



2016–17

Annual Report

Acknowledgement of Traditional Owners

The Board and staff of Health Consumers Queensland acknowledges the Australian Aboriginal and Torres Strait Islander peoples of this nation. We acknowledge the traditional custodians of the lands on which our organisation is located and where we conduct our business. We pay our respects to ancestors and Elders, past, present and future for they hold the memories, traditions, culture and hopes of Aboriginal and Torres Strait Islander Australia.



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Government**



Message from our Chair



The preparation of this report is always an interesting experience as I reflect on how much we have achieved, and yet it helps to bring into focus how far we still have to go.

I'm pleased to report that Health Consumers Queensland continues to be at the forefront of the consumer and community engagement space, making sure this work becomes a real and tangible part of our health system and not just a few words tacked on to the end of a policy document.

Health Consumers Queensland has grown and cemented its place as the state's peak body representing the interests of health consumers and carers. We are gratified that the value of the consumer voice continues to be realised and embedded into our health system.

I believe together we are building the capacity of consumers and health staff as we shift to a co-designed health system; we are growing a strong, responsive and sustainable organisation; we are building the organisation's profile and reputation; we are considered a reliable source of strategic advice; and we are forging and nurturing partnerships with our sister organisations and networks.

While the Health Consumers Queensland team may be small, their influence and reach throughout the state has been nothing short of remarkable. Their highlights these past 12 months include the hugely successful Annual Forum in Townsville, numerous training and networking sessions held throughout the state, meeting every request for consumer recruitment, and their advocacy work that continues to challenge and improve the current health care system.

The Queensland Health Consumers Collaborative is a positive example of how empowering individuals can affect real change. Drawing on the organisation's extensive network, the Collaborative members continue to relish the opportunity to have such direct and personal impacts on the way in which health services are designed and delivered in Queensland. I acknowledge the contributions of all our Collaborative members and Queensland Health staff who give us their time, expertise and perspective. I also thank outgoing Collaborative members Andrew Blythe and Dean Johnson for their efforts



and I look forward to welcoming new members as we continue to grow, learn and influence together.

I thank our funders, particularly the Queensland Department of Health, who enable us to get on with the job of supporting health consumers and communities to partner with health professionals to get the healthcare we all want and deserve. I also thank the Minister for Health and Minister for Ambulance Services, the Hon. Cameron Dick for once again attending the Annual Forum and providing consumers with an update on the *Advancing Health 2026* strategy – an important vision highlighting the central role consumers can play in shaping a better health system.

None of this would be possible of course without the hard work and dedication of Health Consumers Queensland's small but growing team led by Chief Executive Officer Melissa Fox. Your enthusiasm and efforts are recognised and commended.

My thanks also to my fellow board members for their guidance

and insight, and I note in particular retiring director Julie Connolly for her contribution to the strategic direction and oversight of Health Consumers Queensland. Julie's unique and personal experiences as a health consumer and advocate, as well as her energy and intellect, will be missed.

As we look to the future, I hope we can continue to encourage and challenge consumers to take a greater personal responsibility for their own health outcomes. Health professionals will always play an important role but so too can we as individuals, using the information and opportunities presented to make better choices regarding our health and wellbeing. Good health is everyone's business.

Mark Tucker-Evans

Chair

Message from our Chief Executive Officer



This year – our second as a state-funded non-government organisation – was about branching out and establishing our presence as an independent consumer body for all Queenslanders. We have now hit the ground running as we pursue our goal to ensure that Queensland's health consumers and carers are represented and that their views and experiences are valued, respected and included.

Health Consumers Queensland staff have been working across the state to deliver training, respond to requests for consumer representatives, provide strategic advice and support for a growing number of high-level projects such as the Barrett Commission of Inquiry Implementation project, the Logan Together Community Maternity and Child Health Hubs, e-Health developments, nursing innovations, medicinal cannabis reforms and much more. At any one time, we are working across a broad number of fronts, but always towards that one goal.

While the core of our work has been with Queensland Health and the state's Hospital and Health Services, we are continuing to extend our involvement with the entire health system by working with a number of other parties including non-

government organisations, private hospitals, Primary Health Networks, the Australian Commission on Safety and Quality in Health Care and more. It has been satisfying to see the increase in calls for our strategic advice and support by these parties as it is further proof of our ability to ensure the voice of consumers and carers is heard at all levels.

The changes in the consumer engagement space in the past 10 years has been significant. Where once it was seen as the bow on a gift – it is now the wrapping – encompassing and bringing together all the elements involved in the planning, designing and evaluating of our current and future health systems.

Since the introduction of the National Safety and Quality Health Services Standards in 2012, and with the revised standards due to come into effect in January 2019, Health Consumers Queensland will continue to play an important role in assisting health services to meet the new standards and gain their accreditation. We are already focused on the future and how we can be part of the journey of supporting services and organisations during this transition period.

As a small team, I am very proud of and humbled by the reach, impact and influence that Health Consumers Queensland's staff continue to have in our role as the peak body for health consumers.

As part of our plans for the future we have also begun an external independent evaluation, led by Griffith University, to look at the effectiveness of our activities, outcomes and impacts. We want to be an innovative consumer-led organisation that continues to bring value to the health system and most importantly enables consumers to work with the system to improve your own experiences and outcomes of health care and that of other consumers and carers.

The interests and issues that are important to consumers are equally important to us, which is why we conduct annual surveys of both consumers and health staff. We always want to know what you think, we want to know if we are making a real difference in the health system, and we want to know what issues you think we should be advocating for on your behalf. The top five areas identified in our 2017 annual surveys were consumer and carer engagement; mental wellbeing; accessibility of services; public reporting of safety and quality data; and end of life planning and euthanasia. These are just some of the many issues that will help guide the future direction and focus of Health Consumers Queensland.

I would like to acknowledge and thank the Health Consumers Queensland Board for their support and guidance as we continue to build and shape ourselves for the future. I am also very grateful to our staff for their enthusiasm and dedication to supporting Queensland consumers, carers and health organisation staff.

It has been a privilege to continue to represent Queensland's health consumers and carers and to listen to and share your personal stories and unique experiences. I am repeatedly reminded how effective individuals can be when we come together to influence and impact health matters at a state and federal level. Never underestimate the transformational power of our collective voices.

Melissa Fox

Chief Executive Officer

Our Organisation

Health Consumers Queensland is the peak organisation representing the interests of health consumers and carers in the state.



YOU CAN FIND
OUT MORE ABOUT
OUR STORY AT
HCQ.ORG.AU

Health Consumers Queensland is a not-for-profit organisation and a registered health promotion charity and we believe in improving health outcomes for people in Queensland.

Our priority focus is on consumer engagement that influences and leads improvements and delivers better health outcomes for all Queenslanders.

We achieve this through our Queensland-wide health consumer network, tailored training and skills development programs, strategic advice, specific project management and maximising opportunities for consumer representation at all levels of the health system.





Our Mission, Vision

OUR MISSION

**Health Consumers
Queensland empowers
consumers to lead
and drive better
health outcomes.**

OUR VISION

**Consumers and
community partnering with
the health system to get
the healthcare we want.**

STRATEGIC THEMES

1 Build capacity towards consumer-focused co-design and transformation of the health system

- Education for consumers and health service staff.
- Building systemic advocacy skills that enables consumers to take leadership in co-design.

2 Growing a strong, responsive and sustainable organisation

- Develop, strengthen, build, measure, learn.
- Utilise the passion, energy and vision of our people.
- Strong governance, culture, accountability and compliance.
- Sustaining diverse income sources.

3 Building profile and research

- Research excellence and partnering with universities nationally to inform policy and practice.

and Strategic Direction

4

Sought after source of strategic advice to key influencers

- Long term relationships to promote development of a consumer-centred health system.

5

Partnership with sister organisations and networks

- Building effective and efficient networks of health consumer organisations to leverage engagement with key influencers and decision makers.
- Working alongside sister organisations to strengthen the consumer voice.
- Shared development of consumer advocacy.

VALUES



OVER 500
ATTENDEES AT
30 TRAINING
SESSIONS

INCREASE IN
REQUESTS FOR
SERVICES

SIGNIFICANT
GROWTH OF
OUR NETWORK

MORE THAN
200 DELEGATES
ATTENDED OUR
ANNUAL FORUM

Our Highlights

Our small team of eight full-time and part-time staff remain dedicated to embedding consumer and community engagement practice and culture in order to build a world-class health system in Queensland.

The past 12 months have seen a significant increase in requests for our services and support to ensure that consumer and community voices are included in the planning, designing, delivering and evaluating of health services and health outcomes for all.

Our stakeholders are many and varied. They include the individual consumer and carer; vulnerable communities; current, past and potential health service users; non-government organisations; primary health networks and organisations; consumer and community engagement staff; health and non-health organisations, private hospitals; public hospital and health services; and the Queensland Government.

Despite our small team, we have been able to extend our reach right throughout the state, travelling to rural and regional locations to deliver face-to-face training, strategic advice and networking opportunities to ensure that the Health Consumers

Queensland network is a dynamic and diverse community of passionate individuals and organisations with a shared vision. More than 500 individual consumers and health staff have attended some 30 training sessions over the past year with training held in both rural and urban settings across the state.

Our statewide network of consumers, carers and staff has grown significantly in the past 12 months, and to support this expansion we have undertaken future proofing and improvement of our CRM database. The upgrade has assisted us with maximising capability of the database and all staff have been provided with training on the new platform.

Our Annual Forum for 2017 was once again well attended and well received, with more than 200 delegates attending our showcase of best practice consumer engagement within the public and private health system in Queensland.

The Queensland Health Consumers Collaborative continues to provide a valuable conduit for passionate health consumers and carers to directly influence Queensland Health high-level policy and strategic decision-making.

Our mission to empower consumers to lead and drive better health outcomes for all Queenslanders continues to be the driving force behind the work of Health Consumers Queensland.



Health Consumers Queensland's influence has also been extended through a number of strategic avenues. These include systemic advocacy, providing submissions on numerous health-related topics for Queensland parliamentary reviews and departmental policy areas, high-level consumer engagement expertise including membership on key steering groups,

committees and projects, participation and presentations at numerous events, and an increasing public and media relations presence.

Communication remains a key component of all our work and we endeavour to keep consumers and health staff informed through a range of methods, such as bi-monthly networking sessions, training and consumer recruitment opportunities, website, social media and regular electronic newsletters and alerts.

We remain confident that our work is having an impact in Queensland's health system and that the value of consumer engagement is becoming more recognised, more authentic and more often embedded in policy and practice.

We look forward to continuing to expand our network by fostering social inclusion and increasing diversity, and supporting more consumers to speak up and be heard. We are committed to creating a future where consumer engagement is thoroughly and inextricably embedded and linked with all aspects of health and community service operations and delivery.

"CONGRATULATIONS ON...
A WONDERFUL CONFERENCE.
THE NETWORKING WAS FANTASTIC
AND THE PRESENTATIONS WERE ALL
FABULOUS... IT WAS AUTHENTIC AND
HEARTFELT – I LOVED... BEING WITH SUCH
A LARGE GROUP OF DEDICATED AND
PASSIONATE PEOPLE."

Forum attendee

Annual Forum 2017

Health Consumers Queensland hosted its second Annual Forum on Wednesday 17 and Thursday 18 May 2017 in Townsville.

More than 200 delegates from across the state came together to explore the theme of *Power and Passion: Culture Change through Consumer Engagement and Partnerships* through keynote and concurrent sessions, a panel and numerous learning pods all showcasing Queensland-wide best practice consumer and community engagement in healthcare. More than 120 people also enjoyed the chance to connect at a pre-networking session held before the forum.

Consumers and carers, consumer and community organisations, hospital and health services, Primary Health Networks and private organisations came together, to contribute and connect with presenters and delegates and share learnings from their personal experiences. The forum provided participants with valuable examples to inform and inspire their current or future projects, and increased their personal commitment and action towards meaningful consumer engagement and partnerships.

The Minister for Health and Minister for Ambulance Services, the Hon. Cameron Dick returned to open the 2017 Annual Forum, showing his support of Health Consumers Queensland's role and updating attendees on the progress of actions against Queensland Health's *My health, Queensland's*



future: Advancing health 2026 10-year vision and strategy for the state's health system.

Keynote topics included *Putting people front and centre: co-designing youth mental health services* driven by the Barrett Adolescent Centre Commission of Inquiry project and *Culture Change through Consumer Engagement and Partnerships* led by Health Consumers Queensland CEO Melissa Fox. This session saw staff introduce a consumer or health staff member to join them in reflecting on the significant changes in consumer and community engagement over the past two years, including the barriers and service improvements experienced on the journey to effective and embedded partnering.

Twelve concurrent sessions gave attendees a broad choice of topics led by presenters from health consumer groups and hospital and health services from throughout Queensland.

Nine learning pods enabled a range of service providers and consumers to highlight their engagement projects and programs, which are successfully partnering with consumers and are leading to positive outcomes in Queensland's health system.

"FANTASTIC FORUM!
THANK YOU FOR PROVIDING
A GREAT PLATFORM FOR SUCH
IMPORTANT DISCUSSIONS AROUND
CONSUMER VOICES AND HOW WE CAN
ALL WORK TOGETHER TO ADVOCATE
FOR AND ACHIEVE HEALTH!"

Forum attendee



OUR HIGHLIGHTS

The overall response to the 2017 Annual Forum was very positive with attendees enjoying the opportunity to network, gather examples and ideas of good consumer engagement practice to take back to their organisation or community, and increase their understanding of the role they can play in improving consumer engagement in healthcare.

Planning is already well underway for the 2018 Annual Forum in Brisbane, providing the opportunity for managers, consumers, health providers and health leaders to network and learn about new developments, current strategies and topical issues to enhance collaborative efforts across the primary healthcare sector.



Faiza El-Higzi

As a health consumer representative with a focus on the experiences of multicultural Queenslanders,

Faiza El-Higzi relished the opportunity to participate in Health Consumers Queensland's 2017 Annual Forum.

The QEII Jubilee Hospital Consumer Advisory Council member travelled to Townsville to attend and co-present at the forum, keen to bring a multicultural perspective to the conversation on how to improve the health consumer experience and the state's health service system.

"I found the whole experience to be very positive and extremely engaging as an attendee and a presenter," Faiza said.

"I wasn't expecting the wide range of topics on offer which were really informative and interesting and gave me a broader appreciation of the opportunities for consumer engagement.

"The opportunity to meet other consumers and consumer representatives was also wonderful – that chance to network and build relationships outside our normal environment is just so important, particularly in regional Queensland where we don't always get to engage with or hear from."

Faiza's forum presentation centred on her role as a consumer representative on the QEII Consumer Advisory Council, where she shared her knowledge and ideas on how to attract and engage consumers from culturally and linguistically diverse backgrounds to play a role in reshaping our health system.

"The QEII and Queensland Health have been really open to the feedback provided by the council, respecting and valuing our input and ideas," she said.

"The health system is complicated enough but when you add in the barriers of language and culture it can become even more complex.

"That's why the consumer perspective – and in my case the perspectives of multicultural people including refugees and migrants – is so important to deliver a health system that supports us all."

Queensland Health Consumers Collaborative

The Queensland Health Consumers Collaborative was formed to give consumers a voice in all aspects of the healthcare system and a chance to influence and change the way health services are delivered in the state.

A joint initiative between Health Consumers Queensland and Queensland Health, the Collaborative is a strategic, high level collaborative designed to inform the embedding of consumer partnerships at every level of planning, policy, delivery, monitoring and evaluation of services provided by hospital and health services and the Department of Health.

Established in 2015, the Collaborative brings together eight passionate individual consumers and eight high-level Queensland Health staff to inspire and learn from each other and contribute to the development of innovative and quality healthcare for all Queenslanders.

Meeting quarterly, the Collaborative has continued to provide feedback and perspective on a range of topics including long-term Queensland Government health strategies, the impact of Commonwealth hospital funding caps and how to facilitate stronger partnerships between consumers and healthcare services.

Queensland Health representatives have highlighted the significant health challenges Queensland faces and that it requires a concerted and collaborative response involving the input of government and non-government organisations to help shape the future of the state's healthcare system.

Collaborative members were able to bring their unique and valuable personal experiences and insights into Queensland's health system and contribute to numerous conversations. These include how to implement strategies such as the *My health, Queensland's future: Advancing health 2026* and provide input on the development of Queensland Health's value-based healthcare strategy which is investigating how to be smarter about delivering healthcare based on value rather than volume.

The impact of the Queensland Health Consumers Collaborative will continue to grow as it explores new ways of working more closely with Queensland Health on key issues that can make a real difference to the health of all Queenslanders.



Helen Mees

Queensland Health Consumers Collaborative member

Helen Mees knows a thing or two about the health system since she was diagnosed with chronic kidney disease 30 years ago. Further health complications for herself and her two children has given Helen a depth of experience and understanding on a broad range of health-related consumer and carer issues and challenges.

Since joining the Collaborative from its inception in 2015, Helen says the experience has been a very steep learning curve and has opened her eyes to the inner workings of the health system.

"I have a much greater understanding about funding cycles, and timelines, and the necessity to plan so far ahead to make changes in the system," she says.

"It has also been humbling to sit alongside Deputy Director-Generals and high-level staff and see their passion and enthusiasm for change, and see the hours they work. It has been quite enlightening and encouraging from the perspective of a health consumer."



Helen said one area she hoped could be improved was the amount of communication between all parties, and a breaking down of the bureaucratic barriers that still existed in the health system.

"It's great to see these big picture concepts and ideas being discussed but it's another thing to see that implemented on the ground and actually changing and improving experiences for health consumers," she says.

"I have seen some tangible changes at a local level which is just fantastic but I know we can do better."

Helen says she feels privileged to be able to bring her story and the stories of other health consumers to the table.

"Meeting the people behind it all and seeing their commitment to the work they do makes me very optimistic about the future of health care in Queensland – but we do still have a lot of work to do."

Consumer and Community Engagement Framework launched

Following extensive community and stakeholder consultation, Health Consumers Queensland launched its revised *Consumer and Community Engagement Framework* in February 2017.

As consumer and community engagement in Queensland's health system continues to evolve and change, Health Consumers Queensland felt it was important that this valuable and highly regarded resource remained relevant and up-to-date to reflect the current environment.

First published in 2012, the revised Framework acknowledges the significant changes that have taken place in the last four years following the endorsement of the National Safety and Quality in Health Care Standards and requirements for Queensland's Hospital and Health Services' to have consumer and community engagement strategies in place.

An increase in consumer and community engagement activity has been further propelled by a growing expectation by consumers and the community that they can and will be involved in the co-creation of a quality health system. Health staff are equally embracing the opportunities and benefits of meaningful engagement with health consumers to deliver care that ultimately leads to better outcomes.

The Framework has been designed for use across the health system from public and private health services, primary health organisations, government departments, universities and research centres. It also seeks to empower consumers to understand what they can expect from health organisations they engage with, and support them to develop effective partnerships and a common understanding of their possible roles.

The document is not a 'how to' guide but rather a resource that explores exactly what is consumer and community engagement, the definitions, context, evidence and drivers, and some of the barriers to good consumer engagement.

The Framework also looks at where and when engagement should take place, the level of influence consumers can have, the principles and desired outcomes of good engagement, and advice on how to engage with diverse groups who often experience additional barriers to quality healthcare.

We believe this revised Framework will continue to drive and support the transformation of Queensland's health system through consumer-led co-design across the community, aged care and disability sectors.

In addition to the Framework, Health Consumers Queensland in consultation with health services, consumers and carers, is producing two new resources to support the work being done in this area titled *Partnering with Consumers and Community: A guide for health organisations* and *Partnering with Health Organisations: A guide for consumers and community*. These documents together with the revised Framework will be incorporated into our training modules for consumers and staff and distributed throughout our network to further embed consumer and community engagement in our health system.



Barrett Adolescent Centre Commission of Inquiry

In August 2016, Health Consumers Queensland undertook one of its most important consumer engagement projects to date. To give a voice to the young people with severe and complex mental health issues, and their families, affected by the closure of Queensland's only long-term residential mental health facility for adolescents.

The closure of the Barrett Adolescent Centre in January 2014 led to widespread community concern following the deaths of three former patients.

The Barrett Adolescent Centre Commission of Inquiry (BACCOI) was launched in 2015, culminating in the Queensland Government's response a year later in which they accepted in principle all six recommendations from the BACCOI for implementation

Health Consumers Queensland was commissioned to support the consumer and carer engagement component to ensure a wide range of consumers could have their say about the changes being implemented as a result of the government's response. The aim was to support safe and meaningful engagement of young people and their families across all six recommendations including the co-design of a new centre, legislation reviews, improvements to service agreements, and research.

The significant involvement of consumers and carers at all levels of the project was unprecedented and unique. Health Consumers Queensland recruited an engagement advisor specific to the project to support the consumer and carer representatives, facilitate consumer and carer meetings, and provide strategic advice to Queensland Health and the Department of Education throughout the entire process.

More than 40 consumer and carer representatives were engaged during the project, ensuring their experiences and perspectives were captured and shared through face-to-face consultation, engagement, and presentations by young people and carers about their journeys.

Consumers and carers participated in the governance of the project as well as workshops, youth mental health forums, expert panels and reference groups. They also shared their ideas and experiences through surveys and story gathering opportunities. Representation always included at least one consumer and carer who were supported and guided to provide bureaucrats and planners with the vital perspective of the real world experience of services – or lack thereof – for young people whose mental health issues are severe and complex.



OUR HIGHLIGHTS

The depth and diversity of consumer and carer involvement at all stages of the project is a testament to the young people and their carers and families who courageously participated and shared their personal stories to illustrate the challenges that people affected by severe and complex adolescent mental health experience. It was enabled by a true valuing of the consumer and carer voice, and trust in those who took on those roles, by Government and Department of Health staff. It is with great hope that the future of Queensland's mental health system will change for the better thanks to the stories and insights provided by the participants of this project.



Jeannine Kimber

As a mother and carer of someone with severe and complex mental health problems, **Jeannine Kimber** hopes to use her experiences to create real change in Queensland's mental health system.

Supported by Health Consumers Queensland in her role as a Carer Representative on the Barrett Adolescent Centre Commission of Inquiry Implementation Steering Committee, Jeannine is a passionate advocate and is committed to ensuring the best possible care for vulnerable young Queenslanders.

Jeannine said she found the inquiry process and her involvement on the committee as validating and respectful.

"It's really given an opportunity for us to raise significant issues for this particular cohort of young people with severe and complex mental health issues that has to a degree been previously ignored or not adequately addressed," she said.

"The process has given us hope...that in the future those who might have fallen through the cracks will receive the appropriate treatment so that they can fulfil their potential and hopefully have happy lives where they are contributing to society and meeting their own goals."

Jeannine says it has been encouraging to see the support for her and other carers and consumers to share their stories and experiences, both good and bad.

"For many young people who have had negative experiences they might be reluctant to get involved and share their story which is why the support of Health Consumers Queensland is so important to support those young people to speak up and be respected for speaking out," she said.

"This whole experience has provided a platform I feel to expand the conversation beyond just talking about the Barrett issue but to look much more broadly at how we can provide the best possible care for such a unique and vulnerable group of young people, wherever they may live in Queensland."

Supporting Effective Partnerships

The past 12 months have seen a sharp increase in demand for our consultancy services and particularly for strategic advice on consumer and community engagement practices.

Strategic advice and consultancy

As Queensland's peak health consumer group, one of Health Consumers Queensland's primary objectives is to assist health services to embed authentic partnerships with consumers and carers into all aspects of their organisations.

We have continued to maintain and strengthen our working relationships with all stakeholders, including Department of Health, Hospitals and Health Services, private, allied and primary health providers, non-government organisations and consumer groups.

Our expertise and experience was well utilised during the Barrett Commission of Inquiry Implementation project where we empowered and supported consumers to challenge the existing model of care for young people with severe and complex mental health issues.

We continue our involvement in state and national responses to the issue of pelvic mesh implants, supporting women who have been affected and who have bravely chosen to share their experiences in the hope of better understanding the subject to improve informed decision making and outcomes for women in the future.

Heath Consumers Queensland is pleased to support North West Remote Health (NWRH) to develop its Consumer and Community Engagement Framework.

Micah Projects sought our expertise to facilitate two roundtables with consumers to inform future service delivery for the organisation.



SUPPORTING EFFECTIVE PARTNERSHIPS

We have hosted and facilitated a number of focus groups for various organisations including an opportunity to support the Continence Foundation to hear from Queensland pregnant women and new mothers who provided feedback on the organisation's long standing Pregnancy Guide.

Focus groups were also facilitated with Queensland Health to inform into resources for consumers in relation to the introduction of the GP Access to The Viewer project. We are also involved in the My Health Record Diagnostics and Imaging project with the aim of ensuring effective engagement with consumers and carers as health services commence uploading

a patient's radiology and pathology reports to their My Health Records from April 2018.

The number of submissions and reports on key health issues of concern to consumers and carers has significantly increased. Submission topics range from the national framework for maternity services to the use of medicinal cannabis.

Underpinning all this work is our comprehensive and newly updated Consumer and Community Engagement Framework that gives health providers and services an effective guide for developing partnerships strategies which can deliver real outcomes.

Strategic advice and consultancy in action

Health Consumers Queensland is proud to support the implementation of a unique new community-based model of holistic relationship-based maternity care in Logan.

Health Consumers Queensland CEO Melissa Fox has been providing support and strategic advice in her role as Co-Chair of the Logan Maternity and Child Health Hubs' Community Oversight Committee, as well as facilitating governance workshops, to help develop the new model which will include continuity of care with a known midwife and other important wrap-around services.

The new community-based maternity and child health hubs were co-designed with Logan women, maternity consumer representatives, health professionals, community agencies and community leaders as part of community-wide consultations conducted by Logan Together, under a collective impact model. Recurrent funding totalling \$3 million has been allocated through the Queensland Government's Logan

Community Health Action Plan (CHAP). Metro South Health will now implement the model with oversight from the Logan Community and Maternity Child Health Oversight committee.

"We hope that we can play a part in ensuring the success and future duplication of this exciting model which is aimed at addressing the needs of women in the Logan area who are not currently accessing the right levels of antenatal care to give them and their babies the best start in life," Melissa said.



Sourcing and recruiting consumers and carers

Demand for consumer and carer representatives has continued to increase at a rapid rate with Health Consumers Queensland recruiting 211 representatives to various positions throughout the state in 2016–17.

Health consumers were recruited from our extensive statewide network for various organisations such as the Department of Health, health service organisations, universities, and research centres. Health Consumers Queensland was able to fulfil every request, often with multiple applicants demonstrating the growing network of consumers we now support.

Rather than just acting as a recruitment agency, Health Consumers Queensland works in partnership with organisations and consumer applicants to ensure the

right fit for both parties. Staff provide additional support to organisations to help them improve their consumer partnership capabilities with advice on remuneration, how they can best support their consumers, and how to proactively make their activities more consumer friendly to increase participation.

Consumer applicants are also supported to ensure the process is accessible and inclusive and gives them the right opportunities to share their stories through different means, including representative and advisory committee roles, speakers at conferences or forums, and participation in focus groups or strategic planning days.

The growing number of consumer recruitment requests is a positive sign that the health system is actively seeking the consumer perspective and values the voice of the individual.

Stephanie Gettens

When looking for the right consumer to speak at a forum about preventing in-patient falls, Queensland Health's **Stephanie Gettens** reached out to Health Consumers Queensland and ended up getting two-for-the-price-of-one.

The Principle Project Officer in the Clinical Excellence Division's Patient Safety and Quality Improvement Service Programs Team, said the recruitment process was very easy and attracted two valuable consumers with so much knowledge and experience that they quickly found a second role to fill.

"Our two candidates were both perfect and had such important stories and perspectives to share that we decided to make the most of their experience and utilise them both," Stephanie said.

"We realised that we needed a consumer representative on a state-wide falls committee and our newest member has certainly been the perfect addition, challenging us and making us see things that we just hadn't thought of before.

"And our consumer representative we chose to speak at our forum was also fantastic as she gave us different perspectives and angles on a subject which is often only seen from one way, again challenging us to rethink our approach."

Stephanie said the process of engaging Health Consumers Queensland to recruit a consumer representative was simple and straightforward and she would recommend it to any other department or organisation who felt they were lacking that consumer voice in their work.

"Everything we do is pitched at consumers and we need to know that the information and advice we are trying to share is the right information and is going to be understood by the right audience, so having that consumer perspective is crucial," she said.

"Some might think consumer recruitment is just too hard or they don't know where to begin – Health Consumers Queensland is the perfect place to start!"

SUPPORTING EFFECTIVE PARTNERSHIPS

Expanding our statewide network

Health Consumers Queensland's extensive network of consumers and carers is filled with heartbreaking and heart-warming stories and experiences of the state's health system, inspiring and pushing us to support them in our shared goal to improve health outcomes for all.

Building the capacity and capability of our network is paramount as we work to embed consumer engagement in our health system through respectful partnerships and collaborative opportunities.

The past 12 months have seen a substantial increase in consumer recruitment requests, which we have met with our growing network of consumers and carers who are keen to actively participate and share their experiences and expertise to bring about positive change.

Our bi-monthly consumer networking sessions are a chance for consumers of all backgrounds and interests to share anecdotes, knowledge, insights and intelligence. It also allows them to seek guidance from their peers for some of the challenges or difficulties they might face as consumer representatives, and to break down barriers that can exist in the health system.

Networking sessions held throughout the state, including Brisbane, Rockhampton, Townsville, Mackay, Bundaberg, Charleville and Cairns, ensured that consumers and carers from rural and regional Queensland had the opportunity to build stronger local networks. A total of 568 people attended the 10 consumer networking sessions during 2016-17.

Special guest speakers often attend and share their knowledge on topics including the National Disability Insurance Scheme, health literacy and health economics.

Consumers are also kept up-to-date with relevant news, information and representative opportunities through the monthly eNews, regularly eAlerts and the Health Consumers Queensland website.



Noela Baglot

As a consumer representative, **Noela Baglot** says Health Consumers Queensland's networking sessions provide invaluable support, encouragement and validation.

"There was little recognition or acknowledgement of consumer engagement even just five years ago, but now I feel so much more confident in speaking up, knowing that anyone of any age can have their say in this safe space," Noela said.

"The networking sessions, and training sessions I've attended, have really helped me to develop and refine my voice as a consumer representative.

"It's like Health Consumers Queensland is giving us the right ingredients to make a great recipe for change by educating, informing and training us to be better participants and representatives."

Noela said the networking sessions helped to broaden her understanding and knowledge of consumer engagement, which she was then able to share in her own community, and consumer representative and advisory roles.

"As a representative it's my responsibility to learn from others and to share those learnings with others," she said.

"Even the simple concept of completing a survey is given more weight as we understand the possible opportunities and outcomes that can come from consumers providing honest and detailed feedback.

"It is just as important to let services know what they are doing well rather than just always focusing on what isn't working so those positive attributes can be expanded and built on."

Training

One of Health Consumers Queensland's main roles is to support health staff to effectively partner with consumers and for consumers and carers to become strong and effective voices as consumer representatives or advisory group members.



Consumer training

Consumers often feel they do not have sufficient knowledge of the health system to contribute, however it is their unique and personal lived experiences of receiving care that are the most important thing they can bring to the table.

Health Consumers Queensland offers training through face-to-face sessions and more recently via webinars for emerging and current consumer and carer representatives. Health services often request training for new members of their consumer advisory groups, and on occasion training is provided for our network consumer members who have been unable to attend in-house sessions.

The purpose of the consumer training sessions is to explore the elements of consumer partnership, their roles and responsibilities and what assistance they can expect from their health service such as orientation, debriefing and remuneration.

The sessions also help consumers to feel competent and confident by providing them with practical advice and tips on how to become effective representatives in new and challenging environments.

These training sessions are a vital component of building the capacity and capability of consumers to provide independent, consumer perspective on a broad range of health issues and priorities in Queensland's health system.

To meet the growing skill level of consumers and carers in representative positions, Health Consumers Queensland will, from 2018, offer Queenslanders the only accredited Consumer Leadership course available in Australia, without having to travel interstate.

Health staff training

Health Consumers Queensland also provides training for Queensland Health staff, private hospitals, Primary Health Networks and other organisations as requested.

In 2016–17, we provided 30 bespoke training sessions throughout the state, specifically designed and delivered to meet the individual needs of the client organisation. We take the time to ask about your organisation's consumer needs based on a survey, shape and deliver the training as needed, offer strategic advice, as well as collect and collate feedback for a post-workshop report to ensure we are hitting the mark each time. Associated consumer and carer representatives will receive similar training to ensure both parties hear the same messages about what makes effective partnerships and the value of these relationships.



Graduate Certificate in Consumer and Community Engagement

As partnering with consumers becomes more embedded into health services the request for additional and specific topic training increases.

To address this, Health Consumers Queensland facilitated the first Graduate Certificate in Consumer and Community Engagement to be held in Queensland, during June and July. Seventeen participants attended the four-day course and travelled from Thursday Island, Mount Isa, Toowoomba, Sunshine Coast, Bundaberg and Brisbane region to attend. The Victorian peak consumer organisation, Health Issues Centre co-facilitated the course.

Additional courses on specific subjects of interest to staff will be provided from early 2018.

Consumer and health service training was facilitated for the following services and organisations during 2016–17:

- Central Queensland HHS
- Children's Health Queensland
- Darling Downs HHS
- Department of Health
- Gold Coast HHS
- Gold Coast HHS Mental Health Service
- Gold Coast PHN
- Health Consumers Queensland Consumer Network
- Mackay HHS

Donna Lucas

Bringing together health staff and consumer representatives for consumer engagement training has opened the door to new conversations and avenues for idea sharing, according to **Donna Lucas**.

Donna is the Consumer and Community Engagement Officer for the Darling Downs Hospital and Health Service (HHS) based in Toowoomba and servicing nearly 280,000 people across 90,000 square kilometres, which brings a unique set of challenges to the job.

"Getting Health Consumers Queensland staff out here to provide Partnering with Consumers training to our staff and consumer representatives at the same time has been fantastic for so many reasons," she said.

"It allowed everyone to hear first-hand the perspectives, ideas and feedback from both sides; it opened up some great conversations among staff and consumers and provided a platform to share what works and what doesn't."

Donna said she was grateful to Health Consumers Queensland for bringing the training to the regions, with sessions held in Toowoomba, Goondiwindi and Kingaroy attracting staff and consumers from far and wide, including Stanthorpe, Warwick, Texas, Milmerran and Oakey.

"It's so important to get out into some of our smaller communities and really listen to them in their own environment, about their achievements and challenges, where they feel most comfortable opening up, sharing and participating," she said.

"We are always learning about how to best engage with our consumers and open up those conversations, and this training has really helped to inform both staff and consumers about how we can best work together."

A great example of consumer engagement in the region is the development of a consumer group to influence and inform the development of a new hospital being built in Kingaroy.

"It's about getting things right the first time around and making sure that we are listening to the needs and wants of such a diverse community."

Donna says she looks forward to engaging Health Consumers Queensland to deliver more training in the near future and to continuing the push for consumer engagement to become part of the everyday conversation.



- Mater Health
- Metro South HHS
- North West HHS
- Pasifika Women
- Queensland Health Clinical Networks consumers and coordinators
- Queensland Health Consumers Collaborative
- Statewide Rehabilitation Clinical Network
- Townsville HHS
- Wide Bay Partners in Recovery



Angie Duncan

Health Consumers Queensland's Partnering with Consumers training is delivering enormous benefits for both staff and consumers, according to **Angie Duncan**.

The Patient Experience and Consumer Engagement Manager for Children's Health Queensland Hospital and Health Service, said feedback from staff and consumer representatives who attended the trainings was very positive and revealed a greater shared understanding and knowledge of the health system.

Working in a consumer engagement role for the past seven years, Angie said she is encouraged to see health services actively seeking out partnership opportunities with consumers and ways they can incorporate consumer engagement into their business across different levels.

"The feedback from staff and consumers has been incredibly positive – more so than I would have expected as both groups can be hard to engage sometimes, both consumers and staff have enjoyed the experience and the learnings," Angie said.

"There is continued demand for further support and education for consumers particularly in the skills, knowledge and support for consumers in governance.

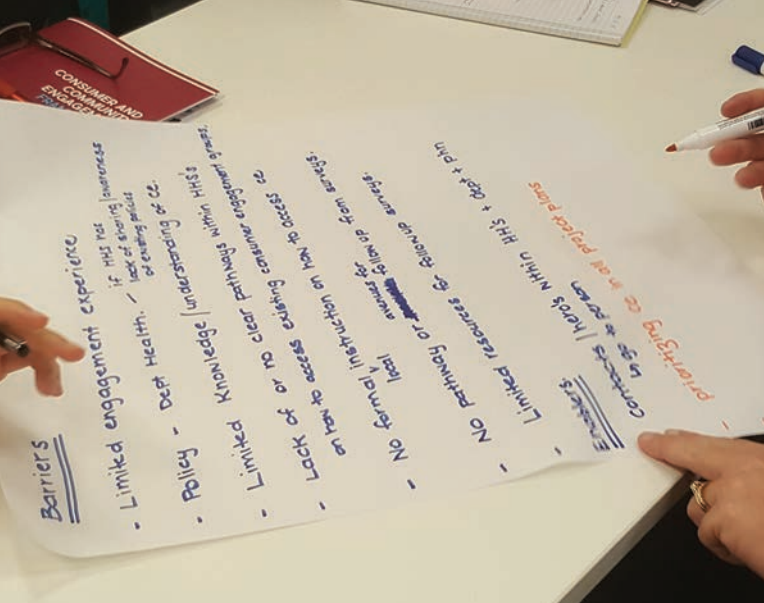
This is evident in the increasing number of opportunities for them to participate in governance and strategic health planning and that's why the training offered by Health Consumers Queensland is so critical if consumers are going to be effective health system advocates and really step up to the opportunities on offer.

"I've seen a definite shift in our staff as they become more motivated to engage with consumers in a more meaningful and supportive environment. There is a growing understanding of what consumers can bring to the conversation, the benefits for both sides and the importance of genuine partnerships built on respect.

"Accreditation and the focus on partnering with consumers has provided an introduction to working with consumers and with the new standards implemented in 2019 we will further embed and expand our efforts with consumers."

Angie says she hopes to introduce Health Consumers Queensland training as a regular feature of their consumer induction program to give them a solid understanding of their potential right from the beginning.

"The training for staff and consumers has been enormously valuable and has given us all a greater appreciation of the benefits of really hearing and using the consumer experience to make improvements for everyone's benefit," she said.



Submissions

As part of our role of advocating systemically for consumers and carers, we have provided submissions on issues that affect Queensland families including:

- Healthy Futures Commission Queensland Bill 2017
- Health (Abortion Law Reform) Amendment Bill 2016
- Inquiry into Health and Other Legislation Amendment Bill 2016
- Inquiry into the performance of the Queensland Health Ombudsman's functions
- Inquiry into Public Health (Medicinal Cannabis Affordability) Amendment Bill 2017
- Inquiry into Public Health (Medicinal Cannabis) Bill 2016
- Review of Pharmacy Remuneration and Regulation
- Submission on the Consultation Draft: National Framework for Maternity Services



Presentations

Each year we receive a growing number of requests for presentations on our work and the benefits of partnering with consumers.

In 2016–17, we provided presentations to:

- Akolade
- Australian College of Nurse Practitioners
- Australian Day Hospitals Association
- CheckUp Forum
- Children's Health Queensland
- Hospital and Health Service Board Chairs
- Logan Together
- Maternity Services Risk Workshop
- National Rural Health Conference
- NGO Roundtable
- North West Hospital and Health Service Board
- Nurse Navigators Orientation
- Pharmacy Guild
- Queensland Health Chief Executives Forum
- Queensland Clinical Governance Forum
- Queensland Health Healthcare Improvement Unit
- Queensland Health Clinicians – Leadership Alumni Celebration
- Queensland Health Learn2Lead program
- Queensland Nurses Union
- South West Hospital and Health Service
- The Passage to Motherhood Conference
- University of Queensland – Second year medical students
- Statewide Child and Youth Clinical Network
- Occupational Therapy students
- The Royal Australasian College of Medical Administrators (RACMA)

Annual Survey

Each year Health Consumers Queensland surveys consumers and carers on our statewide network and health service staff.

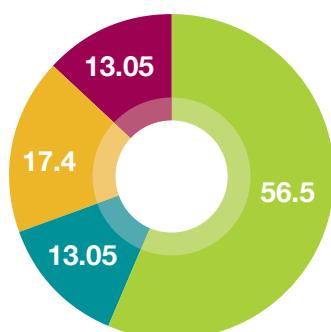


The survey assists us to understand the skills, experience and professional development and support needs of both staff and consumers and carers and indicate how well consumer partnerships are developing within health organisations across the state.

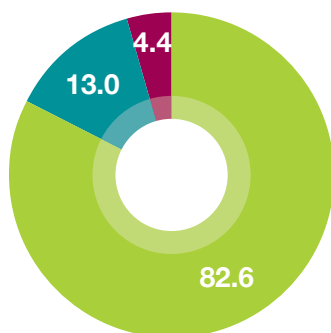
The survey also identifies if there is improved capability by hospitals and health services to partner with consumers, improved knowledge of consumer representatives and assessment of health service organisation requirements for training and support for the next year. The 2017 survey shows an increasing number of consumers are feeling more valued and listened to and there is an identified increase in consumer engagement.

Health Staff Survey

Have you seen a positive shift or change in the organisation's culture due to partnering with consumers/carers in the last year?

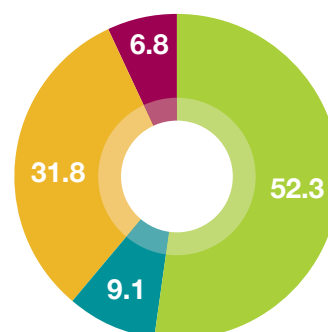


Do you think there has been an increase in the level of consumer/carer partnering being undertaken by your health organisation in the last 12 months?

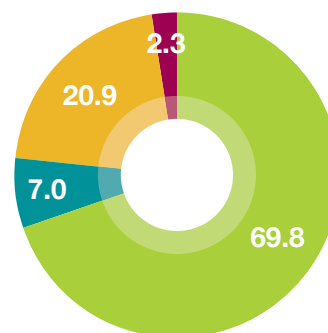


Consumer Survey

Have you seen a positive shift or change in the organisation's culture due to partnering with consumers/carers in the last year?



Do you think there has been an increase in the level of consumer and carer partnerships being undertaken by your partnering health organisation in the last 12 months?



Meet our Staff



Left to right:

Melissa Fox	Chief Executive Officer
Suzanne Wirges	Project Support Coordinator
Reema Naresh	Project Officer (commenced April 2017)
Chelsea Gourgaud	Project Officer
Jo Smethurst	Project Officer
Nicole O'Keane	Office Manager
Anne Curtis	Project Manager
Leonie Sanderson	Engagement Advisor (inset)
Georgina Lawson	Project Officer (to February 2017, not pictured)



Meet our Board



Mark Tucker-Evans

CHAIR

Mark Tucker-Evans has been involved with Health Consumers Queensland since its inception in 2008. He was the inaugural Chair of the Ministerial Advisory Committee and became the first Chair when Health Consumers Queensland was established as an independent organisation.

Mark is the Chief Executive of COTA (Council on the Ageing) Queensland, Chair of the Institute of Healthy Communities Australia and an Executive Member of the Queensland Clinical Senate.

Previously Mark has held CEO roles within research, media, industry and professional associations in New South Wales and Queensland and developed significant expertise in issues related to consumer and community engagement and age-friendly cities and communities.



Dr Erin Evans

DIRECTOR

Erin is a specialist educator and advisor in complexity management, systems and strategy. She is the discipline lead of systems thinking and complexity management at QUT Graduate School of Business where she lectures to the MBA, Executive MBA and executive programs.

In Australia and internationally, Erin has consulted in a range of industries and areas including health, Indigenous communities, defence, financial services, technology and education. These include organisational development, strategy and change management.

Erin's PhD was in the field of medical biotechnology and she has worked for over 10 years in the biotech and pharmaceutical industry as a global project and quality manager.

Erin has been a Director on the Health Consumers Queensland Board since 2014. She is also on the Board of One Health Organisation and the Australian Organisation of Quality. She has also been a board member of Integral Institute Australia, Latin Dance Australia, Brisbane Independent School, Executive Leadership Advancement Network, and Kigoma Development Promotion Agency.



Brendan Horne

DIRECTOR

When Health Consumers Queensland was established in 2008 as a Ministerial Advisory Committee, Brendan was there and has continued to be involved in the work of Health Consumers Queensland. He is now a member of the Board and has been for the past two years.

Brendan has many years personal experience as a carer within his own family. He is a social worker with a master's degree in social policy. He has been involved in human services, in numerous capacities, for the past 40 years. He has been a director on numerous Boards of NGOs in the health disability sphere. For a decade, he was the General Manager of the Cerebral Palsy League and helped in its restructure and deinstitutionalisation. The organisation was decentralised and services developed for outlying areas. He was the Director of the Commonwealth Rehabilitation Services in north and central Queensland during a period of major change. He has worked in health, community services, corrective services and juvenile justice in New South Wales, Victoria and South Australia and he worked in child protection in Ireland.

Until his retirement, he was the services manager for Carers Queensland. Brendan's earliest involvement in human services was as a Northern Territory patrol officer and later superintendent working with the Aboriginal communities particularly those people from the Western Desert.

MEET OUR BOARD



Steve Russell **DIRECTOR**

Steve is a lifelong health consumer and an active health consumer advocate for over 40 years. His professional experience includes social justice and human resource program manager with the Commonwealth Government in the Australian Capital Territory, New South Wales and Queensland, a community development consultant to all levels of government and community sector and an elected local government councillor.

He has held numerous positions as a member and chair of public sector advisory and consultative committees on health and environment matters. He has been Chair of both Innisfail District Health Council and Cairns and Hinterland Hospital and Health Service Health Community Council. He is currently a Director of the Board of Far North Queensland Hospital Foundation.

He operates a small tourism business in Far North Queensland in partnership with his wife and is an aspiring recluse.



Julie Connolly **DIRECTOR (TO 28 MAY 2017)**

Julie Connolly holds a PhD in political philosophy and continues to teach on a casual basis at the University of Queensland in the history of political thought. In her other day job she manages advocacy, impact and innovation at the Multicultural Development Association (MDA), working with and on behalf of refugees, asylum seekers and other emergent communities in Queensland. This is not Julie's first job as an advocate, she has also worked in mental health advocacy and trade unions.

Julie has a lively interest in reform in the health sector and human services more generally. She believes that the trajectories of reform in both governance and funding contain the potential to empower consumers, ensuring that their voice and experience is integral to the way that services are designed and delivered.

Looking Forward

2018 Annual Forum

Plans for the 2018 Annual Forum are underway with the theme *The Evolution of Engagement*. For the first time the Annual Forum will be held over two days to provide even more valuable opportunities for consumers and carers, health staff, health providers and health leaders to hear about current strategies and developments in the health system and to network with each other.



'How to' guides for consumers and health organisations

Work is underway on two new 'how to' guides for health consumers and health organisations as a follow-on to our recently revised *Consumer and Community Engagement Framework*. The *Partnering with Consumers and Community: A guide for health organisations* and the *Partnering with Health Organisations: A guide for consumers and community* are being developed in consultation with consumers and health service staff. Our training packages will be refreshed to reflect the content in the guides.

Health literacy

With Version 2 of the Australian Commission on Safety and Quality in Health Care's National Standards now approved for introduction in January 2019 there will be an increasing focus on health literacy as health services move to become health literate organisations. We will continue to work with health services and consumers to ensure a more health literate environment for all.

Website redevelopment

Redevelopment and redesign of our website is a priority with the aim to have the new look site operational by early 2018. The aim is to create a more user-friendly and effective resource tool for health services and consumers.

Griffith Evaluation Project

The Griffith Evaluation Project looking at the effectiveness of Health Consumer Queensland's activities, outcomes and impacts will be finalised in mid-2018. Five consumer and carer representatives form the reference group for the evaluation project.

2018 ANNUAL FORUM
THE EVOLUTION
OF ENGAGEMENT
14-15 JUNE BRISBANE



Member and stakeholder relations

Building collaborative, outcomes-focused relationships with all stakeholders continues to be a priority for staff and Board. Conversations are ongoing with senior government staff and relevant state and national health agencies, consumer organisations, universities, private and non-government services and consumer network members to raise our profile and pursue potential working partnerships. We look forward to sharing more about these opportunities as they come to fruition.

Health Consumers Queensland Board

The Board will farewell director Brendan Horne at the 2017 Annual General Meeting. Brendan has been involved with Health Consumers Queensland since 2008 and his contribution to the development of the organisation at all stages is to be commended. We look forward to introducing our newest board members in due course and utilising their new skillsets and areas of expertise.



Child and Youth Adolescent Mental Health Service

Health Consumers Queensland will continue to support the consumer and carer engagement around the implementation of new facilities and models designed to improve mental health services for young people. This includes the new Adolescent Extended Treatment Facility at Prince Charles Hospital, the adolescent day programs at Metro South and the Gold Coast Hospital and Health Services as well as the piloting of a youth peer worker scheme.



Sister organisations

Health Consumers Queensland will continue to maintain relationships with our sister state/territory peak consumer bodies and organisations throughout Australia to ensure we remain informed and aligned with the key issues and priorities of health consumers nationally. Working alongside national bodies such as the Consumer Health Forum of Australia remains a priority as we share a vision to deliver the best healthcare for all Australians.



Finance Report for 2016/2017

Health Consumers Queensland Ltd has now finished the second year of a three-year contract with Queensland Health.

Under the terms of that contract the organisation is required to meet the contractual outcomes, spend the funds appropriately and return any unspent funds.

In relation these funds there was a small underspend of \$3,484.74 which along with two other projects made up the unspent grant funds however these other projects are continuing past 30 June 2017 and so these funds will be carried forward not paid back.

The organisation is mindful of its dependency on Queensland Health funding and for that reason is seeking out and has obtained other funding and consultancy type projects. As a result the organisation ended the year with a surplus of \$65,200 and an accumulated surplus of \$218,993 which includes \$61,349 of Fixed and Intangible Assets purchased

funding but not yet fully depreciated and a rental bond of \$41,745. This means that the organisation has \$115,899 of real surplus funds to support its future operations.

Of the total costs to run the organisation of \$1,178,256 the single biggest expense is for employee costs amounting to \$646,103. Administration and Occupancy Costs that are not directly related to projects amount to approximately 14% of total revenue. Total expenses of the organisation amounted to \$1,113,056.

The organisation was issued an Independent Audit Report without qualification by Jeremiah Thum as the Director of Independent Audit Services on 26 September 2017. This report is available on our website: <http://www.hcq.org.au/about-us/annual-reports/>

Directors' Report

Your directors present this report on the company for the financial year ended 30 June 2017.

Directors

The names of each person who has been a director during the year and to the date of this report are:

Brendan Patrick Home

Mark Richard Tucker-Evans

Erin Dyan Evans

Julie Connolly resigned (26/05/2017)

Stephen Russell

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

Review of Operations

The surplus of the company for the financial year after providing for income tax amounted to \$65,200 (2016: \$140,261).

Significant Changes in the State of Affairs

No significant changes in the state of affairs of the company occurred during the financial year.

Principal Activities

The principal activity of the company during the financial year was consumer engagement that influences and leads improvements and delivers better health outcomes for all Queenslanders. This was achieved through their Queensland-wide health consumer network, tailored training and skills development programs, and maximising opportunities for consumer representation at all levels of the health system. No significant change in the nature of these activities occurred during the year.

The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the company. At 30 June 2017, the total amount that members of the company are liable to contribute if the company is wound up is \$40 (2016: \$50).

DIRECTORS' REPORT

Events Subsequent to 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.

Likely Developments and Expected Results of Operations

Likely developments in the operations of the company and the expected results of those operations in future financial years have not been included in this report as the inclusion of such information is likely to result in unreasonable prejudice to the company.

Environmental Regulation

The company's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a state or territory.

Proceedings on Behalf of Company

No person has applied for leave of Court to bring proceedings on behalf of the company or intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the company for all or any part of those proceedings.

The company was not a party to any such proceedings during the year.

Auditor's Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2017 has been received and can be found on page 3 of the financial report.

Signed in accordance with a resolution of the Board of Directors


Director

Dated this 26th day of September 2017



Level 7, 127 Creek Street, Brisbane QLD 4000 | T 07 3218 7394

HEALTH CONSUMERS QUEENSLAND LTD

ABN 66 165 711 919

AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of Health Consumers Queensland Ltd for the year ended 30 June 2017, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

- (a) the auditor independence requirements as set out in the Australian Charities and *Not-for-Profits Commission Act 2012* in relation to the audit; and
- (b) any applicable code of professional conduct in relation to the audit.

INDEPENDENT AUDIT SERVICES

Chartered Accountants

Jeremiah Thum

Director

Brisbane, QLD

Dated this 25th day of September 2017

Independent Audit Services Pty Ltd ABN 87 168 884 875
Limited liability by a scheme approved under Professional Standards Legislation.
Registered Authorised Audit Company No. 460755



Statement of Profit or Loss and Other Comprehensive Income for the Year Ended 30 June 2017

	2017 \$	2016 \$
Revenue	1,079,149	843,469
Other income	99,107	46,947
Employee provisions expense	(646, 103)	(500,608)
Depreciation and amortisation expense	(17,045)	(10,331)
Operational Expenses	(179,652)	(95,632)
Consulting Fees, Forum and Other Meeting Expenses	(199,960)	(88,121)
Occupancy Expenses	(70,296)	(55,463)
Surplus before income tax	65,200	140,261
Income tax expense		
Surplus for the year	65,200	140,261
Other comprehensive income, net of income tax		
Items that will not be reclassified subsequently to profit or loss		
Items that will be reclassified to profit or loss when specific conditions are met		
Total other comprehensive income for the year	65,200	140,261

The accompanying notes form part of these financial statements.

Statement of Financial Position

30 June 2017

	Note	2017 \$	2016 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	6	330,317	309,425
Trade and other receivables	7	38,496	2,892
Other assets	10	5,079	
TOTAL CURRENT ASSETS		373,892	312,317
NON-CURRENT ASSETS			
Property, plant and equipment	8	51,527	53,486
Intangible assets	9	9,822	9,654
TOTAL NON-CURRENT ASSETS		61,349	63,140
TOTAL ASSETS		435,241	375,457
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	11	60,663	90,256
Employee benefits		34,848	32,076
Other financial liabilities	12	120,737	99,328
TOTAL CURRENT LIABILITIES		216,248	221,660
TOTAL LIABILITIES		216,248	221,660
NET ASSETS		218,993	153,797
EQUITY			
Retained earnings		218,993	153,797
TOTAL EQUITY		218,993	153,797

The accompanying notes form part of these financial statements.

Statement of Changes in Equity for the Year Ended 30 June 2017

	Retained Earnings \$	Total \$
2017		
Balance at 1 July 2016	153,793	153,793
Surplus for the year	65,200	65,200
Balance at 30 June 2017	<u>218,993</u>	<u>218,993</u>
2016		
Balance at 1 July 2015	13,532	13,532
Surplus for the year	140,261	140,261
Balance at 30 June 2016	<u>153,793</u>	<u>153,793</u>

The accompanying notes form part of these financial statements.

Statement of Cash Flows for the Year Ended 30 June 2017

	Note	2017 \$	2016 \$
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from customers, Commonwealth, State and Local Government Grants		1,112,265	942,800
Payments to suppliers and employees		(1,079,964)	(564,608)
Interest received		3,845	3,038
Net cash provided by/(used in) operating activities		36,146	381,230
CASH FLOWS FROM INVESTING ACTIVITIES:			
Purchase of property, plant and equipment		(15,254)	(73,471)
Net cash used by investing activities		(15,254)	(73,471)
Net increase/(decrease) in cash and cash equivalents held		20,892	307,759
Cash and cash equivalents at beginning of year		309,425	1,666
Cash and cash equivalents at end of financial year	6	330,317	309,425

The accompanying notes form part of these financial statements.

Notes to the Financial Statements for the Year Ended 30 June 2017

The financial report covers Health Consumers Queensland Ltd as an individual entity. Health Consumers Queensland Ltd is a not-for-profit Company, registered and domiciled in Australia.

The principal activity of the Company for the year ended 30 June 2017 was consumer engagement that influences and leads improvements and delivers better health outcomes for all Queenslanders. This was achieved through our Queensland-wide health consumer network, tailored training and skills development programs, and maximising opportunities for consumer representation at all levels of the health system. No significant change in the nature of these activities occurred during the year.

The functional and presentation currency of Health Consumers Queensland Ltd 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.

2 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.

Lease incentives under operating leases are recognised as a liability and amortised 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.

Government grants are recognised at fair value where there is reasonable assurance that the grant will be received and all grant conditions will be met. Grants relating to expense items are recognised as income over the periods necessary to match the grant to the costs they are compensating. Grants relating to assets are credited to deferred income at fair value and are credited to income over the expected useful life of the asset on a straight-line basis.

Notes to the Financial Statements for the Year Ended 30 June 2017

2 Summary of Significant Accounting Policies

(c) Revenue and other income

Rendering of services

Revenue in relation to rendering of services is recognised depending on whether the outcome of the services can be estimated reliably. If the outcome can be estimated reliably then the stage of completion of the services is used to determine the appropriate level of revenue to be recognised in the period if the outcome cannot be reliably estimated then revenue is recognised to the extent of expenses recognised that are recoverable.

Other income

Other income is recognised on an accruals basis when the Company is entitled to it. All revenue is stated net of the amount of goods and services tax (GST).

(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.

The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the statement of financial position.

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.

Items of property, plant and equipment acquired for nil or nominal consideration has been recorded at the acquisition date fair value.

Where the cost model is used, the asset is carried at its cost less any accumulated depreciation and any impairment losses. Costs include purchase price, other directly attributable costs and the initial estimate of the costs of dismantling and restoring the asset, where applicable.

(e) Property, plant and equipment

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:

Class of Fixed Asset	Depreciation Rate
Furniture	10% – 20%
Office Equipment	10% – 50%
Computers	5% – 50%
Office Fitouts	2.5% – 20%

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 using trade date accounting, i.e. 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

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

- loans and receivables;
- financial assets at fair value through profit or loss; and
- held-to-maturity investments.

Notes to the Financial Statements for the Year Ended 30 June 2017

2 Summary of Significant Accounting Policies *(cont)*

(f) Financial Instruments

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

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

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. They arise principally through the provision of goods and services to customers but also incorporate other types of contractual monetary assets. After initial recognition these are measured at amortised cost using the effective interest method, less provision for impairment. Any change in their value is recognised in profit or loss.

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

Significant receivables are considered for impairment on an individual asset basis when they are past due at the reporting date or when objective evidence is received that a specific counterparty will default.

The amount of the impairment is the difference between the net carrying amount and the present value of the future expected cash flows associated with the impaired receivable.

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

Financial assets at fair value through profit or loss

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

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

The Company has some derivatives which are designated as financial assets at fair value through profit or loss.

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

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

Held-to-maturity investments

Held-to-maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity. Investments are classified as held-to-maturity if it is the intention of the Company's management to hold them until maturity.

Held-to-maturity investments are subsequently measured at amortised cost using the effective interest method, with revenue recognised on an effective yield basis. In addition, if there is objective evidence that the investment has been impaired, the financial asset is measured at the present value of estimated cash flows. Any changes to the carrying amount of the investment are recognised in profit or loss.

Impairment of financial assets

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

(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.

(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 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.

Notes to the Financial Statements for the Year Ended 30 June 2017

3 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 significant estimates and judgements made have been described below.

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.

4 Revenue and Other Income

Revenue from continuing operations	2017 \$	2016 \$
Grant revenue		
– State/federal government grants – operating	1,079,149	843,463
Other income	99,107	46,947
Total Revenue and Other Income	1,178,256	890,416

5 Result for the Year

The result for the year includes the following specific expenses:

	2017 \$	2016 \$
Other expenses:		
Employee benefits expense	646,103	500,609
Depreciation and amortisation expense	17,045	10,331
Rental expense	64,616	48,368

6 Cash and Cash Equivalents

	2017	2016
	\$	\$
Cash at bank and in hand	330,317	309,425
	<u>330,317</u>	<u>309,425</u>

7 Trade and Other Receivables

	2017	2016
	\$	\$
CURRENT		
Trade receivables	21,534	3,059
Deposits	200	200
GST receivable	10,884	
Other receivables	5,878	(367)
Total current trade and other receivables	<u>38,496</u>	<u>2,892</u>

The carrying value of trade receivables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

The maximum exposure to credit risk at the reporting date is the fair value of each class of receivable in the financial statements.

Notes to the Financial Statements for the Year Ended 30 June 2017

8 Plant and equipment

	2017 \$	2016 \$
Furniture, fixtures and fittings		
At cost	15,886	14,016
Accumulated depreciation	(3,574)	(1,540)
Total furniture, fixtures and fittings	12,312	12,476
Office equipment		
At cost	22,569	22,022
Accumulated depreciation	(9,207)	(1,716)
Total office equipment	13,362	20,306
Computer equipment		
At cost	36,725	26,288
Accumulated depreciation	(10,872)	(5,584)
Total computer equipment	25,853	20,704
Total plant and equipment	51,527	53,486

(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 \$	Computer Equipment \$	Total \$
Year ended 30 June 2017				
Balance at the beginning of year	12,476	20,304	20,704	53,484
Additions at cost	1,870	549	10,437	12,856
Depreciation expense	(2,034)	(7,491)	(5,288)	(14,813)
Carrying amount at the end of the year	12,312	13,362	25,853	51,527

9 Intangible Assets

	2017 \$	2016 \$
Development costs		
Cost	13,545	11,145
Accumulated amortisation and impairment	(3,723)	(1,491)
Total Intangibles	9,822	9,654

a) Movements in carrying amounts of intangible assets

	Development Costs \$	Total \$
Year ended 30 June 2017		
Balance at the beginning of year	9,654	9,654
Additions at cost	2,400	2,400
Depreciation expense	(2,232)	(2,232)
Carrying amount at the end of the year	9,822	9,822

10 Other Assets

	2017 \$	2016 \$
CURRENT		
Prepayments	5,079	

Notes to the Financial Statements for the Year Ended 30 June 2017

11 Trade and Other Payables

	2017 \$	2016 \$
CURRENT		
Trade payables	27,445	19,629
GST payable		45,452
Employee benefits	11,816	14,722
Sundry payables and accrued expenses	20,912	9,746
Other payables	490	707
	<u>60,663</u>	<u>90,256</u>

Trade and other payables are unsecured, non-interest bearing and are normally settled within 30 days. The carrying amounts are considered to be a reasonable approximation of fair value.

12 Other Financial Liabilities

	2017 \$	2016 \$
CURRENT		
Unspent Government grants	<u>120,737</u>	<u>99,328</u>

13 Leasing Commitments

(a) Operating leases

Minimum lease payments under non-cancellable operating leases

	2017 \$	2016 \$
– not later than one year	66,554	64,616

14 Members' Guarantee

The Company is incorporated under the *Australian Charities and Not-for-profits Commission Act 2012* and is a Company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstandings and obligations of the Company. At 30 June 2017 the number of members was 4 (2016: 5).

15 Key Management Personnel Remuneration

The total remuneration paid to key management personnel of the Company is \$265,545 (2016: \$219,311).

16 Contingencies

In the opinion of those charged with governance, the Company did not have any contingencies at 30 June 2017 (30 June 2016: None).

17 Related Parties

(a) The Company's main related parties are as follows:

Key management personnel – refer to Note 15.

Other related parties include close family members of key management personnel and entities that are controlled or significantly influenced by those key management personnel or their close family members.

18 Events after the end of the Reporting Period

The financial report was authorised for issue on 26th of September 2017 by those charged with governance.

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.

19 Statutory Information

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

Health Consumers Queensland Ltd
Level 9, 217 George Street
Brisbane QLD 4000

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*.

Responsible person



Responsible person



Dated this

26th day of September 2017



Level 7, 127 Creek Street, Brisbane QLD 4000 | T 07 3218 7394

HEALTH CONSUMERS QUEENSLAND LTD ABN: 66 165 711 919

Independent Audit Report to the members of Health Consumers Queensland Ltd

Report on the Audit of the Financial Report Opinion

We have audited the accompanying financial report, being a general purpose financial report of Health Consumers Queensland Ltd (the Company), which comprises the statement of financial position as at 30 June 2017, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and managements' assertion statement

In our opinion, the accompanying financial report presents fairly, in all material respects, including:

- (i) giving a true and fair view of the Company's financial position as at 30 June 2017 and of its financial performance for the year ended; and
- (ii) complying with 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 Company in accordance with the auditor independence requirements of Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* and 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 ethical 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.

Emphasis of Matter – Basis of Accounting

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist the Company to meet the requirements of Division 60 of the Australian Charities and Not-for-profits Commission Act 2012. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Emphasis of Matter – Going Concern

We draw your attention to the ability of the organisation to operate as a going concern. As noted during the audit that the major funding of the organisation is from the Government Department and the funding is expected to expire by 2018. Per discussion with the Board, the organisation is trying to get an extension with the Government Department to provide further funding. As of the date of this audit report, we do not have any doubts of the organisation's going concern status. We have obtained representation from the Board about the organisation's ability to operate as a going concern.

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Responsibilities of Management and Those Charged with Governance

Management is 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 and is free from material misstatement, whether due to fraud or error in preparing the financial report, management is responsible for assessing the Company'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 Company or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Company's financial reporting process.

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 the 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 Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' 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



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Company'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 Company 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 the directors 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.

We also provide the directors with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

From the matters communicated with the directors, we determine those matters that were of most significance in the audit of the financial report of the current period and are therefore the key audit matters. We describe these matters in our auditor's report unless law or regulation precludes public disclosure about the matter or when, in extremely rare circumstances, we determine that a matter should not be communicated in our report because the adverse consequences of doing so would reasonably be expected to outweigh the public interest benefits of such communication.

INDEPENDENT AUDIT SERVICES

Chartered Accountants

A handwritten signature in black ink, appearing to read 'J Thum', is written over a light blue grid background.

Jeremiah Thum

Director

Brisbane, QLD

Dated this 26th day of September 2017

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Copies of the full report can be found at


www.hcq.org.au

or by contacting info@hcq.org.au

or phone **07 3012 9090**

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