This report:

- fulfils statutory reporting requirements; and
- provides operational and performance data for the
  2008-09 financial year.

Contact:
Manager, Health Community Council Coordination
Office of the Director-General
147-163 Charlotte Street Brisbane Q 4000
GPO Box 48 Brisbane Q 4001

More information about Health Community Councils can be found at www.health.qld.gov.au
Letter of transmittal

The Honourable Paul Lucas MP
Deputy Premier and Minister for Health
Member for Lytton
GPO Box 48
Brisbane Qld 4001

Dear Deputy Premier

I am pleased to present to you the Gold Coast Health Community Council Annual Report for 2008-09. This report is a statutory function of the council and provides an outline of our performance during the year.

The report highlights activities against our key statutory functions of:

- undertaking community engagement about the health of, or health care for, the community;
- monitoring the quality, safety and effectiveness of public sector health services delivered in the council’s district; and
- enhancing community education about the delivery of public sector health services.

The council has now been in operation for its second year and continues to play an important role in the reform process of Queensland Health. The activities of the council over the past two years have included building partnerships between the community and Queensland Health to ensure that communities play a part in influencing, informing and improving the delivery of public health services in Queensland.

In 2008-09, the council witnessed the continued effort in developing new and expanded health services for the Gold Coast community. While these projects are considerable and not due for completion until 2012, we are well underway in our participation and overseeing of the capital works from a community advisory group perspective. Further, we are building a strong bond between the community and the health service district to improve outcomes in health services including quality and safety.

Three key objectives are to keep health consumers and the wider community involved, engaged and aware of the changing health care landscape on the Gold Coast. This was achieved by participating at community awareness expos, facilitating feedback from the community and importantly, participating in an advisory capacity with the Gold Coast University Hospital Stakeholder Advisory Group. This type of participation is an important conduit to achieving our overall objectives.

Whilst we are proud of our achievements in 2008-09, we were reduced to only six members on the council at any one time which made it difficult to undertake our responsibilities and reduced the breadth of community involvement that we were able to achieve. It is hoped that once the current Alignment Review of Health Community Councils and Health Service Districts is completed, action can then be taken to fill existing vacancies.

The council would like to recognise the significant contributions of Mary Alcorn and Caroline Lewis who both resigned as members during the year. Ms Alcorn was the inaugural chairperson of the council and provided exceptional leadership. Ms Lewis also added greatly to the considerations of the council. Both had been associated with the district for many years and brought a great deal of experience to the council.
We look forward to continuing our role within the community, working in partnership with Queensland Health and most importantly being able to bring continued improvements in the delivery of health services through our role and functions.

Yours sincerely

Ken Brown
Acting Chairperson
Gold Coast Health Community Council
## Contents

Letter of transmittal .......................................................................................................................... 3

About health community councils ................................................................................................. 6

Establishment .................................................................................................................................. 7
  - Membership................................................................................................................................ 7
  - Location...................................................................................................................................... 7
  - Statutory functions....................................................................................................................... 7

Operations ....................................................................................................................................... 8
  - Meetings..................................................................................................................................... 8
  - Record keeping .......................................................................................................................... 8
  - Expenditure ................................................................................................................................. 8

Community engagement ................................................................................................................... 9

Monitoring quality, safety and effectiveness ..................................................................................... 11

Community education ..................................................................................................................... 13

Special assignment activities ............................................................................................................ 14

Appendix A ..................................................................................................................................... 15
About health community councils

Health Community Councils are a key component of the Queensland Government’s commitment to reforming the public health system and improving health service delivery for all Queenslanders.

Queensland’s 36 Health Community Councils are advisory bodies established under the provisions of Health Services Act 1991. The councils play an important role in the governance of public sector health services and work in partnership with Queensland Health.

The focus of the councils is to provide a community perspective in regards to the delivery of public sector health services in the local district. Councils do this through community engagement, community education and looking at safety, quality and effectiveness of the delivery of public sector health services within the local district.

Councils provide an opportunity for community members to participate in decision-making about health services by providing feedback about what is working well and areas for improvement. Council members facilitate community participation and contribute specialist knowledge and expertise to the delivery of public sector health services in the local district.

Queensland Health is responsible for providing administrative and funding support to councils to meet their responsibilities.
Establishment

Gold Coast Health Community Council was established under the authority of the Health Services Act 1991 on 9 July, 2007. Members are appointed for a term of not more than four years.

Councils ordinarily do not consist of more than eight members and, if practicable, must include at least one member who is a general practitioner. Councils must also not include more than one member who is engaged in the delivery of public sector health services in the council’s district.

Membership

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Term of appointment</th>
<th>Attendance*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acting Chairperson</td>
<td>Kenneth Brown**</td>
<td>9 July, 2007 - current</td>
<td>12</td>
</tr>
<tr>
<td>Council member</td>
<td>Laetitia Hattingh</td>
<td>9 July, 2007 - current</td>
<td>11</td>
</tr>
<tr>
<td>Council member</td>
<td>Colin Little</td>
<td>9 July, 2007 - current</td>
<td>11</td>
</tr>
<tr>
<td>Council member</td>
<td>Ian Mavor</td>
<td>9 July, 2007 - current</td>
<td>12</td>
</tr>
<tr>
<td>Council member</td>
<td>Shirley Wee</td>
<td>9 July, 2007 - current</td>
<td>8</td>
</tr>
<tr>
<td>Council member</td>
<td>Sue Gardiner</td>
<td>3 November, 2008 – current</td>
<td>8</td>
</tr>
<tr>
<td>Chairperson</td>
<td>Mary Alcorn</td>
<td>9 July, 2007 – 1 September 2008</td>
<td>2</td>
</tr>
<tr>
<td>Council member</td>
<td>Caroline Lewis</td>
<td>9 July, 2007 – 13 February 2009</td>
<td>5</td>
</tr>
</tbody>
</table>

* Number of meetings attended during 2008-09
** Acting Chairperson since September 2008

<table>
<thead>
<tr>
<th>Position</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>General practitioners</td>
<td>1</td>
</tr>
<tr>
<td>Members engaged in the delivery of public sector health services in council district</td>
<td>0</td>
</tr>
</tbody>
</table>

Location

There is at least one health community council for each health service district. Gold Coast Health Community Council is located within the Gold Coast Health Service District of Queensland Health. Refer to Appendix A for a map of health service districts.

Statutory functions

Section 28M of the Health Services Act 1991 (the Act) prescribes that health community councils are advisory bodies having the following functions.

(a) undertaking community engagement activities about the health of, or health care for, the community, including, for example—

   (i) obtaining information and feedback from users of public sector health services about public sector health service issues; and

   (ii) considering planning proposals in relation to the delivery of public sector health services, and facilitating community debate and feedback on the proposals; and

   (iii) advocating for users of public sector health services, so as to influence decision-making about the delivery of the services;
(b) monitoring the quality, safety and effectiveness of public sector health services delivered in the council’s district;

(c) considering and evaluating reports about the delivery of public sector health services in the council’s district;

(d) enhancing community education about the delivery of public sector health services;

(e) advising, and making recommendations to, the manager for the council’s district about the matters mentioned in paragraphs (a) to (d);

(f) giving the Minister, within 3 months after the end of each year, a written report on the performance of its other functions during the year; and

(g) performing other functions as directed by the Minister.

**Operations**

For the reporting period of 1 July 2008 to 30 June 2009.

**Meetings**

Councils should meet at least once every two months in addition to any specific meetings directed by the Minister.

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council meetings held</td>
<td>12</td>
</tr>
<tr>
<td>Extra meetings held at direction of the Minister</td>
<td>0</td>
</tr>
</tbody>
</table>

**Record keeping**

Queensland Health is responsible for managing the records of Health Community Councils within the district and ensuring compliance with the provisions of the *Public Records Act 2002* and Information Standard 40.

**Expenditure**

Council members are remunerated in accordance with the Queensland Government’s Remuneration Policy. Fees outlined are chairperson and members’ meeting fees and any special assignment fees. Other costs include travel allowances, motor vehicle allowances, catering, venue hire and any other costs associated with the activities of the council.

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fees</td>
<td>9,871.00</td>
</tr>
<tr>
<td>Other costs</td>
<td>531.00</td>
</tr>
<tr>
<td><strong>Total expenditure:</strong></td>
<td><strong>$10,402.00</strong></td>
</tr>
</tbody>
</table>
Community engagement

The Act provides that Health Community Councils undertake community engagement activities about the health of, or health care for, the community. Councils may do this through:

– obtaining and providing information and feedback to and from users of public sector health services about public sector health service issues;

– considering planning proposals in relation to the delivery of public sector health services, and facilitating community debate and feedback on the proposals; and

– advocating for users of public sector health services, so as to influence decision-making about the delivery of the services.

In 2008-09, Gold Coast Health Community Council undertook the following community engagement activities.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Outcome</th>
<th>Status</th>
</tr>
</thead>
</table>
| Gold Coast University Hospital Community Expo - With the progress of the Gold Coast University Hospital well underway, a community expo was conducted to allow members of the community to supply feedback on the plans and proposals to health care for the hospital. | Council members helped to solicit survey responses of which a total of 140 were collated by district staff and yielded important feedback on:  
– parking/traffic  
– concerns with the large area to navigate  
– change management requirements  
– location issues. | Completed |
| Robina Hospital Expansion Community Expo - A major expansion of the Robina Hospital was started in 2007 and is due for completion in 2011. The expansion includes a new emergency department, intensive care/ coronary care unit and expanded services in renal, medical imaging, pharmacy and medical records. A community expo was conducted to disseminate information, address queries and gather community feedback on the expansion. | Several council members attended this event to assist in an education and awareness program concerning the expansion of the hospital. Feedback collected included details on:  
– parking requirements  
– aesthetics and design  
– services such as transport, child minding, dementia and paediatric  
– recruitment  
– website requirements. | Completed |
| Gold Coast University Hospital Way Finding - A draft of the Departmental Name List [Way Finding] for the new Gold Coast University Hospital was distributed to the Community Advisory Group for feedback. | Specific suggestions were offered on ‘simplified’ names and more user-friendly options when directing patients/visitors to departments. Alternative names were considered with some provisos on maintaining the more commonly used names that the general public recognise. | Completed |
| Proposed Refurbishment of Southport Hospital Foyer - The entrance to the hospital is in need of a refurbishment. Plans were presented to the Community Advisory Group by representatives of the Gold Coast Hospital Foundation and district building advisors, to provide feedback from a community perspective on appropriate access and aesthetic design. | Community Advisory Group members supplied valuable feedback to the foundation on entrance and access, space and design. | Progressing |

Total: 8 community engagement activities undertaken.
<table>
<thead>
<tr>
<th>Project</th>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrara Consumer Challenge Workshop - Chairperson attended the workshop where a model of care for Rehabilitation and Aged Services, specifically the role of Carrara Health Centre within the model, was presented.</td>
<td>Council chairperson noted a reduced demand on beds in hospital facilities due to introduction of new service.</td>
<td>Completed</td>
</tr>
<tr>
<td>Gold Coast University Hospital Stakeholder Advisory Group participation - The hospital project is due for completion in 2012. As work progresses on the development, the chairperson regularly attends the group meetings. (3 meetings)</td>
<td>Council members ensure that the group is kept informed of council initiatives and provide feedback to key stakeholders regarding ongoing hospital planning.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Draft Directions Statement - The council was requested to comment on a Draft Directions Statement that had been prepared by the district.</td>
<td>The council provided advice concerning the importance of the Directions Statement’s compatibility with the Queensland Health Strategic Plan 2007-2012 and advised that key performance indicators regarding access to services be varied.</td>
<td>Completed</td>
</tr>
<tr>
<td>Gold Coast Health Service District Proposed Restructure - The council was requested to provide advice on the proposed organisational structure of the district. A new structure was required due to the growth in the district and the abolition of the Southern Area Health Service.</td>
<td>Advice was provided for consideration to the district chief executive officer on possible improvements to the proposed structure including the greater involvement of consumers on committees.</td>
<td>Completed</td>
</tr>
</tbody>
</table>

**Other**

Nil.
Monitoring quality, safety and effectiveness

The Act provides that Health Community Councils monitor the quality, safety and effectiveness of public sector health services delivered in the council’s district. Councils can do this by considering and evaluating reports about the delivery of public sector health services in the district and then advising and making recommendations to the district chief executive officer.

In 2008-09, Gold Coast Health Community Council monitored the quality, safety and effectiveness of public sector health services through the following reports.

<table>
<thead>
<tr>
<th>Reports considered</th>
<th>Total</th>
<th>Regularity</th>
<th>Feedback or recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reports considered by council</td>
<td>14</td>
<td>Monthly</td>
<td>Noted.</td>
</tr>
<tr>
<td>Recommendations to the district chief executive officer</td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reports considered by council:
- Community Visitor (provided by the Gold Coast Division of Mental Health Services)
- Complaints Acknowledged Within 5 Calendar Days
- Complaints Resolved Within 35 Calendar Days
- Complaints Audit Report process

The council has monitored this reporting parameter since early 2008. Generally, Queensland Health's requirement that 100% of complaints be acknowledged within 5 days was not met.

Council noted an increase in the number of cases unresolved over 35 days throughout the year. This was raised with the district chief executive officer and the executive director of medical services. Generally, Queensland Health's requirement that 80% of complaints received be resolved within 35 days was not met.

The council has provided ongoing feedback to issues as they arise in their monthly report. Recommendations made or actions proposed during the year included the following.

In view of Queensland Health's requirements related to “80% of complaints received being resolved within 35 days” not being met by the district, a letter was sent to the chief executive officer recommending a review of:
- unresolved complaints with a view to reduce the numbers; and
- the system and staffing required to ensure that requirements of Queensland Health are met.

Further, due to the number of complaints (12) in October 2008 relating to food provided to patients with mental illness, it was advised that it would be appropriate for the matter to be brought to the attention of the community visitor appointed by the Minister for Justice and Attorney-General. Also, a meeting between the acting chairperson and the district chief executive officer and his senior staff was held to discuss the concerns of the council about the number of unresolved complaints with a recommendation that appropriate corrective action be taken.

The district is initiating the following strategies to improve performance.
The initiatives are aimed at educating staff to resolve issues at the ward and local level, if possible.

- Community and Patient Safety Program
- Transforming Care at the Bedside Program
- Leadership Program for nursing staff

<table>
<thead>
<tr>
<th>Consumer Feedback Summary</th>
<th>Monthly</th>
<th>Noted.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported Complaint Issues</td>
<td>Monthly</td>
<td>Noted.</td>
</tr>
<tr>
<td>Outcome Analysis for Resolved Complaints</td>
<td>Monthly</td>
<td>Noted.</td>
</tr>
<tr>
<td>Prime Consumer Feedback – Consumer Feedback Summary</td>
<td>Monthly</td>
<td>Provided only to the designated council auditor.</td>
</tr>
<tr>
<td>Variable Life Adjusted Display System</td>
<td>Monthly</td>
<td>Noted.</td>
</tr>
<tr>
<td>Root Cause Analysis Register</td>
<td>As necessary</td>
<td>Noted.</td>
</tr>
<tr>
<td>Primary Care Partnership Council and Hospital Avoidance Program</td>
<td>As necessary</td>
<td>Noted.</td>
</tr>
<tr>
<td>Gold Coast University Hospital Stakeholder Advisory Group</td>
<td>As necessary</td>
<td>Noted.</td>
</tr>
<tr>
<td>Risks and Threats</td>
<td>As necessary</td>
<td>Noted.</td>
</tr>
<tr>
<td>Patient Liaison Services</td>
<td>As necessary</td>
<td>Noted.</td>
</tr>
</tbody>
</table>

**Other**

“Towards a National Primary Health Care Strategy; A Discussion Paper” - This document was issued by the Commonwealth Government and Queensland Health sought the view of the council. A detailed response was sent by the council to the Director-General with advice that they were in agreement with a submission that had been made by the district. However, recommendations were also made regarding the need for greater attention to prevention, early diagnosis and early intervention. Further, the council advocated the need for better integration of health services and the early introduction of eHealth (the electronic management of health information).

Performance agreements, district chief executive officers - Queensland Health sought advice on key performance indicators which should apply to performance agreements for 2009-10. The council provided advice on the indicators related to community engagement and education and patient safety.

Medical Imaging - Following on from a review of “Risks and Threats Report” prepared by the district, the council advised the Minister that there was no policy for the need (or otherwise) of radiologists to report on x-rays undertaken. Subsequently, advice was provided that Queensland Health had been requested to review this matter.

Review of Mental Health Services – Two council members were interviewed as part of an external audit under the direction of senior management to examine the number of suicides and attempted suicides of patients with mental illness.

District recruitment - Council members have been part of selection panels for a range of advertised positions within the district.
Community education

The Act requires that Health Community Councils enhance community education about the delivery of public sector health services. Councils may do this through receiving factual information from the district manager about public sector health services and giving that information to the community and raising community awareness and understanding about available services, service delivery and issues impacting on public sector health services in the district.

In 2008-09, Gold Coast Health Community Council enhanced community education through the following activities.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Outcome</th>
<th>Status</th>
</tr>
</thead>
</table>
| Small Talk (age paced parenting newsletters) - Council members supported a series of parenting newsletters (that were produced some 2-3 years ago) which had been offered to birthing mothers and families at the Gold Coast Hospital from August 2007 to August 2008. The 13 newsletters were developed as a pilot program by the Gold Coast Population Health Unit in partnership with the Gold Coast Hospital’s Maternity Division. The first newsletter is issued 36 weeks after conception, then every month after until 44-48 weeks after birth. | Council members agreed to:  
- support ongoing funding for the project; and  
- suggest to the Minister and Queensland Health that the project be extended to other parts of the State, subject to further expert assessment. | Progressing |
| Community Engagement Award - This award was created by the council and presented to the staff member of the district who had made the most outstanding contribution to community engagement. The award was made to Ms M Sifter who had sought views on services provided to communities of culturally and linguistically diverse backgrounds. The council obtained funding for the award which was displayed in Ms Sifter's division. | The evaluation of services provided by the district confirmed a number of very positive outcomes. Creating the award increased staff awareness of the importance that the community places in community engagement. | Completed |

Other

Council champion designation - Council members committed to a restructure of the council whereby each member has adopted a service area of the district for development of a ‘champion’ relationship. The council considers that the champion concept has many advantages and will assist in meeting statutory objectives. It will assist the council to be better informed on health services and should bring a community perspective to any matters discussed in the dedicated service areas. The council has agreed that its members will:  
- endeavour to meet with executive directors three times per year;  
- focus on agreed council priorities including community engagement, quality and safety and community education;  
- receive and review monthly service reports generated by their service area; and  
- provide a summary of their service area’s activities in the end of year council reporting.
## Special assignment activities

Councils may be directed by the Minister to undertake other functions. Additionally, a council chairperson or member may undertake specific activities on behalf of or representing the council outside the council’s planned activities or arrangements. Special assignment fees are applicable for these activities or arrangements.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Outcome</th>
<th>Status</th>
</tr>
</thead>
</table>
| In addition to regular attendance at council monthly meetings, members have nominated additional forums where they represent the council. (3 forums) | Council additional forums included:  
- Mental Health Mortality Review Committee  
- Gold Coast University Hospital Stakeholder Advisory Group  
- Gold Coast Hospital Foundation | Ongoing  |
| Finance meeting. | The acting chairperson attended a finance meeting and stressed that the needs of prevention and early intervention must receive high priority in the allocation of additional funding. | Completed |
| Acting chairperson attendance at annual Ministerial Forum. | Information and understanding of Queensland Health strategic directions and initiatives that are underway. Acting chairperson also had an opportunity to raise issues and network with other council chairpersons to improve working relationships. | Completed |
| District Nurse Practitioner Steering Group (3 meetings) | Reports were submitted following attendance at meetings held by the Nurse Practitioner Planning Committee. | Completed |
| Allied Health Divisional Health meetings (2 meetings) | Council representation was supplied at Allied Health Divisional Committee meetings. | Completed |
| Primary Care Partnership Council. (3 meetings) | Council representation was supplied. | Completed |
| Home Health Link Steering Committee meeting. | Council now has membership on the Committee. | Completed |
Appendix A

Health service districts from August 2008