This report:
- fulfils statutory reporting requirements; and
- provides operational and performance data for the 2007-08 financial year.

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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 on Health Community Councils can be found on the website: www.hcc.qld.gov.au

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Inquiries for commercial use or to adapt this material, should be addressed by email to: HCC-Coordination@health.qld.gov.au or by mail to: The Manager, Health Community Council Coordination, Queensland Health, GPO Box 48, BRISBANE 4001.
Dear Minister

I am pleased to present to you the Gladstone Health Community Council Annual Report for 2007-08. 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 acknowledges its opportunity to play an important role in the reform process of Queensland Health thereby improving health service delivery for all Queenslanders and building trust and confidence between the community and Queensland Health.

I am afraid that the council got off to a slow start but expect the community engagement to be better fulfilled in the coming year. We have been listening to our community and liaising with the Gladstone Hospital Administration but as yet have not performed any community engagement apart from addressing various groups within the area. When the brochures are up and running, we feel this will make our work easier for our public to understand. Gladstone Hospital Administration and Central Region has provided good support to us. Hopefully it won’t be long before we have 2 new members on board and this should definitely lighten the load. I particularly wish to commend our Administration Support Office, Mrs Kym Hannant.

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

Mrs Ruth Waite
Chairperson
Gladstone 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. Councils provide an annual report to the Minister for Health on the performance of council functions during the year at the end of each financial year.

Structure of Queensland Health in 2007-08

This reflects the structure of Queensland Health in 2007-08. A restructure of Queensland Health is being implemented during 2008-09.
Establishment

Gladstone Health Community Council was established under the authority of the *Health Services Act 1991* on 9 July 2007.

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>
</tr>
</thead>
<tbody>
<tr>
<td>Chairperson</td>
<td>Ruth Waite</td>
<td>9 July 2007 - current</td>
</tr>
<tr>
<td>Council member</td>
<td>Karen Leinster</td>
<td>9 July 2007 - current</td>
</tr>
<tr>
<td>Council member</td>
<td>Matt Burnett</td>
<td>9 July 2007 - current</td>
</tr>
<tr>
<td>Council member</td>
<td>Robyn Hamilton</td>
<td>9 July 2007 - current</td>
</tr>
</tbody>
</table>

Total

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>General practitioners</td>
<td>0</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. Gladstone Health Community Council is located within the Central 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 9 July 2007 to 30 June 2008.

**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>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extra meetings held at direction of Minister</td>
<td>1</td>
</tr>
<tr>
<td>Special assignment activities undertaken</td>
<td>2</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.

**Budget expenditure**

Council members are remunerated in accordance with the Queensland Government’s Remuneration Policy. Fees outlined for chairpersons and members include meeting fees and 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>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairperson fees</td>
</tr>
<tr>
<td>Member fees</td>
</tr>
<tr>
<td>Other costs</td>
</tr>
<tr>
<td><strong>Total expenditure:</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 2007-08, Gladstone 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>Attendance at various community meetings as invited Guest Speakers to share information on council and local health services available (12).</td>
<td>Feedback and/or concerns received were passed onto the Clinical Chief Executive Officer.</td>
<td>Completed</td>
</tr>
<tr>
<td>Other</td>
<td>Nil</td>
<td></td>
</tr>
</tbody>
</table>
**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 manager.

In 2007-08, Gladstone 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>Recommendations to district manager</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>Patient Safety (includes Corrective Action Details for Reported Incidents)</td>
<td>Monthly</td>
<td>Reviewed report and discussed impacts or issues.</td>
</tr>
<tr>
<td>Quality and Complaints (includes Compliments)</td>
<td>Monthly</td>
<td>Reviewed report and discussed impacts or issues.</td>
</tr>
<tr>
<td>Occupational Health and Safety</td>
<td>Monthly</td>
<td>Reviewed report and discussed impacts or issues.</td>
</tr>
<tr>
<td>Hub Performance Report</td>
<td>Monthly</td>
<td>Reviewed report and discussed impacts or issues.</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 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 2007-08, Gladstone 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>Mail out to local community groups advising of the role and functions of the council.</td>
<td>Dissemination of information and promotion of accessibility of council members.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Distribution of the draft National Patient Charter of Rights brochures and posters on behalf of Australian Commission on Safety and Quality in Healthcare encouraging public review and comment on the national charter.</td>
<td>Increased public awareness of the ACSQH role and opportunity given for the public to provide feedback.</td>
<td>Completed</td>
</tr>
</tbody>
</table>

**Other**

Nil

**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>CQ Cluster Reference Group meeting (16/10/07).</td>
<td>Given task to identify any gaps in services provided in the Gladstone area and what the community perceives as gaps in the services.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>HCC Chairperson’s Ministerial Forum – 2007.</td>
<td>Networking with other Chairpersons and obtained clarification of role.</td>
<td>Completed</td>
</tr>
</tbody>
</table>
Appendix A

Structure of Queensland Health in 2007-08.

This map reflects the structure of Queensland Health in 2007-08. A restructure of Queensland Health is being implemented during 2008-09.