Logo, company name

Description automatically generated**ATTACHMENT 1** | **Work Plan**

This Work Plan sets out your operating model for Services to be delivered. Please refer to the relevant program area guidelines (where relevant) for more detail on specific program areas and requirements.

# ORGANISATION

|  |  |
| --- | --- |
| Contract Number |  |
| **Organisation** |  |
| **Location/s of Service** |  |
| **First Nations Country** |  |

# INSERT OTHER INTERESTED PARTIES AS REQUIRED

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation** | **Contact person** | **Contact details (phone and email)** | **Role/involvement in program** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# ROLES AND QUALIFICATIONS

Please insert additional rows for staff as needed and refer to contract for any FTE or minimum qualification requirements.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Role** | **Current/required qualifications** | **Location** | **Specified Personnel** | **FTE** |
|  |  |  |  |  |
|  |  |  |  |  |

# CO-CONTRIBUTION

|  |  |  |
| --- | --- | --- |
| **Organisation** | **Description of co contribution** | **FTE** |
|  |  |  |
|  |  |  |

# INTEGRATION AND COORDINATION PLAN

Murray PHN takes a regional commissioning approach to build collaborative and integrated service systems in primary care with the aim of improving health equity and outcomes and access to culturally responsive care across our catchment.

As per Section 2 of the Schedule, set out your plan for ensuring the Services are effectively planned, integrated within the broader service system, and coordinated with other health and community services.

The plan must include the following at a minimum, details of:

|  |  |
| --- | --- |
| Existing partnerships and those planned. |  |
| Co-location or shared arrangements with other health or community providers. |  |
| How you will deliver integrated and collaborative services which:   * Address local service system needs. * Ensure improved access and coordination for clients across the identified catchment, with a focus on ensuring access for clients in rural and remote locations. |  |

# CLINICAL GOVERNANCE AND RISK MANAGEMENT PLAN

Please attach your organisation’s Clinical Governance Framework with your Work Plan submission.

As per Section 2 of the Schedule, set out:

1. how you intend to ensure that you meet your clinical governance obligations,
2. key risks you anticipate regarding the delivery of the services, and
3. strategies that you will implement to avoid or mitigate identified risks.

The plan must address the following at a minimum.

|  |  |
| --- | --- |
| Clinical Governance Framework  How is the Clinical Governance Framework implemented to guide the Services to be delivered? |  |
| Quality assurance |  |
| Credentialing (accreditations, certifications, professional qualifications and continuing professional education requirements) |  |
| Clinical Supervision.  For each role listed above in part 3 of this Work Plan list:   * the frequency of supervision and line management sessions planned, * Your performance management and intervention principles, * supervision requirements for registration (if applicable), and * the qualifications of the supervisor conducting the sessions. |  |
| Health and safety procedures for services |  |
| Client feedback procedures |  |
| Workforce feedback procedures |  |
| Record keeping |  |
| Key risks and mitigation strategies |  |

# INTAKE AND DISCHARGE MANAGEMENT PLAN

Insert your plan to comply with the minimum referral and discharge management requirements set out in the **Service Coordination** Section 2 of the Schedule.

|  |  |
| --- | --- |
| **Centralised system**  What is the single consolidated and centralised system for recording and tracking all referrals from the date of referral to the date of discharge that is used?  How are new staff trained in the use of the centralised system |  |
| Proper record keeping and data management? |  |
| Monitoring of wait times |  |
| Prioritisation |  |
| Discharge |  |

# ACTIVITY PLAN

Insert your plan for service delivery setting out activities, inputs and outputs; including timing for these for the duration of the agreement term. This must include:

|  |  |
| --- | --- |
| **Establishment** - activities required for program implementation including management process, prioritisation and principles.  *Do not complete this section if the program is already established.* |  |
| **Model of Care** or a description of your plan for developing your Model of Care, or where relevant alignment to endorsed model of care. |  |
| **Staffing** - including management of vacancies, recruitment, induction, supervision, training, access to back fill. |  |
| **Culturally and Community Connected –** howactivities and services delivered strengthen culturally strong and connected communities. |  |
| **Implementation** - activities to ensure all areas of the Services are implemented and the aims of the Services addressed. Please include timeframes for activity completion and key responsibilities. Including: recruitment timelines, staff induction, program set up, reporting platforms developed/identified and key milestone dates for Implementation  *Do not complete if the program is already established, this is only for new programs or services.* |  |
| **Ongoing Review and Development** - activities which support the ongoing review and development of the Services.  Include the identification of possible risks and management strategies in place if these arise. |  |
| **Community Requirements** - activities which are specific to your community’s needs including service system requirements. |  |
| **Reporting** - activities which will support the reporting requirements including monthly verbal conversations, quarterly performance reporting and case studies. |  |