This report:
– fulfils statutory reporting requirements; and
– provides operational and performance data for the
  2007-08 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 on Health Community Councils can be
found on the website: www.hcc.qld.gov.au

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The Manager, Health Community Council Coordination,
Queensland Health, GPO Box 48, BRISBANE 4001.
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 Roma 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 aim for the Roma Health Community Council is to provide an avenue of communication for the general public about their local health services. The Roma Health Community Council understands that in rural Queensland it is imperative services remain accessible and sustainable. The Roma Health Community Council is committed to working closely with the South West Health Service District and community to achieve this.

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. 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

Roma 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>Mr John Young</td>
<td>9 July 2007 – 30 June 2008</td>
</tr>
<tr>
<td>Council member</td>
<td>Mrs Jill Baker</td>
<td>9 July 2007 – 30 June 2008</td>
</tr>
<tr>
<td>Council member</td>
<td>Dr Martin Byrne</td>
<td>9 July 2007 – 30 June 2008</td>
</tr>
<tr>
<td>Council member</td>
<td>Mrs Rhonda Joy Denton</td>
<td>9 July 2007 – 30 June 2008</td>
</tr>
<tr>
<td>Council member</td>
<td>Ms Robyn Fuhrmeister</td>
<td>9 July 2007 – 30 June 2008</td>
</tr>
<tr>
<td>Council member</td>
<td>Mrs James Hetherington</td>
<td>9 July 2007 – 30 June 2008</td>
</tr>
<tr>
<td>Council member</td>
<td>Mrs Marie Price</td>
<td>9 July 2007 – 30 June 2008</td>
</tr>
</tbody>
</table>

<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>1</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 (SWHSD) 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></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council meetings held</td>
<td>10</td>
</tr>
<tr>
<td>Extra meetings held at direction of Minister</td>
<td>0</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></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairperson fees</td>
<td>1441.44</td>
</tr>
<tr>
<td>Member fees</td>
<td>4742.64</td>
</tr>
<tr>
<td>Other costs</td>
<td>140.00</td>
</tr>
<tr>
<td><strong>Total expenditure:</strong></td>
<td><strong>$6324.08</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, 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>Chair Mr John Young participated in ABC radio interview evolved from initial HCC Media Release.</td>
<td>Increased communities’ awareness of council role and function.</td>
<td>Ongoing commitment.</td>
</tr>
<tr>
<td>Members participated in Complaint Management and Consumer Feedback Information Session.</td>
<td>Resulted in Roma council members to actively assist consumers to make Consumer Feedback.</td>
<td>Completed</td>
</tr>
<tr>
<td>Each member contacted their local Health or Community Advisory Groups to explain role and function of the council.</td>
<td>Advisory Groups were contacted by their local Roma council member. An understanding between the Advisory Group and the council was formed so that if any issues arise which may relate to the council role, the local council member would assist in advocating for the group.</td>
<td>Completed</td>
</tr>
<tr>
<td>Listing Roma HCC member profiles on the HCC Website and advertising the website address to the community.</td>
<td>Profiles and photos are being compiled of council, to be listed on the HCC Website. Council to list website address on media releases, proposed brochure etc so consumers can source more information or contact details.</td>
<td>Progressing</td>
</tr>
<tr>
<td>Providing the local community with regular updates on local health issues.</td>
<td>Council members network within their local communities on a regular basis about issues regarding their local health service, after liaising with the District Manager, SWHSD at monthly meetings.</td>
<td>Ongoing commitment.</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 manager.

In 2007-08, 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>Regularity</th>
<th>Feedback or recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation of Care Report.</td>
<td>Monthly</td>
<td>• Members provided feedback to SWHSD each meeting about patient concerns derived from the ‘suggestions’ section of the Report. This feedback ranged from food quality, restfulness of stays and cleaning.</td>
</tr>
<tr>
<td>Inpatient Activity Report.</td>
<td>Monthly</td>
<td>• Provided feedback to SWHSD that community perception is that Obstetrician is referring women away to birth and birth rates in SWSHD are declining. Recommended that birthing numbers of previous years be provided to assess trends. Figures showed a steady number of births throughout Eastern Sector of the SWHSD with no dramatic decline. The council was able to feedback this information to the community.</td>
</tr>
<tr>
<td>Outpatient Activity Report.</td>
<td>Monthly</td>
<td>• Provided feedback to SWHSD that activity at Bollon and Wallumbilla Outpatients Clinic are not captured in inpatient activity report. Recommended that a report be provided to assist council in assessing activity and trends for all Emergency and Outpatient Departments. This resulted in the Outpatient Activity Report being supplied.</td>
</tr>
<tr>
<td>Consumer Feedback Report.</td>
<td>Monthly</td>
<td>• Provided feedback that council would like to receive an overview of all consumer feedback. This resulted in the report being modified to include – All complaints closed, all complaints received and all compliments received in the specified period and status of currently ‘open’ complaints as of the end of the month. ▪ Recommended that the complaint severity category of the open complaints be displayed. This resulted in the report being modified to display this request.</td>
</tr>
<tr>
<td>Diagnostic Related Groups Reports (Top 10 DRG’s).</td>
<td>Quarterly</td>
<td>• The council requested to receive comparison reports from similar sized hospitals from another Health Service District. This has resulted in the council receiving DRG’s from Central Health Service District to identify any unusual health trends occurring in the SWHSD.</td>
</tr>
</tbody>
</table>
The Roma HCC has received copies of the following reports to provide feedback to the SWHSD -

• Integrated Paediatric and Child Health Services Project Report for Eastern Sector of SWHSD.
• Evaluation of Advanced Community Rehabilitation Assistant Trial - Dec 2007-June 2008.
• Terms of Reference for Mental Health Review in the SWHSD – Recommendation made to SWHSD regarding preventive measures for Mental Health.
• The draft district structure for the South West Health Service District.

The Roma HCC were recipients of a presentation about the ‘Patient Travel Subsidy Scheme’ and the SWHSD’s local procedure to identify areas requiring review, after receiving feedback about community dissatisfaction of the scheme in the local area.
## 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, Roma 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>Council members were advised of a Stroke Awareness – Rewrite your future information day held at Roma in June 2008.</td>
<td>Members were responsible for encouraging members of the public to attend and receive health check ups and obtain valuable education on their health.</td>
<td>Completed</td>
</tr>
<tr>
<td>Council members attended and participated in a Consumer Feedback Information Session in February 2008.</td>
<td>The council members were advised of the current process within the SWHSD for making Consumer Feedback. They met the Consumer Liaison Officer and were able to interact and ask questions. The council members gained a better understanding of the processes and contact personnel for each facility. This information has been shared with the community resulting in council members advocating for consumers and also increased consumer awareness and confidence of the Consumer Feedback process.</td>
<td>Completed</td>
</tr>
<tr>
<td>Council members were provided with presentations from SWHSD Project Officers on details of upcoming projects and consults throughout the 07/08 year.</td>
<td>Members provided feedback to SWHSD on project plans ensuring sustainability in SWHSD. Council members networked within their local communities to seek further feedback on the service provision from the community.</td>
<td>HCC will continue to receive presentations regarding local health initiatives.</td>
</tr>
<tr>
<td>The council members are currently involved with the Multipurpose Health Service (MPHS) project.</td>
<td>Local members attended the community consultation meetings and are providing updates to the local communities with progress information provided by the SWHSD about the MPHS project for Mungindi and Mitchell facilities.</td>
<td>Progressing</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>Council member Mrs Jill Baker attended the Wallumbilla Hospital Auxiliary meeting in June.</td>
<td>Council member attended local meeting to increase the awareness of the council role and function</td>
<td>Completed</td>
</tr>
<tr>
<td>Council member Mr James Hetherington attends the Dirranbandi Health Advisory Group.</td>
<td>Council member attends local Health Advisory Group to increase the awareness of the council role and function on a bi-monthly basis.</td>
<td>Completed/Ongoing</td>
</tr>
</tbody>
</table>

Roma Health Community Council Annual Report 2007-08
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.