

2019-20 PERFORMANCE AGREEMENT

AN AGREEMENT BETWEEN:

Secretary, NSW Health

AND THE

**Agency for Clinical
Innovation**

FOR THE PERIOD

1 July 2019 – 30 June 2020



Health



NSW Health Performance Agreement – 2019-20

Principal Purpose

The principal purpose of the Performance Agreement is to set out the service and performance expectations for the funding and other support provided to the Agency for Clinical Innovation (the Organisation), to ensure the provision of equitable, safe, high quality, patient-centred healthcare services.

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

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

Parties to the Agreement

Agency for Clinical Innovation

Professor Brian McCaughan AM
Chair
Agency for Clinical Innovation

Date: 31 July 2019..... Signed: *Brian McCaughan*

Dr Jean-Frédéric Levesque
Chief Executive
Agency for Clinical Innovation

Date: 31 July 2019..... Signed: *Jean-Frédéric Levesque*

NSW Health

Ms Elizabeth Koff
Secretary
NSW Health

Date: *24/8/19*..... Signed: *E Koff*

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1. Objectives of the Performance Agreement

- To articulate responsibilities and accountabilities across all NSW Health entities for the delivery of NSW Government and NSW Health priorities.
- To establish with Support Organisations a performance management and accountability system for the delivery of high quality, effective health care services that promote, protect and maintain the health of the community, and provide care and treatment to sick and injured people, taking into account the particular needs of their diverse communities.
- To develop formal and ongoing, effective partnerships with Aboriginal Community Controlled Health Services ensuring all health plans and programs developed by Support Organisations include measurable objectives that reflect agreed Aboriginal health priorities.
- To promote accountability to Government and the community for service delivery and funding.

2. CORE Values

Achieving the goals, directions and strategies for NSW Health 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. We further aim to create a sense of empowerment in the workplace for people to use their knowledge, skills and experience to provide the best possible care to patients, their families and carers.

3. Culture, Community and Workforce Engagement

Support Organisations are to ensure appropriate consultation and engagement with patients, carers and communities in relation to the design and delivery of health services. Impact Statements, including Aboriginal Health Impact Statements, are to be considered and, where relevant, incorporated into health policies.

Consistent with the principles of accountability and stakeholder consultation, the engagement of clinical staff in key decisions, such as resource allocation and service planning, is crucial to achievement of local priorities.

Engagement Surveys

- The People Matter Employee Survey measures the experiences of individuals across the NSW Health system in working with their team, managers and the organisation. The results of the survey will be used to identify areas of both best practice and improvement opportunities, to determine how change can be affected at an individual, organisational and system level to improve workplace culture and practices.
- The Junior Medical Officer Your Training and Wellbeing Matters Survey will monitor the quality of supervision, education and training provided to junior medical officers and their welfare and wellbeing. The survey will also identify areas of best practice and further opportunities for improvement at an organisational and system level.
- The Australian Medical Association, in conjunction with the Australian Salaried Medical Officers Association, will undertake regular surveys of senior medical staff to assess clinical participation and involvement in local decision making to deliver patient centred care.

4. Legislation, Governance and Performance Framework

4.1 Legislation

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

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

4.2 Ministerial Determination of Functions

The Performance Agreement recognises that the Agency for Clinical Innovation 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 5th September 2012, pursuant to Section 53 of The Health Services Act 1997.

Role of the Agency for Clinical Innovation

The primary role of the Agency for Clinical Innovation is to design and implement new models of care and patient pathways for adoption across the NSW Public Hospitals and Health system, to drive clinical innovation and improve patient outcomes and:

- Promote innovation in health service delivery and translate innovations into system wide change proposals;
- Work with and support local health districts and other public health organisations in developing and implementing system wide change proposals;
- Engage clinical service networks and use the expertise of NSW Health's doctors, nurses, allied health professionals, managers, and the wider community including patients and carers, industry and the academic world.

Functions of the Agency for Clinical Innovation

The Agency for Clinical Innovation will work with Districts and Networks and other public health organisations, their clinicians and managers, and other appropriate individuals and organisations to:

- Identify, review and promote and, where appropriate, modify and enhance; and/or research and prepare standard evidence-based clinical protocols or models of care guidelines, which will reduce inappropriate clinical variation and enhance and improve the effectiveness, safety and cost-effectiveness of the patient care that clinicians provide;
- Investigate, identify, design, cost and recommend for implementation on a state-wide basis, changes in clinical practice, including the content and method of such practice, which will reduce inappropriate clinical variation and enhance and improve the effectiveness, safety and cost-effectiveness of the patient care that clinicians provide;
- Ensure recommendations and models of care recognise and address issues arising in rural health services, and the development of programs that can prevent hospitalisation, such as chronic disease management;
- Support appropriate clinician networks, taskforces and clinical practice groups to assist in undertaking the Agency's functions;
- Develop three year Strategic Plans and an Annual Work Plan, linking activities and priorities of the Agency to the statewide directions and priorities of NSW Health and work in accordance with these plans and the Service Compact agreed with the Secretary, NSW Health; and
- Provide advice to the Secretary, NSW Health and public health organisations on matters relating to changes in clinical practice which will enhance and improve the effectiveness, safety and cost-effectiveness of patient care in the public health system.

4.3 Variation of the Agreement

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

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

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

4.4 Governance

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

The Organisation is to ensure

- Timely implementation of Coroner's findings and recommendations, as well as recommendations of Root Cause Analyses.
- Active participation in state-wide reviews.

4.4.1 Corporate Governance

The Organisation must ensure services are delivered in a manner consistent with the NSW Health Corporate Governance and Accountability Compendium (the Compendium) seven corporate governance standards. The Compendium is at:

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

Where applicable, the Organisation is to:

- Provide required reports in accordance with timeframes advised by the Ministry;
- Review and update the Manual of Delegations (PD2012_059) to ensure currency;
- Ensure recommendations of the NSW Auditor-General, the Public Accounts Committee and the NSW Ombudsman, where accepted by NSW Health, are actioned in a timely and effective manner, and that repeat audit issues are avoided.

4.4.2 Clinical Governance

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

<https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition/>

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

<https://www.safetyandquality.gov.au/national-priorities/australian-safety-and-quality-framework-for-health-care/>

The NSW Patient Safety and Clinical Quality Program provides an important framework for improvements to clinical quality.

http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2005_608.pdf

4.4.3 Procurement Governance

The Organisation must ensure procurement of goods and services complies with the NSW Health Procurement Policy, the key policy governing procurement practices for all NSW Health organisations. The NSW Health Procurement Policy is to be applied in conjunction with procedures detailed in the NSW Health Goods and Services Procurement Policy Directive (PD2018_030). These documents detail the requirements of all staff undertaking procurement or disposal of goods and services on behalf of NSW Health.

https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2018_030

4.4.4 Performance Framework

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

The performance of a Support Organisation is assessed on whether the organisation is meeting the strategic objectives for NSW Health and government, the Premier's priorities and performance against key performance indicators. The availability and implementation of governance structures and processes, and whether there has been a significant critical incident or sentinel event also influences the assessment.

The Framework sets out performance improvement approaches, responses to performance concerns and management processes that support the achievement of outcomes in accordance with NSW Health and government policies and priorities.

Performance concerns will be raised with the Organisation for focused discussion at performance review meetings in line with the NSW Health Performance Framework available at: <http://www.health.nsw.gov.au/Performance/Pages/frameworks.aspx>

5. Strategies and Priorities

The delivery of NSW Health strategies and priorities is the responsibility of the Ministry, NSW Health Services and Support Organisations. These are to be reflected in the strategic, operational and business plans of these entities.

NSW Government Priorities

The NSW Government has outlined their priorities for their third term:

- Building a strong economy
- Providing high-quality education
- Creating well connected communities
- Providing world class customer service
- Tackling longstanding social challenges

NSW Health will contribute to the NSW Government's priorities in a number of ways:

- Our focus and commitment to put the patient at the centre of all that we do will continue and be expanded.
- We will continue to deliver new and improved health infrastructure and digital solutions that connect communities and improve quality of life for people in rural, regional and metropolitan areas.
- We will help develop solutions to tackle longstanding social challenges including intergenerational disadvantage, suicide and indigenous disadvantage.

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

Election Commitments

NSW Health is responsible for the delivery of 50 election commitments over the period to March 2023. The Ministry of Health will lead the delivery of these commitments with support from Health Services and Support Organisations.

Minister's Priority

NSW Health will strive for engagement, empathy and excellence to promote a positive and compassionate culture that is shared by managers, front-line clinical and support staff alike. This culture will ensure the delivery of safe, appropriate, high quality care for our patients and communities. To do this, Health Services are to continue to effectively engage with the community, and ensure that managers at all levels are visible and working collaboratively with staff, patients and carers within their organisation, service or unit. These requirements will form a critical element of the Safety and Quality Account.

NSW State Health Plan: Towards 2021

The NSW State Health Plan: Towards 2021 provides a strategic framework which brings together NSW Health's existing plans, programs and policies and sets priorities across the system for the delivery of the right care, in the right place, at the right time. See <http://www.health.nsw.gov.au/statehealthplan/Publications/NSW-state-health-plan-towards-2021.pdf>

NSW Health Strategic Priorities 2019-20

Value based healthcare

Value based healthcare (VBHC) is a framework for organising health systems around the concept of value. In NSW value based healthcare means continually striving to deliver care that improves:

- The health outcomes that matter to patients
- The experience of receiving care
- The experience of providing care
- The effectiveness and efficiency of care

VBHC builds on our long-held emphasis on safety and quality by increasing the focus on delivering health outcomes and the experience of receiving care as defined from the patient perspective; systematically measuring outcomes (rather than outputs) and using insights to further inform resource allocation decisions; and a more integrated approach across the full cycle of care.

Improving patient experience

Consistent with NSW Government priorities to improve customers experience for NSW residents, NSW Health is committed to enhancing patients and their carer's experience of care. A structured approach to patient experience that supports a cohesive, strategic and measurable approach is being progressed. An audit in 2018 of initiatives underway across the NSW Health system identified 260 initiatives across districts, networks and pillar organisations to enhance the patient experience.

In 2019-20, the Ministry of Health will work closely with Health Services and Support Organisations to progress the strategic approach to improving patient experience across the NSW public health system.

NSW HEALTH STRATEGIC PRIORITIES FY2019-20

STRATEGIES Executive Sponsors	1	2	3	4	5	6	7	8							
	KEEP PEOPLE HEALTHY	PROVIDE WORLD-CLASS CLINICAL CARE WHERE PATIENT SAFETY IS FIRST	INTEGRATE SYSTEMS TO DELIVER TRULY CONNECTED CARE	DEVELOP AND SUPPORT OUR PEOPLE AND CULTURE	SUPPORT AND HARNESS HEALTH AND MEDICAL RESEARCH AND INNOVATION	ENABLE eHEALTH, HEALTH INFORMATION AND DATA ANALYTICS	DELIVER INFRASTRUCTURE FOR IMPACT AND TRANSFORMATION	BUILD FINANCIAL SUSTAINABILITY AND ROBUST GOVERNANCE							
OBJECTIVES Strategic Oversight Leads	Population and Public Health	Patient Experience and System Performance	Health System Strategy and Planning	People, Culture and Governance	Population and Public Health	eHealth NSW	Health System Strategy and Planning	Finance and Asset Management							
1.1	Implement policy and programs to increase healthy weight in children <i>Centre for Population Health</i>	2.1	Continue to embed quality improvement and redesign to ensure safer patient care <i>Clinical Excellence Commission and Agency for Clinical Innovation</i>	3.1	Drive system integration through funding and partnership agreements <i>System Performance Support</i>	4.1	Achieve a 'Fit for Purpose' workforce for now and the future <i>Workforce Planning and Development</i>	5.1	Drive the generation of policy-relevant translational research <i>Centre for Epidemiology and Evidence/Office of Health and Medical Research</i>	6.1	Implement integrated paper-lite key clinical information systems <i>eHealth NSW</i>	7.1	Utilise capital investment to drive new models of health service delivery <i>Health System Planning and Investment</i>	8.1	Deliver financial control in the day-to-day operations <i>Finance</i>
1.2	Ensure preventive and population health programs to reduce tobacco use <i>Centre for Population Health and Cancer Institute NSW</i>	2.2	Continue to move from volume to value based healthcare <i>Strategic Reform</i>	3.2	Deliver mental health reforms across the system <i>Mental Health</i>	4.2	Undertake whole system workforce analysis <i>Workforce Planning and Development</i>	5.2	Drive research translation in the health system <i>Office of Health and Medical Research and Agency for Clinical Innovation</i>	6.2	Foster eHealth solutions that support integrated health services <i>eHealth NSW</i>	7.2	Deliver agreed infrastructure on time and on budget <i>Health Infrastructure</i>	8.2	Develop sustainable funding for future growth <i>Finance</i>
1.3	Embed a health system response to alcohol and other drug use and work across government agencies <i>Centre for Population Health</i>	2.3	Improve the patient experience and further engage with patients and carers <i>System Purchasing</i>	3.3	Strengthen integrated approaches to frailty, ageing and end of life care <i>Health and Social Policy</i>	4.3	Enable new ways of working facilitated by the move to St Leonards <i>Change</i>	5.3	Make NSW a global leader in clinical trials <i>Office of Health and Medical Research</i>	6.3	Enhance systems and tools to improve workforce and business management <i>eHealth NSW</i>	7.3	Deliver infrastructure plans and integrate with other agencies <i>Health System Planning and Investment</i>	8.3	Drive value in procurement <i>Strategic Procurement</i>
1.4	Reduce the impact of infectious disease and environmental impacts on the community <i>Health Protection NSW</i>	2.4	Ensure timely and equitable access to appropriate care <i>System Management</i>	3.4	Support people with disability within the health sector and between agencies <i>Government Relations</i>	4.4	Strengthen the culture within Health organisations to reflect our CORE values more consistently <i>Workforce Planning and Development</i>	5.4	Enable the research environment <i>Office of Health and Medical Research</i>	6.4	Develop and enhance health analytics to improve insights and decision-making <i>eHealth NSW</i>	7.4	Strengthen asset management capability <i>Asset Management</i>	8.4	Deliver commercial programs <i>Strategic Procurement</i>
1.5	Embed Aboriginal social and cultural concepts of health and wellbeing in programs and services <i>Centre for Aboriginal Health</i>	2.5	Use system performance information to drive reform to the system <i>System Information and Analytics</i>	3.5	Support vulnerable people within the health sector and between agencies <i>Government Relations</i>	4.5	Develop effective health professional managers and leaders <i>Health Education and Training Institute</i>	5.5	Leverage research and innovation opportunities and funding <i>Office of Health and Medical Research</i>	6.5	Enhance patient, provider and research community access to digital health information <i>eHealth NSW</i>			8.5	Deliver effective regulation, governance and accountability <i>Legal and Regulatory Services</i>
1.6	Support pregnancy and the first 2000 days <i>Health and Social Policy</i>			3.6	Share health information to enable connected care across the system <i>System Information and Analytics</i>	4.6	Improve health, safety and wellbeing at work <i>Workplace Relations</i>			6.5	Enhance systems infrastructure, security and intelligence <i>eHealth NSW</i>				

- KEY**
- Population and Public Health
 - People, Culture and Governance
 - Patient Experience and System Performance
 - Health System Strategy and Planning
 - Finance and Asset Management
 - Services
 - Pillars

6. Performance Against Strategies and Objectives

Key Performance Indicators

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

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

Detailed specifications for the key performance indicators are provided in the Service Agreement Data Supplement along with the list of improvement measures that will be tracked by business owners within the Ministry. See:

http://hird.health.nsw.gov.au/hird/view_data_resource_description.cfm?ItemID=22508

The Data Supplement maps indicators and measures to key strategic programs including:

- Premier's and State Priorities
- Election Commitments
- Better Value Care
- Patient Safety First
- Mental Health Reform
- Outcome Budgeting

Strategic Deliverables

Key deliverables under the NSW Health Strategic Priorities 2019-20 will also be monitored, noting that process key performance indicators and milestones are held in the detailed Operational Plans developed by the Organisation.

6.1 Key Performance Indicators

Strategic Priority	Measure	Target	Not Performing X	Under Performing ↘	Performing ✓
Strategy 4: Develop and Support our People and Culture					
4.1	Staff Engagement - People Matter Survey Engagement Index - Variation from previous year (%)	≥-1	≤ -5	>-5 and <-1	≥-1
	Workplace Culture - People Matter Survey Culture Index- Variation from previous year (%)	≥-1	≤ -5	>-5 and <-1	≥-1
	Take action -People Matter Survey take action as a result of the survey- Variation from previous year (%)	≥-1	≤ -5	>-5 and <-1	≥-1
	Staff Performance Reviews - Within the last 12 months (%)	100	<85	≥85 and <90	≥90
4.4	Aboriginal Workforce Participation - Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	1.8	Decrease from previous Year	No change	Increase on previous Year
4.6	Compensable Workplace Injury - Claims (% change)	10% Decrease	Increase	≥0 and <10% Decrease	≥10% Decrease
Strategy 7: Deliver Infrastructure for Impact and Transformation					
7.2	Capital - Variation Against Approved Budget (%)	On budget	> +/- 10 of budget	NA	< +/- 10 of budget
Strategy 8: Build Financial Sustainability and Robust Governance					
8.1	Expenditure Matched to Budget - General Fund - Variance (%)	On budget or Favourable	>0.5 Unfavourable	>0 and ≤0.5 Unfavourable	On budget or Favourable
	Own Sourced Revenue Matched to Budget - General Fund - Variance (%)	On budget or Favourable	>0.5 Unfavourable	>0 and ≤0.5 Unfavourable	On budget or Favourable

6.2 Strategic Deliverables

In addition to key performance indicators, achievement of strategic deliverables by the Agency for Clinical Innovation under NSW Health Strategic Priorities 2019-20 will be monitored.

There will be regular monitoring of progress by the Strategic Lead position and using Roadmaps.

6.2.1 Value based healthcare

Value based healthcare (VBHC) is a framework for organising health systems around the concept of value. In NSW value based healthcare means continually striving to deliver care that improves:

- The health outcomes that matter to patients
- The experience of receiving care
- The experience of providing care
- The effectiveness and efficiency of care

VBHC builds on our long-held emphasis on safety and quality by increasing the focus on delivering health outcomes and the experience of receiving care as defined from the patient perspective; systematically measuring outcomes (rather than outputs) and using insights to further inform resource allocation decisions; and a more integrated approach across the full cycle of care.

Leading Better Value Care, Commissioning for Better Value and Integrating Care are three programs helping to accelerate NSW Health's move to value based healthcare.

Leading Better Value Care Deliverables

The Leading Better Value Care (LBVC) Program identifies and scales evidence-based initiatives for specific diseases or conditions and supports their implementation in all local health districts across the state. The LBVC Program has a strong focus on measurement and evaluation to show the impact of care across the four domains of value.

The main roles and responsibilities in the LBVC Program are:

- The Ministry of Health will continue as system manager and will articulate the priorities for NSW Health. Performance against delivery of the priorities will be monitored in line with the NSW Health Performance Framework.
- Districts and Networks will continue to provide services established through LBVC in 2017-18 and 2018-19 and determine local approaches to deliver new LBVC initiatives in 2019-20.
- The Pillars will continue to support Districts and Networks in a flexible manner that can be customised to meet statewide and local needs and will support measurement as required.
- Districts and Networks will participate with the Ministry of Health and Pillars in evaluation, monitoring and regular reporting on the progress of the LBVC initiatives as specified in the Monitoring and Evaluation Plans.

There will be regular monitoring of progress by the Strategic Lead position and using Program Specific Reporting Mechanism or Roadmaps.

Strategic Priority	Deliverable in 2019-20	Due by
1. Keep people healthy		
1.3 Embed a health system response to alcohol and other drug use and work across government agencies		
Develop proof of concept for use of cognitive remediation in alcohol and other drug rehabilitation	<ul style="list-style-type: none"> Finalise residential proof of concept trial across 10 alcohol and other drug residential rehabilitation services in NSW. Research paper published outlining the outcomes of the residential program. 	Q2, Q4 Q4
2. Provide World- Class Clinical Care where Patient Safety is First		
2.1 Continue to embed quality improvement and redesign to ensure safer patient care		
Roll-out the third phase of NSQIP implementation (up to 14 participating sites) and establish a statewide governance structure	<ul style="list-style-type: none"> On-board phase four sites to the NSW NSQIP Collaborative. Support the implementation of quality improvement projects in phases one and two NSQIP sites. Establish a Surgical Governance Committee. Establish an approved process for the independent evaluation (including economic appraisal) of the NSQIP program and support the Ministry with the engagement of independent evaluator. 	Q2 & Q4 Q2 & Q4 Q1 Q4
Continue to assess unwarranted clinical variation in selected conditions incl. cancer (with CINSW)	<ul style="list-style-type: none"> Produce a report on unwarranted clinical variation in selected surgical conditions and stroke. Produce a framework that guides the investigation of unwarranted variation. Develop approaches to guide the clinician-led assessment of, and efforts to reduce, unwarranted clinical variation including in selected surgical conditions. 	Q4 Q3 Q4
2.2 Continue to move from volume to patient-centred value based healthcare		
Measure, monitor and evaluate the impact of LBVC initiatives across the domains of value	<ul style="list-style-type: none"> Review and, when required, update monitoring and evaluation plans to reflect all Clinical Improvement Activity Briefs, including for the CHF, COPD, OACCP, ORP and Inpatient Management of Diabetes cohorts. Review and, when required, update economic appraisals to reflect Clinical Improvement Activity Briefs. Complete the formative evaluation for bronchiolitis initiative. 	Q1 Q2 Q4

Strategic Priority	Deliverable in 2019-20	Due by
	<ul style="list-style-type: none"> • Work with the Ministry of Health to design the monitoring and evaluation plan for the wound management initiative. • Work with the Ministry of Health to design the economic appraisal of the wound management initiative. • Work with the Ministry of Health to design the formative evaluation for wound management initiative. • Continue to work with the Ministry of Health and other parties to participate in data gathering and other activities to support the measurement, monitoring and evaluation of the LBVC initiatives. • Continue to work with the Ministry of Health to refine quarterly monitoring collections and reports to support the measurement of value, and present analysed data and information feedback loops to support quality improvement and practice change to achieve the outcomes of the LBVC initiatives. • Work in collaboration with the Ministry of Health to ensure data (including PRMs collections) and information is available and can be linked in the Register of Outcomes, Value and Experience (ROVE). • As requested, make data about the LBVC initiatives available to the Ministry of Health to support linkage projects and analysis. 	<p>Q1</p> <p>Q1</p> <p>Q4</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
<p>Support LHDs to embed and scale in a sustainable manner Tranche 1 LBVC strategies: ORP, HRFS, CHF, COPD, Inpatient Management of Diabetes, RSC, Fall in Hospital and OACCP (with CEC)</p>	<ul style="list-style-type: none"> • Continue to offer flexible local support to districts to implement, expand and embed their Tranche 1 initiatives, including coaching, change management, auditing and investigating clinical variation, identifying solutions. • Support districts to implement, expand and embed CHF, COPD and Inpatient Management of Diabetes initiatives by developing state-wide resources and materials and implementing actions with a particular focus on activities to improve key priority areas and improve the overall patient journey. • Develop statewide solution summaries for all ACI led Tranche 1 initiatives to provide clear local site actions. 	<p>Q1</p> <p>Q1 and then ongoing</p> <p>Q1</p>

Strategic Priority	Deliverable in 2019-20	Due by
	<ul style="list-style-type: none"> • Continue to support districts embed use of the Thinksulin App across the state to support improved Inpatient Management of Diabetes. • Deliver three additional e-Learning modules for Inpatient Management of Diabetes to My Health Learning. • Identify and support the local implementation of state-wide activities to improve the reach and outcomes from the OACCP, ORP, HRFS and RSC initiatives. • Continue to support districts to use telehealth and provide capability development activities to support the workforce involved in HRFS. • Work with the Ministry of Health to identify and implement opportunities to improve links between the Healthy Deadly Feet program (in five pilot sites) and HRFS to improve access to culturally appropriate services, align evaluation activities and the use of PRMs. • Work with the Ministry of Health and other identified partners to support increased engagement and integration with primary care, community care, allied health and residential aged care to improve the reach and outcomes from the LBVC initiatives. • Review the findings from the formative evaluations of Tranche 1 to inform learnings and implement actions to drive further improvement in outcomes. • Work with the Ministry of Health and other identified partners to develop a statewide initiative to improve the coordination and management of diabetes in the community. • Support the local implementation of the diabetes in the community initiative. • Work with the Ministry of Health and other Pillar organisations to build change management and quality improvement capability across the system as a critical enabler of value based healthcare. • Work with the Ministry of Health and other Pillar organisations to develop a suite of templates and tools to allow districts to identify and implement up their own value based healthcare initiatives following the rigour of the LBVC Program. 	<p>Q1 and then ongoing</p> <p>Q3</p> <p>Q1 and then ongoing</p> <p>Ongoing</p> <p>Q1 and then ongoing</p> <p>Ongoing</p> <p>Q1 and then ongoing</p> <p>Q2</p> <p>Q2 and then ongoing</p> <p>Q3 and then ongoing</p> <p>Q2 and then ongoing</p>

Strategic Priority	Deliverable in 2019-20	Due by
	<ul style="list-style-type: none"> • Work with the Ministry of Health and other Pillar organisations to develop a suite of tailorable communications materials including patient and carer education materials, posters and slide packs. • Work with the Ministry of Health and other Pillar organisations to collaboratively manage websites and other communications to districts so there is consistency in the communications materials and messaging. 	<p>Ongoing</p> <p>Ongoing</p>
<p>Support LHDs to implement Tranche 2 LBVC initiatives: hip fracture, wound, bronchiolitis, hypo-fractionation and direct access colonoscopy (with CINSW)</p>	<ul style="list-style-type: none"> • Produce a rapid evidence review of organisational options to deliver priority aspects of care for the LBVC tranche 2 conditions. • Publish a clinical improvement activities brief that outlines evidence-informed options for organisational configurations, in different contexts. • Support districts to implement the bronchiolitis initiative by offering a range of options including: investigating clinical variation, mentoring and coaching in change management and system-wide improvement strategies through the community of practice. • Develop statewide education resources and materials that can be adapted to support local implementation of the bronchiolitis initiative including: advice on safe home management for families, information on appropriate use of oxygen and antibiotics. • Develop a solutions summary for bronchiolitis based upon defined model or audit results from across the state to provide clear local site actions. • Support districts to implement and embed approaches to meet the Australian Commission on Safety and Quality in Health Care Hip Fracture Care Clinical Standards by identifying statewide activities and offering a range of support options to implement local solutions. • Develop a generic model of care for wound management, aligned with the LBVC Standards, which can be adapted and implemented locally. • Work with local district teams to assist in project set-up, utilise data and diagnostics to assess current care delivery pathways, and determine local solutions to improve the outcomes for patients with chronic wounds. 	<p>Q1</p> <p>Q1</p> <p>Q1 and then ongoing</p> <p>Q1</p> <p>Q1</p> <p>Q1 and then ongoing</p> <p>Q4</p> <p>Q2</p>

Strategic Priority	Deliverable in 2019-20	Due by
	<ul style="list-style-type: none"> • Identify statewide priority activities to improve the outcomes for patients with chronic wounds. • Lead the development of endorsed Colonoscopy Clinical Classification Guidelines in collaboration with the Cancer Institute, Ministry of Health and other identified stakeholders. 	<p>Q4</p> <p>Q2</p>
<p>Implement the collection and use of PRMs across Leading Better Value Care and Integrated Care programs (with eHealth)</p>	<ul style="list-style-type: none"> • Support all districts and networks to embed the HOPE system in clinical settings and collect and use PRMs to support quality improvement and value-based healthcare practice changes. • Consult with Primary Health Networks to determine and implement an appropriate change and adoption strategy to encourage the uptake of the HOPE system and collection and use of PRMs by primary care providers. • Work with the Ministry of Health and eHealth to deliver Phases 2 and 3 of HOPE system and ensure it meets the needs of all stakeholders. • Work with stakeholders to identify and achieve clinical endorsement of appropriate PRMs for the LBVC and integrated care initiatives in line with approved processes and the principles of the PRMs Framework. • Work with the Ministry of Health and other identified stakeholders to determine an appropriate process and criteria for adding additional cohorts to the statewide PRMs collection and HOPE system. • Provide support and advice to clinical groups seeking to collect and use PRMs. 	<p>Q1 and then on-going</p> <p>Q1 and then ongoing</p> <p>Q4</p> <p>Q1</p> <p>Q1</p> <p>Ongoing</p>
<p>2.3 Improve the patient experience and further engage with patients and carers</p>		
<p>Implement engagement tools including rights and responsibilities, shared decision making, health literacy and REACH (with CEC)</p>	<ul style="list-style-type: none"> • Complete Shared Decision Making demonstration project to understand the barriers and enablers to implementation. • Establish an engagement/enablement collaboration with the CEC. • Develop a toolkit to support engagement/enablement. • Develop a plan to support selected local health districts to implement. 	<p>Q4</p> <p>Q1</p> <p>Q3</p> <p>Q4</p>

Strategic Priority	Deliverable in 2019-20	Due by
Promote further use of co-design especially in Mental Health models	See 3.2 <i>Deliver mental health reforms across the system</i>	
Explore cultural appropriateness of Patient-Reported Measures data collection for Aboriginal People (with CAH)	• Conduct a consultation on the cultural appropriateness of quality of life survey tools with community groups.	Q2
	• Develop and pilot new measurement instruments and educational resources.	Q4
Align nutrition and food services issues into clinical management including food allergens and texture-modified food especially in the frail and aged (with HealthShare NSW)	• Identify patient-centred outcome measures for nutrition in the frail elderly.	Q2
	• Embed the strategic approach of the NSW Nutrition and Food Strategic Working Group towards activities which promote the therapeutic role of nutrition in clinical care.	Q2
	• Support LHDs/SHNs to safely transition to the International Dysphagia Diet Standardisation Initiative (IDDSI) – working in partnership with HealthShare.	Q3
	• Partner with HealthShare NSW in a process review of diet ordering and meal management for high risk diets (e.g. allergies, texture-modified, thickened fluids).	Q4
2.4 Ensure timely and equitable access to appropriate care		
Roll-out ICU access and design neonatal access model (with System Management)	• Support Phase 1 Intensive care access block partner sites to embed implemented solutions to business as usual.	Q1
	• Onboard Phase 2 partner sites to commence the diagnostic activities and analysis	Q2
	• Support Phase 2 sites in the selection of appropriate state wide solutions for local implementation.	Ongoing (Q3 & Q4 report)
	• Establish Neonatal network.	Q3
	• Transfer NICUS to ACI.	Q2
	• Support the Ministry of Health through clinical engagement activities as required.	Ongoing
Design maternity access model (with HSP)	• Establish Maternal and Newborn Network	Q3
	• Support the Ministry of Health through clinical engagement activities as required.	Ongoing

Strategic Priority	Deliverable in 2019-20	Due by
Strengthen and develop genetic and genomic system capability to support clinical service provision	<ul style="list-style-type: none"> To develop a brief on clinical priority areas and organisational options for models of care for consultation with Ministry of Health and local health districts. Lead the Community Engagement Committee of the NSW Health Genomics Strategy. 	Q3 Ongoing
Support the establishment of the NSW Telestroke Service in partnership with the MOH – HSPI & SR Branches and eHealth	<ul style="list-style-type: none"> Develop an Evaluation and Monitoring Plan in partnership with the MOH Economic & Analytics Unit (SRB) Undertake a formative evaluation of the NSW Telestroke Service in partnership with the MOH Economic & Analytics Unit (SRB). Convene a NSW Telestroke Service subgroup(s) to support the development of the implementation approach, training and clinical protocols / pathways. 	Q2 Q4 Q1
2.5 Use system information to drive reform to the system		
Establish ongoing audit and feedback processes to reduce unwarranted clinical variation	<ul style="list-style-type: none"> Produce a plan to review the clinical audit program outlining options to guide local and statewide topic selection, data collection, analyses and feedback formats. Test new audit tools and feedback mechanisms in pilot sites and conditions. 	Q2 Q4
3. Integrate Systems to Deliver Truly Connected Care		
3.2 Deliver mental health reforms across the system		
Strengthen the focus on patient safety in seclusion and restraint and access to safe assessment rooms (with CEC, MH)	<ul style="list-style-type: none"> Develop a capability toolkit to support mental health co-design. Support LHDs to complete self-assessment for SARs. Pilot co-design SAR in selected local health districts. 	Q3 Q3 Q4
3.3 Strengthen an integrated approach to frailty, ageing and end of life care		
Develop a model of care (including alternate levels of care) for the frail and elderly through an experience-based co-design approach	<ul style="list-style-type: none"> Establish a Frailty Taskforce. Conduct an evidence review on the model of care. Develop a model of care for older people with frailty, appropriate to different acute care contexts. 	Q1 Q2 Q4

Strategic Priority	Deliverable in 2019-20	Due by
Investigate new approaches to nutrition in the frail and elderly (with HealthShare NSW)	<ul style="list-style-type: none"> Produce a rapid evidence review on organisational approaches and innovations in nutrition in the frail elderly. 	Q1
3.5 Support vulnerable people within the health sector and between agencies		
Pilot domestic violence routine screening in Emergency Departments (with GR)	<ul style="list-style-type: none"> Support the Ministry through the identification of screening tools, potential referral pathways and self-assessment approaches. 	As required
Pilot reforms from 'Their Futures Matter' including <ul style="list-style-type: none"> Out of home care health pathways Integrated trauma-informed care (with GR)	<ul style="list-style-type: none"> With PARVAN, pilot approaches from the Integrated Trauma Informed Care report in selected local health districts. 	Q4
Implementation of Integrated Prevention and Response to Violence, Abuse and Neglect redesign framework (with GR)	<ul style="list-style-type: none"> Establish Violence, Abuse and Neglect Network. Complete a report on system capability requirements (identified by the 18/19 EOI to local health districts/specialty health networks). Support up to nine local health districts to implement the Integrated Prevention and Response to Violence, Abuse and Neglect Framework. Host an event to share successful approaches in the prevention and response to Violence, Abuse and Neglect. 	<p>Q1</p> <p>Q2</p> <p>Q4</p> <p>Q4</p>
5. Support and harness health and medical research and innovation		
5.1 Drive the generation of policy-relevant translational research		
Influence and align agenda of the NHMRC Partnership Centre for Health System Sustainability (with Strategic Reform)	<ul style="list-style-type: none"> Participation in meetings; written submissions; offers of research partnership opportunities. At least one translational research publication in the peer reviewed literature with an ACI author. Delivery of an 'Innovation as Usual' event. 	<p>Q2 & Q4</p> <p>Q4</p> <p>Q2</p>

Strategic Priority	Deliverable in 2019-20	Due by
5.2 Drive research translation in the health system		
Develop a governance approach to promote and scale up successful TRGs (with OHMR, CEE)	<ul style="list-style-type: none"> Participation in meetings convened by OHMR; review of working papers. Develop and assess options to support the implementation of a pipeline of research translation (led by OHMR). 	Q1 Q3
Scope strategies for building health system research and evaluation capability (with OHMR, CEE)	<ul style="list-style-type: none"> Participation in meetings convened by OHMR; review of working papers. 	Ongoing
Work towards implementation science studies amongst AHRTCs	<ul style="list-style-type: none"> Participation in meetings; in-kind support for research grants; offers of research partnership opportunities. ACI Investigator role in at least one research grant proposal focused on implementation science. 	Ongoing Q4
5.4 Enable the research environment		
Scope the minimum data requirements to ensure that emerging electronic data collection systems can feed into virtual registries and ensure secondary use of data on a longitudinal basis	<ul style="list-style-type: none"> Provision of minimum data set for key LBVC cohorts to support the prioritisation of eMR-type collection of appropriate clinical process and other related data as supported by relevant clinical groups. Provision of minimum data set for stroke and cardiac requirements. 	Q1 Q3
5.5 Leverage research and innovation opportunities and funding		
Establish more integrated process to connect with private industry innovation and research (with eHealth)	<ul style="list-style-type: none"> Establish HIVE governance structure partnering with enabling health entities. Produce an options paper for HIVE developed for Health System Strategy in partnership with e-Health NSW. 	Q1 Q3
6. Enable eHealth, Health Information and Data Analytics		
6.1 Implement integrated paper-lite key clinical information systems		
Progress implementation of Patient Report Measures (with eHealth)	<ul style="list-style-type: none"> <i>Refer to 2.2</i> 	

Strategic Priority	Deliverable in 2019-20	Due by
6.2 Foster eHealth solutions that support integrated health services		
Better leverage our telehealth capability working through State Committee on Telehealth (with SPS, eHealth)	<ul style="list-style-type: none"> Establish an overarching system governance committee to drive implementation of Telehealth foundational enablers. 	Q2
	<ul style="list-style-type: none"> Conduct an assessment of Telehealth initiatives with NSW Health programs (LBVC, integrated care, Aboriginal health) and identify resourcing requirements to support their further implementation. 	Q3
	<ul style="list-style-type: none"> Produce a brief about organisational configurations to support the systematic integration of Telehealth into new models of care. 	Q4
6.4 Develop and enhance health analytics to improve insights and decision-making		
Continue piloting automated migration of registries (with SIA, eHealth)	<ul style="list-style-type: none"> Functionality of the Collector trauma registry migrated to TORQUE CQR. 	Q3
6.5 Enhance patient, provider and research community access to digital health information		
Develop internal governance framework for clinical app development (with Legal, eHealth)	<ul style="list-style-type: none"> Support the development of a governance and risk management guideline to support the development and management of clinical apps. 	Q3

ACI Initiatives

Strategic Priority	Deliverable in 2019-20	Due by
3.1 Drive system integration through funding and partnership agreements		
<p>Drive LHDs and Services to implement at least one of the successful partnership strategies across:</p> <ul style="list-style-type: none"> - Aged care - Paediatric services - ED patients - Mental health - Community capability building - Vulnerable families (SPS) 	<ul style="list-style-type: none"> Support local health districts to implement partnership strategies through ACI networks (Aged Care, Paediatric, Mental Health and Chronic Care) and the Emergency Care Institute that collaborate with Ministry of Health Integrated Care team on the ED to Community initiative. 	Ongoing

Strategic Priority	Deliverable in 2019-20	Due by
3.3 Strengthen an integrated approach to frailty, ageing and end of life care		
Better understand current activities and priorities for NSW Health in improved coordination of end of life and palliative care in aged care facilities, in partnership with PHNs (HSP)	<ul style="list-style-type: none"> Lead the clinical standards and models of care working group as part of the Ministry of Health End of life and palliative care initiative. 	Q2
3.4 Support people with disability within the health sector and between agencies		
Implement state-wide service delivery model for people with intellectual disability (HSP)	<ul style="list-style-type: none"> Operationalise the principles of care outlined in The Essentials: Building capability in NSW health services for people with intellectual disability and support local health districts in addressing gaps outlined in the self-assessment tools. Align the implementation of The Essentials with the statewide service delivery model for people with intellectual disability. 	Q4 Q4
6.5 Enhance patient, provider and research community access to digital health information		
Develop a model for integrating existing clinical registry data to other datasets to improve accessibility (eHealth NSW)	<ul style="list-style-type: none"> Develop a planned approach, aligned with NSW Health position, to migrate existing clinical registries into NSW Health data assets and integrate them with other datasets. 	Q3

Schedule A: Budget

Financial allocation Part 1

Agency for Clinical Innovation - Budget 2019/20		Initial Budget 2019/20 (\$'000)
Category A	General Administrative	
	ACI Board Fees & Expenses	\$140
	ACI Executive	\$881
	ACI Strategy, Communication, People and Engagement Directorate	\$640
	ACI Finance and Corporate Affairs	\$557
	ACI People and Culture	\$546
	Additional Escalation to be allocated	\$20
	Efficiency Dividends 2019/20 - to be allocated %	-\$3,517
	Sub-total	-\$733
Category B	Centrally Managed Projects	
	ACI_Care Across the Lifecycle and Society Directorate	\$8,983
	ACI_Strategic Priorities	\$300
	ACI_System Transformation Evaluation and Patient Experience Directorate	\$7,754
	ACI_Preserving and Restoring Through Interventions in Surgery and Medicine Directorate	\$9,305
	ACI_Evidence Generation and Dissemination	\$1,339
	Integrated Care	\$2,443
Sub-total	\$30,125	
Category C	Payments to Third Parties	
	ACI- Building Transition	\$2,908
	Sub-total	\$2,908
Category D	Budgets Held for LHD Allocation	
	Sub-total	\$
E	SP&T Expenses	\$
F	Total Expenses (F=A+B+C+D+E)	\$32,300
G	Other - Gain/Loss on disposal of assets etc	\$
H	Revenue	-\$32,243
I	Net Result (I=F+G+H)	\$57
<u>Note:</u> % Details of Efficiency Dividend Allocation need to be supplied to the Ministry by 31st July 2019		

Part 2

		2019/20
Agency for Clinical Innovation		(\$'000)
	<u>Government Grants</u>	
A	Recurrent Subsidy	-\$31,214
B	Capital Subsidy	-\$85
C	Crown Acceptance (Super, LSL)	-\$892
D	Total Government Contribution (D=A+B+C)	-\$32,191
	<u>Own Source revenue</u>	
E	GF Revenue	-\$52
F	SP&T Revenue	\$
G	Total Own Source Revenue (G=E+F)	-\$52
H	Total Revenue (H=D+G)	-\$32,243
I	Total Expense Budget - General Funds	\$32,300
J	SP&T Expense Budget	\$
K	Other Expense Budget	\$
L	Total Expense Budget as per Schedule A Part 1 (L=I+J+K)	\$32,300
M	Net Result (M=H+L)	\$57
	<u>Net Result Represented by:</u>	
N	Asset Movements	-\$451
O	Liability Movements	\$393
P	Entity Transfers	\$
Q	Total (Q=N+O+P)	-\$57
Note:		
<p>The minimum weekly cash reserve buffer for unrestricted cash at bank has been updated for FY 2019/20 to \$100k and has been reduced by approximately 75% of the FY 2018/19 buffer as a result of the transition of creditor payments and PAYG remittance to HealthShare and HealthShare managed bank accounts from the 1st July 2019. Based on final June 2019 cash balances, adjustments will be made in July 2019 to ensure alignment with the cash buffer requirements of NSW Treasury Circular TC15_01 Cash Management – Expanding the Scope of the Treasury Banking System.</p> <p>The Ministry will closely monitor cash at bank balances during the year to ensure compliance with this NSW Treasury policy.</p>		

Capital Program

AGENCY FOR CLINICAL INNOVATION									
PROJECTS MANAGED BY HEALTH SERVICE <u>2019/20 Capital Projects</u>	Project Code	Estimated Total Cost 2019/20	Estimated Expenditure to 30 June 2019	Cost to Complete at 30 June 2019	Capital Budget Allocation 2019/20	2019/20 Capital Budget Allocation by Source of Funds			
						Confund 2019/20	Local Funds 2019/20	Revenue 2019/20	Lease Liabilities 2019/20
		\$	\$	\$	\$	\$	\$	\$	\$
WORKS IN PROGRESS									
Minor Works & Equipment >\$10,000 Program	P51069	n.a	-	-	85,000	85,000	-	-	-
TOTAL WORKS IN PROGRESS		-	-	-	85,000	85,000	-	-	-
TOTAL CAPITAL EXPENDITURE AUTHORISATION LIMIT MANAGED BY AGENCY FOR CLINICAL INNOVATION		-	-	-	85,000	85,000	-	-	-

Notes:
 Expenditure needs to remain within the Capital Expenditure Authorisation Limits (CEAL) indicated above
 The above budgets do not include allocations for new FY20 Locally Funded Initiative (LFI) Projects or Right of Use Assets (Leases) Projects. These budgets will be issued through a separate process.
 Minor Works & Equipment >\$10,000 Program is an annual allocation with no Total Estimated Cost