains.

The Dashboards have catalysed the adoption of innovative approaches to improving Aboriginal health in some LHDs and SHNs. The Toolkit and Dashboards have been shared with the AH&MRC and ACCHSs (for the LHD in which they are located). It is anticipated this sharing of data will facilitate collaboration and joint service planning and delivery.

committees, and the composition and functions of governing boards—a recent review conducted by the Centre for Aboriginal Health found that 16 of 17 LHD and SHN boards had at least one member with Aboriginal health expertise, knowledge or experience.

Nevertheless, more could be done to strengthen the visibility and governance of, and accountability for, Aboriginal health in LHDs/SHNs. Potential strategies include: establishing direct lines of reporting between Directors and Managers of Aboriginal Health and Chief Executives (some organisations already have this arrangement in place); continuing to build the Aboriginal health expertise of board members; strengthening engagement of the NSW Aboriginal Health Leadership Group in LHD/SHN planning processes; and strengthening accountability for clinical safety and quality through mechanisms like Clinical Safety and Quality Accounts.

Both ACCHSs and LHDs reported a need for increased engagement with the Aboriginal community-controlled health sector when developing or reviewing performance indicators, and when reporting on the performance of LHDs and NSW Health-funded ACCHSs.

## ASSESSMENT OF PROGRESS AGAINST KEY ACTIONS\*

Based on the data presented in this report, progress against the key actions of Strategic Direction 6 of the *NSW Aboriginal Health Plan 2013–2023* is moderate:

1. *Work with the AH&MRC to develop and continually refine agreed performance indicators for Aboriginal health at both a system and program level:* Some progress.
2. *Include Aboriginal health performance, service access, service utilisation and quality measures in all relevant service agreements:* Good progress.
3. *Increase reporting on disparities in health outcomes and quality of care experienced by Aboriginal people:* Moderate progress.
4. *Build leadership and accountability responsibilities for Aboriginal health into the roles of executives and managers at all levels of the system:* Some progress.
5. *Review the systems, policies and processes for governance in NSW Health and identify opportunities to strengthen responsibility and accountability for Aboriginal health:* Moderate progress.

\* Assessments are based on the investigators' appraisal of the evidence presented in this report with respect to the breadth and quality of relevant initiatives.