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
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 Tablelands 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’s strategic plan encompasses, listening to community needs, seeking outcomes that will enhance health services across a very diverse district of rural and remote facilities by offering option that will create improved health and vitality within these communities.

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

Robyn Boundy
Chairperson
Tablelands 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

Tablelands 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>Robyn Boundy</td>
<td>9 July 2007 – current</td>
<td>4</td>
</tr>
<tr>
<td>Member</td>
<td>Louise De Marzi</td>
<td>9 July 2007 – current</td>
<td>3</td>
</tr>
<tr>
<td>Member</td>
<td>Lesley Walton</td>
<td>9 July 2007 – current</td>
<td>1</td>
</tr>
<tr>
<td>Member</td>
<td>John Smith</td>
<td>9 July 2007 – current</td>
<td>3</td>
</tr>
<tr>
<td>Member</td>
<td>Elaine Bruce</td>
<td>9 July 2007 – current</td>
<td>4</td>
</tr>
<tr>
<td>Member</td>
<td>Judith Forsyth</td>
<td>3 November 2008 – current</td>
<td>3</td>
</tr>
</tbody>
</table>

* Number of meetings attended during 2009-10

<table>
<thead>
<tr>
<th>Total</th>
<th>General practitioners</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<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. Tablelands Health Community Council is located within the Cairns and Hinterland 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></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council meetings held</td>
<td>4</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>3,235.00</td>
</tr>
<tr>
<td>Other costs</td>
<td>3,658.64</td>
</tr>
<tr>
<td><strong>Total expenditure:</strong></td>
<td>$6,893.64</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, Tablelands 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>Queensland Health’s Community Engagement Strategy Plan – ‘Annual Community Consultation’. The council attended and assisted the district with consultations at 14 facilities around the district. Consultations provided an overview of changes within the district, service information and sought community feedback on service provision and needs.</td>
<td>Key issues raised included the urgent need of doctor services at Dimbulah, difficulty of private GPs not taking on new patients, security for health staff at Cow Bay and need for birthing services at Mossman.</td>
<td>Completed</td>
</tr>
<tr>
<td>Chairperson and community representatives met with the Bendigo Community Bank Board to discuss services and possible donations.</td>
<td>Better understanding of services available and ways to assist both health outcomes as well as donating equipment that will enhance available services for the hospital and the community.</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 2009-10, Tablelands Health Community Council monitored the quality, safety and effectiveness of public sector health services through the following reports.

<table>
<thead>
<tr>
<th>Reports considered by council</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reports considered by council</td>
<td>4</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>Quality and Patient Safety PRIME – Clinical Incidents</td>
<td>Monthly</td>
<td>Noted.</td>
</tr>
<tr>
<td>Quality and Patient Safety Accreditation</td>
<td>Monthly</td>
<td>Noted.</td>
</tr>
<tr>
<td>Finance and Activity</td>
<td>Monthly</td>
<td>Noted.</td>
</tr>
<tr>
<td>Variable Life Adjusted Displays (VLADs)</td>
<td>Monthly</td>
<td>Noted.</td>
</tr>
</tbody>
</table>

Other
Nil.
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, Tablelands Health Community Council enhanced community education through the following activities.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Outcome</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairperson is a member on the Clinical Governance, Patient Quality and Safety Committee. (10 meetings)</td>
<td>Input and awareness into quality and safety issues across the district.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Chairperson attended the Community Cabinet Forum in Mareeba.</td>
<td>Ministerial approval has been sought for a Memorandum of Understanding for retention of community purchased equipment within the facility to which it was donated.</td>
<td>Progressing</td>
</tr>
<tr>
<td>Chairperson is a member of the Tablelands Regional Council Health Focus Group.</td>
<td>Advice is provided to inform of the health services required and/or community issues. In particular, a focus on offering a means for better community management of individual’s chronic health issues. Other issues have included need for aged care facilities and services.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Attendance at bi-monthly combined Health Community Council meetings. (3 meetings)</td>
<td>Provided feedback to district executive of issues which rural and remote community members experience in tertiary facilities which need to be addressed.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

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.
Appendix A

Health service districts from August 2008
Health Community Council
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