

ANNUAL REPORT

# 2021·22



# 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.

## OUR ORGANISATION

Health Consumers Queensland is the peak organisation representing the interests of health consumers and carers in the state and acts as an agent of change for consumer-centred health care.

Our Queensland-wide health consumer network is the beating heart of our organisation. Since 2008, we have worked to enable consumers, Queensland Health and the health system to partner effectively together and improve the health of all Queenslanders.

We maximise opportunities to amplify and embed diverse consumer voices at all levels of the health system through our:

- Advocacy on consumer issues
- Strategic advice on contemporary engagement
- Consumer opportunities recruitment program
- Responsive training and skills development programs for consumers and health staff
- Fee for service consultation projects
- Consumer and health staff listening and sharing, and information events

## CONTENTS

Message from our CEO	1
Messages from our outgoing and incoming Chairs	2
HCQ Strategic Direction 2022 – 2025	4
Recruiting record numbers of consumers to engagement roles across the system	5
Training consumers and health staff to partner successfully	6
Consultation projects amplifying grassroots consumer voices for real change in health	7
HCQ and consumers: the cure for COVID-19 complacency and concern	9
The power of our partnerships	14
Board governance 2021 – 22	16

Front cover image: Members of the Health Consumers Collaborative of Queensland at Health Consumers Annual Forum in October 2022. Consumer members (l-r): Keren Pointon, Tanya Kretschmann, Martin Chambers and Zehnab Vayani (absent members: Elizabeth Miller and John Anderson).



## MESSAGE FROM OUR CEO

If COVID-19 has taught us anything, it is the importance of good preparation.

“Preparedness” was Health Consumers Queensland’s guiding principle in late 2021 as we worked to support consumers and the health system to be ready for the borders opening and widespread community transmission of the newly dominant Omicron variant.

Over 600 consumers, health staff, health organisations and NGOs registered for our online COVID-19 Preparation webinar series throughout December 2021. Health Consumers Queensland also led the call for a new approach to public messaging and health literacy based on natural disaster / storm preparedness for Queensland Health to adopt and implement. This resulted in the award-winning ‘Get COVID ready’ online planning tools and resources for everyone in Queensland.

I would like to thank our incredible and diverse network of consumers for continuing to share your experiences, insights, and solutions to improve health care for yourselves and your communities.

I would like to acknowledge Queensland Health and its staff as well as the many organisations with whom we partner who have worked so hard over the past 12 months to minimise the impact of the pandemic and the floods on our health and our daily lives.

I would also like to thank our outgoing Board Chair, Dr Erin Evans and our Board Director and Chair of Finance & Risk Committee, Alison Cuthbert who are stepping down. Your tireless support and guidance have been instrumental in making Health Consumers Queensland what it is today.

Finally, I would like to thank our small hardworking team of staff who again demonstrated why we continue to be the trusted voice of consumers. From adapting how we supported consumers as Queensland’s borders opened, to responding to more than 600 requests from the health system for our services, HCQ’s staff demonstrate the heart and responsiveness that consumers need.

There are many changes which have taken place this year in health including changes in leadership and structure across Queensland Health and the Hospital and Health Services. The promise of health reform has never been closer.

Health Consumers Queensland has been adapting and readying itself to drive and support another evolution of engagement: one where consumers and stakeholders at every level of the health system partner more boldly than ever, in assertive, innovative and responsive ways to radically transform our health system into one which is accessible, reflective, safe, kind and equitable.

Yours in partnership,

**Melissa Fox**



## MESSAGE FROM OUR OUTGOING CHAIR



This is my last annual Chairs' report and formal engagement with Health Consumers Queensland. I have been reflecting on the significant changes in consumer engagement and partnerships over the nearly nine years I have been on the Board.

When I joined there were four of us. We have been through a lot, and I want to recognise the integrity, grass roots care and dogged determination to serve people who were not served enough by the system.

The Barrett Adolescent Centre is a prime example with the core issue that it had people in decision-making positions who did not listen to the risks nor understand the people in them. At the time I was privileged to be around a table with a small group of people, led by our former Chair Mark Tucker-Evans, who cared and would take a stand and advocate to the system about the people and the system. Recently I re-read the inquiry and it struck me how different our decision making and priorities were and still are.

The importance of advocacy is still with us.

Over this period, we have seen a shift from compliance to recognising the value of partnering with Health Consumers Queensland and health consumers across the state to deliver better health outcomes and system delivery. There are many examples of when we get this right such as during the pandemic response and in the development of Jacaranda Place which was a ground-breaking co-design of a health facility development following the Barrett closure. HCQ was deeply involved with these initiatives, and we can be proud of the contributions we made. We are also reminded of the impacts that occur when consumers are not listened to, such as recent tragedies in Doomadgee and in the Mackay maternity system. My mantra has been that I work to become redundant, however there is still much to do.

This year we launched HCQ's Strategic Direction 2022-2025 (see p.4). It is forward looking with a focus on health equity, research and innovation and health literacy. We engaged with our network to uncover the drivers and enablers. Thank you to all who participated as this will underpin the direction of HCQ over coming years. We have already activated this with discussions at the Health Consumers Collaborative

of Queensland in supporting health reform and health literacy. This is an area of deep focus for its potential in prevention, and consumers having greater agency as shown in our strategy. HCQ has been developing partnerships with researchers and research institutions with delivery of numerous key programs. We welcome the changes to grants bodies requiring authentic consumer codesign and are ready to partner with researchers.

Our successful adaptation of the Kitchen Table Discussion methodology has given us a powerful and transformative tool to amplify the voices of consumers across research, prisoner health, health equity, end of life care and in the development of our Digital Health Charter - a world first. I am proud of the work the HCQ team have designed and delivered with a commitment to ensure the voices of diverse consumers are heard and that this influences the development of policy and system delivery. Our role in Voluntary Assisted Dying has been central and we represented the >90% of Queenslanders supporting for this access.

I am appreciative of the trusted partnerships I have with clinicians and system policy makers and leaders and the difference this makes. We have deepened the relationships with the Clinical Senate and Clinical Networks and enjoyed strong relationships with their Chairs and Executive. This year's focus in the Clinical Senate on Reimagining Healthcare and on the First 2000 Days had strong partnering with consumers and, as we advocated for, also with primary health and other agencies. These sessions highlighted the importance of consumers in the co-design of the health system, enabling health equity, access across our vast state and the role of digital health so that consumers can receive the care they need closer to home. The Health Consumer Digital Charter is helping to progress on the conversations to improve digital access and agency over their data for consumers and thus improve the overall patient safety so that the data is travelling with the patient and available in the right time.

The success of HCQ is the strength of its relationships, integrity and focus on making a difference to the health system for all Queenslanders. I deeply appreciate the positive working relationships with successive Ministers, leaders in Queensland Health, Hospital and Health Services, Primary Health, Aboriginal Community Controlled Health Organisations, other Non-Governmental Organisations and health consumers across the state. It is our capacity to collaborate and listen to different perspectives that continues to make a difference to health outcomes, and the early pandemic response and recovery demonstrates the critical importance.

Strong relationships and collaboration also underpin the Board and HCQ team. Thank you to our CEO, Melissa, and the dedicated HCQ team who I have worked closely with over the years. The HCQ Board are passionate and highly skilled committed contributors to making the organisation punch above its weight. Thank you to my colleagues who have worked to improve the organisational maturity to help HCQ deliver the best impact to Queenslanders. I would like to especially acknowledge my fellow committee Chairs, Rachelle Foreman (Governance and Policy) and Alison Cuthbert (Finance and Risk) for their leadership and contribution. Alison is retiring this year and on behalf of the board I want to express sincere gratitude for the extensive skills, commitment and outcomes that Alison has contributed to HCQ across many spheres. I also wish to thank retiring Directors Carmel McMillan and Robbie Sinclair, also serving as Company Secretary.

In my new role I am leading Life Sciences Queensland, where I will continue to work with health innovation, research and remain committed to ensuring that we improve health for all Queenslanders. Thank you for the privilege to serve as Chair of HCQ for the past four years. I wish the incoming Chair and new Board every success and know that the organisation is in dedicated and skilled hands.

Dr Erin Evans

## MESSAGE FROM OUR INCOMING CHAIR



It is with excitement and a great sense of responsibility that I accepted the opportunity to step into the role of Chair of Health Consumers Queensland.

I am acutely aware of the critical role HCQ plays in ensuring Queenslanders continue to have access to quality and safe services that improve patient outcomes.

I hope to be able to bring my skills and experience, and work collaboratively with all stakeholders to ensure the voices of Queenslanders are strong in advocating for better health services right across our state.

My experience in the Corporate and Not-for Profit sectors both in operational and governance roles has given me unique insights which I hope to be able to use to contribute to HCQ's mission.

My current role as the CEO of Parkinson's Queensland has given me a first-hand look at the challenges faced by people living with a progressive degenerative condition as they look to access health and support services. It is especially challenging for those who live in rural and remote parts of our state.

My family and I emigrated to Australia from Uruguay when I was 10 years old and I became interpreter for my parents whenever they needed to access health services. The importance of culture, language and the way in which our health services communicate cannot be underestimated.

I am looking forward to continuing the great work of my predecessor Dr Erin Evans and working collaboratively with my fellow Board members, the HCQ team and all of you to improve health outcomes for all Queenslanders.

Miguel A. Diaz

## STRATEGIC DIRECTION 2022 – 2025

### MISSION

Health Consumers Queensland enables and empowers consumers to influence, lead and drive better health outcomes

### VISION

Consumers and community partnering with the health system for consumer-centred health care for all Queenslanders

### VALUES

Leadership  
Positive Impact  
Fairness  
Innovation  
Partnership  
Zing and Zest

## STRATEGIC OBJECTIVES

### Objective 1: Leadership, advocacy, and representation of consumers at all levels of the health system

As the peak body for consumers, we provide an informed, collective consumer voice. We are a leader in contemporary approaches to consumer engagement and participation. We provide strategic advice to all levels of the health system and Government on issues of consumer concern and consumer-identified solutions. We advocate for meaningful consumer representation to be embedded in decision making and oversight mechanisms at all levels of the health system. We are a conduit to ensure diverse consumer voices and experience shape the delivery of health services. We act to position the voices and visibility of First Nation consumers to ensure that what is important to Aboriginal and Torres Strait Islander people is central in health system reforms; service improvements, and health justice and equity responses.

### Objective 2: Enabling consumers and the health system to work together to ensure safe, equitable and accessible healthcare

HCQ builds consumer, staff, and system capacity to co-design an equitable and accessible health system through collaborative, integrated and consumer-centred approaches. We drive uptake to these approaches in the health system by providing support, strategic advice, training, and advocacy.

### Objective 3: Facilitating the central role of consumers in innovation, technology and research that delivers a healthy future

We ensure consumers are active contributors to innovation, technology and research policy and projects. We actively promote co-design approaches so that new technologies and delivery models are fit for purpose and to the benefit of all Queenslanders. We harness and utilise evidence-based approaches to inform decision-making and policy advocacy.

### Objective 4: Supporting consumers to be active participants in their healthcare

We enable consumer confidence and encourage them to be informed so they:

- Understand their healthcare rights
- Know where to access reliable health information
- Make informed decisions about their health
- Understand the consumer-clinician capacity for shared decision making

We support the health system to partner with consumers to create tools and resources to support this.

## RECRUITING RECORD NUMBERS OF CONSUMERS TO ENGAGEMENT ROLES ACROSS THE SYSTEM

Lockdowns and COVID-19 waves were unable to dampen the appetite of consumers on our network for engaging with the health system over the year with over 500 people applying for roles via our consumer recruitment program.

Their commitment to engage was matched by Queensland Health and other health organisations with an increase in both opportunities and the numbers of consumers requested.

The number of consumers recruited to join state-wide, strategic, long term partnerships, including the Queensland Clinical Senate and Statewide Clinical Networks also increased with 325 new consumers (an increase of almost 25% on last year) appointed to long term or state-wide committees, working groups or advisory groups as well as one-off panels or strategic meetings during the year.

Preventative healthcare attracted the most interest from consumers along with overseeing the implementation of the Voluntary Assisted Dying legislation and opportunities in mental health.

As part of our consumer recruitment program, we provide best practice, tailored strategic advice and support to health staff to successfully recruit, orientate, engage and empower their consumer partners – this year for 77 separate opportunities! Our five star rating and positive feedback from staff about our recruitment program demonstrate how well we have met the needs of health staff, many of whom were new to consumer partnerships.

*“Just a quick email to thank you for all your work linking me in with consumers. Talking to the consumers has brought to light some relevant issues that we weren’t aware of and is going to be really useful in engaging our clinicians, and moving the project forward.”*

Queensland Health staff member

## HOW HCQ ENABLED CONSUMERS TO PARTNER WITH THE HEALTH SYSTEM IN 2021-22

SUPPORTED

77

REQUESTS FROM QUEENSLAND HEALTH AND OTHER PARTNERS TO INVOLVE CONSUMERS

ASSESSED

501

EXPRESSIONS OF INTEREST FROM CONSUMERS

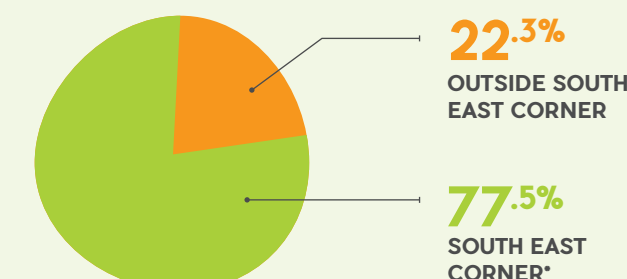
ADVISED ON

325

CONSUMER RECRUITMENT SELECTIONS

↑ UP 24.5%

## LOCATION OF RECRUITED CONSUMERS



\*(South East Corner = Metro North, Metro South, Sunshine Coast, Gold Coast, West Moreton HHSs)

## DIVERSITY OF RECRUITED CONSUMERS



4077

HCQ'S STATEWIDE NETWORK

581

CONSUMERS, HEALTH STAFF AND HEALTH ORGANISATIONS WHO JOINED IN 2021-22

↑ UP 16%



## TRAINING CONSUMERS AND HEALTH STAFF TO PARTNER SUCCESSFULLY

485

CONSUMER AND STAFF ATTENDANCES AT

35

TRAINING SESSIONS

The highlight of HCQ's consumer engagement training program this year has been the successful introduction of consumer co-presenters for all our online training events to increase capability, confidence, accessibility and trust in the engagement process amongst health staff and consumers.

For this new approach, we worked with Helen Mees and Philip Carswell, both highly experienced consumer representatives and members of our network, to co-plan and co-deliver four training events, including our signature Fundamentals of Consumer Partnership for both health staff and consumers.

Phil Carswell to consumers participating in a HCQ training session:

*"I'll share my insights into how it works day by day and meeting by meeting. I will pass on my tips and tricks for how to make your voice heard and how to find support for yourself as you navigate this role. You have power as well and I'd like to give you the confidence to use your power judiciously and strategically."*

Helen and Phil's contribution has now paved the way for five new consumers and a health staff member to co-present with HCQ staff as we continually seek to offer multiple and diverse perspectives and expertise.

## RESPONDING TO THE EVER-CHANGING LEARNING NEEDS OF CONSUMERS AND STAFF

During the mobilization of health staff between January to March 2022 to respond to the COVID-19 emergency, Health Consumers Queensland temporarily suspended all training, including 'Snack Pack' our popular lunch time learning sessions, and redeployed our team to set up twice-weekly Coffee & Connect listening hours for our network to hear how they were coping at this difficult time.

We noticed that new and emerging consumers valued listening to the experiences of highly skilled consumer representatives in a small, informal, safe and supportive space. Evolving out of Coffee & Connect, in June 2022, we introduced our first Consumer Mentoring session. Now a regular fixture on our training calendar, these sessions offer a relaxed opportunity for new consumers to ask a consumer who is at the top of their game everything they've ever wanted to know about consumer engagement and partnerships.

*"[Helen's] experience is so valuable, and she explains things so clearly. Consumers so often work alone or in pairs, these opportunities to learn from each other are incredible."*

Attendee at HCQ consumer mentoring session

Training for staff came back online in April with Snack Pack lunch time learning and Fundamentals of Consumer Partnerships. These sessions were attended by almost 100 staff. We saw particularly high numbers of staff attending from North West Hospital and Health Service. We also resumed our face-to-face tailored training for Hospitals and Health Services with two sessions for Mackay HHS Consumer Advisory Partners and their Health Equity Advisory Group in May.

## BUILDING THE CAPACITY OF CONSUMERS WHO PARTNER WITH THE HEALTH SYSTEM

We've also supported newly appointed and experienced consumer representatives to navigate their roles, handle challenges, network, travel and attend professional development opportunities including the Queensland Clinical Senate forums, Clinical Excellence Showcase, Queensland Rural and Remote Clinical Network Forum, and the Rural Doctors Association of Queensland (RDAQ) Conference. In addition, we've brought together consumers involved in independent reviews of Hospital and Health Service investigation of services, an emerging area where support is critical.



Pop Up Palliative Care is an outstanding consumer-led and centred framework for a model of care from Torres and Cape Hospital and Health Service.

In May, consumer representative Helen Mees (left) presented the Consumer's Choice Award at Clinical Excellence Showcase 2022 to the project's leaders, Lynda Mason and Vesta Sexton.

## CONSULTATION PROJECTS AMPLIFYING GRASSROOTS CONSUMER VOICES FOR REAL CHANGE IN HEALTH



A kitchen table discussion in progress.

856

CONSUMERS PARTICIPATED IN

100

CONSULTATION ACTIVITIES ACROSS

15

FEE-FOR-SERVICE PROJECTS

### METHODS USED

83

KITCHEN TABLE DISCUSSIONS

6

YARNING CIRCLES

5

ONLINE CONSULTATIONS

6

FOCUS GROUPS

## KITCHEN TABLE DISCUSSIONS, YARNING CIRCLES, ONLINE CONSULTATIONS & FOCUS GROUPS

The expertise of Anne Curtis, HCQ's Senior Engagement Consultant has continued to be in high demand, ensuring that the voices of diverse Queenslanders shape changes and improvements in the health system through a variety of accessible engagement mechanisms.

In 2021-22, Queensland Health and other health-related organisations were able to hear directly from more than 850 consumers about their experiences and views on issues such as water security and purified recycled water, voluntary assisted dying, cancer screening, safe medicines, mental health review tribunal, palliative care reform, care closer to home, maternity and child health, death education in schools, domestic and family violence, connecting end of life care, virtual health care, care of older Australians, health equity strategies, and accessing online information about health and community services.

Kitchen table discussions and yarning circles 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.

## VOICES WHICH WERE HEARD

CULTURALLY AND LINGUISTICALLY DIVERSE PEOPLE

MENTAL HEALTH CONSUMERS

CARERS

## PEER SUPPORT WORKERS

ABORIGINAL AND/OR TORRES STRAIT ISLANDER PEOPLE

PEOPLE WITH A DISABILITY

LGBTIQ+

PEOPLE LIVING WITH CHRONIC CONDITIONS

RURAL AND REMOTE CONSUMERS ACROSS QUEENSLAND

(FROM JULIA CREEK TO THE BAY ISLANDS)

BEREAVED FAMILIES

PEOPLE WITH AN INTELLECTUAL DISABILITY

NON-ENGLISH SPEAKING PEOPLE

Consumers Anh Tho Tien and Rajini Eschwarachar Shankar joined our new Project Support Coordinator, Declan Winterton at Seqwater's Luggage Point Advanced Water Treatment Plant for a tour of its recycled water facility.



## WATER-WISE: CONSUMERS INFLUENCING DETERMINANTS OF HEALTH

South East Queensland's bulk water supplier Seqwater invited Health Consumers Queensland to undertake consumer and health care professional consultation about water security and purified recycled water.

In January 2022, consumer CRG member Paul Williamson co-presented with Anne to Seqwater and Urban Utilities on the key consumer findings:

- 9** KITCHEN TABLE DISCUSSIONS AND 1 ONLINE CONSULTATION
  - 6** CONSUMERS APPOINTED TO A SHORT-TERM COMMUNICATION CO-DESIGN CONSUMER REFERENCE GROUP (CRG)
  - 4** CONSUMER WORKSHOPS
  - SUPPORT CONSUMERS AND CLINICIANS TO INCREASE THEIR WATER LITERACY**
  - COMMUNICATION MUST BE ACCESSIBLE AND EASY TO UNDERSTAND**
  - OPENNESS AND TRANSPARENCY OF INFORMATION IS KEY**
- "I just wanted to say that I really appreciated doing this. It's been really enjoyable and very informative. I congratulate Seqwater and Urban Utilities for this work. And again, congratulate Anne and Kirra for the work they do. It's brilliant."* Consumer CRG member

## CONSUMERS SHAPING PLANNING FOR START OF VOLUNTARY ASSISTED DYING (VAD) SCHEME IN QUEENSLAND

Following many long years of advocacy by Queenslanders for access to choice and control at the end of life, Anne has been able to provide supportive sessions for consumers and carers sitting across six Voluntary Assisted Dying sub-committees to enable them to share information and learnings, provide emotional support and mentoring. Anne also attends meetings with VAD Secretariat members to ensure consumer voices are heard.

Nowhere else in Australia nor internationally, have there been mechanisms to enable health consumers and community members to directly raise and address their concerns with the health system and the COVID-19 response in the ways that Health Consumers Queensland made possible in Queensland since early 2020.

## HEALTH CONSUMERS QUEENSLAND REPORTS ON OUR IMPACT ON COVID-19

On 30 June 2022, HCQ reported on the outcomes of additional funding which meant that HCQ could support Queensland Health's COVID-19 response in the following ways between March 2020-June 2022:

- 3,974** **CONSUMERS**, carers, health staff and NGO partners engaged with Queensland Health's COVID-19 response.
  - 2,000** **CONSUMERS** and carers and staff across Queensland Health listened and shared concerns, recommendations, information and solutions through the establishment and facilitation of 59 online and face-to-face opportunities (including our Consumer Conversations, Q&A forums and webinars).
  - 632** **CONSUMERS** provided advice, views and feedback on 76 Queensland Health consultations, projects, and resources.
  - 108** **CONSUMERS**, Queensland Health executive staff (including the Chief Health Officer) and NGO partners contributed to an independent report commissioned by HCQ on the evaluation of the effectiveness of consumer engagement during the COVID-19 pandemic in Queensland between January 2020 and January 2021.
  - 36** **ISSUES PAPERS**, situation reports and briefs enable HCQ to continually amplify the voices to the Health Minister's Office, leaders across Queensland Health, Primary Health Networks and NGO partners.
- HCQ resourced and delivered key and significant individual projects with long term impacts for consumers and the health system. Specifically, these included the co-design with consumers of an Ethical Decision-making Framework and a new youth engagement strategy: Amplifying the Youth Voice: Health Consumers Queensland Youth Engagement Framework which was developed by our 24-member Youth Reference Group.
- Critically, this activity informed the tireless advocacy and strategic advice provided by our CEO, Board Chair and senior members of staff who sat as **HCQ organisational representatives** on 30 Queensland Health COVID-19 and system leadership committees and working groups. Our growing influence and trusted position on these committees ensured that consumers remained at the centre of key decisions and we could amplify their voices with greater impact, urgency and meaning.

## HCQ AND CONSUMERS: THE CURE FOR COVID-19 COMPLACENCY AND CONCERN



## KEEPING CONSUMERS AT THE CENTRE OF THE COVID-19 RESPONSE IN 2021-22

Many health consumers have complex conditions or health and social needs which put them at high risk from COVID-19. Generic public health messaging does not meet their needs and our focus throughout 2021-22 was to continually amplify their voices and ensure they had access to high quality, tailored information and care.

Our ear always to the ground, Health Consumers Queensland also continued to act as an early warning system for Queensland Health to flag important consumer concerns and recommendations throughout the early stages of the vaccine roll-out and the height of the emergency via our positions on key committees and working groups, and our widely disseminated issues papers.



## CONSUMERS SUPPORT THE CARE OF PEOPLE TESTING POSITIVE TO COVID-19

Mirroring the rapid engagement required at the start of the pandemic, by late 2021, consumers were constantly engaged in advising on COVID-19 testing as well as reviewing communications which would support the triaging, management and care of people during widespread community transmission. Outputs included the scripts used by staff when speaking with COVID+ people over the phone, emails to be sent out to those at risk of serious illness, and surveys which would inform the virtual care management of children and adults.

Christmas Eve saw the release of Queensland Health's 'Get COVID Ready' resources, a concept initiated by Health Consumers Queensland and developed with 18 consumers, in partnership with Queensland Health and communications agency, Articulous. The resources won a highly coveted national 'Readiness and Resilience Highly Commended' Award from EMPA which runs the national emergency communication awards program. Consumers continued to inform into communications for those deemed vulnerable and at risk as well as women and people who were pregnant, into 2022.

## HCQ'S 'STORM READY' WEBINARS HELP CONSUMERS PREPARE FOR DELTA

By November 2021, increasingly concerned at the lack of public preparedness for widespread community transmission of what we thought would be the Delta strain of the virus, we planned our own 'Preparing for Delta' webinar series which were open to the public and health staff.

Health Consumers Queensland invited key clinicians and Clinical Network Chairs to share their knowledge with almost 500 attendees and help them understand how the virus could affect them and their families whilst getting 'storm ready' wherever they lived in Queensland including in rural and remote locations.

## HCQ KEEPS EAR TO THE GROUND DURING THE HEIGHT OF THE PANDEMIC

Best practice in disaster management includes "intelligence" or "on the ground" information through engaging with local communities.

During the initial Omicron surge our new twice-weekly Coffee & Connect sessions enabled 124 consumers, NGO staff and health staff to share their experiences about what it was like to navigate the health system at that time and get the care they needed whilst enabling us to continue bringing their voices to the table via our weekly issues papers. A parallel "How are you going living with COVID?" survey for consumers who couldn't or didn't want to attend the virtual sessions, also enabled contribution of their concerns and experiences.

## HCQ'S OMICRON HOT ISSUES BRIEF INSPIRES LOGAN & BEAUDESERT HEALTH SERVICE'S REAL TIME COMMUNITY RESPONSE

In January 2022, Logan & Beaudesert Health Service obtained and responded to their own consumer feedback to enhance care in their community after reading HCQ's hot issues brief which had identified key challenges consumers were facing with accessing testing, health and visitor information.

Their resulting Partnering with Consumers Omicron gap analysis and action plan led to:

- Multilingual resources available with COVID tests.
- Routine disability screening to allow for reasonable adjustments for COVID clinics.
- COVID Ready resources in Outpatient departments and COVID/vulnerable cohort wards.
- Translation of concierge screening script and Proof of Vaccination available at facility entrances in Top 10 languages.
- Use of interpreter services and hearing impairment communication kits to support conversations regarding rapidly changing visitation policy.
- Responsive Consumer Liaison responses through simplification of language and inclusionary wording.

Nicola Rogers, Principal Consumer Liaison Advisor noted,

*"Healthcare quality improvement is often driven by lessons learnt retrospectively, missing the opportunity to actively respond to the community need in real time. Our project demonstrated that with the right resourcing and motivation to respond, complex large-scale systems like public health can truly put policy into tangible practice."*

## AMPLIFYING THE VOICES OF FIRST NATIONS CONSUMERS DURING OMICRON

*"Mob know how to talk to mob. It is a missed opportunity when they are not utilised"* – First Nations consumer and Reference Group member.

Leading up to re-opening the borders, 14 Aboriginal and/or Torres Strait Islander health consumers or carers joined a Health Consumers Queensland First Nations reference group to consider how to improve engagement with First Nations Queenslanders. This was so people could be more informed about COVID-19 vaccinations and explored how community members could lead these conversations in their local community.

The Reference Group recommended the following actions which were summarised in an Issues Paper for Queensland Health's leadership and presented to the First Nations COVID-19 Response Oversight Committee:

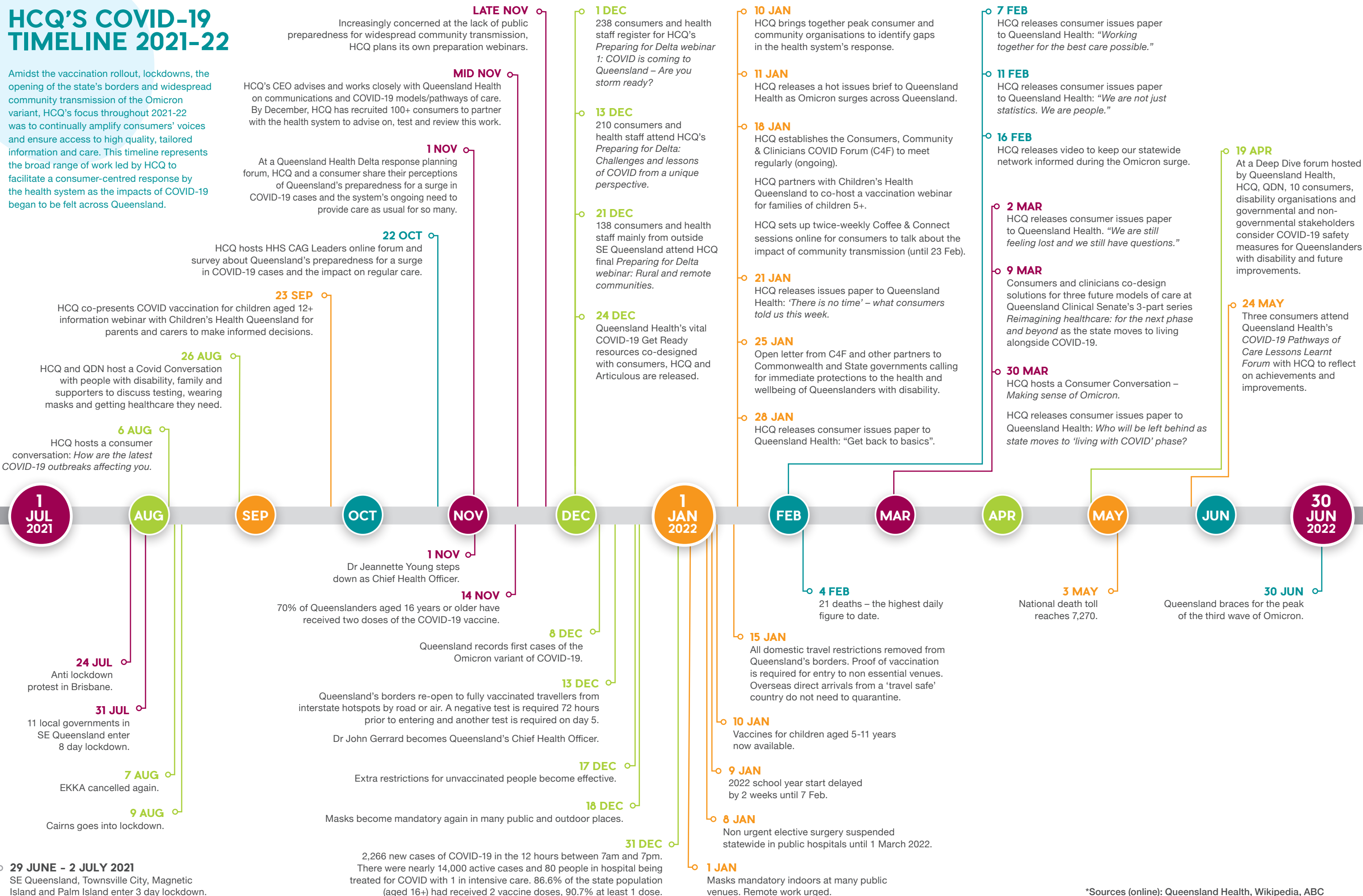
- In-service education and key messaging for call centre and health staff about what supports are available for First Nations people.
- More firsthand accounts from other First Nations people about vaccine side-effects or COVID symptoms to share with community.
- Invest in community to share information the best way they know how. This investment is needed in people and their time, as well as printers/ink/paper, laminators/laminator sheets and other equipment. It supports community-based organisations (often under-funded) to be prepared for future health campaigns/other campaigns.
- More tailored communications developed in partnership with community members.
- Digital literacy education in communities which includes how to assess online information.
- Train and engage a network of community members to monitor and respond to misinformation online.



HCQ First Nations Consultant Lynda Maybanks and First Nations Health Consumer Talei Elu from the Northern Peninsula Area (Cape York) discuss the use of social media to combat misinformation and tailoring communication for community during their presentation to the First Nations COVID-19 Response Oversight Committee.

# HCQ'S COVID-19 TIMELINE 2021-22

Amidst the vaccination rollout, lockdowns, the opening of the state's borders and widespread community transmission of the Omicron variant, HCQ's focus throughout 2021-22 was to continually amplify consumers' voices and ensure access to high quality, tailored information and care. This timeline represents the broad range of work led by HCQ to facilitate a consumer-centred response by the health system as the impacts of COVID-19 began to be felt across Queensland.



\*Sources (online): Queensland Health, Wikipedia, ABC



# THE POWER OF OUR PARTNERSHIPS

## HEALTH CONSUMERS QUEENSLAND'S CONSUMERS, COMMUNITY & CLINICIANS COVID FORUM (C4F)

In January 2022, it became clear that rapid, high level information sharing with an equity lens to identify gaps in the COVID-19 response for vulnerable communities was vital.

Health Consumers Queensland immediately initiated our Consumers, Community & Clinicians COVID Forum (C4F).

The Forum initially met online three times a week at the height of the first wave of Omicron. It brought together consumer representatives, clinicians, consumer and community organisations and health professionals associations outside the public health system (ie not funders or providers of health services).

Together we agreed on burning issues to collectively escalate, identified consumer-focused solutions to resolve and the supporting role our organisations could play, and advocated for immediate resolution by Government, the health system and other stakeholders.

At a state and national level, these meetings also enabled us all to engage with more consumers on the COVID-19 response as well as strengthening safeguarding calls for action.

A key initiative was a joint open letter to Commonwealth and State governments at the height of the Omicron surge seeking vital supplies, services and supports for people with a disability. Eighteen organisations signed the letter resulting in a report and recommendations to Government from a cross-departmental forum to discuss the effectiveness of the pandemic response for people with disability held by Queensland Health in April 2022.



*Dr Jim Madden passed away on 3 September 2022. Jim was a valued member of the Health Consumers Collaborative of Queensland and HCQ's consumer network. He was a staunch advocate for health consumers, especially those from Darling Downs and rural Queensland, and touched the lives of so many people across his consumer partnership roles. We will all miss his thoughtfulness, knowledge and wisdom.*

## HEALTH CONSUMERS COLLABORATIVE OF QUEENSLAND

Health Consumers Collaborative of Queensland meets four times a year to discuss topics that cut across multiple silos requiring focused and collective thinking at a strategic level with a mix of leaders from across the health system and consumers. Topics this year have included:

- Implementing and monitoring Queensland Health's 2021-22 system priorities.
- Strengthening the role of consumers in Queensland Health system governance.
- Getting the balance right: Responding to a COVID surge, delivery of non Covid care and embedding health reform.
- Preparing for the next phase: What have we learnt during transition phase from elimination to suppression (Delta to Omicron)? How do we build a better plane as we fly it?
- Health Reform – health system priorities and issues, and initiatives that are important to consumers.

## HCQ'S CONSUMER ADVISORY GROUP

We have worked closely with our consumer advisory group to review our training program this year.



*Members of Health Consumers Queensland's Consumer Advisory Group (l-r) Michelle King, Breanna Medcalfe, Bec Waqanikalou (Chair) and Jordan Frith at our Annual Forum in October 2022. (Absent member: Sharon Were).*

## C4F ATTENDEES

- Health Consumers Queensland
- Consumer representatives on COVID committees
- Queenslanders with Disability Network
- Palliative Care Queensland
- ADA Australia
- Blind Citizens of Australia
- Ethnic Communities Council of Queensland
- Refugee Health Network Queensland
- Council of the Ageing Queensland
- Queensland Nurses and Midwives' Union
- Australian Medical Association Queensland
- Rural Doctors Association of Queensland
- Royal Australian College of General Practitioners
- Australian College of Rural & Remote Medicine
- Pharmaceutical Society of Australia
- Pharmacy Guild of Australia

## CONSUMERS AND CLINICIANS WORK TOGETHER TO RE-IMAGINE HEALTHCARE



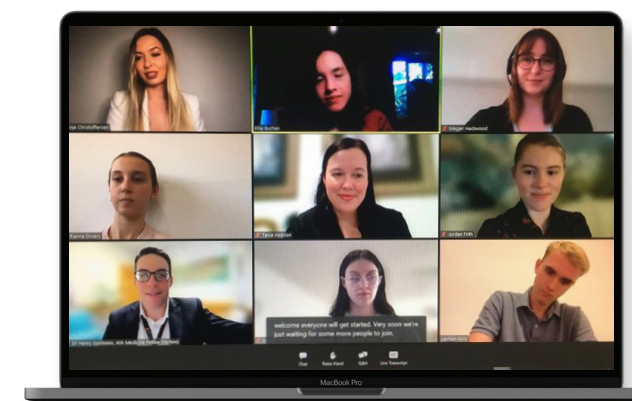
*Consumers at the final session of Queensland Clinical Senate's three-part series – Reimagining healthcare: for the next phase and beyond*

**HCQ recruited 12 consumers to come together with clinicians from across the health system at a time when the system is facing fundamental reform – by choice and necessity.**

The **Queensland Clinical Senate's Re-Imaging Healthcare for the next phase and beyond Meeting Series** between March – June 2022 invited them to imagine bravely and boldly – outside of any real or perceived constraints - what great care can look like, how it can be brought closer to people's homes, and be timelier, consumer-centred and sustainable.

Consumer representative, Zehrab Vayani presented her family's experience of care during COVID-19 before describing the difference that good, radically transformed, timely care could make. She then worked with clinicians and other consumers to co-design a vision for three new care delivery models across out of hours care, referral pathways and at-home care transitions.

Zehrab said, "It was a great opportunity to look at our healthcare system from a lived experience perspective and highlight how fragmented and siloed it is, making it difficult for consumers to navigate. My hope for a re-imagined healthcare system would be to see consumers who are connected, informed and confident about their healthcare, who would be more likely to be active in their own health and wellbeing, allowing them to make decisions about what is important to them with the ability to seamlessly navigate through our health system from tertiary to community."



*Re-imagining Healthcare for Young People webinar panellists.*

The final recommendations from this meeting series were recently released by the Senate.

Meanwhile, the **Queensland Child and Youth Clinical Network** in partnership with Health Consumers Queensland enabled more than 100 young people, families, health staff and other stakeholders to hear from a panel of seven diverse young Queensland consumers and health staff from Queensland Children's Hospital about their vision for young people's health care through the Re-Imaging Healthcare for Young People webinar in May.

Described as a 'phenomenal' webinar by one attendee, Jordan Frith, a panellist and member of our Youth Reference Group which developed Health Consumers Queensland's Youth Engagement Framework in 2021, added, "It was a fantastic opportunity for young consumer leaders to come together, share what really matters to us in our health care journeys, and model what youth excellence can look like. Health staff still come up and tell me what a big impact the webinar has had on their consumer engagement practices, and how it has inspired them to reach out to young consumers to engage them in their representative programs."

The webinar highlighted the importance of youth engagement and followed the submission of a funding proposal by Health Consumers Queensland to continue this work to Queensland Health via Children's Health Queensland in December 2021. It also followed a presentation of the Framework by the Youth Reference Group at a Queensland Health Senior Leadership Forum which received broad support from Chief Executives and Deputy Director-Generals in July last year. Discussions to seek progress on this work are ongoing.



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
Alison Cuthbert	Chair, Finance & Risk Committee	12 months
Ann Maree Liddy		12 months
Ainsley Barahona Santos		12 months
Tracey Porst		12 months
David Mowat Resigned 22 October 2021		4 months
Chris Miers Resigned 2 September 2021	Company Secretary	3 months
John Anderson Appointed 17 November 2021		7 months
Robbie Sinclair Appointed 17 November 2021	Company Secretary	7 months
Carmel McMillan Appointed 17 November 2021 On leave from 3 Feb 2022 Resigned 28 April 2022		5 months

BOARD MEETINGS

NAME	NUMBER ELIGIBLE TO ATTEND	NUMBER ATTENDED
Erin Evans	5	5
Rachelle Foreman	5	5
Alison Cuthbert	5	5
Ann Maree Liddy	5	4
Ainsley Barahona Santos	5	5
Tracey Porst	5	5
David Mowat	2	2
Chris Miers	1	0
John Anderson	3	2
Robbie Sinclair	3	3
Carmel McMillan	3	1

Finance and Risk Committee: 10 meetings held during 2021-22 financial year  
Governance and Policy Committee: 9 meetings held during 2021-22 financial year  
Remuneration Committee: 13 meetings held during 2021-22 financial year

Please visit Health Consumers Queensland’s website: [hcq.org.au/our-board](https://www.hcq.org.au/our-board) to read Directors’ profiles and [hcq.org.au/about-us/annualreports/](https://www.hcq.org.au/about-us/annualreports/) for the 2021-2022 Annual Audited Financial Statements.

BOARD GOVERNANCE 2021 – 22

“ HCQ acts like a spider-cam moving everywhere over a stadium crowd, vigilantly lighting and reflecting individual truths, and highlighting collective themes. ”

John Anderson,  
consumer representative and HCQ Board Director.

For further information on the work and resources featured in this Annual Report, please visit [www.hcq.org.au](https://www.hcq.org.au).





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

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**Queensland  
Government**





**Health Consumers Queensland Ltd**  
**ABN 66 165 711 919**

## **2021-22 ANNUAL FINANCIAL STATEMENTS**



**Contents**

STATEMENT OF INCOME AND RETAINED EARNINGS ..... 3

STATEMENT OF FINANCIAL POSITION ..... 4

STATEMENT OF CASH FLOWS..... 5

NOTES TO FINANCIAL STATEMENTS..... 6

RESPONSIBLE PERSONS’ DECLARATION ..... 19

INDEPENDENT AUDITOR’S REPORT ..... 20

HEALTH CONSUMERS QUEENSLAND LTD  
STATEMENT OF INCOME AND RETAINED EARNINGS  
FOR THE YEAR ENDED 30 JUNE 2022

	Note	2022	2021
<b>Income</b>			
Government income	3	1,377,205	1,494,796
Non-government income		83,490	101,564
<b>Total income</b>		<u>1,460,695</u>	<u>1,596,360</u>
<b>Expenses</b>			
Employee expenses		941,046	908,647
Depreciation and amortisation expense		9,542	13,654
Operational expenses		228,488	320,847
Committee, forum and other meeting expenses		88,420	117,603
Occupancy expenses	4	91,412	97,177
<b>Total expenses</b>		<u>1,358,908</u>	<u>1,457,928</u>
<b>Annual surplus</b>		101,787	138,432
<b>Other comprehensive income</b>		-	-
<b>Total comprehensive income for the year</b>		<u>101,787</u>	<u>138,432</u>
Retained earnings at the beginning of the reporting period		577,008	438,576
Total comprehensive income for the year		<u>101,787</u>	<u>138,432</u>
Retained earnings at the end of the reporting period		<u>678,795</u>	<u>577,008</u>

The accompanying notes form part of these financial statements



HEALTH CONSUMERS QUEENSLAND LTD  
STATEMENT OF FINANCIAL POSITION  
AS AT 30 JUNE 2022

	Note	2022	2021
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents		1,027,681	1,106,150
Trade and other receivables	5	144,340	42,256
Prepayments		130,668	62,385
TOTAL CURRENT ASSETS		<u>1,302,689</u>	<u>1,210,791</u>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	6	<u>106,641</u>	<u>190,829</u>
TOTAL NON-CURRENT ASSETS		<u>106,641</u>	<u>190,829</u>
TOTAL ASSETS		<u>1,409,330</u>	<u>1,401,620</u>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and other payables	7	162,763	172,696
Employee benefits – annual leave		85,881	68,683
Contract liabilities – Government entities	8	303,760	358,338
Contract liabilities – non-Government entities	8	22,896	5,548
Lease liability	4	<u>91,768</u>	<u>83,228</u>
TOTAL CURRENT LIABILITIES		<u>667,068</u>	<u>688,493</u>
<b>NON-CURRENT LIABILITIES</b>			
Employee benefits - long service leave		63,467	44,351
Lease liability	4	<u>-</u>	<u>91,768</u>
TOTAL NON-CURRENT LIABILITIES		<u>63,467</u>	<u>136,119</u>
TOTAL LIABILITIES		<u>730,535</u>	<u>824,612</u>
NET ASSETS		<u>678,795</u>	<u>577,008</u>
<b>EQUITY</b>			
Retained earnings		<u>678,795</u>	<u>577,008</u>
TOTAL EQUITY		<u>678,795</u>	<u>577,008</u>

The accompanying notes form part of these financial statements

HEALTH CONSUMERS QUEENSLAND LTD  
STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED 30 JUNE 2022

	2022	2021
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Receipts from Qld Dept of Health core grant funding	1,085,946	1,059,459
Receipts from Qld Dept of Health fee-for-service and sponsorship funding	242,420	775,729
Receipts from other entities	137,319	186,716
Payments to suppliers and employees	(1,456,102)	(1,438,297)
Interest received	542	1,057
<b>Net cash provided by operating activities</b>	<b>10,126</b>	<b>584,664</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Purchase of property, plant and equipment	(5,367)	(30,202)
<b>Net cash used in investing activities</b>	<b>(5,367)</b>	<b>(30,202)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Repayment of lease liability	(83,228)	(75,265)
<b>Net cash used in financing activities</b>	<b>(83,228)</b>	<b>(75,265)</b>
<b>Net increase / (decrease) in cash and cash equivalents held</b>	<b>(78,469)</b>	<b>479,197</b>
<b>Cash and cash equivalents at beginning of year</b>	<b>1,106,150</b>	<b>626,953</b>
<b>Cash and cash equivalents at end of year</b>	<b>1,027,681</b>	<b>1,106,150</b>

The accompanying notes form part of these financial statements



## NOTE 1. SIGNIFICANT ACCOUNTING POLICIES

---

### Corporate Information

This financial report covers Health Consumers Queensland Ltd (HCQ) as an individual entity. 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.

### Basis of preparation

The general-purpose financial report has been prepared in accordance with the requirements of the *Australian Charities and Not-for-profits Commission (ACNC) Act 2012*, Australian Accounting Standards – Simplified Disclosures, Accounting Interpretations and other authoritative pronouncements of the Australian Accounting Standards Board.

The financial statements are presented in Australian dollars (rounded to the nearest dollar), which is HCQ's functional and presentation currency. Comparatives are materially consistent with prior years unless otherwise stated.

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.

The financial statements, except for the cash flow information, have been prepared on an accrual basis and are based on historical costs.

### Revenue

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

HCQ's revenue (grant revenue, fee-for-service revenue and other revenue) 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 Contract Liabilities 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)

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### 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)**

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### **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.

### Leases

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

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.



## NOTE 1. SIGNIFICANT ACCOUNTING POLICIES (continued)

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### Leases (continued)

#### *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.

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.

## 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.

#### *Revenue recognition*

Note 1 (refer to the “Revenue” sub-heading) outlines the approach for recognising HCQ’s revenue. Significant judgement is exercised as to whether an enforceable contract exists, which determines which revenue accounting standard applies to that revenue. Where an enforceable contract is judged to exist, further significant judgements are made in identifying the performance obligations under the contract and allocating the total contract revenue to each of those performance obligations.

### **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

	2022 \$	2021 \$
<u>Australian Government</u>		
PAYG Cash flow boost	-	50,000
Australian Health Practitioner Regulation Agency	450	-
<u>Queensland Government</u>		
Qld Dept of Health core grant funding	987,224	977,056
Qld Dept of Health Fee for Service Income	323,333	445,660
Queensland Bulk Water Supply Authority	39,949	-
Queensland University of Technology	16,849	-
Brisbane Diamantina Health Partners	7,000	-
Department of State Development, Infrastructure, Local Government and Planning	-	15,580
Queensland Mental Health Commission	-	2,450
Darling Downs Hospital and Health Service	2,250	450
Metro North Hospital and Health Service	-	900
South West Hospital and Health Service	-	900
Central Queensland Hospital and Health Service	-	450
Sunshine Coast Hospital and Health Service	-	450
Children's Health Qld Hospital and Health Service	150	-
<u>New South Wales Government</u>		
Western NSW Local Health District	-	900
TOTAL GOVERNMENT INCOME	1,377,205	1,494,796

### NOTE 4. OCCUPANCY EXPENSES

Occupancy expenses comprise:

	2022 \$	2021 \$
Cleaning, electricity and repairs and maintenance	4,853	6,789
Depreciation charge relating to right-of-use assets	79,525	79,024
Interest expense on lease liabilities	7,034	11,364
	91,412	97,177



#### NOTE 4. OCCUPANCY EXPENSES (continued)

##### AASB 16 Leases - Buildings

HCQ leases an office at Level 3, Suite 5, 340 Adelaide Street Brisbane, Queensland which expires on 30<sup>th</sup> June 2023. Cash payments under the lease increase by 3.5% at each anniversary date (i.e. October).

The maturity analysis of lease liabilities based on contractual undiscounted cash flows is shown in the table below:

Year	< 1 Year	1-5 Years	> 5 Years	Total undiscounted lease payments	Liabilities included in the Statement of Financial Position
2022	112,182	-	-	112,182	91,768
2021	108,389	112,182	-	220,571	174,996

#### NOTE 5. CURRENT ASSETS – TRADE AND OTHER RECEIVABLES

	2022	2021
	\$	\$
Trade receivables	113,635	31,369
Deposits	200	200
Other receivables	30,505	10,687
<b>Total current trade and other receivables</b>	<b>144,340</b>	<b>42,256</b>

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

	<b>2022</b>	<b>2021</b>
	<b>\$</b>	<b>\$</b>
Furniture, fixtures and fittings - at cost	19,686	18,840
Less: Accumulated depreciation	(14,472)	(14,083)
	<u>5,214</u>	<u>4,757</u>
Office equipment - at cost	30,036	28,002
Less: Accumulated depreciation	(23,810)	(22,466)
	<u>6,226</u>	<u>5,536</u>
Computer equipment - at cost	68,817	66,818
Less: Accumulated depreciation	(53,142)	(45,333)
	<u>15,675</u>	<u>21,485</u>
Right-of-use asset	318,101	318,101
Less: Accumulated depreciation	(238,575)	(159,050)
	<u>79,526</u>	<u>159,051</u>
Total Property, Plant and Equipment	<u>106,641</u>	<u>190,829</u>

*Reconciliations*

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

	<b>Furniture, Fixtures and Fittings</b>	<b>Office Equipment</b>	<b>Computers</b>	<b>Right-of-Use Asset</b>	<b>Total</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Balance at 1 July 2021</b>	4,757	5,536	21,485	159,051	190,829
Additions	846	2,034	1,999	-	4,879
Depreciation expense	(389)	(1,344)	(7,809)	(79,525)	(89,067)
<b>Balance at 30 June 2022</b>	<u>5,214</u>	<u>6,226</u>	<u>15,675</u>	<u>79,526</u>	<u>106,641</u>

**NOTE 7. CURRENT LIABILITIES - TRADE AND OTHER PAYABLES**

	<b>2022</b>	<b>2021</b>
	<b>\$</b>	<b>\$</b>
Trade payables	80,036	93,779
GST Payables	29,695	28,483
Employee related costs	19,824	18,522
Sundry payables and accrued expenses	33,208	31,912
	<u>162,763</u>	<u>172,696</u>

## NOTE 8. CONTRACT BALANCES

HCQ has recognised the following contract liabilities from contracts with customers:

	<b>2022</b>	<b>2021</b>
	<b>\$</b>	<b>\$</b>
Government funds received in advance	303,760	358,338
Other entities funds received in advance	22,896	5,548
	<u>326,656</u>	<u>363,886</u>

Contract liabilities generally represent the unspent grants or other fees received on the condition that specified services are delivered or conditions are fulfilled. The services are usually provided, or the conditions usually fulfilled within 12 months of receipt of the grant/fees.

Where the amount received is in respect of services to be provided over a period that exceeds 12 months after the reporting date or the conditions will only be satisfied more than 12 months after the reporting date, the liability is presented as non-current.

For performance obligations that HCQ satisfies over time, HCQ uses the input method to record revenue. That is, as directly attributable costs are incurred to each contract, the associated revenue is transferred from contract liabilities to revenue in profit and loss.

	<b>2022</b>	<b>2021</b>
	<b>\$</b>	<b>\$</b>
Revenue recognised during the year that was included in contract liabilities at the beginning of the period	233,338	40,947
	<u>233,338</u>	<u>40,947</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.

	<b>2022</b>	<b>2021</b>
	<b>\$</b>	<b>\$</b>
Aggregate compensation	<u>151,974</u>	<u>145,848</u>

## NOTE 10. CONTINGENT LIABILITIES

HCQ had no contingent liabilities as at 30 June 2022 (30 June 2021: Nil).



## NOTE 11. RELATED PARTY TRANSACTIONS

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### *Key management personnel*

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

### *Transactions with related parties*

The Board Chair received \$8,610 in respect of consultancy work completed during the 2022 financial year, along with reimbursement of a very small amount of incidental travel costs (2021 total payments: \$19,900).

A Board Director appointed at the 2021 Annual General Meeting was already a remunerated representative on a number of health consumer committees/forums. Since appointment to the HCQ Board to 30th June 2022, this Director received \$3,638 in consumer remuneration and reimbursement of incidental travel costs. Amounts paid to this Director are consistent with remuneration and reimbursements paid by HCQ to other health consumer representatives.

There were no additional transactions with related parties during the 2022 or 2021 financial years.

There were no loans outstanding to or from related parties at the end of 2021-22 or 2020-21.

## NOTE 12. EVENTS AFTER THE REPORTING PERIOD

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

## NOTE 13. AUDITOR REMUNERATION

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	2022	2021
	\$	\$
Expenses recognised for external audit services provided by PKF Brisbane Audit	3,088	3,514

These figures reflect what was recorded as an expense in the respective years, which now reflects accruals at 30th June for audit fees yet to be paid for that financial year's audit. The 2021 figure is higher due to a change in accounting policy in that year about the timing of these expenses. Prior to 2020-21, audit fees were expensed in the financial year when the audit work was undertaken (i.e. 2020-21 includes audit fees for both 2019-20 and 2020-21).

## NOTE 14. ENTITY DETAILS

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

HEALTH CONSUMERS QUEENSLAND LTD  
RESPONSIBLE PERSONS' DECLARATION  
30 JUNE 2022

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 – Simplified Disclosures applicable to the entity; and
  - b. give a true and fair view of the financial position of HCQ as at 30 June 2022 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



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Dr Erin Evans  
Board Chair

28 October 2022



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Alison Cuthbert  
Chair, Finance & Risk Committee

28th October 2022

## INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF 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 2022, the statement of income and retained earnings 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 responsible persons' declaration.

In our opinion the financial report of the Company is 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 2022 and of its performance for the year ended on that date; and
- b) Complying with Australian Accounting Standards – Simplified Disclosures and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

#### Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report.

We 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 auditor independence requirements 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 (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 – Simplified Disclosures 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.

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 the 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 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 BRISBANE AUDIT



SHAUN LINDEMANN  
PARTNER

28 OCTOBER 2022  
BRISBANE