



Jason Wolf
Patient Experience
April 2017



**HEALTH CONSUMERS'
COUNCIL**
YOUR VOICE ON HEALTH

Annual Report

2016 - 2017



Join the Conversation
Create a
SHARED VISION

PATIENT EXPERIENCE IS THE HUMAN EXPERIENCE



NAIDOC Sealin Garlett & Susan Jeta



NAIDOC food



R E S P E C T



PATIENT EXPERIENCE IS THE HUMAN EXPERIENCE

Acknowledgements

We acknowledge that we work on Aboriginal land and pay our respects to community members and elders, past and present.

We appreciate and celebrate diversity in all its forms, including among staff, consumers and the broader community. We believe diversity of all kinds makes our teams, services and organisation stronger and more effective.

Interpreter service and translations

Health Consumers' Council is committed to providing accessible service to people from culturally and linguistically diverse backgrounds. If you have difficulty understanding this report, phone us on FREECALL 1800 620 780 and we will arrange an interpreter or translation for this publication.

Thank you to the consumers, staff, managing committee members and others who contributed to the content and design of this report.



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Welcome



Our Annual Report is our opportunity to share with you and reflect on our work, our successes and the challenges that lie ahead.

This year our theme is “Patient Experience is the Human Experience” where we highlight three key stakeholder groups that are reflective of our key areas of work:

- WA health consumers
- Health care providers and professionals
- Government, not for profit organisations and volunteers.

This year we refreshed and renewed our Vision and Purpose statements.

Vision

Equitable, person-centred healthcare for all West Australians.

Purpose

Increase the capacity of all people to influence the future direction of health care and to make informed choices.

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 practice and procedures

E M P A T H Y



Strategic Objectives

Support individuals and community through advocacy and health literacy

Key Achievements:

- Maintain an effective advocacy service - 655 advocacy cases
- Health Rights and Responsibilities sessions with CaLD communities

Drive effective consumer, clinician and stakeholder engagement

Key Achievements:

- Patient Experience Week
- Patient Opinion Website Advocacy
- Lets Talk Culture

Identify and communicate health trends and awareness to key stakeholders

Key Achievements:

- Collaborative Pelvic Mesh Senate Inquiry
- Aboriginal Patient Journey Surveys
- Diversity Dialogues

Maintain an effective and innovative organisation

Key Achievements:

- Tax deductible gift recipient status
- Transfer to new Model Rules to comply with 2015 Incorporations Act

As we reviewed our Strategic Plan in June 2017, we reflected that it is an understatement that the health sector is undergoing a significant amount of state and federal reform. WA Health has decentralised management to Area Health Service Boards and conducted a proactive review into Safety and Quality in WA Health Services. A new Sustainable Health Review was announced which will run through 2017 and into 2018.

The national Office of Safety and Quality in Health Services is reviewing their Standards which will require further support for the health sector to implement.

WA Non-Government Organisations (NGOs) increasingly must demonstrate they are engaging with their consumers in service planning and review, not just seek feedback after services are provided.

HCC is involved in and affected by all of these reforms through our established position in WA's health sector.

There is opportunity to build on our foundation and grow into an organisation better positioned to meet 21st century health challenges.

Due to this reform in a dynamic environment, it is intended to have a one-year plan to build on outcomes reporting to establish effective quantitative and qualitative performance measures.

Services



We provide an **Individual Advocacy** service during office hours Monday to Friday to help people navigate our health system.

Our **Aboriginal Advocate** supports both the Advocacy and Consumer and Community Engagement program to ensure Aboriginal people are supported to access our health system individually, and are included in health policy, planning and review.

Our **Consumer and Community Engagement Program** provides training and other support to ensure people can have a say in health policy, planning and review.

Our **Culture and Diversity Program** ensures that people from a non-English speaking background are considered in health service planning through a range of forums such as Diversity Dialogue Forums, Supporting Cultural Diversity in Healthcare workshops and Let's Talk Culture seminars.

We also undertake **Systemic Advocacy** for the WA Community by participating in a large range of committees and working groups to ensure the consumer voice is heard at the highest level, and by feeding back recommendations taken at our forums and seminars.

We have been partnering in **Research Projects** to innovate and develop consumer centred research and have also developed the **Refugee and Humanitarian Entrance Research Alliance**.

We collaborate and partner with WA Primary Health Alliance (WAPHA) on various funded projects:

- 1. Informing New Models of Primary Care** - focuses on the experience of people who access GP services and who have multiple chronic health conditions that are managed under a Care Plan.
- 2. Country Engagement** - to increase the number of Primary Health Network (PHN) health consumer activities in Country Western Australia. This is to support people to have a voice in what healthcare looks like in their town and if that meets their needs.
- 3. Alcohol and Other Drugs Advisory Group** - In 2017, WAPHA funded the ongoing work of this group, whose focus is now to support the incorporation of a separate entity for AOD consumers and to work collaboratively to develop training that supports consumer involvement at all levels of the system.



E Q U I T Y

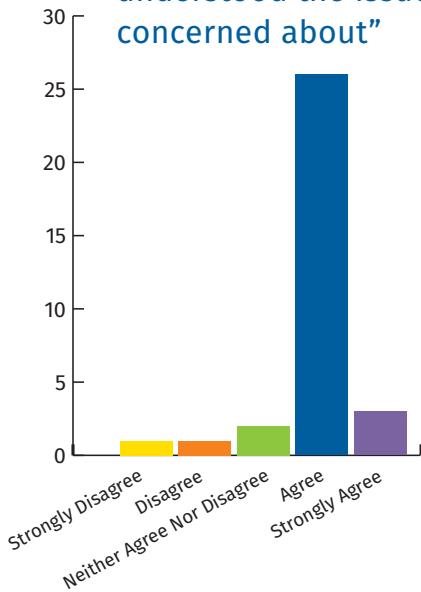


Outcomes

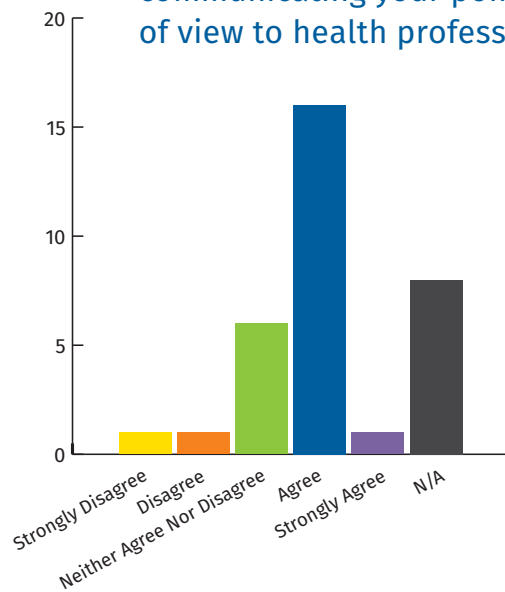
Advocacy

We have been undertaking phone call interviews by a third party (not the advocate who supported the consumer) to find out about how they have experienced our service.

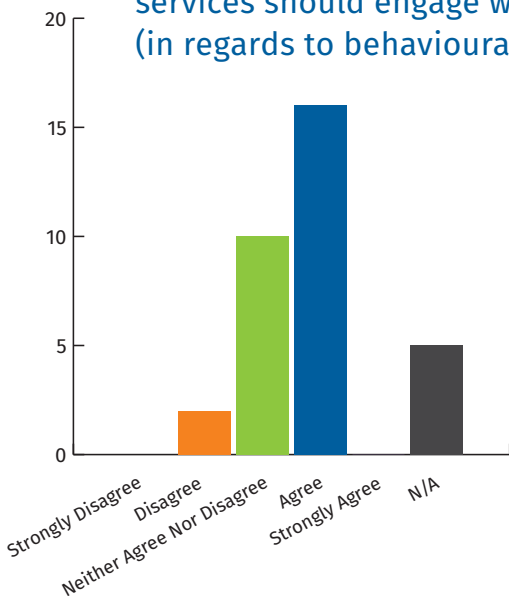
“The HCC Advocacy Service understood the issues you were concerned about”



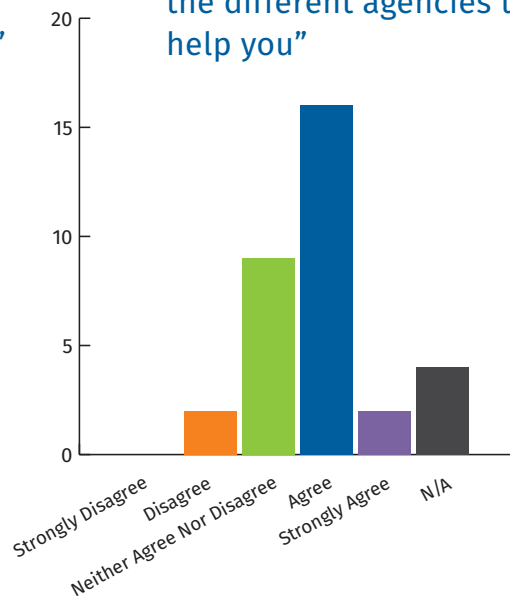
“The Advocate was successful in communicating your point of view to health professionals”



“The HCC was successful in improving your knowledge about: how healthcare services should engage with you (in regards to behavioural standards)”



“The HCC was successful in improving your knowledge about: the different agencies that can help you”

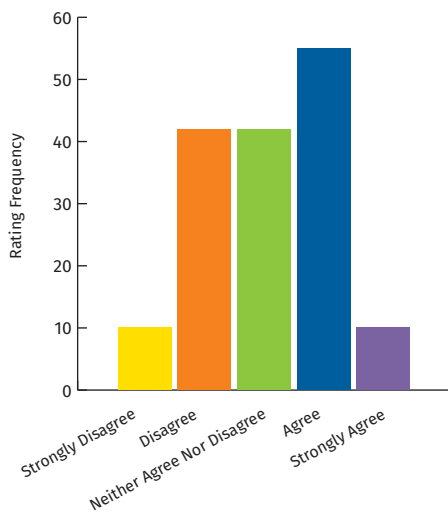


Outcomes

Workshops

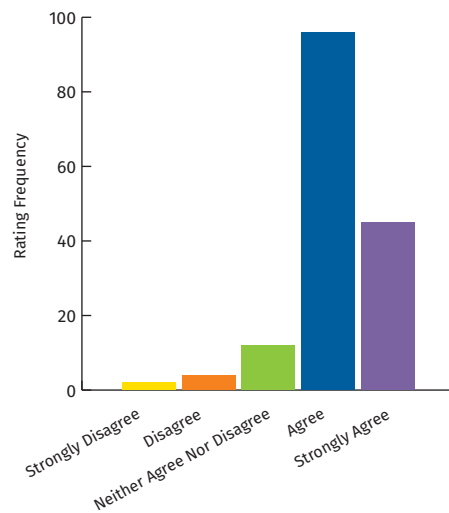
All our education sessions seek feedback from participants, to self-assess their skills and knowledge prior and after attendance, and if they have identified ways to build on current skills after attending the workshop. Results are collated in these graphs.

Limited skills/ knowledge prior to attendance (self-assessment)



RATING	PERCENTAGE
Strongly Disagree	6
Disagree	26
Neither Agree or Disagree	26
Agree	35
Strongly Agree	6
TOTAL	100%

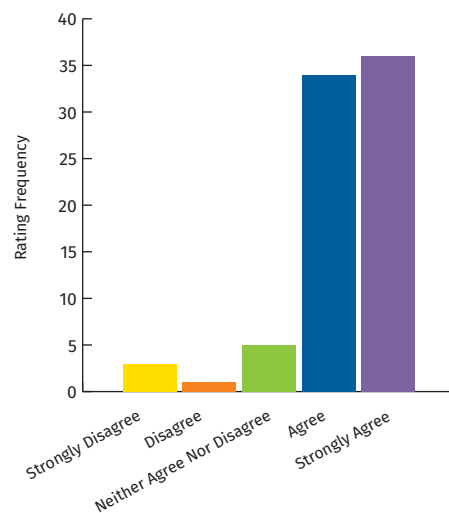
Identified ways to build on current skills



RATING	PERCENTAGE
Strongly Disagree	1
Disagree	3
Neither Agree or Disagree	8
Agree	60
Strongly Agree	28
TOTAL	100%

Increased knowledge, skills, confidence, awareness & engagement

RATING	PERCENTAGE
Strongly Disagree	4
Disagree	1
Neither Agree or Disagree	6
Agree	43
Strongly Agree	46
TOTAL	100%



Services Development

HCC is always looking to innovate and welcomes your feedback about what we do.

Currently we are undertaking a “root and branch” review of our Consumer Representative Program with a Steering committee of staff, Board members and key external stakeholders.

We have separately developed a Culture and Diversity Program to reflect our achievements in creating a series of workshops and forums to support an increase in cultural awareness in the health sector.

Our advocacy program is continuing the path of outcomes data collection and while this always poses challenges in resourcing, it is a process we are passionately committed to as we know the consumer voice is essential in developing the right services for the people we are here to serve.



Our evaluation found that:

73% of consumers had a positive experience with HCC

79% said they'd come back to HCC

64% of consumers were satisfied with the outcome of their case

Chair Report **Cheryl Holland**



Governance and Effectiveness

It's been a year of change and positive improvement for the HCC and the Board (now called the Management Committee) – in April, we held an Extraordinary General Meeting where members approved the new “Rules” that replaced our Constitution. This was a legal requirement under the Associations Incorporation Act 2015 that became effective on the 1st of July. Our Nominations and Governance Committee worked tirelessly for many months prior to the Extraordinary General Meeting to harmonise our new obligations with our Constitution. This was a significant achievement and we appreciate the effort this committee extended to ensure the HCC was compliant and well positioned for the future.

Our committee structure also flourished and enabled the Management Committee to increase its effectiveness. Our Risk Management Committee meets quarterly and risk mitigation plans are more complete and relevant – this includes a regular review of policies and procedures by the Operational Team and the Management Committee, where appropriate. Our committee approach allows each Management Committee member to contribute more meaningfully and apply individual skills and experiences to make a more effective difference. We added a Membership Committee this year to review member benefits and a member survey was conducted to provide us with valuable feedback.

Our Finance Committee continued to thrive and the HCC is now identified as a registered charity with the Australian Charities and Not-For-Profits Commission. This means that donations can be formally recognised by the ATO. It also allows employees to salary package – we're pleased that HCC staff have this option – and that this ability enhances the HCC's ability to retain, attract and recruit staff.

The Management Committee also collaborated with HCC staff to conduct semi-annual strategy reviews and we have adopted a more meaningful Vision and Purpose which are outlined in this Annual Report.

Celebrating Excellence

It was my pleasure to participate as a judge in the 2016 Nursing and Midwifery Excellence Awards which were awarded in May. I again judged the Consumer Engagement award nominations for the WA Health Excellence Awards for 2017. The HCC annual Health Excellence Award recipients for 2016 were recognised during Patient Experience Week in April. While much of HCC's work is to support consumers who may have had difficult and negative experiences in our health system, it is important to provide the opportunity for recognition of excellence in the health sector which we wholeheartedly support.

A World of Thanks

In April, we held our second annual Patient Experience Week. Thank you to all of the health sector providers and professionals as well as consumers who continue to embrace this global movement. We are proud that we introduced this into Australia and hope that we all continue to learn and improve patient experience and consumer engagement.

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

A special thank you goes to all the volunteers who give us their precious time. Whether directly at the HCC, or through consumer representation, you all make a valuable contribution.

The Management Committee was sorry to see Ann Banks, Colin Phillips and Lyn Dimer, part ways with us and thanks them for their contributions during the course of their tenure.

Finally, I'd like to acknowledge the volunteer members of the Management Committee and their input to the Committee and participation in sub-committees. Your time and commitment to supporting health consumers makes a difference.

CEO Report **Pip Brennan**



Funding 2016-17

HCC has been continuing to deliver on our core grant for advocacy and consumer engagement activities, and has been able to further expand into primary care. With the WA Primary Health Alliance (WAPHA)'s support, we have been working on consumer focus groups to inform new models of primary care, we have been supporting WAPHA to expand their consumer networks across our vast state and WAPHA have also supported the ongoing work of the Alcohol and Other Drugs Advisory Group.

Patient Experience Movement!

In 2017, we ran our second Patient Experience Week (PXW) event once again culminating in the announcement of our consumer excellence awards.

It was very exciting for us to be able to bring over Jason Wolf, the Beryl Institute's CEO. The Beryl Institute is the global community of practice dedicated to improving the patient experience through collaboration and shared knowledge.

In 2016 we had Jason attend via Skype – and this year, due to a partnership with the NSW Centre for Clinical Excellence and with the generosity of Lotterywest and HESTA – we had Jason himself. His moving and galvanising presentation set the perfect tone for the community conversation which drew consumers, clinicians and health service providers together to answer the question “What Matters To You?” and develop shared priorities for patient experience improvement priorities.

What Matters to You?

- **Transparency**
What is happening?
Individual > Service > System
- **Partnership**
Patients, consumers, carers included in decision making, service and system design
- **Being Listened To**
Being listened to, time for conversations and to ask questions, developing positive change from being herd
- **Safety**
That I and my carers feel safe, I'm treated by competent clinicians, that I know my patients feel safe
- **Equity**
Avoiding stereotypes, respecting individuality and culture
- **Choice**
I know the options and I'm empowered to make them
- **Person and Family Focused**
That I feel like a person, not a number, holistic approach, family focused

You can find out more on our website here
<http://www.hconc.org.au/hccpxw/>

Celebrating Excellence

Health Consumer Excellence Awards 2017

Patient Experience Week (PXW) once again 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 and finalists below, and you can find out more on our website at <http://www.hconc.org.au/hceawards17/>

We were excited to note that with the support of WA Health, we were able to include a new category, the Compassionate Care Award.

We would also like to warmly thank our judges Cheryl Holland, Richard Brightwell, Yvonne Parnell, Karen Bradley and Bernadette Wright.

On the night, Hon. Alanna Clohesy, MLC Parliamentary Secretary to the Deputy Premier; Health; Mental Health, presented all the winners with their well-deserved awards.

Health Organisation Award:

WINNER Moorditj Djena

FINALISTS Chemo@Home, ConnectGroups, Healthy, Well & Wise – Bentley Mental Health Services

Health Professional Award:

WINNER Ellie Newman, Dementia Care Specialist Physiotherapist

FINALISTS Clinical A/Professor Tim Bates, Lorna Cook, Dr Lee Jackson, Meaghan Slattery, Dr Aesen Thambiran, Clare Woodrow

Health Consumer Award:

WINNER Caz Chisholm – Australian Pelvic Mesh Support Group

HIGHLY COMMENDED Petrina Lawrence

FINALISTS Kerry Donovan, Dorothy Harrison, Kim Hutchinson, Jan Thair

Rosemary Caithness Award:

WINNER Caz Chisholm – Australian Pelvic Mesh Support Group

HIGHLY COMMENDED Jan Thair

FINALIST Dr Alex Main

Compassionate Care Award:

WINNER Fatima Edward

FINALIST Kim Ashton

Aboriginal and Torres Strait Islander Award:

WINNER Aboriginal Health Liaison Office, Bentley Royal Perth Group

HIGHLY COMMENDED Boodjari Yorgas Family Care Program

FINALIST Leanne Pilkington



WA Health Consumers



Advocacy

Advocacy Case by Gender	
GENDER	NUMBER
Female	385
Male	263
Unknown	7
TOTAL	655

Advocacy Case by Age	
AGE	NUMBER
Under 20 years	24
20 - 29 years	31
30 - 39 years	90
40 - 49 years	77
50 - 59 years	98
60 years and over	110
Unknown	225
TOTAL	655

Advocacy Case by Ethnicity	
ETHNICITY	NUMBER
Aboriginal/ Torres Strait Islander	47
Culturally and Linguistically Diverse Background This includes those who self-identify that born overseas for countries other than Canada; Republic of Ireland; New Zealand; South Africa; United Kingdom; and USA.	71
TOTAL	655

Advocacy Case by Health Setting	
SETTING	NUMBER
Public Health	365
Private Health	20
Public Mental Health	260
Private Mental Health	10
TOTAL	655

One of the first cultural competency workshops I delivered for HCC was at a public hospital. There was some resistance shown by several attending staff members, this can happen, it can be uncomfortable to have your perceptions put under scrutiny.

Louise Ford, Consumer & Community Engagement Manager

WA Health Consumers

Advocacy Case by Type of Presenting Issue	
TYPE	NUMBER
Health Costs	54
Health Rights	67
Health Disputes Diagnosis/Treatment	155
Health Access Denied	93
Other	12
Mental Health Costs	59
Mental Health Rights	83
Mental Health Disputes Diagnosis/Treatment	65
Mental Health Access Denied	59
Other	8
TOTAL	655

How Many Times We Supported Advocacy Clients	
TYPE OF SUPPORT	NUMBER
By Telephone	1837
In Face to Face Meetings	191
By Referring to Other Services	94
TOTAL	2122

Phone Calls About Non-Advocacy Issues	
TYPE OF INFORMATION & LINKAGES	NUMBER
Information Provision	638
Active Linkages for non-users of the service	266
TOTAL	904

We Supported Consumer Representatives Through:

- 37 community education activities were undertaken with 783 attendees
- 8 Introductory Consumer Representative workshops
- 1 Introductory Consumer Representation course for Culturally and Linguistically diverse people in Katanning
- 1 Preparing for Consumer Representation workshop
- 4 roundtables of Community Advisory Council (CAC) Chairs
- Special Press Ganey presentation for CAC Chairs
- 2 Consumer Representative Network meetings
- New Closed Facebook Group “The Source” for HCC Representatives

Dick's Story

By Sue Cousins, Dick's Wife

My family and I would very much like to take this opportunity to convey our thoughts to The Health Consumers' Council and especially to our advocate Carly Parry, for the assistance given to us during a sad and traumatic time regarding the circumstances surrounding the loss of a husband, father and Grandfather.

We witnessed my husband die in unnecessary and excruciating pain while hospitalized at a Perth hospital, in May of last year, 2016.

Although we knew he had terminal cancer, the sudden and unexpected rupture of the tumor one morning, drastically cut short the few precious months he still had left. He was taken to the Emergency unit and was stabilized. The doctors told him that another rupture would be imminent and on learning this my husband gave an End of Life (EOL) directive, he requested 'no resuscitation' but to be kept pain free and allowed to pass away peacefully. My husband remained at hospital overnight for observation.

Sadly, in the early hours of the following morning, he suffered another rupture and nursing staff commenced his EOL care plan.

The hospital failed utterly to deliver my husband's EOL directive. My son, daughter-in-law and I watched in horror and distress as my husband suffer incredible and agonizing pain for over two hours before he died, due to the woefully inadequate pain management that had been charted for his pain relief. The whole episode of seeing a loved one die under such circumstances, left us trembling and utterly traumatized.

We were unable to open up to my husband's family as we could not bring ourselves to upset them with the truth. When they asked, we lied and reassured them that he had died peacefully, this was unbelievable hard to maintain.



Dick, daughter-in-law Mandy, grandson Owen, son John, Sue and granddaughter Jasmine.

After the funeral, I soon realized I would never rest until I had answers as to why it had all gone so terribly wrong. I turned to The Health Consumer's Council to help and guide us through the process. To this end, I wish to thank the HCC for what was achieved, we would never have succeeded without your assistance. The wealth of information, guidance and confidentiality we received, gave us the strength to face what needed to be done.

Carly Parry's part in all of this was truly invaluable and I for one will be eternally grateful for her efforts, her integrity and the way she handled all of our concerns, from our first meeting right through to the final positive outcome. To have someone hold your hand and understand the range of emotions that one is feeling, to find compassion and genuine concern for the trauma we had experienced, was a relief. Without Carly's advocacy, I would not have been as confident at the meeting with the hospital concerned. I owe her my gratitude for how she supported us all, through one of the toughest times we have had to face.

Once again, thank you so much for making it possible for us, as a family, to start grieving for someone we love and miss very much.

Kindest Regard from us all,

Sue Cousins.

John Cousins.

Amanda Carey.

HCC would like to acknowledge all our advocates who work tirelessly to provide assistance for people needing support with their health care interactions. This story of change is repeated many times however, most consumers are not always comfortable in sharing their story publicly. We would like to thank the Cousins family for sharing their story and picture.

Stories of Change

A consumer had been bumped off the surgery list to have breast expanders removed after a double mastectomy. These are normally used for 4-6 months, and by the time she contacted HCC she had been waiting 8 months with no answers, and no-one listening to her concerns. We escalated the case to the medical director who was able to contact the surgeon who in turn was able to schedule the surgery for the following week. This was time critical as she was unable to have necessary scanning to monitor a brain tumour while the expanders were in.

HCC set up an appointment with a hospital to debrief a very traumatic birth experience for a consumer, which all looked good in the medical records as they did not record what she had experienced, only clinical indications were noted.

After the meeting where the Obstetrics Consultant worked compassionately and openly to find an outcome, he asked for more information about HCC's Advocacy service and a card, so he could call us in the future if he felt he needed our support.

After a complaint about a Registrar missing a deep vein thrombosis in a scan of a woman who was 27 week's pregnant, the hospital reviewed their ultrasound policy and updated it in line with best practice of including a full ultrasound to avoid this happening again in the future.

HCC staff story - 'In 2015 I advocated for an elderly lady who had been admitted against her will, into a psychiatric facility following a psychotic episode. She was assessed and diagnosed with Alzheimer's Dementia. She was told she lacked capacity and would need to reside in a nursing home. Guardianship and Administration orders were made, with this she lost all decision-making authority. The consumer strongly disputed the diagnosis and expressed how she felt powerless and unheard. I met with the consumer on several occasions to ascertain the situation and later organised an independent psychiatric opinion.

This second assessment took place at a time when the consumer felt settled as opposed to the earlier assessment when she had been unwell. It was deemed that the consumer showed no signs of having Alzheimer's Dementia and that the reason for initial admission was quite probably an acute episode associated with thyroid dysfunction. We submitted a SAT review application and made a strong submission to the tribunal that argued the case.

The review concluded that this consumer had ample capacity to make reasonable decisions and that the independent second opinion revealed no evidence of Alzheimer's Dementia. The consumer returned home and could disengage with mental health services. Two years later this consumer remains living independently at home and is managing her own affairs with great success.'

Carly Parry, Advocate

Health Care Providers & Professionals

HCC represented consumers on 36 key health department and policy committees 96 times

- 3 Supporting Cultural Diversity in Healthcare workshops
- 1 presentation on engaging effectively with people from Culturally and Linguistically Diverse (CaLD) backgrounds
- 1 providing a better health service for Aboriginal people was held

Diversity

2 Diversity Dialogues:

1. What Is Equal Opportunity & How Does It Support Equity & Diversity in Healthcare Provision?
2. Diversity Dialogues - Effective Mental Health Practices When Working Cross Culturally

HCC's unique Diversity Dialogues provide an opportunity for health care staff to:

- engage with community members and leaders from new and emerging/Culturally and Linguistically Diverse CaLD communities and Aboriginal cultures
- learn about culture and its' potential implications on both service provision and the way in which service provision is received

develop recommendations to improve service provision to people from new and emerging/CaLD/Aboriginal backgrounds.



Some recommendations from Diversity Dialogues:

- Use an interpreter in line with WA Health Language Services Policy
- Create a calendar that notes meaningful dates for other cultures and celebrate these
- Bring communities into hospitals to familiarise people with the environment
- Celebrate Harmony Day, NAIDOC week
- Have staff from diverse cultural backgrounds to celebrate multiculturalism e.g., share food

Partners

HCC was proud to partner with the Australasian College of Health Service Management to present the Patient Experience Week Health Leaders Breakfast, where the outcomes of the community conversation from the day before were presented.

HCC understood the issue I was concerned about.

HCC Consumer

Government & Not For Profit Organisations & Volunteers

26 organisations were consulted about 2 key issues

The issues we are all passionate about addressing cannot be tackled alone. It is only through partnership that the complex issues that cut across all aspects of human experience can be addressed. This was evidenced in WA Clinical Senate's debates on interpersonal violence and homelessness where HCC ensured the not for profit voice, as well as the voice of the consumer, was included in the presentation to Senators.

53 interagency forums attended

The incoming government have taken the opportunity to refresh the vision and activities of the Partnership Forum which had representation from all state government agencies and not for profit organisations. The Health Consumers' Council's Executive Director had a seat on this forum as a consumer advocate. The Supporting Communities initiative that replaces the Partnership Forum will continue to develop over the next months and HCC hopes to be involved.

34 interagency partnerships or projects contributed to

The reform of the Delivering Services in Partnership Policy, aged and disability reforms which put the consumer at the centre – all point to a revolution which is yet to be fully realised. Community sector engagement can be mistaken for community engagement and the capacity and potential of the people that use services is yet to be fully tapped. All too often services are limited by funding, which often creates unexpected and unintended consequences on how the service is experienced by the consumer. The only way to make appropriate improvements is to speak to the consumers themselves.

HCC took a lead role in preparing a joint submission with Health Consumers' Councils across Australia for the Senate Inquiry into the Number of women affected by pelvic mesh and related matters. Our joint submission included feedback from more than 1700 women nationwide and highlighted the effect on mesh-injured women, possible responses to assist them and the systemic failure of Therapeutic Goods Administration processes that have led to this situation.

We worked very closely with the Australian Pelvic Mesh Support Group's Caz Chisholm (see our Consumer Excellence Awards)

Funding Support



Government of Western Australia
Department of Health

Funds HCC to undertake individual advocacy and consumer and community engagement. Supported HCC's Consumer Excellence Awards with a new category – Compassionate Care Award



WAPHA
WA Primary Health Alliance

Funds HCC to undertake consumer engagement activities in primary care



Funded Patient Experience 2017. Also granted funds for the next financial year for information technology upgrades, equipment and training



Supporters for Patient Experience Week
Leadership Breakfast

Our People

The Health Consumers' Council is registered with the Australian Charities and Not-for-profits Commission (ACNC). HCC has a Board of Management which oversees the execution of the strategic plan by the HCC team.

Management Committee				
NAME	POSITION	DATES ACTED (IF NOT FOR WHOLE YEAR)	MEETINGS ELIGIBLE TO ATTEND	MEETINGS ATTENDED
Cheryl Holland	Chair	Whole Year	11	11
Tony Addiscott	Deputy Chair	Whole Year	11	10
Tom Benson	Secretary	Whole Year	11	6
John Burton	Treasurer	Whole Year	11	10
Hayley Harrison	Board Member	Maternity Leave 1/2/17 - 19/4/17	9	8
Kylie Fryer	Board Member	Whole Year	11	8
Lyn Dimer	Board Member	Resigned 28/2/17	4	2
Colin Phillips	Board Member	Resigned 23/11/16	1	1
Ann Banks	Board Member	Resigned 12/4/17	6	4

Staff	
NAME	POSITION
Pip Brennan	Executive Director
Carly Parry	Senior Advocate
Chrissy Ryan	Advocate
Bronte Duncan	Advocate
Martin Whitely	Manager, Policy and Research
Tania Harris	Aboriginal Advocate
Louise Ford	Consumer and Community Engagement Program Manager
Stephanie Newell	Consumer and Community Engagement Program Co-ordinator (until May 2017)
Ashleigh Roccisano	WA Primary Health Alliance Country Project (April to July)
Kate Bullock	WA Primary Health Alliance Primary Care "Naïve Inquiry" Project (April to present)
Sheree Mears	Operations Manager
Lucy Palermo	Marketing and Communications Co-ordinator
Caitlin Haeusler	Reception

Students & Volunteers Honour Roll

A special shout-out to all the students and volunteers who donated their time to support our work:

- Bronte Duncan
- Natalie Gray
- Fleur Gowland
- Bethany Lorian
- Dudley Bastian
- Zoe Tippett
- Reginah Kirumba
- Joanna Lee
- Stephanie Spideris
- Dr Kaye Miller
- Beatrice Ho
- Jasmine Teo
- Renee Jarrett
- Josh Ogunmokun
- Chareikah Bolton
- Leila Zandi
- Damien Mears

Together, you contributed more than 2,330 hours at an estimated value of more than \$75,000.

We couldn't do it without you!

The McCusker Centre for Citizenship have linked us to students who have helped us develop draft position papers, progress our evaluation processes for our advocacy system and progress research project ideas.

Another key strategy has been working with medical students to help review medical records and produce a timeline of their experience to assist them understand what has happened, and what they can do next.

I N N O V A T I O N



Treasurer's Report **John Burton**

As some members will be aware from our previous year, we had a loss of \$168,000 mainly due to IT systems upgrades and other contract issues. This was covered by retained earnings.

While the 2016/2017 Financial year had a loss of \$10,073, it has some very positive aspects:

- We absorbed IT systems costs and clawed back from the previous large deficit
- The loss includes having lost funding for aboriginal services where we still needed to phase out services
- There was a significant reduction in operational costs due to the diligent work of staff in negotiating better arrangements with property lease; insurances; and other outgoings
- There was improved resource management (including staff time allocation)
- Foundations have therefore been laid to keep improving, although we are still subject to levels of funding with limited adjustments.

LotteryWest funding will also improve the balance sheet with funding for new computer equipment, and we are beginning to access other government funding.

The reality is, we need to find other sources of income (non-government) and we face legislation changes including the Equal Remuneration Orders which may create a burden on our budget.

HCC is also monitoring key ratios to ensure responsible financial management these include Quick Ratio (assets/liabilities); and Working Capital (months able to continue operating without income). These ratios are good when benchmarked.



R E S P E C T

Auditor's Report

Mr Robert Campbell

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

AUSTRALIAN AUDIT

DIRECTORS
ROBERT CAMPBELL CA CPA BSW
VIRAL PATEL CA CPA FCCA URG BSA
ALANTAIR ABBOTT CA BSA MEMBERSHIP ACCOUNTING

AUDITOR'S INDEPENDENCE DECLARATION

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

In accordance with the requirements of section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012* and section 80 of the *Associations Incorporation Act 2015 (WA)*, in relation to our audit of the financial report of Health Consumers' Council (WA) Inc for the year ended 30 June 2017, to the best of my knowledge and belief, there have been:

- a) No contraventions of the auditor independence requirements of section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- b) No contraventions of the auditor independence requirements of the *Associations Incorporation Act 2015 (WA)* in relation to the audit; and
- c) No contraventions of any applicable code of professional conduct in relation to the audit

Robert John Campbell, CA CPA
Registered Company Auditor number 334773
Director
Australian Audit
Perth, Western Australia



Dated: 10 October 2017

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Liability limited by a scheme approved
under Professional Standards Legislation

Financial Report

Abridged Financial Report for the Year Ended 30 June 2017

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2017	2017 \$	2016 \$
Current Assets		
Cash Assets	686,294	558,127
Receivables	25,001	24,982
Total Current Assets	711,295	583,109
Non Current Assets		
Property, Plant & Equipment	16,668	30,283
Total Non Current Assets	16,668	30,283
Total Assets	727,963	613,392
Current Liabilities		
Payables	324,126	151,039
Provisions	55,685	115,122
Total Current Liabilities	379,811	266,161
Non Current Liabilities		
Provisions	10,994	
Total Non Current Liabilities	10,994	
Total Liabilities	390,805	266,161
Net Assets	337,158	347,231
Equity		
Retained Earnings	285,030	233,668
Reserves	52,128	113,563
Total Equity	337,158	347,231

E M P A T H Y

STATEMENT OF CHANGES IN EQUITY	2017	2016
	\$	\$
Beginning Retained Earnings	233,669	394,182
Total Comprehensive Income	(10,073)	(168,891)
Transfers from Reserves	61,434	8,377
Reserves	52,128	113,563
Closing Retained Earnings	337,158	347,231

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE FOR THE YEAR ENDED 30 JUNE 2017	2017	2016
	\$	\$
Grants	1,023,320	1,004,141
Grants - Commonwealth Funding	-	176,246
Interest	7,233	11,999
Other Income	92,517	57,267
Employment Expenses	(816,309)	(939,407)
Operating Expenses	(76,327)	(126,473)
Administration Expenses	(87,860)	(173,566)
Premises Expenses	(130,916)	(140,773)
Motor Vehicle Expenses	(6,381)	(15,789)
Depreciation	(15,350)	(22,536)
Total Comprehensive Income	(10,073)	(168,891)
Total Changes in Equity	(10,073)	(168,891)

STATEMENT OF CASH FLOW FOR THE YEAR ENDED 30 JUNE 2017	2017	2016
	\$	\$
Cash Flows from Operating Activities		
Receipts from Operations	1,182,886	1,234,950
Payments to Suppliers and Employees	(1,060,216)	(1,292,869)
Net Cash Generated by (used in) Operating Activities	122,670	(57,919)
Cash Flows from Investing Activities		
Purchase Property, Plant and Equipment	(1,736)	(25,215)
Interest Received	7,233	11,999
Net Cash Generated by (used in) Investing Activities	5,497	(13,216)
Cash Flows From Financing Activities		
Net Cash Generated by Financing Activities		

Net Increase/(decrease) in Cash Held	128,167	(71,135)
Cash at Beginning of Financial Year	558,127	629,262
Cash at End of Financial Year	686,294	558,127

Patient Experience Week



Alana Clohesy, Petrina Lawrence & Jason Wolf



Alana Clohesy, Robyn Nolan, Jan Thair



Caz Chisholm



Compassionate Care Award



Dorothy Harrison



Ellie Newman



Moorditj Djena



Jason at Awards



Moort Boodjari Yorgas

Patient Experience Week



Boodjari Yorgas Family Care Program Team photo, ATSI Health Award



Pip, Jason, Alanna



Shaun Nannup



ConnectGroups (left to right) Juanaili Hultzsch, CEO Antonella Segre, Christine Hendricks, Fiona Hughes, Georgia Booth, Amanda Muir, and Danielle Kroonenburg, Health Organisation Award



Hon. Alana Clohesy MLC, Sacha Andrew, Crystal Clarke, Janita Solvberg



Alana Clohesy



Caz Chisholm



2017 HCC presents results from PXW Community Conversations at the Health Leadership Breakfast



Caz Chisholm

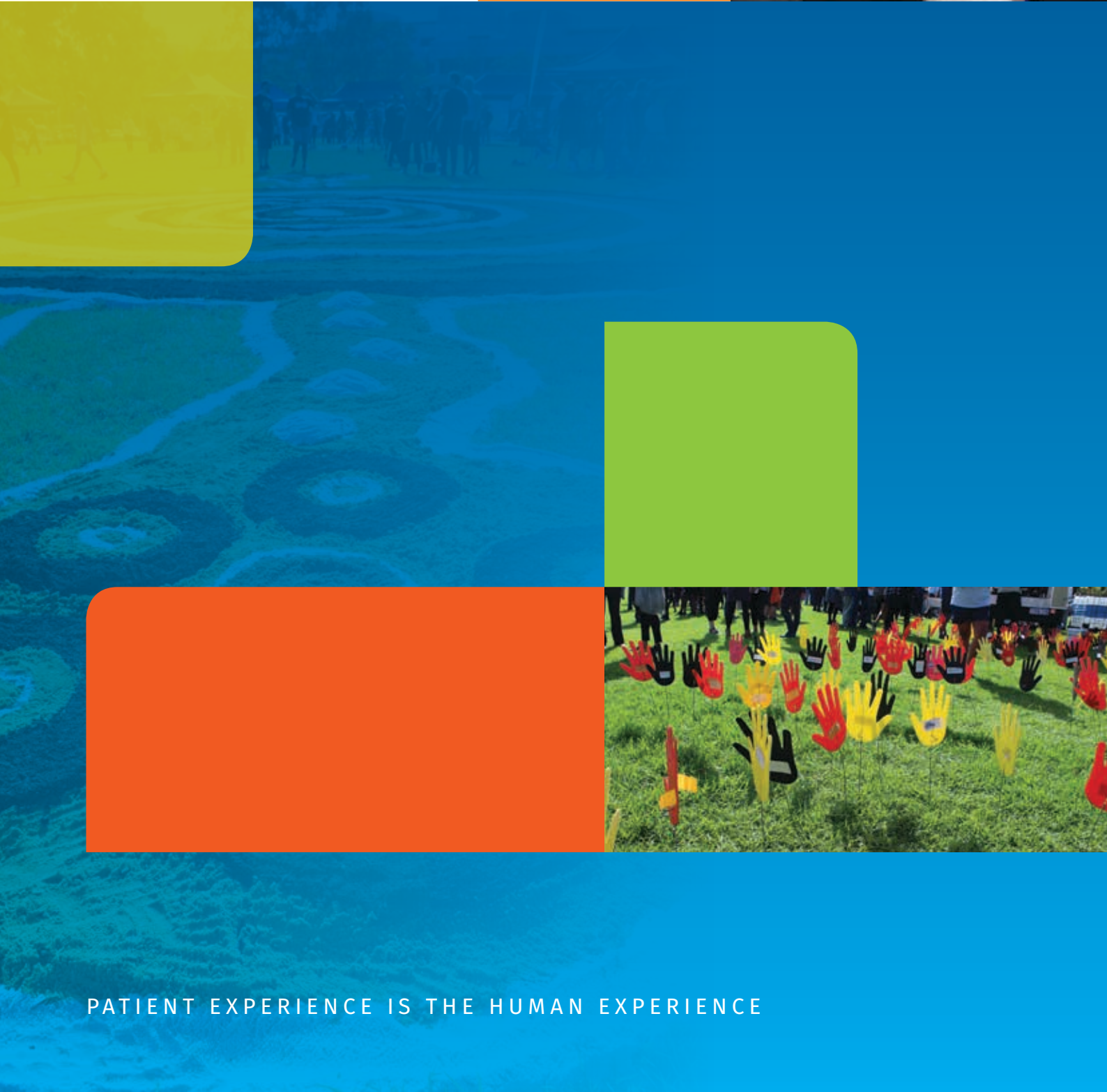
Health Consumers' Council

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Opening hours

Monday - Friday 9am - 4.30pm
Closed Public Holidays



PATIENT EXPERIENCE IS THE HUMAN EXPERIENCE