

2020-21 Performance Agreement

AN AGREEMENT BETWEEN:

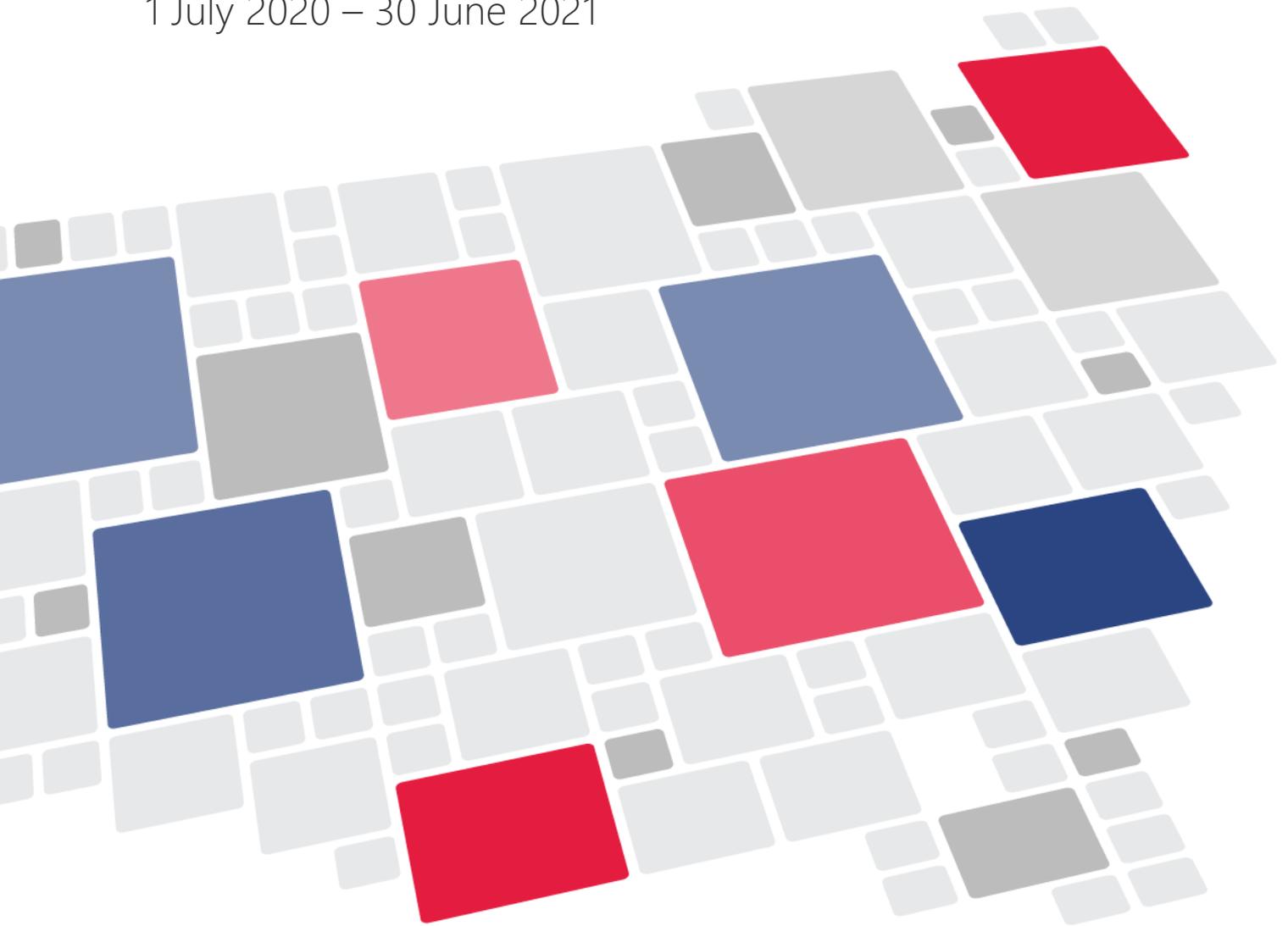
Secretary, NSW Health

AND THE

Agency for Clinical Innovation

FOR THE PERIOD

1 July 2020 – 30 June 2021



NSW Health Performance Agreement – 2020-21

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 and human-centred healthcare services.

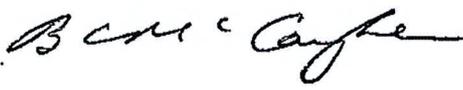
The Agreement articulates direction, responsibility and accountability across the NSW Health system for the delivery of NSW Government and NSW Health priorities. Additionally, it specifies the service delivery and performance requirements expected of the Organisation that will be monitored in line with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

Agency for Clinical Innovation

Professor Brian McCaughan AM
Chair
On behalf of the Agency for Clinical Innovation

Date 10/12/2020 Signed 

Dr Jean-Frédéric Levesque
Chief Executive
Agency for Clinical Innovation

Date 10/12/2020 Signed 

NSW Health

Ms Elizabeth Koff
Secretary
NSW Health

Date 18/12/20 Signed 

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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 Service Organisations a performance management and accountability system for the delivery of high quality, effective healthcare services that promote, protect and maintain the health of the community, and provide care and treatment to the people who need it, 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 Districts and Networks include measurable objectives that reflect agreed Aboriginal health priorities.
- To promote accountability to Government and the community for service delivery and funding.
- To ensure that the CORE Values of Collaboration, Openness, Respect and Empowerment are reinforced throughout NSW Health
- To ensure Service Organisations engage in appropriate consultation with patients, carers and communities in the design and delivery of health services.
- To ensure that Service Organisations work together with clinical staff about key decisions, such as resource allocation and service planning.

2. Legislation, governance and performance framework

2.1 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).

2.2 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.

2.3 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.

2.4 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.

2.4.1 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

2.4.2 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.

2.4.3 Procurement governance

The Organisation must ensure procurement of goods and services complies with the *NSW Health Goods and Services Procurement Policy Directive* (PD2019_028). This policy directive details the requirements for 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=PD2019_028

2.4.4 Performance Framework

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

The performance of a health service 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 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>

3. Strategies and local 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.

3.1 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 the three priorities for improving the health system:

Improving outpatient and community care

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



Improving service levels in hospitals

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



Towards zero suicides

Reduce the rate of suicide deaths in NSW by 20 per cent 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.

3.2 NSW Health Strategic Priorities 2020-21

INTERIM NSW HEALTH STRATEGIC PRIORITIES FY2020-21								
STRATEGIES	1 KEEP PEOPLE HEALTHY	2 PROVIDE WORLD-CLASS CLINICAL CARE WHERE PATIENT SAFETY IS FIRST	3 INTEGRATE SYSTEMS TO DELIVER TRULY CONNECTED CARE	4 DEVELOP AND SUPPORT OUR PEOPLE, CULTURE & GOVERNANCE	5 SUPPORT AND HARNESS HEALTH & MEDICAL RESEARCH & INNOVATION	6 EMBED A DIGITALLY ENABLED HEALTHCARE SYSTEM	7 PLAN & DELIVER FUTURE FOCUSED SERVICE MODELS & INFRASTRUCTURE	8 BUILD FINANCIAL SUSTAINABILITY & DELIVER BUSINESS IMPROVEMENTS
Executive Sponsors	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
OBJECTIVES Strategic Oversight Leads	1.1 Implement policy and programs to increase healthy weight in children <i>Centre for Population Health</i>	2.1 Continue to deliver high quality and safe patient care <i>Clinical Excellence Commission and Agency for Clinical Innovation</i>	3.1 Drive health system integration and connectivity <i>System Performance Support and System Information and Analytics</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 and Office of Health and Medical Research</i>	6.1 Progress the implementation of paper-lite key clinical information systems <i>eHealth NSW</i>	7.1 Implement the 20 Year Health Infrastructure Strategy/Plan future focused models of care <i>Strategic Reform and Planning</i>	8.1 Deliver financial control in the day to day operations <i>Finance</i>
	1.2 Embed a health system response to alcohol, tobacco & other drug use and work across agencies <i>Centre for Alcohol and Other Drugs and Cancer Institute NSW</i>	2.2 Continue to embed value-based healthcare to deliver the right care in the right setting <i>Strategic Reform and Planning</i>	3.2 Progress Towards Zero Suicides initiatives across NSW <i>Mental Health</i>	4.2 Improve diversity in all levels of the system <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 Reduce the impact of infectious diseases including COVID-19, and environmental health factors, including natural disasters, on community wellbeing <i>Health Protection NSW</i>	2.3 Improve the patient experience and further engage with patients and carers <i>System Purchasing</i>	3.3 Achieve mental health reforms across the system <i>Mental Health</i>	4.3 Strengthen the culture within Health organisations to reflect our CORE values more consistently <i>Workforce Planning and Development</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>Strategic Reform and Planning and Precincts and Partnerships</i>	8.3 Drive value in procurement <i>Strategic Procurement</i>
	1.4 Embed Aboriginal social and cultural concepts of health and wellbeing in programs and services <i>Centre for Aboriginal Health</i>	2.4 Provide timely and equitable access to appropriate care <i>System Management</i>	3.4 Strengthen the network of services for frailty, ageing and end of life care <i>Health and Social Policy</i>	4.4 Develop effective health professional managers and leaders <i>Health Education and Training Institute</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 and Health Infrastructure</i>	8.4 Deliver commercial programs <i>Strategic Procurement</i>
	1.5 Support pregnancy and families to ensure that all children have the best possible start in life <i>Health and Social Policy</i>	2.5 Use data and analytics to drive reform and innovation <i>System Information and Analytics</i>	3.5 Support vulnerable people and people with disability within the health sector and between agencies <i>Government Relations</i>	4.5 Improve health, safety and wellbeing at work <i>Workforce Relations</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 Enhance productivity using new ways of working with the relocation to 1 Reserve Road <i>Corporate Services and Business Improvement</i>
				4.6 Deliver effective regulation, governance and accountability <i>Legal and Regulatory Services</i>		6.6 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

INTERIM NSW HEALTH STRATEGIC PRIORITIES 2020-21

3.3 NSW Health Outcome and Business Plan 2019-20 to 2022-23

The NSW Treasury Outcome Budgeting initiative intends to transform the way budget decisions are made, and resources are managed in the NSW public sector. The overarching objective of Outcome Budgeting is to shift the focus of the NSW Government to deliver better outcomes for the people of NSW with increased transparency, accountability and value (TPP 18-09¹).

The *NSW Health Outcome and Business Plan* is an agreement between the Minister for Health and Medical Research, the Secretary, NSW Health and the NSW Government setting out the outcomes and objectives that will be focused on over the next four years.

NSW Health has identified five state outcomes that it will achieve for the people of NSW. The state outcomes cover the broad range of functions and services provided across care settings.

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 Service Agreement, the *NSW Health Performance Framework*, the *NSW Health Purchasing Framework* and the funding model.

¹ <https://www.treasury.nsw.gov.au/sites/default/files/2018-12/TPP18-09%20Outcome%20Budgeting.pdf>

Alignment of directions and strategies to outcomes



4. Budget

4.1 State Outcome Budget Schedule: Part 1

Agency for Clinical Innovation - Budget 2020-21		
		Final 2020-21 Initial Budget (\$'000)
Category A	General Administrative	
	ACI Board Fees & Expenses	\$120
	ACI Executive	\$857
	ACI Finance	\$948
	ACI People and Culture	\$686
	ACI SCOPE Directorate	\$523
	General Administrative	\$62
	Sub-total	\$3,196
Category B	Centrally Managed Projects	
	Care Across the Lifecycle and Society Directorate	\$7,189
	Evidence Generation and Dissemination	\$3,544
	Preserving and Restoring Through Interventions in Surgery and Medicine Directorate	\$10,784
	Strategic Priorities	\$1,930
	System Transformation Evaluation and Patient Experience Directorate	\$4,786
Sub-total	\$28,234	
Category C	Payments to Third Parties	
	ACI Centralised Services	\$3,074
	Sub-total	\$3,074
Category D	Budgets Held for LHD Allocation	
	Sub-total	\$
E	Other items not included above	
	Additional Escalation to be allocated	\$86
	Efficiency and Procurement Savings	-\$1,033
	TMF Adjustments	-\$22
	Intra Health Adjustments	\$314
Sub-total	-\$655	
F	RFA Expenses	\$
G	Total Expenses (G=A+B+C+D+E+F)	\$33,849
H	Other - Gain/Loss on disposal of assets etc	\$
I	Revenue	-\$33,848
J	Net Result (J=G+H+I)	\$1

Note:

The above schedule represents the NSW Treasury's transition to Outcome Budgeting (TPP 18-09) and aligns to the NSW Health Business Plan 2019-20 to 2022-23. The NSW Treasury Outcome Budgeting initiative intends to transform the way budget decisions are made, and resources are managed in the NSW public sector. The initiative aims to shift the focus of the NSW Government to deliver better outcomes for the people of NSW (TPP 18-09).

As this transition will take place across several years, figures listed in this schedule are currently unable to accurately be carried through from LHD/SHN budgets to each facility. Some facility figures will therefore be consolidated at a LHD/SHN level with investment allocation managed locally.

Figures included in this schedule do not include 2020-21 stimulus funding in response to the COVID-19 pandemic.

4.2 State Outcome Budget Schedule: Part 2

		2020/21
Agency for Clinical Innovation		(\$'000)
<u>Government Grants</u>		
A	Recurrent Subsidy	-\$32,622
B	Capital Subsidy	-\$85
C	Crown Acceptance (Super, LSL)	-\$1,085
D	Total Government Contribution (D=A+B+C)	-\$33,792
<u>Own Source revenue</u>		
E	GF Revenue	-\$55
F	SP&T Revenue	\$
G	Total Own Source Revenue (G=E+F)	-\$55
H	Total Revenue (H=D+G)	-\$33,848
I	Total Expense Budget - General Funds	\$33,849
J	SP&T Expense Budget	\$
K	Other Expense Budget	\$
L	Total Expense Budget as per Schedule A Part 1 (L=I+J+K)	\$33,849
M	Net Result (M=H+L)	\$1
<u>Net Result Represented by:</u>		
N	Asset Movements	\$6
O	Liability Movements	-\$8
P	Entity Transfers	\$
Q	Total (Q=N+O+P)	-\$1
Note:		
<p>The minimum weekly cash reserve buffer for unrestricted cash at bank has been updated for FY 2020/21 to \$100K. Based on final June 2020 cash balances, adjustments will be made from July 2020 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 minimum weekly cash buffer relates to cash held in General Fund bank accounts only and will be used to determine subsidy cash sweep amounts in line with the schedule advised by the Ministry of Health.</p>		

4.3 State Outcome Budget Schedule: Capital program

Agency Clinical Innovation										
PROJECTS MANAGED BY HEALTH SERVICE	Project Code	Reporting Silo	Estimated Total Cost 2020/21	Estimated Expenditure to 30 June 2020	Cost to Complete at 30 June 2020	Capital Budget Allocation 2020/21	2020/21 Capital Budget Allocation by Source of Funds			
							MOH Funded 2020/21	Local Funds 2020/21	Revenue 2020/21	Lease Liabilities 2020/21
<u>2020/21 Capital Projects</u>			\$	\$	\$	\$	\$	\$	\$	\$
WORKS IN PROGRESS										
ACI Minor Works & Equipment	P51069	Minor Works	1,877,706	1,792,706	85,000	85,000	85,000	-	-	-
TOTAL WORKS IN PROGRESS			1,877,706	1,792,706	85,000	85,000	85,000	-	-	-
TOTAL CAPITAL EXPENDITURE AUTHORISATION LIMIT MANAGED BY Agency Clinical Innovation			1,877,706	1,792,706	85,000	85,000	85,000	-	-	-

Notes:
 Expenditure needs to remain within the Capital Expenditure Authorisation Limits (CEAL) indicated above
 The above budgets do not include Right of Use Assets (Leases) entered into after 30 September 2020. These budgets will be issued through a separate process
 Minor Works & Equipment >\$10,000 Program is an annual allocation. Estimated Total Cost is calculated as Prior Year expenditure plus FY21 Budget Allocation

5. Performance against strategies and objectives

5.1 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.

	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. See:

http://hird.health.nsw.gov.au/hird/view_data_resource_external_information.cfm?ItemID=23857

Strategy 4: Develop and support our people and culture					
Strategic Priority	Measure	Target	Not Performing 	Under Performing 	Performing 
4.3	Workplace Culture - People Matter Survey Culture Index- Variation from previous year (%)	≥-1	≤-5	>-5 and <-1	≥-1
4.3	Take action-People Matter Survey take action as a result of the survey- Variation from previous year (%)	≥-1	≤-5	>-5 and <-1	≥-1
4.1	Staff Performance Reviews - Within the last 12 months (%)	100	<85	≥85 and <90	≥90
4.1	Recruitment: 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
4.2	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
4.5	Compensable Workplace Injury - Claims (% change)	≥10 Decrease	Increase	≥0 and <10 Decrease	≥10 Decrease

Strategy 4: Develop and support our people and culture

Strategic Priority	Measure	Target	Not Performing ✘	Under Performing ↘	Performing ✔
Outcome 5 Our people and systems are continuously improving to deliver the best health outcomes and experiences					
4.3	Staff Engagement - People Matter Survey Engagement Index - Variation from previous year (%)	≥ -1	≤ -5	> -5 and < -1	≥ -1

Strategy 8 Build financial sustainability and robust governance

Strategic Priorities	Measure	Target	Not Performing ✘	Under Performing ↘	Performing ✔
8.1	Expenditure Matched to Budget - General Fund - Variance (%)	>0.5% unfavourable	>0 and ≤0.5% unfavourable	On budget or favourable	>0.5% unfavourable
8.1	Own Sourced Revenue Matched to Budget - General Fund - Variance (%)	>0.5% unfavourable	>0 and ≤0.5% unfavourable	On budget or favourable	>0.5% unfavourable

5.2 Performance deliverables

Key deliverables under the NSW Health Strategic Priorities 2020-21 will also be monitored, noting that process indicators and milestones are held in the detailed operational plans developed by the Organisation.

5.2.1 Workplace culture

Determine how change can be affected at an individual, organisational and system level to improve workplace culture and practices:

- The results of the People Matter Employee Survey will be used to identify areas of best practice and improvement opportunities.
- 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 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 human centred care.

5.2.2 Value based healthcare deliverables

Strategic Priority	Deliverable in 2020-21	Due by
2.2.1 - Measure, monitor and evaluate the impact of LBVC initiatives across the domains of value	Audits	
	<ul style="list-style-type: none"> • Develop audit tool for Wound Management and provide to sites along with tools for CHF, COPD, and Bronchiolitis to self-audit for the purposes of Quality Improvement and support local sites as required with the audit process and to contribute linked data to ROVE 	Q4 and ongoing
	<ul style="list-style-type: none"> • Use eMeds to develop a state-wide audit tool and measurement approach for inpatient management of diabetes in partnership with eHealth 	Q4
	Evaluation	
	<ul style="list-style-type: none"> • Conduct formative evaluation developed collaboratively with stakeholders, including SRPB, of the Bronchiolitis initiative 	Q4
	<ul style="list-style-type: none"> • Scope the formative evaluations for Hip Fracture Care and Renal Supportive Care initiatives to determine early impact as well as aid the development and improvement of the initiative 	Q4
	<ul style="list-style-type: none"> • Scope and plan the approach to impact evaluations of Tranche 1 initiatives with key partners including the SRPB aligning the evaluation metrics with ROVE, eMR build and PRMs roll out 	Q4
	Statewide eMR Solutions for LBVC	
	<ul style="list-style-type: none"> • Partner with eHealth and Ministry of Health to design and build specific eMR solutions as per the eMR Strategic Business Case for LBVC cohorts 	Q1 and ongoing
	<ul style="list-style-type: none"> • Support the clinical adoption of the eMR solutions in partnership with eHealth (leading IT implementation) 	Q2 and ongoing

Strategic Priority	Deliverable in 2020-21	Due by
<p>2.2.4 - Support Districts to embed and scale in a sustainable manner Tranche 1 LBVC strategies: ORP, HRFS, CHF, COPD, Inpatient Management of Diabetes, RSC, and OACCP</p>	<p>Provide tailored support</p> <ul style="list-style-type: none"> Consult with each District and Network to determine key priorities for LBVC and agree on ACI's support role Establish a designated District and Network LBVC Executive Sponsor Group in collaboration with the Ministry of Health, Clinical Excellence Commission and Cancer Institute NSW Convene State-wide Diabetes Initiative Clinician and Consumer Advisory Group Work with Statewide Diabetes Initiative to align for community diabetes project activities and address priority needs <p>Models of Care and Pathways</p> <ul style="list-style-type: none"> Develop integrated Wound Care Models that expand the reach and outcomes of the LBVC initiative within primary care to integrate care at the interface of hospital primary and community care Identify, develop and document CHF and COPD models that improve the interface of care between community, primary and acute care augmenting the LBVC organisational models and sustaining gains made 	<p>Q3</p> <p>Q2</p> <p>Q1 and ongoing</p> <p>Q1 and ongoing</p> <p>Q4</p> <p>Q4</p>
	<p>Telehealth</p> <ul style="list-style-type: none"> Work with the Virtual Care Accelerator to document exemplar models of care using virtual care modalities including LBVC Share learnings and support local improvements to build on telehealth and virtual health capabilities and models to scale and embed the LBVC initiatives 	<p>Q3</p> <p>Q4</p>
	<p>Statewide Educational Resources</p> <ul style="list-style-type: none"> Work with the Ministry of Health to transition the LBVC Hub to a sustainable collaborative platform to support Districts / Network and key partners to share successes, learning, challenges and resources Work with the Ministry of Health to develop resources to support the Ministry's work on helping districts to identify and implement their own value based healthcare initiatives following the rigour of the LBVC Program Work with the Ministry of Health and other Pillar organisations to build change management, clinician engagement, and quality improvement capability across the system by developing and trialling statewide training models Support Districts / Networks to improve the Inpatient Management of Diabetes initiative by: <ul style="list-style-type: none"> Continue embedding use of Thinksulin App Increase the number of staff completing eLearning modules 1-3 Facilitate completion of eLearning modules 4-6 	<p>Q3</p> <p>Ongoing</p> <p>Q4</p> <p>Ongoing</p>
	<p>Improved access to culturally appropriate services</p> <ul style="list-style-type: none"> Work with consumers to investigate current information and resources available, then co-design new resources as required that can be shared and adapted Establish opportunities to build relationships with Aboriginal communities to support improved care and experience for Aboriginal patients 	<p>Q2 and ongoing</p> <p>Q2 and ongoing</p>

Strategic Priority	Deliverable in 2020-21	Due by
	<ul style="list-style-type: none"> Continue to improve links established between the Healthy Deadly Feet program (in five pilot sites) and high risk foot services, particularly relating to PRMs and alignment of evaluation activities, to improve access to culturally appropriate services 	Q3 and ongoing
2.2.5 - Support LHDs to implement Tranche 2 LBVC initiatives: hip fracture, wound, and bronchiolitis	Wound Management <ul style="list-style-type: none"> Finalise clinical priorities document for chronic wound management to identify statewide priority activities Develop organisation models of care for wound management aligned with the LBVC Standards, which can be adapted and implemented locally delivering value-based care Support increased engagement and integration with primary care, community care, allied health and residential aged care to scale and spread holistic approaches to care of patients requiring chronic wound management 	Q2 Q4 Q4
	Hip Fracture <ul style="list-style-type: none"> Support sites to implement the hip fracture standards including with coaching to facilitate local capability and implementation of a holistic approach to care 	Q3
2.2.6 - Implement the collection and use of PRMs across Leading Better Value Care and Integrated Care programs (with eHealth)	<ul style="list-style-type: none"> Ensure the contribution of PRMs data is included in the solutions for the eMR business case across all LBVC initiatives Ensure a consistent approach to PROM collection within HOPE to support individual, service and system level requirements; and data is made available for the purposes of public health registries and evaluation (in line with the broader NSW Health approach to CQRs) Operationalise the guiding principles for PROMs analysis and ensure the principles are actioned at individual, service and system levels Operationalise the PRM Data Governance and Management Framework Identify, develop and implement decision support mechanisms for PRMs Establish a plan, identifying key stakeholders and begin consultation on the PRMs Benefits Realisation Framework Develop the benefits realisation framework for PRMs in partnership with key stakeholders Identify and achieve clinical endorsement of appropriate PRMs for the integrated care initiatives in line with approved processes and the principles of the PRMs Framework Identify other priority populations for consideration of inclusion within PRMs and identify appropriate tools Continue to support capability development across districts and networks for PRMs Test culturally valid and appropriate PROMs for Aboriginal communities, inclusive of implementation approaches Evaluate the proof of concept for culturally valid and appropriate PROMs in Aboriginal communities Support all districts and networks with the clinical adoption of the PRM IT system in clinical settings and collect and use PRMs to support quality improvement and value-based healthcare practice changes Continue to engage with Primary Care to determine and implement an appropriate change and adoption strategy to encourage the uptake of 	Q1 and ongoing Q3 and ongoing Q3 and ongoing Q2 and ongoing Q2 Q1 Q4 Q1 Q3 and ongoing Ongoing Q2 Q4 Q3 and ongoing Q1 and ongoing

Strategic Priority	Deliverable in 2020-21	Due by
	<p>the PRMs IT system and collection and use of PRMs by primary care providers</p> <ul style="list-style-type: none"> Develop the Evaluation framework for PRMs in consultation with key stakeholders, assuring the framework aligns with the benefits realisation framework Plan the formative evaluation of PRMs in partnership with key stakeholders 	<p>Q4</p> <p>Q4</p>

5.2.3 Strategic Deliverables

Strategic Priority	Deliverable in 2020-21	Due by
Response to COVID-19 pandemic		
Support the work and operation of the Communities of Practice and Clinical Council	<ul style="list-style-type: none"> Manage the operations and activities of the ACI-led Communities of Practice Provide assistance and support to other entities Communities of Practice Ensure the development and implementation of tools to support the activities of Communities of Practice 	<p>Q1 and ongoing</p> <p>Q1 and ongoing</p> <p>Q1</p>
Lead the Pandemic Kindness Movement	<ul style="list-style-type: none"> In collaboration with our national partners, further develop the Pandemic Kindness Movement through growth of the website and establishment of a community of interest to support health worker wellbeing 	Q2
Support the activities of the COVID-19 Critical Intelligence Unit	<ul style="list-style-type: none"> Provide leadership of the CIU Steering Group and support the engagement of the Stakeholder Advisory Group Ensure the production of Rapid Evidence Reviews and Daily Digests related to the emerging evidence during the COVID-19 pandemic Establish and lead a Data Analytic Team to conduct integrated analyses to support decision-making Lead the Clinical Intelligence Group and the Research Intelligence Group 	<p>Q1 and ongoing</p> <p>Q1 and ongoing</p> <p>Q1</p> <p>Q1 and ongoing</p>
NSW Health Elective Surgery Action Plan		
Low-value surgery	<ul style="list-style-type: none"> Develop a position paper and guidelines regarding avoidance of low-value surgery 	Q 3
Model for Nurse -led Endoscopy	<ul style="list-style-type: none"> Complete evidence review on the nurse-led endoscopy model of care Provide outcome of review to stakeholders, including possible options 	<p>Q3</p> <p>Q4</p>
Model of Care for Enhanced Recovery After Surgery	<ul style="list-style-type: none"> Set up trial of the ERAS colorectal model in 2 sites Identify which major procedures have the greatest potential for ERAS protocols 	<p>Q3</p> <p>Q3</p>
Model of Care for Specialty Centres	<ul style="list-style-type: none"> Assess potential for consolidation of specialty services as 'centres of excellence' 	Q3

Strategic Priority	Deliverable in 2020-21	Due by
Model of Care for Multidisciplinary Care in Surgery	<ul style="list-style-type: none"> Complete evidence review on expanding MDT review and management for key procedures 	Q3
	<ul style="list-style-type: none"> Agree recommendations for MDT care with stakeholders 	Q3
Model of Care for Prehabilitation	<ul style="list-style-type: none"> Review Clinical Intelligence Unit evidence check on prehabilitation and make recommendations for implementation 	Q3

Strategy 1. Keep people healthy

1.2 Embed a health system response to alcohol, tobacco and other drug use and work across government agencies

Partner with the Ministry of Health Centre for Alcohol and Other Drugs to address Stigma and Discrimination against those seeking treatment for drug and alcohol related harms	<ul style="list-style-type: none"> Support exploration into the values, beliefs and behaviours of NSW Health Staff working in Mental Health, Maternity, ED and AOD Services, when treating people experiencing harm from Alcohol & Other Drug Use 	Q3
	<ul style="list-style-type: none"> Work in partnership with the MOH to develop and implement key strategies to address Stigma and Discrimination following the Research Study 	Q4

1.5 Embed Aboriginal social and cultural concepts of health and wellbeing in programs and services.

Embed the use of Aboriginal pedagogies (8 Aboriginal Ways of Learning) to improve access to mainstream health services in NSW. Consult with Aboriginal communities to identify gaps and areas for improvement in diabetes care for Aboriginal people.	<ul style="list-style-type: none"> Finalise participatory action research study exploring the use of Aboriginal pedagogy in health settings and develop project plan for phase 2 implementation of 8 ways of learning 	Q2
	<ul style="list-style-type: none"> Formalise partnership with: Bangamalanha NSW DET and University of Sydney School of Rural Health. Conduct two 8 ways of learning workshops; and establish peer mentoring sessions 	Q3
	<ul style="list-style-type: none"> Conduct two learning 8 ways of learning workshops and peer mentoring sessions. Undertake formative evaluation of the approach and promote project outcomes to key stakeholders and explore further applications in NSW Health 	Q4
	<ul style="list-style-type: none"> Agree scope of work for Aboriginal community diabetes initiative with Ministry of Health to support the Statewide Diabetes Initiative 	Q1
	<ul style="list-style-type: none"> Conduct Aboriginal community consultation (focus groups) in identified LHDs for community diabetes. Finalise consultation report identifying priority focus areas 	Q4

Strategy 2. Provide world- class clinical care where patient safety is first

2.1 Continue develop high quality and safe 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"> Following the impact of COVID-19, partner with LHDs to prioritise quality improvement initiatives which support the recovery of surgical services. This includes partnering with the LHDs to support sustainable implementation of quality improvement projects at NSQIP hospitals and establishing a process to evaluate the program in NSW 	Q3 and ongoing
	<ul style="list-style-type: none"> Partner with the Ministry to define a plan to support an independent evaluation and cost benefit analysis of NSQIP 	Q4

Strategic Priority	Deliverable in 2020-21	Due by
Continue to assess unwarranted clinical variation in selected conditions incl. cancer (with CINSW)	<ul style="list-style-type: none"> Proceed to the phased implementation of the NSW Trauma Services Model of Care with the aim enabling patient centred care, embedding quality improvement and increasing patient engagement 	Q2
	<ul style="list-style-type: none"> The Rehabilitation Network will roll out the Principles to Support Rehabilitation Care implementation toolkit in selected sites to improve consistency in care delivery, documentation, and recording of activity levels 	Q4
	<ul style="list-style-type: none"> The Pain Network will provide implementation advice for Real Time Prescription Monitoring (RTPM) Project and the potential setting up of a Project Team 	Q1
	<ul style="list-style-type: none"> The Pain Network will produce an Experiential Evidence Review, gathering data about experiences and views of health professionals regarding pain services in NSW, and triangulating this experiential evidence with research and empirical evidence as part of a comprehensive review 	Q3
	<ul style="list-style-type: none"> The Statewide Burn Injury Service Network will review the Burn Disaster Incident Action Plan and Standard Operating Procedures developed post recent burn disasters in line with and visible to the existing disaster management policies working with HSFAC and State Preparedness and Response Branch and LHD Counter Disaster Units 	Q1
	<ul style="list-style-type: none"> Review alignment of ACI work with <i>NSW Government Program Evaluation Guidelines</i> – to include working with the Ministry of Health (both Strategy Branch and Population Health), engagement with clinical directorates and LBVC teams, working models and approaches to evaluation and reporting products 	Q3
Implement the rural patient journey project	<ul style="list-style-type: none"> Finalise and joint launch of Friendly Faces helping hands website 	Q1
	<ul style="list-style-type: none"> The Rural Health Network will support implementation the Rural Patient Journey recommendations in partnership with LHDs and the consumers who have co-led the project 	Q2 and ongoing
2.2 Continue to embed value-based healthcare to deliver the right care in the right setting		
Measure, monitor and evaluate the impact of LBVC initiatives across the domains of value	<ul style="list-style-type: none"> See LBVC section above 	
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)	<ul style="list-style-type: none"> See LBVC section above 	
Support LHDs to implement Tranche 2 LBVC initiatives: hip fracture, wound, bronchiolitis, hypo-fractionation and direct access colonoscopy (with CINSW)	<ul style="list-style-type: none"> See LBVC section above 	

Strategic Priority	Deliverable in 2020-21	Due by
Implement the collection and use of PRMs across Leading Better Value Care and Integrated Care programs (with eHealth)	<ul style="list-style-type: none"> See LBVC section above 	
2.3 Improve the patient experience and further engage with patients and carers		
Explore a shared decision making approach for people living with frailty	<ul style="list-style-type: none"> The Frailty Taskforce will establish its first Working Group with a focus on Shared Decision Making with the aims of developing guidance on shared decision making in various care settings for people living with Frailty 	Q1 and ongoing
Promote further use of co-design especially in Mental Health models	<ul style="list-style-type: none"> Implementation of the Engaging people in person-centered innovation strategy – strategy of consumer engagement and co-design Codesign – testing of toolkit for the codesign capability guide and supporting implementation of codesign approach 	Q3 Q3
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)	<ul style="list-style-type: none"> The Nutrition in Hospitals will review the Nutrition standards for NSW Health to cover adult and paediatric inpatients Partner with HSNSW on the Diet Assurance and Project CHEF programs of work 	Q4 Q2 and ongoing
2.4 Ensure timely and equitable access to appropriate care		
Roll-out Improve access to Critical Care including ICU and Paediatric ICU access and design neonatal access model (with System Management)	<ul style="list-style-type: none"> In partnership with the System Management Branch, Ministry of Health, the ACI will support the establishment of a Critical Care Governance Committee across NSW to ensure the provision of safe timely care Development of a Critical Care strategic workplan, with key deliverables including the establishment of a minimum data set with key metrics that can be reviewed by the committee to inform progress and improvement areas In partnership with the Whole of Health Program, NSW Health Service-Health System Support Group, Ministry of Health, the ACI will progress with the Phase 2 Exit Block sites to complete diagnostic activities and select appropriate state wide solutions for local implementation In partnership with NSW Pathology, the ACI will develop an Atlas of Pathology for ICU. This will build on previous pilot work on ABGs, to inform clinicians of the variation in pathology ordering practices across ICUs in NSW In partnership with the Strategic Reform and Planning Branch, Ministry of Health, the ACI will develop a strategic vision and plan for paediatric intensive care services and the care of critically ill children in NSW. This will build on the work of the integration of Paediatric Intensive Care with Intensive Care NSW 	Q3 Q4 Q4 Q3 Q3
Design maternity access model (with HSP)	<ul style="list-style-type: none"> ACI will establish the Maternity and Neonatal Networks following the realignment of the Perinatal Services Network Provide support to enable PIC/NIC Action plan for paediatric and neonatal intensive care services (ACCOP/ICNSW) Plan maternity access model after state wide service review (ACCOP/SCOPE/EGD) 	Q3 Ongoing Q4

Strategic Priority	Deliverable in 2020-21	Due by
Strengthen and develop genetic and genomic system capability to support clinical service provision	<ul style="list-style-type: none"> The Clinical Genetics Network will continue to lead and support the work plan of the Community Engagement Committee 	Ongoing
	<ul style="list-style-type: none"> The Clinical Genetics Network will finalise the Model of Care for Genetics Services 	Q2
	<ul style="list-style-type: none"> In partnership with the Ministry, the ACI Blood and Marrow Transplant Quality Service will support the implementation, evaluation and audit of the Immune Effector Cell Translational Centres 	Q4
Support the establishment of the NSW Telestroke Service in partnership with the MOH – HSPI & SR Branches and eHealth	<ul style="list-style-type: none"> In partnership with the Strategic Reform and Planning Branch, Ministry of Health, eHealth, South East Sydney LHD and multiple sites across the state, Telestroke will continue to be rolled out across NSW in an additional 10 sites 	Q4
	<ul style="list-style-type: none"> The ACI will develop education packages for HETI and virtual reality training for clinicians to support implementation at all 20 sites across NSW 	Q1
2.5 Use data and analytics to drive reform and innovation		
Establish ongoing audit and feedback processes to reduce unwarranted clinical variation	<ul style="list-style-type: none"> Establish a rapid evidence check service for the ACI 	Q1
	<ul style="list-style-type: none"> Develop a guide for the development of guidelines 	Q1
	<ul style="list-style-type: none"> Publish a guide to gathering and synthesising experiential evidence 	Q2
Strategy 3. Integrate systems to deliver truly connected care		
3.1 Drive system integration through funding and partnership agreements		
Support for the Paediatric Priority Fund	<ul style="list-style-type: none"> Provide program support for the Paediatric Innovation Fund capability grants and showcase their results using a digital platform 	Q3
3.3 Achieve 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"> Support LHDs to complete self-assessment for safe assessment rooms 	Q4 (could also be further delayed due to COVID-19)
	<ul style="list-style-type: none"> Partner with the MoH to support implementation of Zero Suicides in Care project 	Q3
	<ul style="list-style-type: none"> Deliver a Showcase for Mental Health innovations in partnership with MH Collective group 	Q4
3.4 Strengthen the network of services for frailty, ageing and end of life care		
Develop clinical models to improve care for people living with frailty, people at the end of their life and palliative care which include a focus on setting preferences and goals for care	<ul style="list-style-type: none"> In partnership with the Ministry of Health, through the End of Life/Palliative Care Clinical Principles and Models of Care Working Group, develop the clinical principles and organisational models to support LHDs 	Q3
	<ul style="list-style-type: none"> The Palliative Care Network will explore a community awareness program around talking with your family about setting your preferences and goals and provide guidance on completing an advance care directive 	Q4

Strategic Priority	Deliverable in 2020-21	Due by
3.5 Support vulnerable people and people with disability within the health sector and between agencies		
Response to the Henry Review	<ul style="list-style-type: none"> The Paediatric Network will support the Ministry of Health in the implementation of recommendations from the Henry Review 	Ongoing
Implement state-wide service delivery model for people with intellectual disability (HSP)	<ul style="list-style-type: none"> The Essentials: support LHDs in addressing gaps outlined in self-assessment tools 	Q4
	<ul style="list-style-type: none"> Work with the ID Health teams and IDMH Hubs enabling document and resources sharing 	Q3
	<ul style="list-style-type: none"> Develop Transition Care shared digital plan with eHealth NSW 	Q4
Implementation of Integrated Prevention and Response to Violence, Abuse and Neglect redesign framework (with GR)	<ul style="list-style-type: none"> The Violence Abuse and Neglect Network will work with the Primary Healthcare Institute, Paediatric Network and the Mental Health Network to test the implementation of the Integrated Trauma-informed Care Framework and develop a toolkit for trauma-aware clinical services in health 	Q4
	<ul style="list-style-type: none"> Development of toolkit for trauma aware clinical services in health 	Q4
Strategy 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"> Ongoing participation in the Stakeholder group 	Q1 and ongoing
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"> Ongoing participation in the TRGs governance process 	Q1 and ongoing
Scope strategies for building health system research and evaluation capability (with OHMR, CEE)	<ul style="list-style-type: none"> Establishment of a Health Services Research governance committee. 	Q3
Build capability for innovation and system change amongst staff.	<ul style="list-style-type: none"> Conduct three cohorts of the Graduate Certificate in Clinical Redesign - completion of Partnerships for Improving Healthcare Delivery for Aboriginal People 2020 cohort 	Q1 and ongoing
	<ul style="list-style-type: none"> Redesign Leaders Program – Supporting ongoing development of LHD / SHN professional Redesign Leader roles and networking to build ongoing capability for local health service redesign 	Q1 and ongoing
	<ul style="list-style-type: none"> Update of the E- Learning module curriculum – aligning with current learning requirements for the Graduate Certificate 	Q1 and Ongoing

Strategic Priority	Deliverable in 2020-21	Due by
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"> Develop a proposal to seek endorsement and funding to test and validate agreed aspects of HIVE that start to embed the approach 	Q1
Strategy 6. Embed a digitally enabled healthcare system		
6.1 Progress the implementation of paper-lite key clinical information systems		
Progress implementation of Patient Report Measures (with eHealth)	<ul style="list-style-type: none"> Taking the role as product owner to co-design, build, test, refine and drive clinical adoption of the PRMs IT solution Health Outcomes and Patient Experience in partnership with MoH and eHealth NSW, this includes a scaled implementation approach commencing in Q3 	Q3 and ongoing
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"> The ACI Telehealth Team in partnership with the End of life/Palliative Care CPMoC Working Group will lead the identification and support uptake of telehealth in palliative care services across NSW 	Q4
	<ul style="list-style-type: none"> In partnership with eHealth, ACI will identify and support spread of exemplar models as well as development of new models of telehealth through the four Key Focus Areas identified in the Virtual Care Accelerator, especially in LBVC initiatives. This will include developing a resource package to assist in the establishment of telehealth governance in local health districts and leadership and support in the statewide rollout of the MyVirtualCare waiting room. 	Q4
	<ul style="list-style-type: none"> The ACI will partner with the Ministry of Health in a working group to develop a Model of Care for Spinal Cord Injury Management and explore innovative models of care delivery, incorporating telehealth and specialist guided care, and enhancing system capacity 	Q3
	<ul style="list-style-type: none"> The Be Pain Smart clinic for brain injury, spinal cord injury and pain will be established as a weekly clinic operating from Royal rehab and Children's Hospital Westmead and will provide access for patients from all over NSW to specialist care using virtual technology 	Q4
	<ul style="list-style-type: none"> The ACI will continue to support patients, families and clinicians in ICU's across NSW to connect through the use of telehealth technology. This includes progressing further work commenced with eHealth in the COVID-19 pandemic, developing processes and resources to enhance communication with families/carers, including early and consistent information, with the use of multiple platforms and innervating technology 	Q3
6.4 Develop and enhance health analytics to improve insights and decision-making		
	<ul style="list-style-type: none"> Continuing to work with four prioritised registries models to support a maturity approach 	Q1 and ongoing

Strategic Priority	Deliverable in 2020-21	Due by
Continue piloting automated migration of registries (with SIA, eHealth)	<ul style="list-style-type: none"> Work with eHealth NSW to scope potential solutions for the migration of registries 	Q1 and ongoing
	<ul style="list-style-type: none"> Build capability across the system to support the migration to a mature approach for registries that will provide data for clinical improvement 	Q4 and ongoing
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"> The Emergency Care Institute will conduct a review of its website and guidance types along with the ACI Guideline on Guidance review, establish partnerships to update current guidelines and investigate the creation of living guidelines and eTools for ECI/Paediatrics 	Q2
	<ul style="list-style-type: none"> Working with eHealth NSW and Ministry of Health to outline appropriate governance and risk management approaches for the management of clinical apps 	Q4
	<ul style="list-style-type: none"> Redevelopment of the ACI website to provide digital information for clinicians in a responsive format 	Q2