

Performance Agreement 2022-23

An agreement between the
Secretary, NSW Health and the
Agency for Clinical Innovation
for the period 1 July 2022 - 30 June 2023



NSW Health Performance Agreement – 2022-23

Principal purpose

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

The Organisation

Professor Andrew Wilson
Chair
On behalf of the
Agency for Clinical Innovation Board

Date 14/7/2022 Signed 

Dr Jean-Frédéric Levesque
Chief Executive
Agency for Clinical Innovation

Date 14/7/2022 Signed 

NSW Health

Ms Susan Pearce
Secretary
NSW Health

Date 25/7/22 Signed 

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1. Legislation, governance and performance framework

1.1 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).

1.2 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.

1.3 Variation of the agreement

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

The Agreement may also be varied by the Secretary or the Minister in the 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 of Health in the course of the year.

1.4 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.

1.4.1 Clinical governance

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

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.

The NSW Health *Patient Safety and Clinical Quality Program (PD2005_608)* provides an important framework for improvements to clinical quality.

1.4.2 Corporate governance

The Organisation must ensure services are delivered in a manner consistent with the *NSW Health and Corporate Governance and Accountability Compendium*.

1.4.3 Procurement governance

The Organisation must ensure procurement of goods and services complies with *NSW Health Goods and Services Procurement Policy (PD2019_028)*.

1.4.4 Aboriginal Procurement Policy

The NSW Government support employment opportunities for Aboriginal people, and the sustainable growth of Aboriginal businesses by driving demand via Government procurement of goods, services and construction. NSW Government agencies must apply the *Aboriginal Procurement Policy* to all relevant procurement activities.

1.4.5 Performance Framework

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

2. Strategic priorities

The delivery of NSW Health strategies and priorities is the responsibility of the Ministry of Health, health services and support organisations. These are to be reflected in the strategic, operational and business plans of these entities.

2.1 Future Health: Strategic Framework

The Future Health Strategic Framework is the roadmap for the health system to achieve NSW Health's vision. It will guide the next decade of care in NSW 2022-32, while adapting to and addressing the demands and challenges facing our system. The framework is also a reflection of the aspirations of the community, our patients, workforce and partners in care for how they envisage our health system by 2031.

Strategic outcomes	Key objectives
 <p>Patients and carers have positive experiences and outcomes that matter: People have more control over their own health, enabling them to make decisions about their care that will achieve the outcomes that matter most to them.</p>	<ul style="list-style-type: none"> 1.1 Partner with patients and communities to make decisions about their own care 1.2 Bring kindness and compassion into the delivery of personalised and culturally safe care 1.3 Drive greater health literacy and access to information 1.4 Partner with consumers in co-design and implementation of models of care
 <p>Safe care is delivered across all settings: Safe, high quality reliable care is delivered by us and our partners in a sustainable and personalised way, within our hospitals, in communities, at home and virtually.</p>	<ul style="list-style-type: none"> 2.1 Deliver safe, high quality reliable care for patients in hospital and other settings 2.2 Deliver more services in the home, community and virtual settings 2.3 Connect with partners to deliver integrated care services 2.4 Strengthen equitable outcomes and access for rural, regional and priority populations 2.5 Align infrastructure and service planning around the future care needs
 <p>People are healthy and well: Investment is made in keeping people healthy to prevent ill health and tackle health inequality in our communities.</p>	<ul style="list-style-type: none"> 3.1 Prevent, prepare for, respond to and recover from pandemic and other threats to population health 3.2 Get the best start in life from conception through to age five 3.3 Make progress towards zero suicides recognising the devastating impact on society 3.4 Support healthy ageing ensuring people can live more years in full health and independently at home 3.5 Close the gap by prioritising care and programs for Aboriginal people 3.6 Support mental health and wellbeing for our whole community 3.7 Partner to address the social determinants of ill health in our communities
 <p>Our staff are engaged and well supported: Staff are supported to deliver safe, reliable person-centred care driving the best outcomes and experiences.</p>	<ul style="list-style-type: none"> 4.1 Build positive work environments that bring out the best in everyone 4.2 Strengthen diversity in our workforce and decision-making 4.3 Empower staff to work to their full potential around the future care needs 4.4 Equip our people with the skills and capabilities to be an agile, responsive workforce 4.5 Attract and retain skilled people who put patients first 4.6 Unlock the ingenuity of our staff to build work practices for the future
 <p>Research and innovation, and digital advances inform service delivery: Clinical service delivery continues to transform through health and medical research, digital technologies, and data analytics.</p>	<ul style="list-style-type: none"> 5.1 Advance and translate research and innovation with institutions, industry partners and patients 5.2 Ensure health data and information is high quality, integrated, accessible and utilised 5.3 Enable targeted evidence-based healthcare through precision medicine 5.4 Accelerate digital investments in systems, infrastructure, security and intelligence
 <p>The health system is managed sustainably: The health system is managed with an outcomes-focused lens to deliver a financially and environmentally sustainable future.</p>	<ul style="list-style-type: none"> 6.1 Drive value based healthcare that prioritises outcomes and collaboration 6.2 Commit to an environmentally sustainable footprint for future healthcare 6.3 Adapt performance measurement and funding models to targeted outcomes 6.4 Align our governance and leaders to support the system and deliver the outcomes of Future Health

2.2 NSW Premier's Priorities

In June 2019, the NSW Premier set new social priorities to tackle tough community challenges, lift the quality of life for everyone in NSW and put people at the heart of everything the Government does.

NSW Health is leading three priorities for improving the health system:

Improving outpatient and community care

Reduce preventable hospital visits by 5% through to 2023 by caring for people in the community.

Improving service levels in hospitals

100% of all triage category 1, 95% of triage category 2, and 85% of triage category 3 patients commencing treatment on time by 2023

Towards zero suicides

Reduce the rate of suicide deaths in NSW by 20% by 2023.

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

2.3 NSW Health Outcome and Business Plan

The NSW Health Outcome and Business Plan is an agreement between the Minister for Health, the Secretary, NSW Health and the NSW Government setting out the outcomes and objectives that will be the focus for the current period.

NSW Health has identified five state outcomes that it will achieve for the people of NSW:

1. Keeping people healthy through prevention and health promotion
2. People can access care in out of hospital settings to manage their health and wellbeing
3. People receive timely emergency care
4. People receive high-quality, safe care in our hospitals
5. Our people and systems are continuously improving to deliver the best health outcomes and experiences

To achieve these outcomes, NSW Health has set a series of ambitious targets and has a comprehensive program of change initiatives in place. These targets have been built into key performance indicators in the Performance Agreement, the *NSW Health Performance Framework*, the *NSW Health Purchasing Framework* and the funding model.

3. Budget

3.1 State Outcome Budget Schedule: Part 1

Agency for Clinical Innovation - Budget 2022-23		
		2022-23 Initial Budget (\$'000)
A	Expenditure Budget by Account Group (General Fund)	
	Employee Related	\$25,815
	VMO Payments	\$
	Goods & Services	\$2,908
	Repairs, Maintenance & Renewals	\$
	Depreciation	\$3
	Grants	\$1,572
	Borrowing Costs	\$
	Sub-total	\$30,297
B	Other items not included above	
	Additional Escalation to be allocated	\$835
	Allocated Savings Programs	-\$75
	TMF Adjustments	\$46
	IntraHealth - eHealth 22/23 Adjustment	\$166
	Stroke Ambulance	\$85
	Externally Funded Projects	\$80
	Telestroke and TeleECG	\$273
Sub-total	\$1,410	
C	RFA Expenses	\$1,212
D	Total Expenses (D=A+B+C)	\$32,919
E	Other - Gain/Loss on disposal of assets etc	\$
F	Revenue	-\$32,866
G	Net Result (G=D+E+F)	\$53

3.2 State Outcome Budget Schedule: Part 2

		2022/23
Agency for Clinical Innovation		(\$'000)
	<u>Government Grants</u>	
A	Recurrent Subsidy	-\$30,430
B	Capital Subsidy	\$
C	Crown Acceptance (Super, LSL)	-\$1,085
D	Total Government Contribution (D=A+B+C)	-\$31,515
	<u>Own Source revenue</u>	
E	GF Revenue	-\$139
F	Restricted Financial Asset Revenue	-\$1,212
G	Total Own Source Revenue (G=E+F)	-\$1,351
H	Total Revenue (H=D+G)	-\$32,866
I	Total Expense Budget - General Funds	\$31,707
J	Restricted Financial Asset Expense Budget	\$1,212
K	Other Expense Budget	\$
L	Total Expense Budget as per Schedule A Part 1 (L=I+J+K)	\$32,919
M	Net Result (M=H+L)	\$53
	<u>Net Result Represented by:</u>	
N	Asset Movements	-\$3
O	Liability Movements	-\$49
P	Entity Transfers	\$
Q	Total (Q=N+O+P)	-\$53
Note:		
The minimum cash buffer for unrestricted cash is now zero. All payments-out from local bank accounts are now ceased, and payments are to be managed via the Shared Services accounts payable or payroll teams. All General Fund bank accounts will be swept to zero in line with the published schedule.		

4. Performance against strategies and objectives

4.1 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.

Detailed specifications for the key performance indicators are provided in the Service Agreement Data Supplement. See: http://internal4.health.nsw.gov.au/hird/view_data_resource_description.cfm?ItemID=47648

Outcome Indicators: These key performance indicators are reported to NSW Treasury under the *NSW Health Outcome and Business Plan*.

4 Our staff are engaged and well supported 				
Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ⚠	Performing ✔
Workplace Culture - People Matter Survey Culture Index- Variation from previous survey (%)	≥-1	≤-5	>-5 and <-1	≥-1
Take action - People Matter Survey take action as a result of the survey- Variation from previous survey (%)	≥-1	≤-5	>-5 and <-1	≥-1
Outcome 5 Indicator Staff Engagement - People Matter Survey Engagement Index - Variation from previous survey (%)	≥-1	≤-5	>-5 and <-1	≥-1
Staff Engagement and Experience – People Matter Survey - Racism experienced by staff Variation from previous survey (%)	≥5% decrease on previous survey	No change or increase from previous survey.	>0 and <5% decrease on previous survey	≥5% decrease on previous survey
Staff Performance Reviews - Within the last 12 months (%)	100	<85	≥85 and <90	≥90
Recruitment: Average time taken from request to recruit to decision to approve/decline/defer recruitment (business days)	≤10	>10	No change from previous year and >10	≤10
Aboriginal Workforce Participation - Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	3	<1.8	≥1.8 and <3	≥3
Compensable Workplace Injury Claims (% of change over rolling 12 month period)	0	Increase	≥0 and <5% decrease	≥5% decrease or maintain at 0

6 The health system is managed sustainably



Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ↘	Performing ✔
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 (%)				
Net Cost of Service (NCOS) Matched to Budget - General Fund - Variance (%)				
Annual Procurement Savings Target Achieved – (% of target achieved)	Individual – See Data Supplement	<90%	≥90% and <95%	≥95%

4.2 Performance deliverables

Key deliverables will also be monitored, noting that process indicators and milestones are held in the detailed operational plans developed by the Organisation.

The ACI works in partnership with all relevant branches of the NSW Ministry of Health and other Pillar Agencies to deliver on the Performance Agreement. The organisation commits to delivering work contained in this Performance Agreement in line with the strategic priorities listed in Section 2 above.

Deliverable in 2022-23	Due by
1 Patients and carers have positive experiences and outcomes that matter	
End of Life and Palliative Care:	
<ul style="list-style-type: none"> Deliver agreed tools and resources to support implementation of the Clinical Principles for End of Life and Palliative Care Guideline GL2021_016 to enhance service delivery 	Q3
<ul style="list-style-type: none"> Deliver a policy review and diagnostic report on the use of resuscitation plans and patient-centred goals of care discussions for end of life 	Q4
Patient Reported Measures:	
<ul style="list-style-type: none"> Draft a document that outlines criteria, principles and processes to identify additional cohorts of patients for introduction into the HOPE system 	Q1
<ul style="list-style-type: none"> Confirm and prioritise clinical, service and systems requirements and build cycles with LHDs/SHNs for the Phase 2 build of the HOPE platform 	Q2
<ul style="list-style-type: none"> Complete an evaluation of the Aboriginal Health proof of concept to inform further implementation for PRMs 	Q3
<ul style="list-style-type: none"> Implement EQ5D in the HOPE platform according to NSW Ministry of Health guidance 	Q3
<ul style="list-style-type: none"> Produce a document in collaboration with the Measurement Alignment Working Group that supports local and state level analysis and reporting on Patient Reported Outcome Measures (PROMs), to be delivered to the PRMs steering committee 	Q3
<ul style="list-style-type: none"> Pilot analysis and reporting for PROMs at an LHD and state level 	Q4
<ul style="list-style-type: none"> Complete readiness assessments with LHDs/SHNs to inform the schedule for implementing priority cohorts as part of Phase 2 of the HOPE platform 	Q4
<ul style="list-style-type: none"> Revise the Data Governance Framework that incorporates primary care and follows the principles of increasing accessibility and integration of data in line with the data governance reform 	Q4
<ul style="list-style-type: none"> Develop business Case for Phase 3 of the HOPE platform in collaboration with the Primary Health Networks and primary care sector 	Q4
Deliver key components of the unwarranted clinical variation (UCV) action plan:	
<ul style="list-style-type: none"> Establish and manage governance structures 	Q1
<ul style="list-style-type: none"> Identify what and how data are being assessed locally 	Q2
<ul style="list-style-type: none"> Operationalise at least one UCV case study emerging from 2021-22 exemplar projects (early planned births, opioid prescribing for chronic pain, knee arthroplasty) 	Q4
<ul style="list-style-type: none"> Develop the 'Interventions, Medications, Procedures and Clinical Trajectories' (IMPACT) Project 	Q4

Deliverable in 2022-23	Due by
2 Safe care is delivered across all settings	
<p>Care for Aboriginal People:</p> <ul style="list-style-type: none"> Deliver cultural responsiveness training to High-Risk Foot Services workforce across NSW to support access to care for Aboriginal people <p>Diabetes in Aboriginal Communities Project (DiCAP):</p> <ul style="list-style-type: none"> Deliver a statewide report identifying key issues and priorities for Aboriginal people living with type 2 diabetes Undertake solution design activities with LHD/SHNs and ACCHS's to improve safe high quality reliable diabetes care for Aboriginal people and Communities Develop a solution design summary report for service improvement for management of type 2 diabetes with Aboriginal people and communities <p>Finding your way (Aboriginal Shared Decision Making):</p> <ul style="list-style-type: none"> Implement Finding your way (Aboriginal Shared Decision Making) with 2 communities Gather experiential evidence for Finding your way (Aboriginal Shared Decision Making) with demonstration sites 	<p>Q1 & ongoing</p> <p>Q1</p> <p>Q3</p> <p>Q4</p> <p>Q2</p> <p>Q4</p>
<p>Henry review recommendations:</p> <ul style="list-style-type: none"> Deliver a diagnostics and recommendations report on intake, referrals, GP pathways and provide functional assessment reports for NDIS Develop an implementation toolkit for the Paediatric Rehabilitation Model of Care Review existing service arrangements through consultation to understand the challenges and opportunities for Level 4 Unit staff in taking a greater role in both outpatient and community services 	<p>Q2</p> <p>Q2</p> <p>Q2</p>
<p>Maternity and neonatal care</p> <ul style="list-style-type: none"> Complete a high level audit and plan for sustainable development and renewal of all allocated maternity and neonatal guidelines Commence revision of guidance documents identified as top priorities Develop statewide admission and discharge criteria for NICUs to support appropriate transfer of care including back transfer of care Commence statewide collaborative webinar support to Rural Level 3 Maternity Services to understand the challenges and successes of Level 3 maternity services Develop an implementation model for NSW rural level 3 maternity services to ensure sustainable and safe maternity and neonatal care <i>based on</i> a discovery and project inception workshop for the NSW Rural Level 3 Maternity Services Project 	<p>Q2</p> <p>Q2</p> <p>Q4</p> <p>Q3</p> <p>Q4</p>
<p>Models of Care, Service Models and Standards:</p> <ul style="list-style-type: none"> Document alternate models of care for older adults living with frailty Publish Spinal Cord Injury Model of Care Pilot developed TeleECG Model of Care at agreed sites pending completed supporting analysis (evaluation of HNE Pilot, statewide case for change) Support implementation of the Stroke Ambulance Model of Care Publish an updated suite of ACI Nutrition Standards – Adult, Paediatric, Mental Health Provide Telestroke implementation support, training and education in line with agreed timelines to handover to POW (TSS) 	<p>Q4</p> <p>Q1</p> <p>Q4</p> <p>Q4</p> <p>Q2</p> <p>Q3</p>

Deliverable in 2022-23	Due by
<ul style="list-style-type: none"> Complete trauma verification of second tranche of trauma networks to support implementation of the Model of Care 	Q4
<ul style="list-style-type: none"> BMT+CT Network quality service will onboard approved immune effector cells sites (across all quarters) 	Ongoing
Rural Health: <ul style="list-style-type: none"> In partnership with the new Regional Health Division, engage clinicians through the rural health network to develop responses to the rural health inquiry Implement prioritised recommendations to improve health outcomes and access to care for rural regional and remote communities as identified by Regional Health Division 	Q1 & ongoing Q2 & ongoing
3 People are healthy and well	
Service Models: <ul style="list-style-type: none"> Document Regional Refugee Health service models and provide implementation tools and resources Develop a strategy to support the roll out and sustainability of the Alcohol and Drug Cognitive Enhancement program (ACE) in NSW 	Q1 Q4
Mental Health: <ul style="list-style-type: none"> Support 11 local teams in design of the Safeguards model of care in partnership with the Mental Health Branch (MoH) Deliver a hybrid (in person and virtual) forum to support the clinical adoption of the Physical Health Care for People Living with Mental Health Issues Guideline, in partnership with the NSW MoH and other relevant agencies 	Ongoing Q2
4 Our staff are engaged and well supported	
Accelerated Implementation Methodology: <ul style="list-style-type: none"> Deliver four AIM programs and one Accreditation/ Reaccreditation program for the ACI, Pillars and LHD/SHN staff Enable LHD/SHN AIM delivery through provision of resource materials and facilitation coaching 	Q4 Q4
Digital Communication Tools: <ul style="list-style-type: none"> Complete the redevelopment of the main ACI website to enable clinicians to access information in a responsive, and engaging, digital and interactive platform Define business and user requirements, and complete the redevelopment of the web-based Innovation Exchange 	Q2 Q4
Redesign: <ul style="list-style-type: none"> Deliver up to 3 cohorts of the graduate certificate (Clinical Redesign) including completion of a Health Infrastructure partnership cohort and deliver 3 graduation ceremonies Grow system Redesign capacity with Redesign Leaders network by providing bimonthly network development days and establish network collaboration through digital community management Deliver updated digital learning resources supporting the Graduate Certificate and redesign program Partner with key Violence Abuse and Neglect system leaders to plan and deliver VAN Clinical Forum showcasing service redesign and innovations 	Q4 Ongoing Q4 Q2
5 Research and innovation, and digital advances inform service delivery	
COVID-19 Communities of Practice: <ul style="list-style-type: none"> Support COVID-19 Communities of Practice and maintain published guidance Partner with the Ministry of Health to support COVID-19 Clinical Council with a renewed mandate 	Ongoing Q2
Critical Intelligence Unit: <ul style="list-style-type: none"> Provide leadership of the CIU Steering Group and support the engagement of key stakeholders 	Ongoing

Deliverable in 2022-23	Due by
<ul style="list-style-type: none"> Produce and disseminate information resources related to the emerging evidence during the COVID-19 pandemic including Rapid Evidence Reviews, Daily Digests, Living Evidence Tables and the COVID-19 Monitor Produce the Incident Controller Report and the Risk Monitoring dashboard Lead the Clinical Intelligence Group, International Expert Advisory, and Research Intelligence Groups Deliver rapid evidence support to decision makers Support dynamic monitoring approach of the Future Health Strategy as part of the measurement framework 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
<p>Evidence, Data, Analytics and Research:</p> <ul style="list-style-type: none"> Contribute to the development of electronic data capture platforms by developing a business case, in partnership with eHealth and NSW Ministry of Health Shape the evidence ecosystem through innovation in guideline coordination updating / production / maintenance in partnership with Australian Living Evidence Taskforce, tri-state groups, and Medical Colleges Form new executive sub-committee to better align ACI research efforts with strategic priorities and establish new research grant scheme 	<p>Q3</p> <p>Ongoing</p>
<p>Genomics:</p> <ul style="list-style-type: none"> Partner with MoH to work on the NSW Health Genomics Strategy Implementation, in particular to review selected multidisciplinary models of care that include clinical genetics (including evaluation of barriers and opportunities, and leveraging phase 1 service delivery model pilot/s, considering regional, rural and remote access) Develop state-wide referral pathways and tools for emerging subspecialty applications of genomics into routine care 	<p>Q4</p> <p>Q4</p>
<p>Health Innovation Venture Enablement:</p> <ul style="list-style-type: none"> Develop an innovation consortium agreement and strategy with LHDs and precincts (requires funding) Organise and host 2 innovation consortium meetings (requires funding) 	<p>Q2</p> <p>Q4</p>
<p>Simulation Modelling</p> <ul style="list-style-type: none"> Work with PESP to produce dynamic models to explore alternate models of care, service optimisation, and planning Lead a multidisciplinary working group to inform modelling projects Co-lead the Modelling Science Table with Centre for Epidemiology and Evidence 	<p>Q1</p> <p>Ongoing</p> <p>Ongoing</p>
<p>Virtual platforms</p> <ul style="list-style-type: none"> Work with the Ministry of Health to develop statewide guidance for the use of virtual exercise prescription platforms that is informed by the outcomes of the pilot evaluation 	<p>Q1</p>
<p>6 The health system is managed sustainably</p>	
<p>Surgery Action Plan:</p> <ul style="list-style-type: none"> Validate shared decision-making resources in clinical settings to improve clinical decisions around non-beneficial surgical care for frail older adults Develop tools for three additional subspecialties for use by LHDs to support implementation of the value based surgery principles (one per quarter). <p>ERAS:</p> <ul style="list-style-type: none"> Collect experiential evidence and resources from local exemplar sites to support development of overarching ERAS key principles Continue to support original three pilot sites of the ACI colorectal ERAS Key Principles Develop overarching ERAS Key Principles for surgical procedures Create a series of peer learning opportunities for ERAS which will be available to all LHDs Create a series of peer learning opportunities for prehabilitation which will be available to all LHDs 	<p>Q2</p> <p>Q3</p> <p>Q2</p> <p>Q1</p> <p>Q2</p> <p>Ongoing</p> <p>Q1</p>

Strategic outcome	Deliverable in 2022-23	Due by
Secretary's flagship reforms		
Value Based Health Care	<p>Leading Better Value Care Initiatives:</p> <ul style="list-style-type: none"> Establish automated reporting for inpatient diabetes management using eMeds Work with the NSW Ministry of Health to define and implement sustainability approaches for the following initiatives – OACCP, ORP, high-risk foot services, renal supportive care & hip fracture care Provide assessment of coverage for LBVC initiatives with regards to proportion of clinics, as well as coverage of eligible patients in the clinical cohorts <p>Chronic wound care:</p> <ul style="list-style-type: none"> Lead and support implementation of the wound care HealthPathway in 3 sites, in partnership with PHNs, LHDs and primary health care, to embed integrated approaches to chronic wound care and inform scaling across the state Facilitate clinical engagement to assist with the ongoing development, governance, and uptake of the Chronic Wound Formulary Sharepoint Conduct a workshop with LHDs/SNHs to support implementation of the Chronic Wound Formulary Support LHDs/SNHs to develop action plans to address priorities identified through the chronic wound self-assessment Summarise key themes raised across the state in the chronic wound self-assessment action plans and recommend appropriate system responses to address identified challenges Embed the wound care capability framework (with HETI, Workforce Branch and NAMO) Work with the Ministry of Health to map opportunities to embed virtual care into the wound care patient journey in collaboration with clinicians and telehealth managers Engage clinicians to embed solutions for image capture and wound care documentation (with eHealth and MoH) <p>CHF and COPD:</p> <ul style="list-style-type: none"> Work with the NSW Ministry of Health to complete a case for change for the management of COPD and CHF Depending on the case for change findings, adapt the 3CI Model of Care to align with the Case for change findings If “change is required” pilot the “amended” 3Ci Model of Care for CHF and COPD that responds to the case for change in identified sites (pending MoH endorsement) <p>Value Based Healthcare Initiatives:</p> <ul style="list-style-type: none"> Support the development of a value based healthcare approach for older people in the community by leading clinician and consumer workshops and participating in the working group 	<p>Q2</p> <p>Q3</p> <p>Q2</p> <p>Q1 & ongoing</p> <p>Q1 and ongoing</p> <p>Q1</p> <p>Q2</p> <p>Q4</p> <p>Q2</p> <p>Q3</p> <p>Q4</p> <p>Q1</p> <p>Q2</p> <p>Q4</p> <p>Q1 & ongoing</p>
Virtual Care	Virtual Care Strategies:	

Strategic outcome	Deliverable in 2022-23	Due by
	<ul style="list-style-type: none"> Work with the Ministry of Health to create a digital guidance for virtual care resource encompassing review and consolidation of existing guidelines Publish 4 case studies that showcase innovations in virtual care as part of the spotlight series Work with the Ministry of Health to build knowledge and capacity of consumer representatives to support consumer use of virtual care in LHDs / SHNs 	<p>Q4</p> <p>Q1 & ongoing</p> <p>Q1 & ongoing</p>
	<p>End of Life and Palliative Care:</p> <ul style="list-style-type: none"> Promote benefits of virtual care modalities in palliative care service provision and build skills and confidence of clinicians 	Q3
	<p>PICNIC recommendations:</p> <ul style="list-style-type: none"> Review and implement telehealth models to enhance communication with parents/carers and families, including a focus on using telehealth to prepare families for transfer of care for PIC and NIC (two outputs) Review and pilot telehealth models to enhance clinical handover of patient care for PIC 	<p>Q2</p> <p>Q2</p>
Data Governance Reform	<p>eMR solutions:</p> <ul style="list-style-type: none"> Co-design and build the LBVC eMR solutions as they are prioritised, in partnership with eHealth and the Ministry of Health and input from districts and networks. Support the clinical adoption of the eMR solutions as they become available for implementation in partnership with eHealth 	<p>Q1 & ongoing</p> <p>Q4</p>
NSW Premier's Priorities		
Improving outpatient and community care	<ul style="list-style-type: none"> Partner with MoH to develop State-wide referral criteria for gastroenterology and ophthalmology outpatient services 	Q4
Improving service levels in hospitals	<p>Emergency Care:</p> <ul style="list-style-type: none"> Publish updated Emergency Department Models of Care document Complete a high level audit and plan for sustainable revision of all allocated ECI clinical guidance 	<p>Q2</p> <p>Q3</p>
	<p>Emergency Protocols Initiating Care (EPIC) program</p> <ul style="list-style-type: none"> Develop implementation plan for statewide delivery of the EPIC program Develop evaluation and monitoring plan for statewide delivery of the EPIC program 	<p>Q3</p> <p>Q4</p>
Towards zero suicides	<ul style="list-style-type: none"> Work with LHDs/SHNs to build local capability to implement the Suicide Care Pathways Project (subject to NSW Treasury approval of Towards Zero Suicides ongoing funding) 	Q4
	<ul style="list-style-type: none"> Develop pathways and models of care for suicide identification and early engagement in ED (subject to NSW Treasury approval of Towards Zero Suicides ongoing funding) 	Q4