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** |
| *Could include referral pathway parties or those directly involved* | | | |
|  |  |  |  |
|  |  |  |  |

# 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** |
| *This is where you outline who will be involved and their full time equivalent (FTE) as it relates to the project* | | | | |
|  |  |  |  |  |

# 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. | *Outline partnerships that relate to the commissioned services* |
| Co-location or shared arrangements with other health or community providers. | *Detail as it relates to the commissioned services/project* |
| 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. | *Provide information on how the services will work together, including:*  *· Referral pathway/flow chart description.*  *If not already created, how they will create integration and with which*  *parties e.g. work group creation, clinical reference group, consultations,*  *advisory committee etc.* |

# 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? | *Include policy and detail how clinical governance works within the clinic* |
| Quality assurance | *Include Quality Assurance Framework. Include who will be responsible to ensure it is done.* |
| Credentialing (accreditations, certifications, professional qualifications and continuing professional education requirements including reference to Cultural Responsiveness) | *Detail how you will ensure everyone is credentialed. Include whose role is it to ensure this is maintained and the systems in place. Should include specifics; not just titles and the qualifications each person holds.* |
| 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. | *Be specific to the commissioned services - if clinical personnel required, explain how clinical supervision will be undertaken.* |
| Health and safety procedures for services including Cultural Responsiveness | *Attach or include all HS procedures, not just cultural safety, but*  *INCLUSIVE of cultural safety.* |
| Consumer feedback procedures (including Cultural Safety) | *Detail current practice systems:*  *· feedback and complaints system*  *· PHN survey.*  *Policy/ protocol in place to review feedback and make change* |
| Workforce feedback procedures (including Cultural Responsiveness) | *Detail current practice systems:*  *· Feedback and complaints system*  *· PHN survey*  *· Policy / protocol in place to review feedback and make change*  *· Whistle blower policy* |
| Record keeping | *· Reference state and governing body requirements, policies*  *· Detailed information on how records will remain confidential and*  *private (attach practice policy/ procedure)*  *· Which systems are in place to remain secure - MFA, password*  *protected documents, secure encrypted transfer, referral software etc.*  *How long should records be stored for* |
| Key risks and mitigation strategies | *Include list of all possible risks AND mitigation strategies rating*  *likelihood of occurrence/impact = low/med/high* |

# 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 and procedure for: | |
| Recording and tracking referrals from the date of referral to the date of discharge that is used? | *Document how your organisation receives referrals*  *Document when you date the referral received, when the referral is placed on waiting list, when the referral is considered active and when the referral is dated as discharge* |
| Proper record keeping and data management? | *Include where you document consumer information*  *How is this information protected? Does it align to the Privacy Principles?*  *Who is responsible for collecting the data for this service and where is it located?* |
| Monitoring of wait times? | *Document how you manage consumers on the waiting list: for example, make regular contact, provide access to web-based services, what to do if consumers feels they are deteriorating.*  *Is there an escalation process if waiting lists are too long?* |
| Prioritisation? | *Document the system/process used to support prioritisation of referrals* |
| Discharge? | *Document processes for discharge*  *When is a consumer discharged? Is there criteria for discharge?*  *Who takes over the care of the consumer?* |
| How are new staff trained in the use of the centralised system? | *Explain how staff are trained to use the centralised system* |

# 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.* | *Ideally display with timeline when things will be done. Should be*  *clear to read and understood by anyone.* |
| **Model of Care** or a description of your plan for developing your Model of Care, or where relevant alignment to endorsed model of care. | *Explain what will be taking place.* |
| **Staffing** - including management of vacancies, recruitment, induction, supervision, training, access to back fill. | *Outline roles of the staff listed in the roles and responsibilities section above. Detail how they will be supervised, list any additional training and if required, detail backfill. If recruiting, explain the associated recruitment and induction process*. |
| **Cultural Responsiveness –** activities to ensure that services delivered are culturally responsive. | *Cultural responsiveness is an essential aspect, taking into account cultural safety and humility. This section is your opportunity to detail what your practice does to ensure it is a welcoming and safe environment.* |
| **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.* | *Note that establishment and implementation can be included in one document that is ideally displayed with timeline when things will be done. Should be clear to read and understood by anyone.* |
| **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. | *Outline which strategies will be used to review and evaluate the work that has been undertaken. Explain how learnings from this will be used.* |
| **Community Requirements** - activities which are specific to your community’s needs including service system requirements. | *Detail the reasoning for this at community level- include data to*  *support, scoping of gaps etc.* |
| **Reporting** - activities which will support the reporting requirements including monthly verbal conversations, quarterly performance reporting and case studies. | *Detail how and who will undertake reporting requirements. Also list anything that needs to be considered or assisted with from external parties and the PHN.* |