

# Deliverable templates

Antimicrobial Resistance Policy Section  
Communicable Diseases Branch  
5 November 2021

## Introduction

This document outlines the expectations around deliverables which may be required of AURA program partners in contracts made with the Department of Health. It builds upon the information included in the email sent to program partners on 13 April 2021 regarding deliverables.

If a standard Departmental contract is used, then the deliverables required of program partners in contracts will be defined in Item B of the Schedule: *Required Contract Material*. Required Contract Material will usually encompass the following reports:

- Project Plan;
- Progress report;
- Final report;
- Financial acquittal; and
- Data analysis report.

Taken together, these reports provide the Department with information regarding the day-to-day running of the activity designed to collect AMR and AU surveillance data as well as the data itself.

The following text and related attachments are provided as a guide to completing these deliverables. Where templates are provided, there is no compulsion to use them. However, at least the information requested in the template must be provided in some form.

## Project Plan

The Project Plans we have received from program partners have been satisfactory and it's clear that all program partners are aware of what a Project Plan is.

In a Project Plan we wish to learn about the work you expect to complete during the upcoming defined period and the steps that will be taken to ensure that it is. In the case of our contracts, the defined period of a Project Plan is usually a financial year. (We use the term Project Plan as it is well accepted, but a more accurate term might be the "Program Plan for the next 12 months".)

The level of detail is up to each program partner but larger or more sensitive or more complex plans will require additional detail. Even with no significant changes planned for a particular program over a certain period, a Project Plan for that period can be completed.

Where the Project Plan requires detail across a financial year, any program partner should be able to detail that work, even if the partner may generally plan work over a calendar or academic year. If the contracted organisation already completes project plans, one of these can be adapted for the purposes of providing a deliverable to the Department. However, a project plan must be for the period specified by the deliverable and must be clearly-written. It should not be seen as a "tick and flick" exercise. The Department is interested in knowing what you intend to achieve over the period defined for the project plan and how you intend to do it.

The minimum information that the Department expects will be addressed in a Project Plan is at [Attachment A](#). If these questions can be answered satisfactorily an acceptable Project Plan is more likely to be the outcome. (If the Project Plan that you normally complete contains additional

information to that specified in [Attachment A](#), it need not be removed for provision to the Department.)

### **Progress Report**

These reports are basic descriptions of how the work is progressing and they are probably more common throughout the areas of the Department which don't deal with such technical, data-rich projects or programs as the antimicrobial resistance and usage (AMR and AU) programs. Progress reports need to include a description of actual performance against the aim of the activity/tasks as detailed in the relevant and agreed Project plan, information on whether the aim of the activity was achieved, and an update on any challenges encountered. These reports look at things like: are targets and goals being met, what significant problems have emerged and what was done about them, what significant staffing changes or recruitment occurred, were there any noteworthy state/territory government interactions, any noteworthy media around the projects, and so on. Typically, they focus on activity since the last progress report was provided but there is no barrier to referring to activity from before this period, if it's relevant. Progress reports may need to include an indicative budget and comment on status of ethics applications and compliance with privacy, data governance and ethical obligations if applicable.

Whether to add AMR and AU data to the Progress Report is up to each program partner. If you are expected to provide specific AMR and AU data at a certain time of year in a regular report, those data (or a draft version) needn't be included in a Progress Report. An exception would naturally apply if some early data are showing trends of which we should be aware. But you might call or email us directly if that were to happen. The Progress Report is not intended to be the main data analysis report for your program. (Progress Reports are sometimes called "Project Reports" but we will try to always refer to them as "Progress Reports" from now on, because the term "Project Reports" has caused confusion in the past.)

In other words, a Progress Report won't focus on the data your program provides. It'll focus on all the work the Department funds which eventually resulted in those data being produced. If you are unsure, a template you might like to consider is at [Attachment B](#).

### **Final Report**

Every contract, even long ones, have an end date and it is after this date that a Final Report is due. A Final Report is very similar to the Progress Reports but it is intended to be the last one we receive for a particular project period. There are two ways to draft a Final Report.

One is to draft a Progress Report as normal (because you will still be required to report on the previous 6 months of activity as you would for a Progress Report) and then add, where appropriate, additional information which covers the whole project period. ([See Attachment C](#).)

Another way is to draft a Progress Report as normal and add an attachment Final Report, which will address the elements that you write in your Progress Report, but in the context of the whole project period. (In some cases, when a new contract is commenced prior to the completion of the existing contract, the existing contract's Final Report will be replaced by a Progress Report in the new contract, since the previous contract has effectively continued).

However, we prefer to receive a Final Report because it formalises the end of a complete contract period. That's always a good time to consider the progress of the project over the whole contract period against the project's objectives. For some examples of how a Final Report might be written, see [Attachment C](#).

### **Financial Statement**

Program partners were sent an email on 13 April 2021 about financial statements. The text is repeated here:

*Financial acquittals (or financial statements) are required so that we can be assured that Commonwealth funds have been spent as outlined in your budgets. The budgets are those costings provided with your quotes. A financial statement at the end of each financial year (or the contract period) will show us that the funds were largely spent as budgeted. (Some flexibility will apply, naturally). The statements don't have to be audited and they can be very simple.*

*The statement includes an income and expenditure statement for the funds and confirmation that the funding has been spent on the activity in accordance with the Agreement, Schedule and Terms and Conditions. Non-audited financial acquittals must be certified by an authorised officer of the organisation. The statement only needs to refer to the Department's funding. Please note that for multi-year projects, there will also be a requirement for a budget to be provided each year for that year's planned activities.*

It is not that common for a financial statement at the end of a project period to precisely match the budget upon which the total payment amount was approved. Therefore we would not expect a financial statement to simply be a cut-and-paste of the budget line items and amounts, particularly for larger projects. For example, if a travel component was funded but subsequently no travel was taken, this travel component should appear as an unspent component in the financial statement. Therefore, if a financial statement is accurate, a surplus or deficit would not be unexpected. Nor should a surplus or deficit necessarily be cause for concern. What subsequently happens to a surplus or deficit in a funding agreement will vary depending on its scale and the stage of the contract at which it appears. The template which can be used for a financial statement is at [Attachment D](#).

### **Data Analysis Reports**

These are the reports which include the data for which the Department provides funds –AMR and AU data. The Department has only recently begun processing these reports and over time will probably consult program partners over potential changes or alterations to how these reports might be constructed and submitted. The Department is also considering a review of all AURA data analysis reports to ensure they provide the information required by various audiences in the most appropriate format.

A template for these reports is not possible because they are all different. However, as a general rule, data analysis reports should include an introduction, methodology, results/data, descriptive analyses, discussion of results, and a summary of key findings/Executive Summary. All reports are to be appropriately referenced, with references provided as MS Word end notes/End Note library. Data used to generate tables and figures should be provided in an appropriately labelled Excel spreadsheet.

A number of checks should be undertaken by program partners prior to reports being submitted to the Department. These include:

- in graphs and figures, ensure all axes are labelled and there is a title, check for consistency of scale, colour, labelling and so on;
- in text, clarity of expression, correct spelling, punctuation and grammar;
- expanding shortened forms and acronyms the first time they are used and where appropriate;
- consistency in the text relating to multiple mentions of the same data (for example, if a certain figure is 9.8%, it should be 9.8% throughout the whole document);
- where data are unavoidably technical and complex, thought could be given to providing a more comprehensible interpretation to accompany the data, so as to make the information more accessible. Where possible, AURA data should be available, accessible and meaningful to as many people as possible and not only those who work in the field;

- where program partners feel comfortable doing so, providing an opinion as to the significance of patterns in the data or the actual or potential ramifications of the data would be appreciated. The individuals and groups who collect AURA data are well placed to provide comment on what the real-world effects of the data may be. Some contracts actually require that data analysis reports include commentary on the importance of trends for clinical practice and the response to antimicrobial resistance.

Some of these points may seem obvious but they need to be mentioned, because during our last reporting phase it became clear that some reports had been hurried and remained unchecked prior to their submission to the Department.

## Project Plan structure

A project plan should include at least the following elements.

### An overall vision and broad goals for the project for the period defined.

AURA program partners have well-established aims already and their main scope for the next 12 months may simply be to carry on as before. However, a lot of partners are continually working to expand coverage of their programs; to branch out into related surveillance areas or run pilots to determine the feasibility of doing so; to make their data more accessible, and so on. We'd like to know what your organisation would like to see its program achieve during the defined period. Where possible, a timetable should be included.

### The main milestones expected in the progress of the project

Our contracts have milestones built into them but milestones mentioned in a Project Plan do not necessarily have to mirror or coincide with those in our contract. Rather, a milestone for a program may be, for example, to have fully implemented a new software component by February, or to have signed up the 200<sup>th</sup> participating hospital by April. These are what the program partner sees as the more important objectives during the period under consideration. (Naturally, the Department may have had some input into what it might expect from the program partner and it may be appropriate for this objective to be reflected in the Project Plan.) It would be good to include any relevant meetings in the Project Plan eg progress meetings with the Department, or scheduled meetings with contributors, states and territories, and/or committees.

### Key risks and your chief countermeasures to them

If you've identified any risks which may affect your ability to achieve your objectives for the period under consideration, list them and provide some information on what the risk is, how you have mitigated the risk and how you will address it should it emerge.

### Key team members and stakeholders

The project plan should identify key personnel and stakeholders who are considered instrumental in the program achieving its aims and how they (particularly stakeholders) will be engaged and utilised.

### Resource and spending forecasts

This could include intended staff recruitment, plant and equipment purchases and intended physical relocations. Program partners have provided the Department with a budget for three years' of operation, so the spending forecast referred to may not differ much from that. However, minor variations from agreed budgets may be permissible under certain circumstances provided that we are consulted and a Project Plan may be a medium for registering that information (although a separate written request would also be appropriate).

Also, it is possible that a program partner has developed (or anticipates) a funding surplus and may wish to propose a use for the surplus funds. A Project Plan may be an appropriate channel through which the program partner can canvass its proposed intentions.

### Communication strategies

If communication is an integral part of your program the Project Plan should outline what your communication challenges will be and how you intend to approach them.

### Quality assurance

How will you ensure that the work your organisation undertakes will be conducted appropriately and the outcomes achieved will be as expected? This is a particularly important point when the outcomes consist of complex data holdings and conclusions which may be drawn from them.

## Progress Report template

The following notes provide guidance and short examples about the kinds of information we might be expecting to see in a Progress Report.

### **1 - Summary of the last (*time since previous report*)**

This should be a brief outline of the major events, achievements, developments and challenges of the review period. For example:

- Subscriptions were 14% higher than expected for this period resulting in an overall participation rate of 56%. The biggest increase was in South Australia, which went from 48% to 55% participation.
- The Chair of the Regional Advisory Group resigned as was replaced by the Chief Operating Officer on an interim basis. Recruitment of a new Chair has yet to commence.
- The following centres reported more than 3 breaches during the reporting period: Cooma, Bendigo, Geraldton.
- The CEO of the St Kilda centre appeared as a guest on the SBS news on 14/3/2023 to discuss the operation of the centre and the challenges of addressing AMR.

### **2 - Status of Program elements**

A run-down of progress for the main elements of the Program as defined by the program partner and agreed by the Department in the Project Plan for the relevant period. You may consider as many as 10 or 12 elements to be important for the successful operation of your program or to be important outcomes (and these can change from report to report) and write a status report on each. For example, you might include some paragraphs on updating:

- Permanent program features
  - Data collection status
  - Data trends noticed
  - Hospital recruitment update
  - Media activity
  - Interaction with government
  - Reports provided
- Temporary program features
  - IT hardware upgrade status
  - December move to new offices
  - COVID-19 update
  - NT Indigenous settlements pilot project update

If applicable, comment on status of ethics applications and compliance with privacy, data governance and ethical obligations. The Department may, from time to time, request additional elements to be reported on.

### **3 - Issues/challenges**

This part should mention any issues and challenges which have affected, or which have emerged and have the potential to affect, the intended operation of the program. Any action taken by the program manager to address these challenges and any resulting outcome should also be described. These can include challenges of a financial, staffing, logistics, processing, data, governance or

security nature or anything else which has affected your ability to meet the objectives of your program. These can be of a one-off, intermittent or permanent nature.

#### **4 - Risks**

An examination of current and longer term (or potential) risks which may affect the ongoing operation of the program and what is being done to alleviate those risks.

#### **5 - Financing and resources**

This section should outline the funding and resources which were available and utilised during this period, in general terms. This is not meant to be a detailed financial statement, but the Department would like to know that these elements are operating as intended. It may even be something as simple as:

During the reporting period, the Centre received two contracted payments from the Department of Health:

- \$55,000 (GST inc) on 3 September 2022;
- \$85,000 (GST inc) on 4 February 2023.

The Centre received permission from the Department to utilise a \$7,400 operating surplus to contribute towards travel expenses for a recruitment and training trip to the central-west of the state.

Staff salaries are tracking 3% above expected costs and this will be monitored.

The following staff remain involved in the project at the following levels (which are the same as noted in the Centre's quote provided to the Department on 5 October 2021).

- Professor Smith – 50%
- Professor Jones – 25%
- Ms Williams (epidemiologist) – 100%

#### **6 Next steps**

This section should outline the focus of the program for the following period (whatever that may be...it can be defined by the program partner but should align with the agreed Project Plan or explain any deviation from that Plan). For example:

As reflected in the Project Plan provided on 18 February 2023, we are on track to engage an additional epidemiologist for .5 FTE to conduct further examinations of the patterns of infection that appeared to emerge during the final phases of the Wilson project which ended last year.

Hospital recruitment to the Southern AMR Infection Base pilot was interrupted by a three-week lockdown (see *Issues/Challenges* above) and has fallen behind schedule. Additional resources will be allocated to this task, commencing on 18 October, and recruitment is expected to have caught up by early December.

The Private Hospital data collection period is due to commence on 12 September at this stage, with draft data being available by February next year. We will flag any particular issues in a Progress Report due in February. Otherwise, the finalised data is still expected by April next year.

## Final Report Structure

If you choose to build on the Progress Report model as a basis upon which to write a Final Report, it might look like this (using a couple of excerpts from the model above as an example, with the additions **bolded**).

### 1 Summary of the last (*time since previous report*)

...

- Subscriptions were 14% higher than expected for this **six-monthly** period resulting in an overall participation rate of 56%. The biggest increase was in South Australia, which went from 48% to 55% participation.
  - **During the complete project period, the overall participation rate averaged 52%. The increase to 56% during the past three years reflects a good level of recruitment given that three new hospitals became eligible to join the scheme and 23 either closed or became ineligible).**
- The Chair of the Regional Advisory Group resigned as was replaced by the Chief Operating Officer on an interim basis. Recruitment of a new Chair has yet to commence.
- The following centres reported more than three breaches during the reporting period: Cooma, Bendigo, Geraldton.
  - **During the complete project period, there were only six centres which reported more than three breaches during any six-month period. For more information, see Appendix D – Program Breaches 2021-2024)**
- The CEO of the St Kilda centre appeared as a guest on the SBS news to discuss the operation of the centre and the challenges of addressing AMR.
  - **Further information on program media activities for the complete project period is in Appendix F – Communications 2021-24.**

...

### 5 Financing and resources

This section should outline the funding and resources which were available and utilised during this period, in general terms. This is not meant to be a detailed financial statement, which will be required as part of the Final Report but the Department would like to know that these elements are operating as intended. Also, it may be an area for the program partner to canvass what it may request of the Department regarding any likely surplus. It may be as simple as:

During the reporting period, the Centre received two contracted payments from the Department of Health:

- \$55,000 (GST inc) on 3 September 2022;
- \$85,000 (GST inc) on 4 February 2023.

The Centre received permission from the Department to utilise a \$7,400 operating surplus to contribute towards travel expenses for a recruitment trip to the central-west of the state. Staff salaries are tracking 3% above expected costs and this will be monitored.

The following staff remain involved in the project at the following levels (which are the same as noted in the Centre's quote provided to the Department on 5 October 2021).

- Professor Smith – 50%
- Professor Jones – 25%
- Ms Williams (epidemiologist) – 100%
- Ms Baxter (lab technician) - 30%

**Annual Statement of Financial Compliance**  
**and**  
**Annual Statement of Income and Expenditure**

For the period xxxx – xxxx  
*(participant name)*

**Annual Statement of Financial Compliance**

It is hereby certified that the attached Annual Statement of Income and Expenditure is true and correct and that:

- the terms and conditions specified in the agreement between the Commonwealth of Australia and *(participant)* have been complied with; and,
- the funding received from the Commonwealth of Australia has been used for the purpose for which it was provided and for the services as specified in the applicable Schedule to the agreement.

I understand that it is an offence to provide false or misleading information to the Commonwealth.

SIGNED for and on behalf of *(participant)*.

**Name** \_\_\_\_\_

who warrants that they are authorised by the rules governing the participant to bind the organisation.

**Position** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Annual Statement of Income and Expenditure**

FOR THE PERIOD: xxxxx – xxxxxx

<b>Income and Expenditure Statement</b>	<b>Budget</b>	<b>Actual</b>	<b>Variance from budget +/- %</b>
<b>INCOME</b>			
Surplus from previous period	\$	\$	
Commonwealth contribution	\$	\$	
<b>EXPENDITURE</b>			
Total salaries & on-costs <sup>1</sup> expenditure (should be broken down to the extent possible using the budgets provided by the program partner as a guide) <sup>2</sup> .	\$	\$	%
	\$	\$	%
	\$	\$	%
Total non-salary expenditure (should be broken down to the extent possible using the budgets provided by the program partner as a guide) <sup>2</sup> .	\$	\$	%
	\$	\$	%
	\$	\$	%
<b>TOTAL EXPENDITURE</b>	<b>\$</b>	<b>\$</b>	<b>%</b>
<b>REMAINING FUNDS</b>	<b>\$</b>	<b>\$</b>	<b>%</b>
OR, if expenditure exceeds income:			
<b>DEFICIT</b>			
If remaining funds variance is greater than 20% please provide an explanation:			

1 On-costs are anything that is not discretionary (ie, costs that must be incurred). This can include leave provision, superannuation, workers compensation, Fringe Benefits Tax. It does not include costs that have an element of choice, such as training.

2 If a staff member breakdown or non-salary expenditure breakdown is available, additional lines can be added.