



HEALTH CONSUMERS'
COUNCIL
YOUR VOICE ON HEALTH

HEALTH CONSUMERS' COUNCIL

ANNUAL REPORT 2016



Health Consumers' Council (HCC) is an independent, not-for-profit community-based organisation representing the consumers' voice in health policy, planning, research and service delivery.

Vision, Mission, Purpose & Values

Vision

To be the independent and effective voice for all health consumers in Western Australia and for health consumers to be active partners in the health care system

Mission

To promote an equitable consumer-centred health care system that protects the rights of all Western Australians.

Purpose

To be the independent and effective voice for all health consumers in Western Australia and for health consumers to be active partners in the health care system.

To raise awareness of and advocate for health consumers' rights in Western Australia. To support health consumers to be active partners in health policy, planning, review and research.

Values

- Respect – valuing diversity and actively seeking everyone's contribution
- Empathy – considering other peoples' world views, experiences and emotions
- Equity – advocating for the whole community
- Collaboration – working together to achieve positive outcomes
- Integrity – aligning our actions with our values
- Accountability – taking responsibility for our actions, measuring our effectiveness
- Innovation – creating new ways to achieve effective outcomes
- Knowledge – applying the latest learning to our practices and procedures

2015 - 2020 Strategic Objectives

Support Individuals through advocacy and health literacy initiatives

Drive effective consumer, community, clinician and stakeholder engagement

Identify and communicate health trends to key stakeholders

Maintain an effective organisation through competent governance, strategic partnerships, consumer-centred leadership and outcomes based organisational management

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Pictured: Olman Walley

Overview of HCC

About HCC

Health Consumers' Council (WA) Inc (HCC) is an independent not-for-profit organisation advocating for health consumers in Western Australia. We support the effective partnership of health services and consumers to develop a person-centred health service. The Council receives funding from State and Commonwealth agencies and seeks to comment on as many issues affecting health consumers as possible.

HCC's People

Board Members

Name	Position	Dates acted (if not for whole year)
Rasa Subramaniam	Chair	October 2015 to January 2016
Cheryl Holland	Deputy Chair/ Acting Chair	Deputy Chair June 2015 to January 2016 Acting Chair January to present
Tony Addiscott	Treasurer	Whole year
Tom Benson	Secretary	Whole year
Ann Banks	Board Member	From October 2015
John Burton	Board Member	From October 2015
Lyn Dimer	Board Member	Co-opted April 2016
Kylie Fryer	Board Member	From October 2015
Haley Harrison (nee Haines)	Board Member	From October 2015
Ruth Sims	Board Member	October 2015 to December 2015
Tricia Walters	Board Member	Whole year

Employees

Name	Position
Pip Brennan	Executive Director
Martin Whitely	Advocacy, Policy & Research Manager
Chrissy Ryan	Advocate
Carly Parry	Advocate
Laura Elkin	Aboriginal Advocacy Program Manager
Tania Harris	Aboriginal Advocate (From February 2016)
Louise Ford	Consumer & Community Engagement Manager
Steph Newell	Consumer & Community Engagement Coordinator
Sheree Mears	Operations Manager (From April 2016)
Lucy Palermo (nee Carter)	Marketing & Communications Coordinator
Caitlin Haeusler	Administration Trainee (From April 2016)

Thank you to the following staff who are no longer with us and worked at the Health Consumers' Council during the past year: Meegan Taylor, Gio Terni, Leah Cooper and Juliette Mundy

HCC's Supporters & Partners

Funders



Government of **Western Australia**
Department of **Health**



Australian Government
Department of **Health**

Patient Experience Week Sponsors



Partners

HCC is committed to working in partnership with other not-for-profit organisations, government and the corporate sector to enhance what we are able to achieve within our resources. We have either already partnered with, or are actively planning future projects with the following organisations.

Aboriginal Health Council of WA

Advocare WA

Arche Health

Consumers of Mental Health WA
(CoMHWA)

Carers WA

Cancer Council WA

Clinical Senate of WA

ConnectGroups

Helping Minds WA (was ARAFMI)

Developmental Disability WA

LinkWest

Mental Health Advocacy Service

Mental Health Matters2

Murdoch University

Palliative Care WA

Patient Opinion Australia

WA Association for Mental Health
(WAAMH)

WA Council of Social Services (WACOSS)

WA Health - Public Health Division

WA Health – Quality Improvement and
Change Management Unit

WA Health – WA Country Health Service
Health and Disability Services Complaints
Office

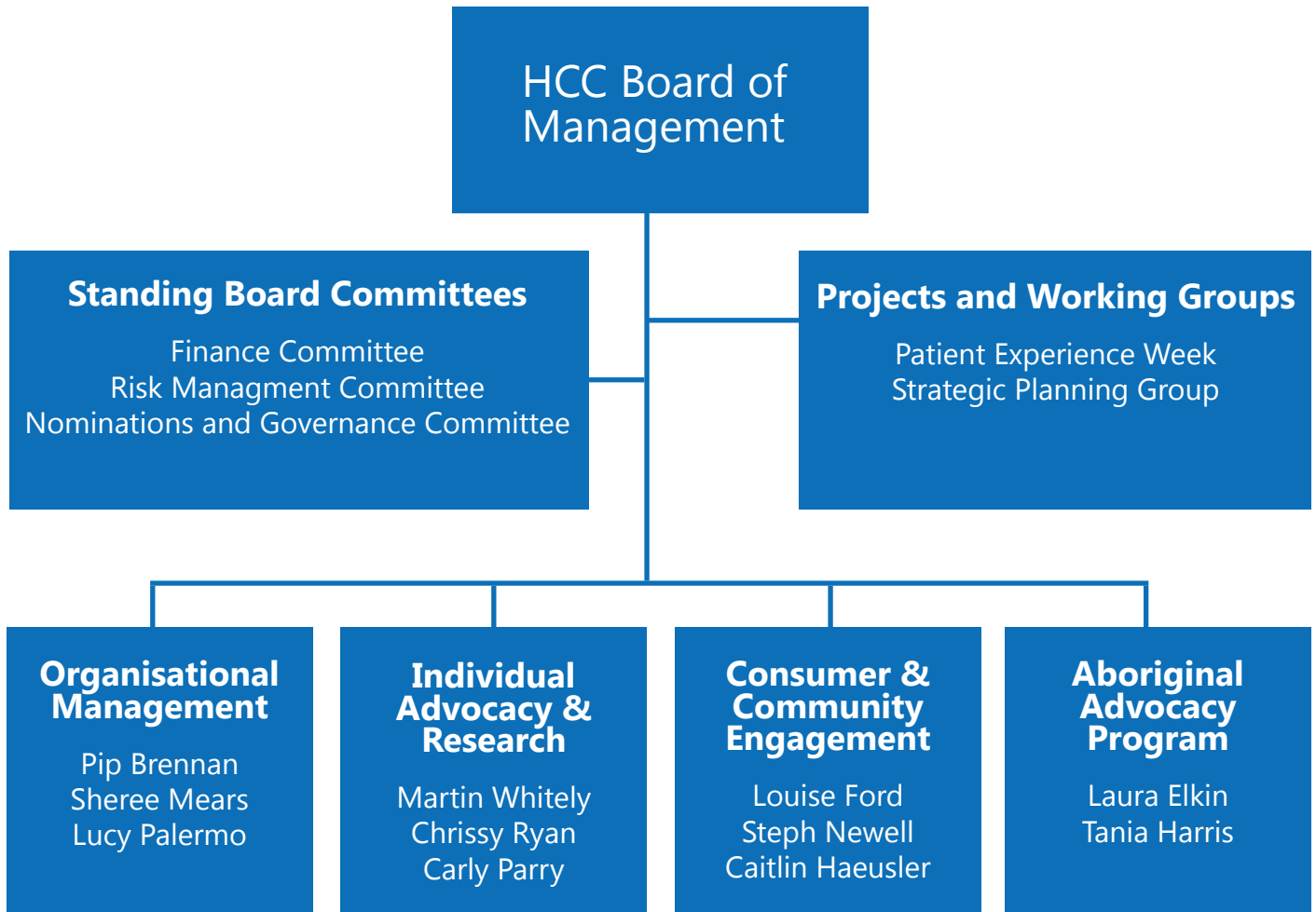
WA Health Translation Network

WA Primary Health Alliance

Governance

Structure & Management as at 30 June 2016

Governance of the HCC is provided by a Board of Management which, with the help of three subcommittees, oversees the execution of the Strategic Plan by the Executive Director supported by the management and service delivery teams shown in the organisational chart below.



HCC staff pictured from left to right: Pip Brennan, Sheree Mears, Chrissy Ryan, Carly Parry, Steph Newell, Gio Terni, Meegan Taylor, Laura Elkin, Lucy Palermo & Caitlin Haeusler



Pictured: Carly Parry & Lucy Palermo

Chairperson's Report

Cheryl Holland | Acting Chairperson



Board News

2016 has been a busy and productive year for the Health Consumers' Council and for our Board of volunteer members. This year we established a more robust structure for the HCC and the Board. The Board instituted a committee approach which allows each Board member to contribute more meaningfully and apply individual skills and experience to make a more effective difference. Three standing board committees were established; the Nominations and Governance, Finance, and Risk Management Committees. Each has successfully supported the organisation by drawing on evidence-based best practices to review and update policies, procedures and practices which govern the HCC and the Board's activities.

Associations Incorporation Act 2016

In 2015 this new legislation was passed which will impact on all not-for-profit organisations. HCC's Nominations and Governance Committee is working to harmonise the new Model Rules with HCC's Constitution. We aim to hold an Extraordinary General Meeting in the coming months to adopt a new constitution in order for HCC to be compliant with the new Act.

HCC Strategy

This year we finalised our current Strategic Plan in order to focus on trends in the health sector and our community and to optimise our resources. This was an important collaboration between the Board and the staff and we believe the Strategic Plan reflects the

needs and expectations of our funders, our members, and our community who were all consulted as part of the process.

Patient Experience

The HCC's inauguration of Patient Experience Week was an uplifting and important milestone in our mission to realise better health outcomes for patients and their families. It was also an opportunity to acknowledge those service providers and consumers who have shown a commitment to a consumer centred health care system. It's our hope that we can widen interest and support for next year's events and that many more health provider organisations participate in a meaningful way to embrace continuous improvement in patient experiences.

Thank you

I'd like to thank Rasa Subramanian, our elected Chair for his service to HCC. In January, we were sad to see Rasa move on to other endeavours when he elected to step down as Chair and as a Board member and we wish him all the best. Thank you also to Ruth Sims, whose changing work situation did not allow her to continue her Board commitment. We were pleased to welcome Lyn Dimer onto our Board, co-opted as the Chair of our Aboriginal Reference Group.

It was unfortunate that our Commonwealth dedicated funding for the Aboriginal Advocacy program ceased and as a result, Laura Elkin left the organisation. Laura's contributions over the last 10 years has been significant and on behalf of the Board, thank you, Laura, for your enthusiasm and perseverance in advocating for better health outcomes for the people in our Aboriginal community.

Thank you to Pip Brennan, our Executive Director and all HCC staff as well as our Board for your contributions this year – your dedication and commitment to furthering the interests of health consumers is recognised and appreciated by our community.

A handwritten signature in black ink that reads "Cheryl Holland".

Executive Director's Report

Pip Brennan | Executive Director



Strategic Plan 2015-2020

HCC's new Strategic Plan sets a course for HCC to continue to grow and develop as an organisation. It articulates what we hope to achieve and how we aim to develop to grow beyond what we are contracted to do. Our Operational Plan blends together our contracted activities with our "stretch" goals and activities.

Funding 2015-2016

HCC has been fortunate in obtaining a new three-year contract with WA Health effective from 1st January 2016. Through this new outcomes-based contract, WA Health has funded individual and systemic advocacy and consumer and community engagement services which are detailed on the following pages. As noted in our Chair's Report, our federally funded Aboriginal Advocacy Program was defunded at the end of the financial year. HCC has been actively pursuing other sources of revenue and working under the guidance of our newly formed Aboriginal Reference Group.

Beyond funding

HCC has been growing our fee for service workshops, as highlighted. In addition, we have been developing research partnerships, for example, with Murdoch University, to promote consumer interest research, inspired and generated by the advocacy stories we hear. HCC continues to actively seek new sources of funding to continue to expand how we can work with health consumers across WA.

Outcomes Reporting

HCC commenced reporting on outcomes from 1st January 2016. Like all community service organisations this is new territory and is proving to be a challenging and rewarding journey. We are continuing to

develop and improve how we articulate and measure outcomes.

Information Technology

Despite HCC being a very small organisation with only 11 staff, there were two separate computer systems which did not integrate with each other. A key focus on making HCC more effective has been the introduction of a single database. This has created a range of efficiencies and improved how HCC staff work together and collaborate. It has also supported our objectives to gather data on the outcomes of our services, not just how much work we have done, but to articulate the impact of the work we do. As a result, we are better able to continuously improve.

Patient Experience Week & Consumer Excellence Awards

In 2016 we decided to run Patient Experience Week (PXW) events for the first time. We also elected to hold the Consumer Excellence Awards as part of Patient Experience Week rather than in December. We ran eight different events over two days. They ranged from panel discussions to playback theatre to interactive workshops and presentations. On the evening of the second day, HCC ran a ninth event, our Consumer Excellence Awards, to solidify the message of celebrating health services and individuals who promote the importance of the patient experience. This was the first time we held our Consumer Excellence Awards at this time as traditionally they have been timed to coincide with our Christmas event. See page 12 for information on the winners.

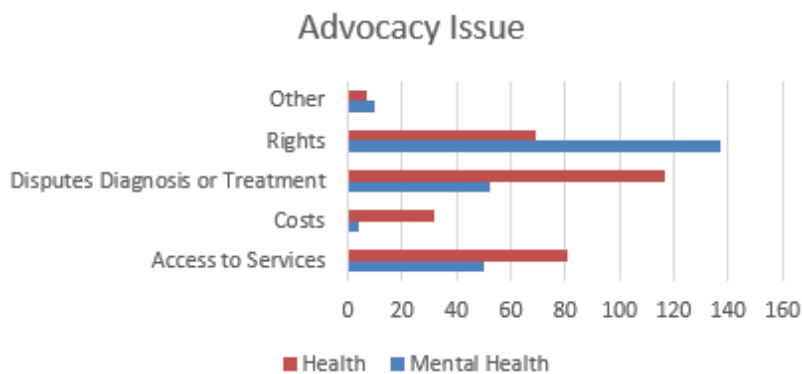
WA Health - Clinical Senate Debate on Patient Experience

In December 2015, HCC was a co-sponsor for the Clinical Senate Debate on Patient Experience. For those of you who don't know about the Clinical Senate, it is a collective of clinicians, health service providers and researchers who come together and debate complex and wide ranging health issues. HCC has not co-sponsored a debate since 2007. Key recommendations from this debate included the revamping of Patient First materials which support informed health choices, and the inclusion of a consumer on the State Health Executive Forum (yet to be implemented due to WA Health reforms).

A handwritten signature in blue ink, appearing to be 'Pip Brennan'.

HCC Operational Activities

Individual Advocacy



This graph illustrates the types and the breakdown of the 567 advocacy issues that the HCC supported in 2015-16

In 2015-16, HCC supported **567** people to access the health services they needed. As usual, there is a higher proportion of mental health consumer cases which relate to rights, while health service advocacy cases show a much higher proportion of issues of disputed diagnosis, treatment and cost.

There was a noticeable increase in mental health advocacy cases in the last half of the financial year. In 2014-15, it was about a 40/60 split between mental health and health cases, while 2015-16 has seen closer to a 50/50 split. The increase is attributed to the introduction of the new Mental Health Act in November 2015. This legislation saw the establishment of the Mental Health Advocacy Service (MHAS - formerly Council of Official Visitors) who can only assist involuntary mental health consumers. HCC supports voluntary mental health consumers and we have continued to develop our close working relationship with MHAS to ensure as smooth a handover as possible for consumers who need to be referred between us.

Advocacy Outcomes

We sought feedback from consumers who used our advocacy service and whose case had been

closed between January and March 2016 simply by asking them "to what extent did the advocacy assistance improve your access to health services?" We also queried about ease of access, how well HCC understood the issues, etc. (See some responses to the survey in the speech bubbles below.)

Research

In 2015-16 HCC actively sought research partners to progress consumer-centred research questions that emerge from our individual advocacy service. We partnered with Murdoch University and undertook a project reviewing mental health advocacy cases and the resultant papers are currently being considered for publication. HCC also has a place on the Executive Board of the Western Australian Health Translation Network, a collective of WA's major hospitals, medical research institutes and five universities. This Network aims to support research collaboration and translation into better patient outcomes, and a co-ordinated state approach to attracting research funding. In 2017 HCC will have a half-time research officer employed by the WAHTN as part of its Consumer and Community Engagement Network.

I just wanted to explore options, it wasn't until the advocate pointed me in the right direction that I understood I had case. It was sorted in 10 minutes, very quick & efficient which wasn't expected.

The advocate explained rights very well and was a great reassurance in my time of need; he gave me a lot of confidence in the sense of going forward... excellent service

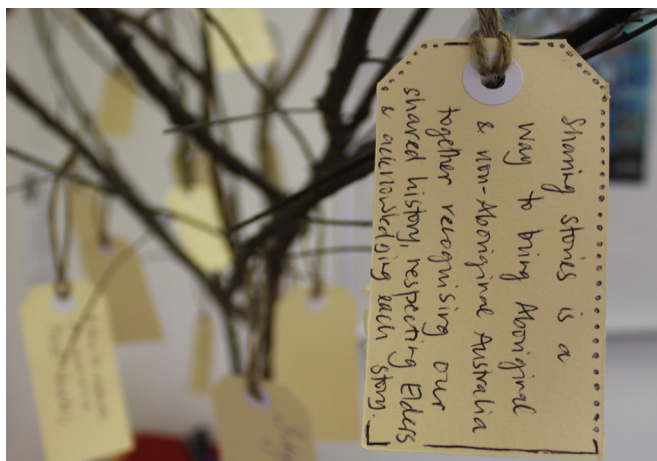
Aboriginal Advocacy



Pictured: Amanda Wilkes & Laura Elkin

Farewell to Laura Elkin

2015-16 was a difficult year for the program as we were notified by the Commonwealth Health Department that the program's funding would cease by 30 June 2016. Significant attempts were made over the year to secure new funding, but to date these have not been successful. This meant that we had to farewell Laura Elkin, who worked on the program since its inception in 2006. We sadly farewelled Laura at our 2016 NAIDOC event, held on 29 June 2016.



Pictured: HCC NAIDOC 2016 Tree 'What does NAIDOC mean to you?'

Aboriginal Reference Group

To direct HCC's efforts in defining a new service model that could potentially attract funding and meet community need, an Aboriginal Reference Group was formed. We would like to thank the members who have supported HCC through their valuable participation and brought their wisdom and experience to the table.

Aboriginal Patient Journey Working Group

In 2016, HCC and the Aboriginal Health Council of WA (AHCWA) reinvigorated the partnership project by re-establishing The Patient Journey Group. This group meets to progress improvements for Aboriginal health consumers in WA. HCC presented at the AHCWA conference in March on the partnership initiative which has a range of service providers across health and accommodation services attending regularly.

NAIDOC

Prior to this year, HCC had not previously held a NAIDOC event. Our inaugural event was held in July 2015. We held our second NAIDOC event in June 2016, one week prior to NAIDOC to accommodate Laura's participation and farewell.



The Future

While HCC does not have specific Aboriginal program funding at present, we retain individual advocate, Tania Harris, on the team. Tania joined HCC in January 2016, replacing Leah Cooper who left the program in late 2015. Tania is co-located with Fiona Stanley Hospital's Aboriginal Liaison Office one day per fortnight and Willagee pop-up health clinics one day per fortnight.



Pictured: Catherine Atoms & Laura Elkin

Consumer & Community Engagement

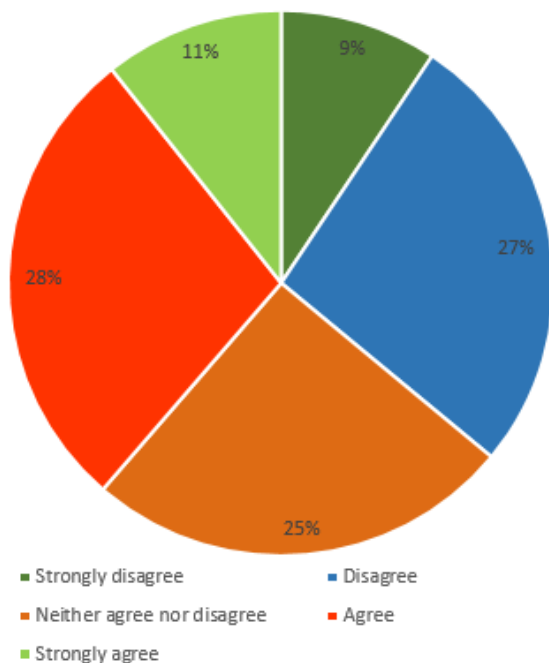
Education Snapshot



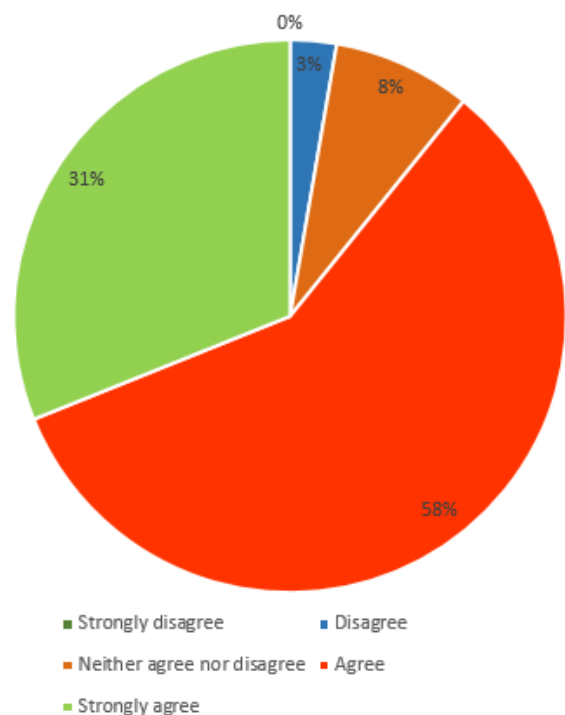
Outcomes of Education Sessions

All our education sessions capture people's feedback on what they knew before and what they know now, if they have identified ways to build on skills, and what three things they will do differently after attending the session. This feedback helps to understand the impact HCC's education sessions have on attendees, and provides insights into how to continuously improve.

Limited knowledge/skills prior to attendance



Improvement in skills after attendance



What three things will you do differently after this workshop?

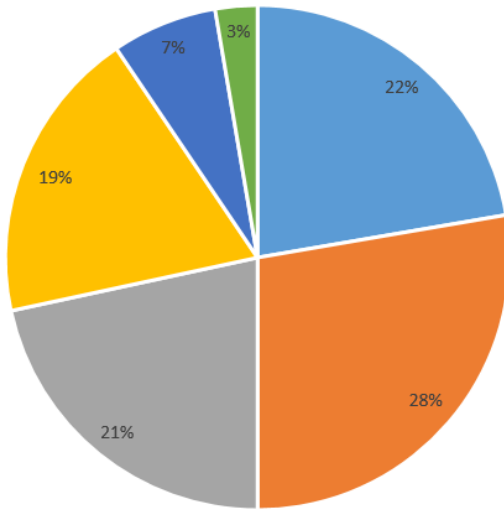
- 1) Ensure committee members are diverse & cover range of requirements
- 2) Undertake more community discussion on health matters
- 3) Understand terms of reference

What three things will you do differently after this workshop?

- 1) Listen
- 2) Be accepting of different cultures
- 3) Be more understanding

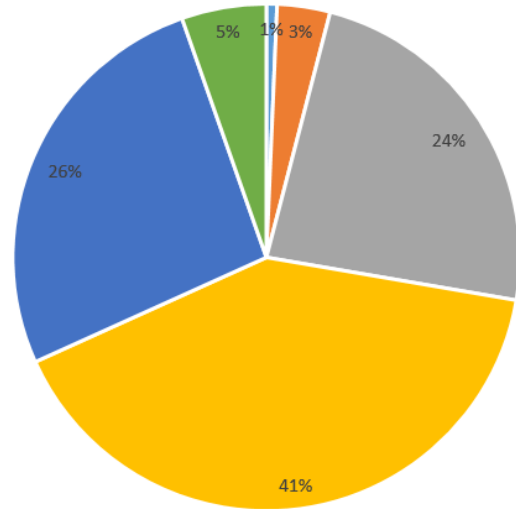
Patient Experience Week

Prior to attending this session/performance my knowledge & awareness in this area was limited



- Strongly Disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly Agree
- Blank

After attending this session I will be better able to engage & work effectively in my role



- Strongly Disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly Agree
- Blank



Pictured: Di Bianchini



Pictured: Measuring the Patient Experience Forum Panel



Taken at PXW Event Series

On Thursday, 28 and Friday, 29 April 2016, we hosted our inaugural Patient Experience Week (PXW) Event Series at The Boulevard Centre in Floreat. Highlights included the support of WA Health's Director General who spoke at the launch, the Beryl Institute's CEO, Jason Wolf, who is spearheading the global patient experience movement from America and who spoke via videolink, as well as New South Wales' Centre for Clinical Excellence's, Karen Luxford, who participated via Skype. A panel on the Aboriginal Patient Experience was one of the most popular events and West Link TV filmed the panel discussion on Measuring the Patient Experience which can be viewed on our YouTube channel. We also have presentations, audios and videos of some of the sessions available on our website.

Approximately 150 people attended over the two days with an even split between consumers and health professionals. The results on the pie charts above highlight the significant change people self-reported in their ability to engage and work effectively as a consumer or health service professional after attending the event.

Consumer Excellence Awards 2016

PXW closed with our Consumer Excellence Awards. HCC would again like to thank the nominees for all they do to support a person-centred health care system. We acknowledge our winners below:

Health Organisation Award

Winner – Child and Adolescent Mental Health Services
Highly Commended - St John of God Hospital Murdoch

Health Professional Award

Winner – Ted Dowling, Kworpadding Koort and Heart Health
Highly Commended - Sonya Schulze, Breast Screen WA

Rosemary Caithness Award

Winner: Marian Maughan

Aboriginal and Torres Strait Islander Award

Winner: Amanda Wilkes

(Pictured above: Feedback from attendees at PXW)

Finances

Treasurer's Report



Tony Addiscott | GAICD FAIM | Treasurer

Despite our best efforts to be prepared for a difficult year, we have to report a loss in 2015/15 of \$168,890. A comparison of this actual result with the budget is shown bottom left.

In April 2015, we formed a Finance Committee to reinforce financial governance as the signs then were that economic constraints during 2015/16 were likely to impact on not-for-profit agencies including ourselves.

Operating expenses were \$104,726 higher than expected due, in the main, to two outcomes for which allowance was not made in the budget. These were the inauguration of Patient Experience Week in April 2016, at a net board approved cost of \$22,246, and the need to spend some \$65,406 more than expected to bring all staff onto one upgraded IT platform. Other incremental increases in operating costs account for the remainder of the variance shown above.

The Board ultimately adopted a financial plan to deliver a 12 month deficit to 30 June 2016 of -\$38,742. Good governance demanded a prudent, realistic budget as well as a new strategic five year plan which was completed during the first quarter of the financial year. This resulted in the budget not encompassing some elements of the new operational plan required to achieve revised strategic objectives and to eliminate inefficiencies in-house.

Improvement in how we account for staff redundancy liabilities resulted in other (non-cash) expenses exceeding expectations by \$55,546. This figure includes possibly recoverable redundancy costs arising from the Commonwealth's decision to defund our Aboriginal Advocacy program.

The Board's pessimistic outlook proved to be right in that many not-for-profit organisations have either been defunded entirely or have seen their funding reduced. In our case, the Commonwealth Government decided to cease funding our Aboriginal Advocacy programme. There is also a move in the not-for-profit sector towards consolidation of agencies into larger, more financially efficient entities.

On the positive side, we have overhauled our Procurement Policy to upgrade both our purchasing and sub-contracting procedures. A review is also underway of delegations of authority to invest in growth and continuous improvement projects. These added controls on expenditure combined with our continuing drive to generate new revenue sources gives us confidence that we shall be able to report more pleasing outcomes for 2016/17 than has been possible this year.

2015-2016			
Actual Performance Vs Budget			
Item	Actual \$	Budget \$	Variance \$
Total Income	1,249,654	1,219,526	30,128
Total Expenses	1,334,356	1,229,631	(104,726)
OPERATING PROFIT/LOSS	(84,702)	(10,105)	(74,598)
Other Income	154,044	154,046	2
Other Expenses	238,232	182,686	(55,546)
NET PROFIT/LOSS	(168,890)	(38,742)	(130,145)

Auditor's Statement

Robert Campbell | CPA, BSW (Hons), MSW, MAICD,
Registered Tax Agent & Company Auditor

To the members of Health Consumers' Council (WA) Inc

We have audited the accompanying special purpose financial report of Health Consumers' Council (WA) Inc, which comprises the Statement of Financial Position as at 30 June 2016, 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 ended 30 June 2016, and notes comprising a summary of significant accounting policies and other explanatory information, and the Statement by the Board.

The Board's responsibility for the financial report

The Board of Health Consumers' Council (WA) Inc are responsible for the preparation of the financial report that gives a true and fair view in accordance with the accounting policies described in Note 1 to the financial statements and the Associations Incorporation Act (WA) 1987 and division 60 of the ACNC Act 2012 and for such internal control as the Board determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due.

Auditor's responsibility

Our responsibility is to express an opinion on the financial report based on our audit. 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.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Board, as well as evaluating the overall presentation of the financial report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the Australian professional accounting bodies.

Opinion

In our opinion, the financial report gives a true and fair view of the financial position of Health Consumers' Council (WA) Inc as at 30 June 2016, and of its financial performance and its cash flows for the year then ended in accordance with the financial reporting requirements of the Associations Incorporation Act WA 1987 and division 60 of the ACNC Act 2012.

Basis of Accounting

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist Health Consumers' Council (WA) Inc to meet the requirements of the Associations Incorporation Act WA 1987 and division 60 of the ACNC Act 2012. As a result, the financial report may not be suitable for another purpose.

Robert John Campbell CPA
Registered Company Auditor No. 334773
Australian Audit Group Pty Ltd
Level 2, 459 Hay Street, PERTH, WA

Financial Statements

The Financial Statements for the year ended 30 June 2016 include:

1. Auditors Independence Declaration
2. Independent Auditor's Report
3. Board's Report
4. Statement by the Board
5. Statement of Profit or Loss and Other Comprehensive Income
6. Statement of Financial Position
7. Statement of Cash Flows
8. Statement of Changes in Equity
9. Notes to the Financial Statements

The Health Consumers' Council audited Financial Accounts for 2015-16 are available at the Annual General Meeting and on request.



HEALTH CONSUMERS' COUNCIL

YOUR VOICE ON HEALTH

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