



Health Care Consumers' Association

Annual Report 2018-19



Annual Report 2018-2019

This report reviews the activities and achievements of Health Care Consumers' Association of the ACT (HCCA) during the period 1 July 2018 to 30 June 2019.

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.

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Cover photos

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1. Sarah Spiller, Sue Andrews, Carolyn Minchin, Indra Gajanayake, Khalia Lee and Kathryn Dwan.
2. Darlene Cox, Indra Gajanayake, Emma Awizen, Janne Graham, Bernard Borg-Caruana, Yelin Hung and Sue Andrews.
3. Anup Pereira, Gev Khambata, Chin Wong, Sandra Avila, Yelin Hung and Eswar Chalam.
4. Marcus Bogie, Marion Reilly, Bea Vann, Bernard Borg-Caruana, Louise Bannister, Gajanayake and Alan Thomas

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Health Care Consumers' Association of the ACT

Our Purpose

The Health Care Consumers' Association (HCCA) is a health promotion charity and the peak health consumer advocacy organisation in the Canberra Region. We have supported and developed health consumer perspectives and policy since incorporation 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 regularly communicate 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.



Fiona Tito Wheatland, Jane Graham and Darlene Cox - November 2018



Trish Lord - November 2018

HCCA Strategic Plan 2018 - 2019

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.



HCCA members and staff singing happy birthday to HCCA at the 40th anniversary celebrations - November 2018

Highlights of 2018 - 2019

Honorary Life Membership



Janne Graham

Janne Graham, one of HCCA's first members, was honoured with the inaugural HCCA Lifetime Membership during our 40th celebrations in November 2018. The award recognises service and outstanding contribution to advancing the work of the Health Care Consumers' Association ACT and the consumer movement for over 40 years.

Janne's experiences with the health system both as a patient and carer led to a lifetime of advocacy. She firmly believes that patients need a role, deserve a role and ethically should have a role in their health care.

Janne has mentored many of our members and has been a highly effective consumer representative.

HCCA celebrates 40 years of being an incorporated Association

HCCA hosted a dinner to celebrate the 40th anniversary of incorporation on 15 November. On 16 November we held a conference showcasing 40 years of advocating for high quality, safe health care. At the conference Janne Graham launched the history of HCCA titled "Making a Noise: 40 Years of Consumer Health Advocacy in the ACT". This book looks at the development of consumer advocacy in the ACT and the impact that the organisation has had on improving the access, safety and quality of health services for Canberra. This book is available on our website.



Janne Graham and Sue Andrews at the HCCA Conference - November 2018

Executive Committee

- HCCA met all our governance obligations and contractual requirements.
- Eight Executive Committee meetings were held.
- 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 26 organisational policies.

Members of the Executive Committee are:

President: Alan Thomas

Vice President: Wendy Armstrong

Treasurer: Indra Gajanayake

Other EC Members:

Louise Bannister

Marcus Bogie

Bernard Borg Caruana

Shelley McInnis

Marion Reilly

Bea Vann

Full biographies of the EC are available on the HCCA website at <https://www.hcca.org.au/about/governance/executive-committee/>



Executive Committee members: Bea Vann, Bernard Borg-Caruana, Indra Gajanayake, Shelley McInnis, Alan Thomas, Wendy Armstrong and Marcus Bogie. Marion Reilly and Louise Bannister were absent for this photo - November 2018

President's Report

This is my first report as President and the year has gone very quickly.

The year began with HCCA's 40th anniversary which was highly successful and worthwhile. It was an opportunity to reflect on HCCA's achievements and to realise what a solid foundation we, as current members, have been bequeathed. I believe the organisation has indeed built on these foundations, as well as beginning to move in new directions this past year.

We continued to have a strong reputation as a voice for consumer rights and improved quality and safety of health care, both locally and nationally. Our standing within the community and our influence and voice continued to be recognised by the Government, especially ACT Health.

Darlene Cox, our Executive Director, successfully negotiated another three-year Service Funding Agreement which once again puts the organisation on a firm footing and enabled us to retain our excellent staff.

It is particularly pleasing that we also signed a separate agreement to implement the Government's election commitment for the Community Health Literacy Project, which I believe is a measure of the Government's confidence in the organisation.

Our Executive Director was appointed to the Culture Review Oversight Group overseeing the implementation of the recommendations of the Independent Review into the workplace culture within ACT public health services. Our former President, Dr Sue Andrews continued to be the chair of the Care Closer to Home project, an ACT Health Services-wide committee.

HCCA was also on a number of important high-level committees including the committee overseeing work on Occupational Violence and Aggression at Canberra Health Services, work that is a priority for the CEO of Canberra Health Services, Bernadette McDonald. We had members on separate committees dealing with timely care, the Digital Health Strategy, and the establishment of the quality and safety structures in the Health Directorate System-Wide Data Review.

Participation by our members in the work of the organisation remained high, with some 79% of the membership actively involved in HCCA's programs and activities. It is interesting to note that the type of participation by members is gradually evolving. When I first joined HCCA there was a heavy emphasis on consumers participating through an extensive ACT Health committee network. This reached a peak a few years ago with the Health Infrastructure Program.

Members are now increasingly participating through work on HCCA consumer reference groups including:

- Accessibility and Design Consumer Reference Group



Wendy Armstrong and Alan Thomas meeting the former Minister for Health Meegan Fitzharris - May 2019

- Quality and Safety Consumer Reference Group
- Health of Older People Consumer Reference Group and,
- eHealth Consumer Reference Group

Staff from ACT Health also participated in the work of these reference groups.

In addition to consumer reference groups, HCCA utilised the skills and talents of a wider range of members through activities such as:

- participating in First Impressions
- providing policy advice through the Health Policy Advisory Committee which looks at HCCA policy documents as well as external health-related government and NGO documents
- reviewing and providing feedback on consumer information such as documents, posters and other tools being developed by ACT health services
- reviewing consumer materials on health pathways

To enable members to participate in our work, we continued to have an active training program for consumers at which the opportunities and options for members to participate are outlined and discussed. Kate Gorman very ably led this work.

HCCA continued to be involved in the design, accessibility, safety and amenity of major health infrastructure projects like the new Surgical Procedures, Interventional Radiology and Emergency (SPIRE) centre. As Chair of the SPIRE Consumer Reference Group, I look forward to ensuring consumer voices are represented throughout the project's building expansion, design and construction.

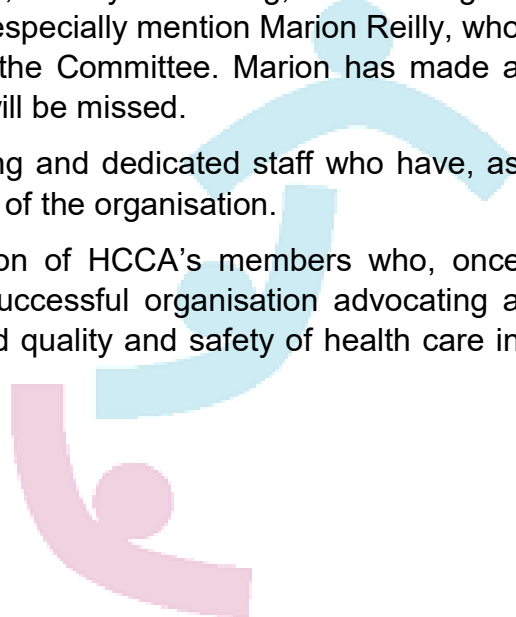
As ever, there will be challenges ahead of us. We will need to continue to respond to the inevitable problems inherent in a complex organisation like the ACT Health system. For example, the performance of the emergency departments at both the Canberra and Calvary Hospitals, the increasing waiting times to access radiation therapy, the need for more hospital-based palliative care services and the outcomes from the Legislative Assembly's Inquiry into Maternity Services in the ACT.

I thank all members of the Executive Committee for their support and work during my first year. It has been a pleasure to work with a strong Executive Committee and I have appreciated the wise counsel of our vice-president, Wendy Armstrong, and the diligent work of our Treasurer Indra Gajanayake. I want to especially mention Marion Reilly, who is stepping down after serving for four years on the Committee. Marion has made a wonderful contribution to the Committee and she will be missed.

I would like to thank Darlene and her hard working and dedicated staff who have, as always, ably supported our members and the work of the organisation.

I especially acknowledge the work and dedication of HCCA's members who, once again, ensured HCCA remained a vibrant and successful organisation advocating a strong voice for consumer rights and the improved quality and safety of health care in the ACT.

Dr Alan Thomas
President



Executive Director's Report



Darlene Cox speaking at the HCCA conference - November 2018

It has been a fabulous year for HCCA. The year started with preparations for the 40th anniversary celebrations and finalising the publication of our history. The financial year ended with confirmation of funding and successful negotiations for additional work.

There have been many highlights this year. We finalised our Research Framework and Consumer and Community Participation Framework. The Health Literacy program has grown and the Chronic Conditions Seminar

Series has been extremely well attended, identifying a need for community sessions on health issues. The work to develop the Patient Care Navigation model was excellent and, while it has not yet translated to practice, we continue to advocate for a service based on this work. We have continued our high-quality work on consultations, policy responses and research projects, and supported our consumer representatives in their work on committees.

We have continued to provide credible consumer perspectives on health care which is only possible through the strong engagement and contributions of our members and networks. I want to thank the members who chair our internal committees, these are essential mechanisms to drive our work program.

With increasing demand on the public health and hospital system we hold concerns for the wellbeing of staff and the flow-on effects for patients and families. The independent review into the culture of publicly funded health systems was a significant event this year and the implementation of the recommendations has been important work for consumers to be part of. The work is far from complete and we will see more action in the coming year.

Digital health has been a key focus this year and the eHealth Consumer Reference Group has played a critical role. I want to thank the members of this group and particularly Russell McGowan who has chaired this group since it formed in 2009. We provided input into the Digital Health Strategy and have consumer and organisational representatives across a range of project and program boards for clinical systems, patient flow, digital wayfinding, digital patient journey boards and the digital health record. The Budget this year signalled an eight-year funding commitment to improving digital infrastructure to support efficient and safe health care for Canberra and the region. I am very pleased that HCCA has a role in shaping this.

This year we have continued to advocate for more fulsome public reporting on activity outcomes and consumer experience by health services. We see improved transparency as an element of high performing health services. We want the wider community to have access to this information so there is better understanding of the pressures on our system and the quality and safety of care provided to build confidence in our public hospital system. There is still work to do.

I want to thank the HCCA staff team for their professionalism, commitment and passion. They consistently perform at a high level and their work delivers on our vision for consumers to be in control of our own health. I have taken extensive personal leave

this year and I want to thank Kate Gorman and Sandra Avila for stepping up at that time to keep the organisation running so well.

In closing I want to acknowledge the work of the Executive Committee in providing strategic oversight and ensuring we meet our commitments and goals. I would particularly like to thank Alan, Wendy and Indra for their contribution and support. Alan and Wendy are generous with their time and sharing their experience. Indra has an amazing eye for detail and we are fortunate to have her as Treasurer.

Darlene Cox
Executive Director



Rebecca Heland, Denise Mott, Darlene Cox, Sandra Cook and Joanne Baumgartner at the eHealth Consumer Reference Group meeting - March 2019



Shane Rattenbury MLA, Alan Thomas, Darlene Cox, Wendy Armstrong and Michael De'Ath - Director General of the Health Directorate - November 2018



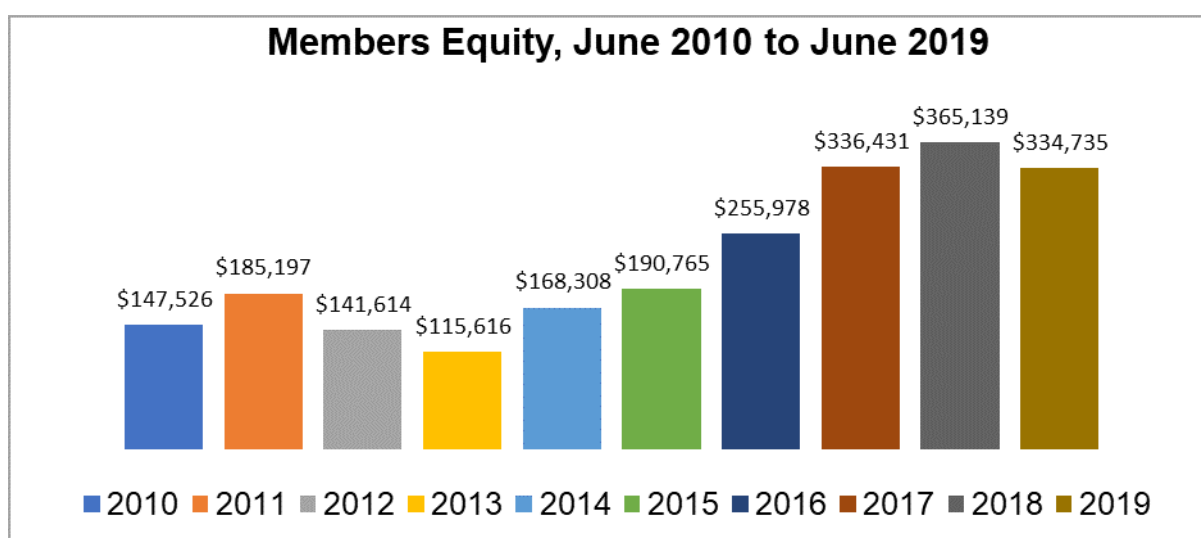
Members and stakeholders at the HCCA dinner celebrating our 40th anniversary - November 2018

Treasurer's Report

HCCA ended the 2018-19 financial year with a deficit of \$30,404 after the auditor's adjustments for depreciation, annual leave and accrued income and expenses. The effect of this deficit has decreased members' equity.

In order to comply with the Australian Financial Reporting Standards, HCCA has moved from cash accounting to accrual accounting principles during the 2018-19 financial year. This change contributed to the deficit given that \$54,559 received from the ACT Government during this reporting period for the Equal Remuneration Order was recorded as income received in advance, a liability in the balance sheet. Another factor that contributed to this deficit was the accumulated annual leave liability. There are measures in place to reduce this liability. We also carried additional expenditure because, in November 2018, HCCA celebrated its 40th anniversary by hosting a dinner and conference for members and stakeholders and publishing a book about the history of HCCA (\$20,756).

The audited financial statements show that members' equity was \$334,735 at 30 June 2019. There has been a decrease of \$30,404. The chart below shows changes in members' equity over the last ten 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, the Association's assets are held as cash with \$59,478 in operating accounts and \$388,979 in term deposits.

Total income for the 2018-19 year was \$937,474, which was \$14,169 more than the income received in 2017-18.

The Service Funding Agreement with the ACT Health Directorate (core funding) remains HCCA's main source of income, comprising around 74% of total income.

In addition, HCCA received additional funding from ACT Health Directorate on a number of projects: advance care planning (\$90,910), patient care navigators project (\$25,000) and community health literacy project (\$85,000).

HCCA also worked with

- the Capital Health Network to review patient information in HealthPathways,
- Woden Community Services to provide insight into the experience of participants in the Way Back Support Services
- the Australian Digital Health Agency to promote My Health Record and
- HCCA also produced the book 'Making a Noise: 40 years of consumer health advocacy in the ACT'. Some copies were sold at the HCCA conference and a few non-members paid to attend the conference.

These projects generated an additional income of \$30,195

Wages and related staff costs remain the Association's main expense. The total staff costs across all programs during the year was \$836,905, equivalent to 89% of the total income. The staff costs went up from \$766,881 in 2017-18. This increase was due to an organisational restructure and new positions created to service the additional research and project funding agreements.

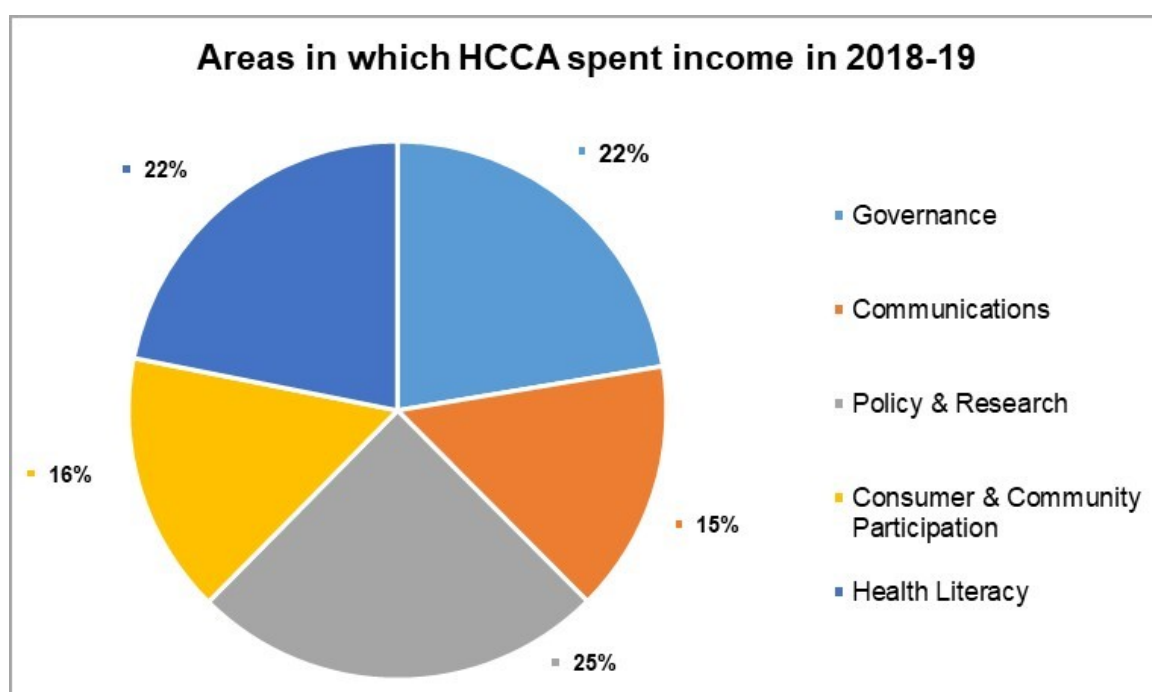
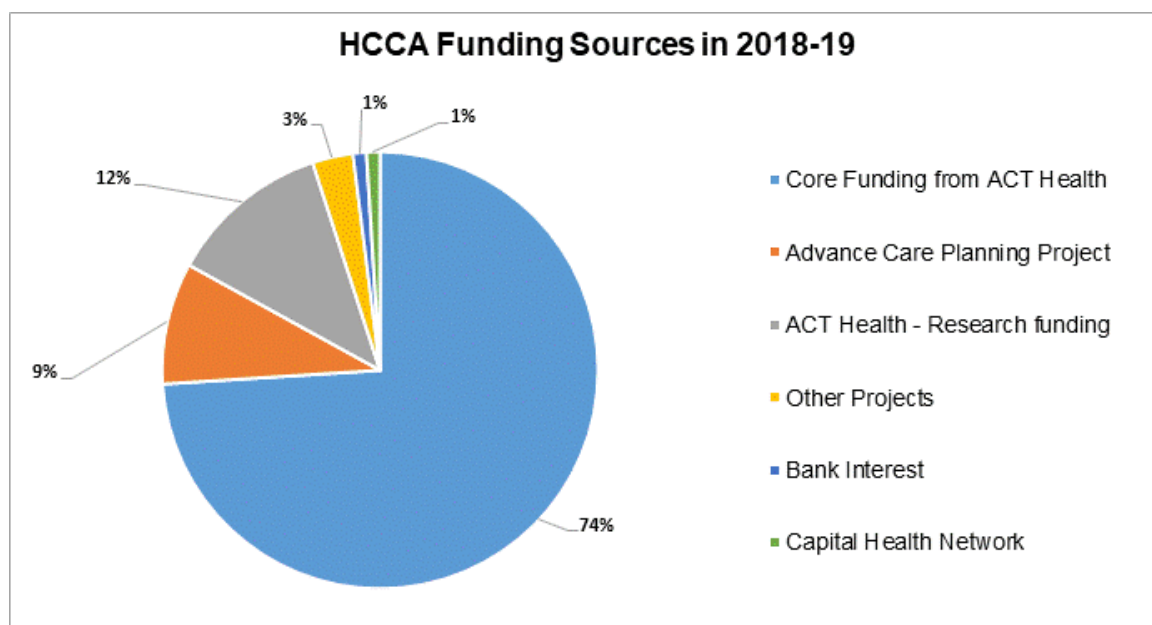
I wish to thank our Executive Director Darlene Cox, contract bookkeeper Lesley Porroj and Office Manager Sandra Avila for their support in my role as Treasurer during the year.

Indra Gajanayake
Treasurer



Financial Resources

HCCA is mainly funded by the ACT Health Directorate. A detailed audited report for 2018-2019 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 2018-2019 and the areas in which this income was invested.



HCCA Members

In 2018-19 HCCA had 131 individual members of whom 79% 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
- ACT ME/Chronic Fatigue Syndrome Society
- 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
- Carers ACT
- Community Medics Australia Ltd
- COTA ACT
- Heart Support Australia
- 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
- Shelter ACT
- Sleep Apnoea Association Inc
- Women's Centre for Health Matters
- Women With Disabilities ACT
- Youth Coalition of the ACT



Darlene Cox with Lisa Kelly from Carers ACT and Dalane Drexler from ACT Mental Health Consumer Network - October 2018

Communication and Promotion

HCCA has continued to increase its engagement with the community through its social media accounts and other communication channels.

Newsletter <https://www.hcca.org.au/news/publications/>

Over the past 12 months, HCCA 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. Included in the newsletter are links to research articles of interest, local events and media related to the HCCA policy priority areas.

Website www.hcca.org.au

We have refreshed our website and the feedback has been very positive. 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. The website contains access to our policy submissions, newsletter, and information on health literacy, advanced care planning and consumer representative opportunities.

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

We have increased our number of 'likes' to 702, up from 646 last financial year.

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.

Blog <https://www.hcca.org.au/news/hcca-blog/>

HCCA posted 14 blog posts in the 2018-19 financial year, featuring posts on the ACT Budget, updates on new health services, consumer experiences from our members and conference reports from our consumer representatives. The HCCA blog remains an important platform for our members and consumer representatives as it gives them the opportunity to share their experiences and knowledge on a variety of health related topics that interest them.

Radio

Our Multicultural Liaison Officer, Yelin Hung, has talked about our work on a range of multicultural radio stations to provide information needed to navigate our health system.

Health Policy Highlights

Health of Older People

Quality aged care is important to many of our members. This year we made five submissions relating to age care, including one to the Royal Commission into Aged Care Quality and Safety. A significant development in this area is the launch of the *Charter of Aged Care Rights* and the *Aged Care Quality Standards*.

Our detailed submission to the Parliamentary Inquiry into the Quality of Care in Residential Aged Care Facilities in Australia was mentioned numerous times in the final report. Quite a few of the recommendations aligned with those we had made in our submission. This suggests that plans and policies are beginning to reflect consumer views and we look forward to assessing whether those plans and policies have the desired effect.

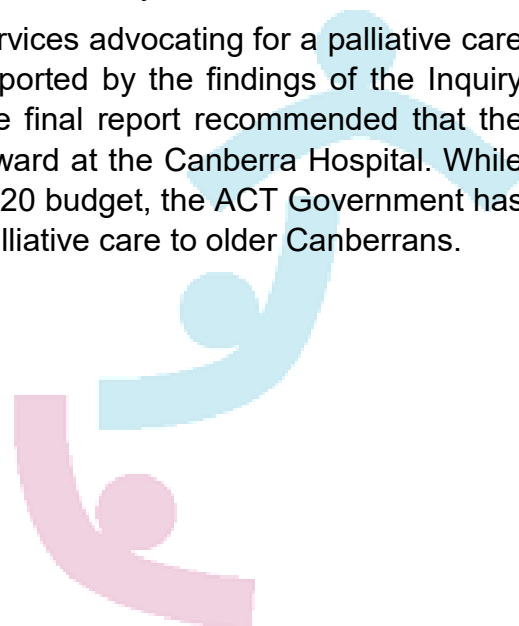
My Health Record

HCCA continues to provide consumers with trustworthy information about My Health Record. In the second half of 2018 we facilitated three workshops with Capital Health Network. Approximately 100 consumers and carers attended. During these workshops, HCCA noted the consumer concerns and queries and followed up with the Australian Digital Health Agency (ADHA). We received a small amount of funding from ADHA to distribute consumer materials, and provide feedback on their relevance and also identify issues around the use and public data reporting as they relate to My Health Record.

Palliative care

Palliative care is one of the areas where we feel our consistent involvement and advocacy is leading to better policies, plans and services. HCCA has continued advocating for better palliative care services, since completing the home-based palliative care project last financial year. We are also expanding on this work by exploring the environmental preferences of carers and clinicians in an acute palliative setting. Consumers were also well represented at the inaugural ACT End of Life and Palliative Care Research Collaborative Workshop in February 2019.

Late last year HCCA wrote to Canberra Health Services advocating for a palliative care ward at the Canberra Hospital. Our call was supported by the findings of the Inquiry into End of Life and Palliative Care Choices. The final report recommended that the government review the need for a palliative care ward at the Canberra Hospital. While the palliative care ward wasn't funded in the 2019-20 budget, the ACT Government has allocated \$500K over three years for expanding palliative care to older Canberrans.



Health Policy Submissions

National

Australian Senate

- My Health Record system (Sept 2018)

Royal Commission

- Royal Commission into Aged Care Quality & Safety (Jun 2019)

COAG Health Council

- Independent Review of Accreditation Systems (ASR) within the National Registration and Accreditation Scheme for Health Practitioners (Apr 2019)
- Harmonisation of the pregnancy record (Mar 2019)

Commonwealth Department of Health

- The draft Charter of Aged Care Rights (Oct 2018)
- Streamlined Consumer Assessment for Aged Care (Feb 2019)

Australian Commission for Safety and Quality in Health Care (ACSQHC)

- Review of the Charter of Healthcare Rights (Mar 2019)

Therapeutic Goods Administration (TGA)

- Proposed regulatory scheme for personalised medical devices, including 3D-printed devices (Mar 2019)
- Regulation of software, including Software as a Medical Device (SaMD) (Mar 2019)

National Children's Digital Health Collaborative

- Harmonisation of the pregnancy record (Mar 2019)

Medical Board of Australia

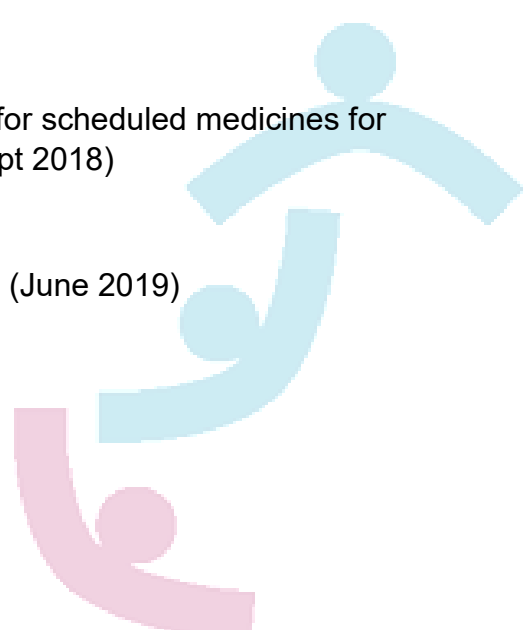
- MBA Code of conduct for doctors (Aug 2018)

Nursing and Midwifery Board of Australia

- Proposed Registration Standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership (Sept 2018)

Australian Pharmacy Council

- Accreditation standards for pharmacy education (June 2019)



Local Policy Submissions

Canberra Health Services

- Violence and Aggression by Patients, Consumers or Visitors Procedure (Aug 2018)
- Territory Wide Palliative Care Service Project (Aug 2018)
- Review of Continuity of Midwifery Models at Centenary Hospital (Aug 2018)
- My Health Record Procedure ACT Health (Nov 2018)
- Independent Review into the Workplace Culture within ACT Public Health Services (Dec 2018)
- Interprofessional Learning, Education and Practice Policy (Jan 2019)
- Consumer Privacy Policy (May 2019)
- Information Privacy Policy consultation (June 2019)
- RACS Client management for NDIS funded services (June 2019)

ACT Government

- Consultation for the National Code of Conduct for health care workers (Aug 2018)
- Inquiry into ACT Libraries (Sept 2018)
- Community Sector Reform (Nov 2018)
- Inquiry into Maternity Services in the ACT (Feb 2019)

ANU Medical School

- ANU Medical School Review (Aug 2018)



Melissa Cadzow, Russell McGowan, Joanne Baumgartner and Indra Gajanayake at the AIATSIS Culture and Policy Symposium - March 2019



Yelin Hung, Walk in Centre Nurse, former Health Minister Meegan Fitzharris, Sue Andrews and the Director-General Michael De'Ath at the opening of the Gungahlin Walk in Centre - September 2018

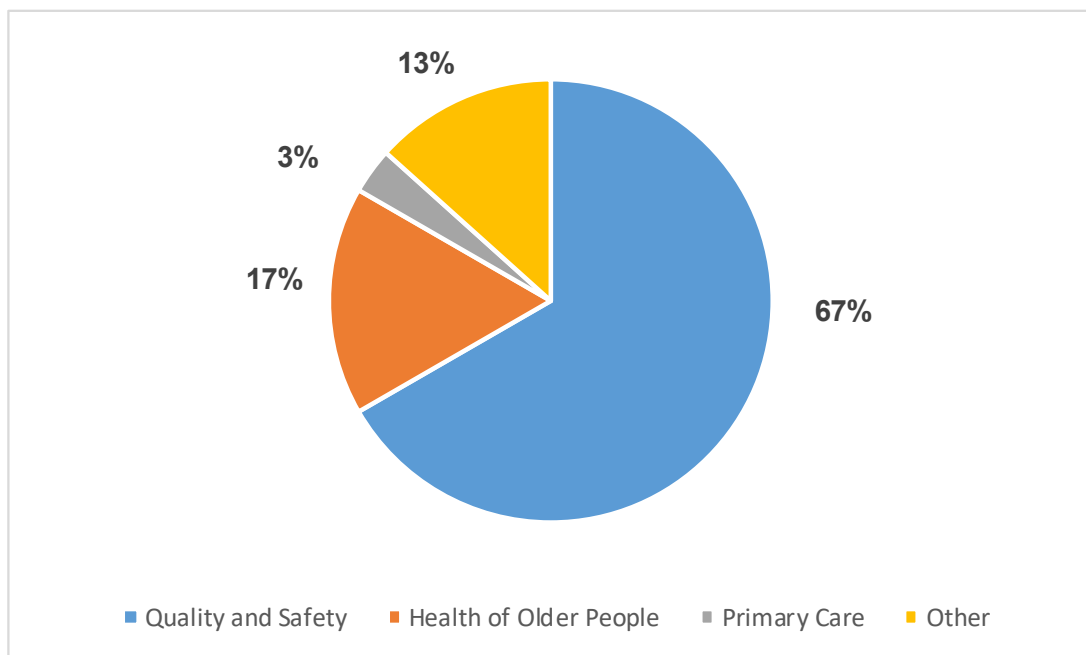
Policy Priority Areas

Each year the Executive Committee sets Priority Policy Areas to guide the work of the organisation. In 2018-19, 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 (July 2018 - June 2019)



Consumer Reference Groups

Consumer Reference Groups bring together members, consumer representatives, and nominees from support groups and health service organisations to inform HCCA's position on health policy and identify issues of importance to consumers.

The goal is for the consumer voice to shape the health services we use. These groups also help ensure that future health strategies and policies are, in fact, consumer driven.

Currently there are five active Consumer Reference Groups in the areas of eHealth, Health of Older People, Quality and Safety, Access & Design and Maternity Services.

Health of Older People Consumer Reference Group

This Consumer Reference Group is chaired by Adele Stevens and met six times during this reporting period. This Consumer Reference Group aims to

- inform the ACT Health Directorate, Canberra Health Services and Capital Health Network about the needs of older health care consumers,
- foster relationships between consumer and health service providers, and
- provide a reference point for the development of patient-centred care in terms of the needs and experiences of older people.

The Health of Older People is HCCA's largest Consumer Reference Group. It prompted the research we did into home-based palliative care and contributed significantly to the following submissions:

- Inquiry into End of Life Choices and Palliative Care in the ACT
- Single Charter of Aged Care Rights
- Inquiry into the Quality of Care in Residential Aged Care Facilities in Australia
- Consultation on patient safety and quality improvement in primary care
- Single Charter of Aged Care Rights
- Submission to the Royal Commission into Aged Care Quality and Safety



Some members of the Health of Older People Consumer Reference Group - August 2019

Quality and Safety Consumer Reference Group

This Consumer Reference Group is chaired by Sue Andrews and met five times during this reporting period. This Consumer Reference Group aims to

- raise consumer issues around the quality and safety of health services and
- work collaboratively with ACT Health to address these issues
- Contribute to processes to support accreditation of publicly funded health services in the ACT

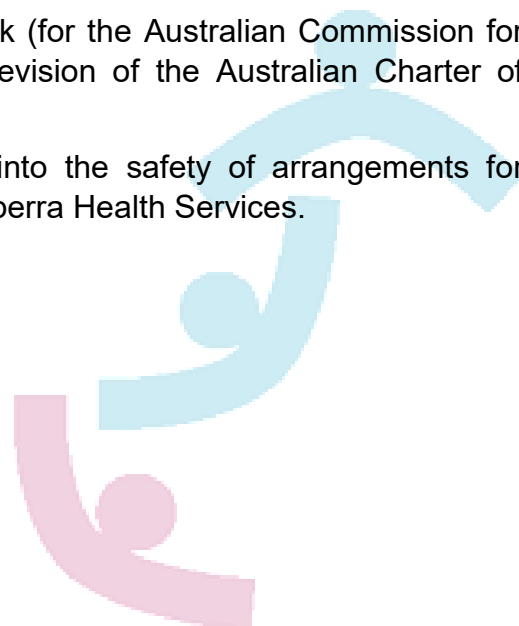
This Consumer Reference Group has a membership of Consumer Representatives who are active members of Quality and Safety Committees. This includes all of the consumer members of the committees for the Standards Committees in Canberra Health Services and Calvary Public Hospital. Consumer representatives in this group spend a portion of each meeting updating the group on the work of their committee(s).

This financial year began with the reaccreditation of Canberra Health Services after a few tense months remedying the issues that were identified at Accreditation in March 2018. This topic kept everyone engaged for the first few months of this year. We then moved on to striving to understand and adapt to the introduction of the second edition of the Standards for Quality and Safety in Health Care, introduced in late 2018, which puts greater focus on partnering with consumers, health literacy, and adapting services and communications to the specific needs of communities including Aboriginal and Torres Strait Islander communities. The new Standards have generated activity and change at both Canberra Health Services and Calvary Public Hospital as services work to ensure they meet the new requirements.

In late 2018, then ACT Health split into two organisations, Canberra Health Services and the ACT Health Directorate. The division of responsibilities and activity, and the governance of services has been the source of much discussion at the QSCRG as the consumer reps work out how the new arrangements fit together.

In between these major themes, notable discussions and work included:

- A presentation by Karen Caldwell (Calvary) and Denise Lamb (Canberra Health Services) who provided an overview of how death reviews are conducted in their respective services.
- A workshop which provided consumer feedback (for the Australian Commission for Quality and Safety in Health Care) into the revision of the Australian Charter of Health Care Rights, and
- A workshop which provided consumer input into the safety of arrangements for patient food storage for people admitted to Canberra Health Services.



eHealth Consumer Reference Group

This Consumer Reference Group is chaired by Russell McGowan and met six times during this reporting period. This Consumer Reference Group aims to

- provide informed advice to the ACT Health Directorate, Canberra Health Services, Calvary Public Hospital and Capital Health Network and to health consumer representatives, about eHealth proposals and projects, and
- act as a reference group for ACT Health Directorate and other health bodies, which are seeking consumer input or comment on eHealth information initiatives.

HCCA contributed to the development of the ACT Digital Health Strategy 2019-2029. The Group was integral in maximising the benefits for consumers. Russell McGowan spoke at the launch of the Digital Health Strategy in May 2019.

One of the key elements of the Digital Health Strategy is the Digital Health Record. The record will provide a holistic view of the patient, covering both hospital and community care. There are also plans for a consumer portal, which will provide consumers with easier access to their own health information. The aim is to improve clinical decision support leading to better care and health outcomes. Consumer and organisational representatives are on project and program boards for Digital Health Record, Clinical Systems and Digital Patient Flow and the Technology Strategy Committee.



Russell McGowan at the launch of the Digital Health Strategy - May 2019



Some members of the eHealth Consumer Reference Group - August 2019

ACT Accessibility and Design Consumer Reference Group

This Consumer Reference Group is chaired by Russell McGowan and met five times during this reporting period.

This Consumer Reference Group focuses on the consumer experience of access to and the design of health services. It aims to

- raise consumer issues relating to accessibility and design of all health services in the ACT and region, and
- work collaboratively with health services to address these issues.

The Group has an ongoing arrangement with the various areas responsible for access and design within the ACT Health Directorate and Canberra Health Services. For instance, the Group reviews nominated areas of the health website and provides feedback for improvement. The group's work has also led to planned improvements to external, internal and parking signs. The Partnering with Consumers Committee (Standard 2 of the National Safety and Quality Health Services Standards) now considers all reports arising from the First Impressions Project. This project identifies the things that help (or hinder) consumers finding their way to, and around, a given health service.

ACT Maternity Consumer Reference Group

This Consumer Reference Group provides informed input to health services from the perspective of mothers of babies and young children. The group is primarily a resource for the ACT Health Directorate, Canberra Health Services and national bodies. These organisations can seek consumer input on documents, policies, new initiatives or proposals. In the last 12 months its members have provided detailed comment on

- the Inquiry into Maternity Services in the ACT, and
- Harmonisation of the pregnancy record.



Trish Lord, Darlene Cox, Adele Stevens, Alan Thomas, Don McFeat and Joanne Baumgartner at the First Anniversary of the opening of the University of Canberra Hospital - July 2019

Research Projects Highlights

HCCA Research Framework

Consumer participation in health, medical and social services research ensures that consumer priorities are better understood by researchers, decision-makers and the public. This is why we support consumers who wish to participate in research. Where HCCA undertakes research, we refer to our *Research Framework* which is available on our website. We developed this framework to guide our internal research processes, and to others. The Research Framework:

- Defines what we mean by consumer-based research,
- Presents our ideal of consumer-based research, and
- Explains what we do to support and encourage consumer-based research.

HCCA also helps build the capacity of other organisations who involve consumers in research.

Position Statement on Consumer-Centred Care

We know that health services that are consumer-centred provide high quality and safe care. This year we developed a position statement on consumer-centred care:

Consumer-centred care meets the physical, emotional and psychological needs of consumers, and is responsive to someone's unique circumstances and goals.

Consumer-centred care tells consumers, carers and families what they can expect from healthcare providers and the health system.

You can read the Consumer-Centred Position Statement on the HCCA website. Since publishing it, HCCA often references it in our submissions. We hope this helps guide an understanding of the concept by other individuals and organisations.

The Way Back Support Service

The Way Back Support Service (TWBSS) is a suicide prevention program. It provides trauma-informed, non-clinical support to individuals after a suicide attempt. Woden Community Services began as a trial site in 2016.

In 2018 HCCA was invited to elicit the experiences of consumers who have used TWBSS and other services following a suicide attempt. Kathryn Dwan worked closely with Prue Gleeson to ensure that the research approach reflected the principles of trauma-informed care. The research demonstrated that

- all nine participants felt that they had benefited from TWBSS.
- the service provided trauma-informed care, and
- the service hiring the right people with the right skills for the work.

The report demonstrates the benefits of a trauma-informed approach to suicide prevention. It also brought the consumer voice to the forefront in the way the data was presented. The findings will be presented at the National Suicide Prevention Conference in July by Prue Gleeson. This report is available on the HCCA website.

Community Health Literacy in the ACT

Between January and July 2019 HCCA heard from representatives of more than 70 consumer groups, health services and community organisations on the topic of community health literacy. Consultation occurred through workshops, interviews and a survey. HCCA also reviewed health literacy projects, programs, action plans and frameworks from other Australian jurisdictions and comparable overseas countries to identify work that could be adapted for the ACT context.

The aims were to:

- Document health literacy strengths and challenges for communities in the ACT,
- Map initiatives that support health services and community members to increase their health literacy knowledge, skills and confidence, and
- Identify priority community needs, and recommend ways to meet these needs.

Consumers and community organisations told us that:

- Navigating the health system can be very difficult. This includes knowing where to go for services, being able to access these services, getting around within services, and receiving coordinated care.
- Consumers can face an overload of health information, making it hard to assess what is relevant to them; but also face information gaps (including about patient safety, self-managing multiple long-term conditions, and choosing between health care options).
- People need confidence, practice, time and often support to communicate well with health professionals, ask questions, and be involved in health decisions.

In July HCCA submitted the final report to the ACT Health Directorate. It recommends initiatives that will support and increase community health literacy in the ACT and region, and provides a strong foundation for HCCA's future work in this area.

This project was funded by the ACT Government, and HCCA understands that the ACT Health Directorate is committed to supporting HCCA to implement initiatives in 2019-21.

Sarah Spiller

Coordinator, Community Health Literacy Project



Health Literacy Reference Group meeting - April 2019

Health Literacy Program

The health literacy area at HCCA continues to grow and strengthen. We delivered new information sessions for consumers and worked with the health system to make it easier for consumers to find what they need.

Increasing health literacy among consumers

Information sessions

We have delivered 17 information sessions to over 309 people including writing and trialling a new session, Staying Safe in the HealthCare System. The Health Literacy team also expanded their repertoire of information sessions to Advance Care Planning.

Information sessions are always workshop style to encourage the sharing of information and tips to improve skills in gaining or understanding information. Yelin, HCCA Multi-Cultural Officer delivered many more sessions (see Multicultural Officer's report).

HCCA organizes, and at times, delivers information sessions as part of the Chronic Conditions Seminar Series. Two member groups help with identifying topics and organising the sessions. The sessions are run at night and on weekends to cater to people who are not able to attend in the day. Turnout to these events has been excellent and highlights include an additional session run for Medical Marijuana and an additional session delivered for Making the Most of your Health Dollar.

Staff also engage yearly in meaningful conversations about the health system with over 150 people at the Senior's Expo.

Making the physical environment easier to navigate

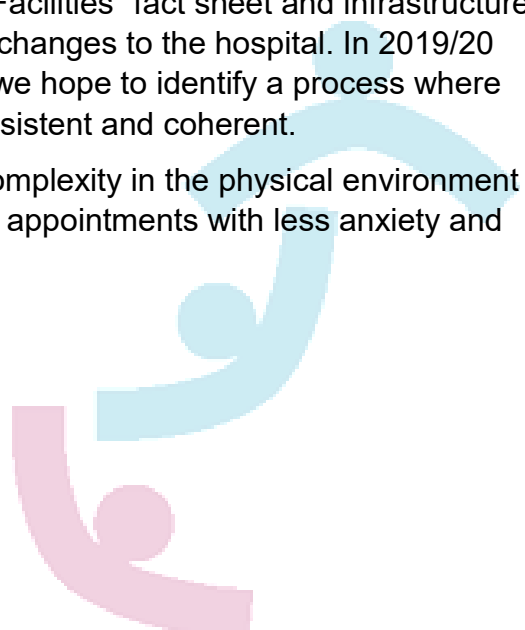
The health literacy of the environment at health facilities continues to be a large area of HCCA's work. The First Impression's project that assesses how easy it is to get to and around health facilities audited five facilities over the last year. As a result, there have been changes to the Canberra Health Services website, central phone staff now use the HCCA devised "Giving Good Directions to Health Facilities" fact sheet and infrastructure staff regularly ask for consumer input to proposed changes to the hospital. In 2019/20 with the help of the relevant standards committee we hope to identify a process where all the elements of wayfinding across CHS are consistent and coherent.

We continue to be hopeful that with our help the complexity in the physical environment will be decreased so that people can arrive at their appointments with less anxiety and more confidence.

Claudia Cresswell
Health Literacy Officer



Claudia Cresswell at the Patient Experience Symposium - April 2019



From the Multicultural Corner

Hola a todos!

This year, we continued promoting our health literacy awareness work with culturally and linguistically diverse communities in the ACT. We have been reaching out to other communities through networking with organisations that provide services and support to new migrants in the ACT such as Canberra Multicultural Community Forum (CMCF) Inc., Red Cross, Companion House and Migrant and Refugee Settlement Services (MARSS).

I continued delivering community education presentations to cultural groups - both new arrivals and people who have been here for some time. Some of the most popular health literacy topics were: Navigating the Health System, Understanding Medicare, Making the most of your Appointment and Speaking up for Yourself in the Health System.

In 2018-19 HCCA delivered 11 information sessions to 347 people from cultural groups. In these sessions recurrent concerns were the lack of information in other languages, lack of communication, high cost of specialist services and long waiting lists. Importantly, these groups appreciated having access to health information in their own languages either through a certified interpreter or community leader.

The work with ACT Health Multicultural Reference Group focused on stakeholders recommending solutions for various barriers that cultural communities face when accessing health services.

I look forward to working with our Health Literacy program to continue helping cultural communities make the right choice at the right time, to get the best possible care.

Hasta luego.

Yelin Hung

Multicultural Liaison Officer



Yelin Hung presenting a health literacy session to the Moments of Experiencing Life Together group - August 2019

Advance Care Planning Program

This financial year HCCA received funding from the ACT Health Directorate to continue to provide information to the ACT and region about advance care planning, with a target of 10 community information sessions including sessions specifically targeted at culturally and linguistically diverse communities.

In 2018-19 HCCA staff presented information on advance care planning to 279 people over 12 sessions. This included two workshops for two groups of students: one session for University of Canberra Occupational Therapy masters students and one session for Canberra Institute of Technology students. These sessions continue to be popular, with people appreciating the opportunity to plan for end of life and have questions answered and help provided.

As part of the funding agreement, Kristal Coe with assistance from Yelin Hung completed an 'environmental scan' report on the availability of advance care planning assistance for residents in the ACT region, especially those living in aged care facilities. The results of this work will inform the way advance care planning offerings are targeted in the future, both by HCCA and by the Health Directorate. The work included an assessment of the readiness of some specific cultural communities in the ACT to engage with advance care planning.



Advance care planning session - June 2019

Getting out and about

HCCA held eight community stalls in the ACT throughout 2018-2019. The purpose of having these stalls is to inform the community about ACT health services and how to navigate the health system. We also talked to consumers about the work HCCA does and the different ways we can become active health consumer advocates to improve the quality and safety of health care. This promotes better understanding and knowledge in different parts of the community when it comes to using health services.

We had stalls at lots of community events including the Health Expo, PICAC - Age Care Information Expo, the Annual Comorbidity Interagency Day, Hearing and Health Expo, Seniors Week Expo and of course the National Multicultural Festival.



HCCA stall at the National Multicultural Festival - February 2019



Yelin Hung, Adele Stevens, Claudia Cresswell and Pam Graundenz at the Seniors Week Expo - March 2019

HCCA Committees 2018 - 2019

Consumer Participation Committee

This Committee provides oversight of the implementation and evaluation of the HCCA Consumer and Community Participation Framework, provides input and consumer expertise to consumer and community participation activities and endorses consumer representatives for non strategic committees. It met four times on 22 February, 22 March, 24 May and 28 June 2019.

This Committee developed the HCCA Consumer and Community Participation Framework and it was approved by the Executive Committee in June 2019. It is available on the HCCA website.

Members of the Consumer Participation Committee are:

- Alan Thomas (Chair)
- Clare Moore
- Louise Bannister
- Christine Bowman



Clare Moore, Kate Gorman, Alan Thomas, Louise Bannister and Christine Bowman - June 2019

The Health Policy Advisory Committee

This Committee provides oversight and advice on HCCA policy submissions and position statements. It met six times on 21 August 2018, 25 September 2018, October 2018, 19 March 2019, 30 April 2019, and 18 June 2019. This Committee developed the HCCA Research Framework which was approved by the Executive Committee in March 2019. It is available on the HCCA website.

This past year we farewelled Sue Andrews and Shelley McInnis. We thank them for their contribution to the policy and research work.

Members of the Health Policy Advisory Committee are:

- Linda Trompf (Chair)
- Wendy Armstrong
- Fiona Tito-Wheatland
- David Pearson (commenced in February 2019)
- Margaret Norington (commenced in February 2019)
- Marion Reilly (commenced in February 2019)
- Sue Andrews (term ended in November 2018)
- Shelly McInnis (resigned in November 2018)



Kristal Coe, Fiona Tito Wheatland, Margaret Norington, Wendy Armstrong, Marion Reilly, David Pearson and Kathryn Briant - August 2019

Consumer and Community Participation Highlights

- In 2018-2019 the Consumer Representatives Program supported 39 consumer representatives and seven organisational representatives (staff members) in 119 positions across 110 new and continuing committees across the ACT Health Directorate, Canberra Health Services, Calvary Public Hospital, and other ACT and national bodies.
- HCCA made 26 endorsements of consumer and organisational representatives to committees, of which 17 were consumer appointments, and nine were organisational appointments.
- 22 of these endorsements were made to new committees, or committees where HCCA has not previously had a 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 22 endorsements to new committees, 18 were made to ACT Health committees, two to Calvary committees, two to other local bodies, one to a national body, one to a University of Canberra committee and one to a Capital Health Network committee.
- Consumer and organisational representatives spent around 822 hours preparing for meetings, and around 866 hours attending meetings. This does not include travel time.
- HCCA met with the ACT Health Executive five times to discuss issues of interest to consumers.
- HCCA met with the Minister for Health and Shadow Minister for Health in the ACT four times to discuss issues of interest to consumers.
- Consumer Participation Basic Training was delivered twice (October 2018 and May 2019)
- Consumer Participation Advanced Training was delivered twice (August 2018 and May 2019).
- The Members Forum (previously known as the Consumer Representatives Forum) was held in August 2018 and in February and May 2019.

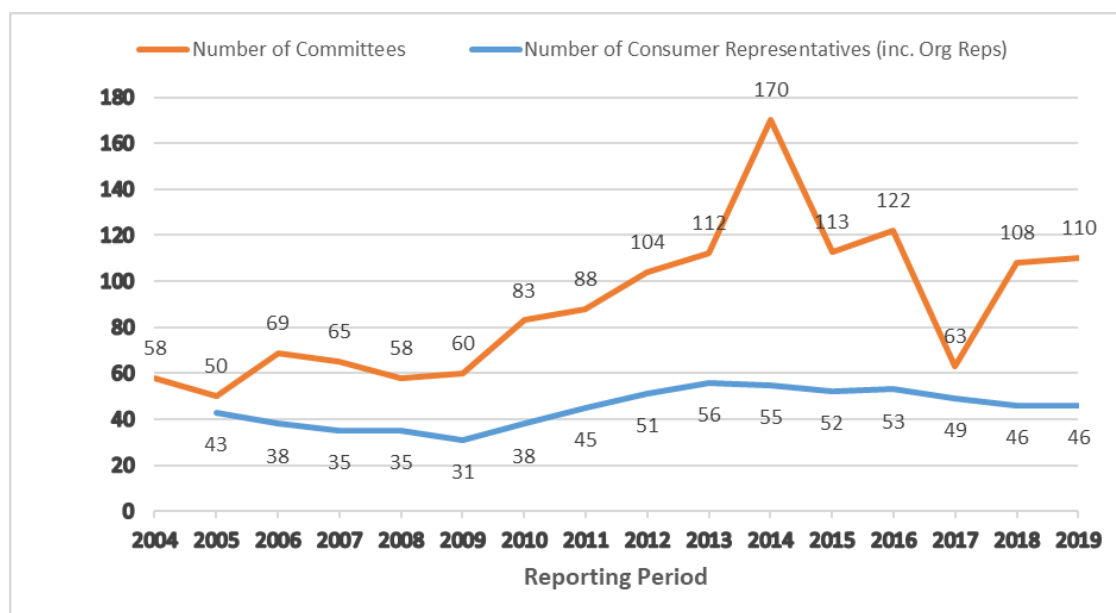


HCCA Members' Forum - May 2019

Consumer and Community Participation Program

Consumer representation

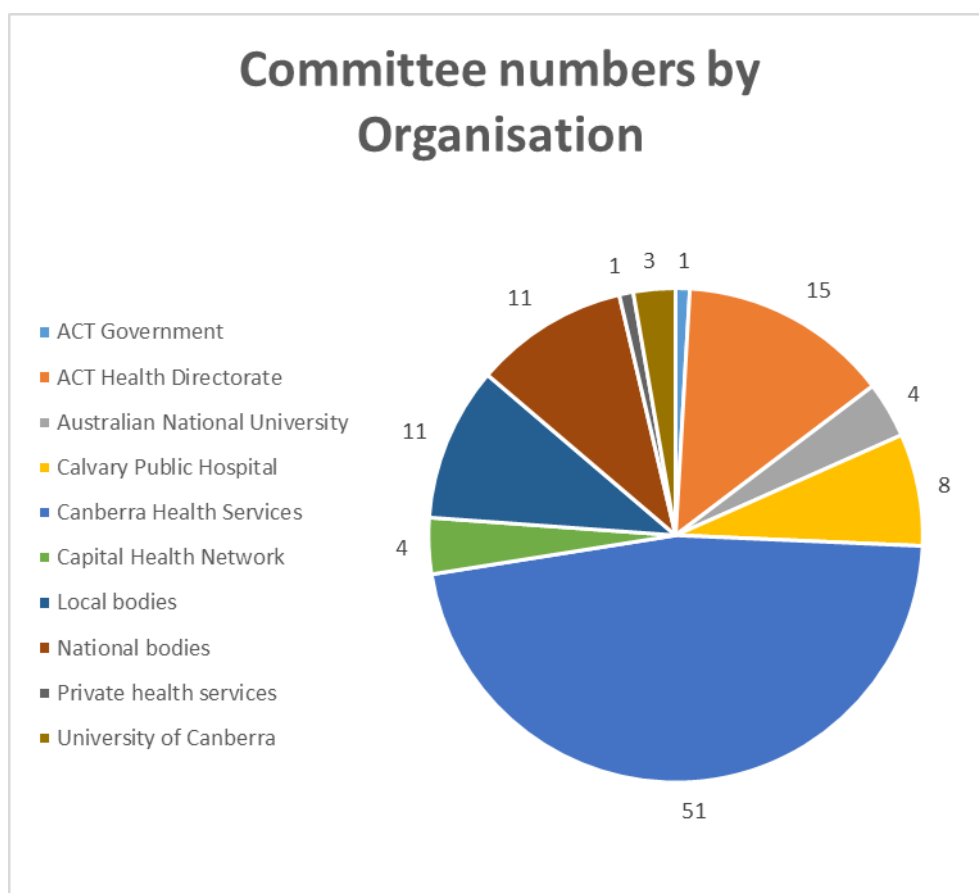
Consumer representation continued at a similar level to previous years, at what could be considered a 'comfortable level'. HCCA supported 39 consumer representatives and seven organisational representatives in 119 positions across 110 new and continuing committees across the ACT Health Directorate, Canberra Health Services, Calvary Public Hospital, and other ACT and national bodies.



With the split of ACT Health into two organisations in October 2018, (*Canberra Health Services* and the *ACT Health Directorate*) there has been some reshuffling of consumer representation as the various functions and responsibilities of these two organisations (and their accompanying guidance committees and governance structures) have been divided up. Some committees have been on hold for much of the year. As the financial year ends we see that things are settling down but there is still some sorting out to do. The majority of HCCA consumer representation in local public health services has fallen on the *Canberra Health Services* side of this equation, as this is the organisation which delivers health services directly to consumers, and most of HCCA's consumer representation work has always occurred in service delivery. HCCA continues to support a smaller and stable number of consumer representatives who work with Calvary Public Hospital.



Phillip Dickson, Carol Shipp, Emma Davidson, Women's Yelin Hung, Kate Gorman, Anne Meuronen, Clare Moore and Lyn Morley at the Focus Group on ACT Ambulance Services - March 2019



Focus groups and consultations

Health services have continued to seek HCCA's help in gathering input from consumers on a one-off basis to inform specific projects which are being done.

- A focus group was convened by HCCA in March 2019 to provide input about community needs into the ACT Ambulance Service. A diverse range of community organisation representatives attended and the discussion was lively and interesting. We hope to be part of more consumer partnering with ACTAS in the future.
- HCCA ran two workshops in early 2019 to gather consumer input into the consumer information attached to the HealthPathways database. Eight HCCA members and a number of staff attended. Consumers in these workshops also reviewed a new database of patient health information known as *GoShare* being considered for adoption by the Capital Health Network.
- Canberra Health Services sought HCCA members input into resolving an issue with the fridges provided for patient/family use throughout The Canberra Hospital. Input was gathered through HCCA's Quality and Safety Consumer Reference Group and informed the action taken.

Consumer Participation Training

This year we have delivered modified versions of our Consumer Participation Training to other organisations. It has been great to have recognition from our community that this training has a wide range of applications:

- In December 2018 a condensed (one-day) version of Consumer Participation Training was delivered to the consumers involved in the Our Health in Our Hands

project at the Australian National University. This project is a multi-disciplinary collaboration between different research teams at the ANU and involves consumers as research collaborators in a project which focuses on precision medicine for people living with Diabetes or Multiple Sclerosis. The consumers involved in this project are people who live with these conditions. Several researchers from Canberra and interstate also attended the training.

- In December 2018 a condensed (one-day) version of Consumer Participation Training was delivered to clients of the Canberra Alliance for Harm Minimisation and Advocacy.
- In March 2019 a condensed version of HCCA's consumer representative training was delivered to a group of consumers who are current/previous Karralika clients and will form Karralika's first consumer advisory body.
- In March 2019 a condensed version of HCCA's consumer representative training was delivered to new consumer representatives identified by Calvary John James Hospital.

HCCA has also delivered our training to community members, as we do each year:

- Consumer Participation Training (Basic) was delivered once (October 2018)
- Consumer Participation Training (Basic and Advanced combined) was delivered once (May 2019)
- Consumer Participation Advanced Training was delivered once (Feb 2019).

Presenting Consumer Perspectives

There have been a number of invitations this year to present a consumer perspective to different organisations and people.

- On August 30 2018 Kate Gorman presented a seminar on health literate publications for the staff of the National Blood Authority
- Kate Gorman co-presented a seminar on Person Centred Care to Allied Health Graduates on 19 March 2019. She does this about twice a year in partnership with CHS staff.
- Consumer Representative Marion Reilly talked to University of Canberra Speech Pathology students about her experience of being a stroke patient, and using different services including speech pathology. Students valued the opportunity to hear directly from a consumer and ask questions.
- Kate Gorman presented a consumer perspective on informed consent at the ACT Audit of Surgical Mortality seminar 'Informed Consent- Issues and Risks' on May 15. The audience was a mixed group of surgeons, health staff and students. Themes were drawn from HCCA advocacy work including recent interactions with consumers and senate inquiry submissions on pelvic mesh.

Kate Gorman

Manager Consumer and Community Participation

Consumer Representatives

Adele Lewin	Indra Gajanayake	Pam Graudenz
Adele Stevens	Jenny Berrill	Pat Branford
Adina Jordan	Jo Bothroyd	Priyanka Rai
Alan Thomas	Joanne Baumgartner	Russell McGowan
Beatrice Vann	John Chapuis	Shelley McInnis
Bernard Borg-Caruana	Karin Calford	Sue Andrews
Dave Baxter	Kate Moore	Sue Schreiner
Denise Mott	Kay Henderson	Terri Warner
Don McFeat	Kaye Powell	Trish Lord
Fiona Tito-Wheatland	Leia Earnshaw	Wendy Armstrong
Fran Parker	Linda Trompf	
Heather Warfield	Louise Bannister	
Helen Cotter	Margaret McCulloch	
Helen Dyriw	Marion Reilly	

Organisational Representatives

Darlene Cox	Yelin Hung	Jill Moran
Kate Gorman	Sally Deacon	Claudia Cresswell
Kathryn Briant	Kathryn Dwan	Kristal Coe



HCCA Conference - November 2018

Sponsored Conference Attendance

HCCA is proud to continue to sponsor our consumer representatives 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.

September 2018

International Forum on Quality & Safety in Healthcare

Sue Andrews

Russell McGowan

October 2018

National Press Club ACOSS / UNSW Poverty in Australia 2018 Launch

Wendy Armstrong

March 2019

National Press Club-Health Care Election Priorities

Wendy Armstrong

Shelley McInnis

Linda Trompf

April 2019

Partnering in Healthcare Forum

Alan Thomas

Unfinished Business: National Mesh Implant Forum

Sharon Fuller

Anna Coleman-Snow

June 2019

COTA Policy Forum on "Challenging Ageism" at the Press Club

Adele Stevens

Alan Thomas



HCCA Conference - November 2018

List of Consumer and Organisational Representative Positions 2018-2019

Community Services Directorate

AC Housing Tenants Consultative Group

**Yelin Hung*

ACT Health Directorate

ACT Equipment Loans Scheme Advisory Committee

Marion Reilly

ACT Health and Wellbeing Partnership Board

**Darlene Cox*

ACT Multicultural Health Reference Group

**Yelin Hung*

ACT Nursing and Midwifery Leaders Network

**Kristal Coe*

Centre for Care Closer to Home Committee

Sue Andrews (chair)

Adele Stevens

Coordinating Committee for the ACT Strategic Priorities for Primary Health Care and Chronic Disease

**Darlene Cox*

Culture Review Oversight Group

**Darlene Cox*

Wendy Armstrong (proxy)

Drug Strategy Action Plan Advisory Group

Wendy Armstrong

Medicines Advisory Committee

**Kathryn Briant*

Nurse Ratio Framework Working Group

**Kate Gorman*

** Organisational Representative*

System Wide Data Review Reference Group

Fiona Tito Wheatland

Territory Wide Framework Advisory Group

**Darlene Cox*

Health Technology Advisory Committee

Russell McGowan

Technology Strategic Steering Committee

**Darlene Cox*

Russell McGowan (proxy)

Working Group on Primary Care for Vulnerable People

Wendy Armstrong

Australian National University

Medical School Advisory Board

**Kate Gorman*

Our Health In Our Hands Patient Advisory Board

**Kate Gorman*

Our Health In Our Hands Diabetes reference group

**Jill Moran*

Our Health In Our Hands Multiple Sclerosis Reference Group

**Jill Moran*

Calvary Public Hospital

Clare Holland House Quality, Risk and Safety Committee

Fran Parker

Clare Holland House Falls Project subcommittee

Fran Parker

List of Consumer and Organisational Representative Positions 2018-2019

Clare Holland House self-assessment of Compliance with the Palliative care standards

Fran Parker

Communicating for Safety Committee

Heather Warfield

Clinical Governance Committee

Jenny Berrill

GRACE Steering Committee

Shelley McInnis

Medication Safety Committee

Trish Lord

Partnering with Consumers Committee

**Kate Gorman*

Canberra Health Services

ACT Food Services Quality Committee

**Yelin Hung*

ACT Maternity Services Advisory Network

Adina Jordan

ACT Palliative Care Forum

Adele Stevens

Alerts System Steering Committee

Bernard Borg Caruana

Allied Health Executive Committee

Adele Lewin

Bariatric Surgery Advisory Committee

Russell McGowan

Blood Management Committee

Linda Trompf

Breast Screen ACT Reference Group

Lou Bannister

Breast Screen Consumer Reference Group

Linda Trompf

Cancer and Ambulatory Support Clinical Governance Committee

Indra Gajanayake

Chronic Disease Management Clinical Network

Marg McCulloch

Trish Lord

Clinical Ethics Committee

Sue Andrews

Terri Warner

Clinical Governance Committee

Jo Bothroyd

Communicating for Safety Standard Committee

Karin Calford

Russell McGowan

Community Care Clinical Governance Committee

Indra Gajanayake

Joanne Baumgartner

Comprehensive Care Standard Committee

Indra Gajanayake

Consumer Handout Committee

Helen Dyrw

**Kathryn Dwan*

Consumer Participation Working Group

**Kate Gorman*

* Organisational Representative

List of Consumer and Organisational Representative Positions 2018-2019

Consumer Reporting Working Group

**Darlene Cox*

Critical Care Executive

Jo Bothroyd

Diabetes Service Reference Group

Kaye Powell

Division of Medicine Quality and Safety Governance Committee

Indra Gajanayake

Domiciliary Oxygen and Respiratory Support Scheme (DORSS)

Helen Cotter

Drugs and Poisons Information System (DAPIS) database

**Kathryn Briant*

End of Life Care Working Group

Adele Stevens

Facility Wide University of Canberra Hospital Operational Meeting

Don McFeat

Health Services Executive Committee

**Darlene Cox*

**Kate Gorman*

Haematology/Oncology refurbishment user group

**Claudia Cresswell*

John Chapuis

**Kate Gorman*

Industry Strategy Steering Committee

**Darlene Cox*

Maternity and Gynaecology Safety and Quality Committee

Leia Earnshaw

* Organisational Representative

Medical and Dental Appointments Advisory Committee

Alan Thomas

Medication Safety Committee

**Kathryn Briant*

MH, JH and Alcohol and Drug Service Divisional Executive Committee

David Baxter

Occupational Violence and Aggression Consultancy Working Group

**Kate Gorman*

Occupational Violence and Aggression Working Group

Shelley McInnis

Paediatrics Quality and Safety Committee

Denise Mott

Partnering with Consumers Committee

**Kate Gorman*

**Yelin Hung*

Patient Identification and Procedure Matching Committee

**Kathryn Briant*

Policy Committee

Jo Bothroyd

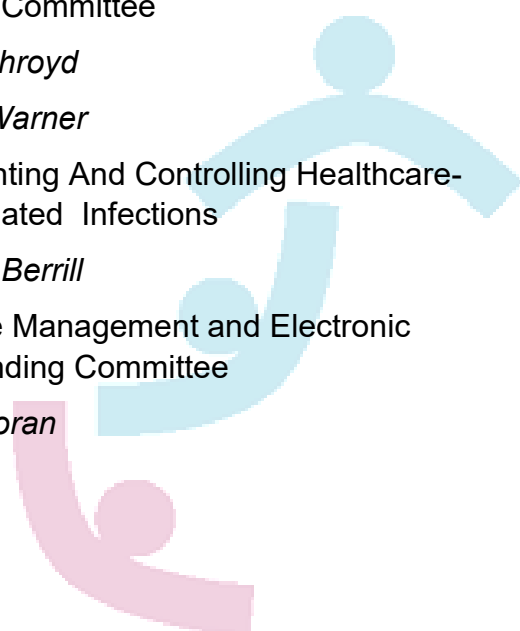
Terri Warner

Preventing And Controlling Healthcare-Associated Infections

Jenny Berrill

Queue Management and Electronic Wayfinding Committee

**Jill Moran*



List of Consumer and Organisational Representative Positions 2018-2019

Recognising and Responding to Acute Deterioration Committee (NSQHS Standard)

Adele Lewin

**Kate Gorman*

Rehabilitation Aged and Community Care Quality and Safety Committee

Lou Bannister

Timely Care Steering Committee

Wendy Armstrong

Transitional Therapy and Care Program Executive Management Committee

Trish Lord

Transvaginal Mesh Review Committee

**Darlene Cox*

UCH Model of Care Working Group

Pam Graudenz

Walk in Centre Executive Steering Committee

**Darlene Cox*

**Kate Gorman*

Walk in Centre Advisory Group Meeting

**Kate Gorman*

Weston Creek Walk in Centre Project Control Group

**Claudia Cresswell*

Women Youth and Children's Safety and Quality Committee

Priyanka Rai

Capital Health Network

ACT Clinical Council

Sue Andrews

* Organisational Representative

ACT Health Pathways Governance Committee

**Darlene Cox*

Russell McGowan (proxy)

Community Advisory Council

Kate Moore (Chair)

Parkinson's Nurse Program Advisory Group

Katrina Muir

Local bodies

Canberra CALD Women's Forum Committee

**Yelin Hung*

Canberra Gambling Reform Alliance

Russell McGowan

Canberra Multicultural Community Forum Committee

**Yelin Hung*

Canberra Region Medical Education Council

Fiona Tito Wheatland

Community Development Network Steering Committee

**Yelin Hung*

Elder Abuse Prevention Network

**Kate Gorman*

End of Life Care Research Collaboration Committee

Shelley McInnis

Humanitarian Settlement Program Network Meeting

**Yelin Hung*

List of Consumer and Organisational Representative Positions 2018-2019

Multicultural Matters Meeting

**Yelin Hung*

Northern Region Networking Interagency

**Yelin Hung*

The Way Back Support Service
Stakeholder Reference Group

**Kate Gorman*

National bodies

APHRA Aboriginal and Torres Strait
Islander Strategy Group

**Darlene Cox*

AHPRA Community Reference Group

**Darlene Cox*

Australian Council on Healthcare
Standards

Russell McGowan

Australian Medical Council Ethics
Committee

Fiona Tito Wheatland

Australian Medical Council Progress
Reports Working Group

Fiona Tito Wheatland

Australian Pharmacy Council Accreditation
Committee

Fiona Tito Wheatland

Australian Pharmacy Standards Review
Reference Group

Fiona Tito Wheatland

Chronic Obstructive Pulmonary Disease
Reference Group

Kaye Powell

MedicineWise Clinical Intervention
Advisory Group

**Darlene Cox*

NSQHS Standards Review Steering
Committee (ACSQHC)

**Darlene Cox*

Partnering with Consumers Committee
(ACQSHC)

**Darlene Cox*

Private health services

Clinical risk and Audit Committee (John
James Private Hospital)

Marion Reilly

University of Canberra

AGEO Evaluation Committee – SmartCare
in Aged Care Project

Beatrice Vann

Pharmacy Course Advisory Group
Committee

Pat Branford

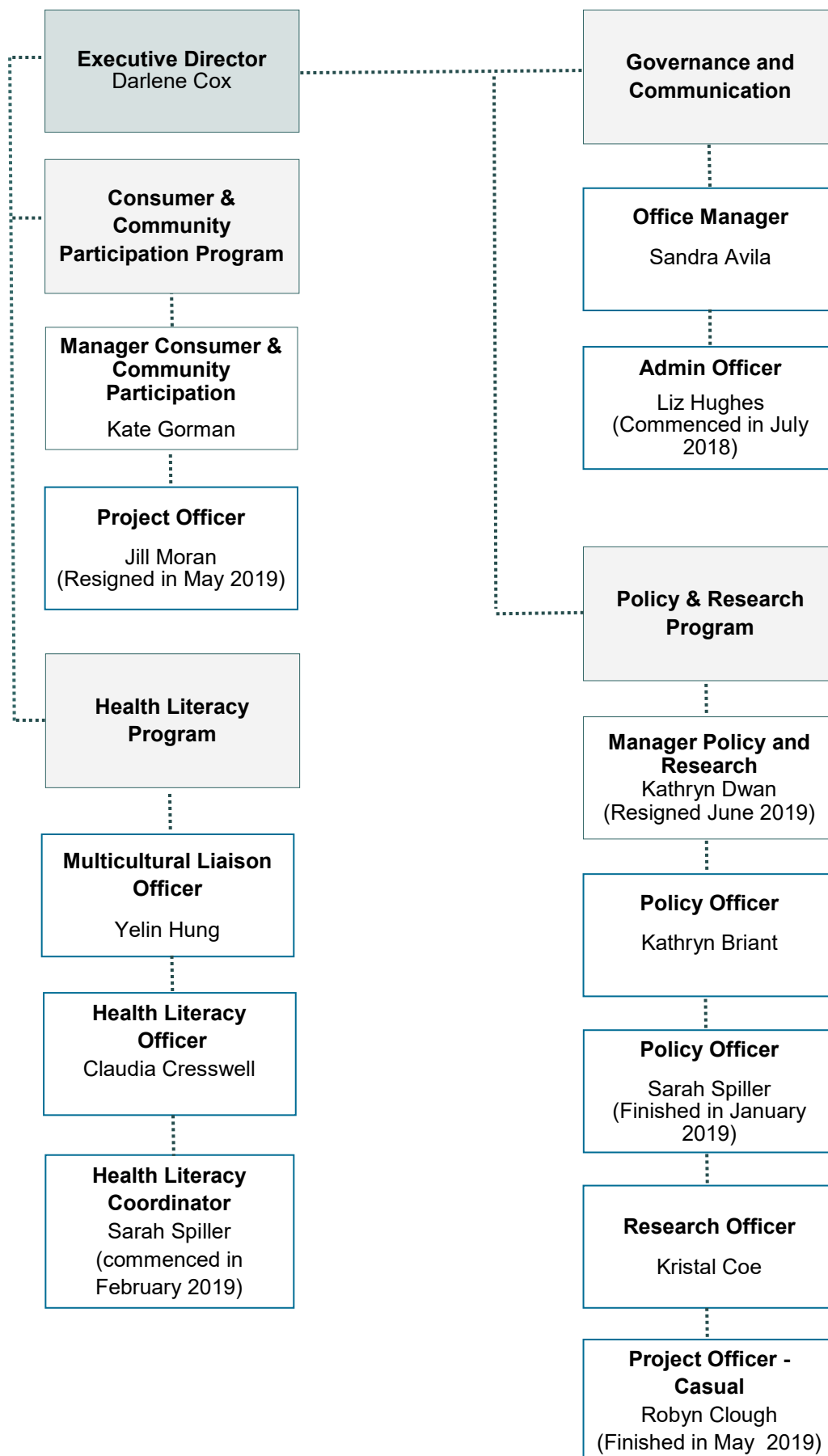
Speech Pathology Course Advisory Group

**Kate Gorman*

* Organisational Representative



HCCA Organisational Chart 2018 - 2019



Health Care Consumers Association of the ACT Incorporated
ABN 59 698 548 902

Financial Statements

For the Year Ended 30 June 2019

Health Care Consumers Association of the ACT Incorporated

ABN 59 698 548 902

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For the Year Ended 30 June 2019

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Health Care Consumers Association of the ACT Incorporated

ABN 59 698 548 902

Directors' Report For the Year Ended 30 June 2019

The directors present their report on Health Care Consumers Association of the ACT Incorporated for the financial year ended 30 June 2019.

General information

Directors

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

Names	Position	Appointed/Resigned
Alan Thomas	President	Appointed 28/09/2016 as member, 15/11/2018 as president.
Wendy Armstrong	Vice President	Appointed 15/11/2018
Indra Gajanayake	Treasurer	Appointed 07/10/2015 as member, 01/11/2017 as Treasurer
Marcus Bogie	Member	Appointed 25/09/2014
Louise Bannister	Member	Appointed 07/10/2015
Marion Reilly	Member	Appointed 07/10/2015
Shelley McInnis	Member	Appointed 28/09/2016
Beatrice Vann	Member	Appointed 15/11/2018
Bernard Borg-Caruana	Member	Appointed 01/11/2017
Sue Andrews	President	Term finished 15/11/2018
Michelle Banfield	Vice President	Term finished 15/11/2018

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 the Company 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.

Significant changes in state of affairs

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

Operating result

The loss of the Company for the financial year amounted to \$ 30,404(2018: Profit \$ 28,708).

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 2019

Auditor's independence declaration

The auditor's independence declaration in accordance with section 307C of the *Corporations Act 2001* for the year ended 30 June 2019 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: A. Thomas Committee member: [Signature]

Dated this 23rd day of October 2019

Health Care Consumers Association of the ACT Incorporated

ABN 59 698 548 902

Auditor's Independence Declaration under Section 60-40 of the Charities and Not-for-profits Commission 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 2019, 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's Audit Pty Ltd



Phillip W Miller CA
Director

Dated in Canberra on: 24 October 2019.

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 2019

		2019	2018
	Note	\$	\$
Revenue	5	937,474	923,305
Employee benefits expense		(836,905)	(766,881)
Depreciation and amortisation expense	10(a)	(5,285)	(3,170)
Executive functions		(47,651)	(46,543)
Program expenses		(23,017)	(27,020)
Rent		(30,075)	(23,511)
Other expenses		(24,945)	(27,472)
Profit/(loss) before income tax		(30,404)	28,708
Income tax expense		-	-
Profit/(loss) for the year		(30,404)	28,708

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 2019

	Note	2019 \$	2018 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	7	448,457	434,572
Trade and other receivables	8	15,611	1,571
Other assets	9	11,901	-
TOTAL CURRENT ASSETS		475,969	436,143
NON-CURRENT ASSETS			
Property, plant and equipment	10	28,620	22,733
TOTAL NON-CURRENT ASSETS		28,620	22,733
TOTAL ASSETS		504,589	458,876
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	11	33,822	30,731
Employee benefits	12	81,473	63,006
Other financial liabilities	13	54,559	-
TOTAL CURRENT LIABILITIES		169,854	93,737
NON-CURRENT LIABILITIES			
TOTAL LIABILITIES		169,854	93,737
NET ASSETS		334,735	365,139
EQUITY			
Reserves		213,214	213,214
Retained earnings		121,521	151,925
TOTAL EQUITY		334,735	365,139

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 2019

2019

	Retained Earnings	Asset Revaluation Surplus	General Reserve	Total
	\$	\$	\$	\$
Balance at 1 July 2018	151,925	13,214	200,000	365,139
Net deficit for the year	(30,404)	-	-	(30,404)
Balance at 30 June 2019	121,521	13,214	200,000	334,735

2018

	Retained Earnings	Asset Revaluation Surplus	General Reserve	Total
	\$	\$	\$	\$
Balance at 1 July 2017	183,217	13,214	140,000	336,431
Net surplus for the year	28,708	-	-	28,708
General reserve	(60,000)	-	60,000	-
Balance at 30 June 2018	151,925	13,214	200,000	365,139

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 2019

		2019	2018
		\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from customers		1,066,434	953,895
Payments to suppliers and employees		(1,049,924)	(888,916)
Interest received		8,547	9,144
Net cash provided by/(used in) operating activities	19	<u>25,057</u>	<u>74,123</u>
CASH FLOWS FROM INVESTING ACTIVITIES:			
Purchase of property, plant and equipment		(11,172)	-
Net cash provided by/(used in) investing activities		<u>(11,172)</u>	<u>-</u>
CASH FLOWS FROM FINANCING ACTIVITIES:			
Net increase/(decrease) in cash and cash equivalents held		13,885	74,123
Cash and cash equivalents at beginning of year		434,572	360,449
Cash and cash equivalents at end of financial year	7	<u>448,457</u>	<u>434,572</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 2019

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 2019 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 Change in Accounting Policy

Financial Instruments - Adoption of AASB 9

The Company has adopted AASB 9 *Financial Instruments* for the first time in the current year with a date of initial adoption of 1 July 2017.

As part of the adoption of AASB 9, the Company adopted consequential amendments to other accounting standards arising from the issue of AASB 9 as follows:

- AASB 101 *Presentation of Financial Statements* requires the impairment of financial assets to be presented in a separate line item in the statement of profit or loss and other comprehensive income. In the comparative year, this information was presented as part of other expenses.
- AASB 7 *Financial Instruments: Disclosures* requires amended disclosures due to changes arising from AASB 9, this disclosures have been provided for the current year.

The key changes to the Company's accounting policy and the impact on these financial statements from applying AASB 9 are described below.

Changes in accounting policies resulting from the adoption of AASB 9 have been applied retrospectively except the Company has not restated any amounts relating to classification and measurement requirements including impairment which have been applied from 1 July 2018.

Classification of financial assets

The financial assets of the Company have been reclassified into one of the following categories on adoption of AASB 9 based on primarily the business model in which a financial asset is managed and its contractual cash flow characteristics:

- Measured at amortised cost

Notes to the Financial Statements

For the Year Ended 30 June 2019

2 Change in Accounting Policy

Financial Instruments - Adoption of AASB 9

Classification of financial assets and financial liabilities

The table below illustrates the classification and measurement of financial assets and liabilities under AASB 9 and AASB 139 at the date of initial application.

		Classification under AASB 139	Classification under AASB 9	Carrying amount under AASB 139 \$	Reclassifi- cation \$	Re- measure- ments \$	Carrying amount under AASB 9 \$
Financial assets							
Trade and other receivables	Loans and receivables		Amortised cost	1,571	-	-	1,571
Cash and cash equivalents	Loans and receivables		Amortised cost	434,572	-	-	434,572
Total financial assets				436,143	-	-	436,143
Financial liabilities							
Trade payables	Other financial liabilities		Other financial liabilities	3,372	-	-	3,372
Other payables	Other financial liabilities		Other financial liabilities	2,275	-	-	2,275
Total financial liabilities				5,647	-	-	5,647

Notes to the table:

(i) Reclassification from Held to Maturity to Amortised Cost

Term deposits that would previously have been classified as held to maturity are now classified at amortised cost. The Company intends to hold the assets to maturity to collect contractual cash flows and these cash flows consist solely of payments of principal and interest on the principal amount outstanding. There was no difference between the previous carrying amount and the revised carrying amount of these assets.

Notes to the Financial Statements

For the Year Ended 30 June 2019

3 Summary of Significant Accounting Policies

(a) Income Tax

The Company 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 Company 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.

Interest income

Interest is recognised when earned.

Subscriptions

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

Other income

Other income is recognised on an accruals basis when the Company 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 payable are stated inclusive of GST.

Notes to the Financial Statements

For the Year Ended 30 June 2019

3 Summary of Significant Accounting Policies

(d) Goods and services tax (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 Company, 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.

(f) Financial instruments

Financial instruments are recognised initially on the date that the Company 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

All recognised financial assets are subsequently measured in their entirety at either amortised cost or fair value, depending on the classification of the financial assets.

Classification

On initial recognition, the Company classifies its financial assets into the following categories, those measured at:

- amortised cost

Notes to the Financial Statements

For the Year Ended 30 June 2019

3 Summary of Significant Accounting Policies

(f) Financial instruments

Financial assets

Financial assets are not reclassified subsequent to their initial recognition unless the Company changes its business model for managing financial assets.

Amortised cost

Assets measured at amortised cost are financial assets where:

- the business model is to hold assets to collect contractual cash flows; and
- the contractual terms give rise on specified dates to cash flows are solely payments of principal and interest on the principal amount outstanding.

The Company's financial assets measured at amortised cost comprise trade and other receivables and cash and cash equivalents in the statement of financial position.

Subsequent to initial recognition, these assets are carried at amortised cost using the effective interest rate method less provision for impairment.

Interest income or losses and impairment are recognised in profit or loss. Gain or loss on derecognition is recognised in profit or loss.

Impairment of financial assets

Impairment of financial assets is recognised on an expected credit loss (ECL) basis for the following assets:

- financial assets measured at amortised cost

When determining whether the credit risk of a financial assets has increased significant since initial recognition and when estimating ECL, the Company considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis based on the Company's historical experience and informed credit assessment and including forward looking information.

The Company uses the presumption that an asset which is more than 30 days past due has seen a significant increase in credit risk.

The Company uses the presumption that a financial asset is in default when:

- the other party is unlikely to pay its credit obligations to the Company in full, without recourse to the Company to actions such as realising security (if any is held).

Credit losses are measured as the present value of the difference between the cash flows due to the Company in accordance with the contract and the cash flows expected to be received. This is applied using a probability weighted approach.

Notes to the Financial Statements

For the Year Ended 30 June 2019

3 Summary of Significant Accounting Policies

(f) Financial instruments

Financial assets

Trade receivables

Impairment of trade receivables have been determined using the simplified approach in AASB 9 which uses an estimation of lifetime expected credit losses. The Company has determined the probability of non-payment of the receivable and multiplied this by the amount of the expected loss arising from default.

The amount of the impairment is recorded in a separate allowance account with the loss being recognised in finance expense. Once the receivable is determined to be uncollectable then the gross carrying amount is written off against the associated allowance.

Where the Company renegotiates the terms of trade receivables due from certain customers, the new expected cash flows are discounted at the original effective interest rate and any resulting difference to the carrying value is recognised in profit or loss.

Other financial assets measured at amortised cost

Impairment of other financial assets measured at amortised cost are determined using the expected credit loss model in AASB 9. On initial recognition of the asset, an estimate of the expected credit losses for the next 12 months is recognised. Where the asset has experienced significant increase in credit risk then the lifetime losses are estimated and recognised.

Financial liabilities

The Company measures all financial liabilities initially at fair value less transaction costs, subsequently financial liabilities are measured at amortised cost using the effective interest rate method.

The financial liabilities of the Company comprise trade payables, bank and other loans and finance lease liabilities.

(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 Company'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

Notes to the Financial Statements

For the Year Ended 30 June 2019

3 Summary of Significant Accounting Policies

(h) **Employee benefits**

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.

4 Critical Accounting Estimates and Judgments

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.

Key estimates - impairment of property, plant and equipment

The Company assesses impairment at the end of each reporting period by evaluating conditions specific to the Company that may be indicative of impairment triggers.

Key estimates - receivables

The receivables at reporting date have been reviewed to determine whether there is any objective evidence that any of the receivables are impaired. An impairment provision is included for any receivable where the entire balance is not considered collectible. The impairment provision is based on the best information at the reporting date.

5 Revenue and Other Income

	2019	2018
	\$	\$
- Donations	350	541
- Project income	30,195	17,666
- Interest income	8,547	9,144
- Grant income	891,881	874,655
- Capital Health Network	5,000	20,000
- Membership subscriptions	1,501	1,300
Total Revenue	937,474	923,306

6 Result for the Year

The result for the year includes the following specific expenses:

Other expenses:

Employee benefits expense	836,905	766,881
Depreciation expense	5,285	3,170

Health Care Consumers Association of the ACT Incorporated

ABN 59 698 548 902

Notes to the Financial Statements

For the Year Ended 30 June 2019

7 Cash and Cash Equivalents

	2019	2018
	\$	\$
Cash at bank and in hand	59,478	20,793
Short-term deposits	388,979	413,779
	<u>448,457</u>	<u>434,572</u>

8 Trade and Other Receivables

Trade receivables	14,342	-
Other receivables	1,269	1,571
	<u>15,611</u>	<u>1,571</u>

9 Other Assets

CURRENT		
Prepayments	11,901	-
Total	<u>11,901</u>	<u>-</u>

10 Property, plant and equipment

PLANT AND EQUIPMENT		
Furniture, fixtures and fittings		
At cost	6,924	5,901
Accumulated depreciation	(4,582)	(3,608)
Total furniture, fixtures and fittings	<u>2,342</u>	<u>2,293</u>
Office equipment		
At cost	46,838	50,769
Accumulated depreciation	(20,560)	(30,329)
Total office equipment	<u>26,278</u>	<u>20,440</u>
Total property, plant and equipment	<u>28,620</u>	<u>22,733</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 2019

10 Property, plant and equipment

(a) Movements in Carrying Amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Furniture, Fixtures and Fittings \$	Office Equipment \$	Total \$
Year ended 30 June 2019			
Balance at the beginning of year	2,293	20,440	22,733
Additions	-	11,172	11,172
Depreciation expense	(974)	(4,311)	(5,285)
Balance at the end of the year	1,319	27,301	28,620

11 Trade and Other Payables

	2019 \$	2018 \$
Trade payables	29,678	3,372
GST payable	1,294	25,084
Other payables	2,850	2,275
	33,822	30,731

12 Employee Benefits

Current liabilities		
Provision for annual leave	71,473	53,006
Provision for paid parental leave	10,000	10,000
	81,473	63,006

Health Care Consumers Association of the ACT Incorporated

ABN 59 698 548 902

Notes to the Financial Statements For the Year Ended 30 June 2019

13 Other Financial Liabilities

CURRENT

Amounts received in advance	13.1	54,559	-
Total		54,559	-

13.1 This represents ERO funding received during the financial year 2019 but is related to the next financial year 2020.

14 Leasing Commitments

(a) Operating leases

	2019	2018
	\$	\$
Minimum lease payments under non-cancellable operating leases:		
- not later than one year	30,622	29,730
- between one year and five years	54,671	85,293
	85,293	115,023

Operating leases are in place for the premises situated at 100 Maitland St, Hackett ACT 2602 and have a term from 1 June 2018 to 28 February 2022. Lease payments are increased on an annual basis to reflect market rentals.

15 Key Management Personnel Remuneration

The total remuneration paid to key management personnel of the Company is \$ 140,995 (2018: \$ 122,518; however, year 2018 does not include an amount of \$13,509 paid by the Long Service Leave Authority for long service leave taken during that year.

16 Contingencies

In the opinion of those charged with governance, the Company did not have any contingencies at 30 June 2019 (30 June 2018: Nil).

17 Related Parties

The members of the Association who served on the Committee during the year ended 30 June 2019 (including the previous year's committee) were:

Sue Andrews

Michelle Banfield

Indra Gajanayake

Marcus Bogie

Wendy Armstrong

Louise Bannister

Marion Reilly

Shelley McInnis

Health Care Consumers Association of the ACT Incorporated

ABN 59 698 548 902

Notes to the Financial Statements For the Year Ended 30 June 2019

17 Related Parties

Alan Thomas
Benard BorgCaruana
Beatrice Vann

There were no related party transactions during the year.

18 Auditors' Remuneration

	\$	\$
- auditing or reviewing the financial statements	2,900	2,750
	<u>2,900</u>	<u>2,750</u>

19 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:

	2019	2018
	\$	\$
Profit for the year	(30,404)	28,708
Non-cash flows in profit:		
- depreciation	5,285	3,170
Changes in assets and liabilities:		
- (increase)/decrease in trade and other receivables	(14,040)	25,270
- (increase)/decrease in other assets	(11,901)	14,463
- increase/(decrease) in trade and other payables	3,091	2,490
- increase/(decrease) in grants in advance	54,559	(8,700)
- increase/(decrease) in employee benefits	18,467	8,722
Cashflows from operations	<u>25,057</u>	<u>74,123</u>

20 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 Company, the results of those operations or the state of affairs of the Company in future financial years.

21 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

A. Thomas

Committee member

[Signature]

Dated this day of 2019

23rd October

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 2019, 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 2019 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.

canberra. adelaide. brisbane. gold coast. melbourne. sydney

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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, dated: 28 October 2019

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