

<b>To</b>	<b>Agency for Clinical Innovation Board</b>
<b>From</b>	Nigel Lyons, Chief Executive
<b>Date</b>	26 <sup>th</sup> November 2015
<b>Subject</b>	1 <sup>st</sup> Quarter Report for Operational Plan Initiatives 2015/16

There are a total of seventy two (72) operational actions/deliverables in the 2015/16 Operational Plan. Of the sixteen (16) deliverables due for completion in quarter 1:

- 9 (56%) have been completed
- 7 (44%) have progressed but not completed within the quarter.

**Table 1: Summary Report of Progress for 2015/16 Operational Plan Initiatives**

<b>Strategic Initiative</b>	<b>Operational Action/Deliverable</b>
<b>Focus Area: Our Clinicians, patients, health care partners &amp; community</b>	
Ensure ACI projects and activities seek to close the gap in health outcomes for Aboriginal people and improve the health outcomes of other priority populations	Develop and implement the cultural competence strategy
	Identify 2 cross portfolio projects to close the gap in terms of health outcomes (cardiac project already in place+ a big system issue)
	Implement Aboriginal respiratory care project
<b>Focus Area: Our Processes: Effective Partnerships</b>	
Align work programs with our Pillar partners to demonstrate a co-ordinated approach to delivery of programs in the LHDs	Design strategy for working with health system partners (pillar partners and LHDs) appropriate diagnostics projects in Q4
<b>Focus Area: Our Processes: Operational Agility</b>	
Respond to changes in policy and mode of service delivery	Finalise decision support tool for community health services
<b>Focus Area: Our Processes: Leading System Improvement</b>	
Develop an approach for defining and collecting health outcomes and an assessment of value-based healthcare	Implement outcomes from the ICHOM Measuring Outcomes Forum and Workshop
Enhance and progress the ACI's strategy for reducing unwarranted clinical variation	Follow up to choosing wisely campaign in Network (Co chairs forum - July)
	Host a meeting to reflect on what we have learnt to date in reducing unwarranted clinical variation (RUCV)
Continue to build local capability in redesign, innovation and sustained improvement	CHR school to explore links to other pillar capability programs
<b>Focus Area: Our consumers, clinicians and staff: An inspiring place to work and innovation</b>	
Utilize the Performance and Professional Development Framework (PPDF) to identify and further develop capability, foster career progression and promote workforce planning	Implementation of electronic on line performance system to support PPDF
	Review orientation/induction program to align with and reflect current strategic direction and priorities
Implement and evaluate the Reward and Recognition Program	Implement Program
Develop and implement programs to promote exchange of knowledge and share learning	Develop a program to establish implementation support (scholarship) positions in Local Health Districts.
Implement the Marketing and Communications Plan	Agree 3 year plan which describes key objectives and activities for 15/16

Focus Area:	Our Resources: Our Financial Resources
Develop and align planning cycle and business processes	Document budget and planning cycle workflow. Implement and imbed the process across the organisation

**Table 2: Status Report on Initiatives Not Completed Within the Quarter**

Strategic Initiative	Operational Action/Deliverable	
<b>Focus Area:</b>	<b>Our Clinicians, patients, health care partners &amp; community</b>	
Ensure ACI projects and activities seek to close the gap in health outcomes for Aboriginal people and improve the health outcomes of other priority populations	Develop and implement the cultural competence strategy	Chief Executive
	Q1: Cultural Competency Strategy developed in consultation with the National Cultural Competency Centre, University of Sydney. Implementation to commence in Q3.	
	Implement Aboriginal respiratory care project	Acute Care
Q1: In negotiation with Queensland Health's Indigenous Respiratory Outreach Care (IROC) Governance Committee regarding permissions and a process to alter the graphics in the resources to be reflective of the NSW Aboriginal population. Correspondence to the Aboriginal Health and Medical Research Council (AHMRC) and the Centre for Aboriginal Health requesting a meeting to seek guidance for the distribution of revised IROC resources in NSW, and opportunities for education and training to support the introduction of the resources. Plan to distribute resources in February 2016.		
<b>Focus Area:</b>	<b>Our Processes: Effective Partnerships</b>	
Align work programs with our Pillar partners to demonstrate a co-ordinated approach to delivery of programs in the LHDs	Design strategy for working with health system partners (pillar partners and LHDs) appropriate diagnostics projects in Q4	Acute Care
	Q1: Brief to joint CEC/ACI Chief Executives to seek approval to collaborate with eHealth, LHDs, referrers and other stakeholders. Webinar held with key stakeholders and developer to view a Clinical Decision Support tool with for piloting in 2-3 sites in NSW. Collaborating with the CEC in the formation of a working party to oversee the design and running of the pilot.	
	Q1: Progress but not completed. Plans are in place to hold this meeting in Q3.	
<b>Focus Area:</b>	<b>Our Processes: Leading System Improvement</b>	
Enhance and progress the ACI's strategy for reducing unwarranted clinical variation	Follow up to choosing wisely campaign in Network (Co chairs forum - July)	Chief Executive
	Q1: ACI Executive met with NPS MedicineWise Australia, a NFP organisation supported by the Federal government and working with the professional colleges with a remit to improving outcomes by reducing waste. ACI to explore working with this group through the Acute Care Taskforce.	
	Host a meeting to reflect on what we have learnt to date in reducing unwarranted clinical variation (RUCV)	Clinical Program Design and Implementation
Q1: Progress but not completed. Plans are in place to hold this meeting in Q3.		
<b>Focus Area:</b>	<b>Our consumers, clinicians and staff: An inspiring place to work and innovation</b>	
Implement and evaluate the Reward and Recognition Program	Implement Program	Chief Executive
	Q1: The implementation plan has been documented and the process endorsed by the Directors, however the program has not been implemented. Initial deliverables are as follows:	
	<ul style="list-style-type: none"> <li>• Quarterly award to recognise and connect staff with ACI values and behaviours to be launched during Oct with the first award to be presented at the Staff Forum on 24th Nov, and</li> <li>• Recognition of loyalty and commitment deferred to commence in 2016.</li> </ul>	
Develop and implement programs to promote exchange of knowledge and share learning	Develop a program to establish implementation support (scholarship) positions in Local Health Districts.	Clinical Program Design and Implementation
	Q1: Progress but not completed. An options paper was prepared and the decision was made to take the concept to the LHD Connect Forum in Q2 to test it and ensure that it meets the LHD's needs.	
	Q1: Progress but not completed. Plans are in place to hold this meeting in Q3.	