

# **The Agency for Clinical Innovation**

## **OPERATIONAL PLAN**

### **2012 / 2013**

## Focus Area 1 - Our clinicians, patients, health care partners and the community

Objective	Destination Statements	Measures
<b>The go-to place for clinician and consumer led reform</b>	Our leadership in identifying and delivering improved outcomes for patients through innovation is recognised locally and nationally by clinicians, consumers and managers who are eager to work with us to improve health care.	<ol style="list-style-type: none"> <li>1. Healthcare provider awareness &amp; recognition</li> <li>2. Website usage</li> <li>3. Healthcare providers contacting ACI for support</li> </ol>
<b>Effective partner in implementation</b>	We have developed a strong alliance with LHDs and other health care providers and there is a high level of satisfaction from these partners in working with us on improving the delivery of their health care programs.	<ol style="list-style-type: none"> <li>4. Partnership satisfaction</li> </ol>
<b>Better health outcomes for all</b>	Working with our clinicians, patients and health care partners we contribute to improving the health of the population and the experience of care and in doing so, share accountability for health outcomes, quality and cost of care. We are committed to equity of access for all people.	<ol style="list-style-type: none"> <li>5. Clinical return on investment</li> <li>6. % Implementation of new models of care, clinical pathways &amp; guidelines</li> </ol>

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2012/13	Director Responsible	Time frame
In the first 12 months, develop a reputation for delivery by focusing on completing strategic projects of significance to ACI and partners.	<ul style="list-style-type: none"> <li>• Establish 2 new networks – Palliative Care and Rehab including workplans</li> <li>• Develop comprehensive MoC for palliative/ end of life</li> <li>• Model of care for acute Out of Hospital Care. Redesign model to ensure greater collaboration and integration</li> <li>• Develop alternative funding/governance models of Connecting Care (to include Medicare Locals and Community based organisations as key service coordinators)</li> <li>• Develop implementation strategy for Rehabilitation MoC and commence implementation by Feb '13</li> <li>• Develop framework to support integrated geriatric care strategy</li> <li>• Redesign Chronic Care for Aboriginal People (CCAP) MoC to align and link CCAP funded services with other statewide chronic care programs. Implement redesigned model in 3 locations. (To include establishment of Aboriginal chronic</li> </ul>	Dir PCCS	<ol style="list-style-type: none"> <li>1<sup>st</sup> q</li> <li>2<sup>nd</sup> q</li> <li>2<sup>nd</sup> q</li> <li>3<sup>rd</sup> q</li> <li>3<sup>rd</sup> q</li> <li>4<sup>th</sup> q</li> </ol>

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2012/13	Director Responsible	Time frame
	care rehabilitation programs)		4 <sup>th</sup> q
	<ul style="list-style-type: none"> <li>• Develop a strategy for reducing unwarranted Clinical Variation</li> <li>• Support LHDs to define and deliver clinical improvement strategies in their Efficiency and Revenue plans</li> </ul>	Dir CPDI + relevant portfolios	2 <sup>nd</sup> q 3 <sup>rd</sup> q
	<ul style="list-style-type: none"> <li>• Trauma System Review <ul style="list-style-type: none"> <li>- Terms of reference</li> <li>- EOI and Selection</li> <li>- Formation of Steering Committee</li> <li>- Undertake review</li> </ul> </li> </ul>	Dir SCC	2 <sup>nd</sup> q 3 <sup>rd</sup> q 3 <sup>rd</sup> q 4 <sup>th</sup> q
Develop clear communications about the role and work of ACI and its achievements	<ul style="list-style-type: none"> <li>• Communications Plan <ul style="list-style-type: none"> <li>- Develop key messages from strategic and operational plans</li> <li>- Develop clear communication content and resources on who is the ACI, what the ACI is doing, and how we can work with our partners to add value.</li> <li>- Identify methods for delivering tailored communications about the ACI to others</li> <li>- Enhance and develop ACI website and online information resources</li> </ul> </li> </ul>	Dir EESC	1 <sup>st</sup> q 1 <sup>st</sup> q 2 <sup>nd</sup> q 2 <sup>nd</sup> q
	<ul style="list-style-type: none"> <li>• Review existing clinician and consumer groups to ensure effective communication</li> </ul>	CE	2 <sup>nd</sup> q
Review and evaluate partnerships annually	<ul style="list-style-type: none"> <li>• Establish a mechanism to review partnerships</li> </ul>	CE with others	2 <sup>nd</sup> q
Measure and monitor impact on health outcomes	<ul style="list-style-type: none"> <li>• Define 'clinical return on investment'</li> <li>• Establish frameworks for evaluation and economic assessment</li> </ul>	Dir CPDI	1 <sup>st</sup> q 2 <sup>nd</sup> q

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2012/13	Director Responsible	Time frame
Develop a culture within ACI which demonstrates respect for the needs and priorities of Aboriginal people and other priority populations in all ACI activities	<ul style="list-style-type: none"> <li>Seek representation for ACI at the NSW Health AHMRC Partnership meeting</li> </ul>	CE	2 <sup>nd</sup> q

## Focus Area 2 - Our Processes: Effective Partnerships

Objectives	Destination Statements	Measures
<b>Work in collaboration with partners</b>	We have established working relationships with our partners based on shared goals, clearly agreed responsibilities and identified outcomes.	1. Partnership satisfaction
<b>Understand needs, establish and align strategic priorities</b>	We have mechanisms in place for engaging with LHDs and other health partners to adopt and work together on programs identified as important within the local and statewide context.	2. Partnership satisfaction 3. % Service compact items with MOH met % Agreed priorities with other partners met

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2012/13	Director Responsible	Time frame
Clarify roles and align work programs with the Ministry of Health and other supporting agencies (eg CEC, BHI, HETI, Cancer Institute, NSW Kids and Families)	<ul style="list-style-type: none"> <li>• Negotiate and sign off Service Compact with MOH</li> <li>• Establish relationships and priorities with other supporting agencies</li> </ul>	CE CE	1 <sup>st</sup> q 3 <sup>rd</sup> q
	<ul style="list-style-type: none"> <li>• Establish MoU and work program with Centre for Epidemiology and Evidence</li> </ul>	Dir CPDI	1 <sup>st</sup> q

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2012/13	Director Responsible	Time frame
Establish mechanisms for determining priorities & working with: <ul style="list-style-type: none"> <li>• LHDs</li> <li>• Clinical service networks</li> <li>• Other health care providers eg Medicare Locals, Consumer groups</li> </ul>	<ul style="list-style-type: none"> <li>• Understand needs and priorities of the LHDs including their clinical networks and streams</li> <li>• Establish a mechanism for aligning priorities and working with the LHDs</li> <li>• Identify key contacts for ACI in LHDs at key organisational levels</li> </ul>	CE	2 <sup>nd</sup> q 2 <sup>nd</sup> q 2 <sup>nd</sup> q
	<ul style="list-style-type: none"> <li>• Partner/stakeholder identification and analysis</li> <li>• Develop Consumer Council 12 Month Work Plan</li> <li>• Host the ACI Network to Network 2012 Conference with key partners</li> </ul>	Dir EESC	2 <sup>nd</sup> q 2 <sup>nd</sup> q 2 <sup>nd</sup> q
	<ul style="list-style-type: none"> <li>• In partnership with MoH, GP NSW, RACGP and GP Council finalise a Medicare Locals/ACI Priority Projects Plan to identify Medicare Locals where collaborative projects involving new models of care can be implemented.</li> </ul>	Dir PCCS	2 <sup>nd</sup> q
	<ul style="list-style-type: none"> <li>• Set up project management office functionality to track all projects and deliverables from ACI perspective</li> <li>• Establish framework for prioritisation</li> <li>• Test ideas with LHDs and clinicians on mechanism for ACI to support LHDs</li> </ul>	Dir CPDI	1 <sup>st</sup> q 2 <sup>nd</sup> q 3 <sup>rd</sup> q
Work with clinicians, consumers and partners (eg LHD Clinical Councils, Medicare Locals, AMS) on prioritised work programs	<ul style="list-style-type: none"> <li>• Implement Medicare Locals/ACI Priority Projects Plan developed with MoH, GP NSW, RACGP and GP which identifies collaboration with Medicare Locals on implementing new models.</li> </ul>	Dir PCCS	3 <sup>rd</sup> q

## Focus Area 2 – Our Processes: Innovative Health Care

Objectives	Destination statement	Measures
<b>Develop a rigorous approach to all aspects of innovation</b>	We apply best practice standards and governance to all stages of our projects which follow the health innovation lifecycle comprising innovation, evaluation, adoption, optimisation and disinvestment.	<ol style="list-style-type: none"> <li>1. Innovation and capability score</li> <li>2. % Redesign School projects successfully implemented</li> </ol>
<b>Create an environment and capability for innovation</b>	We have a strategic framework in place that provides a forum for innovative thinking to promote evidence-based, cost effective, safe, high quality innovations in health care in addition to offering the tools and support clinicians need to develop and implement models of care.	<ol style="list-style-type: none"> <li>3. % Compliance with the innovation framework</li> </ol>

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2012/13	Director Responsible	Time frame
Define “innovation” and clarify and communicate ACI’s role in innovation in the health care system	<ul style="list-style-type: none"> <li>• Finalise ‘innovation’ definition, cycle, supporting business process and capability requirements in conjunction with our partners</li> </ul>	Dir CPDI & Clin Lead	2 <sup>nd</sup> q
Develop a clear framework for each component of the innovation cycle	<ul style="list-style-type: none"> <li>• Define steps to create a ‘model of care’</li> <li>• Establish agreed business rules for each component of the innovation cycle</li> <li>• Define ‘disinvestment’ and how it is built into our work</li> </ul>	Dir CPDI Dir CPDI Clin Lead/ Dir CPDI	1 <sup>st</sup> q 2 <sup>nd</sup> q 2 <sup>nd</sup> q

Facilitate and support the implementation of innovation with health care providers	<ul style="list-style-type: none"> <li>• Clinical Variation project for COPD and CHF <ul style="list-style-type: none"> <li>- Confirm solution design and MoU with LHDs</li> <li>- Support LHD implementation of solution</li> <li>- Evaluate</li> </ul> </li> <li>• Cardiac Reperfusion <ul style="list-style-type: none"> <li>- Continue implementation of Primary Angioplasty strategy</li> <li>- Implementation of Field Cardiac Thrombolysis</li> <li>- Implementation of State-wide ECG Reading Service</li> <li>- Design and Implementation of Nurse Initiated Thrombolysis</li> </ul> </li> <li>• Stroke Reperfusion Strategy <ul style="list-style-type: none"> <li>- Plan and engage LHDs in Implement of Stroke Thrombolysis plan</li> <li>- Support LHDs with Stroke Thrombolysis implementation strategy</li> </ul> </li> </ul>	Dir AC	1 <sup>st</sup> q 2 <sup>nd</sup> q 4 <sup>th</sup> q  2 <sup>nd</sup> q 3 <sup>rd</sup> q 3 <sup>rd</sup> q 4 <sup>th</sup> q
	<ul style="list-style-type: none"> <li>• Safe sedation project with Anaesthetic Network and LHDs <ul style="list-style-type: none"> <li>- Diagnostic</li> <li>- Targeted survey of sample hospitals collaborating with LHDs/ECI/Anaesthetic Network</li> <li>- Solution design</li> <li>- Implementation of appropriately adapted guidelines</li> <li>- Monitoring and evaluation</li> </ul> </li> <li>• # neck of femur model of care with CEC, SST, MSK and LHDs <ul style="list-style-type: none"> <li>- Formation of working party with Musculoskeletal/Aged Care Networks/LHDS/CEC/SST</li> <li>- Development of suitable MoC</li> <li>- Roadshow of new MoC</li> <li>- Implementation of MoC at selected sites</li> <li>- Monitoring and evaluation</li> </ul> </li> <li>• Interventional Neuro Radiology <ul style="list-style-type: none"> <li>- Establish working party with MoH/Neurosurgery/Stroke/Radiology/LHD</li> <li>- Develop service model options</li> <li>- MoH/ACI model selection and funding</li> <li>- Implementation</li> </ul> </li> </ul>	Dir AC	1 <sup>st</sup> q
		Dir SACC	1 <sup>st</sup> q 2 <sup>nd</sup> q 3 <sup>rd</sup> q 4 <sup>th</sup> q  1 <sup>st</sup> q 2 <sup>nd</sup> q 3 <sup>rd</sup> q 3 <sup>rd</sup> q 4 <sup>th</sup> q  1 <sup>st</sup> q 2 <sup>nd</sup> q 3 <sup>rd</sup> q 3 <sup>rd</sup> q
	<ul style="list-style-type: none"> <li>• Commence implementation of <i>The Care of the Confused Hospitalised Older Persons Study (CHOPS)</i> MoC in 3 new sites.</li> <li>• Develop alternative funding/governance models of Connecting Care (to include</li> </ul>	Dir PCCS	2 <sup>nd</sup> q

	<p>Medicare Locals and community based organisation as key service coordinators)</p> <ul style="list-style-type: none"> <li>Finalise Model of Care (MOC) for the Prevention and Management of Pressure Ulcers in People with a Spinal Cord Injury.</li> <li>Implement the NSW Model of Care for Refracture Prevention in every LHD.</li> <li>Finalise, translate and publish The Patient Nutrition Care Journey resources</li> <li>Transition network to collaborate with 'Connecting Care' to develop MoC for paediatric patients with chronic illnesses</li> </ul>		<p>3<sup>rd</sup> q</p> <p>4<sup>th</sup> q</p> <p>4<sup>th</sup> q</p> <p>4<sup>th</sup> q</p> <p>4<sup>th</sup> q</p>
	<ul style="list-style-type: none"> <li>Define role of implementation support team and communicate to clinical networks and LHDs</li> <li>Assist in Model of Care development, undertake economic/resourcing appraisals and develop resourcing, evaluation and implementation strategies for a number of existing projects including ORP, Radio Nuclide Therapy, High Risk Foot Services, Spinal Cord Injury, Cystic Fibrosis, Ortho-Geriatric Hip Fracture, CHOPS, and Pain Management.</li> </ul>	Dir CPDI	<p>1<sup>st</sup> q</p> <p>4<sup>th</sup> q</p>
Develop a prioritisation framework for innovation	<ul style="list-style-type: none"> <li>Establish and communicate a framework for prioritisation</li> </ul>	Dir CPDI	2 <sup>nd</sup> q
Develop the innovation skills and capability of our health care partners.	<ul style="list-style-type: none"> <li>Continue with Redesign School 3 times in next 12 months</li> <li>Establish the new IPSE program of work in collaboration with partners</li> <li>Identify the key capabilities required to deliver innovation</li> <li>Develop, test and implement a capability assessment tool</li> <li>Evaluate impact of capability development and project implementation</li> <li>Establish professional development resources to support capability development for innovation internal and external to ACI</li> </ul>	Dir CPDI	<p>ongoing</p> <p>3<sup>rd</sup> q</p> <p>3<sup>rd</sup> q</p> <p>3<sup>rd</sup> q</p> <p>3<sup>rd</sup> q</p> <p>3<sup>rd</sup> q</p> <p>3<sup>rd</sup> q</p>
Facilitate high quality translational research within the health system	<ul style="list-style-type: none"> <li>Support Board Research Committee with new framework for commissioning and monitoring research, and respond to Wills Health and Medical Research Strategic Review recommendations for ACI</li> </ul>	Dir CPDI	2 <sup>nd</sup> q

## Focus Area 2 – Our Processes: Operational Excellence

Objectives	Destination statement	Measures
<b>Ensure collaboration &amp; alignment of key priorities across the organisation</b>	Our clinical networks and teams are aligned with our strategic priorities and are collaborating on projects of common interest.	<ol style="list-style-type: none"> <li>1. % Clinical network projects aligned to ACI strategic and operational plans</li> <li>2. % Cross clinical network project collaboration</li> </ol>
<b>Develop high quality systems &amp; processes that are continuously improved</b>	Governance, structures and processes are in place across the ACI and clinical networks ensuring that we are working together to deliver coordinated, consistent high quality services.	<ol style="list-style-type: none"> <li>3. Staff satisfaction with operational effectiveness</li> </ol>

Strategic Initiatives July 2012 - June 2013	Operational Actions: 2012/13	Director Responsible	Time frame
In the first year, develop and implement robust systems and processes to support our activities (eg prioritisation, alignment, evaluation)	<b>Developing an innovation framework that over-arches and connects up:</b>	Dir CPDI/Clin Lead	1 <sup>st</sup> q
	<ul style="list-style-type: none"> <li>• research</li> <li>• prioritisation</li> <li>• evaluation</li> <li>• economic assessment and business case development</li> <li>• implementation support</li> <li>• reducing unwarranted clinical variation</li> <li>• redesign skills and capability assessment and development</li> <li>• culture change for innovation</li> <li>• knowledge management</li> <li>• incorporating rural health and telehealth into MoC development and implementation</li> </ul> Review existing databases to ensure their use is maximised	Dir CPDI	2 <sup>nd</sup> q

	<p><b>Develop effective Exec Support &amp; Communication Systems, processes and resources</b></p> <ul style="list-style-type: none"> <li>• Guides and templates to assist staff with briefings, communication plans, web requests and other EESC requirement</li> <li>• Staff know expectations and responsibility (ie deadlines, info required) and the role of EEC portfolio</li> <li>• Staff know where to find information easily and use efficiently</li> <li>• Clear lines of approval for briefs, resources and materials</li> </ul>	Dir EESC	1st q
	<p><b>Develop and implement robust HR and Recruitment policy and process by:</b></p> <ul style="list-style-type: none"> <li>• Implementation of Mercury eRecruit and recruitment approval guidelines/procedure</li> <li>• Issue FTE/Establishment budgets with operational budgets</li> <li>• Establish FTE management reporting at Portfolio and Network level</li> <li>• Develop and implement procedure around engagement of project staff to ACI</li> </ul>	Dir DCS	2 <sup>nd</sup> q
	<ul style="list-style-type: none"> <li>• <b>Develop and implement a ACI Risk Management Framework</b> <ul style="list-style-type: none"> <li>- Develop the ACI risk management plan</li> <li>- Develop the ACI risk register</li> <li>- Provide training/overview of risk management framework for ACI staff</li> </ul> </li> </ul>	Dir DCS	3 <sup>rd</sup> q
Work with our clinical networks to determine priorities	<ul style="list-style-type: none"> <li>• Establish a process to understand and work on agreed priorities</li> </ul>	Clin Lead	3 <sup>rd</sup> q
Ensure continuous input and feedback mechanisms from consumers, clinicians and partners	<ul style="list-style-type: none"> <li>• Develop and conduct online survey</li> <li>• Develop online/digital communication plan to include feedback/two-way platforms</li> </ul>	Dir EESC	3 <sup>rd</sup> q 4 <sup>th</sup> q
Establish mechanisms to support collaboration across the clinical networks	<ul style="list-style-type: none"> <li>• Establish a Project Management Office to support implementation across all Clinical Networks for prioritised projects.</li> <li>• Review possible establishment of a network / professional development program for Network Leads based on action learning sets / coaching program</li> </ul>	Dir CPDI	2 <sup>nd</sup> q 3 <sup>rd</sup> q

## Focus Area 3 – Our Resources: Our Clinicians, consumers and staff

Objectives	Destination statement	Measures
<b>Invest in our people to develop skills &amp; expertise</b>	We have systems in place to support our clinicians, managers and staff to develop their skills and expertise in order to optimise their participation and performance in all levels of the organisation.	1. Staff and clinical network satisfaction
<b>Create a vibrant &amp; stimulating environment with a shared direction</b>	Our clinical networks and staff identify with the ACI's values, purpose and vision and in doing so find the ACI a creative workplace with an inclusive and empowering culture.	2. ACI culture and climate score
<b>Promote our clinicians, consumers and clinical networks to lead the clinical reform process</b>	Our clinicians, consumers and clinical networks are well resourced with the tools and capacity to preserve and support their critical role in the design and implementation of innovative healthcare.	3. Clinical network effectiveness score
<b>Develop an ACI team with clear roles for our people</b>	We have structures and processes in place which empower our people to work in collaboration on projects with clearly identified responsibilities.	4. % Staff with annual performance development review
<b>Strengthen involvement &amp; communication</b>	We have structures and two way communications systems in place to actively involve our staff, clinical network clinicians and consumers. Central to our communication is effective sharing of knowledge encouraging participation in our health reform activities.	5. ACI staff engagement 6. % Clinician and consumer clinical network members actively involved 7. ACI staff and clinical network member satisfaction with communication

<b>Strategic Initiatives July 2012 - June 2013</b>	<b>Operational Actions: 2012/13</b>	<b>Director Responsible</b>	<b>Time frame</b>
In first year, establish a physical workplace that supports a vibrant & stimulating environment	<ul style="list-style-type: none"> <li>Transition all staff to new corporate space in Chatswood</li> <li>Transition ICCMU, ITIM and CCT to new corporate space in Chatswood</li> </ul>	CE Dir SACC	2 <sup>nd</sup> q 2 <sup>nd</sup> q
Acknowledge & build on existing capability and implement a consistent approach to ongoing professional development	<ul style="list-style-type: none"> <li>Develop and implement ACI Performance Management Framework</li> </ul>	Dir DCS /CE	3 <sup>rd</sup> q
	<ul style="list-style-type: none"> <li>Work with co-chairs to define role and responsibilities and develop a program for ongoing support</li> </ul>	CL	2 <sup>nd</sup> q
	<ul style="list-style-type: none"> <li>Staff capability skill set identified, assessment tool development, and professional development plans developed</li> </ul>	Dir CPDI	2 <sup>nd</sup> q
Acknowledge personal and professional contributions to the organisation	<ul style="list-style-type: none"> <li>Develop recognition program (eg Annual Awards Night)</li> </ul>	CE	3 <sup>rd</sup> q
Involve staff and clinical networks in key decisions	<ul style="list-style-type: none"> <li>Communications Strategy (Internal) <ul style="list-style-type: none"> <li>- Communicate key projects with/to partners</li> </ul> </li> <li>Run two staff forums</li> </ul>	Dir EEC [+ Others] Dir EEC/CE	2 <sup>nd</sup> q 2 <sup>nd</sup> /4 <sup>th</sup> q
	<ul style="list-style-type: none"> <li>Develop a template for network workplans</li> <li>Ensure that the network priorities are included in their workplan</li> </ul>	All Dir All Dir	1 <sup>st</sup> q 2 <sup>nd</sup> q

Develop agreed behaviours to support and promote ACI core values	<ul style="list-style-type: none"> <li>Workshop with staff to develop ACI culture building on core values with clarification on agreed behaviours</li> </ul>	Dir EEC + Others	2 <sup>nd</sup> q
Involve clinical networks in the design and implementation of the innovation cycle	<ul style="list-style-type: none"> <li>Program of visits to LHDs by Clinical Lead and network managers to discuss the role of the innovation cycle at local sites with clinicians and managers</li> </ul>	Clin Lead	2 <sup>nd</sup> q
Develop and implement a communications strategy centred on broadening and strengthening existing engagement	<ul style="list-style-type: none"> <li>Review and develop Communications Strategy (Internal and External)</li> <li>Implement new communications strategy</li> <li>Strengthen the link between the Consumer Council and other consumer network involvement</li> <li>Investigate greater use of social media</li> </ul>	Dir EESC	2 <sup>nd</sup> q 3 <sup>rd</sup> q 3 <sup>rd</sup> q 3 <sup>rd</sup> q
Increase and broaden clinician and consumer representation to support the ACI strategy	<ul style="list-style-type: none"> <li>Understand current representation and develop a representation model</li> <li>Undertake a gap analysis</li> <li>Increase representation in priority areas</li> </ul>	Dir EESC	2 <sup>nd</sup> -3 <sup>rd</sup> q (ongoing)

## Focus Area 3 – Our Resources: Our Financial Stewardship

Objectives	Destination statement	Measures
<b>Prioritise and maximise our use of resources</b>	Systems are in place which ensure that our resources are allocated to meet identified needs, in accordance with agreed priorities, and utilized for maximum benefit	1. Net cost of services (NCOS)

Strategic Initiatives: July 2012 to June 2015	Operational Actions: 2012/13	Responsibility	Time frame
Fully develop the organisational structure and map financial systems to structure	<ul style="list-style-type: none"> <li>• Develop and devolve Portfolio and Network Budgets                             <ul style="list-style-type: none"> <li>- Establish clear operational budgets for each of the Portfolios</li> <li>- Devolve budgets to cost centre level, and create capacity at cost centre manager level for budget analysis and management</li> </ul> </li> </ul>	Dir DCS	1 <sup>st</sup> q
Develop robust and transparent systems for prioritisation and utilisation of our resources	<ul style="list-style-type: none"> <li>• Develop and implement organisational Management Reporting</li> <li>• Financial                             <ul style="list-style-type: none"> <li>- Develop organisational and cost centre structures in SMRT</li> <li>- Provide financial management and analysis training for cost centre managers</li> <li>- Roll out SMRT 'Responsible Operations Managers' reports to cost centre managers</li> <li>- Create monthly feedback/reporting mechanisms for cost centre managers to feed up to Portfolio and ACI top level financial reporting processes</li> </ul> </li> </ul>	Dir DCS	2 <sup>nd</sup> q