

<b>To</b>	<b>Agency for Clinical Innovation Board</b>
<b>From</b>	Nigel Lyons, Chief Executive
<b>Date</b>	7 <sup>th</sup> April 2015
<b>Subject</b>	3 <sup>rd</sup> Quarter Report for Operational Plan Initiatives 2014/15

There are a total of one hundred and fourteen (114) initiatives in the 2014/15 Operational Plan.

Of the eighty nine (89) initiatives due for completion in the first three quarters:

- 66 (74%) have been completed
- 21 (24%) have progressed but not completed within the quarter
- 2 (2%) have been delayed

**Table 1** below provides a summary report of initiatives in Q1, Q2 and Q3.

**Table 2** below provides a progress report on activity for all initiatives not completed within the nominated quarter.

**Table 1: Summary Report of Progress for 2014/15 Operational Plan Initiatives**

Strategic Initiative	Operational Action/Deliverable
<b>Focus Area:</b>	<b>Our Clinicians, patients, health care partners &amp; community</b>
Develop Reputation for delivery by completing projects of significance to partners	Implement and evaluate Care of the Confused Hospitalised Older Person (CHOPS) Program to develop a robust evidence base for interventions and strategies delivered by the Program <ul style="list-style-type: none"> <li>• Commence implementation</li> </ul>
	Develop an evidence base and quality process for the delivery of chronic pain interventions by continuing to support the implementation of EPPOC (Electronic Persistent Pain Outcome Collaboration) and the dissemination of EPPOC results
	Evaluation of implementation of the Pain Management Plan
	Deliver a Musculoskeletal Service in three primary health locations
	Implementation of system wide assessment of unwarranted clinical variation in acute myocardial infarction <ul style="list-style-type: none"> <li>• Tools completed for statewide audit</li> </ul>
	• Commence local audit and reporting to hospitals
	Implementation of pilot site assessment of tools to assess unwarranted clinical variation in pneumonia <ul style="list-style-type: none"> <li>• Tools developed for pilot site assessment</li> <li>• Audit tools modified for statewide implementation</li> </ul>
	Implementation of system wide assessment of unwarranted clinical variation in stroke <ul style="list-style-type: none"> <li>• Commence local Audit and reporting to hospitals in selected sites</li> <li>• Local improvement strategies developed</li> </ul>
	Working with Ministry of Health, HealthShare and Northern Sydney Local Health District to implement Medical Imaging Business Model <ul style="list-style-type: none"> <li>• Implementation Plan completed</li> </ul>
	In partnership with Whole of Hospital Program, implement Criteria Led Discharge <ul style="list-style-type: none"> <li>• Implementation</li> </ul>
In partnership with Whole of Hospital Program, implement Clinical Management plans <ul style="list-style-type: none"> <li>• Implementation</li> </ul>	
Develop clear communications about the role of ACI and achievements	Develop social media content plan for Twitter, Facebook
	Review and implement greater linkages between and ease of access to ACI's existing e-newsletters
	Develop clear guidelines for communicating the launch and/or progress of ACI initiatives

	Work with Health Economics and Evaluation Team to identify preferred options for presenting complex data to communicate progress of ACI initiatives and results of evaluations
Measure and monitor impact on health outcomes	Develop a model for measuring health outcomes aligned with international standards <ul style="list-style-type: none"> <li>Review of international standards and consortiums</li> </ul>
	Finalise implementation of database and data governance recommendations, including Factsheets/Data Custodian Arrangements
	Evaluation of State Cardiac Reperfusion Program <ul style="list-style-type: none"> <li>Complete Evaluation Plan</li> </ul>
	<ul style="list-style-type: none"> <li>Evaluation Report</li> </ul>
	Evaluation of State Stroke Reperfusion Program <ul style="list-style-type: none"> <li>Complete Evaluation Plan</li> </ul>
	<ul style="list-style-type: none"> <li>Evaluation Report</li> </ul>
Develop a culture within ACI which demonstrates respect for the needs and priorities of Aboriginal people and other priority populations in all ACI activities	Implement the ACI Working effectively with Aboriginal Communities Framework by providing education and tools to staff for consultation and engagement with Aboriginal communities
<b>Focus Area: Our Processes: Effective Partnerships</b>	
Clarify roles and align work programs with MoH and other agencies	Establish two new networks: Mental Health and Drug and Alcohol
	Support Whole of Hospital and Integrated Care strategies by implementing an agreed work plan with the Ministry of Health.
	Finalise Palliative Care/EOL model of care and develop implementation strategy in partnership with CEC and Ministry of Health
Establish mechanisms for determining priorities and working with: LHDs Clinical service networks and other health care providers eg Medicare Locals, Consumer groups	Finalise a Support Package for the Integrated Aged Health Framework in LHDs. Support pack may include: Bundled/related Mocs for implementation; self-assessment tools; toolkit; communication tools, roadmaps; role delineation frameworks; redesign support; HEET analysis and support; online education and implementation resources; HETI support; Evaluation Frameworks
	Evaluate the use of ACI/CEC Excellence and Innovation in Healthcare portal by Local Health Districts
Work with clinicians, consumers & Partners on prioritised work programs	Commence implementation of Integrated Aged Health Framework in a minimum of three Local Health Districts/Medicare Locals
	In partnership with AH&MRC finalise Aboriginal Chronic Disease Framework
	Work with Local Health Districts and Specialty Health Networks to run focus groups with Chronic Disease Management Program (CDMP) participants as part of the CDMP Self-Assessment Quality Improvement Process
	Partner with Medicare Locals, Residential Aged Care Facilities (RACF), Rural Health and Aged Health Networks to develop training resources and implementation resources and tools to support the statewide uptake of risk assessment processes and responses for RACF residents who require urgent medical attention.
	Trauma Patient Outcome Evaluation Pre Hospital (Phase 1): <ul style="list-style-type: none"> <li>Steering Committee appointed and external consultants engaged</li> <li>Data collation and analysis completed. Collection of qualitative data from selected major regional and rural trauma centres</li> </ul>
	Trauma Patient Outcome Evaluation In-Hospital (Phase 2): Steering Committee appointed and external consultants engaged
	Minimum Standards for Management of Hip Fracture in the Older Person <ul style="list-style-type: none"> <li>Formative Evaluation in six hospitals completed</li> </ul>
	<ul style="list-style-type: none"> <li>STARS software provided to fractured hip surgery hospitals</li> </ul>
	Operating Theatre Efficiency <ul style="list-style-type: none"> <li>Completion of Guideline booklet</li> <li>Implementation Plan designed</li> <li>Implementation supported in selected hospitals</li> </ul>
	High Dependency Unit MoC <ul style="list-style-type: none"> <li>Finalisation and endorsement of MoC / plan of launch of the MoC across NSW</li> </ul>

	<ul style="list-style-type: none"> <li>Develop related resources and operationalize implementation plan</li> <li>Clinical Services Plan Review at Central Coast Local Health District</li> <li>Explore Clinical Pathways for top five common diseases to reduce unwarranted clinical variation</li> </ul>
<b>Focus Area:</b>	<b>Our Processes: Innovative Health Care</b>
Define “innovation” and clarify and communicate ACI’s role in innovation in the health care system	Develop and launch new multimedia resources outlining the ACI’s approach to innovation in the health care system
Facilitate and support implementation of innovation with health care providers	Develop Implementation Plan for Renal Supportive Care Model of Care
	Implement recommendations from the evaluation of the Medical Assessment Unit Model of Care <ul style="list-style-type: none"> <li>Implement recommendation</li> </ul>
	Finalise evaluation and economic analysis of rehabilitation model of care outcomes and promote to LHDs
	Service Delivery Model for Chronic Eye Disease <ul style="list-style-type: none"> <li>Steering Committee established and draft plan formulated</li> <li>Review of international models and literature</li> </ul>
	Service Delivery Model for Cataracts <ul style="list-style-type: none"> <li>Steering Committee established and draft plan formulated</li> <li>Review of international models and literature</li> </ul>
	Advance and develop the use of Telehealth in the delivery of burns care <ul style="list-style-type: none"> <li>Establish a Steering Committee to review existing use of Telehealth including gap analysis across the tertiary burns services</li> <li>Analysis of current practices and gaps</li> </ul>
	Nurse Delegated Emergency Care Initiative (NDEC) (Phase 2) <ul style="list-style-type: none"> <li>Articulate evaluation method</li> <li>Determine data plan and minimum data set</li> <li>Develop evaluation tools</li> </ul>
Develop a prioritisation framework for innovation	Qualitative evaluation of use of Prioritisation Framework (Making Choices) by ACI Networks in 2014
Develop the innovation skills and capacity of health care partners	Implement the Knowledge Management approach for the ACI <ul style="list-style-type: none"> <li>Source and edit content for the Innovation Exchange on the ACI Website</li> <li>Develop and evaluate knowledge sharing activities within three networks</li> </ul>
	Create and pilot RMO redesign rotation
	Innovation Exchange (formally ARCHI) <ul style="list-style-type: none"> <li>Development, ongoing support and promotion of the ‘Innovation Exchange’ on the ACI Website</li> </ul>
	Develop, pilot, evaluate and administer the Clinical Innovation Program to support scale up of local innovation projects (Stream 2)
Facilitate high quality translational research within the health system	Develop, pilot , evaluate and manage Clinical Innovation Program to fast-track implementation of ACI models (Stream 1)
<b>Focus Area:</b>	<b>Our Processes: Operational Excellence</b>
Develop and implement robust systems and processes to support activities (prioritisation, economics, data governance, alignment, evaluation)	Develop a Critical Care Data Registry linking health databases internal and external to ACI <ul style="list-style-type: none"> <li>Establish a Strategic Planning Reference Group</li> </ul>
Work with our clinical networks to determine priorities	Hold Respiratory Network Forum to establish Work Plan priorities for 2014-2016 utilizing the ‘Making Choices Framework’
Ensure continuous input and feedback mechanisms from consumers, clinicians and partners	Develop and implement the combined Patient Experience/Consumer Engagement Framework
	Design, test and deliver new network website module(s) that enable and promote continuous input and feedback from consumers, clinicians and partners

Establish mechanisms to support collaboration across the clinical networks	Cross network collaboration between Respiratory Network and ICCMU on an approach to guidelines development, implementation and evaluation for pleural drains guidelines and tracheostomy care guidelines <ul style="list-style-type: none"> <li>Support development of local implementation and education plans</li> </ul>
	Evaluation plan completed and baseline data collected
	Cross network collaboration to revise the NSW Rehabilitation for Chronic Diseases Guidelines
	Establish a Neurodegenerative and Neuromuscular Working Party to provide advice on enhancement of existing models of care to meet the needs of people with neurodegenerative conditions
	Establish networks between major metropolitan and regional Local Health Districts for service collaboration in the delivery of care for complex cancers
	Implement recommendations for service collaboration between major metropolitan and regional LHDs from the formal evaluation of the Trauma service Review.
<b>Focus Area:</b> Our Resources: clinicians, consumers and staff	
Build on existing capability with a consistent approach to ongoing professional development	Implement Professional Development Framework for ACI staff in all portfolios
	Evaluate effectiveness of implementation and commitment of managers and staff to Professional Development Framework
Acknowledge personal and professional contributions to the organisation	Establish a Recognition Program for staff to acknowledge and celebrate success
Involve staff and clinical networks in key decisions	Hold two co-chairs' Forums as a mechanism for strengthening clinical engagement
Develop agreed behaviours to support and promote ACI core values	12 month evaluation of implementation of ACI <i>Value and Behaviour Charter</i>
Involve clinical networks in the design and implementation of the innovation cycle	Review of ACI's approach to disinvestment in the Innovation Cycle with networks
Develop/implement comms strategy centred clinical engagement	Launch and promote the redesigned ACI website
	Trial and support Twitter usage at ACI meetings and events
	Launch an umbrella campaign 'Get Involved'
Increase and broaden clinician and consumer representation to support the ACI strategy	Develop tools to support two Experienced Based Co-Design Projects
	Evaluate the Neurodegenerative and Neuromuscular Working Party as a complementary mechanism for clinical engagement to the traditional network model
<b>Focus Area:</b> Our Resources: Our Financial Resources	
Fully develop the organisational structure and map financial systems to structure	Strengthen and monitor performance indicators around Healthshare and e-health service agreements
	Finalise implementation of SMRT reporting and SMRT reporting training for all Cost Centre Managers
	Assess procurement and contracts management reporting system
	Review Corporate Services functions

**Table 2: Progress Report: Initiatives Not Completed Within the Quarter**

Strategic Initiative	Operational Action/Deliverable	
<p><b>Focus Area:</b> Our Clinicians, patients, health care partners &amp; community</p>		
<p>Develop a reputation for delivery by focusing on completing strategic projects of significance to ACI and partners</p>	<p>Implementation of system wide assessment of unwarranted clinical variation in acute myocardial infarction</p> <ul style="list-style-type: none"> <li>Tools completed for statewide audit</li> <li>Commence local audit and reporting to hospitals</li> </ul> <p><b>Q2:</b> Final reports are to be written for 8 sites where Audits conducted. A summary report is being prepared for the Unwarranted Clinical Variation Taskforce. The Expert Reference Group is participating in the development of minimum data set (MDS) for Acute Coronary Syndrome (ACS) to progress with the eMR ACS build. Re assessment of the audit tool will take place on conclusion of MDS development.</p> <p><b>Q3 update - delayed:</b> In consultation with the Co-Chairs a decision was taken not proceed with this project as there is limited best practice data available in clinical files. An alternate strategy is being developed to collect clinical data within the EMR to facilitate identification of drivers for CV and as such improvements. The new strategy includes:</p> <p>Stage 1:</p> <ul style="list-style-type: none"> <li>Development of data sets for acute coronary syndrome; and</li> <li>Building data sets into the EMR model</li> </ul> <p>Stage 2:</p> <ul style="list-style-type: none"> <li>LHDs to implement model and train staff in data collection</li> <li>Through data analytics report back to clinicians at the coal face</li> </ul>	<p>Acute Care Portfolio</p>
<p>Measure and monitor impact on health outcomes</p>	<p>Evaluation of State Cardiac Reperfusion Program</p> <ul style="list-style-type: none"> <li>Complete Evaluation Plan</li> </ul> <p><b>Q1:</b> Aspex Consulting met with representatives from Ambulance NSW, clinicians and other key stakeholders and <b>an evaluation plan has been developed</b>. Baseline data will be collected and information on processes and the achievement of key milestones will be included. Phase 1 (PAPA) of the reperfusion strategy will be evaluated and baseline information for evaluation of PHT will also be collected. A request for quote has been actioned to progress with the formative evaluation. LHD Chief Executives have been advised of progression to evaluation and requesting support from LHD/SHN executives and key clinicians in the process.</p> <p><b>Q2 update: project completed</b></p> <p>Evaluation of State Stroke Reperfusion Program</p> <ul style="list-style-type: none"> <li>Evaluation report</li> </ul> <p><b>Q2:</b> Draft report has been reviewed internally; Executive Summary is now being prepared for the report prior to proceeding to the ACI Executive.</p> <p><b>Q3 update: project completed:</b> LHDs are assessing their individual report components in April. Draft report for ACI Executive endorsement in April, Stroke Network is preparing draft responses to the recommendations for review.</p>	<p>Acute Care</p>
<p><b>Focus Area:</b> Our Processes: Effective Partnerships</p>		
<p>Clarify roles and align work programs with MoH and other agencies</p>	<p>Establish two new networks: Mental Health and Drug and Alcohol</p> <p><b>Q2:</b> Funds were not transferred at start of financial year delaying recruitment. Network Managers have been recruited to commence on 5<sup>th</sup> January 3015 and Forums to establish Networks will now take place in March 2015.</p> <p><b>Q3 update – project completed</b> D&amp;A Network Forum facilitated 19 March. Mental Health Network Forum facilitated 26 March. Co-chairs for both networks appointed. Applications to join networks now being received. Executive Committees will be appointed by end May.</p>	<p>Primary Care &amp; Chronic Services</p>
<p>Establish mechanisms for determining priorities</p>	<p>Evaluate the use of ACI/CEC Excellence and Innovation Portal by LHDs</p>	<p>Engagement, Communications &amp; Exec Support</p>

<p>and working with LHDs, clinical service networks and other healthcare providers</p>	<p><b>Q3:</b> A three stage evaluation plan has commenced.</p> <p><b>Stage 1</b> - has been designed to determine understanding of the outcomes of the portal, immediate and long term for both ACI and CEC and the intended audiences through a series of interviews with ACI and CEC stakeholders, evaluation of background materials and website analytics, and identification of the main target audience (as perceived by ACI and CEC). <b>This stage has been completed.</b></p> <p><b>Stage 2</b> - is focused on audience assessment ie determining whether the portal is meeting the needs of its intended audience. A survey questionnaire was tested on 20 March with a senior LHD representative and ACI and CEC staff, and has been issued to the main target audience w/c 23 March, and added to the home page of the EIH portal, and ACI and CEC websites. <b>This stage is underway; and will include discussion at the Connect Forum on 31 March.</b></p> <p><b>Stage 3</b> - is aimed at identifying opportunities and addressing gaps in understanding, and will include interviews and focus groups with key audiences to inform a final report. <b>This stage will commence in April, and a final report and recommendations is expected to be submitted to the ACI and CEC April/May 2015.</b></p>	
<p>Work with clinicians, consumers &amp; Partners on prioritised work programs</p>	<p>In partnership with AH&amp;MRC finalise Aboriginal Chronic Disease Framework</p>	<p><b>Primary Care &amp; Chronic Services</b></p>
	<p><b>Q3:</b> Draft document has been completed. Project plan for phase 2 consultation under development.</p>	
	<p>Work with Local Health Districts and Specialty Health Networks to run focus groups with Chronic Disease Management Program (CDMP) participants as part of the CDMP Self-Assessment Quality Improvement Process</p>	<p><b>Primary Care &amp; Chronic Services</b></p>
	<p><b>Q3:</b> Two events planned for Quarter 4. All LHDs have been invited to access ACI resources to support implementation in this operational year. This work will be aligned with CDMP redesign process that is currently being implemented.</p>	
	<p>Partner with Medicare Locals, Residential Aged Care Facilities (RACF), Rural Health and Aged Health Networks to develop training resources and implementation resources and tools to support the statewide uptake of risk assessment processes and responses for RACF residents who require urgent medical attention.</p>	<p><b>Primary Care &amp; Chronic Services</b></p>
	<p><b>Q3:</b> ACI and Networking NSW are partnering to produce a web page and tool kit to support uptake of risk assessment processes and responses to RACF residents. Content will be finalised by April and webpage established by June.</p>	
<p>Facilitate and support the implementation of innovation with health care providers</p>	<p>Minimum Standards for Management of Hip Fracture in the Older Person</p> <ul style="list-style-type: none"> <li>Formative Evaluation in six hospitals completed</li> </ul>	<p><b>Surgery, Anaesthesia &amp; Critical Care</b></p>
	<p><b>Q1:</b> Formative evaluation is underway. However, the evaluation has not been completed due to a delay in getting agreement to the evaluation from two of the 6 hospitals. A further delay six has been caused by a longer than expected process in acquiring the licences for the STAR software.</p>	
	<p><b>Q2 update:</b> Agreement for the evaluation has now been agreed by all the hospitals. NSW Health only recently completed a state wide procurement of the Qlik Business Intelligence and data visualisation product – QlikView (STARS). Release of STARS licenses by MoH will occur towards the end of January 2015. The completion of the evaluation cannot occur until these licenses are issued and the hospital data imported into the STARS software.</p>	
<p><b>Q3 update:</b> STARS software now accessed by the evaluation hospitals. Evaluation data has been provided by the hospitals and entered on to STARS. Analysis of data underway.</p>		
<p><b>Focus Area:</b> <b>Our Processes: Innovative Healthcare</b></p>		
<p>Facilitate and support the implementation of innovation with health care providers</p>	<p>Develop Implementation Plan for Renal Supportive Care Model of Care</p>	<p><b>Acute Care</b></p>
	<p><b>Q2:</b> ACI has engaged external contractors to assist in preparation of the Implementation and Evaluation Plan. Wide stakeholder consultation currently being undertaken. Report and implementation strategy due the end of January.</p>	
	<p><b>Q3 update - completed:</b> Distribution of the Model of Care, funding distribution and implementation and evaluation plans for LHD/SHN consultation and confirmation of readiness to proceed with implementation send in March 2015. Planned implementation to commence in April with ACI sponsored workshop for clinical leads form LHDs.</p>	

	<p><b>Finalise evaluation and economic analysis of rehabilitation model of care outcomes and promote to LHDs</b></p> <p><b>Q2:</b> Evaluation report from external contractors is substantially completed but has been delayed. Evaluation and economic analysis will be finalised in Q3.</p> <p><b>Q3 update:</b> Evaluation report received however data limitations have resulted in lack of clear and attributable benefit. Steering Committee currently working with HEET team to determine validity of assumptions on which future modelling will be based. Once assumptions agreed, modelling will proceed and follow-up evaluation undertaken aligning with time frames suggested in Evaluation Plan.</p>	<b>Primary Care &amp; Chronic Services</b>
Develop a prioritisation framework for innovation	<p><b>Qualitative evaluation of use of Prioritisation Framework (Making Choices) by ACI Networks in 2014</b></p> <p><b>Q3:</b> Survey of networks completed, responses analysed and report written. Report currently being reviewed by HEET. Once finalised findings will be presented back to network managers for discussion at Journal Club. Evaluation will be completed in Q4.</p>	<b>Clinical Lead</b>
Develop the innovation skills and capacity of health care partners	<p><b>Create and pilot RMO redesign rotation</b></p> <p><b>Q3:</b> Pilot program completed at SLHD 30/3/15, Summary report currently being compiled. State JMO capability project underway.</p>	<b>Clinical Program Design and Implementation</b>
<b>Focus Area: Our Processes: Operational Excellence</b>		
Work with our clinical networks to determine priorities	<p><b>Hold Respiratory Network Forum to establish Work Plan priorities for 2014-2016 utilizing the 'Making Choices Framework'</b></p> <p><b>Q3:</b> In consultation with the Co-Chairs a decision was taken not to proceed with this project. Preliminary findings from the 9 pilot sites indicates that limited best practice data is currently available in the clinical files sufficient to undertake an audit to better understand clinical variation. An alternate strategy is being developed</p>	<b>Acute Care</b>
Ensure continuous input and feedback mechanisms from consumers, clinicians and partners	<p><b>Develop and implement the combined Patient Experience/Consumer Engagement Framework</b></p> <p><b>Q2:</b> Draft Final Patient Experience/Consumer Engagement Framework complete pending ACI approval process. Going to Executive meeting for endorsement in early 2015.</p> <p><b>Q3 update: completed</b></p> <p><b>Design, test and deliver new network website module(s) that enable and promote continuous input and feedback from consumers, clinicians and partners</b></p> <p><b>Q2:</b> New network modules have been developed in the redesigned ACI website tailored to individual network needs. A discussion paper on collaboration option requirements will be confirmed with portfolios before implementing sustainable solutions to address the main organisational needs. We are expanding the use of online consultation/feedback forms to collect and collate feedback data on draft documents, and expanding access to the discussion platform for groups requiring a system for small group collaboration.</p> <p><b>Q3 update - completed:</b> New network modules will continue to be tailored to meet individual network needs to strengthen involvement and communication. A discussion paper on collaboration option requirements has been confirmed with portfolios. Executive has agreed to scope Sharepoint as a potential solution to support online collaboration. In the interim, EESC will promote awareness and usage of immediately available options to support online collaboration. A guide for staff will be created that outlines the tools/resources that are currently available.</p>	<b>Clinical Program Design and Implementation</b>
Establish mechanisms to support collaboration across the clinical networks	<p><b>Cross network collaboration between Respiratory Network and ICCMU on an approach to guidelines development, implementation and evaluation for pleural drains guidelines and tracheostomy care guidelines</b></p> <ul style="list-style-type: none"> <li>Evaluation plan completed and baseline data collected</li> </ul>	<b>Acute Care</b>

	<p><b>Q2:</b> Evaluation Plans for Tracheostomy &amp; Pleural Drain Guideline implementation approved and preparation of RFQ and contracts with HEET team has commenced. Data specification finalised for the final baseline data analysis for tracheostomy length of stay within clinical specialties by LHD. Consultation with HEET team for pleural drain baseline data specifications commenced.</p> <p><b>Q3 update:</b> External Contractors appointed to undertake development of the evaluation plan, completion expected in June 2015. Formal external evaluation to proceed in 2016</p>	
	Establish networks between major metropolitan and regional Local Health Districts for service collaboration in the delivery of care for complex cancers	<b>Surgery, Anaesthesia &amp; Critical Care</b>
	<p><b>Q1:</b> Evaluation of the applications completed by ACI. Working parties have been established to progress MDT and pathways for care. Implementation will proceed in early 2015.</p> <p><b>Q2 update:</b> ACI has completed its requirements and further decisions regarding implementation is with the MoH.</p> <p><b>Q3 updated:</b> ACI has completed its requirements and further decisions regarding implementation is with the MoH.</p>	
<b>Focus Area:</b>	<b>Our Processes: Operational Excellence</b>	
Build on existing capability with a consistent approach to ongoing professional development	Evaluate effectiveness of implementation and commitment of managers and staff to Professional Development Framework	<b>Chief Exec</b>
	<b>Q3:</b> Survey completed and evaluation report being drafted. Evaluation will be completed in Q4	
Develop agreed behaviours to support and promote ACI core values	12 month evaluation of implementation of ACI <i>Value and Behaviour Charter</i>	<b>Chief Exec</b>
	<b>Q3:</b> Evaluation of the implementation of ACI's Value and Behaviour Charter has been included in the NSW Health YourSay Work Culture survey which runs from 30 <sup>th</sup> March 2015 to 24 <sup>th</sup> April 2015. Baseline information is available from the YourSay survey conducted in 2013. Evaluation will be completed in Q4.	
Involve clinical networks in the design and implementation of the innovation cycle	Review of ACI's approach to disinvestment in the Innovation Cycle with networks	<b>Chief Exec</b>
	<b>Q3:</b> Dr Bob McDonald, external Consultant, has commenced a review of the ACI's approach to disinvestment. Report will be completed in Q4.	
Develop/implement comms strategy centred clinical engagement	Launch an umbrella campaign 'Get Involved'	<b>Engagement, Communications &amp; Exec Support</b>
	An outline project plan was agreed by Executive in December 2014. An RFQ was issued in February inviting submissions by mid-March. An agency has been appointed and a contract will be signed shortly. EESC is undertaking research with staff to better understand organisational needs and to inform campaign messages and materials. Campaign planning and the development of materials will continue until end Q1 next financial year, with a launch expected Q2 and activities planned throughout 2015-2016.	