



Queensland Health

Performance and Accountability Framework

Effective from 1 July 2025



Queensland
Government



Performance and Accountability Framework, July 2025

Acknowledgement

We respectfully acknowledge the Traditional Owners and Cultural Custodians of the lands, waters, and seas across Queensland. We pay our respects to Elders past and present, while recognising the role of current and future leaders in shaping a better health system.

We value the culture, traditions, and contributions that Aboriginal and Torres Strait Islander peoples have made to our communities and recognise that our collective responsibility as government, communities and individuals is to ensure equity and equality, recognition, and advancement of Aboriginal and Torres Strait Islander peoples in Queensland in every aspect of our society.

We respectfully acknowledge the First Nations peoples in Queensland are both Aboriginal peoples and Torres Strait Islander peoples, and support the cultural knowledge, determination, and commitment of Aboriginal and Torres Strait Islander communities in caring for their health and wellbeing.

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Introduction

The *Queensland Health Performance and Accountability Framework* (the Framework) details the Government's approach to the performance management of public sector health services in Queensland. The Framework operates in accordance with the *Hospital and Health Boards Act 2011 (the Act)*, the *National Health Reform Agreement* and the *Mater Public Health Services Act 2008*.

The development and implementation of the Queensland Health Outcomes Framework (the Outcomes Framework) supports a shift towards a health system that incentivises patient outcomes over activity and lays the foundation for future funding models that link investment to measurable health outcomes, creating a more sustainable and high-performing system.

Queensland Health (The 'Department') and Hospital and Health Services (HHS) are committed to improving health and wellbeing outcomes and achieving health equity for Aboriginal and Torres Strait Islander peoples and recognise the importance of the Health Equity Strategy (underpinned by legislative changes to the Act).

Each HHS has developed and published a First Nations Health Equity Strategy and implementation plan, the effectiveness of which will be measured throughout each strategy's three-year life cycle and at regular points leading up to the 2031 timeframe to achieve life expectancy parity (*Making Tracks Together*, Queensland's Aboriginal and Torres Strait Islander Health Equity Framework, 2021).

A high standard of performance and the successful delivery of agreed system priorities and health outcomes that matter to Queenslanders are key measures of the success of the Queensland public health system. Accordingly, both the Department and HHSs are committed to delivery of the Framework.

Scope

The Framework applies to all HHSs in Queensland and to public health services provided under the service agreement between Queensland Health and Mater Misericordiae Ltd (Mater). Throughout this document, the term 'HHS' is taken to include and apply to the public health services provided under the service agreement with Mater, unless otherwise specified.

Strategic context

The Hospital and Health Boards Act 2011 establishes Queensland’s public health system as a federated health system.

HHSs have direct responsibility for the provision of public health services and are accountable for their own performance through a Hospital and Health Board to the Minister for Health, Mental Health and Ambulance Services and Minister for Women (the Minister).

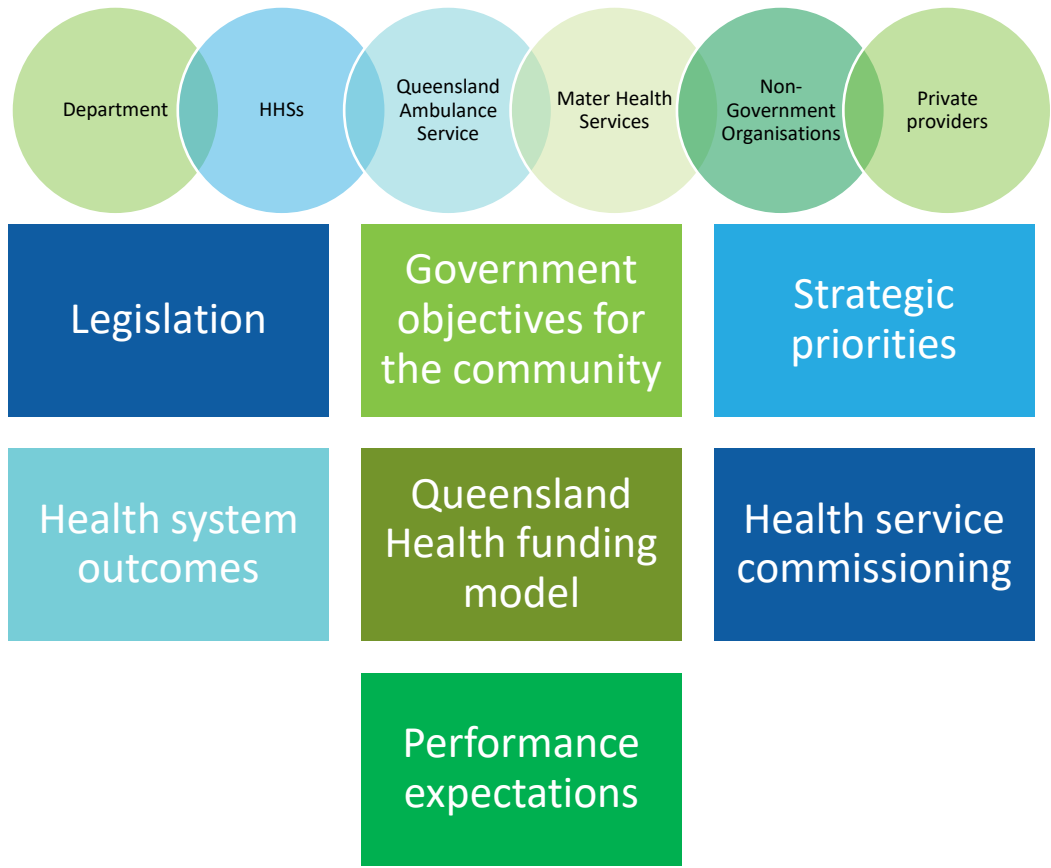
The Department takes the role of manager of the State’s public health system. This includes specific responsibility for a range of functions, including management of health system performance.

This governance model creates a networked system which recognises the importance of the relationships between its constituent parts and their respective obligations to each other, to the community and to the broader health system. Performance improvement at both a local and system level is facilitated through a commitment to collaboration and developing, maintaining, and maturing these relationships.

The Framework acknowledges that the delivery of health services must be consistent with the strategies and priorities that are set out by Government. This includes a commitment to improving health and wellbeing outcomes and providing safe and equitable healthcare to all Queenslanders.

This broader strategic context is set out in Figure 1.

Figure 1 Health system performance – key contextual elements



Operating environment

Queensland's healthcare sector, and the broader socio-economic environment within which it operates, is rapidly changing. Driven by the growing demand for healthcare services, changes in consumer and clinician expectations, and emerging digital and health technologies, among other factors, the future horizon presents opportunities to revolutionise how the healthcare system operates.

Whilst Queensland's healthcare system is among the best in the world it remains under increasing pressure with rates of chronic disease, obesity and mental health conditions on the rise. These pressures are compounded by a growing and ageing population, a shifting healthcare market¹ and ongoing workforce constraints.

As Queensland strives to overcome these challenges, the actions of the health system will need to set the foundations for a sustainable, affordable, accessible, quality healthcare system for generations to come.

Figure 2 Current operating environment



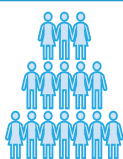
Significant and sustained growth in activity and increasing patient complexity and demand (the burden of chronic disease and illness, mental health and an ageing population continues to increase demand on healthcare services)



Shifting healthcare market (the number of Queenslanders with Private Health Insurance is declining with the public health sector taking on a greater share of hospital care)



Capacity constraints (resources are finite and constraints in bed capacity and workforce, with shortages of specialist staff and challenges maintaining a skilled workforce in rural and remote areas, impacting on performance)



Health equity and closing the gap (whilst positive change is occurring, there is still much to do to improve the health and wellbeing of First Nations Queenslanders)

¹ A healthy horizon: Megatrends and scenarios for the future of healthcare in Queensland out to 2040 – Summary report (2020)

About the Framework

The *Performance and Accountability Framework* draws on a range of factors that impact the performance of health services, and the outcomes they provide for patients and the community.

The Framework outlines how the Department, as the manager of health system performance, will oversee health service performance and how the system will respond. The Framework supports timely and appropriate action through the early identification of risks to the delivery of expected standards of performance. In responding to the challenges of underperformance, the Department will support HHSs to build capacity through sustainable improvement. Equally, where sustained high performance is identified, learnings from leading practice can be shared across the Queensland health system.

The Framework uses a tiered approach to performance, leveraging Key Performance Indicators (KPIs) and Patient Safety Risk Events (PSREs) to assess performance. Outcome indicators, Patient Safety and Quality markers and Stewardship indicators support the KPIs and PSREs, whilst supporting indicators and measures assist management at a local level. This, in combination with contextual information, inform regular evaluation of HHS performance.

The Framework allows the Department to assess the level of performance risk and target interventions accordingly in a timely and proportionate manner.

Principles

The Framework is guided by seven principles:

Table 1 Performance Management Principles

Transparency	The Framework is based around clear pre-determined measures of performance which are easy to understand.
Consistency	The Framework is applied consistently whilst recognising and acknowledging the local differences between health services.
Collaboration	The Department and HHSs have a shared responsibility to address performance issues. Early identification of potential performance issues and risks is expected.
Accountability	Roles and responsibilities are articulated and understood. Accountability for performance and appropriate resource utilisation is understood and agreed.
Balanced	Performance assessment criteria cover a range of factors that impact on performance.
Proportionate	Assistance and intervention are based on the level of risk and takes into account local circumstances and the performance trajectory.
Recognition	Excellence is acknowledged and learnings from good practice are shared.

The Framework's performance objectives

The Framework is structured around five performance domains that collectively provide a view of health service performance and drive the best patient outcomes (Figure 3).

The domains are:

- Patient-centred care and quality outcomes
- Right care, right place, right time
- Sustainable
- Equitable
- Culture

Each performance domain is supported by a range of metrics, referred to collectively as performance measures.

Figure 3 Performance Domains



The five performance domains

Patient-centred care and quality outcomes

This central domain acknowledges that the priority focus for Queensland Health is to ensure that healthcare services are respectful of and responsive to patient needs, preferences, and values, are culturally appropriate and provide the right health and wellbeing outcomes for the whole community.

As such it is recognised that all five performance domains will collectively contribute to the achievement of this broader objective.

There will also be an increasing focus on the experience of patients and the community when navigating, accessing, and receiving health services.

Right care, right place, right time

This domain acknowledges that the adoption of evidence-based practice supports the delivery of the best achievable outcomes for patients and the community.

This domain assesses the ability of health services to protect the health and welfare of patients and service users and improve health and wellbeing outcomes through the delivery of safe and high-quality care, in an appropriate setting and a timely manner. It is supported by a range of performance measures that assess the extent to which services are provided within appropriate timeframes and settings.

Sustainable

This domain focuses on the efficient management of resources, including funding, assets and people, to support the delivery of high quality, sustainable and culturally appropriate health care.

Equitable

Healthcare should be responsive to the needs of the community, and address health inequalities. This domain focuses on ensuring that all Queenslanders have equitable access to health services and achieve equitable health outcomes. This includes achieving health equity for First Nations Queenslanders.

Culture

Organisational culture is an important driver of performance and can significantly influence the safety and quality of services and through its impact on communication, collaboration, engagement and learning across an organisation. Culture as a performance domain formalises the consideration of leadership and corporate and clinical governance processes as a contributing factor to performance outcomes.

Performance Assessment Principles

Performance assessments will consider a range of information sources, including quantitative and qualitative outcomes. The primary components that are considered in the assessment of HHS performance include:

- safety, quality and patient experience;
- organisational and financial stability;
- delivery of performance expectations, key investment priorities and Health Equity Strategy prioritisations;
- service agreement delivery; and
- KPI and PSRE performance.

Safety, quality, and patient experience

Measures that provide information on the quality of healthcare provided, including the patient experience and contextual factors such as leadership, governance, and culture, are a key consideration in assessing health service performance. This includes ensuring that HHSs maintain their responsibility to obtain accreditation under the Australian Health Service Safety and Quality Accreditation (AHSSQA) scheme for all facilities, services, programs, and centres.

The Department will work with HHSs to review, refine, and improve the performance measures (both KPIs and safety and quality markers) that support the assessment and understanding of safety and quality performance and risk.

Organisational and financial stability

HHSs are to demonstrate sound fiscal management, including compliance with the requirements for Queensland statutory bodies as set out in the *Financial Accountability Act 2009* and the Financial and Performance Management Standard 2019.

HHSs are expected to ensure that no issues arise in relation to the following:

- material year to date operating deficit
- forecast to result in a deficit operating end of year position
- liquidity ratio below an average of 1.0
- deterioration of asset condition and reported 'backlog maintenance'
- operating within unaffordable staffing levels

Performance expectations and investment priorities

Performance expectations will be identified on an annual basis through the commissioning cycle to enable the success of investments, which are made in support of achieving agreed priorities, to be measured and evaluated. Program under delivery contributes toward the HHS performance outcomes and may result in funding redistribution.

Service agreement delivery

HHSs are expected to meet the requirements and obligations which are set out in the service agreement within their allocated funding, including but not limited to:

- delivery of activity targets;
- delivery of funded services, programs, and initiatives; and
- delivery of identified commissioning initiatives and/or incentives.

KPI and PSRE Performance

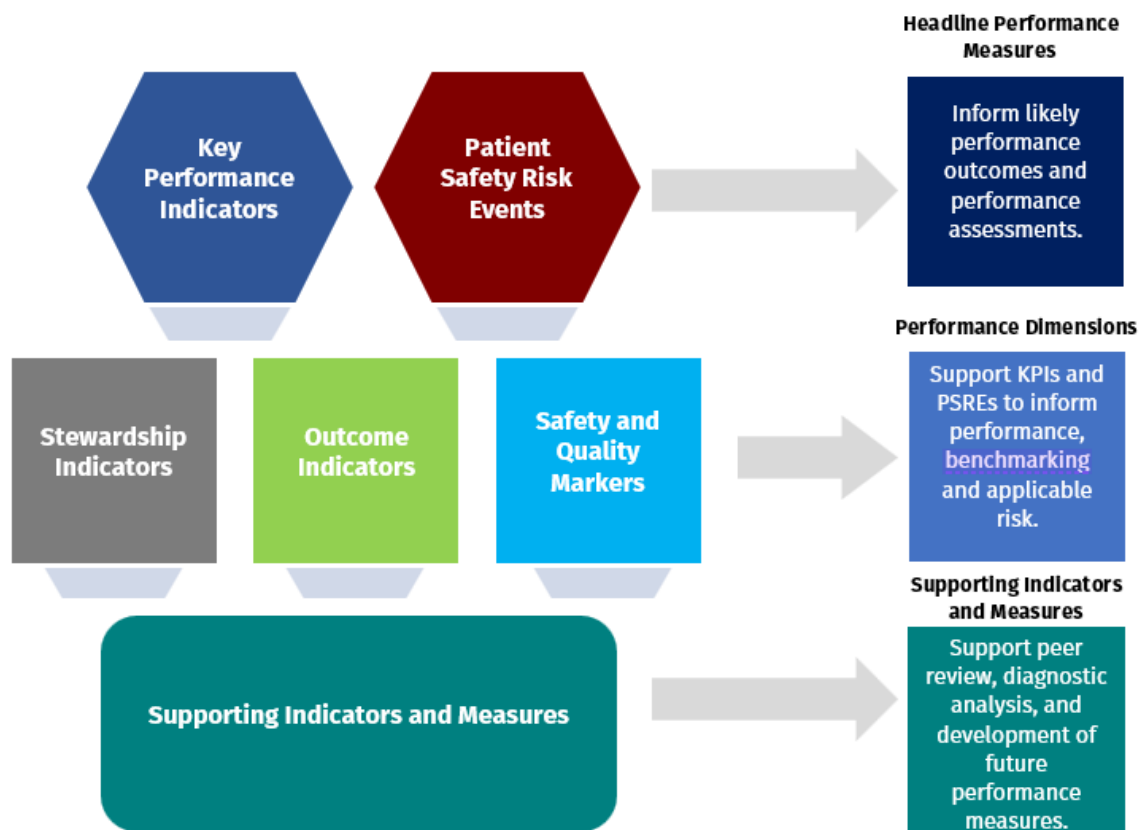
HHSs are expected to ensure that their performance against each of the applicable or 'in-scope' KPIs and PSREs do not fall into the 'not performing' threshold identified in the respective attribute sheet.

Measures of Performance

A range of metrics, collectively referred to as performance measures, are used to collect and report data on the achievement of key objectives, priorities, and initiatives. There are six categories of performance measures split into three tiers:

- **Headline Performance Measures**
 - Key Performance Indicators and Patient Safety Risk Events;
- **Performance Dimensions**
 - Safety and Quality Markers, Outcome Indicators and Stewardship Indicators; and
- **Supporting Indicators and Measures.**

Figure 4 Performance Measures Structure



The performance measures and the technical specifications (or attributes) that set out the detail behind each measure, including definition, methodology, scope, targets or expected outcomes and data sources, are provided via the [Performance Measures - Attribute Sheets](#).

In-scope KPIs and PSREs are also listed in each HHSs' service agreement.

To support the priority of achieving Health Equity for First Nations peoples, where appropriate, indicators have been developed to allow disaggregation across multiple dimensions – such as population group, geographic region, and service type – to strengthen visibility and support targeted action. This includes enabling a First Nations lens to be applied to relevant measures.

HHS and statewide performance against each of the performance measures is reported through the System Performance Reporting (SPR) platform.

Headline Performance Measures

Headline performance measures are the KPIs and PSREs that signal whether the health system is on track to delivering safe, high-quality, and outcome-focused care. These measures are few in number, strategic, and reviewed at the quarterly Performance Review Meeting (PRM) to drive system-level accountability and action.

Key Performance Indicators

KPIs provide specific measures of health service outcomes and are widely used by health systems as the basis for performance monitoring and assessment. The Framework uses KPIs to monitor the delivery of key strategic objectives and statewide or national targets.

The Department will consider performance against the KPIs when assessing outcomes and determining performance levels.

For each KPI, performance is assessed to identify whether the HHS is meeting the target for the KPI and a rating is allocated using the performance thresholds set out in Figure 5.

Figure 5 KPI Performance Thresholds



KPIs focus on both performance improvement and reduction of strategic risk. As such they operate as intervention triggers. In the event of underperformance against a KPI, analysis of the cause of the deviation and the degree and time period of underperformance is considered and informs decisions regarding the need for assistance or intervention.

In the event of underperformance, the level of performance concern in each case is determined by the particular indicator, the seriousness or potential consequence of the issue, the speed with which the situation could deteriorate and the time it would take to improve performance. In relation to fiscal management, performance improvement plans are to be credibly phased, and realistic in terms of achievable savings with a longer-term sustainable focus.

Patient Safety Risk Events

PSREs are defined as any unplanned or unintended event that could or did result in harm to a patient. These measures have been introduced as lead indicators of service risks to patients, with breaches being reported via an agreed escalation pathway within 24 hours of the PSRE.

Performance Dimensions

Headline performance measures are supported by three performance dimensions that assist with meaningful interpretation of KPIs and PSREs. These dimensions reflect the essential qualities of a high-performance health system – focusing on impact, safety, and responsible use of resources. Each KPI or PSRE aligns to one or more domains, ensuring measurement is connected to the outcomes that matter most. The following sections outline each domain:

Safety and Quality Markers

Safety and Quality Markers are measures which aim to identify variation between healthcare facilities and within a healthcare facility over time. These indicators often incorporate relative risk adjustment to account for the complexity and nature of care provided, enabling fair and meaningful comparison. By highlighting areas of deviation from expected performance, Safety and Quality indicators create opportunities for shared learning, support targeted quality improvement efforts, and strengthen accountability for the delivery of safe, effective, and person-centred care.

Outcome Indicators

Outcome indicators provide insight into the impact and effectiveness of healthcare services and are designed to encourage a focus on the value of health services being provided. These indicators reflect whether health interventions are resulting in meaningful improvements for individuals, communities, and populations. Outcome indicators include:

- Health outcome measures, which assess changes in a person's or population's health status that are directly or indirectly attributable to one or more healthcare interventions; and
- Process measures, which track adherence to evidence-based care processes that are known to influence health outcomes, either positively or negatively.

Together, these indicators help ensure that health system performance is not only measured by activity but also by the impact made on people's lives, supporting a system-wide focus on the value and appropriateness of care.

Stewardship Indicators

Stewardship indicators assess how effectively, responsibly, and sustainably the health system is using its available resources to achieve KPIs. These indicators focus on the system's leadership, transparency, sustainability, and investment. They provide insight into whether resources are being allocated and managed in ways that are culturally appropriate and future-focused.

Supporting Indicators and Measures

The Department will continue to report data across a broad range of supporting indicators. Supporting indicators provide a broader evidence base to understand health service performance in context, offering detailed insight beyond headline measures. These indicators serve a range of functions, including:

- Performance improvement – to allow for more detailed analysis across a broad range of factors, gain a more comprehensive understanding of outcomes and support improvement.
- Benchmarking – to assist HHSs to assess and improve performance relative to comparable peers.
- Compliance – to provide a mechanism for monitoring HHS compliance with mandatory requirements and obligations.
- Development of new performance measures – informing the design and validation of future KPIs by sharing intelligence, piloting indicators, and building system readiness. They are generally shadowed for a period, prior to formal inclusion.

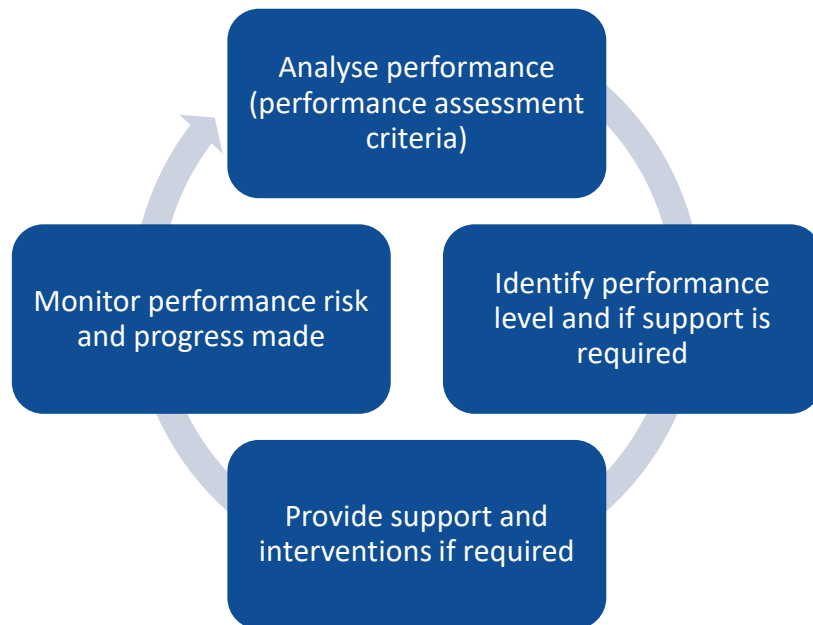
Supporting indicators and measures are routinely monitored by the performance owner. While not routinely escalated, supporting indicators may be referred to the PRM if a material issue arises that signals a risk to outcomes, safety, quality, or stewardship. This ensures early visibility and enables proactive system-level intervention when necessary.

Operation of the Framework

Overview

The goal of the Framework is to ensure that HHSs are performing effectively and are supported to deliver the best patient outcomes and system objectives. This is achieved by adopting a continuous improvement approach (Figure 6).

Figure 6 The performance improvement cycle



The Framework is not designed to measure all aspects of performance. Rather, it sets out how a cross section of performance across key principles are measured. The performance discussions between the Department and HHSs focus on delivery against the performance assessment principles and draw on a wide range of information.

The Department works collaboratively with HHSs and other stakeholders to:

- undertake an ongoing review of HHS and statewide performance;
- analyse performance issues and opportunities for improvement;
- undertake formal performance assessment for each HHS, including determining the HHS performance level;
- agree appropriate corrective interventions with HHSs and when these should be implemented;
- acknowledge sustained high performance and disseminate learnings from success.

The Performance Review Process

The performance review process incorporates:

- Review of performance information through the SPR platform, including outcomes against the KPIs.
- Pro-active conversations between HHSs and the Department on an ongoing basis to support the early identification of performance risks and the development of interventions to address these.
- A formal, quarterly Performance Review Meeting (PRM) for each HHS where the HHSs performance outcomes are analysed, reviewed, and assessed. Actions will be taken to address any identified performance issues or risks.
- The allocation and communication of a performance level for each HHS following each Performance Review Meeting.
- A regular performance summary for all HHSs provided to the Director-General and the Minister through the Executive Leadership Team (ELT).

When a performance concern is identified, the action taken by the Department is determined on a case-by-case basis through assessment of several risk factors, including:

- The risk associated with the performance area/s of concern;
- the seriousness and duration of the issue/s;
- the speed with which the situation could deteriorate further;
- the intervention/s available and the time required to achieve turnaround; and
- the capability within the HHS and/or the health system more broadly to successfully address the issue.

Determining Performance Levels

The performance assessment is led by the Deputy Director-General, Healthcare Purchasing and System Performance Division in consultation with other Deputy Director Generals.

This assessment determines the performance level that is allocated to each HHS and is guided and informed by the performance assessment principles along with any relevant supporting and contextual information. Performance levels are determined by the Department, although ongoing discussions with HHSs inform the decision regarding which level will be applied.

The Director-General makes the final determination on the performance level to be applied based on information provided through this assessment.

There are three performance levels, each of which are associated with specific levels of monitoring, support and intervention (Table 2):

- Performing
- Performance support
- Intensive performance support

Whilst performance levels are reviewed following Performance Review Meetings, a review may occur outside of this schedule if the Department or HHS determines that this is warranted.

Movement between Performance Levels

Movement between performance levels can be either up (escalation) in the case of deterioration in performance or failing to make adequate progress against agreed improvement plans, or down (de-escalation) as performance issues are resolved.

Following completion of each performance assessment, the Department will determine if a change in the HHS's assigned performance level is warranted. A performance concern does not always trigger an escalation.

The Department will advise the HHS Chief Executive (HSCE) of the proposed performance level. HSCEs should inform their Boards of this advice. Where an HHS is allocated to the intensive performance support performance level, the Department will advise the Hospital and Health Board Chair directly, as well as the HSCE.

When it is proposed to change an HHSs performance level, the reasons for the change will be clearly explained in writing.

Performance Response

When a new or additional performance concern is identified, the HSCE must notify the Department of the nature, scope and anticipated trajectory of the performance concern.

Whilst responsibility for performance lies with individual HHSs, the Department will work in partnership with the HHS to provide ongoing support and assistance in relation to the identification and monitoring of performance issues and in corrective action taken as a result of any identified issues.

The performance levels and the monitoring, support and intervention which are applied are outlined in Table 2.

Table 2 Performance Levels and Responses

Level	Performance Response
Performing	<ul style="list-style-type: none">• Standard monitoring with Quarterly Performance Review Meetings (PRMs).• Ongoing engagement as required.• Recognition of achievement and sharing of good practice.
Performance support	<ul style="list-style-type: none">• Standard monitoring with Quarterly PRMs.• Ongoing engagement as required.• A formal response from the HHS Board Chair or HSCE to the Department regarding the factors leading to the performance issue and the detailed strategies to rectify the performance issue. In addition to the response, the HHS is required to commence:<ul style="list-style-type: none">– The development of a performance improvement plan.– Monthly reporting to the Department through the Service Agreement team on the progress of the performance improvement plan.• The Department will support the HHS to undertake and sustain improvement, which may include:<ul style="list-style-type: none">– Providing support to assist development, implementation, and monitoring of the performance improvement plan.– Engaging an independent expert to review clinical practice, governance or financial concerns and make recommendations for improvement.– Sharing of best practice support, advice, and experience where this is available within other HHSs or the Department.

	<ul style="list-style-type: none"> – Assignment of staff to work collaboratively with the HHS to develop and implement the performance improvement plan. – Assignment of staff to have a more direct involvement in the operation of the HHS.
Intensive performance support	<p>In addition to the responses identified under the performance support level:</p> <ul style="list-style-type: none"> • The Hospital and Health Board Chair may be required to meet with the Minister to discuss the HHSs performance and the strategies that are in place to deliver improvement. • The HSCE will meet with the Director-General monthly until it is determined that the performance issue or concern is under control. Quarterly PRMs will still occur and will replace monthly meetings when they are scheduled for the same month. • The Department or the Minister may commission an independent review of HHS governance and management capability. • The Minister may determine to appoint an Advisor to the Hospital and Health Board, and/or to change the membership of the Board and/or to replace the Board with an Administrator for a defined period.

Note: The information provided in this document is not to be taken as affecting or limiting the discretion to exercise the powers provided for under sections 9, 27, 28 and 44 of the *Hospital and Health Boards Act 2011*.

Note 2: Performance improvement plans are written plans prepared by the HHS, signed off by the Hospital and Health Board and submitted to the Department for agreement.

Roles and responsibilities

The Department and HHSs have a shared responsibility to work together to deliver the best possible performance from the public health system. This requires a commitment to partnership and sharing information, learning and experience across organisational boundaries which reflects the collaborative approach to performance support.

The Department

The Department is the manager of the Queensland public health system. This includes responsibility for health strategy, planning, funding allocations and performance management.

The Department will establish and maintain a culture of performance improvement. This may include by:

- promoting the Framework across the Department and broader health system;
- promoting and facilitating the sharing of best practice and innovation;
- identifying shortfalls in relation to performance and devising and implementing appropriate support and development arrangements to facilitate long-term and sustainable delivery;
- providing relevant staff with training and mentoring in performance management and improvement and the tools to enable them to have an effective performance improvement role;
- using available data and intelligence to maximise the depth and breadth of performance information and presenting reliable, timely and accurate performance information in an accessible way;
- ensuring that key staff understand their responsibilities and the consequences of not effectively executing these responsibilities; and
- working collaboratively with HHSs to resolve performance issues.

Hospital and Health Services

Health Services will engage constructively in the Framework and consider their own requirements to enable them to discharge their obligations under their service agreement and this Framework. This should include:

- ensuring that the Hospital and Health Board is provided with regular and timely information about the HHSs performance, and is advised of any performance concerns or issues at the earliest opportunity;
- reporting any emerging or potential performance issues and/or performance risks promptly to the Department, including immediate actions taken and/or an early assessment of action that may be required to prevent the issue from deteriorating and improve back up to the required performance standard;
- working collaboratively with the Department to resolve performance issues and to implement all responses to performance concerns as determined by the Department; and
- establishing and maintaining a culture of performance improvement within their organisation by:
 - promoting a culture across the organisation that supports collaboration and innovation to deliver improved performance outcomes;
 - promoting the Framework across the organisation;
 - identifying shortfalls in relation to performance and devising and implementing appropriate support and development arrangements to facilitate long-term and sustainable delivery;
 - providing relevant staff with training and mentoring in performance management and improvement and the tools to enable them to have an effective performance improvement role; and
 - ensuring that key staff understand their performance responsibilities and the consequences of not effectively executing these responsibilities.

Hospital and Health Boards

Each Hospital and Health Board is required to ensure effective clinical and corporate governance frameworks are established for the HHS under section 19 of the *Hospital and Health Boards Act 2011*, and to provide strategic oversight of and monitor the HHS's financial and operational performance.

The Department recommends that this includes:

- effective implementation of a Performance Framework for the HHS; and
- appropriate reporting and advice to the Board on:
 - the Health Service's performance against the service agreement;
 - the performance status of the HHS under this Framework; and
 - the response to, and progress of turnaround/performance improvement plans.

Co-ordination and Communication

Healthcare Purchasing and System Performance Division (HPSP) works with other Divisions within the Department to ensure clarity, efficiency, and effectiveness of performance management processes.

Performance issues that require a response are channelled through a single and integrated process within the Department, co-ordinated by HPSP. Other Divisions within the Department continue to have dialogue with individual HHSs on a range of policy and program matters, including discussions on potentially emerging performance issues.

The co-ordination by HPSP includes:

- preparation of consolidated performance reports for HHSs, the Director-General and Deputy Directors-General;
- maintaining records of performance assessment outcomes, turnaround and performance improvement plans;
- issuing formal action plans agreed during Performance Review Meetings;
- liaison with HHSs, and other Divisions in the Department where they have an active role in any improvement plan, to ensure that there is a coordinated approach to working with a HHS during the recovery period;
- identification of initiatives which need to be undertaken by the Department, or other entities, that will contribute to achieving improved performance outcomes; and
- sharing of performance lessons.

Monitoring and Reporting

Standard performance reporting requires regular submission of information from HHSs to the Department. Data required for the reporting against the performance measures are accessed from a range of standard and localised data collections. Other performance information comes from a range of quantitative and qualitative sources.

The Director-General may require HHSs to provide additional data or information in relation to new or emerging priorities, to facilitate reporting to Government or in response to performance concerns.

Conduct of Performance Review Meetings

Formal Performance Review Meetings (PRMs) will be undertaken four times per year. Additional meetings can be facilitated at the request of the HHS, or by the Department where a performance issue has been identified and/or escalated.

The Deputy Director-General, HPSP (or their nominated proxy) will be responsible for the role of Chair. Representation at Performance Review meetings will be as follows:

Department	HHS
Deputy Director-General (Healthcare Purchasing and System Performance)	Health Service Chief Executive
Deputy Director-General (Clinical Excellence Queensland)	Chief Finance Officer
Chief First Nations Health Officer	Chief Operating Officer
Other Deputy Directors-General and guests may be required to attend as determined by the agenda and at the discretion of the Chair.	

In addition to analysing current performance, the Performance Review meeting:

- reviews previously agreed action items (by exception, otherwise agreed out of session);
- discusses local HHS, regional and statewide priorities and initiatives, as they relate to improving performance and outcomes;
- identifies any potential or emerging performance issues and reviews progress regarding ongoing performance responses;
- enables discussion, collaboration and support on solving performance issues, and
- identifies potential or emerging risks or trends that may affect future performance.

The process is underpinned by:

- clearly documented meeting agendas and supporting material; and
- collaborative discussion that enables the HHS to raise additional items of potential concern.

The Performance Review Meeting aims to assist the HHS to proactively manage issues, with appropriate support from the Department, to maintain high levels of performance and avoid the need for escalation of performance responses.