

**QUEENSLAND HEALTH**  
**INTEGRATED PERFORMANCE REPORTING**  
**Implementation Standard 1: Annual Reporting**

### **1. Purpose**

District reporting to the local community is an important way for Queensland Health to demonstrate transparency and openness. It helps communities make informed decisions about local services and can assist in community engagement and support.

### **2. Scope**

This standard applies to all District Health Services

### **3. Authorising Policy**

Integrated Performance Reporting Policy

### **4. Review**

The standard will be reviewed annually and revised if there are policy and process changes for:

- Corporate governance in Queensland Health
- Queensland Health information system governance

This standard was last reviewed: New Standard

### **5. Supersedes**

New Standard

### **6. Business Contact**

Any requests for further information or clarification regarding this standard should be referred to the Health Information Centre, Reform and Development Division Phone: 3234 0921.

### **7. Minimum Reporting Standards**

- 7.1 Districts are required to publish on the web an annual report against key performance indicators. The report may also be published in printed form.
- 7.2 The development of key performance indicators used in District reporting must have been the subject of consultation with the Health Community Council(s).
- 7.3 Where a key performance indicator used in the District Report is also used for Corporate reporting, the District data must be consistent with data published by the Health Information Centre of the Reform and Development Division.
- 7.4 The report must be submitted to the Area General Manager for approval and must incorporate a Ministerial forward to set the context of the report.
- 7.5 Queensland Health is the only entity recognised for accounting and auditing purposes and

so annual reports should not incorporate financial information of the kind which would lead to an assumption that the financial information had been separately audited.

## 8. Good Practices in Reporting

- 8.1 Printed annual reports should be designed to be informative and should balance the need to provide clear presentation of information with the expense of printing and publishing. Expensive glossy documents are generally not worth the cost of production in terms of informing the public.
- 8.2 The Institute of Public Administration of Australia conducts an annual report award for Government reports. The Institute's assessment process (see [www.act.ipaa.org.au/awards/awards.php](http://www.act.ipaa.org.au/awards/awards.php)). Can provide useful guidance in good practice in annual reporting in particular the Institute assumes "transparency, honest, openness and completeness as criteria for any good annual report". Further it assumes that good annual reports:
- are timely, accurate and easy to read
  - deal with outcomes, not just outputs
  - ensure year-by-year continuity of data and information for comparative purposes and trend identification
  - report performance information accurately – the provision of accurate performance and costing information is important for true transparency and accountability
  - give the reader enough information to ensure they can understand what the organisation does and why and how well they are doing it.
- 8.3 In addition the Australasian Report Awards ([www.arawards.com.au](http://www.arawards.com.au)) also provides criteria that can be used to give consideration to what a good annual report might look like.
- 8.4 District Reports should generally include the information in Attachment A.

## Release Details

Table A shows the administrative details for the current release of this document:

TABLE A	
Reviewed authored by:	
Approved by: Dr Stephen Duckett	6 December 2006
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(Approving Officer's Signature)	

## ATTACHMENT A: RECOMMENDED CONTENT FOR DISTRICT ANNUAL REVIEWS

### 1. Overview of the District

- Key services.
- Major changes to service profile, capital stock in previous twelve months.
- Key staff changes in previous twelve months.
- Anniversaries (centennial year etc) and major public events of previous twelve months.

### 2. Section(s) on key performance indicators:

- Number of patients treated: inpatients, specialist clinics, outreach services, community health services.
- Number of staff employed, trends in staffing.
- Overall expenditure (not presented as an audited income and expenditure statement but as something meaningful to stakeholders. Suggestions might be expenditure by program, estimated expenditure by location, estimated expenditure by local government area – either in terms of residents or where the facility is.
- Key indicators about quality and safety.
  - The quality and safety section must acknowledge any occasion in the previous twelve months when an indicator was flagged with a tier 3 flag using the Variable Life Adjusted Display (VLAD) method and report on the analysis undertaken and management action. The section must also include a review of consumer complaints over the previous twelve months. Consumer compliments can also referred to in this section.
- Access, including waiting times for elective surgery (consistent with that reported centrally); average waiting times for specialists clinics and/or community health services (this may be in a form suitable for use by general practitioners to give advice to patients); addressing access issues for subgroups of the District population.

NB: Indicators should always be consistent with centrally published data. Comparison with prior year data and against the Area or Queensland as a whole is generally more informative than data without any comparisons.

### 3. Key prevention initiatives (for those Districts with a population responsibility)

- New programs introduced.
- Evaluation of success of initiatives (eg through reducing avoidable hospital admissions).
- Addressing needs of particular subgroups of the population.

### 4. Education and Research Activities

- Links with universities.
- Number of student participating in clinical education by discipline.
- Number of post graduate trainees.
- Research reports (if not published separately).

### 5. Partnerships with local organisations

- Links with local government, Division of General Practice, Non-Government organisations.
- Donations received and what they were used for.

6. Quality and safety issues

- Either a separate section or incorporated into the section on key performance indicators. Note the Clinical Governance Policy Implementation Standard on Roles and Responsibilities requires an annual report to the local community. This requirement can be met by including a section on Quality and Safety in the main Annual Review/Report.
- Possible inclusions include District description of clinical governance processes, quality and safety initiatives implemented (eg new mattresses).

7. Developments in the year ahead

- Where capital projects announcements have been made, the Report/Review should include an update on progress.

8. Organisational chart (see attached template)

**STANDARD ORGANISATIONAL CHART TEMPLATE**

