

AN AGREEMENT BETWEEN:

**Secretary, NSW Health**

AND THE

**Agency for Clinical  
Innovation**

FOR THE PERIOD

**1 July 2018 – 30 June 2019**



**Health**



# NSW Health Performance Agreement – 2018/19

## 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 Agency for Clinical Innovation (the Organisation), to ensure the provision of equitable, safe, high quality, patient-centred healthcare services.

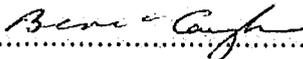
The Agreement articulates direction, responsibility and accountability across the NSW Health system for the delivery of NSW Government and NSW Health priorities. Additionally, it specifies the service delivery and performance requirements expected of the Organisation that will be monitored in line with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

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

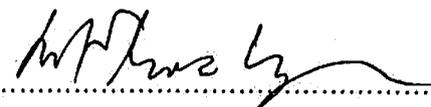
## Parties to the Agreement

### Agency for Clinical Innovation

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

Date: 18-07-2018 Signed: 

**Dr Jean-Frédéric Levesque**  
Chief Executive  
Agency for Clinical Innovation

Date: 18-07-2018 Signed: 

### NSW Health

**Ms Elizabeth Koff**  
Secretary  
NSW Health

Date: 18/8/18 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 the priorities of the NSW Government and NSW Health.
- To establish with Support Organisations a performance management and accountability system for the delivery of high quality, effective health care services that promote, protect and maintain the health of the community and provide care and treatment to sick and injured people, taking into account the particular needs of their diverse communities.
- To develop effective and working partnerships with Aboriginal Community Controlled Health Services and ensure the health needs of Aboriginal people are considered in all health plans and programs developed by Support Organisations.
- To promote accountability to Government and the community for service delivery and funding.

## 2. CORE Values

Achieving the goals, directions and strategies for NSW Health requires clear, co-ordinated and collaborative prioritisation of work programs, and supportive leadership that exemplifies the CORE Values of NSW Health:

- **C**ollaboration – we are committed to working collaboratively with each other to achieve the best possible outcomes for our patients who are at the centre of everything we do. In working collaboratively we acknowledge that every person working in the health system plays a valuable role that contributes to achieving the best possible outcomes.
- **O**penness – a commitment to openness in our communications builds confidence and greater cooperation. We are committed to encouraging our patients and all people who work in the health system to provide feedback that will help us provide better services.
- **R**espect – we have respect for the abilities, knowledge, skills and achievements of all people who work in the health system. We are also committed to providing health services that acknowledge and respect the feelings, wishes and rights of our patients and their carers.
- **E**mpowerment – in providing quality health care services we aim to ensure our patients are able to make well informed and confident decisions about their care and treatment. We further aim to create a sense of empowerment in the workplace for people to use their knowledge, skills and experience to provide the best possible care to patients, their families and carers.

## 3. Culture, Community and Workforce Engagement

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

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

## Engagement Surveys

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

## 4. Legislation, Governance and Performance Framework

### 4.1 Legislation

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

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

### 4.2 Ministerial Determination of Functions

The Performance Agreement recognises that the Agency for Clinical Innovation has a clearly defined role and set of functions as articulated in the Ministerial Determination of Functions for the Support Organisation, signed by the Minister on 5th September 2012, pursuant to Section 53 of The Health Services Act 1997.

#### **Role of the Agency for Clinical Innovation**

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

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

## **Functions of the Agency for Clinical Innovation**

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

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

### **4.3 Variation of the Agreement**

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

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

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

### **4.4 Governance**

Each Health Service and Support 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.

Support Organisations are to ensure

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

#### **4.4.1 Corporate Governance**

Each Health Service and Support 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, they are to:

- Provide required reports in accordance with the timeframes advised by the Ministry;
- Review and update Manual of Delegations (PD2012\_059) to ensure currency;
- Ensure NSW Auditor-General's, the Public Accounts Committee and the NSW Ombudsman's recommendations where accepted by NSW Health are actioned in a timely and effective manner, and that repeat audit issues are avoided.

#### **4.4.2 Clinical Governance**

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

[http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2005\\_608.pdf](http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2005_608.pdf)

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. See <http://www.safetyandquality.gov.au/wp-content/uploads/2012/04/Australian-SandQ-Framework1.pdf>

#### **4.4.3 Performance Framework**

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

The performance of a Support Organisation is assessed in terms of whether the organisation is meeting the strategic objectives for NSW Health and Government, the Premier's priorities, the availability and implementation of governance structures and processes, performance against targets and whether there has been a significant critical incident or sentinel event.

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

Performance concerns will be raised with the Organisation for focused discussion at performance review meetings in line with the NSW Health Performance Framework available at:

<http://www.health.nsw.gov.au/Performance/Pages/frameworks.aspx>

## 5. Strategies and Priorities

NSW Health Strategies and Priorities are to be reflected in the strategic, operational and business plans of the Ministry and NSW Health Services and Support Organisations. Delivery of the Strategies and Priorities is the mutual responsibility of all entities.

### **NSW: Making it Happen**

NSW: Making it Happen outlines NSW Health's State Priorities, including 12 Premier's Priorities that together define the NSW Government's vision for a stronger, healthier and safer NSW. As delivery of both Premier's and State priorities is the responsibility of all NSW Government Agencies, all entities work together to ensure successful delivery, in both lead and partnering agency capacities.

### **Election Commitments**

NSW Health is responsible for the delivery of 102 election commitments over the period to March 2019. The Ministry of Health will lead the delivery of these commitments with support from Health Services and Support Organisations – see also [http://nswtreasury.prod.acquia-sites.com/sites/default/files/pdf/2015-2016\\_Budget\\_Papers\\_-\\_Election\\_Commitments\\_2015-19.pdf](http://nswtreasury.prod.acquia-sites.com/sites/default/files/pdf/2015-2016_Budget_Papers_-_Election_Commitments_2015-19.pdf)

### **Minister's Priority**

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

# NSW - Making it Happen

## Our Contribution to the 30 NSW Priorities

NSW Health is contributing directly to 10 of the 30 NSW Priorities: 4 State Priorities and 6 Premier's Priorities

### STATE PRIORITIES

#### BETTER SERVICES

70% of government transactions to be conducted via digital channels by 2019

Increase the on-time admissions for planned surgery, in accordance with medical advice

- Increase the proportion of Aboriginal and Torres Strait Islander students in the top two NAPLAN bands for reading and numeracy by 30%
- Increase attendance at cultural venues and events in NSW by 15% by 2019
- Maintain or improve reliability of public transport services over the next 4 years

#### BUILDING INFRASTRUCTURE

- 90% of peak travel on key road routes in on time
- Increase housing supply across NSW to deliver more than 50,000 approvals every year

#### PROTECTING THE VULNERABLE

Successful implementation of the NDIS by 2018

- Increase the number of households successfully transitioning out of social housing

#### SAFER COMMUNITIES

- LGAs to have stable or falling reported violent crime rates by 2019
- Reduce adult re-offending by 5% by 2019
- Reduce road fatalities by at least 30% from 2011 levels by 2021

#### STRONG BUDGET AND ECONOMY

Expenditure growth to be less than revenue growth

- Make NSW the easiest state to start a business
- Be the leading Australian state in business confidence
- Increase the proportion of completed apprenticeships
- Halve the time taken to assess planning applications
- Maintain the AAA credit rating

#### KEY

NSW Health leads these NSW Premier's and State Priorities

### PREMIER'S PRIORITIES

#### BUILDING INFRASTRUCTURE

Key infrastructure projects to be delivered on time and on budget

#### CREATING JOBS

- 150,000 new jobs by 2019

#### DRIVING PUBLIC SECTOR DIVERSITY

Double the number of Aboriginal and Torres Strait Islander peoples in senior leadership roles and increase the proportion of women in senior leadership roles to 50% in the government sector in the next 10 years

#### FASTER HOUSING APPROVALS

- 90% of housing development applications determined within 40 days

#### IMPROVING EDUCATION RESULTS

- Increase the proportion of NSW students in the top two NAPLAN bands by 8%

#### IMPROVING GOVERNMENT SERVICES

Improve customer satisfaction with key government services every year, this term of government

#### IMPROVING SERVICE LEVELS IN HOSPITALS

81% of patients through Emergency Departments within four hours by 2019

#### KEEPING OUR ENVIRONMENT CLEAN

- Reduce the volume of litter by 40% by 2020

#### PROTECTING OUR KIDS

Decrease the percentage of children and young people re-reported at risk of significant harm by 15%

#### REDUCING DOMESTIC VIOLENCE

- Reduce the proportion of domestic violence perpetrators re-offending within 12 months by 5%

#### REDUCING YOUTH HOMELESSNESS

- Increase the proportion of young people who successfully move from specialist homelessness services to long-term accommodation by 10%

#### TACKLING CHILDHOOD OBESITY

Reduce overweight and obesity rates of children by 5% over 10 years

## **NSW State Health Plan: Towards 2021**

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

## **NSW Health Strategic Priorities 2018-19**

The NSW Health Strategic Priorities 2018-19 outlines builds on and complements the NSW State Health Plan: Towards 2021 and aligns to the NSW State and Premier's Priorities. The approach outlined in the plan reframes the Ministry's role as system manager for NSW Health, strengthens system governance and establishes a strategic planning framework that:

- Embeds a new cross-functional approach to strategic planning and delivery in the Ministry including tighter direction and leadership;
- Allows a flexibility about how we go about achieving this in order to encourage innovation and continuous improvement; and
- Applies tight ownership around the deliverables which will enable transparency in monitoring results.

This will provide the system and stakeholders with an overview of system priorities, and transparency and clarity on where strategic effort will be focused each year, while also delivering business as usual.

# NSW HEALTH STRATEGIC PRIORITIES FY2018-19

STRATEGIES	1	2	3	4	5	6	7	8
	KEEP PEOPLE HEALTHY	PROVIDE WORLD-CLASS CLINICAL CARE WHERE PATIENT SAFETY IS FIRST	INTEGRATE SYSTEMS TO DELIVER TRULY CONNECTED CARE	DEVELOP AND SUPPORT OUR PEOPLE AND CULTURE	SUPPORT AND HARNESS HEALTH AND MEDICAL RESEARCH AND INNOVATION	ENABLE eHEALTH, HEALTH INFORMATION AND DATA ANALYTICS	DELIVER INFRASTRUCTURE AND SYSTEM CAPABILITY	BUILD FINANCIAL SUSTAINABILITY AND ROBUST GOVERNANCE
Executive Sponsors	Population and Public Health	System Purchasing and Performance	Strategy and Resources	People, Culture and Governance	Population and Public Health	eHealth NSW	Strategy and Resources	Financial Services and Asset Management
OBJECTIVES Strategic Oversight Leads	<b>1.1</b> Implement policy and programs to reduce childhood obesity <i>Centre for Population Health</i>	<b>2.1</b> Continue to embed quality improvement and redesign to ensure safer patient care <i>Clinical Excellence Commission and Agency for Clinical Innovation</i>	<b>3.1</b> Drive system integration through funding and partnership agreements <i>System Performance Support</i>	<b>4.1</b> Achieve a 'Fit for Purpose' workforce for now and the future <i>Workforce Planning and Development</i>	<b>5.1</b> Generate policy-relevant research <i>Centre for Epidemiology and Evidence</i>	<b>6.1</b> Implement integrated paper-lite core clinical information systems <i>eHealth NSW</i>	<b>7.1</b> Deliver agreed infrastructure on time and on budget <i>Health Infrastructure and eHealth NSW</i>	<b>8.1</b> Secure a long term sustainable financial position <i>Finance</i>
	<b>1.2</b> Ensure preventive and population health programs to reduce tobacco use <i>Centre for Population Health and Cancer Institute NSW</i>	<b>2.2</b> Continue to move from volume to patient-centred value-based care <i>Strategic Reform</i>	<b>3.2</b> Deliver mental health reforms across the system <i>Mental Health</i>	<b>4.2</b> Enable new ways of working facilitated by the move to St Leonards <i>Workforce Relations</i>	<b>5.2</b> Drive research translation in the health system <i>Office of Health and Medical Research and Agency for Clinical Innovation</i>	<b>6.2</b> Foster eHealth solutions that support integrated health services <i>eHealth NSW</i>	<b>7.2</b> Undertake integrated planning with other agencies <i>Health System Planning and Investment</i>	<b>8.2</b> Ensure Health's delivery on the Financial Management Transformation Program <i>Finance</i>
	<b>1.3</b> Embed a health system response to alcohol and drug use and work across government agencies <i>Centre for Population Health</i>	<b>2.3</b> Improve the patient experience <i>System Purchasing</i>	<b>3.3</b> Integrate the approach to End of Life and Palliative Care <i>Health and Social Policy</i>	<b>4.3</b> Strengthen the culture within Health organisations to reflect our CORE values more consistently <i>Workforce Planning and Development</i>	<b>5.3</b> Make NSW a global leader in clinical trials <i>Office of Health and Medical Research</i>	<b>6.3</b> Systemise improved access to data and information through improved platforms <i>eHealth NSW</i>	<b>7.3</b> Build asset management capability <i>Asset Management</i>	<b>8.3</b> Drive improved financial capability to support fiscal sustainability <i>Finance</i>
	<b>1.4</b> Reduce the impact of infectious disease on the community <i>Health Protection NSW</i>	<b>2.4</b> Ensure timely access to care, with a focus on emergency, surgery and Ambulance performance <i>System Performance Support</i>	<b>3.4</b> Support people with disability within the health sector and between agencies <i>Government Relations</i>	<b>4.4</b> Develop effective health professional managers and leaders <i>Health Education and Training Institute</i>	<b>5.4</b> Enable the research environment <i>Office of Health and Medical Research</i>	<b>6.4</b> Systemise and expand the integration of data to drive greater insights <i>eHealth NSW</i>	<b>7.4</b> Optimise procurement and supply chain <i>Procurement</i>	<b>8.4</b> Deliver effective regulatory, governance and accountability <i>Legal and Regulatory Services</i>
	<b>1.5</b> Embed Aboriginal cultural concepts of health and wellbeing in programs and services <i>Centre for Aboriginal Health</i>	<b>2.5</b> Use system performance information to drive reform to the system <i>System Information and Analytics</i>	<b>3.5</b> Leverage health information and analytics to connect care across the system <i>System Performance Support</i>	<b>4.5</b> Improve health, safety and wellbeing at work <i>Workplace Relations</i>		<b>6.5</b> Enhance decision-making by better supporting insights and actioning <i>eHealth NSW</i>	<b>7.5</b> Deliver commercial programs <i>Finance</i>	<b>8.5</b> Drive system-wide consistency in use of health shared services <i>People, Culture and Governance</i>
						<b>6.6</b> Enhance patient, provider and research community access to digital health information <i>eHealth NSW</i>		

**KEY**

- Population and Public Health
- People, Culture and Governance
- System Purchasing and Performance
- Strategy and Resources
- Financial Services and Asset Management
- Office of the Secretary
- Services
- Pillars

## 6. Performance Against Strategies and Objectives

The performance of a Support Organisation is assessed in terms of whether it is meeting performance targets for individual key performance indicators for each NSW Health Strategic Priority.

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

Detailed specifications for the key performance indicators are provided in the Service Agreement Data Supplement along with the list of improvement measures that will continue to be tracked by the Ministry's Business Owners - see

[http://hird.health.nsw.gov.au/hird/view\\_data\\_resource\\_description.cfm?ItemID=22508](http://hird.health.nsw.gov.au/hird/view_data_resource_description.cfm?ItemID=22508)

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

- Premier's and State Priorities
- Election Commitments
- Better Value Care
- Patient Safety First
- Mental Health Reform
- Financial Management Transformations

Key deliverables under the NSW Health Strategic Priorities 2018-19 will also be monitored, noting that process key performance indicators and milestones are held in the detailed Operational Plans developed by each Support Organisation.

## 6.1 Key Performance Indicators

Strategic Priority	Measure	Target	Not Performing X	Under Performing ↘	Performing ✓
<b>Strategy 4: Develop and Support our People and Culture</b>					
4.1	<b>Staff Engagement</b> - People Matter Survey Engagement Index - Variation from previous People Matter Survey (%)	=<0 Increase	=>5% decrease from previous survey	<5% decrease from previous survey	Increase, or no change from previous survey
	<b>Staff Performance Reviews</b> - Within the last 12 months (%)	100	<85	>=85 and <90	>=90
4.2	<b>Aboriginal Workforce Participation</b> - Aboriginal Workforce as a proportion of total workforce - at all salary levels (bands) and occupations (%)	1.8%	Decrease from previous Year	Nil increase from previous year	Increase from previous Year
4.4	<b>Compensable Workplace Injury</b> - Claims (Number)	10% Decrease	Increase	>=0 and <10% Decrease	>= 10% Decrease
<b>Strategy 7: Deliver Future Focused Infrastructure and Strategic Commissioning</b>					
7.3	<b>Capital</b> - Variation Against Approved Budget (%)	On budget	> +/- 10 of budget	NA	< +/- 10 of budget
<b>Strategy 8: Build Financial Sustainability and Robust Governance</b>					
8.1	<b>Expenditure Matched to Budget</b> - General Fund - Variance (%)	On budget or Favourable	>0.5 Unfavourable	>0 but =<0.5 Unfavourable	On budget or Favourable
	<b>Own Sourced Revenue Matched to Budget</b> - General Fund - Variance (%)	On budget or Favourable	>0.5 Unfavourable	>0 but =<0.5 Unfavourable	On budget or Favourable

## 6.2 Strategic Deliverables

In addition to key performance indicators, achievement of strategic deliverables by the Agency for Clinical Innovation under NSW Health Strategic Priorities 2018-19 will be monitored.

### Leading Better Value Care Deliverables

The Leading Better Value Care (LBVC) Program creates shared priorities across the NSW health system to improve health outcomes, improve the experience of care for patients, carers and clinicians and provide efficient and effective care. The main components of this approach include the following:

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

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

Strategic Priority	Deliverable in 2018/19	Due by
<b>Strategy 1 Keep People healthy</b>		
<b>Objective 1.5 Embed Aboriginal cultural concepts of health and wellbeing in programs and services</b>		
Strengthen care integration for Aboriginal people across the system including between community controlled, primary care and hospital services	<ul style="list-style-type: none"> <li>Produce a diagnostic report that identifies opportunities to strengthen care integration for Aboriginal people across the system including between community controlled, primary care and hospital services.</li> </ul>	Q4
<b>Strategy 2 Provide World-Class Clinical Care where Patient Safety is First</b>		
<b>Objective 2.1 Continue to embed quality improvement to ensure safer patient care</b>		
Expand the NSQIP program into selected regional hospitals and design surgical quality improvement projects with a focus on reduction of surgical site infection and post-surgical urinary tract infections	<ul style="list-style-type: none"> <li>Onboard new sites to the NSW NSQIP Collaborative (<i>number of sites dependent on funding from Ministry of Health</i>)</li> <li>Support the implementation of quality improvement projects in existing sites to address Surgical Sites Infections and Urinary Tract Infections</li> </ul>	Q2  Q4
Finalise the audit and feedback processes to reduce unwarranted clinical variation with a focus on COPD, CHF and diabetes	<ul style="list-style-type: none"> <li>All LBVC Tranche 1 audit and feedback processes finalised in partnership with participating Districts.</li> </ul>	Q2  Q2
Assess unwarranted clinical variation with a focus on hip fracture, bronchiolitis and selected cancers	<ul style="list-style-type: none"> <li>Audit and feedback processes are designed and implemented</li> <li>Production of a summary report of findings including proposals for solutions or processes to improve appropriateness of care within Districts / Networks</li> <li>Commence the actions specified in project plans and regularly report on the progress of LBVC T2 initiatives for Bronchiolitis and Hip Fracture.</li> <li>As required, work with the Ministry and other partners to participate in data gathering, analyses and other activities to support the development of LBVC T2 initiatives</li> </ul>	Q2  Q4  Q1  Q2

Strategic Priority	Deliverable in 2018/19	Due by
<b>Objective 2.2 Continue to move from volume to patient-centred value based care</b>		
Support Districts to complete Leading Better Value Care Tranche 1 & Tranche 2 implementation	<ul style="list-style-type: none"> <li>• Where requested, provide support, education and advice to Districts / Networks supporting the implementation of all ACI involved Tranche 1 initiatives.</li> <li>• Develop and finalise Monitoring and Evaluation plans for Renal Supportive care, Bronchiolitis and Hip Fracture, including the development and implementation of quarterly monitoring approaches</li> <li>• Production of a summary report of findings including proposals for solutions or processes to improve appropriateness of care within Districts / Networks.</li> <li>• Provide advice and assistance on the establishment of Monitoring and Evaluation plans to Clinical Excellence Commission, Cancer Institute and Shared Services that have LBVC clinical initiatives.</li> <li>• Undertake formative evaluation, economic appraisals and quarterly reporting of existing LBVC Tranche one and LBVC Tranche two clinical initiatives as agreed with Ministry of Health.</li> <li>• Continue to refine quarterly reports as required by the Ministry of Health</li> <li>• Support will be, but is not limited to: <ul style="list-style-type: none"> <li>• LBVC State-wide forum</li> <li>• Monthly program Managers meetings</li> <li>• Priority Identification workshops</li> <li>• LBVC Solution design</li> <li>• Implementation support</li> </ul> </li> </ul>	<p>Ongoing</p> <p>Q1</p> <p>Q2</p> <p>Q4</p> <p>As per LBVC program plan</p> <p>Ongoing</p> <p>Ongoing</p>

Strategic Priority	Deliverable in 2018/19	Due by
<p>Build on existing work to support implementation of Patient Reported Measures (PRMs) in Integrated Care and LBVC sites across the state</p>	<ul style="list-style-type: none"> <li>• Workshop held with District / Network key stakeholders and clinician groups to raise awareness of PRMs</li> <li>• Identify appropriate PROM and PREM question sets, including collection time points across patient cohorts</li> <li>• Develop appropriate resources for LBVC clinical staff and stakeholders to ensure appropriate change and adoption support strategy is complete.</li> <li>• Support Districts / Networks to implement the PRM IT solution to collect PRM information.</li> <li>• Support Districts / Networks to utilise data in real-time to inform clinical care and drive service improvement/service delivery.</li> <li>• Work with key stakeholders to ensure the methodology of PRMs measurement, collection and use is fit for purpose across care settings</li> <li>• Work in collaboration with the Ministry of Health in creation of the LBVC linked data (e.g. clinical audit , PROMS and PREMs data to be provided for linkage and/or collected in a way to ensure linkage) asset and ensuring Patient Reported Measures processes align.</li> </ul>	<p>Q2</p> <p>Q2</p> <p>Q3</p> <p>Q4</p> <p>Q4</p> <p>Q3</p> <p>Q4</p>
<b>Objective 2.3 Improve the patient experience</b>		
<p>Implement engagement tools for customers and carers including:</p> <ul style="list-style-type: none"> <li>- Health literacy</li> <li>- Co-design of services</li> <li>- Supporting shared decision-making across the system</li> <li>- REACH</li> </ul>	<ul style="list-style-type: none"> <li>• Finalise, Launch and Disseminate Consumer Enablement and Engagement Framework.</li> <li>• Convene local forums to support the utilisation of the Consumer Enablement and Engagement Framework – particularly in relation to shared decision making.</li> <li>• Partner with two Districts to lead an improvement initiative using Experience-Based Co-design methodology.</li> <li>• Partner with two Districts to test and evaluate theory-informed and evidence based implementation interventions to advance Shared Decision Making</li> <li>• Facilitate a series of workshops to build Shared Decision Making knowledge and skills for more than 200 health professionals and consumers to support implementation of NSQHS Standard 2</li> </ul>	<p>Q2</p> <p>Q2</p> <p>Q2</p> <p>Q4</p> <p>Q4</p>

Strategic Priority	Deliverable in 2018/19	Due by
Design and implement interventions to improve the experience of Aboriginal patients in hospital settings	<ul style="list-style-type: none"> <li>Develop professional resources and consumer learning guides to support the delivery of culturally safe interventions for Aboriginal people in relation to Osteoporotic Refracture; Osteoarthritis Care Coordination and Diabetes Management.</li> </ul>	Q2
<b>Objective 2.4 Ensure timely access to care, with a focus on emergency, surgery and Ambulance performance</b>		
Prioritise and focus on improving surgical access block in sites with significant challenges	<ul style="list-style-type: none"> <li>Identify/develop strategies and solutions for local implementation which address surgical access block.</li> <li>Partner with the Ministry to provide advice and support on design and implementation of local solutions in selected identified hospitals.</li> </ul>	Ongoing  Q2
Design and pilot solutions to reduce access and exit block to and from ICU in selected major hospitals	<ul style="list-style-type: none"> <li>Support the four original pilot sites in designing and testing local solutions</li> </ul> <p><u>In collaboration with the Ministry of Health:</u></p> <ul style="list-style-type: none"> <li>Partner with additional selected major hospitals to pilot statewide solutions</li> <li>Selected major hospitals commence diagnostic activities and analysis</li> <li>Identify local solutions from the original pilot to design state-wide solutions to reduce access and exit block</li> <li>Support the major hospitals in the selection of appropriate state wide solutions for local implementation</li> </ul>	Q1  Q2  Q3  Q3  Q4
Assess indication for surgery and provide supportive models for avoidance of surgery	<ul style="list-style-type: none"> <li>Develop a report which identifies and defines innovative strategies to support appropriate access to surgical services including non-surgical options.</li> <li>Provide advice to hospitals / Districts on design and implementation of local solutions.</li> <li>Partner with the Ministry to develop a plan to improve access to ophthalmology services including cataract surgery in NSW.</li> </ul>	Q2 for cataracts; Q4 for Ortho and ENT
<b>Strategy 3 Integrate Systems to Deliver Truly Connected Care</b>		
<b>Objective 3.3 Integrate the approach to End of Life and Palliative Care</b>		
Assess and design solutions to reduce unwarranted care for the frail elderly towards the end of life	<ul style="list-style-type: none"> <li>Finalise a diagnostic report in relation to unwarranted clinical variation in investigations and treatment for frail older persons towards the end of life.</li> </ul>	Q4

Strategic Priority	Deliverable in 2018/19	Due by
<b>Strategy 5 Support and harness health and medical research and innovation</b>		
<b>Objective 5.2 Drive research translation in the health system</b>		
Build capability in implementation and translational research	<ul style="list-style-type: none"> <li>Work with Office of Health and Medical Research to develop and test options for building research capability</li> </ul>	Q3
Build capability in evaluation techniques and use of data analytics	<ul style="list-style-type: none"> <li>Work with Districts / Networks key stakeholders and clinical staff to build capacity in the use of audit and feedback data and PRMs data to inform clinical care and service delivery.</li> <li>Continue to work with Districts to foster an understanding and use of evaluation</li> </ul>	Ongoing
<b>Strategy 6 Enable eHealth, Health Information and Data Analytics</b>		
<b>Objective 6.3 Systemise improved access to data and information through improved platforms</b>		
Develop and plan and pilot the migration of registries from manual to automated data collection	<ul style="list-style-type: none"> <li>Appropriately scope a small number of pilot priority registries (as identified by MoH, ACI &amp; other key executives) for the transition from manual to automated data collection.</li> <li>Develop migration plan, business specifications and required database/technology supports.</li> <li>Document process, expectations and learning's of pilot phase to enable broader roll out and transition of registries.</li> </ul>	Q2  Q3  Q4
Develop a plan and pilot the linkage of clinical registries with routinely collected data	<ul style="list-style-type: none"> <li>For scoped pilot priority registries (as identified by MoH, ACI &amp; other key executives) develop a plan for incorporating clinical registry data with other routinely collected data.</li> <li>Work with MoH, Districts / Networks, eHealth NSW and other key stakeholders to plan the development of appropriate data linkages/assets/dictionaries to enable the linkage of information where it will provide meaningful use.</li> </ul>	Q2  Q3

Strategic Priority	Deliverable in 2018/19	Due by
Develop cross-system visibility of intensive care beds	<ul style="list-style-type: none"> <li>Work with the MoH, District / Network ICUs to implement the Patient Flow Portal Phase 1 priority fields into all adult ICUs</li> </ul>	Q1 & Q2
	<ul style="list-style-type: none"> <li>Work with MoH, District / Network ICUs, eHealth NSW to determine requirements for inclusion of additional fields in the Patient Flow Portal upgrade over the next 2 years (this is dependent on MoH and eHealth NSW prioritising ICU fields as a critical component of the PFP upgrade)</li> </ul>	Q3
<b>Objective 6.5 Enhance the decision-making by better supporting insights and actioning</b>		
Scope international best practice and pilot interventions to support clinical decisions through audit and feedback and clinical analytics	<ul style="list-style-type: none"> <li>Scope best practice models to support clinical decision making through audit &amp; feedback data</li> </ul>	Q3
	<ul style="list-style-type: none"> <li>Work with stakeholders on piloting / implementing models to support the use of audit data and clinical analytics.</li> </ul>	Q4
<b>ACI Priorities</b>		
Implement three actions from NSW Ministry of Health "Review of seclusion and restraint and observation of consumers with a mental illness in NSW Health facilities".	<ul style="list-style-type: none"> <li>Identify practical solutions and key principles to strengthen consumer and family engagement in assessment and care planning.</li> </ul>	Q2
	<ul style="list-style-type: none"> <li>Review the use and design of safe assessment rooms in emergency departments using co-design and redesign methodology to produce guidelines for the use of safe assessment rooms.</li> </ul>	Q3
	<ul style="list-style-type: none"> <li>Develop resources to support successful mental health co-design processes including a customised co-designed capability strategy.</li> </ul> <p><b>NB:</b> ACI estimates the cost of delivering this project within these time frames is 500K approximately. Resourcing for this project has not been identified by the Centre for Mental Health.</p>	Q4
Deliver a framework that will support the provision of trauma-informed integrated health services to vulnerable children, young people and families, with a particular focus on those in the statutory child protection system including OOHC	<ul style="list-style-type: none"> <li>Literature review</li> </ul>	Q1
	<ul style="list-style-type: none"> <li>Diagnostic report</li> </ul>	Q2
	<ul style="list-style-type: none"> <li>Logic Model</li> </ul>	Q2
	<ul style="list-style-type: none"> <li>Completion of Framework</li> </ul>	Q3

# Schedule A: Budget

## Part 1

Agency for Clinical Innovation - Budget 2018/19					
		Comparative Data			
		Initial Budget 2018/19 (\$'000)	2017/18 Annualised Budget (\$'000)	Variance Initial and Annualised (\$'000)	Variance (%)
Category A	<b>General Administrative</b>				
	CC127204 ACI Board Fees & Expenses	\$126	\$170	-\$44	
	CC127211 ACI Executive	\$723	\$925	-\$202	
	CC127260 ACI Strategy, Communication, People and Engagement Directorate	\$437	\$1,061	-\$624	
	CC127288 ACI Finance and Corporate Affairs	\$481	\$	\$481	
	CC127289 ACI People and Culture	\$454	\$	\$454	
	New funding to be allocated in FY18/19	\$	\$131	-\$131	
	<i>TMF Worker's Compensation Premium adjustment</i>	\$	\$11	-\$11	
	<b>Sub-total</b>	<b>\$2,222</b>	<b>\$2,299</b>	<b>-\$77</b>	<b>-3.35%</b>
Category B	<b>Centrally Managed Projects (Summary Level)*</b>				
	ACI_Care Across the Lifecycle and Society Directorate	\$6,974	\$5,716	\$1,258	
	ACI_Strategic Priorities	\$2,365	\$483	\$1,882	
	ACI_System Transformation Evaluation and Patient Experience Directorate	\$7,790	\$7,984	-\$195	
	ACI_Preserving and Restoring Through Interventions in Surgery and Medicine Directorate	\$8,621	\$9,667	-\$1,046	
	ACI_Evidence Generation and Dissemination	\$717	\$495	\$222	
	Integrated Care	\$1,521	\$1,169	\$352	
	ACI_Old Old Cost Centres	\$	\$1,951	-\$1,951	
	<b>Sub-total</b>	<b>\$27,989</b>	<b>\$27,465</b>	<b>\$523</b>	<b>1.91%</b>
Category C	<b>Payments to Third Parties</b>				
	CC127261 ACI- Building Transition	\$3,090	\$2,737	\$353	
	ICT escalation - cost of maintenance of new systems	\$	\$213	-\$213	
	HealthShare Service Centre - new pricing model	\$	\$28	-\$28	
	<b>Sub-total</b>	<b>\$3,090</b>	<b>\$2,979</b>	<b>\$111</b>	<b>3.74%</b>
Category D	<b>Budgets Held for LHD Allocation</b>				
	<b>Sub-total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>-</b>
E	<b>SP&amp;T Expenses</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>-</b>
F	<b>Total Expenses (F=A+B+C+D+E)</b>	<b>\$33,300</b>	<b>\$32,743</b>	<b>\$558</b>	<b>1.70%</b>
G	<b>Other - Gain/Loss on disposal of assets etc</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>-</b>
H	<b>Revenue</b>	<b>-\$33,216</b>	<b>-\$32,573</b>	<b>-\$643</b>	<b>1.97%</b>
I	<b>Net Result (I=F+G+H)</b>	<b>\$84</b>	<b>\$169</b>		

Note: \* Refer Schedule A Part 3 for detailed breakdown of Category B Centrally Managed Projects.

Breakdown of Expenditure Budget Movement (\$'000):	Movement
Award/CPI composite escalation	\$536
ICT escalation	\$24
ICT Savings Strategy	-\$2
<b>Total Expenditure Budget Increase</b>	<b>\$558</b>

Part 2

		2018/19
Agency for Clinical Innovation		(\$'000)
	<u>Government Grants</u>	
A	Recurrent Subsidy	-\$32,198
B	Capital Subsidy	-\$85
C	Crown Acceptance (Super, LSL)	-\$892
<b>D</b>	<b>Total Government Contribution (D=A+B+C)</b>	<b>-\$33,175</b>
	<u>Own Source revenue</u>	
E	GF Revenue	-\$41
F	SP&T Revenue	\$
<b>G</b>	<b>Total Own Source Revenue (G=E+F)</b>	<b>-\$41</b>
<b>H</b>	<b>Total Revenue (H=D+G)</b>	<b>-\$33,216</b>
I	Total Expense Budget - General Funds	\$33,300
J	SP&T Expense Budget	\$
K	Other Expense Budget	\$
<b>L</b>	<b>Total Expense Budget as per Schedule A Part 1 (L=I+J+K)</b>	<b>\$33,300</b>
<b>M</b>	<b>Net Result (M=H+L)</b>	<b>\$84</b>
	<u>Net Result Represented by:</u>	
N	Asset Movements	-\$35
O	Liability Movements	-\$49
P	Entity Transfers	\$
<b>Q</b>	<b>Total (Q=N+O+P)</b>	<b>-\$84</b>
<b>Note:</b>		
<p>The minimum weekly cash reserve buffer for unrestricted cash at bank has been updated for FY 2018/19 to \$300,000 and remains at approximately 4 days' cash expenses after removing Depreciation, Crown Acceptance and MOH Holdbacks) to ensure alignment with the cash buffer requirements of NSW Treasury Circular TC15_01 Cash Management – Expanding the Strategy, Communication, People and Engagement of the Treasury Banking System.</p> <p>The Ministry will closely monitor cash at bank balances during the year to ensure compliance with this NSW Treasury policy.</p>		

Part 3

Agency for Clinical Innovation	2018/19 BUDGET	Comparative Data		
	Initial Budget 2018/19 (\$'000)	2017/18 Annualised Budget (\$'000)	Variance Initial and Annualised (\$'000)	Variance (%)
<b>Category B: Centrally Managed Projects</b>				
<b>ACI_Care Across the Lifecycle and Society Directorate</b>				
CC127201 ACI Aged Health Network	\$154	\$199	-\$45	
CC127203 ACI Chronic Care for Aboriginal People Team	\$384	\$	\$384	
CC127209 ACI Diabetes and Endocrine Network	\$357	\$	\$357	
CC127213 ACI Nutrition Network	\$170	\$200	-\$30	
CC127215 ACI Musculoskeletal Network	\$269	\$294	-\$25	
CC127221 ACI Renal Network	\$205	\$	\$205	
CC127227 ACI Transition Care Network	\$479	\$479	\$	
CC127230 ACI Emergency Care Institute	\$1,274	\$1,144	\$130	
CC127231 ACI Intellectual Disability Network	\$160	\$170	-\$9	
CC127237 ACI Palliative Care Network	\$166	\$174	-\$8	
CC127242 ACI Acute Care Taskforce	\$202	\$227	-\$25	
CC127247 ACI Care Across the Lifecycle and Society Directorate	\$423	\$442	-\$19	
CC127249 ACI Primary Care Institute	\$566	\$812	-\$245	
CC127250 ACI Chronic Care	\$216	\$182	\$34	
CC127251 ACI Aboriginal Chronic Condition Network	\$239	\$682	-\$443	
CC127253 ACI Rural Health	\$215	\$260	-\$45	
CC127265 ACI Rural Critical Care	\$	\$195	-\$195	
CC127267 ACI Mental Health Network	\$237	\$258	-\$22	
CC127279 ACI Strategic Priorities- Care Across the Lifecycle and Society Directorate	\$	\$	\$	
CC127281 ACI Paediatrics Network	\$471	\$	\$471	
CC127284 ACI Chronic and Long Term Care Stream	\$191	\$	\$191	
CC127286 ACI Acute Care for Children and Older People	\$211	\$	\$211	
CC127287 ACI Integrated Care and Aboriginal Health Stream	\$187	\$	\$187	
CC127294 ACI Telehealth	\$200	\$	\$200	
<b>Sub-total - ACI_Care Across the Lifecycle and Society Directorate</b>	<b>\$6,974</b>	<b>\$5,716</b>	<b>\$1,258</b>	<b>22.01%</b>
<b>ACI_Strategic Priorities</b>				
CC127271 ACI Implementation Support	\$2,059	\$483	\$1,577	
CC127280 ACI Training Education and Study Leave	\$106	\$	\$106	
CC127293 ACI Sponsorship	\$200	\$	\$200	
<b>Sub-total - ACI_Strategic Priorities</b>	<b>\$2,365</b>	<b>\$483</b>	<b>\$1,882</b>	<b>390.07%</b>
<b>ACI_System Transformation Evaluation and Patient Experience Directorate</b>				
CC127252 ACI System Transformation Evaluation and Patient Experience Directorate	\$618	\$672	-\$53	
CC127254 ACI Clinical Redesign Project Implementation	\$1,121	\$1,311	-\$190	
CC127255 ACI Centre for Healthcare Redesign	\$1,070	\$1,024	\$45	
CC127256 ACI Health Economics & Analysis	\$1,754	\$1,942	-\$188	
CC127263 ACI Innovation Fund	\$10	\$926	-\$916	
CC127266 ACI- Patient Experience & Consumer Engagement	\$406	\$539	-\$132	
CC127232 ACI Communications	\$856	\$1,571	-\$715	
CC127278 ACI Strategic Priorities -System Transformation Evaluation and Patient Experience Dire	\$1,954	\$	\$1,954	
<b>Sub-total - ACI_System Transformation Evaluation and Patient Experience Directorate</b>	<b>\$7,790</b>	<b>\$7,984</b>	<b>-\$195</b>	<b>-2.44%</b>
<b>ACI_Preserving and Restoring Through Interventions in Surgery and Medicine Directorate</b>				
CC127202 ACI Anaesthesia Perioperative Care Network	\$132	\$167	-\$35	
CC127205 ACI BMT Transplant and BMT Quality Management Service	\$597	\$590	\$7	
CC127206 ACI Brain Injury Rehabilitation & Brain Injury	\$502	\$559	-\$58	
CC127208 ACI Cardiac Network	\$186	\$182	\$4	
CC127210 ACI Gastroenterology Network	\$247	\$835	-\$588	
CC127212 ACI Urology/ Gynaecological-Oncology	\$112	\$58	\$54	
CC127216 ACI Neurosurgery Network	\$110	\$112	-\$2	
CC127218 ACI Ophthalmology Network	\$171	\$216	-\$45	
CC127219 ACI Pain Management Network	\$489	\$613	-\$124	
CC127220 ACI Radiology Nuclear Med	\$167	\$186	-\$19	
CC127223 ACI Respiratory Network	\$177	\$178	-\$2	
CC127224 ACI Severe Burns Injury Network	\$360	\$401	-\$41	
CC127226 ACI Stroke Network	\$235	\$268	-\$33	
CC127243 ACI Preserving and Restoring Through Interventions in Surgery and Medicine Directorat	\$512	\$669	-\$156	
CC127244 ACI Institute of Trauma and Injury Management (ITIM)	\$1,317	\$1,525	-\$209	
CC127245 ACI Intensive Care NSW	\$1,032	\$1,059	-\$27	
CC127246 ACI Surgical Services Taskforce	\$357	\$203	\$153	
CC127225 ACI Spinal Cord Injury Network	\$373	\$449	-\$76	
CC127248 ACI Rehabilitation	\$209	\$219	-\$10	
CC127268 ACI Drug & Alcohol Network	\$241	\$258	-\$17	
CC127274 ACI Clinical Genetics Network	\$129	\$130	\$	
CC127275 ACI Strategic Priorities - Preserving and Restoring Through Interventions in Surgery and	\$258	\$789	-\$530	
CC127282 ACI Trauma Pain and Rehabilitation Care Stream	\$197	\$	\$197	
CC127283 ACI Surgery Anaesthesia and Interventional Medicine Stream	\$324	\$	\$324	
CC127285 ACI Intensive and Urgent Care Stream	\$188	\$	\$188	
<b>-total - ACI_Preserving and Restoring Through Interventions in Surgery and Medicine Directorate</b>	<b>\$8,621</b>	<b>\$9,667</b>	<b>-\$1,046</b>	<b>-10.82%</b>

Schedule A Part 3 - Breakdown of Category B: Centrally Managed Projects

Part 3 continued

Agency for Clinical Innovation	2018/19 BUDGET	Comparative Data		
	Initial Budget 2018/19 (\$'000)	2017/18 Annualised Budget (\$'000)	Variance Initial and Annualised (\$'000)	Variance (%)
<b>Category B: Centrally Managed Projects</b>				
<b>Integrated Care</b>				
CC127269 ACI- PROMS	\$1,521	\$1,169	\$352	
<i>Sub-total - Integrated Care</i>	<b>\$1,521</b>	<b>\$1,169</b>	<b>\$352</b>	<b>30.13%</b>
<b>ACI_Evidence Generation and Dissemination</b>				
CC127257 ACI Research & Evaluation	\$717	\$495	\$222	
<i>Sub-total - ACI_Strategic Priorities</i>	<b>\$717</b>	<b>\$495</b>	<b>\$222</b>	<b>44.73%</b>
<b>ACI_Old Old Cost Centres</b>				
CC127229 Urology Network	\$	\$51	-\$51	
CC127241 Acute Care Portfolio	\$	\$1,488	-\$1,488	
CC127272 AIM External	\$	\$77	-\$77	
CC127276 ICHOM	\$	\$167	-\$167	
CC127361 Brain Injury - Vocational Implementation SPT	\$	\$168	-\$168	
<i>Sub-total - ACI_Old Old Cost Centres</i>	<b>\$</b>	<b>\$1,951</b>	<b>-\$1,951</b>	<b>-100.00%</b>
<b>TOTAL - CENTRALLY MANAGED PROJECTS</b>	<b>\$27,989</b>	<b>\$27,465</b>	<b>\$302</b>	<b>1.10%</b>

## Capital Program

AGENCY FOR CLINICAL INNOVATION									
<u>ASSET AUTHORISATION LIMITS</u>	SMRT	BP2 ETC 2018/19	Estimated Expenditure to 30 June 2018	Cost to Complete at 30 June 2018	BP2 Allocation 2018/19	BP2 Est. 2019/20	BP2 Est. 2020/21	BP2 Est. 2021/22	Balance to Complete
<u>2018/19 Capital Projects</u>		\$	\$	\$	\$	\$	\$	\$	\$
<b>MINOR WORKS</b>									
Minor Works & Equipment >\$10,000 Program	P51069	85,000		85,000	85,000				
<b>TOTAL WORKS IN PROGRESS</b>		85,000		85,000	85,000				
<b>TOTAL ASSET ACQUISITION PROGRAM</b>		<b>85,000</b>		<b>85,000</b>	<b>85,000</b>	<b>0</b>	<b>0</b>		

*Notes:*

*Expenditure needs to remain within the Asset Authorisation Limits indicated above*

*Minor Works and Equipment > \$10,000 includes a confund contribution of \$85,000*