

Capability Domain	Capability Description	Capability statement: within the first 100 days	Capability statement: within the first 12 months
Structure & Governance	Governance and accountability (fit with broader environment; roles and responsibilities; reporting lines)	There is clarity over the organisations mission and strategic objectives; Constitution has been developed and approval timelines agreed, aligned with members forums. Members forum held or planned Reporting processes established	Regular cycle of Members forums in place; regular progress reporting established.
Structure & Governance	Establishment of the Board and associated advisory groups	The future governance structure has been defined and agreed and transition to the structure commenced, including: Skills assessment completed; Board established; Leadership team appointed; Advisory committees established; Standing committees established; TOR, roles, decision protocols for Board and committee have been developed and there is a process for finalisation and implementation in place.	Governance processes fully implemented Performance and investment reporting fully embedded Revised 3yr business case approved.
Structure & Governance	Strategic Planning process	Strategy / vision articulated in the ITA has been transferred to corporate strategy (minimum 1 year focus and activity focused) Transition and implementation plan has been developed and approved; Business plan and budget has been developed and approved; Assumptions have been approved; Risk register has been developed and signed off.	Structure and process for monitoring delivery of strategic plan (eg. Balanced scorecard or similar) defined and beginning to be implemented.
Structure & Governance	Development and implementation of a ML vision, design & Transition Plan	The Medicare Local has devised a plan that outlines how it will manage the transition of GPN functions (by transfer or sub-contract) and work toward the establishment of the new entity with a focus on change. A Transition board/committee/team is in place with responsibility for implementing the transition plan.	Performance against the Transition Plan is consistently reported to Board and Executive. Plans are in place to 'close' the transition phase and move to business as usual.
Structure & Governance	Business Model	Organisation structure has been defined; Operational structure (functions, units) has been defined; External interdependencies (eg funders, suppliers, third parties) are understood.	Organisation and operational structures in place. Capacity and capability gaps identified and plans are in place to fill gaps. Ongoing organisational development plans are being developed.

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Leadership & Engagement	Clinical Leadership	<p>The objectives of clinical leadership activities and clinical leaders are defined and agreed. Links between clinical leadership and broader corporate and clinical governance are understood.</p> <p>Leadership requirements have been assessed and an initial plan to address capability and capability gaps have been developed.</p> <p>Limited number of examples of execution (via existing mechanisms or eg lead clinicians groups).</p>	Clinical leadership capacity and capability gaps have been addressed. Clinical leadership mechanisms are a part of all service and strategic planning activities.
Leadership & Engagement	Organisational leadership	<p>CEO and Executive team is in place with clearly defined roles and responsibilities (or transitional structure is in place). Reporting structure is defined (eg delegation document) for transition.</p> <p>Performance objectives and metrics for leadership personnel are defined for the transition and post-transition period.</p> <p>Leadership development needs assessed and has commenced (where required).</p>	Leadership development program is on-going or completed (as required). Performance has been reviewed against objectives and metrics or a process has been defined for completing reviews within the next 3 months. Transitional structures have been retired and replaced by permanent structures or there is a clearly defined plan for this hand over to take place in the next 3 months.
Leadership & Engagement	Community engagement	<p>Community stakeholders have been identified and engagement methods have been planned and agreed with these stakeholders.</p> <p>The purpose for engagement is clear and articulated and there is a plan in place for leveraging the outcomes of engagement. Stakeholder engagement plans are aligned with general public communications.</p> <p>Forums/committees and other engagement methods are in place and by the end of the first 100 days some initial engagement has taken place.</p>	Community engagement program is clearly articulated and engagement has commenced to inform strategy, service plans and performance management.

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Leadership & Engagement	Consumer engagement	<p>Consumer stakeholders have been identified and engagement methods have been agreed.</p> <p>The purpose for engagement is clear and articulated and there is a plan in place for leveraging the outcomes of engagement.</p> <p>Forums/committees and other engagement methods are in place and by the end of the first 100 days some initial engagement has taken place.</p> <p>Key consumer advocacy groups have been identified.</p>	<p>Consultations with consumers have commenced and consumers needs are reflected in strategic plans, service development and commissioning plans. There are mechanisms in place to measure consumer involvement and consumer needs. There is consumer representation on the ML board.</p>
Leadership & Engagement	Clinician engagement	<p>Clinicians have been identified and consultations planned to discuss service planning and delivery with a broader set of clinical groups. Engagement methods have been planned and agreed with stakeholders.</p> <p>There are clear plans linking clinical engagement with clinical and corporate governance.</p>	<p>Clinical engagement framework is in place and a defined group of local clinical stakeholders are engaged in a structured way in all service planning activities.</p>
Leadership & Engagement	Partnership development	<p>Those activities where commonality exists between the ML and other organisations / agencies have been identified.</p> <p>Identify and commence engagement with key partners.</p>	<p>Relationships with the provider network has been extended and strengthened in the development of the ML, making best use of the available health workforce, and utilising and incorporating GPN and State relationships. Partnerships are still focused on areas of commonality.</p>
Leadership & Engagement	Member engagement	<p>Membership is defined and initial communication of transition plans and arrangements have been made.</p> <p>Membership governance arrangements have been defined.</p> <p>Membership has been extended to a wide primary care community.</p>	<p>Any transition arrangements for membership and governance have transitioned into permanent structures with defined communication channels that encourage active member participation in strategy and decision making. Membership includes a wide primary care community.</p>

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Management & Business	Performance Management and Improvement	DoHA's performance management framework and contract requirements are understood and factored into plans. Performance management and reporting mechanism (eg service agreements, financial and funding updates, transition status and cost and benefit, quality and service improvement) have commenced with a focus on quality improvement.	Performance management function is operational and in line with funder requirements.
Management & Business	Business planning	A detailed 1 yr plan and budget (linked to strategic plan and carry-over programs) has been developed with an indicative 3yr outlook. The plan includes key milestones, interdependencies and risks.	Review of financial performance against detailed 1 year budget has occurred or there is a well defined plan in place to complete this review in the next 3 months; indicative 3 yr outlook is adjusted accordingly.
Management & Business	Financial reporting and controls	The organisation has developed a financial structure and production of financial statements in accordance with all Australian Accounting Standards and Funder requirements. related to this: Operational and services performance processes are in place; Reporting and control processes and accountabilities are in place; Funding and budget processes are in place; Management reporting processes and systems are in place.	Financial structure and production of financial statements in accordance with all Australian Accounting Standards and Funder requirements are fully operational and on-going. Reporting mechanisms will reflect greater transparency of expenditure by type of service.
Management & Business	People and Operations	A strategy is planned for the management of salaried, contractor and third party human resources by developing a performance management program and procedures (including learning and education). Organisation structure and role definitions (incl job descriptions and terms) are being developed and finalised. Staff selection, redeployment, and redundancy management (incl staff consultation and support) is on-going as required. An operational framework and resources that account for all operational needs (eg payroll; property and facilities management; risk management and compliance; legal including contract review, innovation, renegotiation, close; liability management; insurance; fleet management, indirect procurement, etc.) is in place.	Performance management processes for salaried, contractor and third party human resources are in place. Transitional staff structures and arrangements are fully transitioned or nearly transitioned into permanent structures. All operational needs have been addressed and performance management is on-going.

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Management & Business	IM&T	<p>eHealth: Current state has been defined, needs analysis and plan developed (linked to service integration)</p> <p>IT: Hardware and software for ML needs analysis and plan developed IT architecture defined Short-term needs addressed (eg email; intranet)</p> <p>IM: Knowledge management needs assessed and plan developed</p>	A clear IM&T development plan has been agreed, resourced, commenced and progress is monitored and measured regularly. The plan is mapped in terms of people, systems and process requirements and the risks, impacts and interdependencies of the plan are understood and actively managed. responsibility and accountability for implementing the plan is clear.
Management & Business	Contracting - service and non-service related	Skills, capability and capacity for contracting have been assessed in line with the broader operational structure and commissioning strategy (if applicable).	Identified capacity gaps have been filled and capability development is on-going with clear plans to review capacity and capability again within the next 6 months. This is clearly linked to contract performance management.
Management & Business	Public relations and communications	PR and communications objectives are defined and communications planning is in progress.	Communications plan is in place. Process for reviewing communications plan against defined objectives is being developed. Skills and capacity development on-going.
Management & Business	Business development and research	Requirements for additional business development have been assessed according to strategic and business plans Skills and capacity assessment has been completed.	Business development plans on-going with a defined process to review progress and outcomes in line with strategic and business plans is planned for the next 6 months. Skills and capacity development on-going.

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Service Planning and Delivery	Population health planning	Analyse and utilise data provided by DoHA and other sources (eg AHS) to complete population health planning. An audit of available data has commenced to identify additional tools and resources required for effective analysis and population health planning. Development of the strategic plan is being informed by available population health data. Skills and capabilities required for strategic sourcing have been identified.	Critical components of the data collection and management system are in place. Initial health needs analysis has been complete or a clear plan and timeline for completion into the next 6 months is in place. Required skills and capabilities have been sourced and there is a plan in place to further develop or access population health planning tools and capabilities.
Service Planning and Delivery	Clinical Governance Framework	Clinical governance framework is implemented. Clinical Governance Committee has been established. Links between the clinical governance and corporate governance structures are well articulated.	Clinical Governance Committee meets regularly and tracks performance against the framework. Clinical and corporate governance are clearly defined and integrated as appropriate.
Service Planning and Delivery	Design and Planning Framework	The organisation has constructed a framework to approach quality improvement and service planning. The framework is an umbrella structure overarching other planning processes to draw planning operations under a common, systematic approach.	The planning framework has been further developed such that the following elements are covered (identify determinants, assess risks and benefits, appraise intervention options, decide portfolios, implement and review). This model intersects with other planning processes and the National Performance and Accountability Framework.
Service Planning and Delivery	Service Development and redesign	Process or framework for service quality improvement and development exists; the framework is comprehensive, based on health needs and includes defined processes for engaging other service providers. Analysis of current performance is planned or has been initiated and this is to include an analysis of accountability and performance management frameworks. Active service development and redesign activities are limited to focus on after hours service.	Implementation of the framework has taken place and there is evidence of applying this framework consistently to understand health needs and make evidence based decisions that engage other service providers. Current service quality and provider performance is understood and actively managed. Service development and redesign activities are planned in response to local need (beyond the after hours service).
Service Planning and Delivery	Service integration	Service mapping completed (eg using existing info such as service directories) - across primary, secondary, community, social services. Prioritise integration focus areas based on service mapping and population health planning (with an initial focus on the after hours services). Partnerships important to service integration have been identified and engagement has commenced with key organisations and individuals.	Early examples of service integration (either on a project or whole of service basis) are evident. Evaluation of service integration programs is in place. Strategic plans for LHN engagement are in place and service integration with the LHN is considered or planned as locally appropriate.

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Service Planning and Delivery	Service Planning/Commissioning of Services	Where appropriate, plans are in place to construct a service provider commissioning framework including an assessment of organisational capability and capabilities for commissioning.	If applicable, the first stages of a service provider commissioning framework are in place, focusing on selecting providers and programs according to provider performance, local health needs and other decision making criteria included in the framework. The resources required to manage the purchasing of services are in place or being developed in line with timeframes for the services.

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Transition & Change Management	Diagnostic and planning	Data collection requirements to define the base line have been identified (eg FTE, property, service levels, payroll, systems, banking).	Starting point' / 'base line' established and well understood; well defined transition plan in place and on-going with regular tracking and reporting against milestones. Activities, resources and milestones as well as risks for completing the transition phase are well understood.
Transition & Change Management	Transition Management	Governance and control process are in place to manage the transition alongside business as usual and include: <ul style="list-style-type: none"> - transition strategy and plan - governance framework - function (eg office or manager who owns and drives) - sets of activities with accountability - budget and financial monitoring - benefits tracking (quant and qual) - progress and risk reporting process 	Performance against the Transition Plan is consistently reported to Board and Executive. Plans are in place to 'close' the transition phase and move to business as usual.
Transition & Change Management	Change management and communications	Change impact assessment has been completed. Stakeholder engagement and management plans have been developed and signed off. Communications strategy and plan (eg key messages, comm's vehicles) - internal and external (with a feedback loop) have been developed and signed off. Cultural survey has been conducted. Change readiness plan (including training and procedures) has been developed and signed off.	There is a plan in place for 'closing down' transition period change management plan in line with transition timelines. A detailed communications plan is in place as the 'backbone' of developing integrated services and creating a transparent engagement between primary care providers and the community.