Gold Coast
Health Community Council

Working for our community
Annual Report
2007-08
This report:
– fulfils statutory reporting requirements; and
– provides operational and performance data for the
  2007-08 financial year.

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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
Letter of transmittal

The Honourable Stephen Robertson MP
Minister for Health
Member for Stretton
GPO Box 48
Brisbane Qld 4001

Dear Minister

I am pleased to present to you the Gold Coast 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.

The 2007/08 period has been a most busy year for members of the council. In recent years, the Gold Coast has experienced rapid population growth which has resulted in increased pressure on local public health services and considerable changes to health service delivery models to keep pace with growing demand. The council is well aware that over the next few years, services on the Gold Coast will be transformed. In addition to the much anticipated official opening of a new Carrara Health Centre and Gold Coast Surgery Centre, expansion initiatives at Robina Hospital are well underway and planning for the new Gold Coast University Hospital is rapidly progressing.

These major service development projects, coupled with significant changes during the year in the most senior administrative positions within the Executive Office at the Gold Coast Health Service District have presented challenges. However, the council is pleased to report that we have put in place mechanisms to meet our statutory functions and to ensure timely provision of community input into health service expansions and developments on the Gold Coast.

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

Mary Alcorn
Chairperson
Gold Coast 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

Gold Coast 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>Mary Alcorn</td>
<td>9 July 2007 - 1 September 2008</td>
</tr>
<tr>
<td>Council member</td>
<td>Kenneth Brown</td>
<td>9 July 2007 - current</td>
</tr>
<tr>
<td>Council member</td>
<td>Laetitia Hattingh</td>
<td>9 July 2007 - current</td>
</tr>
<tr>
<td>Council member</td>
<td>Caroline Lewis</td>
<td>9 July 2007 - current</td>
</tr>
<tr>
<td>Council member</td>
<td>Colin Little</td>
<td>9 July 2007 - current</td>
</tr>
<tr>
<td>Council member</td>
<td>Ian Mavor</td>
<td>9 July 2007 - current</td>
</tr>
<tr>
<td>Council member</td>
<td>Shirley Wee</td>
<td>9 July 2007 - current</td>
</tr>
</tbody>
</table>

| General practitioners | 0 |
| Members engaged in the delivery of public sector health services in council district | 0 |

Location

There is at least one health community council for each health service district. The 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 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>Description</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council meetings held</td>
<td>13</td>
</tr>
<tr>
<td>Extra meetings held at direction of Minister</td>
<td>0</td>
</tr>
<tr>
<td>Special assignment activities undertaken</td>
<td>16</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>Description</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairperson fees</td>
<td>940.00</td>
</tr>
<tr>
<td>Member fees</td>
<td>7,757.00</td>
</tr>
<tr>
<td>Other costs</td>
<td>1,797.00</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td><strong>10,494.00</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 2007-08, 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>
<tbody>
<tr>
<td>Staff survey implemented at Robina BBQ in October.</td>
<td>The council sought information from staff regarding the physical environment at Robina Hospital and desired changes to be incorporated into planned service enhancement to improve staff and consumer wellbeing. This data was shared with the staff and the public/private amenities working group and other key stakeholders as appropriate.</td>
<td>Completed</td>
</tr>
<tr>
<td>Recruitment and selection of a Gold Coast Consumer Advisory Group.</td>
<td>The council developed media releases and posters which were disseminated widely to the Gold Coast community. Several articles also featured in local media and on radio. As a result, 11 consumers from across the health continuum were selected to form a ‘grass roots’ health user group. The terms of reference for this group were collaboratively developed by the council and the group is now fully operational.</td>
<td>Completed</td>
</tr>
<tr>
<td>Consumer Advisory Group Orientation and Post Cards from the past exercise.</td>
<td>The council hosted an orientation evening for Consumer Advisory Group members. Consumers were provided with an overview of the anticipated roles and responsibilities for this ‘grass roots’ consumer group. Consumers were asked to complete a post card outlining their most recent experience with Gold Coast Health. This invaluable information was captured in a PowerPoint presentation and was shared with the District Manager and Service Development team members. The data provides a baseline of consumer perceptions of Gold Coast Health.</td>
<td>Completed</td>
</tr>
<tr>
<td>Gold Coast Hospital Amazing Race.</td>
<td>On March 28\textsuperscript{th} and April 3\textsuperscript{rd}, two sessions of the ‘Gold Coast Amazing Race’ were held. During this exercise, Community Advisory Group members were provided with a list of destinations in the Gold Coast Hospital, a clipboard and a digital camera. Consumers were tasked with capturing images and comments about how the environment would support or hinder the consumer experience. Data captured from these events has since been shared with the Gold Coast University Hospital Stakeholder Advisory Group (May 9\textsuperscript{th}, 2008). This information will also be shared with GCUH architects and key stakeholders.</td>
<td>Completed</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Gold Coast University Hospital Website feedback exercise.</td>
<td>For their second activity, Consumer Advisory Group members were asked to access <a href="http://www.health.qld.gov.au/gcuhospital">http://www.health.qld.gov.au/gcuhospital</a>. Each consumer was provided with a comment sheet along with a reply paid envelope. Consumers were encouraged to explore the site and provide feedback regarding ease of navigation, site content and additional information required.</td>
<td>Completed</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td><strong>Nil</strong></td>
<td><strong>Nil</strong></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, 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>Regularity</th>
<th>Feedback or recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Visitor Reports provided by the Gold Coast Division of Mental Health Services.</td>
<td>Monthly</td>
<td>The council suggested that strategies to enhance the physical environment in P1 and P2 (Mental Health Services) be investigated. The council unsuccessfully investigated the possibility of charitable furniture donations to enhance the environment for consumers.</td>
</tr>
<tr>
<td>GCHSD Complaints Acknowledged Within 5 Calendar Days.</td>
<td>Monthly</td>
<td>The council has monitored this reporting parameter since early 2008.</td>
</tr>
<tr>
<td>GCHSD Complaints Resolved Within 35 Calendar Days.</td>
<td>Monthly</td>
<td>Council noted an increase in the number of cases unresolved over 35 days throughout the year. This was raised with the Chief Executive Officer and the Executive Director of Medical Services.</td>
</tr>
<tr>
<td>GCHSD Consumer Feedback Summary.</td>
<td>Monthly</td>
<td>Noted</td>
</tr>
<tr>
<td>GCHSD Reported Complaint Issues.</td>
<td>Monthly</td>
<td>Noted</td>
</tr>
<tr>
<td>GCHSD Outcome Analysis for Resolved Complaints.</td>
<td>Monthly</td>
<td>Noted</td>
</tr>
</tbody>
</table>
| Council Complaints Audit report process.                | Monthly    | This process began in January 2008. The designated council member responsible for auditing GCHSD Complaints has provided ongoing feedback to issues as they arise in his monthly report. Some recommendations are as follows:  
  • Anonymous complaints should routinely be referred to the relevant Division for attention/notation, even though the complaint may, prima facie, indicate no action can be taken, or is possible (January 2008).  
  • It was noted that there were three different types of complaint forms being used within the GCHSD. Recommendation that standard template be used across Gold Coast Health facilities to capture patient complaints (February 2008).  
  • All matters and documentation related to patient complaints should be kept in one central location for easy access (March 2008). |

- Reports considered by council: 13
- Recommendations to district manager: 5
VLAD Reports.

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>GCHSD Post birth Survey 2006-07 Results.</td>
<td>January 2008</td>
<td>Following receipt of this report, the council issued a letter to GCHSD staff congratulating them on the impressive survey results.</td>
</tr>
<tr>
<td>Draft ACHS Periodic Review Report.</td>
<td>Provided in February 2008</td>
<td>The council acknowledged the significant GCHSD achievement by issuing a letter to all staff.</td>
</tr>
<tr>
<td>GCHSD Better Workplaces Staff Opinion Survey (Sept 2006).</td>
<td>February 2008</td>
<td>Noted</td>
</tr>
</tbody>
</table>

**Other**

**GCHSD Management Restructure**
In March 2008, there were significant changes in Gold Coast Health Service District management. Following an external review by Price Waterhouse Coopers, the District Manager position was replaced with a Chief Executive Officer position and a Chief Operations Officer position.

The Health Community Council was not consulted during the initial management changes. The council subsequently submitted a letter to the Minister in which they outlined their concerns and requested a meeting with the Minister or the Director General. A subsequent meeting with the Area Health Service General Manager was held in April 2008. An official response to the council’s April letter was received in July 2008.

**Council Complaints Audit**
In January 2008, the council established a process for auditing Gold Coast Health Service District Complaints. Each month, the designated council member reviews 10 randomly selected complaints and captures his findings in a report which is circulated to the council, the Chief Executive Officer, the Chief Operations Officer, the District Executive Committee and the Patient Liaison team. Overall, the reports have indicated satisfaction with the handling of complaints within the Gold Coast Health Service District.

The council have provided comment to management and or facilitated the following:

- Participation on ACHS Accreditation review process
- Involvement with Gold Coast University Hospital stakeholder interview
- Establishment of a partnership agreement between GCHSD Division of Mental Health and ATODS and the Gold Coast Drug Council.
- Reviewing the waiting list for patients seeking dental treatments.
- Following up adverse findings in the ACHS survey report pertaining to mental health services.
- Instigated collaborative discussion between the GCHSD and the GC Arts Centre on the possibility of developing an arts plan and partnership agreement for the new hospital as well as other health facilities.
- Investigation of joint academic appointments with the Universities.
- Establishment of a more precise policy on ‘research’ for the new hospital.
- Provision of comments on the Draft National Patient Charter of Rights

**Council involvement in Clinical Governance**
Preliminary discussions have occurred with the CEO in respect of increased involvement of the council in Clinical Governance within the Gold Coast Health Service District. Documents recently produced by Queensland Health detail the role which it envisages in respect of Clinical Governance for council. Further discussions are planned.

**Establishment of ‘Divisional Champions’**
Each council member has adopted a service area within the GCHSD. The ‘HCC Champions’ meet regularly with their allocated Divisional Executive Director. The initiative provides an opportunity to enhance relationships ensures a direct point of contact and contributes to innovative and responsive solutions.
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, 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>
<tbody>
<tr>
<td>Development of the council static display and intranet site content.</td>
<td>Provision of a static council display in the Gold Coast Hospital ensures that the community now have 24 hour access to Health Community Council member information, meeting minutes and current initiatives. Health staff are now able to access Gold Coast Health Community Council information thanks to the development and loading of content for the Gold Coast Health Service District QHEPS intranet site. This site assists staff to further understand the role of the council and includes current and past council initiatives, monthly meeting minutes, media releases and letters to staff.</td>
<td>Completed</td>
</tr>
</tbody>
</table>
| Active council participation in a number of forums. | In addition to regular attendance to council monthly meetings, members have nominated additional forums where they represent the council. These additional forums include:  
- Gold Coast Health Service District Mental Health Mortality Review Committee  
- Gold Coast University Hospital Stakeholder Advisory Group  
- Gold Coast Hospital Foundation  
- Gold Coast Multicultural Health Advisory Group  
- Gold Coast Primary Care Partnership Council  
- Gold Coast Hospital Avoidance Steering Committee  
- Carrara Health Centre Steering Committee | Ongoing |
| Council involvement in GCHSD Training. | To date, council members have participated in the following training days:  
- Human Error and Patient Safety  
- Root Cause Analysis  
Participation has afforded council members with a working understanding of established GCHSD systems and practices. | Completed |
| Council involvement in local and state wide forums. | • Ministerial Forum for council Chairs in Brisbane  
• Active participation in 2 day Gold Coast University Hospital Project Definition Planning workshop | Completed |
| Council involvement in specific GCHSD launches and functions. | Council members attended the following functions during the 2007-08 period:  
- Gold Coast University Hospital Launch  
- Official opening of Robina Expansion  
- Opening of the Carrara Tricare ‘interim care’ beds  
- Ministerial Home Health Link launch  
- Ministerial Team Health lunch | Completed |
| Regular council column in District wide Publication | The council has established a regular feature column in the GCHSD Healthwaves publication. This has allowed the council to communicate key initiatives and milestones to readers. | Ongoing |
Council letters of thanks prepared and disseminated to GCHSD staff. | In an effort to recognise significant GCHSD achievements, the council has circulated letters acknowledging the following milestones:  
• Preliminary Accreditation success  
• Robina launch congratulations  
• Post Birth Consumer Survey success  
• Home Health Link project launch. | Completed

**Other**

In an effort to recognise the exceptional collaborative work being undertaken by GCHSD staff and key community partners, the council has established a specific council Award to be included in the annual District Achievement Awards. During the 2007/08 period, the criteria for the Tri Star Council Award were developed and endorsed. The council was subsequently charged with seeking external funding for the award which the GCHSD agreed to match. It is envisaged that the inaugural award will be issued in November 2008.

### 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>
| Active council participation in a number of forums. | In addition to regular attendance to council monthly meetings, members have nominated additional forums where they represent the council. These additional forums include:  
• Gold Coast Health Service District Mental Health Mortality Review Committee  
• Gold Coast University Hospital Stakeholder Advisory Group  
• Gold Coast Hospital Foundation  
• Gold Coast Multicultural Health Advisory Group  
• Gold Coast Primary Care Partnership Council  
• Gold Coast Hospital Avoidance Steering Committee  
• Carrara Health Centre Steering Committee | Ongoing |
| Council Complaints Audit report process. | This process began in January 2008. Recommendations are as follows:  
• Anonymous complaints should routinely be referred to the relevant Division for attention/notation, even though the complaint may, prima facie, indicate no action can be taken, or is possible (January 2008).  
• It was noted that there were three different types of complaint forms being used within the GCHSD. Recommendation that standard template be used across Gold Coast Health facilities to capture patient complaints (February 2008).  
• All matters and documentation related to patient complaints should be kept in one central location for easy access (March 2008). | Ongoing |
| HCC involvement in GCHSD Recruitment and Selection | HCC members have also participated on the following recruitment panels:  
• Community Engagement Officer  
• Executive Director Nursing  
• Interpreter Services Coordinator  
• Nursing Director – Robina  
• Nursing Director – Medicine  
• Nursing Director – CARAS | Completed |
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.