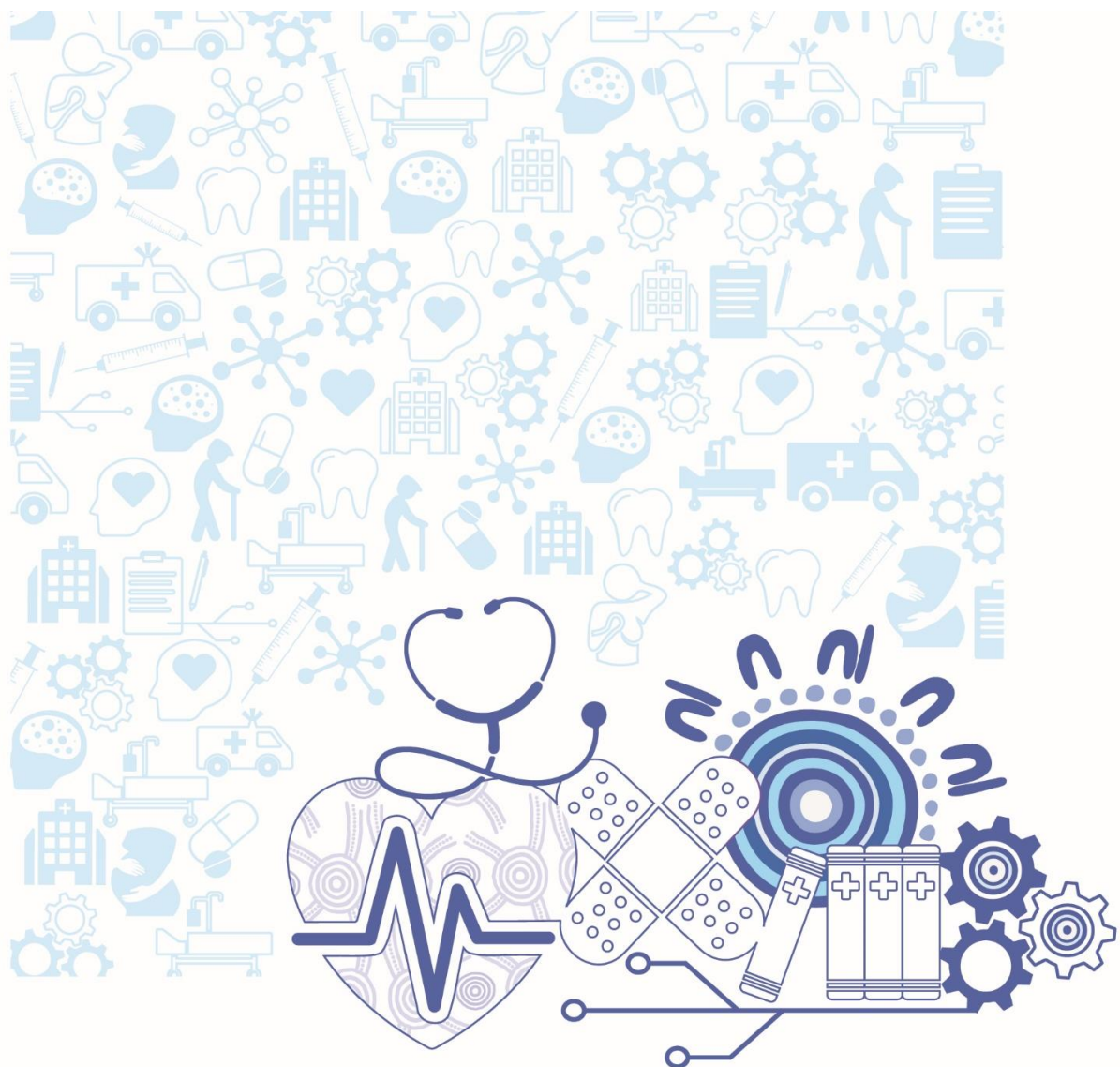# Performance Agreement 2023-24

An agreement between the
Secretary, NSW Health and the
Agency for Clinical Innovation
for the period 1 July 2023 – 30 June 2024

NSW GOVERNMENT | **Health**

health.nsw.gov.au

NSW Health Performance Agreement – 2023-24

Principal purpose

The principal purpose of the Performance Agreement is to set out the service and performance expectations for funding and other support provided to the Agency for Clinical Innovation (the Organisation), to support the provision of equitable, safe, high quality and human-centred healthcare services.
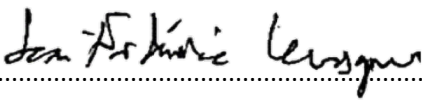
The agreement articulates direction, responsibility and accountability across the NSW Health system for the delivery of NSW Government and NSW Health priorities. Additionally, it specifies the service delivery and performance requirements expected of the Organisation that will be monitored in line with the *NSW Health Performance Framework*.

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

Parties to the agreement

The Organisation

Adjunct Professor Jean-Frédéric Levesque MD PhD
Chief Executive
Agency for Clinical Innovation

Date 31/10/2023 .... Signed ....

NSW Health

Ms Susan Pearce AM
Secretary
NSW Health

Date .... Signed ....

Contents

1. Legislation, governance and performance framework

1.1 Legislation

The *Health Services Act 1997* (the Act) provides a legislative framework for the public health system, including the establishment of Statutory Health Corporations to enable certain health services and health support services to be provided within the State other than on an area basis (s.11). The Agency for Clinical Innovation is a Chief Executive governed statutory health corporation established under section 52B, 52C and 52E and specified in Schedule 2 of the Act.

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

1.2 Ministerial Determination of Functions

The Performance Agreement recognises that the Agency for Clinical Innovation has a clearly defined role and set of functions as articulated in the Ministerial Determination of Functions for the Support Organisation, signed by the Minister on 21 August 2023, 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 (the Agency) is to bring clinicians, consumers and system leaders together to design and implement innovations in healthcare. The Agency is committed to improving, evolving and transforming clinical practice and patient outcomes across the NSW Health system.

The Agency will achieve this role by:

a) Connecting consumers, clinicians, system leaders, industry and academics to identify, design, test and implement innovations in clinical practice.
b) Leading the generation and use of evidence and research to catalyse, assess, adopt and evaluate innovations in clinical practice.
c) Creating a pathway to pilot promising innovations and partnering with local health districts (LHDs), specialty health networks (SHNs), the Ministry of Health and other public health organisations to scale demonstrated innovations in clinical practice.
d) Showcasing the adoption of promising innovation into clinical practice.
e) Building capability for redesign and transformative system change.

Functions of the Agency for Clinical Innovation

The Agency will perform the following functions:

a) Work with LHDs, SHNs and other public health organisations, their consumers, clinicians, managers and leaders to:

  i.   adopt relevant evidence-based clinical guidance;

  ii.   adapt proven best-practice models to the NSW context; and

  iii. collaborate or lead on new models of care and clinical guidance as required.

b) Connect leadership from LHDs, SHNs, the Ministry of Health and other public health organisations to progress emerging ideas for innovation that address local needs and broader system agendas.

c) Identify, assess and develop promising clinical innovations to pilot and scale across NSW Health, including new models of care; patient pathways; and technologies and therapies.

d) Ensure that clinical guidance and models of care:

 i. are driven by evidence and intelligence, including scientific, experiential, and empirical evidence;

 ii. are well coordinated across NSW Health and other public health organisations, including integrating multidisciplinary perspectives across various clinical areas and settings;

 iii. identify and address priority challenges for health services, with a focus on Aboriginal people and communities, regional and rural communities, and vulnerable populations;

 iv. address unwarranted clinical variation and improve the accessibility, appropriateness, effectiveness, safety, efficiency and sustainability of the care provided to the people of NSW;

 v. assess alternate models that reduce the need for hospitalisation by delivering lower acuity care in community, virtual and home environments;

 vi. are appropriately disseminated and promoted to support their adoption by clinicians and their implementation into local health service planning and delivery;

 vii. involve research and evaluation to assess their clinical adoption, system implementation and impact.

e) Use and foster appropriate consumer and clinician engagement structures, such as clinical networks, taskforces, communities of practice and reference groups, to ensure ACI initiatives meet the needs of consumers and clinicians.

f) Develop three-year strategic plans and annual work plans, linking the Agency's activities and priorities to statewide NSW Health plans; working in accordance with these plans and the Performance Agreement with the Secretary.

g) Provide advice to the Secretary and the Ministry Executive Group, Health System Advisory Council, LHDs, SHNs and public health organisations on matters relating to changes in clinical practice and the organisation of clinical care across NSW Health.

1.3 Variation of the agreement

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

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

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

1.4   Conditions of Subsidy

The Organisation is required to comply with the various Conditions of Subsidy set out in the *Financial Requirements and Conditions of Subsidy (Government Grants)*.

1.5   Governance

The Organisation must ensure that all applicable duties, obligations and accountabilities are understood and complied with, and that services are provided in a manner consistent with all NSW Health policies, procedures, plans, circulars, inter-agency agreements, Ministerial directives and other instruments and statutory obligations.

1.5.1   Clinical governance

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

The *Australian Safety and Quality Framework for Health Care* provides a set of guiding principles that can assist health services with their clinical governance obligations.

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

1.5.2   Corporate governance

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

1.5.3   Procurement governance

The Organisation must ensure procurement of goods and services complies with *NSW Health Procurement* policy (PD2022_020*).*

1.5.4   Aboriginal Procurement Policy

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

1.5.5   Public health emergency preparedness and response

The Organisation must comply with standards set out in *Public Health Emergency Response Preparedness Minimum Standards* (PD2019_007) and adhere to the roles and responsibilities set out in *Early Response to High Consequence Infectious Disease* (PD2023_008)

1.5.6   Performance Framework

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

2. Strategic priorities

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

2.1 Future Health: Strategic Framework

The *Future Health Strategic Framework* is the roadmap for the health system to achieve NSW Health's vision.

Strategic outcomes		Key objectives
	Patients and carers have positive experiences and outcomes that matter: People have more control over their own health, enabling them to make decisions about their care that will achieve the outcomes that matter most to them.	1.1 Partner with patients and communities to make decisions about their own care 1.2 Bring kindness and compassion into the delivery of personalised and culturally safe care 1.3 Drive greater health literacy and access to information 1.4 Partner with consumers in co-design and implementation of models of care
	Safe care is delivered across all settings: Safe, high quality reliable care is delivered by us and our partners in a sustainable and personalised way, within our hospitals, in communities, at home and virtually.	2.1 Deliver safe, high quality reliable care for patients in hospital and other settings 2.2 Deliver more services in the home, community and virtual settings 2.3 Connect with partners to deliver integrated care services 2.4 Strengthen equitable outcomes and access for rural, regional and priority populations 2.5 Align infrastructure and service planning around the future care needs
	People are healthy and well: Investment is made in keeping people healthy to prevent ill health and tackle health inequality in our communities.	3.1 Prevent, prepare for, respond to and recover from pandemic and other threats to population health 3.2 Get the best start in life from conception through to age five 3.3 Make progress towards zero suicides recognising the devastating impact on society 3.4 Support healthy ageing ensuring people can live more years in full health and independently at home 3.5 Close the gap by prioritising care and programs for Aboriginal people 3.6 Support mental health and wellbeing for our whole community 3.7 Partner to address the social determinants of ill health in our communities 3.8 Invest in wellness, prevention and early detection
	Our staff are engaged and well supported: Staff are supported to deliver safe, reliable person-centred care driving the best outcomes and experiences.	4.1 Build positive work environments that bring out the best in everyone 4.2 Strengthen diversity in our workforce and decision-making 4.3 Empower staff to work to their full potential around the future care needs 4.4 Equip our people with the skills and capabilities to be an agile, responsive workforce 4.5 Attract and retain skilled people who put patients first 4.6 Unlock the ingenuity of our staff to build work practices for the future
	Research and innovation, and digital advances inform service delivery: Clinical service delivery continues to transform through health and medical research, digital technologies, and data analytics.	5.1 Advance and translate research and innovation with institutions, industry partners and patients 5.2 Ensure health data and information is high quality, integrated, accessible and utilised 5.3 Enable targeted evidence-based healthcare through precision medicine 5.4 Accelerate digital investments in systems, infrastructure, security and intelligence
	The health system is managed sustainably: The health system is managed with an outcomes-focused lens to deliver a financially and environmentally sustainable future.	6.1 Drive value based healthcare that prioritises outcomes and collaboration 6.2 Commit to an environmentally sustainable footprint for future healthcare 6.3 Adapt performance measurement and funding models to targeted outcomes 6.4 Align our governance and leaders to support the system and deliver the outcomes of Future Health

The framework is a reflection of the aspirations of the community, our patients, workforce and partners in care for how they envisage our future health system. The Strategic Framework and delivery plans will guide the next decade of care in NSW from 2022-32, while adapting to and addressing the demands and challenges facing our system. There will be specific activities for the Ministry of Health, health services and

support organisations to deliver as we implement the Future Health strategy, and services should align their strategic, operational and business plans with these Future Health directions.

2.2 Regional Health Strategic Plan 2022-32

The *Regional Health Strategic Plan* outlines NSW Health's strategies to ensure people living in regional, rural and remote NSW can access high quality, timely healthcare with excellent patient experiences and optimal health outcomes. The Plan aims to improve health outcomes for regional, rural and remote NSW residents over the next decade, from 2022 to 2032.

Regional NSW encompasses all regional, rural and remote areas of NSW. There are nine regional local health districts in NSW: Central Coast, Far West, Hunter New England, Illawarra Shoalhaven, Mid North Coast, Murrumbidgee, Northern NSW, Southern NSW and Western NSW. Some areas of other local health districts may also be considered regional for the purpose of the plan such as South Western Sydney and Nepean Blue Mountains. The Regional Health Strategic Plan is also supported by the metropolitan local health districts and by the Specialty Health Networks which have patients in many regional locations.

The Regional Health Plan Priority Framework outlines a suite of targets for each Strategic Priority, to be achieved in the first time horizon of the Plan (years 1-3).

PRIORITIES		KEY OBJECTIVES	
	1. Strengthen the regional health workforce: Build our regional workforce; provide career pathways for people to train and stay in the regions; attract and retain healthcare staff; address culture and psychological safety, physical safety and racism in the workplace.	1.1	**Invest in and promote rural generalism** for allied health professionals, nurses and doctors
		1.2	**Prioritise the attraction and retention** of healthcare professionals and non-clinical staff in regional NSW
		1.3	**Tailor and support career pathways for Aboriginal health staff** with a focus on recruitment and retention
		1.4	**Expand training and upskilling opportunities, including across borders** to build a pipeline of regionally based workers
		1.5	**Accelerate changes to scope of practice whilst maintaining quality and safety**, encouraging innovative workforce models and recognition of staff experience and skills
		1.6	**Nurture culture, psychological and physical safety** in all NSW Health workplaces and build positive work environments that allow staff to thrive
	2. Enable better access to safe, high quality and timely health services: Improve transport and assistance schemes; deliver appropriate services in the community; continue to embed virtual care as an option to complement face-to-face care and to provide multidisciplinary support to clinicians in regional settings.	2.1	**Improve local transport solutions and travel assistance schemes**, and address their affordability, to strengthen equitable access to care
		2.2	**Deliver appropriate services in the community** that provide more sustainable solutions for access to healthcare closer to home
		2.3	**Leverage virtual care** to improve access, whilst ensuring cultural and digital barriers are addressed
		2.4	**Enable seamless cross-border care and streamline pathways to specialist care** ensuring access to the best patient care regardless of postcode
		2.5	**Drive and support improved clinical care, safety and quality outcomes** for patients in hospitals and other settings
		2.6	**Align infrastructure and sustainable service planning** around the needs of staff and communities and to enable virtual care
	3. Keep people healthy and well through prevention, early intervention and education: Prevent some of the most significant causes of poor health by working across government, community, and other organisations to tackle the social determinants of health; prepare and respond to threats to population health.	3.1	**Address the social determinants of health** in our communities by partnering across government, business and community
		3.2	**Invest in mental health and make progress towards zero suicides**
		3.3	**Invest in maternity care and early childhood** intervention and healthcare to give children the best start in life
		3.4	**Invest in wellness, prevention and early detection**
		3.5	**Prevent, prepare for, respond to, and recover from pandemics** and other threats to population health
	4. Keep communities informed, build engagement, seek feedback: Provide more information to communities about what health services are available and how to access them; empower the community to be involved in how health services are planned and delivered; increase responsiveness to patient experiences.	4.1	**Encourage choice and control over health outcomes** by investing in health literacy, awareness of services and access to information
		4.2	**Engage communities through genuine consultation and shared decision-making** in design of services and sustainable local health service development
		4.3	**Support culturally appropriate care and cultural safety** for zero tolerance for racism and discrimination in health settings
		4.4	**Capture patient experience and feedback** and use these insights to improve access, safety and quality of care
		4.5	**Improve transparency of NSW Health decision-making** and how it is perceived and understood by patients and the community

PRIORITIES		KEY OBJECTIVES
	5. Expand integration of primary, community and hospital care: Roll out effective, sustainable integrated models of care through collaboration between Commonwealth and NSW Government and non-Government organisations to drive improved access, outcomes and experiences.	5.1 **Develop detailed designs for expanded primary care models** and trial their implementation in regional NSW through working with the Commonwealth and National Cabinet, Primary Health Networks, Aboriginal Community Controlled Health Organisations, NGOs and other partners 5.2 **Address the employer model** to support trainees and staff to work seamlessly across primary care, public, private settings and Aboriginal Community Controlled Health Organisations to deliver care to regional communities 5.3 **Improve access and equity of services for Aboriginal people and communities** to support decision making at each stage of their health journey 5.4 **Develop 'place-based' health needs assessments and plans** by working closely with Primary Health Networks, Aboriginal Community Controlled Health Organisations and other local organisations including youth organisations and use these to resource services to address priority needs
	6. Harness and evaluate innovation to support a sustainable health system: Continue to transform health services through aligned funding and resourcing models, digital and health technologies, research and environmental solutions.	6.1 **Align NSW and Commonwealth funding and resourcing models** to provide the financial resources to deliver optimal regional health services and health outcomes 6.2 **Fund and implement digital health investments and increase capability of workforce** to deliver connected patient records, enable virtual care, provide insightful health data and streamline processes 6.3 **Undertake research and evaluation** with institutions, industry partners, NGOs, consumers and carers 6.4 **Commit to environmental sustainability footprint** for future regional healthcare

2.3 NSW Government Priorities

There are several government priorities that NSW Health is responsible for delivering. These government priorities are usually reported to the Premier's Department or The Cabinet Office through NSW Health Executive. Progress on government priorities allocated to Health is monitored by the Ministry of Health including:

h) Election commitments

i) Charter Letter commitments

j) Inquiry recommendations

2.4 NSW Health Outcome and Business Plan

The NSW Health Outcome and Business Plan is an agreement between the Minister for Health, the Secretary, NSW Health and the NSW Government setting out the outcomes and objectives that will be the focus for the current period. In 2022 NSW Health's Outcome Structure was realigned to the Future Health strategic framework. The revised state outcomes are:

• People are healthy and well

• Safe care is delivered within our community

• Safe emergency care is delivered

• Safe care is delivered within our hospitals

• Our staff are engaged and well supported

• Research and innovation and digital advances inform service delivery

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

3. Budget

3.1 Budget Schedule: Part 1

	Agency for Clinical Innovation		2023-2024 Initial Budget ($'000)
A	**Expenditure Budget by Account Group (General Fund)**		
	Employee Related		$27,128
	Goods & Services		$5,325
	Grants & Subsidies		$502
	Depreciation and Amortisation		$3
		Sub-total	**$32,958**
B	**Other items not included above**		
	Additional Escalation to be allocated		$1,323
	Better salary packaging for healthcare workers		$131
	Allocated Savings Programs		-$1,176
	TMF Adjustment - Workers Compensation		$22
	TMF Adjustment - Motor Vehicle		-$1
	IntraHealth - HealthShare 23/24 Adjustment		$4
	IntraHealth - eHealth 23/24 Adjustment		$12
		Sub-total	**$315**
C	**RFA Expenses**		**$770**
D	**Total Expenses (D=A+B+C)**		**$34,043**
E	**Other - Gain/Loss on disposal of assets etc**		
F	**Revenue**		**-$33,990**
G	**Net Result (G=D+E+F)**		**$53**

3.2 Budget Schedule: Part 2

Agency for Clinical Innovation			2023-2024 Initial Budget ($'000)
	Government Grants		
A	Recurrent Subsidy		-$31,993
B	Capital Subsidy		
C	Crown Acceptance (Super, LSL)		-$1,085
D		**Total Government Contribution (D=A+B+C)**	**-$33,078**
	Own Source revenue		
E	GF Revenue		-$143
F	Restricted Financial Asset Revenue		-$770
G		**Total Own Source Revenue (G=E+F)**	**-$913**
H		**Total Revenue (H=D+G)**	**-$33,990**
	Expenses		
I	Total Expense Budget - General Funds		$33,273
J	Restricted Financial Asset Expense Budget		$770
K	Other Expense Budget		
L		**Total Expense Budget as per Schedule A Part 1 (L=I+J+K)**	**$34,043**
M		**Net Result (M=H+L)**	**$53**
	Net Result Represented by:		
N	Asset Movements		-$3
O	Liability Movements		-$49
P	Entity Transfers		
Q		**Total (Q=N+O+P)**	**-$53**

Note:

The Ministry will closely monitor cash at bank balances to ensure funds for payments are available as required for central payment of payroll and creditors in alignment with NSW Treasury requirements.

4. Performance against strategies and objectives

4.1 Key performance indicators

The performance of the Organisation is assessed in terms of whether it is meeting key performance indicator targets for NSW Health strategic priorities.

Detailed specifications for the generic key performance indicators are provided in the Service Agreement Data Supplement. See:
http://internal4.health.nsw.gov.au/hird/view_data_resource_description.cfm?ItemI48373

4 Our staff are engaged and well supported				
Measure	**Target**	**Performance Thresholds**		
		Not Performing ✘	**Under Performing** ↘	**Performing** ✔
Workplace Culture - People Matter Survey Culture Index- Variation from previous survey (%)	≥-1	≤-5	>-5 and <-1	≥-1
Take action - People Matter Survey take action as a result of the survey- Variation from previous survey (%)	≥-1	≤-5	>-5 and <-1	≥-1
Staff Engagement - People Matter Survey Engagement Index - Variation from previous survey (%)	≥-1	≤-5	>-5 and <-1	≥-1
Staff Engagement and Experience – People Matter Survey - Racism experienced by staff Variation from previous survey (%)	≥5 % points decrease on previous survey	No change or increase from previous survey.	>0 and <5 % points decrease on previous survey	≥5 % points decrease on previous survey
Staff Performance Reviews - Within the last 12 months (%)	100	<85	≥85 and <90	≥90
Recruitment: Average time taken from request to recruit to decision to approve/decline/defer recruitment (business days)	≤10	>10	No change from previous year and >10	≤10
Aboriginal Workforce Participation - Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	3.43	<2.0	≥2.0 and <3.43	≥3.43
Compensable Workplace Injury Claims (% of change over rolling 12 month period)	0	Increase	≥0 and <5% decrease	≥5% decrease or maintain at 0

6 The health system is managed sustainably

Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ↘	Performing ✔
Expenditure Matched to Budget - General Fund - Variance (%)	On budget or favourable	>0.5% unfavourable	>0 and ≤0.5% unfavourable	On budget or favourable
Own Sourced Revenue Matched to Budget - General Fund - Variance (%)				
Net Cost of Service (NCOS) Matched to Budget - General Fund - Variance (%)				

4.2   Future Health actions and performance deliverables

Key deliverables will be monitored, noting that indicators and milestones are held in the detailed program operational plans.

Key objective / action code	Deliverable in 2023-24	Due by
1 Patients and carers have positive experiences and outcomes that matter		
1.1.1.1.6	1. Codesign communication tools to supplement clinical guidance and models of care, and support clinicians in shared decision making with consumers	Q4
1.1.1.2.4	2. Embed culturally appropriate care principles into models of care and clinical guidance, using co-design with Aboriginal people and communities	Q4
1.1.1.2.5	3. Co-design and implement culturally safe approaches into PRMs, inclusive of a data sovereignty framework	Q4
1.1.1.3.5	4. Scope and develop additional cohorts and PROM/PREM surveys for inclusion into point of care PRMs collection - prioritise requirements and build into the HOPE platform	Q3
1.1.1.3.25	5. Lead and provide oversight for point of care data collection and coordinate with leads for other SRI data collection types (e.g. Settled view / BHI)	Q4
1.1.2.2.2	6. Further the methodological development of approaches to gathering, analysing and reporting experiential evidence from patients and carers	Q4
1.2.1.1.1	7. Embed kindness and compassion that can be embedded into clinical guidance and models of care, with a specific focus on: • Trauma informed care and respectful care • Culturally appropriate care • Diverse patient groups • Staff wellbeing • Arts in Health	Q4
1.2.1.4.1	8. Engage early career clinicians in ACI's work as part of operationalising models for clinical engagement	Q3
1.4.1.1.1	9. Embed codesign practices into the development of clinical guidance and models of care to lift consumer voice	Q3
1.4.1.2.2	10. Deliver a consumer partnership program to ensure that when clinical guidance and models of care are developed to best practice consumer engagement	Q3
1.4.1.2.3	11. Establish an expert consumer group to codesign digital solutions into clinical guidance and models of care	Q4

Key objective / action code	Deliverable in 2023-24	Due by
2 Safe care is delivered across all settings		
2.1.1.3.7	**12.** Systematically assess the suitability of alternate models of care in all contexts and clinical areas and pilot when shown to be non-inferior, with a particular focus on hospital avoidance and preventative health	Q4
2.1.1.4.4	**13.** Develop, pilot, spread and scale models of care that enable streamlined access to specialist care for acute, chronic and urgent rehabilitation settings (e.g. spinal cord injury, burns, genomics, menopause, wound care & diabetes)	Q4
2.1.2.3.5	**14.** Deliver electronic clinical quality registry (eCQR) prototypes that provide automated solutions (including data extraction and natural language processing tools) for data collection and visualisation	Q4
2.1.2.3.6	**15.** Develop electronic data capture registries in REDcap to support the collection, access, and use of data for clinical decision making	Q4
2.1.2.4.5	**16.** Develop Emergency Care Assessment and Treatment protocols to ensure timely, safe and quality care of patients presenting to emergency departments	Q3
2.2.1.2.6	**17.** Develop and pilot the digital health maturity matrix to enable digitised models of care and rapid acceleration of implementation	Q3
2.2.1.2.31	**18.** Embed digital-enabled principles that can be embedded into clinical guidance and models of care, with a specific focus on: • Remote Patient Monitoring • Virtual Care	Q2
2.2.1.2.27	**19.** Develop communication tools for clinicians to support shared decision making with consumers in virtual settings	Q4
2.2.1.2.32	**20.** Develop and disseminate guidance to support use of virtual care including showcasing local virtual care models in different clinical areas and settings	Q4
2.2.1.4.2	**21.** Accelerate the use of virtual care in clinical practice through implementation support, education and training, showcasing local innovations in different clinical settings and patient cohorts	Q4
2.2.1.4.3	**22.** Develop and implement an analytic plan for measuring and reporting on patient and clinician experience of using virtual consultation platform	Q4
2.2.2.1.1	**23.** Systematically assess the suitability of alternate models of care in community and home-based services and pilot when shown to be non-inferior, with a particular focus on appropriate ensuring workforce and scope of practice	Q4

Key objective / action code	Deliverable in 2023-24	Due by
2.3.1.3.2	**24.** Work with LHDs/SHNs to develop, pilot and spread and scale models of care that ensure safe and quality transition of care between care settings and services, including consideration of alternate models/pathways	Q4
2.5.1.3.2	**25.** Systematically assess the suitability of alternate models of care with primary care and pilot when shown to be non-inferior, with a particular focus on chronic and acute care	Q4
2.5.1.4.1	**26.** Develop an innovation blueprint to inform infrastructure and service planning based on current models of care; and evidence synthesis and intelligence on innovation game changers.	Q4

Key objective / action code	Deliverable in 2023-24	Due by
3 People are healthy and well		
3.1.2.3.1	**27.** Retain capability to rapidly re-establish the Critical Intelligence Unit and Communities of Practice	Q4
3.2.1.3.1	**28.** Develop, maintain and update clinical guidance for maternity services to ensure they reflect best evidence	Q4
3.3.1.2.1	**29.** Work with LHDs/SHNs to build capability to design and implement local suicide care pathways, with a focus on towards zero suicides in care	Q3
3.3.1.2.2	**30.** Work with the NSW Ministry of Health to deliver redesign capability for Safeguards teams in LHDs, with a particular focus on ensuring rapid access to acute mental health services for children and adolescents	Q4
3.4.1.1.12	**31.** Produce an evidence-based review on patient-centred goals of care for end-of-life care	Q3
3.4.1.2.3	**32.** Systematically assess the suitability of alternate models of care in all contexts and clinical areas and pilot when shown to be non-inferior, with a particular focus on care for older people living with frailty	Q4
3.5.1.2.4	**33.** Deliver a redesign capability program with a specific focus on improving Aboriginal healthcare through local redesign projects	Q3
3.5.1.3.5	**34.** Work with LHDs/SHNs to spread and scale the Finding Your Way - Shared Decision Making Model to improve culturally safe care for Aboriginal people	Q4
3.5.1.4.3	**35.** Work with LHDs and Aboriginal Community Controlled Organisations to showcase Aboriginal-led innovations that can be scaled across the system	Q4

Key objective / action code	Deliverable in 2023-24	Due by
3.8.2.3.2	**36.** Systematically assess the suitability of alternate models of care in all contexts and clinical areas and pilot when shown to be non-inferior, with a particular focus on primary care and community-based services for people living with chronic disease	Q4

Key objective / action code	Deliverable in 2023-24	Due by
4 Our staff are engaged and well supported		
4.3.1.1.2	**37.** Develop, test and evaluate pathways for new and emerging roles demonstrating workforce is incorporated into redesign, e.g. Aboriginal Health Practitioners	Q4
4.3.1.2.3	**38.** Develop, define, pilot and publish best practice multidisciplinary processes while strengthening clinical and professional governance	Q4
4.3.1.2.4	**39.** Seek mechanisms to support and grow local research, innovation and roll-out of best practice multidisciplinary care	Q2
4.3.1.3.4	**40.** Develop guiding principles to enhance new services to ensure the development of best practice multidisciplinary teams	Q4
4.4.1.2.5	**41.** Develop clinicians' capabilities in virtual care and change to confidently integrate new technologies and treatment advances into their practice	Q4

Key objective / action code	Deliverable in 2023-24	Due by
5 Research and innovation, and digital advances inform service delivery		
5.1.1.4.5	**42.** Develop and use an operating model for identifying and progressing innovations with high value potential from pilot to scale using an innovation pipeline approach	Q4
5.1.1.4.7	**43.** Deliver innovation and transformation services for LHDs/SHNs, providing capability, implementation and evaluation support for piloting, spreading and scaling innovations with high value potential	Q4
5.1.1.6.2	**44.** Harness new methods for updating and developing clinical guidance using a adopt, adapt, collaborate and lead approach	Q2
5.1.1.6.3	**45.** Develop and operationalise guidance for developing innovative models of care and alternate models of care	Q2
5.1.1.7.4	**46.** Develop and implement a rapid evaluation approach to inform diffusion and operationalisation of clinical innovation	Q2

Key objective / action code	Deliverable in 2023-24	Due by
5.1.2.1.5	**47.** Manage the ACI Research Grant Scheme, with a combination of reactive calls for emergent ideas and targeted calls focused on key strategic research topics	Q4
5.1.2.3.5	**48.** Help shape the evidence ecosystem through innovation in clinical guidance coordination across Australian states and territories (linking Australian Living Evidence Taskforce, the tri-state group, and other organisations that produce clinical guidance)	Q4
5.1.2.5.1	**49.** Showcase local innovations as part of the ACI Innovation Exchange and work with LHDs/SHNs to host themed events	Q4
5.2.1.1.12	**50.** Deliver a suite of clinical decision support guides and analytic tools that support robust use of PRMs at individual, service and system level	Q3
5.2.2.5.3	**51.** Develop appropriate data governance and management for eCQRs, inclusive of downstream data flows to National Registries aligned with the NSW Health Data Governance Framework (linked to Strategic Outcome 3)	Q4
5.2.2.5.4	**52.** Refine existing Data Governance and Management Framework for the collection and use of PRMs in HOPE to include Primary Care (linked to Strategic Outcome 3)	Q3
5.2.2.6.1	**53.** Complete proof-of-concept studies for using eMR data and new techniques in data analytics to support clinical decision making	Q4
5.3.1.4.1	**54.** Partner with NSW Ministry of Health and LHDs/SHNs to pilot, spread and scale precision therapies and new technologies, progressing from clinical trials into clinical practice	Q4
5.3.1.4.2	**55.** Assess the applicability of emerging precision therapies and new technologies in clinical guidance and models of care	Q4
5.4.1.2.3	**56.** Codesign and build digital solutions into clinical guidance and models of care, with a particular focus on engagement and self management	Q4
5.4.1.3.2	**57.** Develop a digitally enabled model of care for managing indication for surgery and reducing surgical waitlists	Q4
5.4.1.5.2	**58.** Develop clinical user guides to support safe use of video conferencing in Microsoft teams in clinical practice	Q4
5.4.1.6.2	**59.** Scale the clinical implementation and utilisation of PRMs in the HOPE platform through eMR integration (Phase 2) across facilities leading implementation support, education and training and user acceptance testing	Q4
5.4.1.7.3	**60.** Partner with eHealth to mobilise clinicians to inform SDPR clinical guidance and standardisation	Q4
5.4.3.1.2	**61.** Establish a process for the assessment and prioritisation of clinical mobile Apps	Q4

Key objective / action code	Deliverable in 2023-24	Due by
6 The health system is managed sustainably		
6.1.1.1.9	**62.** Work with LHDs/SHNs to spread and scale models of care that transform valued-based chronic, acute care and surgical practices	Q4
6.1.1.2.2	**63.** Develop evidence-based tools and models of care that identify, measure and support reduction in unwarranted clinical variation and low value care	Q4
6.1.1.2.2	**64.** Deliver a series of peer learning opportunities for surgery and anaesthesia, acute and urgent care services to enable change by supporting uptake of value-based models of care more broadly across the system.	Q4
6.2.1.1.1	**65.** Embed environmental sustainability principles into clinical guidance and models of care	Q4
	Procurement reform The Organisation will report on: Procurement capability • Local resources and training to uplift procurement capability of non-procurement staff • Procurement staff attend Procurement Academy training Procurement compliance • Goods and services procurements and Information and Communication Technology (ICT) procurements valued over $30,000 and outside existing arrangements are tested against the Risk Assessment Tool. • Disclosure requirements for contracts (including purchase orders) valued over $150,000 are met: • - Contracts/purchase orders are disclosed on eTendering • - Contracts/purchase orders are saved on PROcure, where relevant • Procurements outside existing arrangements that are valued over $250,000 are referred to HealthShare or eHealth NSW to conduct the procurement (unless an exemption applies) • The ICT Purchasing Framework contract templates (Core & contracts; Master ICT Agreement/ICT Agreement contracting framework) are used when engaging suppliers on the ICT Services Scheme (where relevant) unless an exemption applies. Social and sustainable procurement • Spend and contracts with Aboriginal businesses • Achieve and report on a minimum 1.5% Aboriginal participation for contracts valued >$7.5m through the Department of Customer Services (DCS) reporting portal (unless an exemption applies). Achieve and report on Small and Medium Enterprise participation of 25% of project addressable spend for goods and services contracts valued >$3m through the DCS portal (unless an exemption applies).	Quarterly