This report:
- fulfils statutory reporting requirements; and
- provides operational and performance data for the
  2009-10 financial year.

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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 Roma Health Community Council Annual Report for 2009-10. 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 third year, and continues to play an important role in the reform process of Queensland Health. The activities of the council over the past three years have also 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.

The council has achieved its aim of providing an avenue of communication for the general public about their local health services. Operationally, the 2009-10 year has seen the council build strong rapport and linkages with the communities of the district. Our council is of the opinion that we are functioning positively within our community and are making a difference for our consumers.

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

John Young
Chairperson
Roma Health Community Council
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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

Roma 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>Chairperson</td>
<td>John Young</td>
<td>9 July 2007 – current</td>
<td>10</td>
</tr>
<tr>
<td>Member</td>
<td>Jill Baker</td>
<td>9 July 2007 – current</td>
<td>9</td>
</tr>
<tr>
<td>Member</td>
<td>Rhonda (Joy) Denton</td>
<td>9 July 2007 – current</td>
<td>11</td>
</tr>
<tr>
<td>Member</td>
<td>Martin Byrne</td>
<td>9 July 2007 – current</td>
<td>8</td>
</tr>
<tr>
<td>Member</td>
<td>James Hetherington</td>
<td>9 July 2007 – current</td>
<td>10</td>
</tr>
<tr>
<td>Member</td>
<td>Robyn Fuhrmeister</td>
<td>15 April 2008 – current</td>
<td>7</td>
</tr>
<tr>
<td>Member</td>
<td>Sheryn Hanna</td>
<td>1 September 2008 – current</td>
<td>8</td>
</tr>
</tbody>
</table>

* Number of meetings attended during 2008-09

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

Location

There is at least one health community council for each health service district. Roma Health Community Council is located within the South West 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 2009 to 30 June 2010.

**Meetings**

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

<table>
<thead>
<tr>
<th>Council meetings held</th>
<th>11</th>
</tr>
</thead>
<tbody>
<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 costs associated with the activities of the council.

<table>
<thead>
<tr>
<th>Fees</th>
<th>6,180.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other costs</td>
<td>7,967.61</td>
</tr>
<tr>
<td><strong>Total expenditure</strong>:</td>
<td><strong>$14,147.61</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 2009-10, Roma Health Community Council undertook the following community engagement activities.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Outcome</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calender of meetings established for 2009-10 rotating between towns in the eastern sector of the district.</td>
<td>Increased awareness of council role and functions.</td>
<td>Completed</td>
</tr>
</tbody>
</table>
| Liaison between director of nursing and council to invite community members to the beginning of meetings to allow council to hear concerns about health services from community to invite members to a public meeting. This was advertised through local email networks, community notice boards. | Attendees raised concerns on the following topics:  
- Delays in Patient Travel Scheme Subsidy being paid (PTSS)  
- Podiatry and physiotherapy at Wallumbilla  
- Medical services at Wallumbilla  
- Waiting time for dental appointments  
- Recruitment of dentists to St George  
- Recruitment of doctors to Roma  
- Partnership models for sustainable practice  
- Lack of transport at Injune  
- Lack of wheelchair or pram access for new doctor’s surgery at Injune  
Feedback provided or action implemented:  
- Additional staffing to process PTSS claims  
- Training of staff at Wallumbilla to provide nail care  
- Systems and process implemented to address staff shortages in podiatry  
- Review of medical services at Wallumbilla included in Roma hospital review  
- Raised the matter of recruitment of dentists and doctors and partnership models of care for sustainable practice with Deputy Premier at community cabinet  
- Matter raised with capital works regarding lack of funding allocated for items such as wheelchair/pram access when building constructed. | Completed |
Facilitate community engagement activities with the communities prior to the council meeting. Activities held at:
- Wallumbilla, July 2009
- St George, November 2009
- Mitchell, December 2009
- Injune, February 2010
- Surat, June 2010

Educate local communities about the role and function of the council and facilitate discussions regarding concerns or compliments about their local health service. Provide feedback to the community about changing or new health services or matters. Feedback from communities indicates a general feeling of satisfaction with health services. However, some issues were raised in relation to the podiatry, physiotherapy, dental services, patient travel subsidy scheme, lack of GPs in Roma, medical services at Wallumbilla outpatients clinic, health promotion activities, transport, specialist services and experience of relieving doctors. Issues were noted and followed up by the district chief executive officer.

### 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 2009-10, Roma 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>
</tr>
</thead>
<tbody>
<tr>
<td>Reports considered by council</td>
<td>5</td>
</tr>
<tr>
<td>Recommendations to the district chief executive officer</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reports considered</th>
<th>Regularity</th>
<th>Feedback or recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation of care (patient satisfaction survey data)</td>
<td>Monthly</td>
<td>In November 2009, survey response rates for facilities were included in the monthly staff newsletter ‘The Pulse’. Council recommended implementing strategies to encourage patients to complete the survey and to ensure the correct version of forms were available in all facilities to ensure capture of data. Council noted the improved response rate of surveys.</td>
</tr>
<tr>
<td>District inpatient activity</td>
<td>Monthly</td>
<td>Noted.</td>
</tr>
<tr>
<td>District outpatient activity</td>
<td>Monthly</td>
<td>Noted. The after hours outpatient presentation report was introduced in July, 2009 and submitted on a monthly basis. This monitors the demand for after hours medical services.</td>
</tr>
<tr>
<td>District consumer feedback</td>
<td>Monthly</td>
<td>Noted.</td>
</tr>
<tr>
<td>Top 10 district diagnosis related groups (DRGs) and comparisons</td>
<td>6 monthly</td>
<td>Noted.</td>
</tr>
</tbody>
</table>

Other

Council provided feedback to the district on the draft procedure Variable Life Adjusted Display Data (VLAD).

Council member was appointed as a member of the Clinical Governance Committee.
## 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 chief executive officer 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 2009-10, Roma Health Community Council enhanced community education through the following activities.

### Activity | Outcome | Status
---|---|---
Council continued to circulate the easy to read brochure about the Patient Travel Subsidy Scheme (PTSS) aimed at consumers. | As a result community members have an increased knowledge of the process around the scheme. | Completed
Council circulated brochures to community members attending public forum of meetings and to other relevant areas. | Brochure increases awareness of council throughout the community and district. It is distributed to district facilities, private doctors surgeries and local councils. The brochure outlines role and function and avenue to provide feedback to educate community of council role. Increased awareness in the local community about the council and how to contact members. | Completed
Council advocated for the development of health service brochures outlining services available. | Brochures on health service facilities ie. Cunnamulla, Morven, Quilpie and Thargomindah finalised and distributed to facilities for circulation within the community. These will better inform the community of availability of services. | Completed

### Other

Council recommended that the district develop a regular facility newsletter to be circulated within the community. Community newsletter facility proformas developed and planning under way for distribution to commence in the 2010-11 year. Circulation of the newsletter will provide the community with specific information about individual facilities.

Council recommended that the district distribute a monthly calendar for each facility to ensure community is aware of the services available. The calendar proformas developed and planning under way for distribution to commence in 2010-11 year. The community will be better informed of the specific dates and times of available services and programs.
### 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>
<tbody>
<tr>
<td>Council member attended Clinical Governance meetings throughout 2009-10. (7 meetings)</td>
<td>Health issues raised at this forum were noted by the council member and used to increase awareness through their community networks about health services where it was identified there was a deficit in community awareness of services.</td>
<td>Completed</td>
</tr>
<tr>
<td>Council member participated as a community representative panel member on selection panel for appointment of director of nursing/facility manager at Mitchell.</td>
<td>Through the council role the member was able to provide the panel with a community perspective during the interviews.</td>
<td>Completed</td>
</tr>
<tr>
<td>Two combined meetings held annually between Roma and Charleville Health Community Councils and include senior hospital staff.</td>
<td>Opportunity for council to liaise and network on concerns and developments of each council. Also an opportunity for councils to meet key district staff. Councils also met with the Director-General and raised key community issues such as the Patient Travel Subsidy Scheme, specialist services, recruitment of doctors at Cunnamulla and partnerships with GPs. Presentations were provided by senior key staff on quality and safety matters, closing the gap, telehealth, maternity models of care, workforce planning and revenue strategies. Presentation have been provided to council members on the district’s achievement against nine standards in relation to the Annual Health Check; the role of Allied Health Assistants and Connecting Health Care in Communities.</td>
<td>Completed</td>
</tr>
<tr>
<td>Council participated in consultation in relation to the Health Community Councils and Health Service Districts Alignment Review.</td>
<td>Councils strongly recommended that the two councils for the district are retained.</td>
<td>Completed</td>
</tr>
<tr>
<td>Council participated and provided input into a range of district activities such as development of District Profile, Hospital Auxiliary meetings and respite meetings.</td>
<td>Council provided input from a community perspective and was informed of development processes taking place for future plans.</td>
<td>Completed</td>
</tr>
<tr>
<td>Council participated and provided input into other committees including Hospital Auxiliaries, Maranoa Health Enhancement Program, Health Advisory Group, Multipurpose Health Service Steering Committee and Community Advisory Networks.</td>
<td>Input provided from a community perspective.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
Appendix A

Health service districts from August 2008