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

# INSERT OTHER INTERESTED PARTIES AS REQUIRED

Please provide a brief description of other interested parties, including collaborative partners and stakeholders, who may also contribute to the delivery of services. Please identify and describe any individuals, organisations, or groups actively involved or vested in the project's success. This information will help us understand the broader support network and potential contributions. We encourage you to provide specific details about the roles, responsibilities, and potential resources these parties bring. Your response will assist us in assessing the activities outlined in this Work Plan.

|  |  |  |  |
| --- | --- | --- | --- |
| **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 the Funding Agreement for any FTE or minimum qualification requirements. Qualifications are only required where they are relevant to the services to be delivered.

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

# CO-CONTRIBUTION

Please include contributions that may be made by yourself or other parties, including volunteer workforce if relevant.

|  |  |  |
| --- | --- | --- |
| **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 intended local community or service system, and coordinated with other health, local, or community services (where appropriate).

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

|  |  |
| --- | --- |
| Existing partnerships and those planned. |  |
| Co-location or shared arrangements with other health, local or community providers. |  |
| How you will deliver integrated and collaborative services which:   * Address local community or service system needs. * Ensure improved awareness, access or coordination where the target cohort may require further services or referrals. |  |

# GOVERNANCE AND RISK MANAGEMENT PLAN

As per Section 2 of the Schedule, set out:

1. how your governance obligations will ensure appropriate expenditure of grant funds,
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.

|  |  |
| --- | --- |
| Governance Framework  How will Governance of the grant be implemented to guide the Services to be delivered?  *For example, Committee, sub-committee or delegated officer.* |  |
| Quality assurance  For example, oversight of communications or other representations made at the event. |  |
| Credentialing (accreditations, certifications, professional qualifications and continuing professional education requirements including reference to Cultural Responsiveness)  *Only required where qualified personnel are engaged to deliver part of the Services to be delivered. For example a guest speaker, people providing advice or referral information.* |  |
| Health and safety procedures for services including Cultural Responsiveness |  |
| Consumer feedback procedures (including Cultural Safety) |  |
| Workforce feedback procedures (including Cultural Responsiveness) |  |
| Record keeping |  |
| Key risks and mitigation strategies |  |

# ACTIVITY PLAN

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

|  |  |
| --- | --- |
| **Cultural Responsiveness –** activities to ensure that services delivered are culturally responsive. |  |
| **Establishment and 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: cohort, expected numbers, marketing strategy, and key milestone dates for establishment and implementation. |  |
| **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 (as required by the Funding Agreement). |  |
| **Cultural Responsiveness –** activities to ensure that services delivered are culturally responsive. |  |