



# Health Care Consumers' Association

## Annual Report 2017-18

# Annual Report 2017-2018

This report reviews the activities and achievements of Health Care Consumers' Association of the ACT (HCCA) during the period 1 July 2017 to 30 June 2018.

The report is also available on our website at <http://hcca.org.au/index.php/about-hcca/governance/annual-report.html>. If you would like a hard copy of this report please contact the office at [adminofficer@hcca.org.au](mailto:adminofficer@hcca.org.au).

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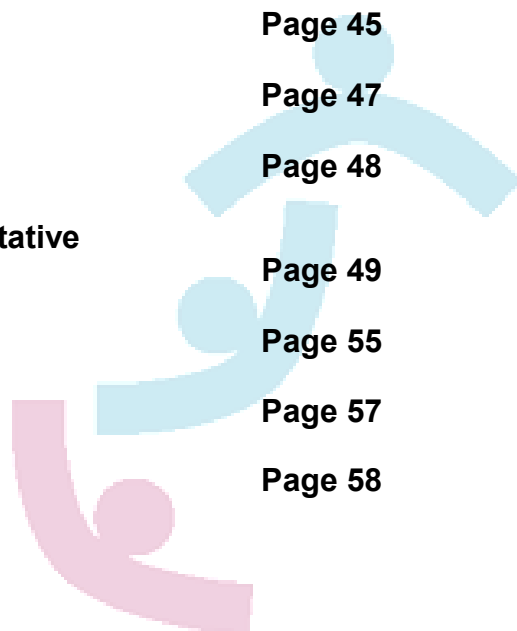


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# Health Care Consumers' Association of the ACT

## Our Purpose

Health Care Consumers' Association (HCCA) is a health promotion charity. Our mission is to deliver better health outcomes through consumer empowerment so consumers can be in control of their own health.

HCCA is the peak health consumer advocacy organisation in the ACT and we have supported and developed health consumer perspectives and policy since we were incorporated in 1978.

We strive to improve the quality and accountability of health services by providing health care consumers with the opportunity to participate in health policy, planning and service delivery decisions. We encourage consumers to identify priorities and issues of concern relating to health and we formally convey these collective views to the ACT Government, Primary Health Networks, Federal Government and other bodies.

HCCA works closely with consumers and supports consumer representatives to put forward consumer perspectives. We hold consultative fora to enhance consumer voices and information sessions to improve health literacy in our community and have regular communications with our members and networks through our newsletter and social media. We also advocate consumer perspectives in health policy and undertake research into consumer experiences of health care.



Executive Committee: Bernard Borg-Caruana, Michelle Banfield, Shelley McInnis, Marion Reilly, Marcus Bogie, Indra Gajanayake, Darlene Cox (Executive Director), Sue Andrews and Alan Thomas celebrating HCCA's 40th anniversary. Louise Bannister was absent for this photo. October 2018.



# HCCA Strategic Plan 2017 - 2018

## Our Vision

Consumers in control of our own health.

## Mission

Better health outcomes through consumer empowerment.

## Values

We value our members' knowledge and experience of the health system and their involvement in their local communities.

Other values are:

- Integrity
- Collaboration
- Equity
- Participation and support
- Mutual respect
- Inclusiveness

**GOAL 1:** Effective consumer participation in health policy development and service design, planning, delivery and evaluation of health services.

**GOAL 2:** HCCA continues to be a strong and credible voice for consumers on health care.

**GOAL 3:** High levels of health literacy in Canberra communities.

**GOAL 4:** Our members, staff and stakeholders regard HCCA as a strong and responsive organisation.



Tree at the entrance of the HCCA office asking consumers what matters to them in health care

# Highlights of 2017 - 2018

## Governance

- HCCA met all our governance obligations and contractual requirements.
- Eight Executive Committee meetings were held between July 2017 and June 2018.
- The Consumer Representatives Program Steering Committee met six times between July 2017 and June 2018.
- The Executive Committee continued to review HCCA organisational policies to ensure they remain up-to-date and relevant for the organisation. The Executive Committee reviewed and endorsed 20 organisational policies between July 2017 to June 2018.
- The HCCA Strategic Plan for 2018 – 2021 was reviewed by members, Executive Committee and staff and the final Strategic Plan was published in February 2018.

## Representation and Partnership

- In the 2017-2018 financial year the Consumer Representatives Program supported 38 consumer representatives and eight organisational representatives.
- HCCA made 22 endorsements of consumer and organisational representatives to committees, of which 13 were consumer appointments, and nine were organisational appointments (staff members).
- Of the 22 endorsements made in 2017-2018, eight endorsements were made to new committees, or committees where HCCA has not previously had a consumer or organisational representative. The remainder were made to replace consumer representatives who resigned from their committees, or add an additional consumer representative to a committee.
- Of the eight endorsements to new committees, seven were made to ACT Health committees, and one to a Capital Health Network committee.
- In total, HCCA supported 46 consumer and organisational representatives in 133 positions (some committees had more than one consumer representative attending) on 118 new and continuing committees across ACT Health, Calvary Public, and other ACT and national bodies in this period.
- In the 2017-2018 financial year HCCA supported consumer and organisational representatives in 120 positions on 105 different committees. 71 of those committees were ACT Health roles, and the remainder a mixture of Calvary Public Hospital, Capital Health Network, national, local and private health bodies.
- Consumer and organisational representatives spent around 873 hours preparing for meetings, and around 775 hours attending meetings.
- The ACT e-Health Consumer Reference Group met five times.
- The ACT Health of Older People Consumer Reference Group met six times.

- The ACT Accessibility and Design Consumer Reference Group met five times.
- The ACT Quality and Safety Consumer Reference Group met five times.
- HCCA met with the ACT Health Executive five times to discuss issues of interest to consumers.
- Consumer Participation Basic Training was delivered three times (July and November 2017 and March 2018)
- Consumer Participation Advanced Training was delivered twice (Sept 2017 and May 2018).
- Consumer Representative forums were held in August and November 2017 and in March and May 2018.

## Consumer Participation

### Accreditation

ACT Health went through its three-yearly accreditation in March 2018. This event and the lead up to it is always intensely interesting for HCCA and the consumer representatives (known as Consumer Leads) who sit on the Standards Committees. At ACT Health, each Standard (ten in the first version of the Australian Standards for Quality and Safety in Health Care) has its own governance committee which includes one or two consumer representatives. The standards governance committees oversee efforts to improve systems and gather evidence which demonstrates that ACT Health meets all the required competencies. Several of the current Consumer Leads had been through at least one previous accreditation and their concerns that there were significant gaps proved correct when surveyors deemed ACT to not meet a number of areas within the standards. This placed ACT Health in the difficult position of having to remedy these areas within 90 days or face non-accreditation. Of note for HCCA was criticism from surveyors of a lack of involvement of consumers in the governance of ACT Health, a reflection of the loss of many high level governance roles for consumer representatives over the preceding few years. After a tense 90 days, surveyors returned and found that sufficient work had been done to warrant reaccreditation. This included the reinstatement of consumer representatives in governance roles in a range of areas. ACT Health will in future face the challenge of reaccreditation under the second edition of the Australian Standards which is significantly different to the first version.

### ACT Health Quality Strategy

In late 2017 Sally Deacon led a large piece of work for HCCA with the contribution of consumer input to the ACT Health Quality and Safety Strategy. This Strategy is the guiding document for improvements to quality and safety in health care at ACT Health from 2018-2028. HCCA saw it as vital that consumer priorities were included, and set

out to gather and reflect them. The consumer participation team conducted

- 22 key informant interviews
- Four focus groups
- An online survey (452 responses)
- A review of ACT Health feedback data, and
- A review of feedback from the HCCA Facebook page.

HCCA surveyed members, advocacy organisations, and community participants. Questions were asked about:

- What indicated to consumers that care at ACT health was safe or unsafe? Good quality, or not good quality?
- What was being done well at ACT Health?
- What were the priorities for improvement?

The work viewed quality and safety through the lens of individual experience. HCCA's report, *Spend Time To Save Time*, made a number of specific recommendations, primarily centred around:

- The need for good communication both between health professionals and consumers, and between different health professionals, and different areas of health care
- The need for the public reporting of data to inform consumer understanding and choice, and
- Better use of consumer feedback to inform systemic improvements.

This work highlighted the skills of our team and our ability to deliver quality work and a valuable perspective, and formed a solid platform for the partnership improvements we have seen since then.



Fiona Tito Wheatland, Darlene Cox, Dr Sue Andrews, Jane Murkin (Deputy Director General, ACT Health) and Sally Deacon at the Launch of the ACT



## University of Canberra Hospital opening

HCCA consumer and organisational representatives have participated in the design stages of the University of Canberra Hospital since its inception in 2011. This year we were thrilled to see Canberra's new physical and mental health rehabilitation hospital open. As we walked around the building prior to it's opening, we could see the result of our advocacy. It was very rewarding to so clearly see the imprint of our work in the building design.



Kate Gorman, Health Minister Meegan Fitzharris and Dr Sue Andrews at the opening of the University of Canberra Hospital, June 2018



Yelin Hung, Joanne Baumgartner, Russell McGowan and Kathryn Briant at the opening of the University of Canberra Hospital, June 2018



HCCA consumer representatives looking at the new hydrotherapy pool at the University of Canberra Hospital, June 2018



Previous HCCA staff Nick Wales and Kerry Snell touring the new University of Canberra Hospital, June 2018



Adele Stevens touring the new University of Canberra Hospital, June 2018



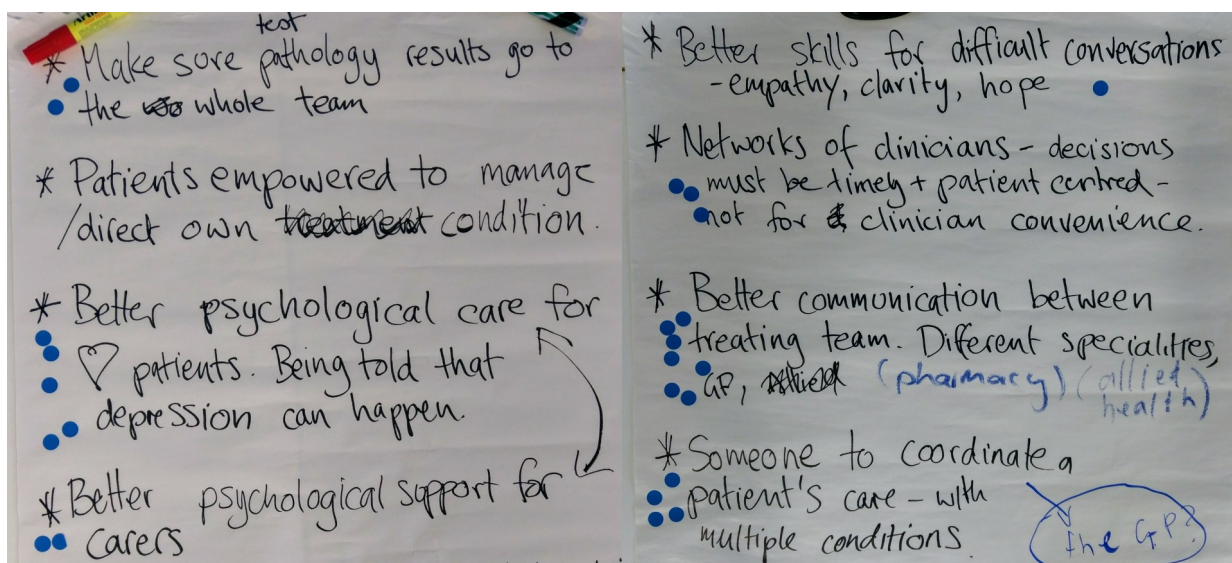
HCCA consumers touring the new University of Canberra Hospital, June 2018



## Focus groups and consultations

A highlight of consumer participation in this reporting period has been an increase in health services seeking input from consumers on a one-off basis to inform specific projects which are being done. These have included:

- Heart Failure Care project. HCCA ran two workshops for the Capital Health Network to provide a consumer perspective on the things which worked well, and less well, in the ACT for consumers and carers experiencing heart failure.
- Digital Strategy workshops. HCCA ran two workshops for the ACT Health Digital Solutions team to provide consumer input into the Digital Health Strategy.
- HCCA ran a consultation to provide consumer input into the way the CARE program is promoted. (The CARE program provides an escalation avenue for consumers who are concerned about the deterioration of an admitted patient).
- HCCA ran a consultation to provide consumer input into the way medicines information is provided to consumers (via MediList) on discharge from hospital.



Summary of the heart failure care project workshop run by HCCA, September 2017



HCCA Evaluation Working Group: Michelle Banfield, Shelley McInnis, Russell McGowan, Alan Thomas and Wendy Armstrong, October 2017

## Executive Committee 2016 - 2017

### Dr Sue Andrews

Sue joined the HCCA Executive Committee in April 2012 and was elected President at the AGM in the same year.

Sue has worked in different roles in the health field over many years and is committed to consumer centred health care. She began her working life as a Medical Technologist at the Royal Alexandra Hospital for Children in Sydney, then in Papua New Guinea and later in Canberra. After completing an honours degree in Science at the ANU in the 1980s, Sue joined ACT Health initially as a researcher for



the Cervical Screening Pilot Program, then later in the 1990s as Women's Health Advisor and also in other health and social policy areas. She has experience in the non-government sector, having worked for Family Planning Australia and ACT Shelter and has served on the boards of Sexual Health and Family Planning ACT, the Domestic Violence Crisis Service and the Women's Centre for Health Matters, of which she is a life member. Sue has a PhD in Women's Studies and maintains a strong interest in the social determinants of health, including gender. Sue chairs the HCCA Health Policy Steering Committee and the Quality and Safety Consumer Reference Group and is a consumer representative on The Canberra Hospital Clinical Ethics Committee, and the ACT Clinical Council.

### Dr Michelle Banfield Vice - President

Michelle has been a member of HCCA since 2011 and joined the Executive Committee in November 2012. She was elected Vice President at the AGM in 2014. Michelle is a mental health and health services researcher at The Australian National University. Originally a biological anthropologist exploring the behaviour and social systems of primates, Michelle moved into mental health research after serious mental illness derailed her grand plans and gave her a new focus. She has a PhD in epidemiology and population health,



using participatory research methods to explore mental health consumers' priorities for research on depression and bipolar disorder in Australia. Her current work is focused on mental health services and policy, using a flexible model of research involvement to

include consumers and other stakeholders in the research process and ensure their perspectives are central. She is Head of the Lived Experience Research Unit at the Centre for Mental Health Research.

**Dr Indra Gajanayake**  
**Treasurer**

Indra joined HCCA in 2009, became a member of the Executive Committee in October 2015 and has been the Treasurer since November 2016. She continues to be a consumer representative on a number of ACT Health committees. Indra has extensive experience in health policy, performance monitoring, information development and reporting in Australia, and in population research in Sri Lanka. She has a Master's Degree in Medical Science (Clinical Epidemiology) and a PhD in Demography. A past President of the Public Health Association of Australia (PHAA) ACT Branch, Indra is also a member of the Australasian Epidemiological Association and the Consumers' Health Forum of Australia. She has a strong interest in population health issues and the safety and quality of health care.



**Dr Alan Thomas**  
**Member**

Alan has been a member of HCCA for over 10 years and has been a member of the executive Committee for the last two years. He has served on a variety of ACT Health Committees. The most recent include the Program Control Groups for the Health Infrastructure Program (HIP) for both the Canberra Hospital and the Calvary Hospital. He is presently a member of the ACT Health's Medical and Dental Appointments Advisory Committee.

Alan has a PhD in Analytical Chemistry and worked for 5 years as a pharmaceutical chemist with the Commonwealth Health Department. He believes HCCA is making a significant contribution to health care in the ACT, and that in general there is a good working relationship with ACT Health. He would be keen to ensure this continues. He is interested in a discussion at the Executive Committee level in the first instance on whether HCCA should take a more advocacy role, particularly for the management of patients in hospital, and if so how that could be achieved.





**Marcus Bogie**  
Member

Marcus Bogie joined the Executive Committee at the AGM in 2014. Marcus is the Manager Client Services and Peer education at the AIDS Action Council of the ACT. Marcus has worked for the Council for the past 18 years in various roles and has a thorough understanding of the needs of people accessing health services. Having lived with HIV for over 20 years, Marcus has first-hand experience in navigating the health system and is conscious of the needs of people receiving timely and accurate information. He represents the AIDS Action Council on various committees in advancing its cause. Marcus is passionate about equal access and believes stigma and discrimination around any issue is intolerable. He strongly believes in assisting people to be empowered to advocate for themselves and if not, having someone skilled to advocate on their behalf.



**Louise Bannister**  
Member

Louise is passionate about women's health, wellbeing, disability rights and advocacy. She joined HCCA in 1999 and started her consumer representative role in 2001 as a member of a Disability Task Group for ACT Health's Breast Screen and Cervical Screening Programs. This experience led to her appointment to the ACT Cervical Screening Advisory Program, where she served for 10 years, including 5 years as the Committee's Chair. Louise has worked on many Community Health committees over the years. She is currently on the Rehabilitation and Community Care Quality and Safety Committee (RACC Q&S); and the Breast Screen ACT Managers & Quality Committee. Louise served for 7 years on the ACT Board of the Physiotherapist Board of Australia, to help oversee its transition to a National Board. She has previously served on HCCA's Executive Committee from 2003-2006 and again from 2015-2018, and was part of the Consumer Representative Training team from 2008-2012. In addition to her HCCA roles, Louise is an active member of Women With Disabilities ACT and has a seat on their Board. She is currently serving on the ACT Ministerial Council on Women (MACW); and the Disability Reference Group (DRG). In 2012, she was awarded the Chief Minister's Inclusion Award, for Inclusion by an Individual, in recognition of her work in the disability community.



**Shelley McInnis**  
Member

Shelley joined the HCCA towards the end of 2013, after a lengthy career in health education and health promotion. She has worked as a researcher into cardiovascular disease, a lecturer in health program planning and evaluation, a health policy advisor for state and territory and federal governments, and a manager and evaluator of health projects in developing countries of Asia and the Middle East. She has also, as an inquiry secretary for federal parliamentary committees, crafted reports on subjects such as the social costs of drug abuse.



After her retirement from full-time work in 2006, she trained and worked as a mediator with Canberra's Conflict Resolution Service, and devoted herself to the care of family members with Type 1 diabetes and dementia. Since joining the HCCA, Shelley has served as a consumer representative with the National Prescribing Service, the Capital Health Network, and the ACT Government. She is a member of the HCCA's Health of Older Peoples' Consumer Reference Group and Health Policy Advisory Committee, and has also served on the steering committees of a number of research projects. In 2016 she was elected for a two-year term as an Ordinary Member of the Executive Committee.

**Marion Reilly**  
Member

Marion joined HCCA in 1997 and was a member of the Executive Committee from 1998 to 2012. Marion has also helped to shape the HCCA Consumer Representative Program and she chaired the Consumer Representatives Program Steering Committee until 2011. Marion has also participated in various committees with the Department of Health and ACT Health and is currently sitting on the ACT Equipment Scheme Advisory Committee and the Canberra Imaging Group, a private committee. Her main interest in health is where the 'patient' is the central decision maker. She is also interested in supporting people living with disabilities.





## **Bernard Borg-Caruana**

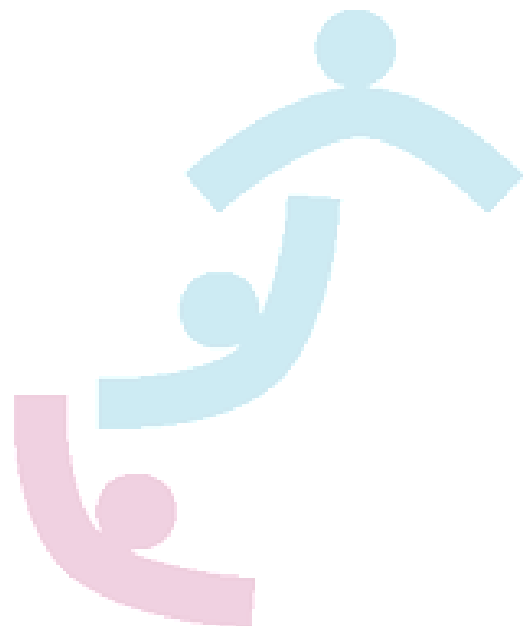
**Member**

Bernard is a long-standing member of the Health Care Consumers' Association of the ACT (HCCA) and an experienced consumer representative who has a broad knowledge of consumer issues across the health system locally and nationally. He has been a consumer representative for many years. He has been a strong advocate for improving the consumer experience and empowering consumers to better manage their care. Bernard has extensive interest in and knowledge of digital health, in both his professional life and his work as a consumer representative. He was a founding member of the ACT eHealth reference Group.



Bernard has participated extensively on numerous health committees and forums, including: Information Management and Information Technology Steering Committee, Alerts System Steering Committee and Shared Electronic Health Record Steering Committee.

Bernard has a strong interest the quality and safety in Healthcare, particularly medication management. He has participated in the Project Advisory Group developing the Professional Practice Standards and for the revision of the Code of Ethics for Pharmacists.



## President's Report

The Health Care Consumers' Association continues to be a strong voice for consumer rights and improved quality and safety of health care, both locally and nationally. The past year has been one of consolidation for HCCA and the coming to fruition of a number of important initiatives that have extended our work with health consumers and carers in the ACT. While there was upheaval and often uncertainty in the



Shelley McInnis, Minister for Health, Meegan Fitzharris and Sue Andrews in September 2017

ACT health system, with changes in leadership, challenges arising out of accreditation processes and a system wide restructure, HCCA delivered on a comprehensive range of activities that highlight our core principles and values including consumer centred care, and consumers in charge of our own health. That work is well documented in the pages of this Annual Report.

A particular highlight this year that reflected the important role of HCCA and effective consumer engagement was the opening in June 2018 of the University of Canberra Hospital. UCH is a sub-acute Rehabilitation, Recovery and Research Facility (also named Yurwang Mura, Ngunnawal words meaning 'strong pathway'). HCCA was involved in the UCH project from its inception through to the final design decisions. We undertook significant member and community consultation about the planning and design of the new hospital and supported consumer representatives on a range of decision making committees that included the building design and developing models of care. Consumer involvement in the UCH project delivered tangible outcomes, including more natural light, dementia-friendly spaces, a higher ratio of single bed rooms, more on-site car parking and accessible car spaces and better public transport access.

This year we are celebrating four decades of activism. The occasion is being marked with the publication of a history of HCCA, "*Making a Noise. 40 years of consumer advocacy in the ACT*," written by Robyn Clough. A conference is being held, organised around themes of looking back, what we do now and looking to the future. And, for the first time, an award of life membership will be made on this significant anniversary occasion.

As the History notes, "...the idea that consumers have a valuable role in shaping health care has not always been readily accepted by the medical profession, government or policy makers. It is the passion and tenacity of health consumers that has enabled the consumer voice to take its place. Many individuals over many years have committed their time, experience, and expertise in the shared conviction that health consumers have a right and a responsibility to participate in decisions that affect them."

HCCA values the knowledge and expertise of our members and consumer representatives which informs our policy, research and advocacy work. There is a high level of engagement by members in a range of consumer reference groups that include the Health of Older People, e-Health, Quality and Safety, Access and Design and Maternity Services. HCCA also maintains effective and collaborative working relationships with government, the Capital Health Network, ACT community and health organisations and liaises with the Consumers Health Forum and other state peak consumer organisations on national health policy issues.

After six years as a member of the Executive Committee and President of HCCA I am stepping down this year as my term has come to an end. Over that time I have worked with a fine group of members on the Executive Committee and have come to appreciate how important good governance is for the effective leadership of a small but influential peak community organisation like ours. I have learned a lot about what constitutes good governance in the community sector and hope that I have been able to contribute and share some of that knowledge with others. The EC has had many robust discussions about strategic local and national health system issues affecting consumers and has always worked well with the Executive Director about how best to support the staff team in doing the fantastic job that they do.

I sincerely thank all the current Executive Committee members for their work with and commitment to HCCA – Treasurer Indra Gajanayake, Marion Reilly, Marcus Bogie, Shelley McInnis, Bernard Borg-Caruana, Louise Bannister and Alan Thomas. My special thanks to Michelle Banfield who has been Vice President for the last four years and has been a great support and wise counsel for me personally. It has been a pleasure to work with such a diverse group of people who have brought their specific skills and knowledge to the important task of governance of HCCA. I also acknowledge the continuing strong leadership of Executive Director Darlene Cox and especially thank her for the very professional working relationship we have had over the last six years.

I am pleased to report that HCCA continues to operate from a sound financial basis. Current members' equity is \$365,139, an increase of \$28,708 from the previous

financial year.

The staff continue to do the important work of supporting our members and delivering on our strategic plan. Thanks to them all, the Consumer and Community Participation team – Sally Deacon, Kate Gorman, Jill Moran, Yelin Hung and Claudia Cresswell. The Policy and Research team – Kathryn Dwan, Sarah Spiller, Kathryn Briant and Kristal Coe. Sandra Avila, Office Manager, who provided invaluable secretariat support for the Executive Committee. And the Administrative staff, Molly Wilkinson and Liz Hughes who provided, amongst other things, that all important ‘front door’ role.

And thank you to all our members and consumer representatives who make this organisation what is today - as our history tells us – built on the shoulders of those who began it over 40 years ago. For forty years, HCCA has promoted the principle of consumer participation in health care and contributed to significant improvements in the ACT health system. HCCA has actively worked to achieve better health care outcomes and will continue to do so into the future, whatever that may hold in these times of rapid change.

Dr Sue Andrews

**President**



Executive Committee: Alan Thomas, Indra Gajanayake, Marcus Bogie, Bernard Borg-Caruana, Shelley McInnis, Michelle Banfield, Sue Andrews, Louise Bannister and Marion Reilly.

# Executive Director's Report

Congratulations to the members and staff of the Health Care Consumers Association. Together, we have achieved forty years of advocating for consumers in our health system. Forty years of working for the rights and needs of health care consumers is no mean feat. Our organisation remains strong and is getting stronger. We have worked hard to have effective governance in place. We draw strength from the stability of our leadership.



Roger Killeen and Darlene Cox

After forty years we are still here. Why is that? Put simply, it is because of the people involved. People who have a vision for health services that are consumer centred, and passion to bring about that change.

Social movements, like the consumer movement, are fuelled by our recognition that change is necessary, our passion for change, and our willingness to get involved in making it happen. Its power grows from our investment of time, skills and emotion.

There is a high level of emotion in receiving health care. It can be raw and overwhelming, especially when things go wrong. Many of us have joined HCCA because we have had an experience of the system which has harmed us. And from this, we have committed to making the system better. We use that emotion to motivate and energised us. We hope that others will have a better journey.

But there can be a cost to that. We can burn out.

Our passion and selflessness can drain our energy reserves. This can lead to people scaling back on or fully disengaging from their roles as consumer representatives and advocates. They can lose energy and feel disenchanted, even angry at what they see as failures to change the system. Burnout is an issue in civil society and HCCA is not immune. I can think of a few people who have paid this price.

We are especially susceptible to burnout because we put pressure on ourselves bring about change in a large, complex system where change happens very slowly and that ultimately we do not control. Our activism requires an emotional investment. This is sometimes described as emotional labour. We don't always see a return on what we have invested in achieving change.

How do we avoid burnout and sustain the consumer movement? Self care and caring for others are an important strategies. I want to share some observations of the things that help sustain us:



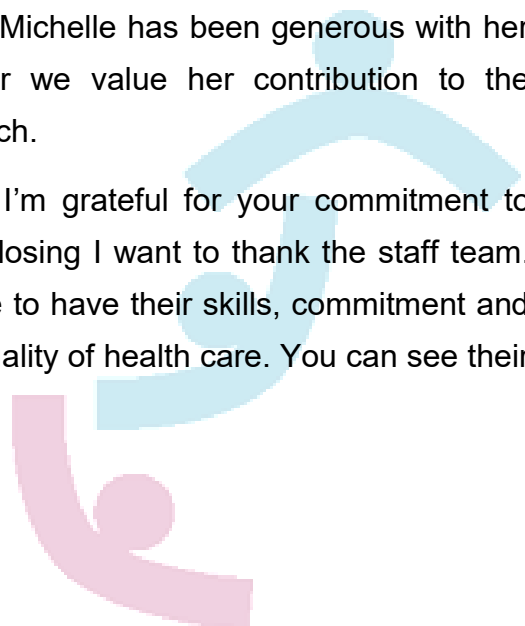
- We get support from each other.
- We have fun.
- We invest in each other.
- We form deep friendships.
- We focus on what is important.
- We pay attention, we remember what has happened in the past.
- We concentrate on issues of importance.
- We are persistent.
- We accept that what we and others can give to our cause at any point in time can change with the circumstances of our lives; we give what we can.
- We know that the consumer movement is bigger than one person, and bigger than one organisation.
- We value and promote the great work of our colleagues in other consumer and community organisations .
- And of course, we continue to use health services and this further fuels our desire to bring about change.

Our drive has not diminished. We are determined.

I want to thank Sue Andrews for providing leadership as President of HCCA over the past six years. I want to thank her for sharing her time and expertise. The relationship between a CEO and the board chair is special. You get to know each other very well and spend time learning the best way to work together. Sue and I have worked really well together and have complementary skills and experience. Sue, thank you for your support, your vision and your commitment. And special thanks also to Michelle Banfield who is finishing her third term as Vice President. Michelle has been generous with her time and intellectual capacity, and in particular we value her contribution to the development of our approach to policy and research.

Thank you to the HCCA Executive Committee. I'm grateful for your commitment to strong governance and for walking the talk. In closing I want to thank the staff team. They are an amazing bunch and we are fortunate to have their skills, commitment and passion to work with consumers to improve the quality of health care. You can see their outstanding work throughout this report.

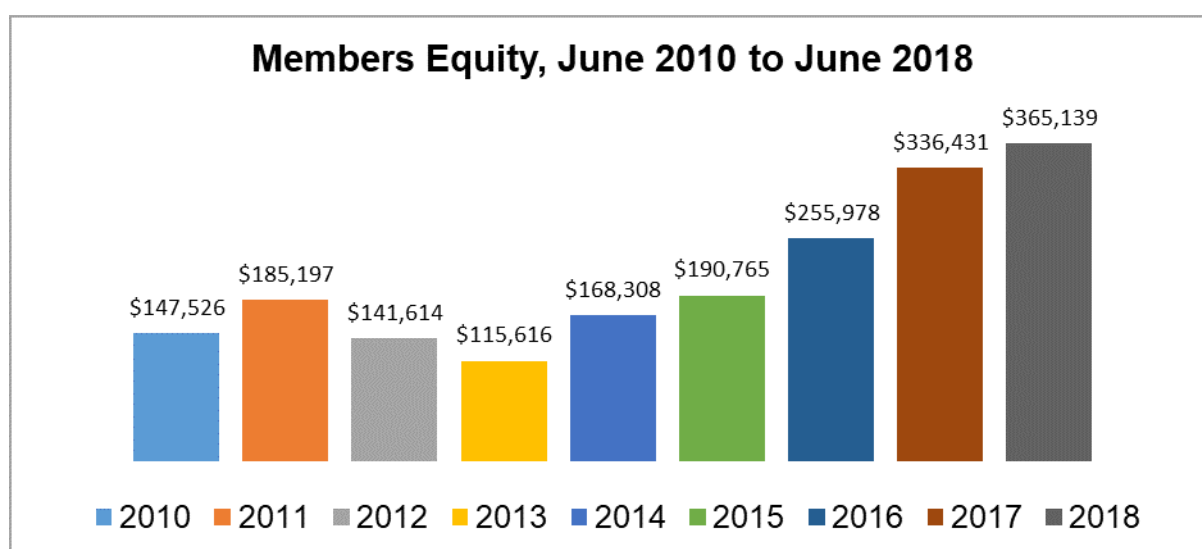
Darlene Cox  
**Executive Director**



## Treasurer's Report

HCCA ended the 2017-18 financial year with a cash surplus of \$28,708 after the auditor's adjustments for depreciation, annual leave and accrued expense. The effect of this surplus is to increase members' equity.

The audited financial statements show that members' equity was \$365,139 at 30 June 2018. This financial year marks the highest members' equity in the history of HCCA. The chart below shows changes in members' equity over the last nine years.



The Association is in a very strong financial position and, in the unlikely event of being wound up, has sufficient reserves to satisfy all debts and obligations. Apart from office equipment, all the Association's assets are held as cash \$20,793 in operating accounts and \$413,779 in term deposits.

Total income for the 2017-18 year was \$923,305, which was \$153,184 more than the income received in 2016-17.

The Service Funding Agreement with the ACT Health Directorate (Core funding) remains HCCA's main source of income comprising around 76% of total income.

In addition to consumer representation, policy work and health literacy, HCCA finalised two research projects on after hours primary care and home based palliative care; and received further funding to work on a patient care navigators research project. These research projects were funded by ACT Health. This created an additional income of \$128,850 in our project funding.

During this period, HCCA completed a three year contract with ACT Health on advance care planning which generated \$39,860 of additional income.

HCCA also worked closely with Coordinare, the South Eastern Primary Health Network, and the Capital Health Network to review patient information in HealthPathways. This project generated \$15,000 in income. In addition to this, HCCA received \$20,000 from Capital Health Network to provide consumer representation on programs and projects and provide strategic advice. HCCA also received a small income on fee - for - service basis from Capital Health Network for their Heart Failure Initiative. The HCCA activity funding this year was made up of:

Core Funding from ACT Health	\$705,944
Advance Care Planning Project	\$39,860
ACT Health - Research funding	\$128,850
Other Projects and grants	\$17,666
Bank Interest	\$9,144
Capital Health Network	\$20,000
Membership and Donations	\$1,841
<b>TOTAL</b>	<b>\$923,305</b>

Wages and related staff costs remain the Association's main expense. The total staff costs across all programs during the year was \$766,881, equivalent to 83% of the total income. The staff costs went up from \$570,713 in 2016-17. This increase was due to an organisational restructure and new positions created to service the additional research and project funding agreements.

I wish to thank our Executive Director Darlene Cox, contract bookkeeper Lesley Porroj and Office Manager Sandra Avila for their support in my role as Treasurer during the year.

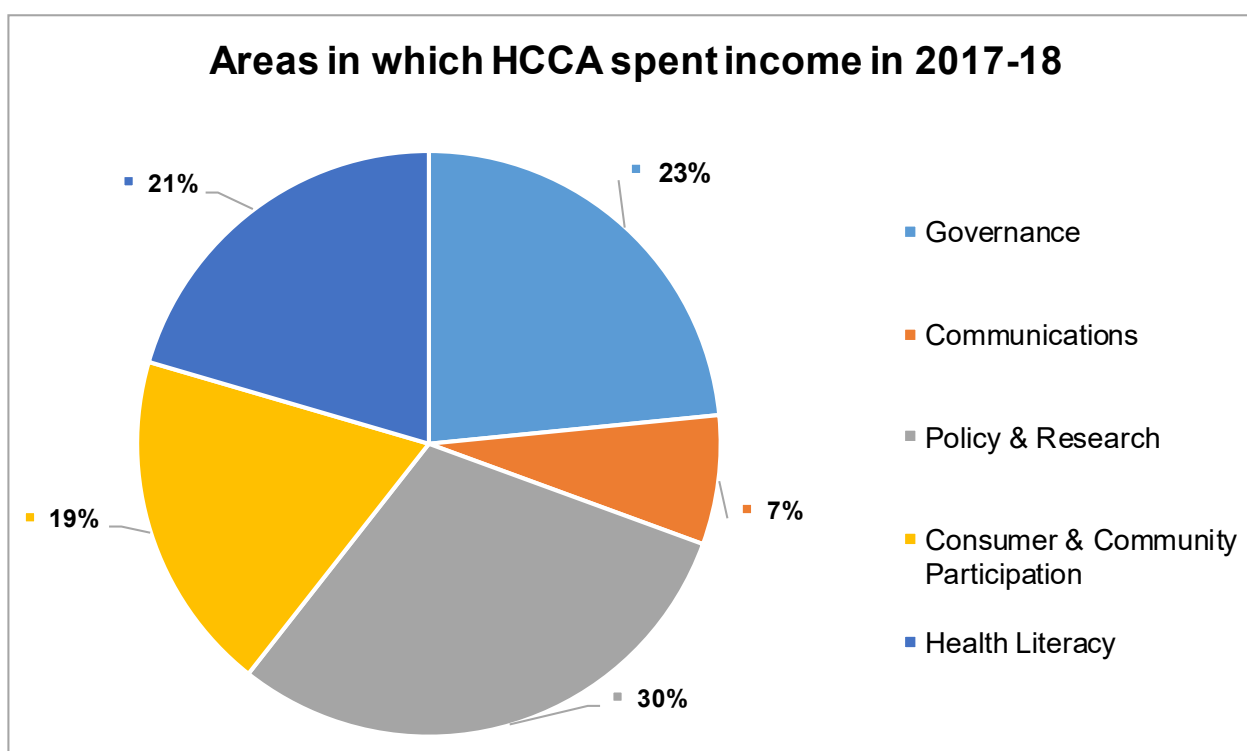
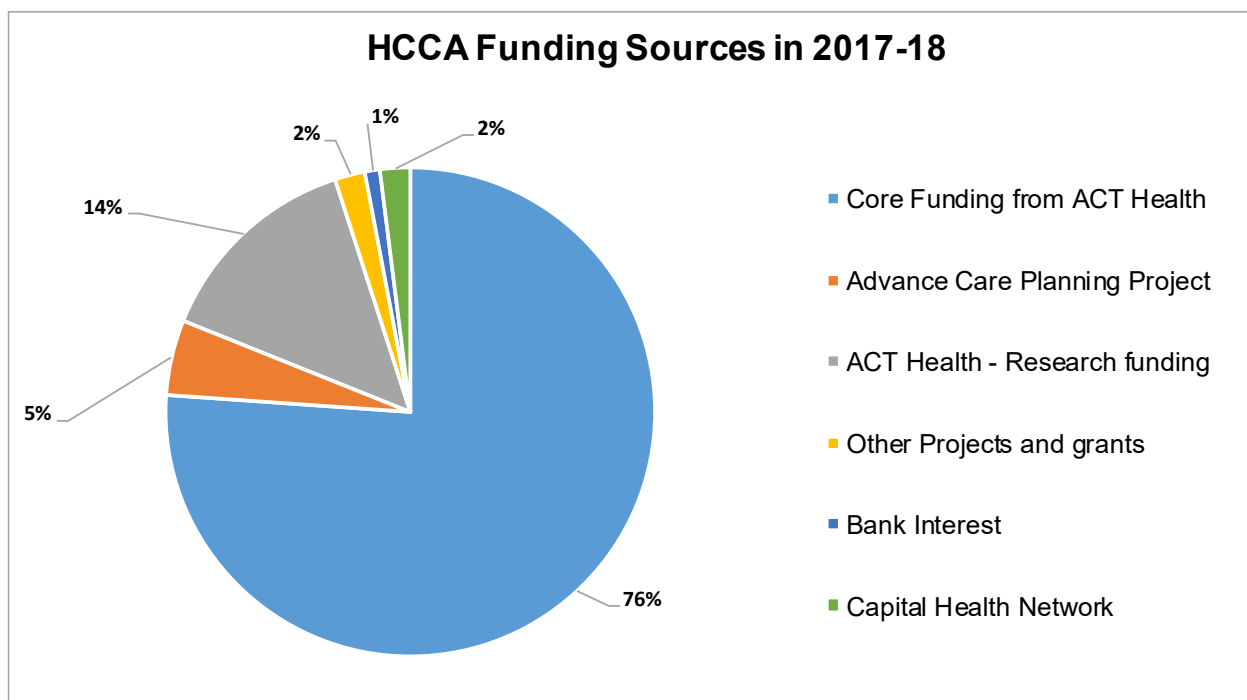
Indra Gajanayake  
**Treasurer**



Indra Gajanayake speaking at the Annual General Meeting, November 2017.

# Financial Resources

HCCA is mainly funded by the ACT Health Directorate. A detailed audited report for 2017-2018 has been included in this report outlining the funding received and how it was spent across our different programs to advocate for better health services for our communities. The following graphs summarise the sources of income in 2017-2018 and the areas in which this income was invested.



# Organisational Members

In 2017-18 HCCA had 166 individual members of whom 65% were actively engaged with the programs and activities run by the organisation.

HCCA strongly values the support of our colleagues in the following organisations:

- ACT Lymphoedema Support Group
- AIDS Action Council of ACT
- Alcohol, Tobacco and Other Drugs Association of the ACT
- Alzheimer's Australia ACT
- Asthma Foundation ACT
- Bosom Buddies ACT Inc
- Canberra & Queanbeyan ADD Support Group Inc
- Canberra Ash Incorporated
- Canberra Lung Life Support Group
- Canberra Region Kidney Support Group
- Community Medics Australia Ltd
- Council on the Ageing ACT
- Hepatitis ACT
- National Health Coop
- Pain Support ACT Inc.
- Palliative Care ACT
- Parkinson's ACT
- People With Disabilities ACT Inc
- RSI and Overuse Injury Association of the ACT
- Sleep Apnoea Association Inc
- Women's Centre for Health Matters
- Women with Disabilities ACT





# Communication and Promotion

Since last financial year, HCCA has continued to increase its engagement with the community through its social media accounts. Executive Director, Darlene Cox, and staff, ensure that our followers are kept up-to-date with the latest in local and national health by posting on our Twitter and Facebook accounts. Our blog, website and newsletter, Consumer Bites, allows our members and the community to read about HCCA's latest projects and work as well as sharing the thoughts of our consumer representatives from health related conferences and events.



## Newsletter

Over the past 12 months, we published 24 issues of our fortnightly newsletter, Consumer Bites. The newsletter is the best way for members to keep track of the work we are doing and opportunities for consumer participation in representative roles and in policy and research. Also included in the newsletter are links to research articles of interest, local events and media related to the HCCA policy priority areas.

## Facebook

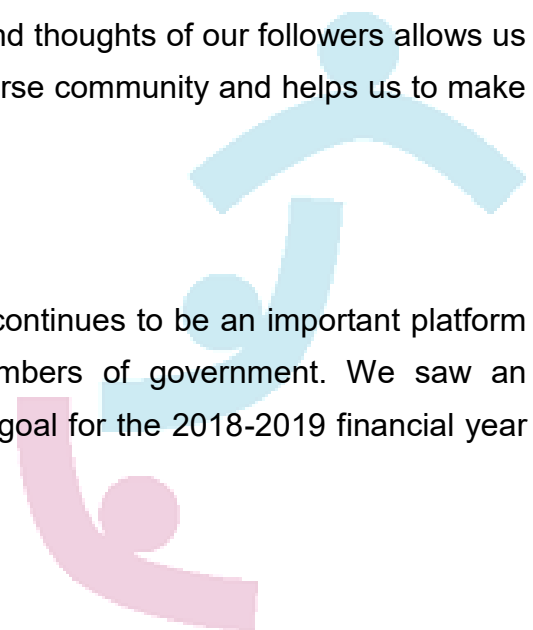
<https://www.facebook.com/HCCA.ACT>

This financial year, HCCA has seen an increase in our number of 'likes'. Our total number of likes is at 646, up by from 529 last financial year. We posted 727 status posts. The increase in likes is due to more engagement with our followers in the comments section of our posts. We received 1,700 comments, likes and shares. The posts that received the most feedback and comments from our followers were related to the My Health Record conversation, as well as new research into medications and news articles we shared. Hearing the opinions and thoughts of our followers allows us to better understand the health needs of our diverse community and helps us to make sure their voices are heard.

## Twitter

<https://twitter.com/healthcanberra>

The HCCA Twitter account, @HealthCanberra, continues to be an important platform for engaging with local stakeholders and members of government. We saw an increase of 125 followers, from 844 to 969. Our goal for the 2018-2019 financial year is to surpass 1000 followers.



## Radio

HCCA continued to use local radio stations to inform our community on the available health services in Canberra. Our Multicultural Liaison Officer, Yelin Hung, promoted the work of HCCA to the community in two radio programs in November and December 2017. These were Multicultural Voices and Transforming Perceptions in 2XX 98.3 FM Multicultural Radio Station. HCCA also provided written information about “Using the Health Services in ACT” in English to Canberra Multicultural Service radio station FM 91.1 CMS. This platform provides a gateway to reach our local communities, in particular CALD communities, to provide information needed to navigate our health system.

## Website

[www.hcca.org.au](http://www.hcca.org.au)

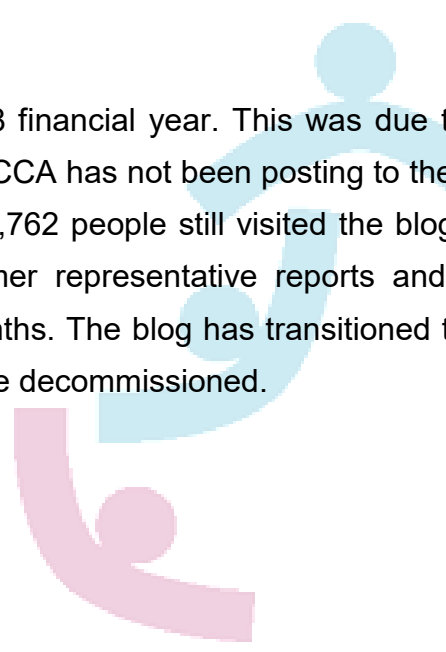
This year we spent time developing the HCCA website. The previous site was launched in 2002 and was in need of a refresh. As one of HCCA's first point of contact, we continue to regularly update and upload to the website, providing our members, consumer representatives and members of our community with information on the work we do. 4,982 people visited our website this financial year, increasing by 43 people from last financial year. The average amount of time people spent browsing our website was 2 minutes and 29 seconds, with people viewing on average 3-4 pages per session. In addition, 81.4% of people who visited were visiting for the first time.

The website contains access to all past and most recent policy submissions, editions of our newsletter, Consumer Bites, as well as information on health literacy, advanced care planning and consumer representative opportunities and events. It also includes links for members and the public to easily access our social media pages and our blog.

## Blog

<http://hcca-act.blogspot.com>

HCCA only posted two blog posts in the 2017-18 financial year. This was due to the planned transition to the new website. Although HCCA has not been posting to the blog this financial year as much as previous years, 16,762 people still visited the blog. We look forward to revitalising it with more consumer representative reports and staff conference attendance reports in the next 12 months. The blog has transitioned to the new website and the blog hosted by Blogger will be decommissioned.



## Health Policy and Research Highlights of 2017 - 2018

- The health policy program involves consumers in commenting on local and national policy. Throughout the year we have sought consumer input on health policies and processes. We have also worked with other consumer organisations to ensure that we convey a powerful and persuasive consumer perspective.
- During 2017-2018 HCCA generated a total of 41 submissions, comment or feedback to government. HCCA made a further 18 submissions to Federal Government bodies. These included submissions to two Senate inquiries and several more that responded to consultations by the Australian Commission for Quality and Safety in Health Care, Therapeutic Drugs Authority (TGA), and Medicare Benefits Scheme (MBS), among others.
- HCCA conducts research into consumer experiences of health and human services. Our research aims to better understand consumer experiences and to identify opportunities for change and service improvement. This year we started to develop our Consumer Research Framework. It is near completion and will be a useful base on which to continue to build our research work. The Framework is being developed with the HCCA Health Policy Advisory Committee.
- HCCA completed two large research projects in 2017-18: Consumer experiences and expectations of home-based palliative care in the ACT and Consumer experiences and expectations of after-hours primary care in the ACT. Both of these projects have underpinned other work we have undertaken throughout the year.
- In September 2017, HCCA also started working on a new research project to develop a model of patient navigation for the ACT. This work was commissioned by ACT Health and was an election commitment from the ACT Labor Party in 2016. The model was to address the needs of people with chronic and complex conditions who are often high users of health services, whose needs are rarely met by a single health professional. The HCCA drew on the experiences and knowledge of health professionals and consumers in the ACT, to learn what drives success in coordinating care for patients with chronic and complex conditions. HCCA's model aims to remove barriers that prevent a smooth transition between hospital and the community for people with chronic conditions. The model outlines the key principles and criteria needed to improve the quality of life for consumers, to partner with them to achieve the best health and wellbeing possible.

# Health Policy Submissions

## National

HCCA made 12 submissions on national health issues:

### *Australian Parliament*

- Parliamentary Inquiry into the Quality of Care in Residential Aged Care Facilities in Australia, February 2018
- Inquiry on the Financial and Tax Practices of For-Profit Aged Care Providers, June 2018
- Inquiry into the Private Health Insurance Legislation Amendment Bill 2018 and related Bills, July 2018

### *Australian Commission for Quality and Safety in Healthcare*

- Safety and Quality in Primary Care, February 2018
- Communication Plan for Patients and Health Professions on Priority and Provisionally Registered Medicines, June 2018

### *National Safety and Quality Health Service Standards*

- Standards user guide for health services providing care for people with mental health issues, July 2018

### *National Blood Authority*

- Patient information: Immunoglobulin treatment, September 2017
- What is subcutaneous immunoglobulin treatment?, September 2017

### *Therapeutic Goods Authority*

- Patient information: Immunoglobulin treatment, September 2017
- TGA consultation on the use of prescription opioids for pain, March 2018
- Stakeholder consultation prescription opioids, June 2018
- Communication Plan for Patients and Health Professions on Priority and Provisionally Registered Medicines, June 2018

## Local

HCCA provided 12 responses on local health issues, patient information brochures, policy and discussion papers for ACT Health:

### *ACT Health*

- Model of Care – Acute Integrated Palliative Care Unit v0.5, January 2018
- Policy Review Clinical Handover Procedure, February 2018
- Standard Operating Procedure review for Patient Mobile and Recording Devices:



Management and Use, February 2018

- Inquiry into the future sustainability of health funding in the ACT, February 2018
- Draft ACT Drug Strategy Action Plan, March 2018
- Adult Mental Health Day Service Model of Care, May 2018
- Input to ACT Health: Pharmacy Dept - Patient Centred Labels Project, July 2018

#### *Calvary Healthcare ACT*

- Maternity upgrade, March 2018

#### *ACT Legislative Assembly*

- Inquiry into the future sustainability of health funding in the ACT, February 2018
- Inquiry into End of Life Choices in the ACT, March 2018
- Public Hearing of Inquiry into End of Life choices in the ACT, May 2018

#### *Australian National University*

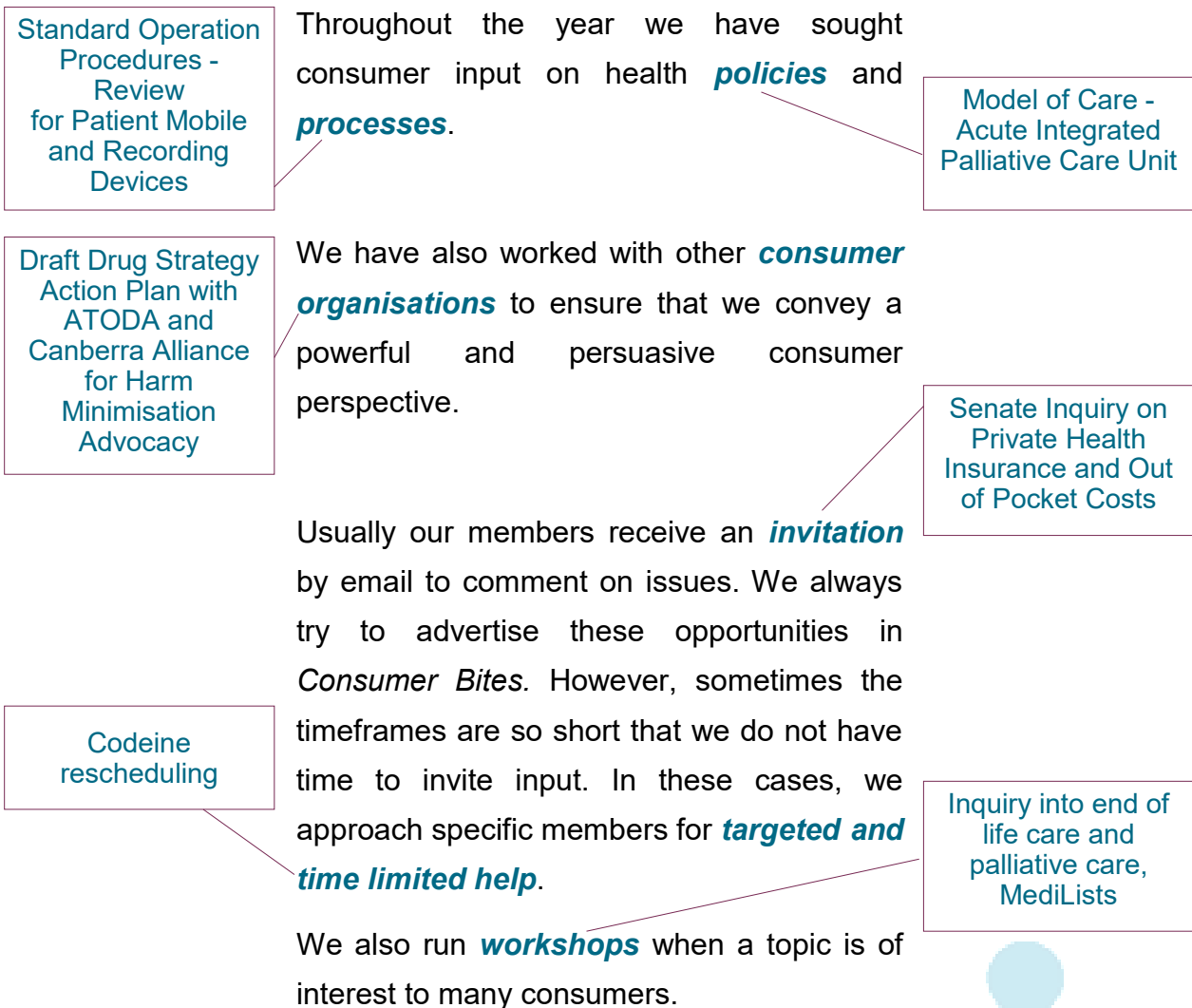
- Trialling OrthoApp, May 2018



Terri Warner, Kate Gorman, Louise Botha, Kathryn Briant, Dr Sue Andrews, and Yelin Hung at the ACT Health Community Organisations Health Services Planning Day, February 2018

# Health Policy

We are privileged to work with such engaged and passionate consumers who are driven to help change our health system and improve our health care. The health policy program involves consumers in commenting on local and national policy. The Health Policy Advisory Committee plays an important role in our policy and research work.



During 2017-2018 HCCA generated a total of 41 submissions, comment or feedback to government. Fourteen more than 2016-17. Of these, 17 were made to the ACT Health Directorate. HCCA made a further 18 submissions to Federal Government bodies. These included submissions to two Senate inquiries and several more that responded to consultations by the Australian Commission for Quality and Safety in Health Care, Therapeutic Drugs Authority (TGA), and Medicare Benefits Scheme (MBS), among others.

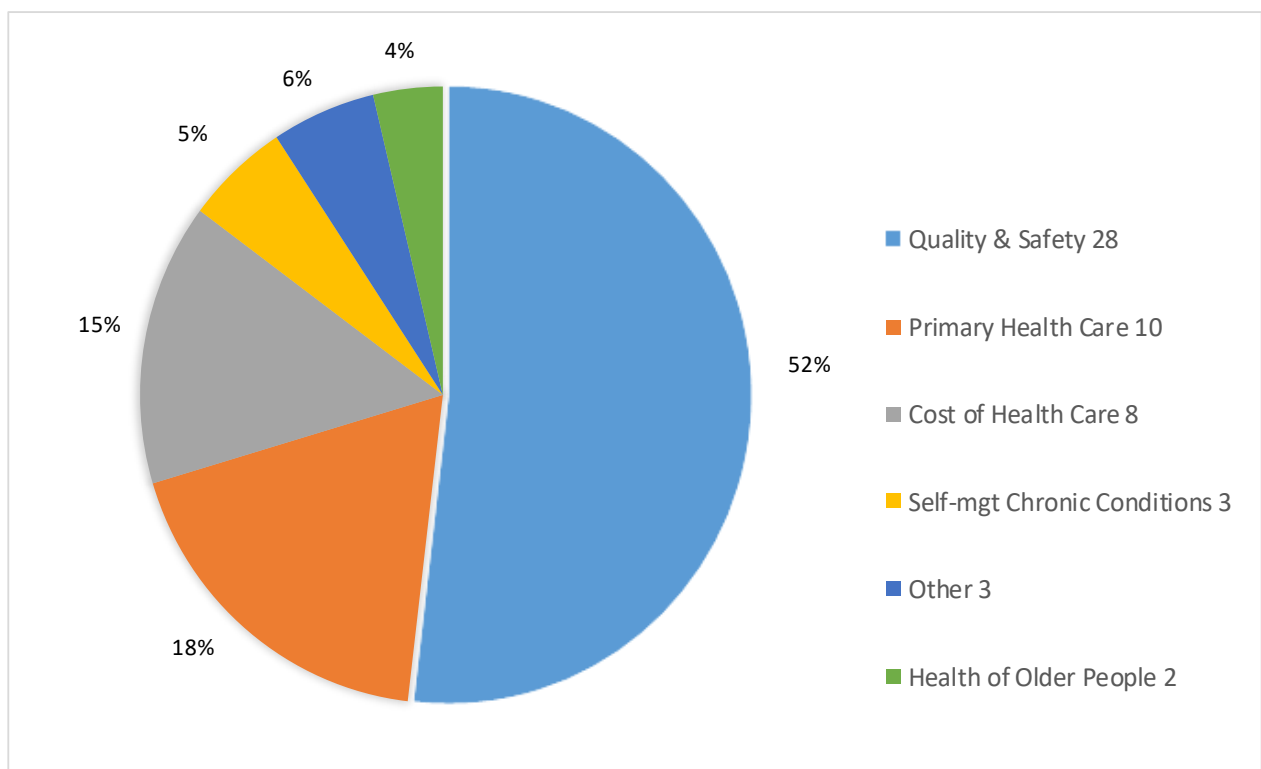
## Policy Priority Areas

Each year the Executive Committee sets Priority Policy Areas to guide the work of the organisation. In 2017-18, the Policy Priority Areas were:

1. Quality and Safety in Health Care
2. Health of Older People
3. Primary Health Care
4. Mental Health
5. Cost of Health Care

The diagram below demonstrates how our policy activity is split across our priority areas.

### Activity across HCCA Policy Priority Areas (June 2017 – July 2018)



# Research Projects

HCCA conducts research into consumer experiences of health and human services. Our research aims to better understand consumer experiences and to identify opportunities for change and service improvement.

This year we started to develop our Consumer Research Framework. It is near completion and will be a useful base on which to continue to build our research work. The Framework is being developed with the HCCA Health Policy Advisory Committee.

HCCA completed two large research projects in 2017-18:

- *Consumer experiences and expectations of home-based palliative care in the ACT*
- *Consumer experiences and expectations of after-hours primary care in the ACT*

Both these projects have underpinned other work we've undertaken throughout the year.

In September 2017, HCCA also started working on a new research project to develop a model of patient navigation for the ACT.

## Building research capacity

HCCA has been working hard to increase the research capacity of other member organisations and health services. For example, we worked closely with the ACT Mental Health Coalition Network and the Walk-in Centres on the development and refinement of their consumer surveys. Another example of capacity building was our collaboration with The Way Back Support Service (TWBSS), based at Woden Community Services. TWBSS is an innovative suicide prevention program that delivers one-on-one, non-clinical care and practical support. HCCA interviewed past participants of TWBSS. We also developed protocols and interview schedules that the service could use in the future.

## Consumer experiences and expectations of home based palliative care

Palliative care is a long-standing interest for many HCCA members. This particular project was championed by Adele Stevens and funded by ACT Health's Policy and Stakeholder Relations Branch. The project was overseen by a consumer advisory committee and we thank Fran Parker, Shelley McInnis and Linda Trompf for their guidance. HCCA greatly appreciates the participation of 16 palliative family carers and one palliative care consumer in the project who shared their experiences in research interviews.



The project's main finding was that:

*Consumers value the same qualities of care in every location that delivers palliative and end of life care. However, home-based care and hospice care deliver care with these qualities more consistently than ACT hospitals.*

The project made several recommendations for policy and service delivery improvement. These recommendations were shaped and prioritised by both HCCA members and the ACT Palliative Care Clinical Network.

The project has informed HCCA's ongoing advocacy around palliative care including:

- a guest blog on the CareSearch website,
- advocacy to develop the role of the Paediatric Palliative Care Nurse position, and
- feedback on the Model of Care for an Acute Integrated Palliative Care Unit at Canberra Hospital.

Furthermore, the report underpinned our submission and appearance before the Legislative Assembly Select Committee Inquiry into End of Life Choices in the ACT.

We are continuing to build on this solid base and are now expanding on the original research to explore consumer expectations of the internal architecture and design of hospital palliative care areas. A first year ANU Medical School Student has chosen to work with us on this project as part of her studies in 2018-19.

HCCA presented the research findings at the Primary Health Care Research Conference 2018. Place of care and quality of care at end of life: what matters most to health care consumers? (Paper). We also had a poster accepted for this conference on consumer-led research. These are available on our website.

## **Consumer experience of general practice and after-hours health care in the ACT**

In 2017, we ran a survey to get a snapshot of general practice in the ACT, with some additional questions about consumer experiences of after-hours primary care. Our research established the following:

- Participants choose to use after-hours services, because the event precipitating care occurs outside standard working hours.
- The majority of participants using after-hours services require medication.
- The convenience provided by after-hours services was highly valued by consumers. As was, the clinical expertise of staff and the range of services offered.

HCCA also undertook 15 in depth interviews with consumers. These addressed the diversity of consumer needs and the capacity of services to support those needs. Three

main themes emerged from the interviews:

- the variety of reasons for using the services
- the variability in perceived care at the Emergency Department, and
- the importance of professional and personal conduct of staff.

These findings were the subject of a poster which was presented at the 2018 Primary Health Care Research Conference.

We have continued to analyse the data since producing the original report, and have also

- published a small article in *Consumer Bites* about use of after-hours services among people with chronic conditions, and
- presented findings to the ACT Coordinating Committee for Primary Health Care and Chronic Conditions.

Currently, we are supervising fourth year ANU medical students to undertake detailed statistical analyses of the after-hours data. These results will be ready before the end of 2018.

Kathryn Dwan

**Manager, Policy and Research**



Executive Committee members, Chairs of HCCA Consumer Reference Groups and HCCA staff celebrating Christmas, December 2017.

## Patient Care Navigators Research Project

In October 2017, ACT Health commissioned HCCA to develop a model of patient navigation for the ACT. The model was to address the needs of people with chronic and complex conditions who are often high users of health services, whose needs are rarely met by a single health professional.

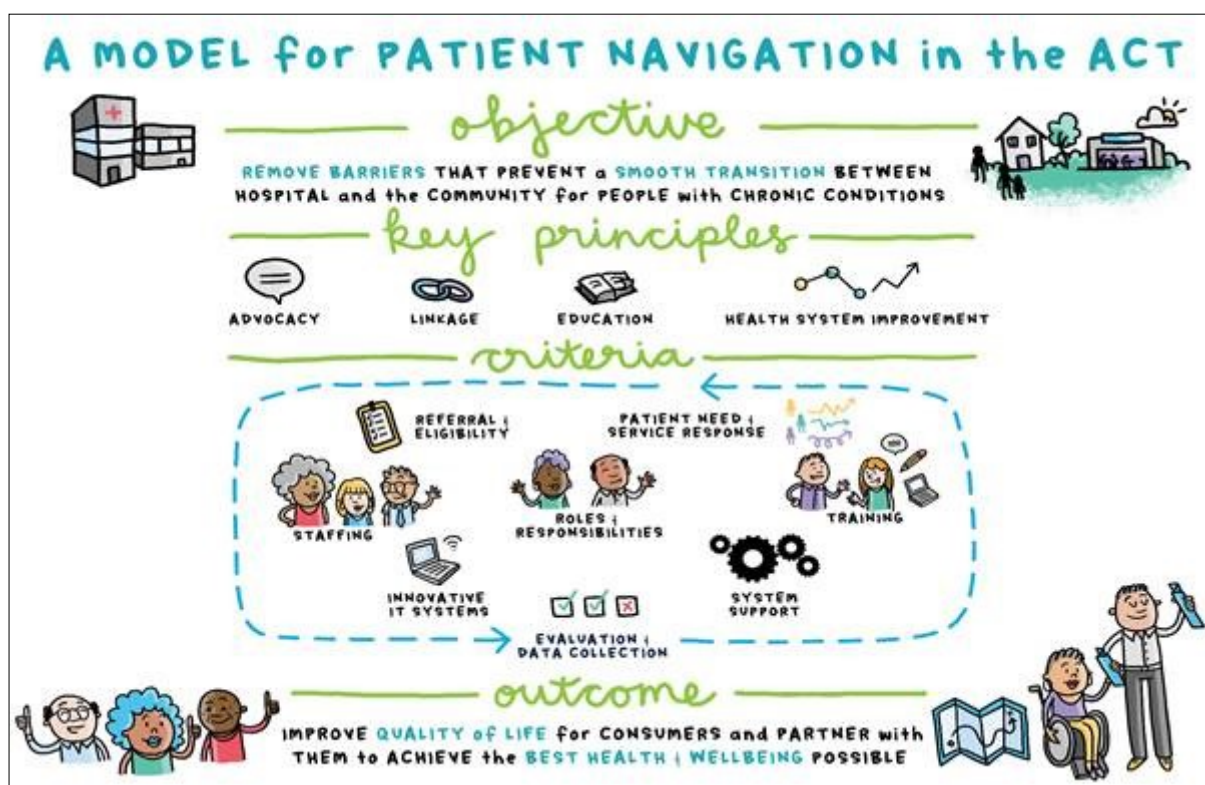
The HCCA drew on the experiences and knowledge of health professionals and consumers in the ACT, to learn what drives success in coordinating care for patients with chronic and complex conditions. Additionally, we investigated two existing navigation services in Queensland and Victoria and found four common key principles that drive success in a navigation service.

The project has produced powerful accounts of the realities of coordinating care for both health professionals and consumers and HCCA is grateful to all those involved in helping design the model.

HCCA's model aims to remove barriers that prevent a smooth transition between hospital and the community for people with chronic conditions. The model outlines the key principles and criteria needed to improve the quality of life for consumers, to partner with them to achieve the best health and wellbeing possible. A link to this report will be on the HCCA website in 2018. Below is an illustration summary of this research project.

Kristal Coe

**Project Officer**



# Health Literacy Program

It has been a busy, productive year for HCCA in the health literacy area. We delivered new information sessions for consumers and worked with the health system to make it easier for consumers to find what they need. Activities included:

## ***Increasing health literacy among consumers***

### **Information sessions**

We have delivered 15 information sessions to over 257 people including writing and trialling three new sessions. The new sessions are *Making the Best Use of your Health Dollar*, *Getting What You Need in the Health System* and *Take Charge of Your Health: Manage Your Medicines*. Information sessions are always workshop style to encourage the sharing of information and tips to improve skills in gaining or understanding information. Yelin Hung, HCCA Multicultural Liaison Officer also delivered many more sessions (see Multicultural Officer's report).

HCCA started to organise information sessions as part of the Chronic Conditions Seminar Series. This was previously run by a small group of advocates but with funding changes HCCA was asked to assist. Sessions are run at night and on weekends to cater to people who are not able to attend in the day. We look forward to the Seminar Series growing and returning to a regular monthly activity (stopping over Winter).

Staff also attended many expos, BBQ's and events, engaging in meaningful conversations about the health system with over 150 people.

## ***Improving knowledge through written information***

A large part of the Winter/Spring in 2017 was consumed by staff and members reviewing patient information for HealthPathways. This is a database that clinicians can use to manage, treat and refer patients in the ACT and South Eastern NSW. Out of this project grew a small list of trustworthy Australian websites and a new flyer was born, *Trusted Health Websites*.

To increase HCCA members and subscriber's knowledge, Consumer Bites now has two new sections: *Trusted Health Information* and *This is Your Health System*.

## ***Working with others***

To make written information more consumer friendly we worked closely with ACT Health staff and others by commenting on pamphlets, flyers, fact sheets, policies,



Yelin Hung and Claudia Cresswell



strategies and forms.

Acknowledging that 20% of people that use ACT's health services are from NSW we embraced the opportunity to be part of drafting a health literacy framework for NSW. We expect to continue working with ACT Health over 2018/19 to develop the ACT framework and to target health literacy activities.

### ***Making the physical environment easier to navigate***

The First Impressions Project goes from strength to strength with the trial in 2017 proving there were good reasons to continue. First Impressions have been shared on eight ACT Health facilities, parking at the Canberra Hospital and two areas at Calvary Public Hospital. ACT Health have embraced the feedback and changes included to signage and increased staff ability to give good directions. We are excited by decreasing the complexity in the physical environment so that people can arrive at their appointments with less anxiety and more confidence.

With a significant amount of money promised by the government towards health literacy we look forward to increasing people's ability to gain the information they need, understand it, apply it to their own situation. Along with the health system making the system easier for people to get what they need.

Claudia Cresswell

**Health Literacy Officer**



Claudia Cresswell speaking at the Patient Experience Symposium in Sydney, April 2018



Joanne Baumgartner testing the exercise equipment at the University of Canberra Hospital, June 2018

# Health Literacy Program from the Multicultural Corner

Saludos!!!

Another financial year went by only to keep us busier than ever. We continue with our health literacy awareness with the Culturally and Linguistically Diverse (CALD) community of ACT. We have been promoting the work we do through newsletters from other organisations providing services to new migrants in ACT such as Settlement Council of Australia (SCoA), Red Cross, Companion House and Migrant and Refugee Settlement Services (MARSS) which provide settlement services to new migrants asylum seekers and refugees to have a better understanding using health services in the ACT. I delivered 18 information sessions to 424 people to CALD groups both new arrivals and people who have been here for some time but did not know about health services. These groups are very pleased to have access to this information in their own languages either through a certified interpreter or leader of their groups. Some of the most popular health literacy topics are: *Navigating the Health System*, *Understanding Medicare*, *Making the most of your Appointment* and *Speaking up for Yourself in the Health System* which includes how to provide feedback and making a complain. Also, I continue delivering Advance Care Planning (ACP) sessions. I think it is critical that there is a continuity for our community to have awareness and start the conversation.

Our ACT multicultural community profile has had an increase in the last 2016 census. ACT Multicultural snapshot is currently as follows:

The ACT's estimated resident population at 31 December 2016 had grown to 406,403 people. The 2016 Census counted 397,397 usual residents (49.3% male; 50.7% female) of the ACT on Census night - an 11.2% increase from 2011. ACT had the nation's largest population growth. Out of that proportion, ACT residents born overseas was 26.4% in 2016, up from 24% in 2011. Many of the ACT's overseas born residents are relatively recent arrivals, close to 26,000 having arrived in Australia since 2011. The most commonly reported countries of birth outside of Australia were England, China, India, New Zealand and Philippines. In 2016, 29% of ACT residents aged five



Yelin Hung, Emma Campbell, Sally Deacon and Bernard Borg-Caruana at the Press Club - My Health Record, July 2018

and over indicated that they spoke a language other than English at home. This is up from 19% in 2011. The most common languages other than English were Mandarin, Italian, Arabic, and Vietnamese.

This year I attended the launch of the Speak My Language Program hosted by Ethnic Communities' Council of NSW. The Minister for Aged Care, Ken Wyatt AM launched this new initiative which connects the power of ethnic radio to help seniors and their families from CALD backgrounds understand the latest changes to the Australian aged care system, health services and help them to age well. I am looking forward to being part of this exciting program to provide vital health literacy information to our CALD community.

Despite the disruption resulting from the restructure of ACT Health, we continue working with ACT Health Multicultural Reference Group looking at ways to find solutions for various barriers that CALD community still facing when accessing health services. This year one of the major work of the group is the review of the booklet "Using Health services in the ACT". This is a very useful resource for new migrants/ arrival in the ACT which guides consumers to access the right services, at the right time to get the proper treatment.

The wonders of working with multicultural communities is to experience their culture, food but mostly getting to know more people and be part of their community. For me to do my job well I need to put myself in their shoes, so I can have a better understanding of their issues and find ways to go through.



Yelin Hung at the launch of Speak My Language, August 2018



Yelin Hung presented a health literacy session to the Filipino Embassy Students, June 2018



Kate Gorman and Yelin Hung at the ACT Nursing and Midwifery Award Gala Dinner with Chief Nurse Ronnie Croome, May 2017



I have attended many events and there are many highlights, these are some of them:

- World Refugee Day 2018: The event was about celebrating the contributions refugees have made to Australia and to understand the diversity, hope and strength of refugees as well as the difficulties they face. I enjoyed listening to stories of refugee journeys and successful refugee experiences settling in Canberra.
- International Family Day - Canberra Interfaith Forum on Faith and Health: For many cultures, religion, is not merely a spirituality, it is a predictor of health. Professor Pal Dhall, an international trainer and co-author of the Human Values Parenting Program. He suggested that for many acute illnesses people should seek professional medical help. I think it is important to learn about the role of faith in different communities. This helps us to understand why, in some cases, people don't abide by the advice from their medical practitioner or seek out Western treatments.
- Inquiry into End of Life Choices in the ACT: It was interesting to hear everyone's views as they were all so different. The main point of discussion was the importance of individual choice when it comes to voluntary assisted dying. Another point that was brought up was the importance that community education for multicultural communities, staff and service providers is culturally competent. There was an overall feeling that there are generational implications when it comes to making the choice.
- Australian Red Cross Practitioner's Forum on Destitution - 'Falling Through the Gaps: destitution and need in migrant communities': This forum addressed the circumstances of refugees and asylum seekers who 'fall through the gaps' and people made vulnerable by migration who miss out on existing services. Red Cross Ambassador Associate Professor Munjed Al Muderis shared his experience as a refugee noting a number of issues affecting his life including language, food and culture. Many stories were shared and It was worrying to hear that health was not a priority for new arrivals.
- Conversations before a crisis: Advance Care Planning in a multicultural society presented by Dr Raymond Ng from Tan Tock Seng Hospital in Singapore: We exchanged many ideas to improve and increase the ACP awareness within our community. They developed various useful resources including short videos to target the hard to reach communities of Singapore. We were especially interested to use the video in Chinese here in Australia.



Yelin Hung talking to staff from the Tan Tock Seng Hospital in Singapore - Conversations before a crisis advance care planning in a multicultural society, July 2018



Other CALD events attended:

- Diwali Celebration
- National Multicultural Festival 2018
- Canberra Multicultural Community Forum World Peace Bell Harmony Day at the Canberra Nara Peace Park.
- Canberra Multicultural Women's Forum International Women's Day
- Colombian Independence Day Celebration
- Mexican Fiesta Independence Day Celebration
- Latin American Fiesta
- Latin American films

There is a lot more work to be done in the health literacy space and I have recharged my batteries to continue being part of people's health journey.

Hasta luego!

Yelin Hung

**Multicultural Liaison Officer**



Yelin Hung and Kate Gorman at the Dewali Celebration in November 2017

## Advance Care Planning Program

HCCA provided practical information about Advanced Care Planning to 184 people this year. Our Advanced Care Planning Program assisted people to make choices about the healthcare they will receive in the event of a future emergency, or if in the future they cannot make decisions themselves. The program was funded by ACT Health through the Respecting Patient Choices program.

This year the Program ran nine information sessions for a total 184 participants. This included seven sessions for particular audiences, which included older people, people experiencing socioeconomic disadvantage and people of non-English speaking backgrounds.

Participant group	Number of sessions
Older people and people living with disadvantage	2
Culturally and linguistically diverse communities	5
General information sessions	2

The Program also provided 200 information packs that include the documents required to complete an Advanced Care Plan (ACP). HCCA ran workshops for two groups of university students: one sessions for University of Canberra physiotherapy students, and one session for University of Canberra Occupational Therapy students.

The Program's funding come to an end in November 2017. Due to the Program's success over the past three years demonstrated that with the right information and assistance, more people in the community can put an ACP in place. We continued to run the program using HCCA reserves while we negotiated new funding with ACT Health.



Christine Bowman and Yelin Hung



## Getting out and about

HCCA held eight community stalls in the ACT throughout 2017-2018. The purpose of having these stalls is to inform the community about ACT health services and how to navigate the health system. We also talk to consumers about the work HCCA does and the different ways we can become active health consumer advocates to make health services healthier. This promotes better understanding and knowledge in different parts of the community when it comes to using health services.

The following table shows the stalls HCCA had during this period:

Date	Stall
24/8/2017	Hearing and Health Expo
27/9/2017	Gungahlin Mini Health Expo
15/3/2018	Seniors Week Expo 2018
23/4/2017	Patient Experience week at Canberra Hospital
24/4/2017	Patient Experience week Belconnen Community Health Centre
26/4/2017	Patient Experience week at Canberra Hospital
2/6/2017	Multicultural Women's Expo
16/6/2017	Open Day University of Canberra Hospital Stall



Claudia Cresswell and Yelin Hung at Dickson shops, September 2017

# HCCA Committees 2017 - 2018

## Consumer Representatives Program Steering Committee

The Consumer Representatives Program Steering Committee supported planning and oversight of activities related to the HCCA Consumer Representatives Program and the selection of consumer representatives for committees. The Consumer Representatives Program Steering Committee met five times in this period. This committee was disbanded in March 2018.

Chair: Alan Thomas

Member: Ros Lawson

Member: Marion Dean

Member: Marion Reilly

Member: Lou Bannister

Secretariat: Kate Gorman

## The Health Policy Advisory Committee

The Health Policy Advisory Committee provides oversight and advice in relation to HCCA policy submissions and position statements. The Health Policy Advisory Committee met eight times in this period.

Chair: Sue Andrews

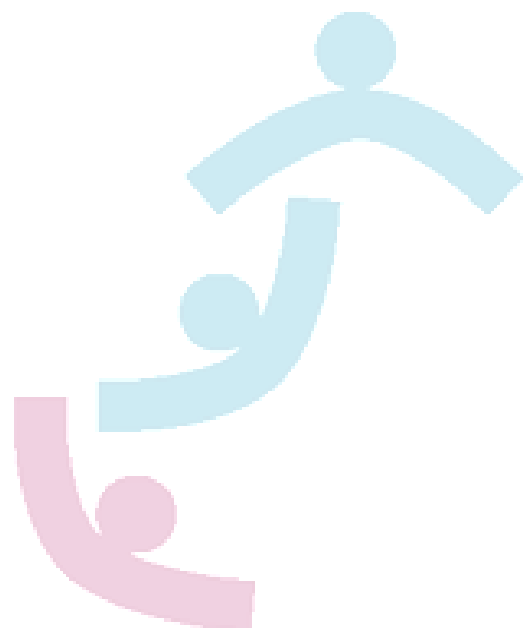
Member: Fiona Tito Wheatland

Member: Linda Trompf

Member: Shelley McInnis

Member: Wendy Armstrong

Secretariat: Kathryn Dwan



## Consumer and Community Participation Program

In the 2017-18 financial year, the Consumer Representatives Program continued to facilitate consumer participation on health service committees across Canberra, and the region. Most consumer representation was on ACT Health committees, however HCCA's consumer representatives also participated in Calvary Public Hospital and Clare Holland House, Australian National University, University of Canberra, Capital Health Network, and private health service committees, and ACT and National bodies.



Kate Gorman, Yelin Hung, Jill Moran and Claudia Cresswell

The 2017-2018 financial year began with a holding pattern of low consumer participation activity on ACT Health Committees. Activity started to pick up in 2018, with Accreditation results and a change in ACT Health leadership in March. In 2017-2018 there were only 19 new and replacement requests for consumer representatives from ACT Health.

A major review of HCCA's consumer representative training was carried out in the first half of 2017. As a result, the training was updated and the format was changed. The positive feedback that this training consistently gets indicates that people are finding the information and skills they gain valuable in their own lives. However, of the many people who participate in consumer representative training, only a handful of them go on to become active consumer representatives each year. To reflect this, in 2017-2018 the renamed **Consumer Participation Basic Training** (focusing on navigating the health system, health literacy skills and an introduction to advocacy) has been delivered in a two-day package (one day per week for two weeks), and another half-day **Consumer Participation Advanced Training** package has been developed (known as advanced training) which specifically focuses on information and skills for people who want to become consumer representatives on health service committees. This has been delivered to smaller numbers of people as required. Separating the training modules into basic and advanced modules has been beneficial as it has allowed greater flexibility for trainers and participants. Each part is stand-alone which means that they do not have to be done in order.

In the 2017-18 financial year, **Consumer Participation Basic Training** was delivered three times (July and November 2017 and March 2018) and **Consumer Participation Advanced Training** was delivered twice (Sept 2017 and May 2018).



Sally Deacon, Manager of Consumer and Community Participation, led the Consumer and Community Participation team at HCCA for most of this financial year, with Kate Gorman in the role of Coordinator of Consumer and Community Participation. Sally applied her extensive experience and knowledge of quality and safety in health care to the strategic aspects of partnering with ACT Health, while Kate focussed on training, recruiting and supporting health care consumers to participate in health service decisions and planning in different ways. In May, Sally left HCCA to return to the UK and Jill Moran became the Consumer and Community Participation team's new project officer. Jill supports both the consumer representatives program and the health literacy program, and she comes to HCCA bringing experience working in consumer advocacy organisations ADACAS and Carers ACT. HCCA's Health Literacy Officer, Claudia Cresswell, and Multicultural Liaison Officer Yelin Hung are also part of the Consumer and Community Participation team.

### **Consumer Representative Program Steering Committee changes**

The Consumer Representatives Program at HCCA has for many years had a Steering Committee (the CRPSC) which has been responsible for guiding the work of the program and carrying out the endorsement process of consumer representatives to committees. With the evolution of consumer participation came the recognition that this committee needs to have a broader remit and oversee the whole range of participation activities being carried out by this team. Therefore the committee was disbanded in March 2018, and new Terms of Reference drafted. The previous committee has remained available to carry out consumer representative endorsements until the new committee is in place in late 2018.

On behalf of the Consumer and Community Participation team, we'd like to thank all of our fabulous consumer representatives for another great year, and welcome the new consumer representatives who have joined us after training this year. Your knowledge and your willingness to give others a voice is what makes our work powerful. We're looking forward to sharing a busy year ahead with you!

Kate Gorman, Sally Deacon and Jill Moran

### **Consumer and Participation Team**



Kate Gorman, Claudia Cresswell and Jill Moran attending the Health Consumers Queensland Annual Forum, June 2018

## Consumer Representatives

Adele Lewin

Adele Stevens

Adina Jordan

Alan Thomas

Beatrice Vann

Bernard Borg-Caruana

Claire Howe

Dave Baxter

Denise Mott

Fiona Tito-Wheatland

Fran Parker

Geri Badham

Helen Cotter

Helen Dyriw

Indra Gajanayake

Jenny Berrill

Jo Bothroyd

Joanne Baumgartner

John Chapuis

Kate Moore

Kay Henderson

Kaye Powell

Leia Earnshaw

Linda Trompf

Louise Bannister

Marg McCulloch

Marion Reilly

Michelle Banfield

Pam Graudenz

Pat Branford

Priyanka Rai

Rick Lord

Roger Killeen

Russell McGowan

Shelley McInnes

Sue Andrews

Sue Schreiner

Terri Warner

Trish Lord

## Organisational Representatives

Darlene Cox

Kate Gorman

Kathryn Briant

Yelin Hung

Sally Deacon

Kathryn Dwan

Jill Moran

Claudia Cresswell



Bill Heins and Kanti Jinna



Jo Bothroyd, Sue Schreiner and Russell McGowan

## Sponsored Conference Attendance

The Consumer Representatives Program is proud to continue to sponsor our consumer representatives and staff to attend conferences and other events. This provides our consumer representatives with the opportunity to increase their knowledge and pursue their particular interests within the area of health, and facilitates discussion and knowledge-sharing amongst our members after the event.

### June 2017

*Affordable, Accessible, Appropriate  
Housing for Older Australians- COTA  
Australia National Policy Forum*

Ros Lawson

Sue Andrews

### February 2018

*International Symposium on  
Communication in Healthcare (ANU)*

Joanne Baumgartner

Indra Gajanayake

Clare Moore

### December 2017

*ACT Health Chronic Disease  
Management Symposium*

Russell McGowan

Audrey Guy

Marg McCulloch

*Restorative Canberra Workshop*

Shelley McInnis



Yelin Hung, Kate Gorman, Indra Gajanayake, Russell McGowan, Caroline Polak Scowcroft and Claudia Cresswell at the International Symposium on Communication in Healthcare (ANU), February 2018

# List of Consumer and Organisational Representative Positions 2017-2018

## **ACT HEALTH**

### **Canberra Hospital and Health Services**

#### *Allied Health Executive Meeting*

Adele Lewin

#### *Allied Health Profession Lead Forum*

Adele Lewin

#### *Clinical Ethics Committee*

Anna Saxon

Sue Andrews

Terri Warner

#### *Centre for Care Close to Home Steering Committee (CHHS/Calvary)*

Sue Andrews

Adele Stevens

#### *Incident Management Action Plan Working Group*

Darlene Cox\*

Fiona Tito Wheatland

### **Cancer, Ambulatory and Community Health Support**

#### *ACT Palliative Care Clinical Network*

Adele Stevens

#### *Ambulatory Care Administrative Standards and Governance Committee*

Russell McGowan

#### *BreastScreen ACT Community Reference Group*

Louise Bannister

Linda Trompf

#### *Cancer, Ambulatory and Community Health Support Clinical Governance Committee Meeting*

Indra Gajanayake

#### *Walk In Centre Redevelopment Strategic Committee*

Darlene Cox\*

#### *Walk In Centre Executive Steering Committee*

Darlene Cox\*

#### *Walk In Centre Advisory Group*

Kate Gorman\*

#### *14A/14B Refurbishment User Group*

John Chapuis

Claudia Cresswell\*

Kate Gorman\*

### **Community Health**

#### *Gungahlin Health Services Orientation Project Reference Group*

Yelin Hung\*

#### *Mobile Dental Clinic Truck User Group*

Kate Gorman\*

#### *Mobile Dental Clinic Van User Group*

Kate Gorman\*

#### *The Way Back Stakeholder Reference Group*

Kate Gorman\*

### **Critical Care**

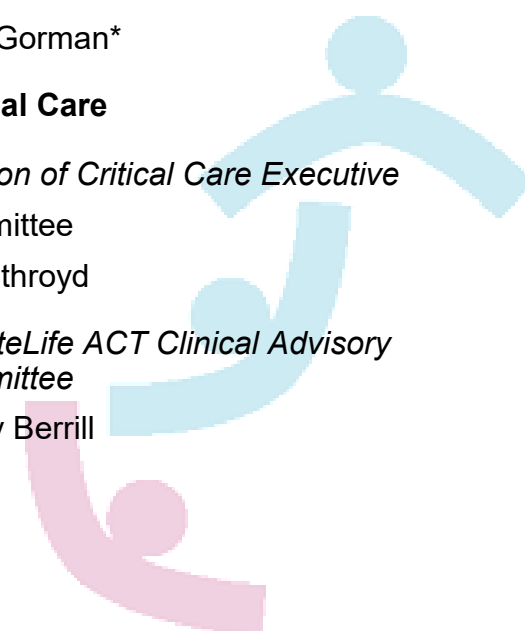
#### *Division of Critical Care Executive Committee*

Jo Bothroyd

#### *DonateLife ACT Clinical Advisory Committee*

Jenny Berrill

\* Organisational Representative



# List of Consumer and Organisational Representative Positions 2017-2018

## Director General

*Ministerial Medicines Advisory Committee*

Kathryn Briant

## e-Health and Clinical Records

*Alerts System Steering Committee*

Bernard Borg-Caruana

*Electronic Medication Management Steering Committee*

Indra Gajanayake

*eOrders Steering Committee*

Denise Mott

*eHealth Clinical Working Group*

Joanne Baumgartner

## Quality, Safety and Governance

*ACT Health Directorate Quality and Safety Committee*

Russell McGowan

Darlene Cox\*

Sue Andrews

*Canberra Hospital and Health Services Clinical Governance Committee*

Jo Bothroyd

*Health Interagency Clinical Review Committee*

Anna Saxon

Jo Bothroyd

*Consumer Handout Committee (Standard Two SubGroup)*

Kathryn Dwan\*

Helen Dyriw

*Goal Setting and End of Life Working Group*

Adele Stevens

*National Standards Steering Committee*

Darlene Cox\*

*Standard Two Committee: Partnering with Consumers*

Yelin Hung\*

Sally Deacon\*

*Standard Two Network*

Yelin Hung\*

Sally Deacon\*

*Standard Three Committee: Healthcare Associated Infections*

Jenny Berrill

*Standard Four Committee: Medication Safety*

Kathryn Briant\*

*Standard Five Committee: Patient Identification and Procedure Matching*

Kathryn Briant

*Standard Six Committee: Clinical Handover*

Russell McGowan

*Standard Seven Committee: Blood and Blood Products*

Jo Bothroyd

Linda Trompf

*Standard Eight Committee: Respecting Patient Choices Program Reference Group*

Pam Graudenz

Bea Vann

\* Organisational Representative



# List of Consumer and Organisational Representative Positions 2017-2018

*Standard Nine Committee: Recognising and Responding to Clinical Deterioration in*

*Acute Health Care*

Adele Stevens

Kate Gorman\*

Adele Lewin

*Management of a Deteriorating Patient Working Group (UCH)*

Adele Stevens

*Standard Ten Committee: Preventing Falls and Harm from Falls*

Indra Gajanayake

## **Health Protection Service**

*Food Regulation Reference Group*

Kay Henderson

## **Health Infrastructure and Planning**

*Sustainable Transport Working Group*

Claudia Cresswell\*

## **Womens, Youth and Children**

*Gynaecological Mesh review*

Darlene Cox\*

Kate Gorman\*

## **Medicine**

*Chronic Disease Management Clinical Network*

Marg McCulloch

Trish Lord

*Division of Medicine Quality and Safety Governance Committee*

Indra Gajanayake

## **Mental Health, Justice Health, Alcohol and Drug Service**

*MH, JH and Alcohol and Drug Service Divisional Executive Committee*

Dave Baxter

## **Nursing and Midwifery**

*Nursing and Midwifery Excellence Awards Selection Panel*

Kate Gorman\*

*Homebirth Trial Governance Group*

Darlene Cox\*

Kate Gorman\*

## **People, Strategy and Services**

*Canberra Region Medical Education Council*

Fiona Tito-Wheatland

## **Policy and Stakeholder Relations**

*Multicultural Health Policy Reference Group*

Yelin Hung\*

*GP Bulk Billing Grant Panel*

Kate Gorman\*

## **Rehabilitation, Aged and Community Care**

*RACC Model Of Care Working Group (UCH)*

Pam Graudenz

*ACT Domiciliary Oxygen and Respiratory Support Scheme (DORSS) Advisory Committee*

Helen Cotter

\* Organisational Representative

# List of Consumer and Organisational Representative Positions 2017-2018

*ACT Equipment Loans Scheme Advisory Committee*

Joanne Baumgartner

Marion Reilly

*Community Care Clinical Governance Committee*

Indra Gajanayake

Joanne Baumgartner

*Rehabilitation, Aged and Community Care Quality and Safety Committee*

Louise Bannister

*Transitional Therapy and Care Program (TTCP) Executive Management Meeting*

Trish Lord

*Diabetes Services Reference Group*

Kaye Powell

Roger Killeen

*COPD Community Reference Group*

Kaye Powell

## **Strategy and Corporate**

*ACT Policy Advisory Committee*

Sue Schreiner

*ACT Gene Technology Advisory Council*

Claire Howe

## **Surgery, Oral Health and Imaging**

*Pain Management Unit Consumer Representatives Meeting*

Marg McCulloch

## **Women, Youth and Children**

*ACT Maternity Services Advisory Network*

Adina Jordan

*Maternity Quality and Safety Committee*

Leia Armstrong

*Paediatrics Safety and Quality Committee*

Denise Mott

*Women, Youth and Children Divisional Quality and Safety Committee*

Priyanka Rai

## **CALVARY PUBLIC HOSPITAL**

*Calvary Clinical Governance Committee*

Jenny Berrill

*Medication Safety Committee*

Pat Branford

Trish Lord

*Pain Management Working Group*

Pat Branford

*Clare Holland House Quality Improvement Risk and Safety Committee*

Fran Parker

*Calvary Public Infrastructure Planning and Service Development Committee*

Kerry Snell

*Calvary Partnering With Consumers Committee*

Kate Gorman\*

## **ACT BODIES**

*MARRS Multicultural Matters Committee*

Yelin Hung\*

*Humanitarian Settlement Program Network Meeting*

Yelin Hung\*

*Northern Region Interagency Network*

Yelin Hung\*

\* Organisational Representative

# List of Consumer and Organisational Representative Positions 2017-2018

*Asthma Support Network Steering Committee*

Yelin Hung\*

*Community Development Steering Network*

Yelin Hung\*

*Canberra Multi Cultural Community Forum*

Yelin Hung\*

*Canberra CALD Women's Forum*

Yelin Hung\*

*ACT Housing Tenant Consultative Group*

Yelin Hung\*

*Women and Mental Health Working Group*

Kate Gorman\*

*ANU Medical School Advisory Board*

Kate Gorman\*

*Capital Health Network ACT Health Pathways Governance Committee*

Darlene Cox\*

*Capital Health Network Community Advisory Council*

Kate Moore

*Capital Health Network Connect up For Kids Steering Group*

Kate Gorman\*

*Capital Health Network Pharmacists in General Practice Pilot Program Reference Committee*

Pat Branford

*Capital Health Network Clinical Council*

Sue Andrews

*Capital Health Network Coordination Committee for The ACT Strategic Priorities For Primary Health Care and Chronic Disease*

Darlene Cox

*Capital Health Network Transitions of Care Project Steering Committee*

Shelley McInnis

*Capital Health Network Heart Failure Care Project Steering Committee*

Geri Badham

*University of Canberra Pharmacy Course Advisory Group*

Pat Branford

## PRIVATE HEALTH SERVICES

*Canberra Imaging Group Clinical Risk and Audit Committee*

Marion Reilly

## NATIONAL BODIES

*Australian Digital Health Agency My Health Record Program Advisory Group*

Darlene Cox\*

Bernard Borg Caruana

*Australian Digital Health Agency Consumer Advisory Committee*

Darlene Cox

*National Prescribing Service MedicineWise Clinical Intervention Advisory Group*

Darlene Cox

*Medicare Benefits Schedule Review General Surgery Clinical committee*

Joanne Baumgartner

\* Organisational Representative

# List of Consumer and Organisational Representative Positions 2017-2018

*Medicare Benefits Schedule Review  
Allied Health Reference Group*

Joanne Baumgartner

*Australian Health Practitioner Regulation  
Agency Community Reference Group*

Darlene Cox

*Australian Council of Health Care  
Standards*

Fiona Tito-Wheatland

*Choosing Wisely Advisory Group*

Darlene Cox

*Australian Pharmacy Council  
Accreditation Committee*

Fiona Tito Wheatland

*National Safety and Quality Health Service  
(NSQHS) Standards Review Steering  
Committee*

Darlene Cox

*Royal Australian College of Physicians  
Capacity to Train Reference Group*

Fiona Tito Wheatland

*Australian Dietetics Council*

Ros Lawson

*Australian Medical Council Progress  
Reports Working Group*

Fiona Tito Wheatland

*Australian Medical Council Ethics  
Committee*

Fiona Tito Wheatland



Pam Graudenz, Trish Lord and Indra Gajanayake



Dr Sue Andres and Joanne Baumgartner

\* Organisational Representative

# HCCA Staff 2017 - 2018

Our passionate and committed staff work to support our members and consumer representatives to deliver a stronger consumer voice in the planning, delivery, review and monitoring of health services in the ACT.

## Administration



**Executive Director**  
Darlene Cox



**Office Manager**  
Sandra Avila



**Administrative Officer**  
Khalia Lee  
Finished in September 2017

## Policy and Research



**Administration Officer**  
Molly Wilkinson  
Finished in June 2018



**Manager, Policy and Research**  
Kathryn Dwan



**Policy Officer**  
Kathryn Briant



**Policy Officer**  
Sarah Spiller



**Project Officer**  
Robyn Clough  
Commenced in April 2018



# HCCA Staff 2016 - 2017

## Consumer and Community Participation Program



**Manager, Consumer and Community Participation**  
Sally Deacon



**Coordinator, Consumer Representatives Program**  
Kate Gorman



**Project Officer, Consumer and Community Participation**  
Jill Moran  
Commenced in May 2018

## Health Literacy Program



**Administration Assistant, Consumer and Community Participation**  
Lena Smythe  
Commenced in February 2018



**Multicultural Liaison Officer**  
Yelin Hung



**Health Literacy Officer**  
Claudia Cresswell



**Advance Care Planning Coordinator**  
Christine Bowman  
Finished in November 2017



## Staff Changes 2017- 2018

- Khalia Lee: Finished in September 2017 to do a university exchange in Japan.
- Lena Smythe: Started working at HCCA in February 2018 to provide administrative support to the Consumer and Community Participation team. Lena finished in August 2018 to travel.
- Robyn Clough: Started working at HCCA in April 2018 to research and write the history of HCCA, MAKING A NOISE: 40 years of consumer health advocacy in the ACT. Robyn finished in October 2018.
- Jill Moran: Started working at HCCA in May 2018 as the Project Officer for the Consumer and Community Participation Program.



HCCA staff celebrating the Drop the Jargon Day, October 2017



HCCA staff, Christine Bowman, Sarah Spiller, Sandra Avila, Jill Moran and Lena Smythe were absent for this photo.

# **Health Care Consumers Association of the ACT Incorporated**

ABN: 59 698 548 902

## **Financial Statements**

For the Year Ended 30 June 2018

## **Health Care Consumers Association of the ACT Incorporated**

ABN: 59 698 548 902

### **Contents**

**For the Year Ended 30 June 2018**

I

#### **Financial Statements**

Directors' Report

Auditor's Independence Declaration under Section 60-40 of the ACNC Act 2012

Statement of Profit or Loss and Other Comprehensive Income

Statement of Financial Position

Statement of Changes in Equity

Statement of Cash Flows

Notes to the Financial Statements

Responsible Persons' Declaration

Independent Audit Report

## Health Care Consumers Association of the ACT Incorporated

ABN: 59 698 548 902

### Directors' Report For the Year Ended 30 June 2018

The directors present their report on Health Care Consumers Association of the ACT Incorporated for the financial year ended 30 June 2018.

#### General information

##### Directors

The names of the directors in office at any time during or since the end of the year are:

<b>Names</b>	<b>Position</b>
Sue Andrews	President
Michelle Banfield	Vice President
Indra Gajanayake	Treasurer
Marcus Bogie	Member
Fiona Tito Wheatland	Member
Louise Bannister	Member
Marion Reilly	Member
Shelley McInnis	Member
Alan Thomas	Member
Bill Heins	Member
John Didlick	Member

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

##### Principal activities

The principal activities of Health Care Consumers Association of the ACT Incorporated during the financial year were to provide a means for health care consumers to participate in local and national policy, planning and service decisions that affect their health. No significant changes in the nature of these activities occurred during the year.

There were no significant changes in the nature of Health Care Consumers Association of the ACT Incorporated's principal activities during the financial year.

##### Review of operations

The profit of the Association after providing for income tax amounted to \$28,708 (2017: \$80,453).

##### Significant changes in state of affairs

No significant changes in the Association's state of affairs occurred during the financial year.

##### Indemnification and insurance of officers and auditors

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of Health Care Consumers Association of the ACT Incorporated.



**Health Care Consumers Association of the ACT Incorporated**

ABN: 59 698 548 902

**Directors' Report**

**For the Year Ended 30 June 2018**

**Auditor's independence declaration**

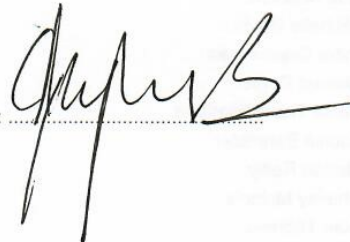
The auditor's independence declaration in accordance with section 60-40 of the ACNC Act 2012 for the year ended 30 June 2018 has been received and can be found on page 3 of the financial report.

Signed in accordance with a resolution of the Members of the Committee:

Committee member:



Committee member:



Dated this 24th day of October 2018

**Health Care Consumers Association of the ACT Incorporated**

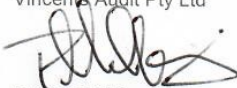
ABN: 59 698 548 902

**Auditor's Independence Declaration under Section 60-40 of the ACNC Act 2012 to the Responsible Persons of Health Care Consumers Association of the ACT Incorporated**

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2018, there have been:

- (i) no contraventions of the auditor independence requirements as set out in section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Vincent Audit Pty Ltd



Phillip W Miller CA  
Director

Dated in Canberra on: 29 October 2018

## Health Care Consumers Association of the ACT Incorporated

ABN: 59 698 548 902

### Statement of Profit or Loss and Other Comprehensive Income For the Year Ended 30 June 2018

	Note	2018 \$	2017 \$
Revenue	4	923,305	770,121
Employee benefits expense		(766,881)	(570,713)
Depreciation and amortisation expense		(3,170)	(7,466)
Executive functions		(46,543)	(47,149)
Program expenses		(27,020)	(20,557)
Rent		(23,511)	(22,191)
Other expenses		(27,472)	(21,592)
<b>Profit before income tax</b>		<b>28,708</b>	<b>80,453</b>
Income tax expense		-	-
<b>Profit for the year</b>		<b>28,708</b>	<b>80,453</b>

The accompanying notes form part of these financial statements.

# Health Care Consumers Association of the ACT Incorporated

ABN: 59 698 548 902

## Statement of Financial Position

As At 30 June 2018

	Note	2018 \$	2017 \$
<b>ASSETS</b>			
CURRENT ASSETS			
Cash and cash equivalents	6	<b>434,572</b>	360,449
Trade and other receivables	7	<b>1,571</b>	26,841
Other assets		-	14,463
TOTAL CURRENT ASSETS		<b>436,143</b>	401,753
NON-CURRENT ASSETS			
Property, plant and equipment	8	<b>22,733</b>	25,903
TOTAL NON-CURRENT ASSETS		<b>22,733</b>	25,903
TOTAL ASSETS		<b>458,876</b>	427,656
<b>LIABILITIES</b>			
CURRENT LIABILITIES			
Trade and other payables	9	<b>30,731</b>	36,941
Employee benefits	10	<b>63,006</b>	54,284
TOTAL CURRENT LIABILITIES		<b>93,737</b>	91,225
NON-CURRENT LIABILITIES			
TOTAL LIABILITIES		<b>93,737</b>	91,225
NET ASSETS		<b>365,139</b>	336,431
<b>EQUITY</b>			
Reserves		<b>213,214</b>	153,214
Retained earnings		<b>151,925</b>	183,217
TOTAL EQUITY		<b>365,139</b>	336,431

The accompanying notes form part of these financial statements.

**Health Care Consumers Association of the ACT Incorporated**

ABN: 59 698 548 902

**Statement of Changes in Equity  
For the Year Ended 30 June 2018****2018**

		<b>Retained Earnings</b>	<b>Total</b>
	<b>Note</b>	<b>\$</b>	<b>\$</b>
<b>Balance at 1 July 2017</b>		<b>323,217</b>	<b>323,217</b>
Transfer from retained earnings to general reserve	13	(200,000)	(200,000)
Net surplus for the year		28,708	28,708
Asset revaluation reserve		13,214	13,214
General reserve		200,000	200,000
<b>Balance at 30 June 2018</b>		<b>365,139</b>	<b>365,139</b>

**2017**

		<b>Retained Earnings</b>	<b>Total</b>
		<b>\$</b>	<b>\$</b>
<b>Balance at 1 July 2016</b>		242,764	242,764
Transfer from retained earnings to general reserve	13	(140,000)	(140,000)
Net surplus for the year		80,453	80,453
Asset revaluation reserve		13,214	13,214
General reserve		140,000	140,000
<b>Balance at 30 June 2017</b>		<b>336,431</b>	<b>336,431</b>

The accompanying notes form part of these financial statements.



## Health Care Consumers Association of the ACT Incorporated

ABN: 59 698 548 902

### Statement of Cash Flows For the Year Ended 30 June 2018

	Note	2018 \$	2017 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>			
Receipts from customers		953,895	771,268
Payments to suppliers and employees		(888,916)	(680,521)
Interest received		9,144	5,290
Net cash provided by operating activities	15	<u>74,123</u>	<u>96,037</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>			
Purchase of property, plant and equipment		-	(13,531)
Net cash used in investing activities		<u>-</u>	<u>(13,531)</u>
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>			
Net increase/(decrease) in cash and cash equivalents held		74,123	82,506
Cash and cash equivalents at beginning of year		360,449	277,943
Cash and cash equivalents at end of financial year	6	<u>434,572</u>	<u>360,449</u>

The accompanying notes form part of these financial statements.

## Health Care Consumers Association of the ACT Incorporated

ABN: 59 698 548 902

## Notes to the Financial Statements

### For the Year Ended 30 June 2018

The financial report covers Health Care Consumers Association of the ACT Incorporated as an individual entity. Health Care Consumers Association of the ACT Incorporated is a not-for-profit Association, registered and domiciled in Australia.

The principal activities of the Association for the year ended 30 June 2018 were the provision of a means for health care consumers to participate in local and national policy, planning and service decisions that affect their health.

The functional and presentation currency of Health Care Consumers Association of the ACT Incorporated is Australian dollars.

Comparatives are consistent with prior years, unless otherwise stated.

#### 1 Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards - Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Act 2012*. The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs. The amounts presented in the financial statements have been rounded to the nearest dollar.

#### 2 Summary of Significant Accounting Policies

##### (a) Income Tax

The Association is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

##### (b) Leases

Lease payments for operating leases, where substantially all of the risks and benefits remain with the lessor, are charged as expenses on a straight-line basis over the life of the lease term.

##### (c) Revenue and other income

Revenue is recognised when the amount of the revenue can be measured reliably, it is probable that economic benefits associated with the transaction will flow to the Association and specific criteria relating to the type of revenue as noted below, has been satisfied. Revenue is measured at the fair value of the consideration received or receivable and is presented net of returns, discounts and rebates.

##### Grant revenue

Grant revenue is recognised in the statement of profit or loss and other comprehensive income when the entity obtains control of the grant, it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably. When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Health Care Consumers Association of the ACT Incorporated receives non-reciprocal contributions of assets from the government and other parties for zero or a nominal value. These assets are recognised at fair value on the date of acquisition in the statement of financial position, with a corresponding amount of income recognised in the statement of profit or loss and other comprehensive income.

## Health Care Consumers Association of the ACT Incorporated

ABN: 59 698 548 902

### Notes to the Financial Statements For the Year Ended 30 June 2018

#### 2 Summary of Significant Accounting Policies

##### (c) Revenue and other income

###### Interest income

Interest is recognised when earned.

###### Subscriptions

Revenue from the provision of membership subscriptions is recognised on a straight line basis over the period of the membership.

###### Other income

Other income is recognised on an accruals basis when the Association is entitled to it.

##### (d) Goods and services tax (GST)

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of GST.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

##### (e) Property, plant and equipment

Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment.

###### Plant and equipment

Plant and equipment are measured using the cost model.

###### Depreciation

Property, plant and equipment, excluding freehold land, is depreciated on a straight-line basis over the assets useful life to the Association, commencing when the asset is ready for use.

The depreciation rates used for each class of depreciable asset are shown below:

Fixed asset class	Depreciation rate
Office furniture	10%
Computer and equipment	10-35%

At the end of each annual reporting period, the depreciation method, useful life and residual value of each asset is reviewed. Any revisions are accounted for prospectively as a change in estimate.

## Health Care Consumers Association of the ACT Incorporated

ABN: 59 698 548 902

### Notes to the Financial Statements

For the Year Ended 30 June 2018

#### 2 Summary of Significant Accounting Policies

##### (f) Financial instruments

Financial instruments are recognised initially using trade date accounting, i.e. on the date that the Association becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

##### *Financial Assets*

Financial assets are divided into the following categories which are described in detail below:

- loans and receivables;
- financial assets at fair value through profit or loss.

Financial assets are assigned to the different categories on initial recognition, depending on the characteristics of the instrument and its purpose. A financial instrument's category is relevant to the way it is measured and whether any resulting income and expenses are recognised in profit or loss or in other comprehensive income.

All income and expenses relating to financial assets are recognised in the statement of profit or loss and other comprehensive income in the 'finance income' or 'finance costs' line item respectively.

##### *Loans and receivables*

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. They arise principally through the provision of goods and services to customers but also incorporate other types of contractual monetary assets.

After initial recognition these are measured at amortised cost using the effective interest method, less provision for impairment. Any change in their value is recognised in profit or loss.

The Association's trade and other receivables fall into this category of financial instruments.

In some circumstances, the Association renegotiates repayment terms with customers which may lead to changes in the timing of the payments, the Association does not necessarily consider the balance to be impaired, however assessment is made on a case-by-case basis.

##### *Financial assets at fair value through profit or loss*

Financial assets at fair value through profit or loss include financial assets:

- acquired principally for the purpose of selling in the near future
- designated by the entity to be carried at fair value through profit or loss upon initial recognition or
- which are derivatives not qualifying for hedge accounting.

The Association does not have financial assets at fair value through profit or loss.

## Health Care Consumers Association of the ACT Incorporated

ABN: 59 698 548 902

# Notes to the Financial Statements

For the Year Ended 30 June 2018

## 2 Summary of Significant Accounting Policies

### (f) Financial instruments

Assets included within this category are carried in the statement of financial position at fair value with changes in fair value recognised in finance income or expenses in profit or loss.

Any gain or loss arising from derivative financial instruments is based on changes in fair value, which is determined by direct reference to active market transactions or using a valuation technique where no active market exists.

Gains and losses arising from financial instruments classified as available-for-sale are only recognised in profit or loss when they are sold or when the investment is impaired.

#### *Impairment of financial assets*

At the end of the reporting period the Association assesses whether there is any objective evidence that a financial asset or group of financial assets is impaired.

#### *Financial assets at amortised cost*

If there is objective evidence that an impairment loss on financial assets carried at amortised cost has been incurred, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of the estimated future cash flows discounted at the financial assets original effective interest rate.

Impairment on loans and receivables is reduced through the use of an allowance accounts, all other impairment losses on financial assets at amortised cost are taken directly to the asset.

Subsequent recoveries of amounts previously written off are credited against other expenses in profit or loss.

### (g) Cash and cash equivalents

Cash and cash equivalents comprises cash on hand, demand deposits and short-term investments which are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

Bank overdrafts also form part of cash equivalents for the purpose of the statement of cash flows and are presented within current liabilities on the statement of financial position.

### (h) Employee benefits

Provision is made for the Association's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Employee benefits expected to be settled more than one year after the end of the reporting period have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may satisfy vesting requirements. Cashflows are discounted using market yields on high quality corporate bond rates incorporating bonds rated AAA or AA by credit agencies, with terms to maturity that match the expected timing of cashflows. Changes in the measurement of the liability are recognised in profit or loss.



## Health Care Consumers Association of the ACT Incorporated

ABN: 59 698 548 902

### Notes to the Financial Statements For the Year Ended 30 June 2018

#### 2 Summary of Significant Accounting Policies

##### (i) Adoption of new and revised accounting standards

The Australian Accounting Standards Board has issued a number of new accounting standards and interpretations for periods beginning on or after 1 July 2018 and none of these are expected to have a significant impact on the Association.

#### 3 Critical Accounting Estimates and Judgements

Those charged with governance make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

The carrying values of the Association's assets and liabilities approximated their fair values at the end of the reporting period.

#### 4 Revenue and Other Income

##### Revenue from continuing operations

	2018	2017
	\$	\$
Other revenue		
- Donations	541	10
- Project income	17,666	5,689
- Interest income	9,144	5,290
- Grant income	874,655	738,992
- Capital Health Network	20,000	20,000
- Membership subscriptions	1,300	140
<b>Total Revenue</b>	<b>923,306</b>	<b>770,121</b>

#### 5 Result for the Year

The result for the year includes the following specific expenses:

Other expenses:		
Auditing or reviewing the financial report	3,025	2,625
Employee benefits expense	766,881	570,713
Depreciation expense	3,170	7,466

## Health Care Consumers Association of the ACT Incorporated

ABN: 59 698 548 902

### Notes to the Financial Statements For the Year Ended 30 June 2018

#### 6 Cash and Cash Equivalents

	2018	2017
	\$	\$
Cash at bank and in hand	20,793	150,884
Short-term deposits	413,779	209,565
	<u>434,572</u>	<u>360,449</u>

#### 7 Trade and Other Receivables

Trade receivables	-	26,257
Deposits and other assets	1,571	584
<b>Total trade and other receivables</b>	<u>1,571</u>	<u>26,841</u>

#### 8 Property, plant and equipment

##### PLANT AND EQUIPMENT

Furniture, fixtures and fittings		
At cost	5,901	5,901
Accumulated depreciation	(3,608)	(3,338)
<b>Total furniture, fixtures and fittings</b>	<u>2,293</u>	<u>2,563</u>
Office equipment		
At cost	50,769	50,769
Accumulated depreciation	(30,329)	(27,429)
<b>Total office equipment</b>	<u>20,440</u>	<u>23,340</u>
<b>Total property, plant and equipment</b>	<u>22,733</u>	<u>25,903</u>

#### 9 Trade and Other Payables

Trade payables	3,372	3,632
GST payable	25,084	13,893
Other payables	2,275	-
Parental leave fund centrelink	-	973
Payroll liabilities	-	18,443
	<u>30,731</u>	<u>36,941</u>

## Health Care Consumers Association of the ACT Incorporated

ABN: 59 698 548 902

### Notes to the Financial Statements For the Year Ended 30 June 2018

#### 9 Trade and Other Payables

Trade and other payables are unsecured, non-interest bearing and are normally settled within 30 days. The carrying value of trade and other payables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

#### 10 Employee Benefits

	2018	2017
	\$	\$
Current liabilities		
Provision for annual leave	53,006	44,284
Provision for paid parental leave	10,000	10,000
	<u>63,006</u>	<u>54,284</u>

#### 11 Reserves

##### (a) Asset revaluation reserve

The asset revaluation reserve records fair value movements on property, plant and equipment held under the revaluation model.

Opening balance	13,214	13,214
Closing balance	<u>13,214</u>	<u>13,214</u>

##### (b) General reserve

The general reserve records funds set aside for future expansion of Health Care Consumers Association of the ACT Incorporated.

Opening balance	153,214	140,000
Closing balance	<u>200,000</u>	<u>140,000</u>
Total reserves	<u>213,214</u>	<u>153,214</u>

#### 12 Contingencies

In the opinion of those charged with governance, the Association did not have any contingencies at 30 June 2018 (30 June 2017: Nil).

## Health Care Consumers Association of the ACT Incorporated

ABN: 59 698 548 902

### Notes to the Financial Statements For the Year Ended 30 June 2018

#### 13 Related Parties

The members of the Association who served on the Committee during the year ended 30 June 2018 (including the previous year's committee) were:

Sue Andrews  
Michelle Banfield  
Indra Gajanayake  
Marcus Bogie  
Fiona Tito Wheatland  
Louise Bannister  
Marion Reilly  
Shelley McInnis  
Alan Thomas  
Bill Heins  
John Didlick

There were no related party transactions during the year.

#### 14 Auditors' Remuneration

(a)

##### (i) Remuneration of the auditor

	2018	2017
	\$	\$
- auditing or reviewing the financial statements	3,025	2,625

#### 15 Cash Flow Information

##### (a) Reconciliation of result for the year to cashflows from operating activities

Reconciliation of net income to net cash provided by operating activities:		
Profit for the year	28,708	80,453
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit:		
- depreciation	3,170	7,466
Changes in assets and liabilities:		
- (increase)/decrease in trade and other receivables	25,270	(6,179)
- (increase)/decrease in other assets	14,463	-
- increase/(decrease) in trade and other payables	2,490	(6,934)
- increase/(decrease) in grants in advance	(8,700)	(4,500)
- increase/(decrease) in employee benefits	8,722	25,731
Cashflows from operations	74,123	96,037

## **Health Care Consumers Association of the ACT Incorporated**

ABN: 59 698 548 902

### **Notes to the Financial Statements**

**For the Year Ended 30 June 2018**

#### **16 Events after the end of the Reporting Period**

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Association, the results of those operations or the state of affairs of the Association in future financial years.

#### **17 Statutory Information**

The registered office and principal place of business of the Association is:

Health Care Consumers Association of the ACT Incorporated  
100 Maitland Street  
Hackett ACT 2602



## Health Care Consumers Association of the ACT Incorporated

ABN: 59 698 548 902

### Responsible Persons' Declaration

The responsible persons declare that in the responsible persons' opinion:

- there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable; and
- the financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profit Commission Regulation 2013*.

Committee member

*Andrews*

Committee member

*[Signature]*

Dated this *24<sup>th</sup>* day of *October* 2018

## Independent Audit Report to the members of

### Health Care Consumers Association of the ACT Incorporated

#### Report on the Audit of the Financial Report

##### Opinion

We have audited the financial report of Health Care Consumers Association of the ACT Incorporated (the registered entity), which comprises the statement of financial position as at 30 June 2018, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the responsible entities' declaration.

In our opinion the financial report of Health Care Consumers Association of the ACT Incorporated has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (i) Giving a true and fair view of the registered entity's financial position as at 30 June 2018 and of its financial performance for the year ended; and
- (ii) Complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

##### Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the registered entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

##### Responsibilities of Responsible Entities for the Financial Report

The responsible entities of the registered entity are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as management determines is necessary to enable the preparation of the financial report that gives a true and fair view that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, management is responsible for assessing the registered entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the registered entity or to cease operations, or has no realistic alternative but to do so.



### Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the registered entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the registered entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the registered entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Vincent's Audit Pty Ltd  
Phillip Miller  
Director

Canberra,

29 October 2018