



ANNUAL REPORT

2020
21

ACKNOWLEDGMENT OF TRADITIONAL OWNERS

The Board and staff of Health Consumers Queensland acknowledge 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.

CONTENTS

Message from our CEO	1
Message from our Chair	2
A seat at the table: Embedding consumers across the system	3
Sustaining the consumer voice at the centre of Queensland's COVID-19 response	4
Health Consumers Queensland's consumer-focused COVID-19 initiatives	8
Fee-for-Service Projects: Kitchen tables and online consultations	11
Enhancing effective partnerships	15
Empowering consumers and health staff	16
Health Consumers Collaborative of Queensland	17
Growing the diversity of our Consumer Advisory Group	17
HCQ TV re-energises Queensland's consumer partnerships community	18
NGO Partnerships and Outcomes	19
Submissions	19
Dr Alex Markwell, a champion of consumer and clinician partnerships	20
Board Governance 2020-21	21

Cover image: Members of our Youth Reference Group celebrate the launch of Health Consumers Queensland's Youth Engagement Framework 2021: Amplifying the Youth Voice, with the Director General, Queensland Health, Dr John Wakefield and Chief Executive of Children's Health Queensland, Frank Tracey, and Health Consumers Queensland staff members and Board Chair.

MESSAGE FROM OUR CEO



Against the backdrop of COVID-19, Health Consumers Queensland continued to deliver its core work and empower consumers to influence, lead and drive better health outcomes.

The pandemic has caused significant change and growth in the health sector. We have seen the importance of trust and partnerships grow, of nurturing the symbiotic relationship between consumers and clinicians, of two-way communication, and building capacity.

Forced to shift much of our work online, we learnt how to harness the benefits so that a more diverse range of people's voices and opinions could be heard and help influence the health system than ever before.

We embraced the opportunity to engage with prisoners, young people and Aboriginal and Torres Strait Islander consumers to make sure their voices are being heard loud and clear.

Early in the pandemic, I challenged the health system to involve consumers at every level of the response. I'm pleased to say this has occurred, with consumers and Health Consumer Queensland representatives embedded on leadership boards and all Tier 2 committees, with key priorities including policy, planning, reform, safety and quality monitoring, workforce and disaster management. This is an incredible achievement and one that has not been done anywhere else in Australia.

It has been a privilege to continue to do our work this year, strengthening partnerships and relationships, being offered and seeking positions that allow us to ensure that the pandemic response is as person-centred as possible, while the health system continues to deliver the best possible level of care.

It has been a tough 12 months, but we must remain focused and remember this is a marathon. Let's always look out for each other in these uncertain times.

Melissa Fox, CEO

"I think it was very fortuitous to have HCQ in place for this pandemic and made it (pandemic response communications) much easier than the last pandemic. They are a young enough organisation to be enthusiastic and trial different ways to do things. They have been very innovative and very, very flexible. They have been really good."

**DR JEANNETTE YOUNG,
CHIEF HEALTH OFFICER**

MESSAGE FROM OUR CHAIR



Queensland's health system has experienced another year of extreme pressure, balancing our response to COVID-19 while ensuring that consumers could still access quality health care.

The pandemic has propelled our health system to become more efficient and effective, adapting and responding in ways and at speeds never seen before.

As we rapidly transition through the many different phases of combating COVID-19, there's no doubt that when we are collaborating and communicating, our health system is operating at its best.

The past 12 months have highlighted what hasn't worked so well – confusing public health messaging, communication delays, and difficulties with commonwealth and state crossovers – but it's also highlighted what has worked well and Queensland's consumer engagement has again been at the forefront.

Health Consumers Queensland has matured at a rapid rate, both at a Board level and organisationally. Throughout 2020-21, we deepened our engagement in existing areas, worked with new cohorts and engaged with international counterparts to determine best-practice when dealing with COVID-19.

In this constant state of change, the Health Consumers Queensland Board has reconceived its role in the health system. A forward-focused strategic review will ensure that we continue to put consumers front and centre of the health system at every level possible, while elevating the importance of our own partnerships and alliances.

I am grateful to my Board colleagues for their dedicated service and passion that they bring to the organisation. I would like to recognise outgoing Board members, David Mowat and Chris Miers (who also served as our Company Secretary) for their contribution and collaboration.

I would like to thank our Consumer Advisory Group inaugural Chair Helen Mees, and Queensland Clinical Senate Chair Dr Alex Markwell, who are both stepping down from their roles but who will leave an indelible mark on our health system.

My thanks to Health Consumers Queensland CEO Melissa Fox and her team who, despite their small size, continue to astound many with the impact they have, thanks to their strategic and influential relationships within the sector.

To the Board, the Collaborative, and our consumer networks – thank you for your insights, passion and support to guarantee consumer-centred health care for all.

Dr Erin Evans, Board Chair

A SEAT AT THE TABLE: EMBEDDING CONSUMERS ACROSS THE SYSTEM



Consumer representative, Keren Pointon, operating a robotic arm under the watchful eye of Professor Ross Crawford at a demonstration run by the Department of Health and held as part of a briefing session for members of the Tier 2 Data and System Intelligence Advisory Committee.

2020-21 will be remembered as the year when more consumers than ever in Queensland stood shoulder to shoulder with the public health system, thanks to the efforts of so many committed and passionate consumers and dedicated consumer champions within Queensland Health.

For the first time in our public health system's history, consumers and an organisational representative from Health Consumers Queensland were appointed to all nine [now 10] Tier 2 System Advisory Committees, the key governance committees in the Department of Health. In recognition of its role in engaging with the Queensland Health Tier 1, 2 and 3 System Committees, Health Consumers Collaborative of Queensland has been included in the Queensland Health system governance chart.

These ground-breaking appointments were the culmination of collective work by Health Consumers Queensland, the Director-General, Dr John Wakefield, health consumers and Queensland Health to ensure meaningful and purposeful engagement is embedded at all levels of the public health system – from local/operational roles through to strategic and state-wide oversight.

The consumers' perspectives and input will enable greater transparency, accountability and scrutiny to help improve efficiencies and make sure the right decisions are being made.

This new representation underlines Queensland Health's commitment to and recognition of the value of consumer partnerships to the system and health outcomes for all Queenslanders.

At the end of October 2020, there was another watershed moment at a Consumer Conversation as consumers identified their priorities and solutions for the public health system over the next year. They told us it was no longer enough to hear that consumers are "at the centre of decision-making". Consumers wanted "a seat at the decision-making table wherever and whenever decisions are being made about funding, resources and services".

Health Consumers Queensland responded by hosting another Conversation the following week to map out how consumers could take their place at the decision-making table to influence funding priorities. In what was described as "the best [Consumer Conversation] ever", 27 consumers welcomed a commitment from the Deputy Director-General, Healthcare Purchasing and System Performance Division to approach the Leadership Board about involving consumers from the start in the tough decisions which needed to be made over the next five years.

Our CEO is a member of the Queensland Health Leadership Advisory Board, and in April, she took system leaders from this Board on a deep dive into consumer partnering to look at how Queensland Health could take consumer engagement to the next level - beyond compliance and a public relations exercise. Together with consumers from our network and Queensland Health staff, we discussed how successful co-design examples such as Jacaranda Place and Inform My Care could become the norm.

A commitment to embed the youth voice across Queensland Health followed in May at our inaugural Youth Forum with the Director-General of Queensland Health inviting members of Health Consumers Queensland's Youth Reference Group to present their new Engagement Framework to the Senior Leadership Forum, urging young people to respectfully challenge system leaders "and tell them what's in it for them."

SUSTAINING THE CONSUMER VOICE AT THE CENTRE OF QUEENSLAND'S COVID-19 RESPONSE

From the onset of COVID-19, Health Consumers Queensland's assertive and respectful advocacy ensured that the inclusion and representation of consumer voices became a strategic component of the health system's response.

Our continued emphasis on establishing and cementing trusted relationships with the Queensland Health leadership team and clinicians led to our CEO, Board Chair and senior team's appointments to strategic and high level COVID-19 working groups focused on creating consumer-centred approaches to testing and the vaccine rollout as well as governance committees including the COVID-19 System Leadership Forum and the Queensland Health Leadership Advisory Board.

Throughout the year, we served on 18 Queensland Health committees and working groups including those related to mental health, prisoner health and wellbeing, maternity, kidney care, health equity and many more.

These positions enabled us to continue advocating for the inclusion of consumers, relaying what matters to them and highlighting the gaps in our public health system which were magnified by the pandemic response.

COVID-19 TESTING FRAMEWORK IMPLEMENTATION PLAN

Six consumers joined five working groups set up by Queensland Health's Prevention Division to assist in the development of implementation plans. Each group provided input and guidance on how the testing strategies could best be implemented for a specific group or setting in the State including: quarantine travellers and close contacts, rural and remote populations, culturally and linguistically diverse communities, homeless people, healthcare and residential care settings, people with disabilities and congregate living settings.

COVID-19 TESTING-ONLINE BOOKING AND TRIAGE SOLUTION CONSUMER CONSULTATION

Health Consumers Queensland undertook two rounds of consultation with 22 consumers to inform into the development of an appropriate and effective state-wide online booking and triage solution as well as testing its effectiveness. Three of these consumers worked with Health Consumers Queensland to develop a Frequently Asked Questions document during trials of the new system. The Hospital and Health Services who have taken up the system have found it has assisted with preparation and demand management.



Dr Alex Markwell, Chair, Queensland Clinical Senate, presenting on the Compassionate Conversations guides for clinicians developed in partnership with Health Consumers Queensland, the Queensland Clinical Senate and the Department's Care at End of Life team at the 2021 Clinical Excellence Showcase.

CLINICAL GOVERNANCE FRAMEWORK FOR RAPID RESPONSE TO COVID-19 OUTBREAKS IN RESIDENTIAL AGED CARE FACILITIES (RACF)

We partnered with Queensland Health on the development of this framework which set out and offered clarity around an integrated, adaptive clinical governance system. It facilitates a cohesive clinical response to RACF COVID-19 outbreak management with RACF residents and families at the centre and ensures optimal preparedness.

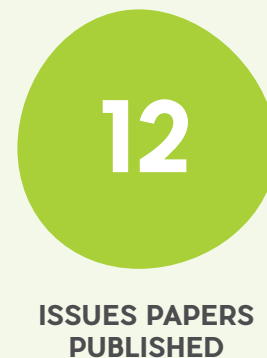
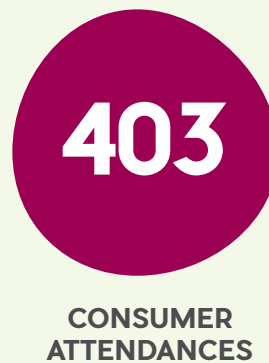
MANAGING COMMUNICATIONS AND ENGAGEMENT - GUIDANCE FOR COVID-19 IN RESIDENTIAL AGED CARE FACILITIES

The Department of Health partnered with Health Consumers Queensland to develop a state-wide communication and engagement strategy to support RACF as well as Queensland residential services funded by the National Aboriginal and Torres Strait Islander Flexible Aged Care Programs. The strategy's purpose is to assist RACF staff in providing well-managed communications and engagement during COVID-19 outbreaks and lockdowns.

COMPASSIONATE CONVERSATIONS

With the support of four consumers, we partnered with the Department's Care at End of Life team and the Queensland Clinical Senate to develop two Compassionate Conversation guides for clinicians to help with compassionate conversations with consumers and their families. There are two guides, one for communicating virtually and the second is using an interpreter in virtual communication.

WHO WE TALKED WITH



WHAT CONSUMERS TALKED ABOUT

- How can we encourage more testing?
- Victoria and NSW: Lessons learned
- About COVID vaccines (Early discussion)
- Wearing a mask and information for CALD consumers
- CALD consumers: having their needs met?
- What does safety look like?
- The next four years: health consumers' priorities and solutions
- A seat at the table: how can health consumers influence funding and resourcing priorities
- Looking back, looking forward
- What are you thinking about the COVID-19 vaccination rollout?
- Magic bullet or bitter pill: What does the COVID-19 vaccine mean to you?
- The COVID-19 vaccine rollout in Queensland: Are you still on board or are you now feeling derailed?
- The COVID-19 vaccine rollout in Queensland: What's working for you and what could make it better?

THE EVOLUTION OF OUR CONSUMER CONVERSATIONS

While the format and pattern of our well-established Consumer Conversations continued to shift alongside the changing COVID-19 landscape, the 13 sessions we hosted were both potent and powerful in identifying topical issues for the community which we then circulated throughout the health system.

In a sign of our organisation and consumers' growing influence across the health system, the Conversations attracted senior health leaders and regular observers who contributed and collaborated with consumers. Our topics were often ahead of the curve with consumers anticipating issues and concerns with vaccines, face masks and whether culturally and linguistically diverse people were having their health needs met during COVID-19, months before these became widespread public discussion points.

VACCINE ROLLOUT Q&A FORUMS

"Facts alone don't get people over the line [to have the vaccine]. This is about trust and community." Panellist on Health Consumers Queensland's Vaccine Rollout Q&A Forums.

As the vaccine rollout plans gathered pace, the Conversations helped us to identify many of the questions consumers had about the vaccines and the process.

In order to address these, we hosted three vaccine rollout Q&A forums with the Chief Health Officer, the Chief Aboriginal and Torres Strait Islander Health Officer and vaccination health experts from across Australia.

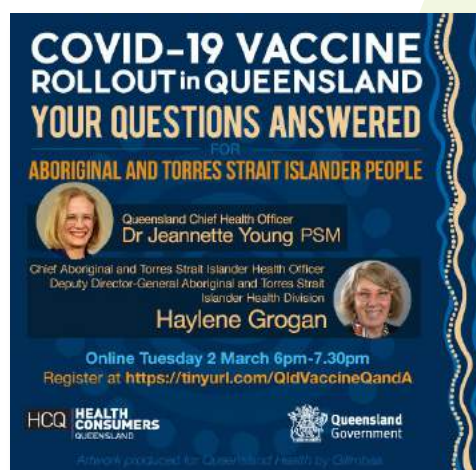
The first forum was open to our consumer network. The second and third forums focused specifically on the needs of Aboriginal and Torres Strait Islander consumers, many of whom set up watch parties to participate from rural and remote communities.



ISSUES PAPERS

Issues papers from each of the Conversations and Forums reflecting consumers' perspectives were circulated widely across Queensland Health, Hospital and Health Services, Primary Health Networks and NGOs at all levels.

Anecdotally, we heard that many of these papers were shared more broadly, influencing and shaping policy, planning and key decisions throughout the health sector. They are all available on our website and have provided a consistent, accessible and open mechanism for people to distribute relevant information across networks.



HEALTH CONSUMERS QUEENSLAND'S CONSUMER-FOCUSED COVID-19 INITIATIVES

In 2020, Health Consumers Queensland was successful in securing additional funding for three new initiatives to underpin further consumer engagement during COVID-19 and beyond. One project was funded by the Aboriginal and Torres Strait Islander Health Division and a further two were funded through Queensland Health COVID-19 funding.

EVALUATION OF THE IMPACT OF CONSUMER ENGAGEMENT DURING COVID-19

As we prepare for the spread of the COVID-19 Delta variant in Queensland we have a strong sense of what is needed to ensure consumer engagement remains at the centre of Queensland Health's response because we have been able to look back on what we've learnt.

In December 2020, we welcomed Robyn Grigg as an external evaluator to lead an evaluation of the effectiveness of consumer engagement during the COVID-19 pandemic in Queensland between January 2020 and January 2021.

Robyn conducted a mixed method evaluation with the participation of Health Consumers Queensland, consumer representatives and Queensland Health staff, including the Chief Health Officer (CHO), who provided their feedback and time.

The evaluation focused on the process, quality and outcomes of consumer engagement during the pandemic.

It identified high levels of satisfaction from consumers, Health Consumers Queensland and Queensland Health staff with regard to the contribution of consumers and the quality of engagement with Queensland Health during 2020.

It found that Health Consumers Queensland identified population and service gaps, elevated relevant concerns and advice to a strategic level with Queensland Health. Not only did we partner with Queensland Health to improve communications with the community and create information and resources to assist consumers to navigate health system changes, but we also provided them access to diverse consumer networks, quick response reviews and bespoke consultation, and engagement with experienced and trained consumer representatives.

The flow of information from consumers to Queensland Health was recognised by the CHO as being of value. Dr Young observed: *"Because HCQ found out what was worrying people, and what people wanted to know, it was fed to my team who then went looking for answers and gave me background to talk to. They facilitated the discussions, and they had a real skill set. They knew how to communicate with all the different stakeholders. It was quite critical."*

The findings also highlighted the importance of:

- Relationships built on trust and shared understanding
- The symbiotic relationship between clinicians and consumers and their joint needs for information and a role in decision-making
- The resources developed at the height of the "first wave" last year, including timely decision-making guides for staff and consumers around difficult decisions
- Valuing two way communication between intelligence from those on the ground and centralised communication when Hospital and Health Services respond to outbreaks in their local areas
- Building capacity and engaging with Aboriginal and Torres Strait Islander people, young people and parents, and those living in rural communities.

The forthcoming report will contribute to evidence which will assist with embedding consumer partnerships across the health system in Queensland.



Consumer reference group members: (l-r) Bronwyn Smith, Julie Rogers, Maureen Woodward, Patrice Harald, Lynda Maybanks (Project Consultant) and Ayeesha Allen (Rebecca Glancy joined on-line but not in photo) meeting at Kuril Dhargun at the State Library of Queensland to identify key themes around communication and the roll-out of the COVID-19 vaccination program in Queensland.

AMPLIFYING THE VOICES OF ABORIGINAL AND TORRES STRAIT ISLANDER CONSUMERS DURING THE COVID-19 PANDEMIC AND BEYOND

The pandemic clearly highlighted the under-representation of Aboriginal and Torres Strait Islander consumer voices in the planning, decision-making and rollout of Queensland Health's response.

"Just perfect, you have done a great job putting our words to paper. Thank you [Lynda and Health Consumers Queensland] for your hard work, it's been a pleasure working with you and being heard." Maureen Woodward, member of the Consumer Reference Group.

Health Consumers Queensland appointed Lynda Maybanks, a proud Yugara woman, as a consultant on this project in early February 2021. With her background in Aboriginal and Torres Strait Islander health and engagement, Lynda engaged with Aboriginal and Torres Strait Islander consumers to hear their perspectives on COVID-19 vaccinations. This was shared with the Department of Health and other relevant health services.

More than 150 consumers attended two Health Consumers Queensland's Vaccine Rollout Forums together with the Chief Health Officer, Chief Aboriginal and Torres Strait Islander Health Officer and Deputy Director-General Aboriginal and Torres Strait Islander Health and a panel of vaccine experts including Dr Mark Wenitong, Associate Professor Dr James Ward and Associate Professor Margie Danchin.

Five Aboriginal and Torres Strait Islander consumers hosted yarning circles with 24 participants across the State on the COVID-19 vaccination communications and engagement.

Twelve Aboriginal and Torres Strait Islander people joined the project's consumer reference group, attended three meetings and helped co-design the yarning circle questions, as well as attending a half-day solution-design workshop.

All of the feedback and recommendations from the consumers has been provided to Queensland Health and is available on our website. The responses include the need to adopt a more consumer-led approach to consumer and community engagement and communications as well as focusing on empowering and supporting community to share health information and be involved in decision-making from planning to implementation through to evaluation.

Health Consumers Queensland has also been in discussions with Queensland Health about how the lessons from this project can be applied to the rollout of the Health Equity framework and the on-going work in communications around the COVID-19 vaccination.



Youth reference group members: (l-r) Jabe Gerring, Anja Christoffersen, Lachlan Kelly and Kellara Harney with Health Consumers Queensland Engagement Advisor, Leonie Sanderson (centre) at Health Consumers Queensland's first Youth Health Forum in May 2021.

AMPLIFYING THE YOUTH VOICE DURING COVID-19 AND BEYOND

Despite thousands of young people accessing health services across Queensland, they are often not involved in decision-making processes for the design, development and implementation of the many health services they use.

The Health Consumers Queensland Youth Engagement project aimed to provide a strategic approach to amplify the voices of young health consumers in the development and delivery of health services across Queensland.

In September 2020, 24 young people from across the State joined the newly established Health Consumers Queensland Youth Reference Group, to guide and work together on:

- Engagement with young Queenslanders about their experience of COVID-19, the barriers to engagement and priorities for health services.
- The development of a health consumers network for young people.
- An engagement framework for improving and increasing engagement of young health consumers in the Queensland health system and beyond, with the aim of better health services for young people and a health ecosystem that values the voice and involvement of young people. This will create opportunities for young people to get involved and build the capacity of health staff across Queensland to engage with young people.

The involvement and openness of our young health consumers who shared their stories, plus the input of more than 20 stakeholders, was critical to the successful co-design of the framework and actions.

They also participated in a series of engagement and networking activities including an influential presentation at Queensland Clinical Senate's Forum on Adolescent to Young Adult Care: Doing Better which led to input on the subsequent recommendations paper.

In May, Health Consumers Queensland hosted its first Youth Health Forum in Brisbane, the first and only face to face engagement across the project.

Together with Queensland Health's Director-General, Dr John Wakefield and Chief Executive of Children's Health Queensland, Frank Tracey, the group proudly launched Health Consumers Queensland's Youth Engagement Framework 2021: Amplifying the Youth Voice.

Both John Wakefield and Frank Tracey made a commitment to continue to support this body of work.

"You gave young people a voice and made a commitment to amplify and sustain it. Many of us... have an unspoken bond and common experience, it's that passion that motivates us to stay involved and help create something better" Lachlan Kelly, member of the Youth Reference Group.

24

MEMBERS OF THE YOUTH REFERENCE GROUP

14 Having a disability or chronic condition

8 LGBTIQ+

2 Aboriginal and/or Torres Strait Islander backgrounds

6 Culturally and linguistically diverse backgrounds

6

KITCHEN TABLE DISCUSSIONS

*key themes: health literacy, inclusive care, access and affordability of services, sexual health and mental health.

29

PARTICIPANTS

1929

MESSAGES SENT ON SLACK

30

COMPLETED ON-LINE SURVEY

14

YOUTH REFERENCE GROUP MEETINGS

FEE-FOR-SERVICE PROJECTS: KITCHEN TABLES AND ONLINE CONSULTATIONS



ANNE CURTIS

**ENGAGEMENT
CONSULTANT-SPECIFIC
PROJECTS AT HEALTH
CONSUMERS QUEENSLAND**

Anne leads our fee-for-service project work at Health Consumers Queensland which includes Kitchen Table Discussions, focus groups and co-design sessions, and her ongoing work with the Office for Prisoner Health and Wellbeing.

In 2018 she adapted the Kitchen Table Discussion methodology to empower health consumers and amplify their voices. This work has enabled Queensland Health and other health-related organisations to hear directly from over 2000 consumers about their experiences and views, resulting in direct changes to policy, service delivery, accessibility of information and services.

Kitchen Table Discussions give consumers the opportunity to lead consultation on important health subjects with their own communities within a safe and supportive environment reaching out to people who may not participate in more formal consultation or have their voice heard.

During 2020-2021, Kitchen Table Discussions went from strength to strength unaffected by lockdowns or physical distancing restrictions as consumer hosts simply switched to running the discussions via Zoom when necessary.

INFORM MY CARE

In a shift towards greater transparency, Queenslanders are the first and only people in Australia who can now compare services available at both public and private health facilities and Residential Aged Care Facilities (including maternity models of care) in one place.

In June 2021, Health Consumers Queensland CEO, Melissa Fox and consumer representative, Noela Baglot, joined Health Minister, Yvette D'Ath MP at Parliament House to publicly launch the Inform My Care website.

Anne Curtis has worked on this project from its inception and it was the first to use our Kitchen Table Discussion methodology. Now, after three years of work involving almost 300 consumers from across the State including the final testing of the website with 11 consumers which took place last October, Inform My Care becomes another landmark example of co-design.



Consumer representative Noela Baglot, speaking on the ABC at the launch of Inform My Care at Parliament House in June.

QUEENSLAND DIGITAL HEALTH CONSUMER CHARTER

"Listening to the person becomes even more important in a digital world." Keren Pointon, consumer representative, speaking at the launch of Health Consumers Queensland's Digital Health Consumer Charter.

In another Australian-first, the Queensland Digital Health Consumer Charter went live on Monday, 30 November 2020 at an online launch hosted by Health Consumers Queensland with more than 100 consumers, carers and health professionals attending virtually.

Following endorsement from Queensland Health, it was officially launched by Professor Keith McNeil, Acting Deputy Director-General and Chief Medical Officer, Prevention Division and Chief Clinical Information Officer, Queensland Health, who backed the Charter from the start.



*A Kitchen Table Discussion
for the High Benefit Care at
End of Life project.*

HELPING CONSUMERS MAKE BETTER INFORMED DECISIONS ABOUT THEIR HEALTH CARE

Queensland Health has adopted a set of communications principles which will underpin a new approach to support value-based health care (VBHC) and consumer decision-making.

These principles are the key outcome of the Helping Consumers with Decisions project which Health Consumers Queensland undertook for the Strategic Communications Branch in early 2021.

For this short-term 'discovery phase' project to better understand the materials and information already available to support VBHC and consumer decision-making, we appointed an experienced consumer representative, Keren Pointon, as a consultant, supported by Anne Curtis and Engagement Advisor, Leonie Sanderson.

The research found that consumers strongly endorse the need for consumer decision support and conversation tools and their use to help make better informed decisions about healthcare.

In response to our report released in May 2021, the Strategic Communications Branch put together a factsheet which recognises the importance of decision-making tools and summarises what consumers want from decision-making resources.

WHAT DOES HIGH BENEFIT CARE AT THE END OF LIFE MEAN TO CONSUMERS?

In April 2021, 131 consumers and carers from 13 towns and cities across Queensland took part in 19 Kitchen Table Discussions to talk about what high benefit care at end of life means to them during a two-part project Health Consumers Queensland undertook for Clinical Excellence Queensland.

Two thirds of the participants had themselves been diagnosed with a life-limiting condition or cared for someone. Yet, the term 'high benefit care' was unfamiliar to many and people had very different understandings of what it means in relation to a life-limiting condition.

Understanding the needs of the consumer, right from the point of diagnosis of a life-limiting condition, is essential for developing strategies that ensure the delivery of high benefit, patient centred care at end of life. Participants told us it was important to assist people in making informed choices and decisions and that families and caregivers should also be heard and involved in decision-making.

In May, four focus groups were facilitated with the original Kitchen Table hosts and participants to co-design a consumer-friendly decision aid for people diagnosed with a life-limiting condition. The Care at End of Life project team are now keen to progress the decision-aid to implementation.

CONSUMERS SHOW SUPPORT FOR HOSPITAL IN THE HOME SERVICES

In late 2020, more than 100 consumers took part in 15 Kitchen Table Discussions across the State to help the Healthcare Improvement Unit, Clinical Excellence Queensland gain an understanding of consumers' knowledge and experience of public Hospital in the Home (HITH) services.

Health Consumers Queensland's consultation report indicated clear support from consumers for HITH services and the expansion of these services throughout Queensland. Being able to be at home was one of the key benefits along with easing the pressure on family members and visitors, convenience and cost savings.

It also found a strong need to improve knowledge and understanding of the services for communities as well as for health staff and primary care providers as there was considerable confusion about what they are, where they are available, how to access them, cost and eligibility criteria.

Laureen Hines, Director, Healthcare Improvement Unit welcomed our report, saying: *"To have the opportunity to receive direct feedback from our health consumers is invaluable for the Department of Health, but more importantly for our statewide HITH services to assist in enhancing and better promoting Queensland HITH services."*

HEARING PRISONERS' PERSPECTIVES ON THEIR HEALTH CARE

After delivering our powerful report on consumer perspectives on the provision of health services in prisons in 2018, Anne Curtis was contracted by the Office for Prisoner Health and Wellbeing to revisit the same seven correctional centres in 2021.

The consultations were held March to May 2021 and resulted in 112 prisoners having their voices heard. The prisoners would like to see an increased focus on preventative healthcare services, increased self-management of medications, better dental and mental health services and access to COVID-19 and flu vaccinations.

In a demonstration of transparency and responsiveness, The Office for Prisoner Health and Wellbeing produced an infographic for prisoners to assure them they have been heard and to inform them of the actions which will be taken in response to their feedback.

Anne has also facilitated joint workshops for Queensland Health prison staff and Queensland Corrective Services staff in five correctional centres on prisoner healthcare rights, consumer engagement and the outcomes of the recent consultations. This work is a continuation of training that commenced in 2019 and stopped due to COVID-19.

OTHER FEE-FOR-SERVICE PROJECTS INCLUDE:

- Impact of COVID-19 on Rehabilitation Services – Queensland Health
- Mental Health Review Tribunal
- Darling Downs and West Moreton Primary Health Network – 5 projects
- Palliative Care Queensland – 3 projects
- Australian Dental Association Queensland
- Children by Choice – 2 rounds of KTD
- Access My Healthcare



PEOPLE JOINED
IN 2020-21

CONSUMER PARTNERSHIPS



REQUESTS
TO INVOLVE
CONSUMERS

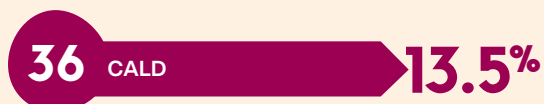


CONSUMERS
RECRUITED

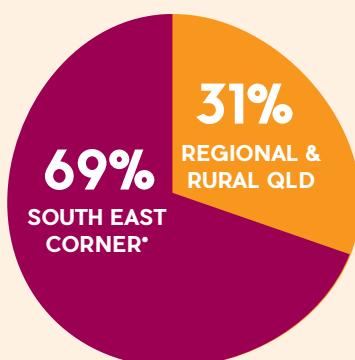


CONSUMERS
EXPRESSED
INTEREST

DIVERSITY OF THOSE CONSUMERS WHO GOT INVOLVED



WHERE DID THOSE CONSUMERS LIVE?



*(South east corner = Metro North, Metro South, Sunshine Coast, Gold Coast, West Moreton)

FEE-FOR-SERVICE PROJECTS

690

CONSUMERS
PARTICIPATED

METHODS USED



KITCHEN TABLE
DISCUSSIONS



CONSUMERS
CO-DESIGN
SESSIONS



PRISONERS
CONSULTED
DURING
19 FACE
TO FACE
SESSIONS

TRAINING



CONSUMERS AND STAFF
ATTENDANCES



TRAINING
SESSIONS

ENHANCING EFFECTIVE PARTNERSHIPS

Since July 2020, our consumers partnerships program has gone from strength to strength. More consumers than ever before applied and were accepted for roles to engage with our health system.

There has been a strong focus on opportunities across mental health, allied health and telehealth and interest has been particularly high from consumers for all requests. We received a record 40 applications to join the Mental Health Commission's Needs Analysis Project. Those not selected to join were invited to participate in a Community of Interest which was formed at Health Consumers Queensland's recommendation.

Importantly, we have seen a considerable increase in opportunities and interest to join state-wide, strategic, long-term partnerships, including the Queensland Clinical Senate and Statewide Clinical Networks, enabling consumers to influence models of care for intensive care, maternity, trauma and Aboriginal and Torres Strait Islander health. We have also seen an increase in the number of Aboriginal and Torres Strait Islander people and young people applying and being selected for roles.

SUPPORTING AND MENTORING STAFF AND CONSUMERS

Providing best practice, tailored and strategic advice and support for staff to successfully recruit, orientate, engage and empower consumers in their representative roles is a vital part of our work.

Health Consumers Queensland also provides both formal and informal support and mentoring opportunities for consumer representatives, especially if they are in newly appointed roles or on specific panels or are resolving challenges in the engagement process.

This year we coordinated and facilitated meetings with consumer representatives on the 26 Clinical Networks across Queensland, Statewide HHS Consumer Advisory Group Leaders, the Tier 2 Committees, maternity consumers in Mackay, the Aboriginal and Torres Strait Islander consumer reference group, the youth reference group and the COVID -19 testing working groups. These regular meetings support horizontal engagement across the system as well as providing key opportunities for learning and mentoring.

A CONSUMER'S PERSPECTIVE

Maureen Woodward is a Bidjara Elder from Tambo who is passionate about improving health care for people who live in the bush.

"Over the past year Zoom has opened my world and I've been able to come to the new training sessions and Consumer Conversations and apply for consumer roles. Health Consumers Queensland has given me the confidence and awareness to realise I have a voice for the bush and to use it. This year I've been on the Consumer Reference Group for their Amplifying the voices of Aboriginal and Torres Strait Islander consumers during the COVID-19 pandemic and beyond project. I'm also Consumer Advisory Network Chair for Tambo and I now sit on Queensland Health's Aboriginal and Torres Strait Islander Clinical Advisory Network. I can tell people what it's like to live out here and look at how we can make things better so people have the choice to stay. I now know it's not impossible to change things in health."



EMPOWERING CONSUMERS AND HEALTH STAFF



Within a year of releasing a redesigned online training program which responded to the evolving needs of consumers and health staff during this time, Health Consumers Queensland achieved a 70 per cent increase in attendances and nearly doubled the number of sessions we delivered, setting a new training record.

In July 2020 we launched our first Engagement Snack Pack series, 30-minute online training sessions held at lunchtime and aimed specifically at Queensland Health staff from both Hospitals and Health Services and the Department. These 'bite-sized' interactive sessions included a short didactic presentation, practical advice to get staff started on strengthening their consumer partnerships and a Q&A.

Three series later, this swift and practical new format has overcome the barriers of distance and time, enabling us to reach greater numbers of health staff than previously from across the State, including more clinical staff.

Over three days in August, we broke another training record when we provided training to almost 300 people. As well as our regular Snack Pack session and a train-the-trainer session on our Kitchen Table Discussion methodology with COTA Queensland, we co-facilitated training with Queenslanders with Disability Network for 150 staff from residential care facilities on developing a communication plan for residents and their families during an outbreak. Meanwhile, 69 staff and consumers attended Creating Real Partnerships, a 90-minute workshop delivered to Children's Health Queensland about the enablers of effective consumer partnerships. Attendees at this workshop told us that the content was *"top notch"*.

Health Consumers Queensland also:

- Repackaged our signature Fundamentals of Consumer Partnerships course for online delivery
- Offered new masterclasses for staff on health literacy, involving consumers in research and consumer recruitment
- Offered masterclasses for consumers on how to tell your story effectively, communicating with influence and looking after yourself in uncertain times
- Introduced different levels of training to meet the needs of new, emerging and experienced consumers and health staff.

Participants rated each session highly with a score of between four and five maximum points. Interest in our training program remains high with training being the most visited page on Health Consumers Queensland's website.

Many consumers have told us how much they have valued the peer-to-peer learning and opportunities to build networks while staff commented that over the last 12 months, Health Consumers Queensland had really come into its own especially in regard to our *"amazing"* training.



A CONSUMER'S PERSPECTIVE

Lucy Lai has called Brisbane home for 20 years and became a health consumer because she believes the voices of consumers should be acknowledged.

"As consumers or carers we are often asked to complete surveys about our treatment but we don't get any feedback or see improvement. I was initially attracted to Health Consumers Queensland by the opportunities they offer with Queensland Health and I got involved in committees, focus groups, reviews and workshops."

Recently I've become a consumer member of the Queensland Clinical Senate. I'm able to bring a positive and constructive approach to the way I communicate with clinicians thanks to taking part in Health Consumers Queensland's training for emerging consumers. Listening to other consumers on the Consumer Conversations and HCQ TV sharing their stories and experiences has been inspirational and has helped me to include different perspectives in my engagement work as well as making me more aware of the important issues we need to address."

HEALTH CONSUMERS COLLABORATIVE OF QUEENSLAND



Our CEO, Melissa Fox, dining with the members of the Health Consumers Collaborative of Queensland in June after meeting to discuss system priorities, equity for First Nations and patient safety and quality.

The historic appointment of every Health Consumers Collaborative of Queensland member to Queensland Health's Tier 2 governance committees meant that the Collaborative's efforts were sharply focused on supporting the health system's response to the pandemic.

A dedicated meeting on this was held in September 2020. The remaining three meetings of the Collaborative discussed:

- Value based healthcare with the Choosing Better Care Together Team from Healthcare Purchasing and System Performance Division and Evdn contractors and the Strategic Communications Branch.
- The impact of consumer engagement during COVID-19 and to consider how this could be embedded in future pandemics.
- System priorities, and patient safety and quality. Feedback was incorporated into a draft document and presented the next day for consultation with the Queensland Clinical Senate.

The appointment of five new members to our dynamic and diverse Consumer Advisory Group (CAG) in June 2021 saw the voices of young people added for the first time since its inception.

We were delighted to welcome Breanna Medcalfe, Christos Papadopoulos, Sharon Were, Jordan Frith and Michelle King who joined existing members: Adele Witte, Lila Pratap, Rebecca Waqanikalou (Chair) and Tanya Kretschmann. We value their partnership with Health Consumers Queensland to inform our work, ensuring we are a consumer-driven and led organisation as well as developing, supporting and mentoring current and emerging consumer leaders and each other.

Health Consumers Queensland's CAG members were active and involved locally and across the State with several members sitting on national working groups. Helen Mees, the CAG's former Chair, added, *"Because we are all health consumers, we all have aspects of vulnerability to COVID-19 which sharpened our awareness and we certainly reached out to each other throughout this time."*

Members took a leading role in welcoming new consumers to our Consumer Conversations and modelling best practice in consumer engagement. They were closely involved in the COVID-19 testing frameworks and representing the interests and needs of priority groups.

As the pandemic stabilised in Queensland, the members regrouped and drove changes to our website to make it more consumer-focused and friendly as well as helping us repurpose our signature training course, Fundamentals of Consumer Engagement, for successful online delivery.

We would like to thank the members who stepped down this year: former Chair, Helen Mees, Satrio (Tiko) Nindyo Istiko and Gary Hondow for their hard work, energy, valuable insights and commitment to supporting our work.

GROWING THE DIVERSITY OF OUR CONSUMER ADVISORY GROUP

HCQ TV RE-ENERGISES QUEENSLAND'S CONSUMER PARTNERSHIPS COMMUNITY



Health Consumers Queensland CEO and HCQ TV host, Melissa Fox in conversation with panellists Dr Alex Markwell and consumers, Jim Madden, Peter Tully and John Anderson discussing Consumer Partnerships Going Digital.

Health Consumers Queensland's Annual Forums are renowned for bringing experts on consumer partnerships together with passionate consumer representatives Yet how could we safely build and strengthen these connections, skills, knowledge and conviction without being face-to-face?

"Listening to you today has really stoked the fire for me and I am re-energised." HCQ TV viewer

Harnessing our community's newfound digital skills and confidence in adopting online communications platforms, we reimaged the 2021 Annual Forum as HCQ TV – a series of four live interactive webcast shows featuring a panel discussion hosted by our CEO, Melissa Fox between 25 May and 3 June.

At least 659 viewers across Queensland have tuned in to *Sharing Power: Co-design with consumers for impact and equity since its first broadcast*. This creative, easy-to-access and low risk format enabled us to reach new audiences and bring them together with 18 expert consumer and carer representatives, Health Consumers Queensland staff, health staff and NGOs to discuss four key issues which influence what it takes to truly share decision-making power:

- Consumer Partnerships Going Digital: Bridge or barrier?
- Sharing Power: showcasing successful consumer-led co-design
- Why do you think I am hard to reach?
- Value-based healthcare – What it means for all of us.

Viewers told us that the event was a great delivery of important issues, with the host making sure everyone had an equal voice in contributing to a high-quality discussion. They were impressed by the calibre of the panellists and the diverse and valuable perspectives they brought, particularly from Aboriginal and Torres Strait Islander contributors. The feedback also demonstrated clear support for a second series of HCQ TV.

We maximised the value of HCQ TV's content by making each episode available to watch on our website at any time so that consumers and staff members can continue to develop their knowledge, skills and awareness. We also repurposed the content in our resources, training materials and webpages.



Melissa Fox and consumer, Christos Papadopoulos, in studio prior to going on air.



HCQ TV live in the studio.

NGO PARTNERSHIPS AND OUTCOMES



Know your Rights: Getting the hospital care you need during COVID-19 toolkit.

Stronger alliances with other NGOs flourished throughout the pandemic, growing from our common and strategic need to address the gaps in the health system's response to COVID-19, support vulnerable populations, and collaborate on projects and opportunities.

Health Consumers Queensland led the way in harnessing collective strengths and empowering diverse consumer voices by hosting regular meetings with key NGOs, including COTA Queensland, Palliative Care Queensland, Queensland Disability Network (QDN), ADA Australia and interstate consumer peaks. We were also fortunate to have the Queensland Clinical Senate join our meetings to inform and partner on shared priorities.

At the height of outbreaks and lockdowns in residential care facilities last year, we formed a consortium of six NGOs to co-design a single communications checklist and provide a series of online resources and videos to enable facilities to remain responsive to the needs of residents and families during this difficult time. This checklist was also shared with Queensland Corrective Services to assist the response in their facilities.

Together with QDN, we went on to co-design, *"Know your rights: Getting the hospital care you need during COVID-19"* with people living with disability, family and carers. This innovative toolkit is an Australian first and was funded by Queensland's Department of Health through the COVID-19 Grant Fund: Immediate Support Measures.

We also co-hosted two online COVID Conversations with QDN around COVID-19 safety measures (wearing a mask) and, more recently, vaccinations.

We have emphasised the needs of culturally and linguistically diverse people as the health response to COVID-19 has unfolded and continue to work closely with World Wellness Group and the Refugee Health Network, and staff from Queensland Health on accessibility to the vaccine.

SUBMISSIONS

- **Parliamentary Inquiry into the Queensland Government's health response to COVID-19 2020**
- **Health and Environment Committee, Queensland Parliament, Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill 2021**
- **Voluntary Assisted Dying Bill 2021**
- **Australian Commission on Safety and Quality in Health Care, National Safety and Quality Primary Healthcare Standards 2021**
- **National Preventative Health Strategy, Australian Government, Department of Health National Preventative Health Taskforce 2021**

For further information on the work and resources featured in this Annual Report, please visit www.hcq.org.au.

DR ALEX MARKWELL, A CHAMPION OF CONSUMER AND CLINICIAN PARTNERSHIPS

Outgoing Queensland Clinical Senate Chair, Dr Alex Markwell has been a “true champion” of consumer and clinician partnerships, according to Health Consumers Queensland’s Chair, Erin Evans who has sat on the Queensland Clinical Senate Executive with her for three years.

Having never worked so closely with consumers before taking on the role with the Senate, Dr Markwell said working with Health Consumers Queensland had been an “incredibly easy and natural fit”.

“Clinicians can be a little apprehensive when working with consumers because it’s not the way we’ve always done business, but I must say it has been such an easy experience it’s made me wonder why I took so long to engage with consumers in this meaningful way,” Dr Markwell said.

“Working with Melissa, Erin, staff and consumers from Health Consumers Queensland has been a pleasure and given me so much insight and invaluable inputs into our meetings and daily thought processes.”

“Having those trusted relationships already established when times became challenging due to the pandemic meant we could lean on each other and co-advocate for both clinicians and consumers, as well as personally.”

“I found it so helpful to know I could be honest and upfront about what was coming and know that we could find solutions together.”

Dr Markwell said having consumers at the table provided clinicians with a clearer understanding of gaps in the system, as well as opportunities that existed.

“It always amazes me when clinicians become consumers and have that realisation of just how tough it can be to navigate the health system when you are not a health professional,” she said.

“Having consumers on board has meant we’ve been ready to face some tough moments, like dealing with the COVID environment when we couldn’t speak face-to-face with families experiencing bereavement or supporting people with disability who needed a family member or carer with them while in hospital during tough lockdowns.”

“Alex has a genuine concern for the safety of health professionals and everyday Queenslanders and has made sure we’ve had consumers at every table possible with clinicians,” said Health Consumers Queensland’s CEO, Melissa Fox. “It has been a pleasure to collaborate with Alex and we look forward to working with in coming Chair, Dr Tanya Kelly to continue to deepen those partnerships between clinicians and consumers in the years ahead.”

Dr Markwell is confident Dr Tanya Kelly understands the importance of maintaining those consumer/clinician relationships and will be a great advocate.

“I know that Melissa and Tanya will continue to advocate at the highest levels to keep those strong processes we have in place,” she said.

For now, Dr Markwell’s focus is on increasing Queensland’s vaccination rates and making sure that the health system, clinicians and consumers are as prepared as they can be for the road ahead.



*Dr Alex Markwell, Chair,
Queensland Clinical Senate.*

BOARD GOVERNANCE 2020-21

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

NAME	SPECIAL RESPONSIBILITIES	PERIOD OF WHICH PERSON WAS DIRECTOR
Erin Evans	Board Chair	12 months
Rachelle Foreman	Chair, Governance & Policy Committee	12 months
David Mowat Resigned 22 October 2021		12 months
Alison Cuthbert	Chair, Finance & Risk Committee	12 months
Ann Maree Liddy		12 months
Christopher Miers Resigned 01 September 2021	Company Secretary	12 months
Ainsley Barahona Santos Appointed – 02 December 2020		7 months
Tracey Porst Appointed – 02 December 2020		7 months
Julie Mayer On leave from 01 July 2020 Resigned 02 September 2020		2 months 2 days
Stephen Russell On leave from 01 July 2020 Resigned 02 September 2020		8 days

BOARD MEETINGS

NAME	NUMBER ELIGIBLE TO ATTEND	NUMBER ATTENDED
Erin Evans	7	7
Rachelle Foreman	7	6
David Mowat	7	7
Alison Cuthbert	7	7
Ann Maree Liddy	7	7
Christopher Miers	7	5
Ainsley Barahona Santos	4	4
Tracey Porst	4	4
Julie Mayer	0	0
Stephen Russell	1	0

Finance and Risk Committee: 10 meetings held during 2020-21 financial year

Governance and Policy Committee: 9 meetings held during 2020-21 financial year

Remuneration Committee: 7 meetings held during 2020-21 financial year

Please visit Health Consumers Queensland's website: hcq.org.au/our-board to read Directors' profiles and hcq.org.au/about-us/annualreports/ for the 2020-2021 Annual Audited Financial Statements.



Level 3, 340 Adelaide Street
Brisbane Queensland 4000

GPO Box 1328
Brisbane Queensland 4000

www.hcq.org.au

Proudly supported by:



Queensland
Government





Health Consumers Queensland Ltd
ABN 66 165 711 919

2020-21 ANNUAL FINANCIAL STATEMENTS

Contents

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME	3
STATEMENT OF FINANCIAL POSITION	4
STATEMENT OF CHANGES IN EQUITY	5
STATEMENT OF CASH FLOWS.....	6
NOTES TO FINANCIAL STATEMENTS.....	7
RESPONSIBLE PERSONS' DECLARATION	19
INDEPENDENT AUDITOR'S REPORT	20

HEALTH CONSUMERS QUEENSLAND LTD
STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2021

	Note	2021	2020
Income			
Government income	3	1,472,716	1,228,855
Non-government income		123,644	181,050
Total income		<u>1,596,360</u>	<u>1,409,904</u>
Expenses			
Employee expenses		908,647	831,914
Depreciation and amortisation expense		13,654	22,876
Operational expenses		320,847	206,715
Committee, forum and other meeting expenses		117,603	136,777
Occupancy expenses	4	97,177	102,995
Total expenses		<u>1,457,928</u>	<u>1,301,277</u>
Annual surplus		138,432	108,628
Other comprehensive income		-	-
Total comprehensive income for the year		<u>138,432</u>	<u>108,628</u>

The accompanying notes form part of these financial statements

HEALTH CONSUMERS QUEENSLAND LTD
STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2021

	Note	2021	2020
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents		1,106,150	626,953
Trade and other receivables	5	42,256	90,367
Prepayments		62,385	90,312
TOTAL CURRENT ASSETS		<u>1,210,791</u>	<u>807,632</u>
NON-CURRENT ASSETS			
Property, plant and equipment	6	190,829	255,225
Intangible assets	7	-	1,327
TOTAL NON-CURRENT ASSETS		<u>190,829</u>	<u>256,552</u>
TOTAL ASSETS		<u>1,401,620</u>	<u>1,064,184</u>
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	8	172,696	109,816
Employee benefits – annual leave		68,683	69,669
Income received in advance – Government entities		358,338	165,947
Income received in advance – non-Government entities		5,548	-
Lease liability		83,228	75,264
TOTAL CURRENT LIABILITIES		<u>688,493</u>	<u>420,696</u>
NON-CURRENT LIABILITIES			
Employee benefits - long service leave		44,351	29,915
Lease liability		91,768	174,997
TOTAL NON-CURRENT LIABILITIES		<u>136,119</u>	<u>204,912</u>
TOTAL LIABILITIES		<u>824,612</u>	<u>625,608</u>
NET ASSETS		<u>577,008</u>	<u>438,576</u>
EQUITY			
Retained earnings		<u>577,008</u>	<u>438,576</u>
TOTAL EQUITY		<u>577,008</u>	<u>438,576</u>

The accompanying notes form part of these financial statements

HEALTH CONSUMERS QUEENSLAND LTD
STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2021

	Retained Earnings \$	Total equity \$
Balance at 1 July 2020	438,576	438,576
Total comprehensive income for the year	138,432	138,432
	<hr/>	<hr/>
Balance at 30 June 2021	577,008	577,008

	Retained Earnings \$	Total equity \$
Balance at 1 July 2019	329,949	329,949
Total comprehensive income for the year	108,628	108,628
	<hr/>	<hr/>
Balance at 30 June 2020	438,576	438,576

The accompanying notes form part of these financial statements

HEALTH CONSUMERS QUEENSLAND LTD
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2021

	2021	2020
CASH FLOWS FROM OPERATING ACTIVITIES:		
Receipts from Qld Health core grant funding	1,059,459	1,033,619
Receipts from Qld Health fee-for-service and sponsorship funding	775,729	443,110
Receipts from non-Government entities	186,716	208,699
Payments to suppliers and employees	(1,438,297)	(1,317,262)
Interest received	1,057	1,694
Net cash provided by operating activities	584,664	369,860
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of property, plant and equipment	(30,202)	(678)
Net cash used in investing activities	(30,202)	(678)
CASH FLOWS FROM FINANCING ACTIVITIES		
Repayment of lease liability	(75,265)	(67,840)
Net cash used in financing activities	(75,265)	(67,840)
Net increase in cash and cash equivalents held	479,197	301,342
Cash and cash equivalents at beginning of year	626,953	325,611
Cash and cash equivalents at end of year	1,106,150	626,953

The accompanying notes form part of these financial statements

NOTE 1. SIGNIFICANT ACCOUNTING POLICIES

This financial report covers Health Consumers Queensland Ltd (HCQ) as an individual entity. The financial statements are presented in Australian dollars, which is HCQ's functional and presentation currency.

Health Consumers Queensland Ltd is a not-for-profit unlisted public company limited by guarantee, incorporated and domiciled in Australia.

The financial statements were authorised for issue by the Board Chair and Chair of the Finance and Risk Committee at the date of signing the Responsible Persons' Declaration.

Comparatives are materially consistent with prior years unless otherwise stated. Amendments to the classification of expenditure grouping has occurred in the 2021 financial year that have been retrospectively applied to the 2020 financial year. The material changes include reclassification of right-of-use asset depreciation to occupancy costs, consultancy expenses from committee, forum and other meeting expenses to operational expenses and certain operational expenses to employee expenses.

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 of the Australian Accounting Standards Board (AASB) and requirements of the *Australian Charities and Not for profits Commission Act 2012*.

The financial statements, except for the cash flow information, have been prepared on an accrual basis and are based on historical costs. The amounts presented in the financial statements have been rounded to the nearest dollar.

Australian Accounting Standards set out accounting principles that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. The principal accounting policies adopted by HCQ in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

Revenue

All revenue is stated net of the amount of goods and services tax (GST).

HCQ's revenue (grant income, fee-for-service revenue and other income) is accounted for according to either AASB 15 *Revenue from Contracts with Customers* or AASB 1058 *Income of Not-for-Profit Entities*. AASB 15 applies where there is a contract with another entity, it is enforceable, and contains sufficiently specific performance obligations that will result in HCQ providing goods or services to another entity. Where those circumstances exist, HCQ defers (as Income Received in Advance on the Statement of Financial Position) amounts received in cash by HCQ in advance of HCQ meeting its associated performance obligations. Such advance amounts are subsequently reported as revenue as or when HCQ meets its performance obligations.

NOTE 1. SIGNIFICANT ACCOUNTING POLICIES (continued)

Revenue (continued)

The steps followed to apply AASB 15 are:

- determine whether there is an enforceable contract;
- identify the separate performance obligations under that contract;
- determine the overall price of the contract;
- allocate that overall price of the contract to the separate performance obligations; and
- report revenue accordingly as/when those performance obligations are satisfied by HCQ.

For all other revenue that doesn't meet the AASB 15 criteria, AASB 1058 applies. In these situations, revenue is generally reported at the time the cash is received.

Where HCQ receives a contribution of a physical asset from another entity for no or nominal consideration, the asset is recognised at fair value and a corresponding amount of revenue is recognised.

Interest revenue is recognised as it accrues using the effective interest rate method, which for financial assets is the rate inherent in the investment.

Income tax

As HCQ is a charitable institution in terms of section 50(5) of the *Income Tax Assessment Act 1997*, it is exempt from paying income tax.

Goods and Services Tax (GST)

Revenue, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the Australian Taxation Office (ATO). In the latter case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included in other receivables or other payables in the Statement of Financial Position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing activities which are recoverable from, or payable to the ATO, are presented as operating cash flows.

Employee Benefits

Defined contribution superannuation expense

Obligations for contributions to defined contribution superannuation plans are recognised as an employee expense in profit or loss in the periods in which services are provided by employees.

NOTE 1. SIGNIFICANT ACCOUNTING POLICIES (continued)

Employee Benefits (continued)

Employee Benefit Liabilities

Provision is made for HCQ'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. Changes in the measurement of the liability are recognised in profit or loss.

Liabilities for employee benefits represent the total amount accrued for annual leave entitlements and for long service leave entitlements that have vested due to employees having completed the required period of service. These amounts must be classified as current liabilities to the extent that HCQ does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their leave entitlement.

Current and non-current classification

Assets and liabilities are presented in the Statement of Financial Position based on current and non-current classification.

An asset is current when:

- it is expected to be realised or intended to be sold or consumed in the normal operating cycle;
- it is held primarily for the purpose of trading;
- it is expected to be realised within twelve months after the reporting period; or
- the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least twelve months after the reporting period.

All other assets are classified as non-current.

A liability is current when:

- it is expected to be settled in the normal operating cycle;
- it is held primarily for the purpose of trading;
- it is due to be settled within twelve months after the reporting period; or
- there is no unconditional right to defer the settlement of the liability for at least twelve months after the reporting period.

All other liabilities are classified as non-current.

NOTE 1. SIGNIFICANT ACCOUNTING POLICIES (continued)

Cash and cash equivalents

“Cash and cash equivalents” includes cash on hand, deposits held at call with financial institutions, and other short-term highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value. Any bank overdrafts are classified as current liabilities on the Statement of Financial Position.

Property, plant and equipment

Plant and equipment are stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Depreciation is calculated on either a straight-line basis or reducing balance method to write off the net cost of each item of plant and equipment over their expected useful lives as follows:

Furniture and fittings	10-15 years
Office equipment	3-7 years
Computer equipment	3-5 years
Right-of-use Asset	4 years

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

An item of plant and equipment is derecognised upon disposal or when there is no future economic benefit to HCQ. Gains and losses between the carrying amount and the disposal proceeds are reflected in profit or loss.

Impairment of non-financial assets

At the end of each reporting period HCQ determines whether there is any evidence of an impairment indicator for non-financial assets. Where an indicator exists the recoverable amount of the asset is estimated.

Where assets do not operate independently of other assets, the recoverable amount of the relevant cash-generating unit (CGU) is estimated. The recoverable amount of an asset or CGU is the higher of the fair value less costs of disposal and the value in use. Value in use is the present value of the future cash flows expected to be derived from an asset or cash-generating unit.

Where the recoverable amount is less than the carrying amount, an impairment loss is recognised in profit or loss. Reversal indicators are assessed in subsequent periods for all assets which have suffered an impairment loss.

NOTE 1. SIGNIFICANT ACCOUNTING POLICIES (continued)

Financial instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when HCQ becomes a party to the contractual provisions of the financial instrument, and are measured initially at fair value adjusted by transaction costs. Subsequent measurement of financial assets and financial liabilities is described below.

Classification and subsequent measurement of financial assets

After initial recognition, financial assets are measured at amortised cost if the assets meet both of the following conditions (and are not designated as measured at fair value through profit or loss):

- they are held within a business model whose objective is to hold the financial assets and collect their contractual cash flows; and
- the contractual terms of the financial assets give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding.

All HCQ's financial assets - cash and cash equivalents, long-term deposits, and trade and other receivables – meet both of these criteria. Therefore, for subsequent measurement, all of HCQ's financial assets are measured at amortised cost using the effective interest method, less any provision for impairment (refer below for an explanation of impairment accounting). Discounting is omitted where the effect of discounting is immaterial.

Trade and other receivables include amounts due from customers for goods sold and services performed in the ordinary course of business.

Impairment of financial assets

HCQ's financial assets are subject to the impairment requirements of AASB 9 *Financial Instruments*, which uses forward looking information to recognise expected credit losses - the 'expected credit losses (ECL) model'. Therefore, HCQ considers a broad range of information when assessing credit risk and measuring expected credit losses, including past events, current conditions, and reasonable and supportable forecasts that affect the expected collectability of the future cash flows of the instrument.

In applying this forward-looking approach, a distinction is made between:

- financial assets that have not deteriorated significantly in credit quality since initial recognition or that have low credit risk ('Stage 1');
- financial assets that have deteriorated significantly in credit quality since initial recognition and whose credit risk is not low ('Stage 2'); and
- financial assets that have objective evidence of impairment at the reporting date ('Stage 3').

'12-month expected credit losses' are recognised for Stage 1 assets, while 'lifetime expected credit losses' are recognised for Stage 2 assets. Measurement of the expected credit losses is determined by a probability-weighted estimate of credit losses over the expected life of the financial instrument.

NOTE 1. SIGNIFICANT ACCOUNTING POLICIES (continued)

Financial instruments (continued)

Subsequent measurement of financial liabilities

HCQ's financial liabilities are primarily trade and other payables.

After initial recognition, HCQ's financial liabilities are measured at amortised cost using the effective interest method. All interest-related charges are reported in profit or loss within finance costs or finance income.

Derecognition of financial instruments

Financial assets are derecognised where the contractual rights to receipt of cash flows expire or the asset is transferred to another party whereby HCQ no longer has any significant continuing involvement in the risks and benefits associated with the asset.

Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expire.

The difference between the carrying value of the financial instrument extinguished or transferred to another party and the fair value of consideration paid/received, including the transfer of non-cash assets or liabilities, is recognised in the profit or loss.

Intangibles

All intangible assets are accounted for using the cost model whereby capitalised costs are amortised on a straight-line basis over their estimated useful lives, as these assets are considered finite. Residual values and useful lives are reviewed at each reporting date.

Subsequent expenditure on the maintenance of computer software is expensed as incurred. When an intangible asset is disposed of, the gain or loss on disposal is determined as the difference between the proceeds and the carrying amount of the asset, and is recognised in profit or loss.

Leases

The adoption of AASB 16 *Leases* has resulted in HCQ recognising a right-of-use asset and related lease liability in connection with all former operating leases, except for those identified as low-value or having a remaining lease term of less than 12 months from the date of initial application.

HCQ has elected to account for any short-term leases and leases of low-value assets using practical expedients. Instead of recognising a right-of-use asset and lease liability for such leases, the payments in relation to these are recognised as an expense in profit or loss on a straight-line basis over the lease term.

The only lease accounted for by HCQ under AASB 16 is its office accommodation lease.

NOTE 1. SIGNIFICANT ACCOUNTING POLICIES (continued)

Leases (continued)

For any new contracts entered into, HCQ considers whether a contract is, or contains, a lease. A lease is defined as 'a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration'. To apply this definition HCQ assesses whether the contract meets three key criteria:

- the contract contains an identified asset, which is either explicitly identified in the contract or implicitly specified by being identified at the time the asset is made available to HCQ;
- HCQ has the right to obtain substantially all of the economic benefits from use of the identified asset throughout the period of use, considering its rights within the defined scope of the contract; and
- HCQ has the right to direct the use of the identified asset throughout the period of use. HCQ assesses whether it has the right to direct how and for what purpose the asset is used throughout the period of use.

Measurement and recognition of leases as a lessee

At lease commencement date, HCQ recognises a right-of-use asset and a lease liability. The right-of-use asset is measured at cost, which is made up of the initial measurement of the lease liability, any initial direct costs incurred by HCQ, an estimate of any costs to dismantle and remove the asset at the end of the lease, and any lease payments made in advance of the lease commencement date (net of any incentives received).

HCQ depreciates the right-of-use assets on a straight-line basis from the lease commencement date to the earlier of the end of the useful life of the right-of-use asset or the end of the lease term. HCQ also assesses the right-of-use asset for impairment when such indicators exist. At the lease commencement date, HCQ measures the lease liability at the present value of the lease payments unpaid at that date, discounted using the interest rate implicit in the lease (if that rate is readily available) or HCQ's incremental borrowing rate. The weighted average incremental borrowing rate applied to lease liabilities is 5.43%.

Lease payments included in the measurement of the lease liability are made up of fixed (including in-substance fixed) payments, variable payments based on an index or rate, amounts expected to be payable under a residual value guarantee and payments arising from options reasonably certain to be exercised.

Subsequent to initial measurement, the liability is reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification, or if there are changes in in-substance fixed payments. When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset, or profit and loss if the right-of-use asset is already reduced to zero.

NOTE 1. SIGNIFICANT ACCOUNTING POLICIES (continued)

Leases (continued)

On the Statement of Financial Position, right-of-use assets are included in property, plant and equipment and lease liabilities are included as separate line items in current and non-current liabilities.

AASB 16 related amounts recognised in the Statement of Profit or Loss and Other Comprehensive Income (included in Occupancy Expenses)

	2021
	\$
Depreciation charge related to right-of-use assets	79,525
Interest expense on lease liabilities	11,364
	<hr/> 90,889 <hr/>

NOTE 2. CRITICAL ACCOUNTING ESTIMATES AND JUDGEMENTS

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

Key Judgements

Estimation of useful lives of assets

HCQ determines the estimated useful lives and related depreciation and amortisation charges for its plant and equipment and intangible assets. The useful lives could change significantly as a result of technological innovations or other events. The annual depreciation and amortisation expenses will increase where estimates of the remaining useful lives reduce. Obsolete assets that have been abandoned will be written off or impaired.

Key Estimates

Employee benefit liabilities

Liabilities for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liabilities, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

**NOTE 3. GOVERNMENT
INCOME**

	2021	2020
	\$	\$
<u>Australian Government</u>		
PAYG Cash flow boost	50,000	50,000
<u>State Government</u>		
Queensland Health core grant funding	977,056	925,941
Queensland Health Fee for Service Income	445,660	252,914
TOTAL GOVERNMENT INCOME	1,472,716	1,228,855

NOTE 4. OCCUPANCY EXPENSES

Occupancy expenses include:

	2021	2020
	\$	\$
Cleaning, electricity and repairs and maintenance	6,789	8,224

As per AASB 16 *Leases*, the composition of expenses relating to leases includes the expenses in this note, depreciation and interest expense in relation to HCQ's office accommodation lease. For the 2021 financial year, the depreciation and interest expenses totalled \$90,388 - see Note 1 Leases for further details.

NOTE 5. CURRENT ASSETS – TRADE AND OTHER RECEIVABLES

	2021	2020
	\$	\$
Trade receivables	31,369	50,541
Provision for Doubtful Debts	-	(5,694)
Deposits	200	200
Accrued Income	-	40,217
Other receivables	10,687	5,103
Total current trade and other receivables	42,256	90,367

NOTE 6. NON-CURRENT ASSETS – PROPERTY, PLANT AND EQUIPMENT

	2021	2020
	\$	\$
Furniture, fixtures and fittings - at cost	18,840	17,775
Less: Accumulated depreciation	(14,083)	(13,748)
	<u>4,757</u>	<u>4,027</u>
Office equipment - at cost	28,002	22,884
Less: Accumulated depreciation	(22,466)	(21,428)
	<u>5,536</u>	<u>1,456</u>
Computer equipment - at cost	66,818	45,545
Less: Accumulated depreciation	(45,333)	(34,379)
	<u>21,485</u>	<u>11,166</u>
Right-of-use asset	318,101	318,101
Less: Accumulated depreciation	(159,050)	(79,525)
	<u>159,051</u>	<u>238,576</u>
Total Property, Plant and Equipment	190,829	255,225

Reconciliations

Reconciliations of the carrying amounts of property, plant and equipment at the beginning and end of the financial year are set out below:

	Furniture, Fixtures and Fittings	Office Equipment	Computers	Right-of-Use Asset	Total
	\$	\$	\$	\$	\$
Balance at 1 July 2020	4,027	1,456	11,166	238,576	255,225
Additions	1,065	5,118	21,273	-	27,456
Depreciation expense	(335)	(1,038)	(10,954)	(79,525)	(91,852)
Balance at 30 June 2021	4,757	5,536	21,485	159,051	190,829

NOTE 7. NON-CURRENT ASSETS - INTANGIBLE ASSETS

	2021 \$	2020 \$
Website and database development – at cost	13,545	13,545
Accumulated amortisation	(13,545)	(12,218)
Carrying amount	<u>-</u>	<u>1,327</u>

Movements in carrying amounts of website and database development assets:

Balance at beginning of year	1,327	4,164
Amortisation	(1,327)	(2,837)
Balance at end of year	<u>-</u>	<u>1,327</u>

NOTE 8. CURRENT LIABILITIES - TRADE AND OTHER PAYABLES

Trade payables	93,779	39,063
GST Payables	28,483	19,071
Employee related costs	18,522	28,009
Sundry payables and accrued expenses	31,912	23,673
	<u>172,696</u>	<u>109,816</u>

NOTE 9. KEY MANAGEMENT PERSONNEL COMPENSATION

The aggregate compensation made to key management personnel of HCQ is set out below. The Directors act in an honorary capacity and receive no sitting fees.

	2021 \$	2020 \$
Aggregate compensation	<u>165,747</u>	<u>155,977</u>

NOTE 10. CONTINGENT LIABILITIES

HCQ had no contingent liabilities as at 30 June 2021 (30 June 2020: Nil).

NOTE 11. FINANCIAL RISK MANAGEMENT

HCCQ's financial instruments consist mainly of deposits with banks, accounts receivable and accounts payable.

The carrying amounts for each category of financial instruments, measured in accordance with AASB 9 as detailed in the accounting policies to these financial statements, are as follows:

	2021	2020
	\$	\$
Financial assets		
Financial assets at amortised cost		
- Cash and cash equivalents	1,106,150	626,953
- Trade and other receivables	42,256	55,845
Financial liabilities		
Financial liabilities at amortised cost		
- Trade and other payables	144,213	90,745

NOTE 12. RELATED PARTY TRANSACTIONS

Key management personnel

Compensation for HCCQ's key management personnel is set out in Note 9.

Transactions with related parties

The Board Chair received \$19,900 in respect of consultancy work completed during the 2021 financial year (2020: \$12,250). There were no additional transactions with related parties during the current and previous financial year.

There were no loans outstanding to or from related parties at the end of 2020-21 or 2019-20.

NOTE 13. EVENTS AFTER THE REPORTING PERIOD

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

NOTE 14. ENTITY DETAILS

The registered office of HCCQ is:
Level 3, 340 Adelaide Street
BRISBANE, QLD 4000

HEALTH CONSUMERS QUEENSLAND LTD
RESPONSIBLE PERSONS' DECLARATION
30 JUNE 2021

In accordance with a resolution of the Directors of Health Consumers Queensland Limited (HCQ), the directors of HCQ declare that, in the directors' opinion:

1. These financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and:
 - a. comply with Australian Accounting Standards – Reduced Disclosure Requirements applicable to the entity; and
 - b. give a true and fair view of the financial position of HCQ as at 30 June 2021 and of its performance for the year ended on that date.
2. There are reasonable grounds to believe that HCQ will be able to pay its debts as and when they become due and payable.

This declaration is signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

On behalf of the responsible persons



Dr Erin Evans
Board Chair
Brisbane, 20th October 2021



Alison Cuthbert
Chair, Finance & Risk Committee
Brisbane, 20th October 2021

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF HEALTH CONSUMERS QUEENSLAND LTD HEALTH CONSUMERS QUEENSLAND LTD

Report on the Financial Report

Opinion

We have audited the accompanying financial report of Health Consumers Queensland Ltd (the company), which comprises the statement of financial position as at 30 June 2021, 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, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

In our opinion, the accompanying financial report of the company has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- a) Giving a true and fair view of the company's financial position as at 30 June 2021 and of its performance for the year ended on that date; and
- b) complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement. Our responsibilities under those standards are further described in the Auditor's Responsibility section of our report.

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

Independence

We are independent of the company in accordance with 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* (including Independence Standards) (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.

Directors' Responsibilities for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards –to the extent described in Note 1 and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the directors determine 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.

PKF Brisbane Audit ABN 33 873 151 348

Level 6, 10 Eagle Street, Brisbane, QLD 4000 | GPO Box 1568, Brisbane, QLD 4001 | T: +61 7 3839 9733

Brisbane | Rockhampton www.pkf.com.au

Liability limited by a scheme approved under Professional Standards Legislation.

PKF Brisbane Pty Ltd. is a member firm of the PKF International Limited family of legally independent firms and does not accept any responsibility or liability for the actions or inactions of any individual member or correspondent firm or firms.

In preparing the financial report, the Directors are responsible for assessing the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using a going concern basis of accounting unless the Directors either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Report

Our responsibility is to express an opinion on the financial report based on our audit. 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, individual or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at <http://www.auasb.gov.au/Home.aspx>. This description forms part of our auditor's report.

PKF

PKF BRISBANE AUDIT



SHAUN LINDEMANN
PARTNER

BRISBANE
20 October 2021