**Your** **Annual Quality Improvement Plan**

*(Example only). INSTRUCTIONS: Please complete in the format provided and submit via email to* *commissioning@gcphn.com.au*

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|  **Annual Quality Improvement Plan**  |
| **Instructions** | This template is to be used to deliver an Annual Quality Improvement Plan as outlined in Section 7.2 of the Service Schedule:

|  |  |
| --- | --- |
| **Service Schedule number** | Insert here |
| **Service Schedule Title** | Insert here |

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.Please use this template to complete a Plan representing Your service delivery across each funded target group and relevant service location. Refer to Your completed GC PHN Service Delivery Quality Performance Report, or, Your most recent quality accreditation findings to guide completion of the below.  |
| **Period of Plan** | Insert dates |
| **Core Quality Perspectives*****(Refer to GC PHN Service Delivery Quality Performance Framework for more detail. This Framework should be utilised to guide development and detail in the below improvement activities. Detail outlined in italics below serves as a prompt and is not exhaustive).*** |
| **Perspective 1: Funded Service Delivery**  | *Comment on improvements to:** *support delivery of required service types.*
* *achieve required service statistics (as per Your Service Agreement Schedule/s).*
* Insert here
* Insert here
 |
| **Perspective 2: Service User and Community** | *Comment on improvements to:** *service user engagement and satisfaction.*
* *upholding human rights and responsibilities of service users.*
* *service user access.*
* *aligning services to the needs of service users.*
* *supporting access to “hard to reach”” population groups (e.g. Indigenous, LBTIQAP+, CALD)*
* *collaboration with the service system to deliver effective services.*
* Insert here
* Insert here
 |
| **Perspective 3: Continuous Quality Improvement** | *Comment on improvements to:* * *Innovation.*
* *development of service activities.*
* *learning and development of staff.*
* *workplace health and safety.*
* *risk management.*
* *service evaluation.*
* Insert here
* Insert here
* Insert here
 |
| **Perspective 4: Management and Resourcing** | *Comment on improvements to:** *leadership, governance and operational management.*
* *use of resources.*
* *sustainability of services.*
* *accountability to key stakeholders (including compliance with applicable codes of ethics, practice standards, registration requirements, and documentation of service principles and guidelines).*
* *communication and promotion activities.*
* Insert here
* Insert here
* Insert here
 |
| **Establishment of New Service Locations**(Refer to Service Schedule Geographic Catchment Area and Operating Hours) | *Provide further details (as per 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).*
* *governance establishment (e.g. staff supervision and management processes for new sites).*
* *initial communication/marketing strategy and actions (utilise Promotional Strategy and Launch Proposal below)*

*Provide information until service is fully established:* Insert here |
| **Service Evaluation** | *Provide a brief outline of any external or internal evaluation you are undertaking that may lead to improved quality of Your service. Outline external party/s involved (e.g. university, research agency, consultants), scope, progress and findings.*Insert here |
| **Other**  | *Provide information on any other improvement activity/s that Your organisation is working on to enhance the quality of services provided.*Insert here |

**DOCUMENT CONTROL**

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| **Managed By:**Director of Commissioning | **Approved By:**Executive Director, Commissioning (Programs) | **Version:**1.0 |
| **Date Approved:** 31/10/2024 | **Next Review Date:**31/10/2025 | **Status:**Final |

**REVISION RECORD**

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| **Date**  | **Version**  | **Revision Description**  |
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