

Service Schedule

1. Service Agreement and Service Schedule numbers

This Service Schedule relates to:

Service Agreement number	insert Folio number
Service Schedule number	insert Folio number

2. Important Dates in Relation to this Schedule

Schedule Start Date	insert a date in dd/mm/yyyy format
Schedule End Date	insert a date in dd/mm/yyyy format
Establishment Date	insert a date in dd/mm/yyyy format OR insert 'Not Applicable'
Practical Completion Date	insert a date in dd/mm/yyyy format

3. Services

3.1. Services to be provided

The Services to be provided, and that the Funding must be used towards, are described in Item 6.1 of this Schedule.

3.2. Contact Details, Specified Personnel, Subcontracting

Contact details

- (a) We acknowledge that you have different contact names listed in the table below that make up You and we record these names as 'Contact Details' for our record keeping purposes:

Service Provider Name and location	Service Type	Service Manager name, email address and telephone number	Name and title of the Authorised/Delegated Signatory responsible for certification of quarterly reports submitted by You in relation to this Service Schedule for your organisation	Chief Executive Officer and their Executive Assistant name, email address and telephone number
Insert name Insert location	Insert service type	Insert name Insert title Insert email Insert phone	Insert name Insert title	Insert name Chief Executive Officer Insert email Insert phone Insert name Executive Assistant Insert email Insert phone
Your GCPHN Relationship Manager is				
Insert name Insert title Insert email Insert phone				

Specified Personnel

- (b) We acknowledge that You have specified personnel providing part of the services in accordance with Clause 5 of the Standard Terms. The current details for the specified personnel are set out below.

Name	Title/Position	Component of Services
insert OR insert 'Not Applicable'	insert	insert
insert OR insert 'Not Applicable'	insert	insert
insert OR insert 'Not Applicable'	insert	insert

Subcontracting

Please add 'Not applicable' if no subcontracting. (No need to complete down to Item 4 but please do not delete)

- (c) We acknowledge that You will subcontract part of the services in accordance with Clause 5 of the Standard Terms and Conditions. The current details for the subcontractors through which You provide the services are set out below.

Subcontractor ABN	Subcontractor
insert	insert
insert	insert
insert	insert

4. Funding Under this Schedule

\$insert total amount, incorporating (per annum Funding x Service Schedule period) + one-off Funding (excluding GST).

Refer to Item 5 for further details about the funding under this Service Schedule.

5. Funding Details

5.1. Per Annum Funding

Service Name	Funding 20xx/20xx (excl. GST)	Funding 20xx/20xx (excl. GST)	Funding 20xx/20xx (excl. GST)	Total Project Funding (excl. GST)
insert	\$insert	\$insert	\$insert	\$insert

5.2. One-off Funding

Description	Funding Amount (excl. GST)
insert OR delete table and insert 'Not applicable'	\$insert

5.3. Funding Source

Insert details about third party budget source (funding program, eg Gold Coast Health Service)

6. Details About Service

6.1. Description of Services

<p>Service Model (s)</p>	<p>Descriptor of Service Model insert</p> <p>or</p> <p>As per Your Service Model Endorsed by Us at Attachment 1 of Service Schedule. Refer to Your Service Model as endorsed by us.</p>						
<p>Service Objectives</p>	<p>insert</p>						
<p>Service Users (Population Target Group)</p>	<p>The Service is to exclusively meet the needs of the following target population/s; <i>Must link to Deed and approved AWP</i> insert</p>						
<p>Service Access</p>	<p>Eligibility criteria <i>Eg Individuals of any age requiring treatment support for alcohol and/or other drug use.</i></p> <ul style="list-style-type: none"> • insert <p>Exclusion criteria <i>Eg Individuals who are currently residing in a Residential Rehabilitation service.</i></p> <ul style="list-style-type: none"> • insert <p>Referral Requirements Process <i>Eg Referrals will be received and processed directly by the Provider.</i></p> <ul style="list-style-type: none"> • insert <p>It may be necessary to review the referral to determine if the service being accessed by a service user is the most appropriate service.</p> <ul style="list-style-type: none"> • Facilitate redirection of referrals to a more appropriate service where necessary. 						
<p>Service Components</p>	<p><i>Relevant service components for the service as per GCPHN Service Component Service Component Service Type Library V2.0 June 2018</i></p> <p>Service types include</p> <ul style="list-style-type: none"> • insert <p>Service Setting <i>ie centre based or outreach services etc</i></p> <ul style="list-style-type: none"> • insert <p>Workforce</p> <p>The Service is provided by a multi-disciplinary team of people with skills and experience in xxxxxx intervention, treatment and support, made up of:</p> <table border="1" data-bbox="448 1917 1409 2031"> <thead> <tr> <th>FTE</th> <th>Type of Workforce ie professional, peer etc</th> </tr> </thead> <tbody> <tr> <td>insert</td> <td>Insert</td> </tr> <tr> <td>insert</td> <td>Insert</td> </tr> </tbody> </table>	FTE	Type of Workforce ie professional, peer etc	insert	Insert	insert	Insert
FTE	Type of Workforce ie professional, peer etc						
insert	Insert						
insert	Insert						

Service Particulars	<p>Aboriginal and Torres Strait Islander Health</p> <p>The Service must take account of key strategic frameworks, principles and be relevant to Aboriginal and Torres Strait Islander health needs and identified concerns. The service must link service delivery to the improvement of Aboriginal and Torres Strait Islander health outcomes. Overall, the service activity should contribute to reducing inequalities.</p>
	<p>Service User Continuity of care</p> <p>The Service is required to ensure continuity of care for the Services through appropriate referral pathways, communication and transfer of care and should have processes in place where appropriate;</p> <ul style="list-style-type: none"> • Ensuring all relevant parties receive discharge plan/clinical handover • The development of an Exit Plan for planned exit from service • Follow up phone call if someone leaves the Service unexpectedly • All Health Professional or Service provider referrers to the Service should <ul style="list-style-type: none"> - receive formal notification of the service user's acceptance or not to the service - Update on the service user's progress - Inclusion in multidisciplinary case conference where necessary - Discharge summaries <p>Service Users should be able to re-enter the service based on their individual needs.</p>
	<p>Demand management</p> <p>The Service is required to utilise demand management strategies to ensure effective and equitable access to the service is facilitated.</p>
	<p>Response times and prioritisations</p> <p>The Service is required to undertake a thorough assessment for all service users that incorporate the use of evidence-based practice outcome measure tools to identify a service user's needs and to determine appropriate treatment.</p> <p>If a person's circumstances and wellbeing change, it may be necessary to review the service being access by a service user (within a stepped care approach).</p>
	<p>Client consent</p> <p>This is a standard requirement from the Department of Health for all schedules that collect data through the Primary Mental Health Care Minimum Data Set (PMHC MDS). Schedules that do not collect data through the PMHC MDS are exempt from this requirement.</p> <p>The Service is required to obtain client consent to participate in the Service, including consent to share relevant information with GCPHN and the relevant Commonwealth Government Department, for the purposes of program administration and evaluation, and note such consent in the clinical notes.</p> <p>The below wording can be included in your Organisation consent form, or GCPHN can provide you with a copy.</p> <p><i>Guidance note: This wording is current at time of template development, please go to Template consent form (then look for the latest version of consent form at this file location)</i></p> <p><i>I consent to my personal information being provided by Gold Coast Primary Health Network to the Department of Health to be used for statistical and evaluation purposes designed to improve mental health services in Australia. I understand that this will include details about me such as date of birth and gender but will not include my name, address or Medicare number. I understand that my personal information will not be provided to the Department of Health if I do not give my consent.</i></p> <p><i>I also understand that my consent is not required for the Department to include data about my use of services in summary reports about the activities funded by Gold Coast Primary Health Network because these do not require personal information to be provided and contain only combined information from many clients that will not identify any individual.</i></p>

	<p>Service Linkages/integration</p> <p>Providers are expected to establish and maintain effective relationships with other service providers in the region to ensure high quality of care and a commitment to supporting an integrated care for the Service Users</p> <p>Linkages include, but not limited to</p> <table border="1"> <thead> <tr> <th>Service Provider</th> <th>Nature of Linkage</th> <th>Accountabilities</th> </tr> </thead> <tbody> <tr> <td><i>Eg Other Mental Health services and general health</i></td> <td><i>Referral</i></td> <td><i>Work with other relevant professionals and other agencies in the care of the Service Users.</i></td> </tr> <tr> <td>insert</td> <td>Insert</td> <td>insert</td> </tr> </tbody> </table>	Service Provider	Nature of Linkage	Accountabilities	<i>Eg Other Mental Health services and general health</i>	<i>Referral</i>	<i>Work with other relevant professionals and other agencies in the care of the Service Users.</i>	insert	Insert	insert
	Service Provider	Nature of Linkage	Accountabilities							
<i>Eg Other Mental Health services and general health</i>	<i>Referral</i>	<i>Work with other relevant professionals and other agencies in the care of the Service Users.</i>								
insert	Insert	insert								
<p>Digital Health</p> <p>Use of Medical Objects Secure Messaging for transmission of referrals, reports to referring General Practitioner and other health professionals/services involved in Service users healthcare.</p> <p>Where client is registered with My Health Record, upload relevant information that may assist in ensuing continuity of care for the service user.</p>										
Geographic Catchment Area	<p>insert or 'Not applicable'</p> <p>The services must be provided to Service Users within the GCPHN boundaries or specific areas within GCPHN boundaries where relevant. www.healthyc.com.au/About/About-GCPHN.aspx</p>									
Location and Operating Hours including After Hours if appropriate	<p>insert or 'Not applicable'</p> <p>The services are to be provided at insert actual addresses.</p> <p>The service will be available between the hours of <i>Eg 7.30am and 7.00pm Monday to Friday.</i> Insert</p>									
Closure Arrangements	<p>insert or 'Not applicable'</p> <p>In the instance where the Service is closed for a period of time, the Provider is required to make arrangements with clients to ensure access to treatment via alternative means, and GCPHN and referrer to Service needs to be informed of the closure.</p>									

6.2. Deliverables and Reporting

Background

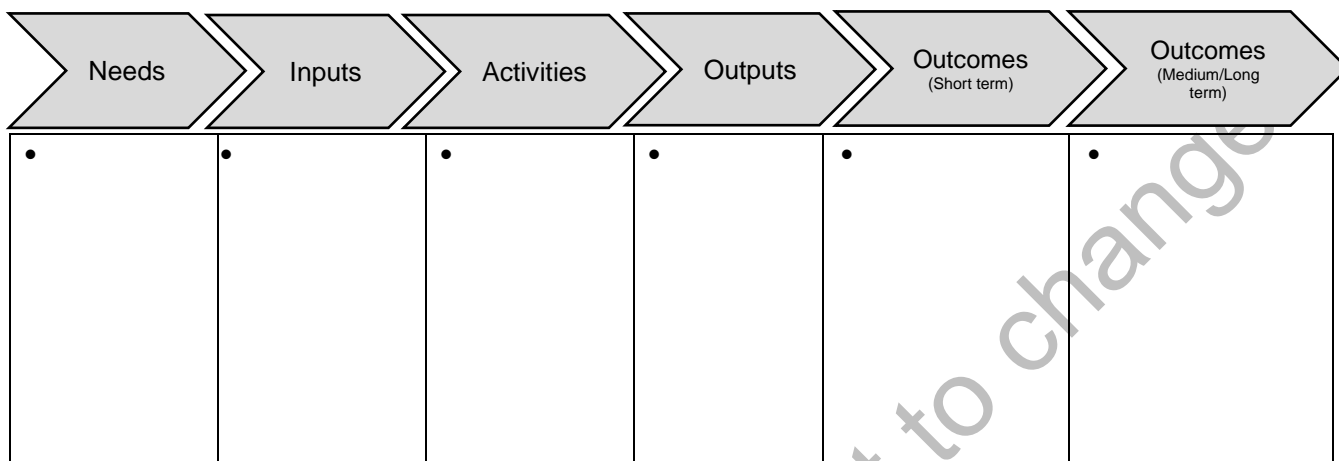
GCPHN Performance is measured through the PHN Program Performance and Quality Framework, which aims to consider how the broad range of activities commissioned by the PHN contribute to the overarching objectives.

The framework consists of four key components:

- PHN Program Objectives
 - Increasing the efficiency and effectiveness of medical services, particularly for people who are at risk of poor health outcomes
 - Improved care co-ordination to ensure people receive the right care at the right time
- Outcome Themes (addressing need, quality of care, improving access, co-ordinated care and capable organisations).
- Outcomes – drawn from National program logics
- Performance Indicators.

It is GCPHN’s intent to move towards the use of more localised Program Logic for all commissioned services to ensure service delivery focuses on achieving the intended outcomes identified for our region and to support our move towards outcome-based funding. GCPHN will work with you to further develop the Program Logic including co-design of the outputs, and short, medium and longer term outcomes over the term of this agreement.

Example of Program Logic



In the short term you will be required to report on the activities specified below which are aligned with Indicators within the PHN Program Performance and Quality Framework. The data will be submitted via national portals and/or on the GCPHN Performance Reporting Templates.

National Performance Indicators Code	Activity	Measure (Number of)		Data Reporting Requirements
		Quantity per annum	Service Users	
Eg MH1 Rate of regional population receiving PHN commissioned low intensity psychological services				As per National Minimum Data Set ie Mental Health Or As per GCPHN Performance Reporting Template
				As per GCPHN Performance Reporting Template

Establishment Plan / Annual Quality Improvement Plan (Plan)

Definitions of Plan

Establishment Plan: To be completed where a new service is requiring an establishment phase, prior to the implementation of direct service delivery.

Annual Quality Improvement Plan: At commencement of any contract a Quality Improvement Plan is required and then required by 30 April for the following year.

To enable a more complete review of Your service and enable flexibility with negotiation over the period of the Service Agreement You are required to provide a Plan to us using (but not limited to) the Plan at (Attachment 2 of the Service Schedule). If you already have either an Annual Operational Plan or Annual Quality Improvement Plan with your organisation, for this commissioned service, then the copy you have provided GCPHN will be shown at (Attachment 2: Your Annual Operational Plan or Annual Quality Improvement Plan as endorsed by us).

Evaluation

Insert

6.3. Service Delivery Requirements

The services must be delivered in accordance with and meet the requirements set out in the document(s) specified below.

Document Name	Document Section
xx	Insert link or see (Attachment 1 of Service Schedule - Your Service Model Endorsed by Us), or any other relevant program guidelines or standards
xx	Insert link for any other relevant program guidelines or standards

7. Reporting Requirements

7.1. Performance Measures

You must collect and report on items outlined in the Quarterly Performance Measurement and Reporting Template at Attachment 3 of the Service Schedule. This is an example only and the final template will be provided electronically by GCPHN.

7.2. Data, Statements, Reports You are to Submit and meetings you are to attend

You must submit the data, statements and reports and attend the meetings as specified below, in each case by the due date and in accordance with the details and standard of reporting requirements and lodgement requirements specified below.

	Reporting Period and Due Date	Details and Standard of Reporting or Meeting Required	Lodgement
If any reports are not relevant, delete but ensure track changes are on so that it can be seen what has been deleted. This table aligns to Item 8, therefore, that table must also be amended with track changes on. Insert any additional program specific reporting requirements and align at Item 8 then DELETE THIS ROW			
Establishment Plan submission and Attendance at Establishment Planning meeting	<u>Due Date:</u> Within one (1) month of contract execution unless included in the Service Agreement. <u>Due Date:</u> Within seven (7) days after the submission of the Establishment Plan.	Using but not limited to the Plan Template at Attachment 2 (of this Schedule) aligning with the Deliverables at 6.2 and your model of service in your offer at (Attachment 1 of this Schedule) You will need to attend an Establishment Planning Meeting. GCPHN will contact you to arrange a suitable meeting date/time/location. GCPHN will prepare and send electronically an Establishment Planning Meeting Agenda template for both parties to complete prior to the meeting.	Plan must be submitted via email to commissioning@gcphn.com.au

Annual Quality Improvement Plan (Plan)	<u>Due date:</u> At commencement of any contract and then required by 30 April for the following year.	Using but not limited to the Plan Template at (Attachment 2 of this Schedule) aligning with the Deliverables at 6.2	Plan must be submitted via email to commissioning@gcphn.com.au
Minimum Data Set (where required)	<u>Due date:</u> Within seven (7) days after the end month/quarter	Submission of the xxxx data to xxxx Portal	Submission of the xxxx to xxxx Portal Web address of portal
Quarterly Performance Measurement and Reportable Incident Reporting	<u>Reporting Period:</u> Quarterly <u>Due Date:</u> Within Fourteen (14) days after the end of each quarter - due 14 October 14 January 14 April 14 July <u>Due Date:</u> <ul style="list-style-type: none"> • Within three (3) business days. • Any death or serious injury and illness must be reported immediately. 	Performance Measurement reporting as specified in the Quarterly Performance Measurement and Reporting Template (Attachment 3 of this Schedule) <u>Reportable incidents</u> Reportable incidents Reportable incident/s reporting, as specified by definition on the Reportable Incident Form Template (Attachment 6 of this Schedule) must be submitted to notify GCPHN.	To be submitted via email to commissioning@gcphn.com.au
Performance Measurement Meeting with Service Provider	<u>Reporting Period:</u> Quarterly – within two (2) weeks after receipt of quarterly report.	Quarterly meetings will be held with GCPHN representatives to discuss: <ul style="list-style-type: none"> • service delivery for the previous quarter and forecast the next quarter, including discussion around Annual Quality Improvement Plan (Plan) (Attachment 2 of this Schedule) • The Service Delivery Performance Framework Report (Attachment 4 of the Service Agreement Service Details) due within one (1) month after commencement will be discussed at this meeting and then at each six (6) month period after 31 January and 31 July (of each year) <i>if applicable</i>. GCPHN will contact you to arrange a suitable meeting date/time/location	Agenda must be submitted via email to commissioning@gcphn.com.au

		GCPHN will prepare and send electronically a Performance Measurement Meeting Agenda template for both parties to complete prior to the meeting.	
Joint provider meetings	<u>Occurrence</u> When required	As part of the contract you may be required to attend joint provider meetings to ensure ongoing co-design collaboration and partnering across the sector. The meetings will provide the opportunity to discuss any specific provider issues/opportunities; or further discussions arranged with individual providers if required.	Attendance at meeting when required.
Strategic Leadership Meeting	<u>Occurrence</u> Annual <u>Due Date:</u> November or December of each year (to be agreed)	GCPHN Commissioning Director – Programs and CEO to meet with Your Leadership team. GCPHN will contact you to arrange a suitable meeting date/time/location.	An agreed Agenda will be developed by Us and sent to You once meeting has been arranged.
Contractor Satisfaction Report	<u>Reporting Period:</u> Annual <u>Due Date:</u> Within Fourteen (14) days after the end of final quarter - due 14 July	Contractor Satisfaction Report (Attachment 5 of this Schedule) must be completed annually	Contractor Satisfaction Report will be provided electronically by GCPHN. To be submitted by email commissioning@gcphn.com.au

8. Timing of Payments and Deliverables

Payments of the Funding will be made in instalments as specified below.

Funding Type	Payment Basis and Due Dates
Per annum funding (see Item 5.1 of this Service Schedule)	<p>We will provide funding as set out in Item 5 of this Service Schedule, payable quarterly, subject to You having complied with all of Your obligations in relation to the Funding and Services under this Service Schedule and after You have submitted Your Quarterly Performance Measurement Data as specified in Item 7.2 above, and Financial Acquittals as specified in item 5 of the Service Agreement Service Details, for the immediately preceding quarter.</p> <p>Payments will be withheld if services are not delivered as specified within this agreement.</p> <p><i>Or</i></p> <p>We will provide funding as set out in Item 5 of this Service Schedule, payable quarterly in advance.</p>

	Should You not comply with all of Your obligations in relation to the Funding and Services under this Service Schedule for the immediately following quarter, including submission of Your Quarterly Performance Measurement Data as specified in Item 7.2 above, and Financial Acquittals as specified in item 5 of the Service Agreement Service Details, part or full payment of advance funding (dependent upon unmet deliverables) will be requested to be returned if services are not delivered as specified within this agreement.	
One-off Funding (see Item 5.2 of this Service Schedule)	Insert detail if relevant or 'not applicable'	
Due Date	Deliverable Description	Payment \$ (GST Excl.)
DD Month Year	Payment upon submission and acceptance of: <ul style="list-style-type: none"> Fully executed Agreement Insurance Certificates (<i>if not current as an existing Provider</i>) Establishment (<i>if applicable</i>) and Operational Expense budget using Financial Acquittal Template Banking Details Correctly rendered invoice Quality System certification evidence (<i>if accredited</i>) Annual Quality Improvement Plan (Plan) 	\$amount to be agreed with Finance Manager
By 1 August Year	Submission of: <ul style="list-style-type: none"> Establishment Plan (Plan) Service Delivery Quality Performance Framework Report (<i>if applicable</i>) 	\$Nil
By 7 August Year	Attendance at the Establishment Planning Meeting	\$Nil
By 7 of July, August, September Year	<ul style="list-style-type: none"> Submission of the Monthly Minimum Performance Data Set to portal (<i>if applicable</i>) 	\$Nil
By 14 October Year	Payment upon submission and acceptance of: <ul style="list-style-type: none"> Quarterly Performance Measurement and Reporting (Certified) and Authorised/Delegated Signatory Certification (<i>if not certified</i>) Quarterly Financial Acquittal, and Revised Budget (<i>if applicable</i>) Correctly rendered invoice 	\$amount to be approved with Finance Manager
Within 2 weeks of quarterly report submission to GCPHN (date to be agreed)	Attendance at the Quarterly Performance Measurement meeting	\$Nil
By 7 of October, November, December Year	<ul style="list-style-type: none"> Submission of the Monthly Minimum Performance Data Set to portal (<i>if applicable</i>) 	\$Nil
November or December Year (date to be agreed)	Attendance at Annual Leadership Meeting	\$Nil
By 14 January Year	Payment upon submission and acceptance of: <ul style="list-style-type: none"> Quarterly Performance Measurement and Reporting (Certified) and Authorised/Delegated Signatory Certification (<i>if not certified</i>) Quarterly Financial Acquittal, and Revised Budget (<i>if applicable</i>) Correctly rendered invoice 	\$amount to be approved with Finance Manager
Within 2 weeks of quarterly report submission to GCPHN (date to be agreed)	<ul style="list-style-type: none"> Attendance at the Quarterly Performance Measurement meeting 	\$Nil
By 7 of January, February, March Year	<ul style="list-style-type: none"> Submission of the Monthly Minimum Performance Data Set to portal (<i>if applicable</i>) 	\$Nil

31 January Year	Submission of: <ul style="list-style-type: none"> Service Delivery Quality Performance Framework Report (if applicable) 	\$Nil
By 14 April Year	Payment upon submission of: <ul style="list-style-type: none"> Quarterly Performance Measurement and Reporting (Certified) and Authorised/Delegated Signatory Certification (if not certified) Quarterly Financial Acquittal, and Revised Budget (if applicable) Correctly rendered invoice Expense budget for the next financial year (if activity is continuing) 	\$amount to be approved with Finance Manager
Within 2 weeks of quarterly report submission to GCPHN (date to be agreed)	<ul style="list-style-type: none"> Attendance at the Quarterly Performance Measurement meeting 	\$Nil
30 April Year	Submission of: <ul style="list-style-type: none"> Annual Quality Improvement Plan (Plan) for the following year (if service is ongoing) 	\$Nil
7 April, May, June Year	<ul style="list-style-type: none"> The quarter's Monthly Minimum Performance Data Set to portal (if applicable) 	\$Nil
14 July Year	Payment upon submission and acceptance of: <ul style="list-style-type: none"> Quarterly Performance Measurement and Reporting (Certified) and Authorised/Delegated Signatory Certification (if not certified) Contractor Satisfaction Report Quarterly Financial Acquittal Correctly rendered invoice 	\$amount to be approved with Finance Manager
31 July Year	Submission of: <ul style="list-style-type: none"> Service Delivery Quality Performance Framework Report 	\$Nil
In accordance with the lodgement period of Your incorporating legislation, or if not otherwise stated, by 30 September	Audited Annual Financial Acquittal Report and Audited General Purpose Financial Statements <i>If You have more than one Service Agreement with Us, You are only required to submit one copy of the General Purpose Financial Statements or Financial Declaration to Us.</i> or Financial Declaration (if there is no audit requirement)	\$Nil
Total		\$000000.00

9. Optional Intellectual Property Rights (Clauses 1.1(12, 16) 7, 10 and 20)

GCPHN Material	Please use 'Nil' if none to list
Licence	Please use 'Nil' if none to list
Contractor Material	Please use 'Nil' if none to list
Licence	Please use 'Nil' if none to list

TEMPLATES / ATTACHMENTS

Attachment 1: Your Service Model Endorsed by Us

Attachment 2 : Establishment Plan / Annual Quality Improvement Plan (Plan)

Attachment 3: Quarterly Performance Measurement and Reporting

Attachment 4: Authorised/Delegated Signatory Certification

Attachment 5 : Contractor Satisfaction Report

Attachment 6 : Reportable Incident Form

Under review - Subject to change

Attachment 1: Your Service Model Endorsed by Us (where applicable)

Your Model of Service endorsed by Us (where applicable)		
Service Description		
Indicative Annual Treatment Episode Numbers		
Proposed Service Model		
Staffing		
	Position	FTE

Under review - Subject to change

Attachment 2: Your Annual Operational Plan or Annual Quality Improvement Plan as endorsed by us

Contract developer to Insert organisation's Annual Operational Plan or Annual Quality Improvement Plan for this commissioned service if it has been provided.

or

Establishment Plan / Annual Quality Improvement Plan (Plan) (Template)

(Example only – GCPHN to provide a template electronically upon contract execution)

INSTRUCTIONS: Please complete the Plan below and submit to commissioning@gcphn.com.au

Annual Quality Improvement Plan	
Instructions	<p>This template is to be used to deliver a Plan as outlined in Section 6.2 of Service Schedule number xxxxx of Service Agreement number xxxxx</p> <p>A Plan builds on Your model of service (Attachment 1 of this Schedule) and allows Your organisation to provide more detailed and contextual information on how Your model of service will be implemented and any changes to your proposed service model. It can be used for discussion and negotiation with GCPHN within the bounds of this Agreement Service Schedule.</p> <p>Please use this template to complete a Plan representing Your service delivery across <u>each</u> funded target group and relevant service location.</p>
Period of Plan	Insert dates
Model of Service	<p>Organisation to provide further detail as the model may be better explained or developed over the period of the Agreement Service Schedule (for example, therapeutic approach and evidence-base, service linkages established, strategies to engage target group, strategies to improve appropriate referrals to services, development of more culturally responsive service delivery, changes in service delivery model due to changes in client group, evidence)</p>
<p>Establishment of New Service Locations</p> <p>(Refer to Service Schedule Geographic Catchment Area and Operating Hours)</p>	<p>First year and subsequent year</p> <p>Organisation to provide further details of service establishment under this Agreement Service Schedule including new sites being established (e.g. facility leasing and office setup arrangements with indicative time frames); staff establishment process (e.g. recruitment arrangements for new staff with indicative timeframes); project governance establishment (e.g. staff supervision and management processes for new sites)</p>
Staffing Profile, Supervision and Professional Development	<p>Organisation to provide an annual update on changes to the staffing model and workforce development and support each year.</p>

Quality Improvement Processes including Monitoring, Review and Evaluation	Organisation to provide any information annually about existing or new processes to ensure and measure quality and effectiveness of service delivery. Please relate these to our quality indicators. Service Delivery Quality Performance Framework Report
Any other information relevant to ongoing implementation of service delivery in the coming year	Insert here if any further relevant information to be provided

Under review - Subject to change

CONTRACTED SERVICE: PROMOTIONAL STRATEGY

(Example only – GCPHN to provide a template electronically upon contract execution)

INSTRUCTIONS: This document provides a template for the Contractor, to provide details of how it will promote its service, for maximum uptake and awareness. Gold Coast Primary Health Network can also assist in article and media release writing, media release distribution, graphic design, social media, publications and launch organisation. Please return to: commissioning@gcphn.com.au

NAME OF SERVICE			CONTACT				
Community/Service Need/Aim of promotional activity	Key Target Groups	Key Messages	Delivery Mechanisms (Circle if appropriate)	Cost	Delivery Date	Support from PHN required (if needed) YES/NO	Evaluation
e.g. Increase referrals Educate stakeholders i.e. GPs, psychologists Promote to community	•		<ul style="list-style-type: none"> • Articles in stakeholder publications • Emails • Facebook/social media • Website • Meetings • Collateral (ie brochures, fact sheets) • Video • Media stories (See appendix B) • Launch (If circled complete the Launch Proposal) • Community events • Public notices (online and hard copy) • GCPHN support (ie. newsletters, website, social media) • Community service announcements • Advertising • Other (Please list) 				

PLEASE COMPLETE IF A LAUNCH IS PLANNED: FOR NEW SERVICES ONLY

LAUNCH PROPOSAL (please note that an agreed launch needs a minimum 8-week lead time)

Please return to: commissioning@gcphn.com.au

NAME OF SERVICE		CONTACT		IS THIS PART OF A BROADER PROMOTIONAL STRATEGY? Yes/No (please circle)			
Purpose of Launch	Proposed date/s and time <i>(please note – media prefer launches earlier in the day)</i>	Proposed venue/s	Proposed speakers <i>(please list)</i>	Invitees <i>(please list general organisations and key stakeholder groups only)</i>	Proposed mechanism for invitation distribution <i>(please circle)</i>	Media Yes/No	Launch Materials eg. brochures flyers media kits banners
					<ul style="list-style-type: none"> • Email • Organisational contact lists • GCPHN contacts • Mail out • Advertising e.g. (if a community event) • Other <i>(please list)</i> 		

Under review - Subject to change

Attachment 3: Quarterly Performance Measurement and Reporting Template Example

(Example only – GCPHN to provide a template electronically upon contract execution)

INSTRUCTIONS: GCPHN will supply Services with a template to be used for Performance Measurement Reporting (quarterly) as outlined in Section 7.2 of Service Schedule.

Responses should be brief (i.e. bullet points where possible) describing funded service activity for the relevant period for Your target groups and service location/s (please duplicate rows/columns as required).

Additional information may (but is not required) be provided if relevant to the measures outlined in this template and if the information serves to further demonstrate performance of Your service delivery.

Please complete the template and submit to commissioning@gcphn.com.au

Organisation Name	
Reporting Period: (specify quarter)	
Service Delivery Data – Indicator and Activities Data	
<i>Indicator and Activities data specific to service area</i>	
Service User Satisfaction/Experience	
Number of service users completing satisfaction/experience survey (on exit?)	
Number of service users' indication of satisfaction with Services	
Quality and Safety	
Number of incidents reported	
Number of incidents reviewed and closed	
Number of complaints received	
Number of suicides of current service users (MH)	
Plan	
Changes to Quality Improvement Plan	
Annual Quality Improvement Plan	
Achievement against Quality Improvement Plan and/or any changes to Plan	
Workforce	
Funded Full Time Equivalent (FTE) and number of staff by profession/discipline (please note any vacancies during period)	
Number and proportion of funded staff: eligible for membership with a professional body include type of body	
Number and proportion of funded staff who have received clinical supervision including type and frequency.	
Trends, Achievements and Challenges	
Briefly describe any significant trends identified by your service during the reporting period, e.g. changes in clients accessing your service (geographic or population factors), local service sector changes, changes in drug use, referral type, changes in client preferences for mode of delivery (dot points only).	
Briefly describe any successes or achievements for your service and/or clients and families (dot points only).	
<ul style="list-style-type: none"> • 	
Briefly describe any key issues or challenges experienced by your organisation in the delivery of your service and any strategies implemented to address them (dot points only).	

Attachment 4: Authorised/Delegated Signatory Certification Template

(To be sent electronically by GCPHN upon execution of contract).

INSTRUCTIONS: As stated in the Service Agreement Details at 5.1 Certification of Reporting, if applicable, You must complete and submit this Certification via email to commissioning@gcphn.com.au The form must be signed by two members of Your executive or management committee responsible for Your activities certifying that the information contained in all reports submitted under this Service Agreement are an accurate reflection of the performance of the services.

If applicable, please complete this certification when submitting Your quarterly report for:

Service Agreement number	
Service Schedule number	
Reporting Period	
Service Provider Name	

Director / Senior Manager 1

I, _____ My title _____

certify that the information contained in all reports submitted under this Service Agreement is an accurate reflection of the performance of the services for this reporting period.

Date _____

Director / Senior Manager 2

I, _____ My title _____

certify that the information contained in all reports submitted under this Service Agreement is an accurate reflection of the performance of the services for this reporting period.

Date _____

Attachment 5 : Contractor Satisfaction Report (To be sent electronically by GCPHN)

In the interest of quality improvement, we would like your frank and honest feedback. If you prefer your feedback to go directly to our Quality Performance and Risk Manager, please use commissioning@gcphn.com.au

When you contacted GCPHN to get information/advice you needed right away, how often did you get the information/advice as soon as you needed?

When you made an appointment to meet with your GCPHN Contract/Relationship Manager, how often did you get an appointment as soon as you needed?

During the Contracting Period with GCPHN:

Do you believe that GCPHN managed your information confidentially?

- Yes No N/A

Other, please specify:

The support provided by GCPHN was timely.

- Yes No N/A

Other, please specify:

Things were explained in a way you could understand.

Yes No N/A

Other, please specify:

The process GCPHN used to contract with you was effective.

Yes No N/A

Other, please specify:

The process GCPHN used to contract you was appropriate.

Yes No N/A

Other, please specify:

Would you recommend GCPHN as an organisation to do business with?

Yes No

Attachment 6 : Reportable Incident Form

Instructions: GCPHN is to be notified of **Reportable Incidents within three (3) business days. Any death or serious injury and illness must be reported immediately. Please complete the form and submit to commissioning@gcphn.com.au.*

*Definition: A reportable incident is any unintended or unexpected event that contains one or more of the following components:

- death, serious injury or illness to consumers, staff members, visitors, contractors or members of the public as a result of the actions or inactions of the Contractor;
- harm or potential harm to consumers, staff members, visitors, contractors or members of the public as a result of the actions or inactions of the Contractor;
- allegation of professional misconduct;
- breaches of clinical, professional or regulatory standards;
- unlawful activity by a provider or a member of their staff;
- activity which is contrary to the specified or expected standard of service outlined in the Contract/Schedule; and
- poses a risk to the reputation of GCPHN or Contractor, including complaints or media coverage related to service delivery.

Head Agreement ID		Service Schedule ID	
Service Name			
Name and contact details of person reporting			

Nature of incident details and management strategy here:

GCPHN Office Use Only:

Date reported to Program Manager	
Date entered onto Reportable Incident Register	