



**ACI** NSW Agency  
for Clinical  
Innovation

# Operational Plan 2013-2014



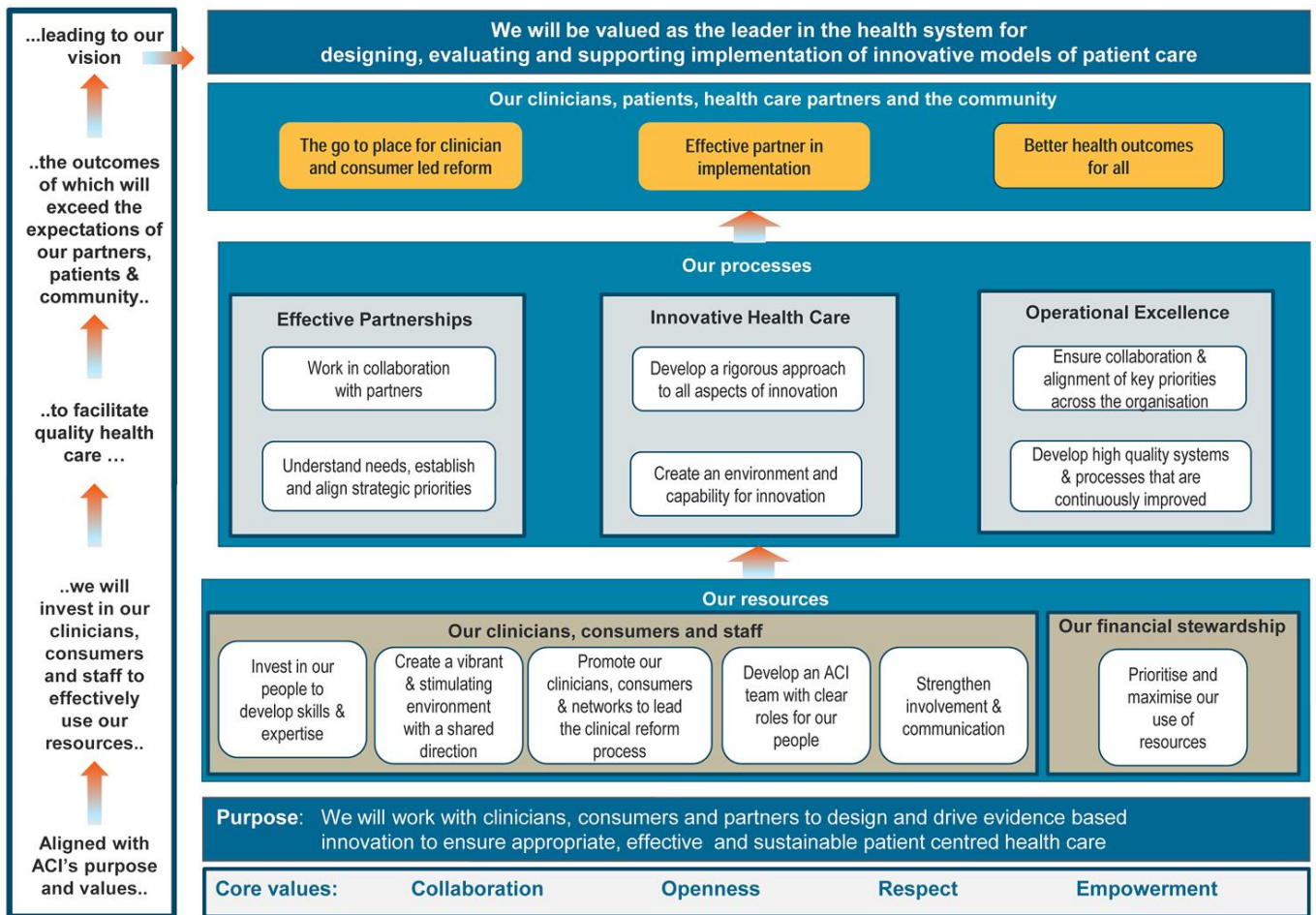
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## GLOSSARY

AC	Acute Care
CI Lead	Clinical Lead
CE	Chief Executive
CPDI	Clinical Program Design and Implementation
CS	Corporate Services
EESC	Engagement, Communications and Executive Support
PCCS	Primary Care and Chronic Services
SACC	Surgery, Anaesthesia and Critical Care

# ACI Strategy Map 2012-2015



## Focus Area One: 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 (1)</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: 2013/14	Director Responsible	Timeframe
Develop a reputation for delivery by focusing on completing strategic projects of significance to ACI and partners	Finalise and support system-wide adoption of the Rehabilitation Model of Care: <ul style="list-style-type: none"> <li>• Implementation Workshop convened</li> <li>• Implementation Plan finalised</li> <li>• Implementation follow up and support initiatives finalised</li> </ul>	PCCS	Q1 Q2 Q4
	Finalise and support system-wide adoption of the Integrated Care for Older People with Complex Health Needs: <ul style="list-style-type: none"> <li>• Finalise integrated care for older people with complex health needs framework;</li> <li>• Implementation plan finalised and implementation commenced</li> </ul>	PCCS	Q2 Q3
	Finalise and support system-wide adoption of the Palliative Care and End of Life Model of Care: <ul style="list-style-type: none"> <li>• Finalise Palliative Care and End of Life MoC</li> <li>• Develop implementation plan and commence implementation</li> </ul>	PCCS	Q2 Q3
	Finalise establishment of the Rural Health Network: <ul style="list-style-type: none"> <li>• Develop two year work plan, communications strategy and system for alignment of priorities (MOH, ACI, LHDs)</li> <li>• Increase rural involvement with ACI networks (collaboration), raise profile of ACI within rural LHDs (forums, seminars, exhibition booth at events) and undertake a high profile project in conjunction with Rural LHDs</li> </ul>	CPDI	Q2 Q4

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2013/14	Director Responsible	Timeframe
Develop clear communications about the role and work of ACI and its achievements	<ul style="list-style-type: none"> <li>• Identify a revised structure for the ACI website and test with different audiences</li> <li>• Explore different ways to deliver models of care including smart phone applications and multimedia resources</li> <li>• Explore new ways to share information across the organisation</li> <li>• Develop an Information Portal on ACI projects for use by LHDs and key stakeholders</li> </ul>	EESC	Q1 Q2 Q3 Q4
	<ul style="list-style-type: none"> <li>• Create a map of ACI projects/activities and projected roll out timeline in the LHDs</li> <li>• Establish a schedule to showcase across the healthcare system six ACI projects implemented in the LHDs (every second month)</li> </ul>	EESC	Q1 Q2
Review and evaluate partnerships annually	<ul style="list-style-type: none"> <li>• Evaluate mechanism used to review partnerships in 2012/13</li> <li>• Undertake a review of partnerships in 2013/14</li> </ul>	CE	Q2 Q4
Measure and monitor impact on health outcomes	<ul style="list-style-type: none"> <li>• Support Quarterly reporting and Evaluation of Chronic Disease Management Program</li> <li>• Undertake evaluation of new models of care to facilitate improved health care, cost efficiency and ultimately, improved health for the community.</li> <li>• Establish an annual data analysis, evaluation and economic analysis schedule to guide this work</li> </ul>	PCCS	Ongoing & then Q1 Q2 Q2
Develop a culture within ACI which demonstrates respect for the needs and priorities of Aboriginal people and other priority populations in all ACI activities	<p>Implement the Cultural Respect Framework:</p> <ul style="list-style-type: none"> <li>• Develop a program of activity for the ACI focussing on the needs and priorities of Aboriginal people</li> <li>• Commence the Cultural Respect training</li> </ul>	CE(PCCS)	Q1 Q2

## Focus Area Two - Our processes: effective partnerships

Objective	Destination Statements	Measures
Work in collaboration with partners	We have established working relationships with our partners based on shared goals, clearly agreed responsibilities and identified outcomes	7. Partnership satisfaction (2)
Understand needs, establish and align strategic priorities	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	8. Partnership satisfaction (3) 9. % Service compact items with MOH met% 10. Agreed priorities with other partners met

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2013/14	Director Responsible	Timeframe
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)	Establish a program of regular meetings for the ACI Executive Team to meet with the Executive Teams of each of the Pillars to identify projects with common themes as the basis for working in partnerships	CE	Q1
	Support the provision of data and information to Networks to enhance Models of care and to gain a greater understanding of patient flows by: <ul style="list-style-type: none"> <li>Developing arrangements with Health System Information &amp; Performance Reporting Branch for the provision of Non-admitted and Sub-Acute Care data</li> <li>Maintain and revise ongoing partnerships with the Centre for Epidemiology and Evidence (CEE) and the Activity Based Funding Taskforce</li> <li>Work with the CEE to undertake the MBS/PBS and NSW Health Data Collections linkage project to support the system wide (Commonwealth and State) analyses of Health Pathways, Chronic care and other priorities</li> </ul>	CPDI	Q2 Q2 Q4
	Partner with the NSW Ministry of Health to create a Specialist Outpatient Service Policy Framework for NSW	CPDI	Q2
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</li> </ul>	Support the work of the Consumer Council through its workplan: <ul style="list-style-type: none"> <li>Recruit new members with expertise in engaging priority populations</li> <li>Develop a Consumer Engagement Framework that defines what ACI means by consumer involvement and clarifies mechanisms for working with key partners and stakeholders</li> </ul>	EESC	Q2 Q4
	<ul style="list-style-type: none"> <li>Ensure twice yearly ACI Connect Forums are held as a basis for improving partnerships with LHDs</li> </ul>	CE	Q2 Q4

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2013/14	Director Responsible	Timeframe
Work with clinicians, consumers and partners (e.g. LHD Clinical Councils, Medicare Locals, AMS) on prioritised work programs	Work with partners on improving the Medical In-patient Journey through the development of Models for Clinical Management Plans and Criteria led discharge: <ul style="list-style-type: none"> <li>Design and Document Models</li> <li>System-wide Consultation and Implementation Planning</li> <li>Commence Implementation at Pilot sites</li> </ul>	AC	Q2 Q3 Q4
	<ul style="list-style-type: none"> <li>Establish GP Lead Clinician positions and</li> <li>Develop a cross portfolio work program that supports ACI's key objectives</li> </ul>	PCCS	Q1 Q3
	<ul style="list-style-type: none"> <li>Support trial of alternative community patient management process (Central Coast)</li> <li>Develop approach to and oversee evaluation</li> </ul>	PCCS(CPDI)	Q1 Q2
	<ul style="list-style-type: none"> <li>Lead process to identify ideal configurations of community based health services in partnership with MoH, NSW Kids and Community Health Directors</li> <li>Report on process</li> </ul>	PCCS	Q3 Q4
	Finalise evaluation of Urgent Care Centres	SACC(CPDI)	Q2
	Partner with the MOH and LHDs to ensure the Statewide Spinal Cord Injury Steering Committee delivers a clear direction	PCCS	Q2
	Collaborate with LHDs and Medicare Locals to identify and document innovative models to support the integrated delivery of MSK programs (including OPR and OACCP)	PCCS	Q3
	Support HNELHD in evaluating stage 1 and 2 of the Health Pathways project and use results to inform and support evaluation methods for three other sites	CPDI	Q3
	Develop a MoC for the Care and Management of the High Dependency patient: <ul style="list-style-type: none"> <li>Establish a Steering Committee and determine Priorities and suitability</li> <li>Develop Models of Care</li> <li>Develop Implementation Plan</li> </ul>	SACC	Q1 Q3 Q4
	Undertake the Clinical component of the ICCIS (Intensive Care Clinical Information System) project: <ul style="list-style-type: none"> <li>IPS (Implementation Study) commences</li> <li>Development of content architecture</li> <li>Inform development of State-Based Build</li> </ul>	SACC	Q1 Q2 Q4
	Drive operating theatre efficiencies (following Audit Office report) by supporting LHDs, in collaboration with the Ministry of Health, to: <ul style="list-style-type: none"> <li>Strengthen operating theatre management by developing operating theatre practice guidelines</li> <li>Develop operating theatre indicators to be used as efficiency measures for benchmarking in hospital operating theatres</li> <li>Determine potential to free up theatre capacity for elective surgery by identifying and minimising non-surgical procedures in operating theatre</li> </ul>	SACC	Q2 Q3 Q4
	Undertake the NSW Trauma Plan Review and make recommendations for future service planning: <ul style="list-style-type: none"> <li>Develop scope for review</li> </ul>	SACC	Q1



Strategic Initiatives July 2012 - June 2015	Operational Actions: 2013/14	Director Responsible	Timeframe
Work with clinicians, consumers and partners (e.g. LHD Clinical Councils, Medicare Locals, AMS) on prioritised work programs	<ul style="list-style-type: none"> <li>• MOH Support/agreement</li> <li>• Tender Process</li> <li>• Undertake Review</li> </ul>		Q2 Q3 Q4
	<ul style="list-style-type: none"> <li>• Deliver first phase of the Unwarranted Clinical Variation strategy</li> <li>• Implement second phase projects</li> </ul>	CPDI	Q3 Q4
	<ul style="list-style-type: none"> <li>• Identify one Specialist Outpatient Clinic with inappropriate waiting times and work with the LHD (and NSW MoH) to develop and implement an improvement strategy</li> </ul>	CPDI	Q3
	Refine implementation methodology for Chronic Care Aboriginal Program (CCAP) and (one Deadly Step and Culture Health Communities ) to enable local implementation within two years: <ul style="list-style-type: none"> <li>• Finalise stage two implementation</li> <li>• Undertake review of implementation methodology</li> </ul>	PCCS	Q2 Q3
	NSW Ambulance Reform Plan – Models of care to improve patient flow and transfer of care from the ambulance crew to emergency department staff.	SACC	Q3

## Focus Area Two - Our processes: innovative health care

Objective	Destination Statements	Measures
<b>Develop a rigorous approach to all aspects of innovative</b>	We apply best practice standards and governance to all stages of our projects which follow the health innovation lifecycle comprising innovation, analysis, evaluation, adoption, optimisation and disinvestment.	11. Innovation and capability score 12. % redesign School projects successfully
<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.	13. % Compliance with the innovation framework

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2013/14	Director Responsible	Timeframe
Define "innovation" and clarify and communicate ACI's role in innovation in the health care system	Partner with LHDs to review and refine innovation cycle	Clinical Lead	Q2
Develop a clear framework for each component of the innovation cycle	Define disinvestment and incorporate into ACIs program of work	CPDI	Q2
	<ul style="list-style-type: none"> <li>Develop a Discussion Paper that articulates the suggested approach in the context of incorporating disinvestment into economics/sustainability/prioritisation and implementation strategies</li> <li>Test the methodology in a project</li> </ul>		Q4
Facilitate and support the implementation of innovation with health care providers	<ul style="list-style-type: none"> <li>Undertake a diagnostic of the Brain Injury Rehabilitation Program (BIRP) MoC</li> <li>Commence solution design</li> </ul>	PCCS	Q3
	<ul style="list-style-type: none"> <li>Establish (3) pilot sites for the integration of CCAP Programs with the Chronic Disease Management Program and document learnings</li> <li>Identify pilot sites and partners</li> <li>Implement pilot projects</li> </ul>		Q4
	Negotiate and support an Integrated Medicare Local/LHD project and document learnings (site to be identified).	PCCS	Q2

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2013/14	Director Responsible	Timeframe
Facilitate and support the implementation of innovation with health care providers	<ul style="list-style-type: none"> <li>Develop the Nutrition Standards for Mental Health Inpatients in NSW Hospitals</li> <li>Distribute resources to support implementation</li> </ul>	PCCS	Q2 Q4
	Develop and distribute resources to support the implementation of the <i>Model of Care for Pressure Injury Prevention and Management in Children and Adults with Spinal Cord Injury and Spina Bifida</i> in partnership with CEC	PCCS	Q3
	Implement the Care of the Confused Hospitalised Older Persons Program in at least three locations	PCCS	Q2
	Establish a Pain Outcomes Database (EPOCC)	PCCS	Q3
	Identify and document the system issues that are emerging as young people/adults have improved survival rates and require services (in adulthood) from LHDs instead of the SCHN. (This analytic exercise will be used to inform the development of models to assist the Adult Health System to respond effectively to these conditions.)	PCCS	Q4
	Improve access to timely management of patient with Acute Coronary Syndrome through the NSW Cardiac Reperfusion Program: <ul style="list-style-type: none"> <li>Establishment of ECG Reading Services across NSW</li> <li>Design and develop materials for Nurse Activated Thrombolysis</li> <li>Implementation of Pre Hospital Thrombolysis in appropriate LHDs</li> <li>Commence implementation of Nurse Activated Thrombolysis</li> </ul>	AC	Q2 Q2 Q3 Q3
	Improve clinical data collection to monitor patient outcomes through the implementation of the Endoscopy Information System: <ul style="list-style-type: none"> <li>Establish Community of Interest Training Group</li> <li>Establish Clinical Reference Group</li> <li>Support HealthShare EIS System Implementation (33 Priority sites implemented)</li> </ul>	AC	Q2 Q2 Q3
	Improve clinical practice and patient outcomes through the implementation of Tracheostomy Clinical Practice Guidelines for Adult Patients in Acute Care Facilities: <ul style="list-style-type: none"> <li>Implementation planning, tools and resources developed for implementation support</li> <li>Commence LHD implementation support</li> <li>LHD Implementation site visits</li> </ul>	SACC (AC)	Q1 Q2 Q3
	Reduce clinical variation and improve clinical outcomes for acute stroke patients in NSW Hospitals: <ul style="list-style-type: none"> <li>Clinical Reference Group established and audit tools developed</li> <li>Site visits completed</li> <li>Commence implementation of improvement strategies</li> </ul>	AC (CPDI)	Q1 Q2 Q3

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2013/14	Director Responsible	Timeframe
Facilitate and support the implementation of innovation with health care providers	Improving care for patients through the Non Invasive Ventilation Guidelines Implementation: <ul style="list-style-type: none"> <li>• Implementation planning, tools and resources developed for implementation support</li> <li>• Commence LHD implementation support</li> <li>• LHD Implementation site visits</li> </ul>	AC	Q1 Q2 Q3
	Improving the quality of care for acute care stroke patients through the Quality in Acute Stroke Care (QASC) Implementation Project: <ul style="list-style-type: none"> <li>• Implementation plan completed</li> <li>• Site training and site support visits completed</li> <li>• Site implementation and data collection</li> <li>• Data analysis and Report</li> </ul>	AC	Q1 Q2 Q3 Q4
	Reduce clinical variation and improve care for patients following Acute Myocardial Infarction: <ul style="list-style-type: none"> <li>• Clinical Reference Group established and audit tools developed</li> <li>• Local Clinician Data Audits completed</li> <li>• Commence implementation of improvement strategies</li> </ul>	AC	Q1 Q2 Q3
	Improving clinical practice for patients through Pleural Drains Consensus Guidelines Implementation: <ul style="list-style-type: none"> <li>• Implementation planning, tools and resources developed for implementation support</li> <li>• Commence LHD implementation support</li> <li>• LHD Implementation site visits</li> </ul>	AC	Q1 Q2 Q3
	Nurse Delegated Emergency Care Initiative (NDEC): <ul style="list-style-type: none"> <li>• Working group established and suite of documents endorsed</li> <li>• Education / accreditation module developed; audit and evaluation framework reviewed</li> <li>• Audits undertaken on first tranche of sites; evaluate first tranche implementation and review and modify MoC package</li> <li>• Second tranche of sites completed</li> </ul>	SACC (CPDI)	Q1 Q2 Q3 Q4
	Develop and implement Minimum Standards for Safe Procedural Sedation Project: <ul style="list-style-type: none"> <li>• Develop implementation plan (Phase 1)</li> <li>• Commence implementation (Phase 1)</li> <li>• Phase 2 (ED, Burns, BMT) – Diagnostic</li> <li>• Develop implementation plan (Phase 2)</li> <li>• Complete implementation of Phase 1</li> </ul>	SACC	Q1 Q2 Q3 Q4 Q4
	Development and implementation of appropriately adapted minimum standards for the management and care of the ortho-geriatric patient diagnosed with a fractured hip: <ul style="list-style-type: none"> <li>• The completion of the suite of minimum standard documents</li> <li>• Implementation of the minimum standards across NSW</li> </ul>	SACC	Q1 Group 1 in Q2 and

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2013/14	Director Responsible	Timeframe
	hospitals (two phases with NSW public hospitals divided into two groups for efficiency) <ul style="list-style-type: none"> <li>Formative evaluation of three hospital sites from Phase 1.</li> </ul>		Group 2 in Q3 Q4
Facilitate and support the implementation of innovation with health care providers	Support MoH in development and implementation of minimum standards for the surgical management and care of rare and complex cancers including the streamlining of surgical sites in NSW for these cancers: <ul style="list-style-type: none"> <li>EOI completed and distributed</li> <li>Selection Process completed</li> <li>Implementation</li> <li>Evaluation and report</li> </ul>	SACC	Q1 Q2 Q4 Q4
Develop the innovation skills and capability of our health care partners	Integrate the Improving Staff and Patient Experience (IPSE) methodology into the ACI redesign methodology: <ul style="list-style-type: none"> <li>Progress the implementation of the coaching panel for NSW Health in partnership with other pillars</li> <li>Develop a program for IPSE informed by the recommendations arising from the review of program</li> <li>Develop a Patient Experience Framework for the ACI, which incorporates how the elements of patient experience are captured and embedded into ACI Models of Care (e.g. patient stories, patient videos, patient survey and PETs)</li> </ul>	CPDI	Q2 Q3 Q4
	Partner with WNSW LHD and CCLHD to undertake a formative evaluation of the Studer programs commencing at both districts and use lessons learned to inform ACI capability framework for innovation and transformation.	CPDI	Q4
	Develop and implement the Knowledge Management Approach for ACI: <ul style="list-style-type: none"> <li>Develop a knowledge management approach for ACI and program for implementation</li> <li>Progressively implement the knowledge management approach aligned with the redevelopment of the ACI website and implementation of the social media policy including evaluation</li> </ul>	CPDI	Q2 Q4
	Increase the effectiveness of the CHR Redesign Capability Development Program by implementing recommendations from external evaluation: <ul style="list-style-type: none"> <li>Develop an implementation plan for the recommendations</li> <li>Implement changes to commence for 2014 programs</li> <li>Partner with LHDs/SHNs to build capability development programs to expand the reach of Redesign (e.g. building Alumni programs with the Redesign Leaders, develop short programs which may be run locally)</li> </ul>	CPDI	Q1 Q2 Q4
Facilitate high quality translational research within the health system	Ensure that all new research undertaken by the ACI meets the requirements of the Research Framework : <ul style="list-style-type: none"> <li>Finalise ACI Research Framework and communicate to stakeholders</li> <li>Implement agreed processes for approving research, including first round of partnership research</li> </ul>	CPDI	Q1 Q2

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2013/14	Director Responsible	Timeframe
	<ul style="list-style-type: none"> <li>Establish processes for managing compliance with the Research Framework</li> </ul>		Q3
	Establish a Fund to support the development of clinical innovation	CE	Q3
Facilitate high quality translational research within the health system	<p>Develop and implement a program of research regarding mechanisms for implementing and sustaining change across a complex health system:</p> <ul style="list-style-type: none"> <li>Establish research team and agree research plan</li> <li>Complete literature review to identify mechanisms for health system transformation and validate through interviews</li> <li>Establish approaches for quantifying successful system transformation and validate through two case studies</li> <li>Agree a framework to assist the development, implementation and evaluation of change initiatives across ACI.</li> </ul>	CPDI	Q1 Q2 Q3 Q4

## Focus Area Two - Our processes: operational excellence

Objective	Destination Statements	Measures
Ensure collaboration & alignment of key priorities across the organisation	Our clinical networks and teams are aligned with our strategic priorities and are collaborating on projects of common interest.	14. % Clinical network projects aligned to ACI strategic and operational plans 15. % Cross clinical network project collaboration
Develop high quality systems & processes that are continuously improved	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.	16. Staff satisfaction with operational effectiveness

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2013/14	Director Responsible	Timeframe
Develop and implement robust systems and processes to support our activities (eg prioritisation, economics data governance, alignment, evaluation)	Develop roadmaps for potential efficient and effective strategies that can be delivered by LHDS on our projects	CPDI(all directors)	Q2
	Advance the use of Telehealth in two models of care: <ul style="list-style-type: none"> <li>Raise awareness of how Telehealth can be used to support best practice care</li> <li>Increase utilisation of Telehealth by LHDs and assist with implementation</li> </ul>	CPDI	Q1 Q3
	Develop and implement ACI database standards and governance policies and guidelines: <ul style="list-style-type: none"> <li>Review and evaluate recommendation and feedback from Consultants Review and develop an Action Plan</li> <li>Develop and adopt data collection policy and guideline for ACI</li> <li>Develop a registry of all ACI databases</li> <li>Implement recommendations</li> <li>Establish database management and data standards working group</li> <li>Monitor progress of recommendations and commence evaluation</li> </ul>	CPDI	Q1 Q1 Q2 Q2 Q3 Q4
	Work with our clinical networks to determine priorities <ul style="list-style-type: none"> <li>Develop and refine prioritization model in consultation with network co-chairs</li> <li>Assess uptake of model across the ACI</li> <li>Inform the Operational Plan for 2014/15</li> </ul>	Clinical Lead	Q2 Q3 Q3

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2013/14	Director Responsible	Timeframe
Ensure continuous input and feedback mechanisms from consumers, clinicians and partners	Support networks, taskforces and institutes to utilize social media: <ul style="list-style-type: none"> <li>• Develop training and support package for staff</li> <li>• Establish monitoring processes and design and launch pilot ACI Twitter, Facebook and Vimeo and/or You Tube accounts</li> <li>• Support staff to develop social media plans for ACI events and project launches</li> </ul>	EESC	Q1  Q3  Q4
Establish mechanisms to support collaboration across the clinical networks	Establish and assess value of microsites to support collaboration across clinical networks and to engage different audiences	EESC	Q2



## Focus Area Three - Our clinicians, consumers and staff

Objective	Destination Statements	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.	17. 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.	18. 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.	19. 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.	20. % 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.	21. ACI staff engagement 22. % Clinician and consumer clinical network members actively involved 23. ACI staff and clinical network member satisfaction with communication

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2013/14	Director Responsible	Timeframe
Acknowledge & build on existing capability and implement a consistent approach to ongoing professional development	<p>Develop and Implement Staff Performance Development Framework:</p> <ul style="list-style-type: none"> <li>Finalise the Performance Management and Professional Development Frameworks.</li> <li>Commence implementation and rollout of communication and staff engagement strategy</li> <li>Commence implementation of Framework and commencement of Performance Review Process and review of Training and Development needs</li> <li>Commence evaluation</li> </ul>	CE	<p>Q1</p> <p>Q2</p> <p>Q2</p> <p>Q3</p>

<b>Strategic Initiatives July 2012 - June 2015</b>	<b>Operational Actions: 2013/14</b>	<b>Director Responsible</b>	<b>Timeframe</b>
Acknowledge personal and professional contributions to the organisation	Establish a Recognition Program for staff to acknowledge and celebrate success	CE	Q2
Involve staff and clinical networks in key decisions	Establish a Clinical Council for the Clinical Directors, GP Leads, network co-chairs and Executive Team to meet in a forum to discuss ACI's major initiatives	CE	Q2
Develop agreed behaviours to support and promote ACI core values	Implement recommendations from Values and Behaviours Sessions at Staff Forum	CE	Q1
Involve clinical networks in the design and implementation of the innovation cycle	Assess our current approach to implementation of new Models of Care to ensure all components of the innovation cycle are supporting improved patient outcomes.	All Directors	Q4
Develop and implement a communications strategy centred on broadening and strengthening existing engagement	Develop and promote a staff toolkit to build capability in sponsorship and event management	EESC	Q1
Increase and broaden clinician and consumer representation to support the ACI strategy	Develop tools and resources for consumers, staff and clinicians to strengthen consumer involvement	EESC	Q2
	Clinical Networks to broaden and strengthen mechanisms for clinician and consumer involvement in our work program	All Directors	Q2 Q4

## Focus Area Three - Our resources: our financial stewardship

Objective	Destination Statements	Measures
Prioritise and maximise our use of resources	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	24. Net cost of services (NCOS)

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2013/14	Director Responsible	Timeframe
Fully develop the organisational structure and map financial systems to structure	<p>Complete and implement the 2nd stage of financial reporting across all Cost Centres and ACI budgets:</p> <ul style="list-style-type: none"> <li>Development of reporting templates that can be downloaded directly from the SMRT reports and allocation of financial delegation</li> <li>SMRT Reporting training for all Cost Centre Managers</li> <li>Implementing Quarterly Financial Reporting and mid-year review of existing budgets</li> <li>Preparation of 2014/2015 Budgets by Cost Centre Managers</li> <li>Review and evaluation of Reporting</li> </ul>	CS	Q1 Q1 Q2 Q4 Q4
Develop robust and transparent systems for prioritisation and utilisation of our resources	<p>Develop and implement a Contract Management System:</p> <ul style="list-style-type: none"> <li>Review of existing ACI and Ministry templates and contracts</li> <li>Development of a system / framework for the reporting of ACI contracts and SLA's including the implementation of TRIM</li> <li>Develop a register of Contract performance KPI's and monitoring framework</li> <li>Internal Audit Review of the System and Framework</li> <li>Review and evaluation of Reporting</li> </ul>	CS	Q1 Q2 Q2 Q4 Q4
	<p>Implement an Enterprise-wide Risk Management framework and procedure:</p> <ul style="list-style-type: none"> <li>Formulate a Risk Management procedure in line with the Ministry Policy and Directive</li> <li>Implement a monitoring and reporting (Governance) process for which ACI Executive will report ERM to Audit &amp; RM Committee then through the Committee to the Board.</li> <li>Implement annual workshops to formally review and update the Risk Register</li> </ul>		CS
Develop robust and transparent systems for prioritisation and utilisation of our resources	<p>Develop, implement and test an ACI Business Continuity Plan for any Business interruption:</p> <ul style="list-style-type: none"> <li>Review with Portfolio Directorates and Chief Executive the critical functions of the agency that would be impacted on any disruption to the access of resources</li> </ul>	CS	Q3

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2013/14	Director Responsible	Timeframe
	<ul style="list-style-type: none"> <li>• Review all agency critical suppliers and the impact on them from any business disruption</li> <li>• Draft and review a Business Continuity Plan</li> <li>• Undertake a test of the plan to include scenario simulation and full evacuation</li> </ul>		<p>Q3</p> <p>Q3</p> <p>Q4</p>