# Submit your Activity Work Plan (AWP) Screencast – Accessible Version

Introduction

Welcome to the *Submit your Activity Work Plan (AWP)* screencast.  
  
This screencast will show you how to submit your yearly IAHP PHC Activity Work Plan (AWP) through the Health Data Portal (the Data Portal).By the end of this screencast, you should know how to complete and submit your AWP to someone within your health service for review.

Submit your Activity Work Plan (AWP)

At the commencement of an *AWP* reporting round (*1 June each year*) health services required to submit their AWP will be notified via email that the reporting round has commenced. A *Submission Uploader* from each of these health services will then need to create an AWP form in the Data Portal to add their information to. To do this, the *Submission Uploader* will log in to the Health Data Portal, where their Reporting Dashboard will default as open on the Data Portal home screen (as shown here).

1. To start the AWP, the *Submission Uploader* will select the **Start Submission** **(plus sign)** button to the right of the Activity Work Plan text in the **Reporting Dashboard**.

**Note:** The AWP can also be started by selecting *New > Asset for Submission* from the Menu Bar on the Data Portal home screen (highlighted in light blue to the left).

The AWP form is broken down into sections, with each section accessible through a tab on the left-hand side of the form.

The *Reporting Contact* section of the form will display by default when the AWP form is opened. The required data can now be entered into the available cells in the form. The reporting contact for your organisation is the person who will be contacted by your DSS Funding Agreement Manager (FAM) if any part of your AWP needs further discussion.

1. To record your reporting contact, select the down arrow in the **Select Value** field and select the person within your services who will be your reporting contact.
2. To save the information, select the **Save** button at the bottom of the form.
3. To move to the next section of the AWP form, select the **IAHP PHC Grant Information** tab.

Your health service’s grant information will pre-populate in the *IAHP PHC Grant Information* section of your AWP from your *PHC Performance Report*, which your service submitted through the Health Data Portal in September 2022.

**Note:** If any of the grant information is incorrect, select the **Update Grant Information** button, enter the updated details into the email that displays, and then select **Send**.

1. To continue completing the AWP, select the **Key Health Concerns** tab.

The *Key Health Concerns* section of the AWP is used to enter information regarding the key health needs affecting your service’s clients, and how you are going to address these needs.

1. To commence, select the check box(es) related to the applicable key health needs.
2. For each health need selected, enter information regarding how you will address the selected health need in the **How will this need be addressed?** cell that displays.
3. If there is a key health need for your service that is not listed in the form, select the **Add Health Need** button at the bottom of the section, and enter the detail of the need.
4. If you have an existing Health Needs Assessment you would like to upload to your AWP, select the **Upload Health Needs Assessment** button, select the **Choose file(s**) button, navigate to the document, and select **Open**.
5. To save your information, select **Save** at the bottom of the form.

If needed, you can leave a comment for your *Submission Reviewer* or *Approver* in any of the sections of the form, explaining your text or asking for clarification.

1. To create a comment, select the **Open Notifications** button.
2. To add your comment, select the **New** button in the **Notifications Tray**.
3. Select the **down arrow** in the **Reason** field and select **Other (specify)**.
4. In the **Additional Information** field, enter the comment you wish to leave for the *Submission Reviewer* or *Approver*.
5. If you don’t want your DSS FAM to be able to see the comment, select the **Private Conversation** check box.
6. To save your comment, select the **Save** button.

Your internal comment has now been saved and a blue speech bubble will display on the tab, showing that a comment has been entered. You can now move on to the next section of the form and continue entering the required information.

1. To continue completing your AWP, select the **Areas of Focus & Challenges** tab.

The *Areas of Focus & Challenges* section of the AWP form is used to enter information regarding your health service’s areas of focus for the coming year. And the different challenges it may face during this period. The section is broken down into two sub-sections: *Area of Focus* and *Challenges*.

1. Commence completing the *Area of Focus* sub-section of the form by selecting the appropriate check box for the first area of focus for your service.
2. Enter information regarding how you will address the selected area of focus in the **How will this area of focus be addressed?** cell that displays.
3. Repeat the process for all other areas of focus your health service has for the year.
4. If there is an area of focus for your service that is not listed in the form, select the **Add Area of Focus** button at the bottom of the section, and enter the details.
5. Now, in the **Challenges** sub-section, you need to provide information about your service’s challenges for the year ahead.
6. Select the check box for the first challenge your service will face during the year.
7. Enter information regarding how you will address the selected challenge in the **How will this challenge be addressed?** cell that displays.
8. Repeat the process for all other challenges your health service has for the year.
9. Once you have entered the required information, select the **Save** button.
10. To continue, select the **IAHP PHC FM-Additional Funding** tab.
11. On the **IAHP PHC FM - Additional Funding** tab, you can specify whether you have received any additional funding for the year.

**If you received additional funding:**

* 1. Select the **Yes** option.
  2. Select the first check box that relates to how your additional funding will be spent.
  3. In the **How will this additional funding be used?** cell, enter information on how you will use this additional funding.
  4. Repeat the process for all other applicable ways in which you will spend the additional funding.
  5. If there is an additional funding use that is not listed in the form, select the **Add Additional Funding** button at the bottom of the section, and enter the details.

**If you didn’t receive additional funding:**

1. Select the **No** option.

**If not applicable**:

1. Select the **Not Applicable** option.
2. Once you have entered your additional funding information, select the **Save** button.
3. To continue, select the **Staffing Information** tab.
4. The **Staffing** **Information** section of the AWP form is used to upload an organisational chart for your health service or information around the positions within the service that are funded through the IAHP.
5. To continue, select the **Upload Organisational Chart** or **Staffing Profile** button, select the **Choose file(s**) button, navigate to the document, and select **Open**.
6. To save, select the **Save** button.
7. To continue, select the **PHC Service Delivery** tab.

On the *PHC Service Delivery* tab, you are asked to detail key objectives in the following areas:

* Primary Health Care
* Child and Family Health
* Chronic Disease Management
* In a Primary Health Care Setting.

1. To do this, select the check box for the first applicable primary objective your health service is looking to achieve.
2. Now select the applicable secondary objective from the list that6 displays.

A series of cells will display that need to be completed for the selected primary and secondary objective.

1. In the **Strategies/Activities** cell, detail how you will achieve the selected objective.
2. Now enter your targets for achieving the objective in the **Targets** cell.
3. Use the calendar in the **Timeframe** field to confirm when the objective will be achieved.

**Note:** If the objective doesn’t have a timeframe for completion, select the **Ongoing** option.

1. Now detail the community partnerships you will use to achieve the objective in the **Stakeholder/Community** cell.
2. Repeat the process for all other objectives for your health service.
3. If there are any objectives that are not listed in the form, select the **Add Primary/Secondary Objective** button at the bottom of the section, and enter the details.
4. Once you have entered the required **PHC Service Delivery** information, select **Save**.
5. To continue, select the **Supporting** **PHC Service Delivery** tab.

On the *Supporting PHC Delivery* tab, you are asked to specify your primary and secondary objectives in the following areas:

* Health Promotion
* Specialist and Allied Health
* Continuous Quality Improvement, and
* Patient Transport Services.

1. To start completing the **Supporting** **PHC Service Delivery** tab, select the check box for the applicable primary objective.
2. Now select the check box for the applicable secondary objective.

A series of cells will display that need to be completed for the selected primary and secondary objective.

1. In the **Strategies/Activities** cell, detail how you will achieve the selected objective.
2. Now enter your targets for achieving the objective in the **Targets** cell.
3. Use the calendar in the **Timeframe** field to confirm when the objective will be achieved.

**Note:** If the objective doesn’t have a timeframe for completion, select the **Ongoing** option.

1. Now detail the community partnerships you will use to achieve the objective in the **Stakeholder/Community** cell.
2. Repeat the process for all other objectives for your health service.
3. If there are any objectives that are not listed in the form, select the **Add Primary/Secondary Objective** button at the bottom of the section, and enter the details.
4. Once you have entered the required **Supporting PHC Service Delivery** information, select **Save**.
5. To continue, select the **Governance, Leadership and Culture** tab.

On the *Governance, Leadership & Culture* tab, you are asked to specify how you are going to nurture and develop governance, leadership, and culture within your health service over the coming year.

1. To start completing the tab, select the check box for the first governance, leadership, and culture objective.

A series of cells will display that need to be completed for the selected objective.

1. In the **Strategies/Activities** cell, detail how you will achieve the selected objective.
2. In the **Outcome** cell, outline how you will know you have achieved the objective.
3. Use the calendar in the **Timeframe** field to confirm when the objective will be achieved.

**Note:** If the objective doesn’t have a timeframe for completion, select the **Ongoing** option.

1. Repeat the process for all other governance, leadership, and culture objectives for your health service.
2. If there are any objectives that are not listed in the form, select the **Add Objective** button at the bottom of the section, and enter the details.

In addition to entering information regarding your governance, leadership, and culture objectives and how you are going to achieve these, you also need to enter information regarding the challenges you will face in achieving these objectives.

1. To do this, select the check box for the first governance, leadership, and culture challenge your service faces.
2. In the **How will this challenge be addressed?** cell that displays, enter information regarding how the challenge will be addressed.
3. Repeat the process for any other challenges your health service is facing in this space.
4. If there are any challenges that are not listed in the form, select the **Add Challenge** button at the bottom of the section, and enter the details.
5. Once you have entered the required **Governance, Leadership and Culture** information, select **Save** at the bottom of the form.
6. Finally, to finish your AWP form, select the **Risk Management Plan** tab.
7. The **Risk Management Plan** tab initially displays one question, **Is your Risk Management Plan published on your website?**

**If your Risk Management Plan is published on your website:**

* 1. Select the **Yes** option.
  2. In the cell that displays, enter the address of the website your Risk Management Plan can be found on.

**If your Risk Management plan isn’t published on your website:**

1. Select the **No** option.

The *Do you have a Risk Management Plan to upload?* question will display.

1. If you do have a Risk Management Plan to upload to the form, select **Yes** and then use the **Upload Risk Management Plan** button to upload your plan.
2. If you don’t have a Risk Management Plan to upload to the form, select **No** and then select the applicable risk(s) from the list of check boxes that displays.
3. Once you have selected the check box for the applicable risk, enter detail regarding the impact the risk will have on the service if it becomes an issue, in the **Risk Impact** cell.
4. Now enter any controls you have in place for the risk, in the **Risk Controls** cell.
5. You now need to assess the likelihood of the risk occurring by selecting the applicable option in the **Risk Rating – Likelihood** section.
6. Use the same method in the **Risk Rating – Consequence** section.

Once you have selected a *likelihood* and *consequence* for the risk, the *Current Risk Rating* will display for the risk, based on your selections.

1. Now answer **Yes** or **No** to the **Acceptance of Risks?** Question.
2. Now enter detail regarding how you will manage the risk in the **Proposed Treatment Strategies** cell.
3. Repeat the process for each of the risks your service is facing.
4. If your health service is facing risks that aren’t listed in the form, select the **Add Risk** button, and enter in the detail of the risk.
5. Once you have entered the required **Risk Management Plan** information, select **Save**.
6. Once you have entered the required information into your AWP, select **Close**.
7. On the Data Portal home screen, before submitting your AWP through the submission workflow, you will need to answer either **Yes** or **No** to the data sharing consent questions listed in the **Data Sharing** section of the **Reporting Dashboard**.
8. To submit your AWPfor review, select the **Draft Submission** link, which will open the Change Data Asset Status dialog box and allow you to select the required action.
9. Select the down arrow in the **Action** field and select **Request Review**.

Selecting *Request Review* will send the AWP to someone within your health service for review, prior to it being submitted for approval.

**Note:** If you wish to send the AWP directly for approval, select *Request Approval*.

1. You can choose to write a comment in the **Comment** field if needed.
2. To send the data asset on for review, select the **Request Review** button.

Your AWP has now been updated and sent to your *Submission Reviewer* for review. An automated email will be sent to all users within your health service that have been assigned the *Submission Reviewer* role in the Data Portal, notifying them the AWP has been submitted to them for action.