

HCASA
Health Consumers Alliance of SA Inc

ANNUAL REPORT 2016 - 2017



*Consumers at the centre of
health in South Australia*



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HCA acknowledges the Traditional Custodians of Country. We pay respect to Elders past and present, and recognise that their cultural heritage, beliefs and relationship to Country are important for sustaining health and wellbeing.

“ Partnering with Health Consumers Alliance of SA in the design and implementation of SAHMRI's Framework for Consumer and Community Engagement has been a great experience. It has been very useful to have an external and independent group working with us, bringing their expertise and mature insight. HCASA has also helped us engage a wider network of health consumers for our co-design processes. ”

Professor Steve Wesselingh,
Executive Director of the South Australian Health and Medical Research Institute (SAHMRI)

“ SA Health continues to partner and collaborate with HCA...its commitment to having consumers at the centre of health in South Australia has been instrumental... as Chair of the Transforming Health Consumer and Community Engagement Committee, (HCA) ensured consumers' and communities' voices were heard...SA Health would like to thank HCA for its ongoing commitment to consumer and community engagement, and looks forward to working together in the future. ”

Michele McKinnon,
Executive Director, Quality, Information and Performance, Systems Performance and Service Delivery, SA Health

BOARD REPORT

Health matters to everyone, every day.

In South Australia over the past year, the quality of health services has been a topic of frequent conversation and debate. It would be easy for an advocacy organisation like Health Consumers Alliance of SA Inc (HCA) to take a loud and negative approach, engaging with the media activity and making demands without being part of the solution. **HCA does not work that way. Instead, the HCA staff team, volunteers, supporters, members and partners focus on enabling the voice and experience of our communities to influence the decisions being made every day about health policy, research and services.**

Our mission explains the purpose of our work - to achieve quality, safe, consumer-centred care for all South Australians, and how we go about this is by working in partnership with consumers and health services. It is an approach that requires respect and resilience. It also requires health professionals to engage consumers as partners in health care.

The value and importance of a partnership approach is supported by research, policy and regulation. And it just makes sense. When consumers co-design services and are part of ongoing safety and quality monitoring, people's needs and perspectives are taken into account. Problems – and solutions – are identified early and dealt with honestly, respectfully and in ways that make services better and safer. Compliments and complaints, incident reporting and adverse events are managed openly. Mistakes are used to inform improvements and the relatively rare cases of unprofessional behaviour and bad intent are managed using the disciplinary systems already in place.

Partnering with consumers in health care is a global movement. In this Annual Report, we report on our achievements and challenges in the first year of our 2017 - 2020 Strategic Directions.

The Board extends its admiration and appreciation to our staff team, members, advocates, representatives and supporters, and the health professionals and communities who partner with us – all of you play a unique and critical role in positing consumers at the centre of health in South Australia. We thank our principal funder, SA Health, who works in partnership with us, respecting our independent voice in advocating for consumers to be at the centre of health in South Australia.

I also express my personal acknowledgement and thanks to our accountant, Angela Gregory; our Auditors, Peter Hall Chartered Accountant; and to our Board directors for the wise and professional approach they bring to their governance of the organisation.

Debra Kay PSM
Board Chair

CHIEF EXECUTIVE'S REPORT

HCA thoroughly embraced the implementation of our four new Strategic Directions in the last twelve months. In summary, these are:

- > Leading health consumer engagement
- > Shaping consumer-centred care
- > Developing the skills of consumers and health services
- > Managing an effective organisation.

Further detail about each of these four Strategic Directions and the outcomes HCA achieved is the feature of this year's Annual Report.

Our Consumer Advocates Network continued to provide insightful representation, and actively participated in consumer-centred policy development. In a contemporary collaboration between consumers and clinicians, consumers also contributed to developing innovative models of care, through the Transforming Health program.



Nationally we remain connected with our organisational counterparts, and have united on many health policy issues to bring about change and consumer-centredness in national health care planning, implementation and monitoring.

This year we identified what we consider to be an increase in individuals approaching HCA about

their personal experience of the broader aspects of the health system, and the effect this has on them, their families and carers. In collaboration with SA Health and in recognition of our agreement requirements, we have begun to monitor these interactions, and plan to explore linkages to innovative and systemic support.

Our health consumer collaboration with research teams, data specialists and university academics also increased this year, reflecting the need for these groups to consider expectations about quality consumer-related outcomes.

Working with the Health and Mental Health Ministers, we provided advice on health consumer expectations, and how best to provide contemporary, evidence-based health facilities and care services for South Australians.

HCA also provided advice on inquiries into health service incidents and major health reform projects and programs. We diligently focussed on the principles of consumer-centred care across the hospital system, as well as primary health, mental health, community care and rural health sectors.

This year HCA extended our collaboration with all Local Health Networks and SA Health, advising on preparing for accreditation, managing protocol pathways, moving major health services, and training consumers. We worked with Local Health Network leadership and consumers to ensure that the focus is on partnering with consumers to deliver the best possible care.

It has been a privilege to work with such a committed, knowledgeable and compassionate team here at HCA. The ways they describe their work include:

"My work at HCA has value and meaning for me. Our organisation promotes and supports the voice of consumers, and effectively links them with health service providers and policy makers in genuine, respectful partnerships."

"I have a role at HCA to improve consumers' knowledge and health literacy, so that they can be more active participants in their own health care, and in advocating for improvements in the health system."

"It is satisfying to work at HCA, knowing that our organisation provides an opportunity for health consumers in South Australia to have a say on health policies that will affect them."

"I love being part of the team helping people to find out about the opportunities for engagement."

Every year we are challenged by health consumers and our members, to help improve the continuity in health care services and the experience of kindness when receiving health care.

In every way we work, and with those whom we work - health consumers, our Board, team, members, partners, politicians, researchers, academics, policy makers, and collaborators - the focus remains on our vision: *Consumers at the centre of health in South Australia.*

HCA SNAPSHOT 2016 - 2017



www.hcasa.asn.au

HCA STRATEGIC DIRECTIONS: SUMMARY



Strategic Directions 2017 - 2020

OUR VISION Consumers at the centre of health in South Australia

OUR MISSION We engage consumers and health services to achieve quality, safe, consumer-centred care for all South Australians.

> OUR STRATEGIC DIRECTIONS

- 1** We lead health consumer engagement across all levels: individual, service and system.
- 2** We lead systemic advocacy and policy to shape consumer-centred care.
- 3** We provide information, learning and development to build the skills of consumers and health services.
- 4** We develop our people, culture and systems to be an effective and thriving organisation.

> OUTCOMES

- Consumers influence health across all levels.
- Consumers inform health policy, planning, design, delivery, measurement and evaluation.
- Consumers have access to accurate health information. Consumers and health services have the skills to effectively partner.
- Health consumers have an effective, thriving and sustainable organisation in South Australia.

> STRATEGIES

- 1** Facilitate engagement opportunities for health consumers and consumer organisations.
- 2** Support consumers to partner with health services in the planning, design, delivery, measurement and evaluation of care.
- 3** Support health services to partner with consumers in the planning, design, delivery, measurement and evaluation of care.
- 1** Engage with consumers in the development of our policy positions and systemic advocacy.
- 2** Advise the Minister for Health, SA Health and other leaders on key health policy issues.
- 3** Engage with research institutes, state/national/professional peak bodies, and other key stakeholders to achieve consumer-centred care.
- 1** Provide information on health and consumer engagement opportunities.
- 2** Build the skills of consumers and health services through training, forums, networking and development opportunities.
- 3** Develop our work with vulnerable communities to address inequities in health.
- 1** Develop member, board and staff capacity to innovate and excel.
- 2** Manage human and financial resources responsibly.
- 3** Comply with legislation, regulations and monitor and mitigate risks.

HCA STRATEGIC DIRECTIONS: ACHIEVEMENTS

"HCA's willingness to work in partnership is making a significant difference"

Strategic Direction 1: We lead health consumer engagement across all levels: individual, service and system.

Outcome: Consumers influence health at all levels.

FACILITATING CONSUMER ENGAGEMENT OPPORTUNITIES

At HCA, we continue to facilitate and provide engagement opportunities for health consumers and consumer organisations, through a variety of events such as forums, working groups and workshops. We held five forums and hosted six focus groups on health issues this year. Examples of our activities include:

- > working in partnership with the Multicultural Communities Council and the Transforming Health Consumer and Community Engagement (THCCE) Committee, to support a Transforming Health Forum for more than 50 culturally and linguistically diverse community representatives.
- > hosting with the THCCE Committee a 'Working Together Forum: Mental Health, Primary Health and Transforming Health', attended by 47 consumers and service providers.
- > holding a Mental Health Forum to update consumers and carers on the development of the SA Mental Health Strategic Plan, and mental health clinical services in SA. The 24 attendees represented consumers, carers, non-government sector employees and health sector employees.
- > facilitating a Transforming Health Consumer Engagement forum for Local Health Network consumers and staff, to provide information, promote collaboration and encourage shared learning. Fifty-eight people attended the forum.



Lynne Cowan, SA Health; Helena Kyriazopoulos, Multicultural Communities Council SA; and Michael Cousins, HCA

- › hosting several focus groups, including three for carers and consumers to provide planning advice on the new Royal Adelaide Hospital website; one on the '10 Tips to safer health care' for the Australian Commission on Safety and Quality in Health Care; and two for SA Health on the Health Star rating materials.
- › holding the annual HCA Members Forum to acquire input into HCA's new Strategic Directions.
- › holding the HCA Annual General Meeting, which included a panel of three speakers on the challenges and opportunities around consumer engagement in health. Fifty-four people attended with the six HCA staff.
- › promoting 122 consumer consultation opportunities in this period. Consumers contributed their voices to a broad range of topics, including safety and quality in health care at a national level, and the Medicare Benefits Schedule Review.
- › promoting 65 consumer advocate vacancies for a variety of committees and advisory groups.

SUPPORTING CONSUMERS IN PARTNERING ROLES

An important role for HCA is to support consumers to partner with SA Health in the planning, design, delivery, measurement and evaluation of care. We also assist in promoting consumer opportunities, and recruiting consumer representatives to participate on SA Health committees.

In 2016 - 2017, HCA was instrumental in promoting and assisting to recruit 65 consumers across the health system for SA Health, Local Health Networks, Consumers' Health Forums, non-government services and private providers. Consumers were involved in a variety of SA Health committees, including the SA Policy Advisory Committee on Technology; the SA Formulary Committee; the SA Mental Health Commission Community Advisory Committee; the Women's and Children's Health Network Health Literacy Group, and Safety Quality Risk Committee; the State-wide Mental Health Lived Experience Register; and the Rural and Remote Mental Health Service.

HCA also was active in:

- › supporting consumers to contribute to the Transforming Health evaluation strategy, and leading the improved patient experience theme, taking a leadership role in working group meetings.
- › recruiting and supporting consumers to participate in Transforming Health Models of Care workshops and subsequent work groups.
- › working with a consumer representative to review and provide script advice on the SA Health Call Back method following open disclosure.

ON HCA TRAINING:

“...extremely helpful, interesting, engaging, thought provoking and very timely for me...”

WORKING WITH HEALTH SERVICES TO SUPPORT CONSUMER PARTNERSHIPS

HCA proactively works with health services, including the Local Health Networks (LHNs) Governing Councils, Consumer Advisory Councils (CACs), and Health Advisory Councils (HACs) to support them to partner with consumers. We partner with these groups to progress consumer engagement plans, training needs and resources, and our activities this year were many and varied, including:

- › facilitating a planning day, and providing training to the Northern Adelaide LHN (NAHLN) CAC on health literacy, consumer-centred care, effective advocacy and meeting procedures.
- › attending the Women's and Children's Health Network (WCHN) Partnering with Consumers Committee, and finalising WCHN staff resources on engaging with consumers, person and family-centred care, discharge planning and teach back.
- › liaising with Country Health SA LHN (CHSALHN) to plan delivery of the HCA Consumer Advocacy Training course in regional areas. HCA also attended the CHSALHN HAC Conference.
- › presenting to the Southern Adelaide LHN (SALHN) partnering with consumers group.
- › providing advice regarding Central Adelaide LHN's (CALHN's) accreditation planning and outcomes, and to the Chair of the CAC on governance, recruitment, training and development.
- › meeting with the mid-cycle accreditation surveyors at CALHN with consumers and volunteers.
- › meeting with both NALHN and CALHN Chief Executives regarding consumer engagement, consumer advisory services and clinical governance.

LEADING THE TRANSFORMING HEALTH CONSUMER AND COMMUNITY ENGAGEMENT COMMITTEE

HCA leads and supports the Transforming Health Consumer and Community Engagement (THCCE) Committee to provide broad, strategic and representative consumer engagement. Its purpose is to identify and communicate concerns and solutions through Transforming Health Work Groups and to the Ministerial Clinical Advisory Group (MCAG).

This year the committee focussed on a range of issues, such as the evaluation of Transforming Health (TH), the impact of service transition on consumers, SA's budget update and TH implications, the new Royal Adelaide Hospital (nRAH) outpatient services, the closure of the Repatriation Hospital, and developing a Health Consumers Speakers Panel.

Throughout the year, HCA was responsible for:

- › hosting, chairing and providing executive support for monthly THCCE Committee meetings, and writing and distributing summary communiques following each meeting.
- › progressing the committee's action plan, which included holding a culturally and linguistically diverse community forum; recruiting an Aboriginal health consumer to the

Aboriginal TH Expert Advisory Group; participating in the TH Directors Forum and Evaluation workshop; consulting on the development of resources for the TH Orthogeriatric and Stroke Model of Care Working Groups; and recording interviews for the TH Leadership Development Program.

- > hosting and reporting on the TH Consumer Engagement Forum, attended by 58 people. Most consumer participants indicated feeling better informed and included after the event.
- > participating in local forums and social media networks to support TH principles.
- > contributing to recruit, interview and orient the newly-appointed TH Evaluation Coordinator.

HCA attended all MCAG meetings, and worked with MCAG leads on End of Life Care to assess consumer involvement. We also advised the Minister for Health on issues raised by the THCCE Committee, such as the need for a culturally and linguistically diverse (CALD) engagement plan and quality interpreter services, parking at the new SA Dental Service, and clinical governance at CALHN.

We continue our leadership role of the Consumer-Centred Experience theme for the TH evaluation framework, and conducted several working group meetings and consultations with consumers to inform evaluation.



“ I have learnt a lot on systems advocacy. I have started to look at the bigger picture and enjoyed the training. Thank you. ”

Strategic Direction 2: We lead systemic advocacy and policy to shape consumer-centred care.

Outcome: Consumers inform health policy, planning, design, delivery, measurement and evaluation.

ENGAGING WITH CONSUMERS AND SA HEALTH TO DEVELOP POLICY POSITIONS AND SYSTEMIC ADVOCACY

HCA engages with consumers to inform and develop our policy positions and systemic advocacy. In turn, this work informs our ongoing advice on key health policy issues, which we discuss at our regular meetings with the Minister for Health, the Chief Executive SA Health, and other leaders. Key policy issues include plans, inquiries, critical incident reviews, legislation, and policy proposals.



This year we joined the SA Health Oakden Response Oversight Committee, and we co-chair the Partnering with Consumers and Community Advisory Group, which aims to assist health services to provide quality, safe, consumer-centred care.

HCA has further contributed to SA Health by providing policy advice and advocacy on 28 health policies and issues, including:

- > Transforming Health, for example consumer perspectives on evaluation, and the future of services at the QEH.
- > governance issues relating to CALHN, the SA Pathology Prostate Specific Antigen (PSA) / Cytomegalovirus (CMV) Reviews, the Statewide Cancer Drug Protocol Committee (as consumer representative), and privacy breaches.
- > the patient access to medicinal cannabis policy, and the clinical communication patient identification policy.
- > the Strategic Planning process; Research Strategy Survey consultation; Community Power Dependency Project; the work of the Cancer Drug Committee; and enhancements to palliative care in SA.
- > research issues, for example providing space for research at the nRAH, and administrative delays for research approvals in the LHNs.

We were also involved in meetings regarding the proposed establishment of a Lived Experience Leadership Collective.

ENGAGING WITH NATIONAL BODIES

HCA works with a variety of national peak bodies and key stakeholders to achieve quality, safe, consumer-centred care. We have strong links with the Australian Commission on Safety and Quality in Health Care, and represent consumers on the committee overseeing Version 2 of the National Safety and Quality Service Standards. We chair the Partnering with Consumers Committee, and we are also a member of the Comprehensive Care Committee (a new standard in Version 2) and the Primary Care Committee.

Nationally, we continue our work with the Consumers Health Forum, particularly around emerging Medicare and pharmaceutical issues, and the medicinal use of cannabis.

This year, HCA met twice with the national consumer groups advocating for women to participate in the Senate inquiry into the use of pelvic mesh, in consultation with the Health and Community Complaints Commissioner. We also advocated for improved information and support for affected women, and supported a national Facebook survey of women affected by mesh. Survey results were submitted to the Senate inquiry in a joint submission by Health Consumer Councils across Australia.

We participated in various reviews, including that of the Australian College of Emergency Medicine accreditation requirements. We also advised the Australian Medical Council on assessment of its training and education strategy for the Royal Australian College of Surgeons, and for the Colleges of Pathologists and Dermatologists.

ENGAGING WITH RESEARCH INSTITUTES

HCA collaborates with several research institutes to progress work on consumer and community engagement. These include:

- > the South Australian Health and Medical Research Institute (SAHMRI), for whom we recruited three new consumers to its Consumer and Community Engagement Committee, and contributed to developing a community register implementation plan. HCA also collaborated with SAHMRI to publish in the Health Research Policy and Systems journal a paper titled *Integrating consumer engagement in health and medical research – an Australian Framework*.
- > the SA Academic Health Science and Translation Centre, where we are represented on its Healthy Ageing Research consortium. We are also involved in progressing significant state-wide work, for example, the support of a national collaboration of the Translation Centres.
- > the Robinson Research Institute (RRI), providing it with a final report on consumer and community engagement strategies going forward. We also negotiated and supported training for both RRI and SAHMRI health and medical researchers this year, to assist them to engage effectively with consumers.



Training session for research staff at the Robinson Research Institute

- > the Cochrane Collaboration, La Trobe University, with whom we collaborated with consumers to review and evaluate their work on 'Methods of consumer involvement in developing health care policy, research, clinical practice guidelines and patient information material'.
- > the Consumer Reference Group for the Southgate Institute, in its evaluation of Medicare Locals / Primary Health Networks.
- > UniSA, with whom we partnered to deliver a five-hour workshop for the Professional Certificate of Health Consumer Engagement.
- > Adelaide University, delivering a presentation on consumer engagement to health science students.



Training session for research staff at the South Australian Health and Medical Research Institute (SAHMRI)

HCA also advised on the SA Health and Biomedical Precinct Strategic Plan, to ensure it included a consumer focus.

ENGAGING WITH PEAK BODIES AND OTHER KEY STAKEHOLDERS

Other peak bodies with whom we work include:

- > the Health Performance Council Advisory Group, for example, to assist in its reviews of Country Health SA HACs.
- > the Adelaide Primary Health Network (PHN) Consumer and Carer Health Priority Group – we have a leadership role to develop a consumer resource promoting comprehensive care.
- > the AMA Health Industries Group, for whom we recruited a consumer to advise on experience with and expectations of National Disability Insurance Scheme (NDIS) planning and implementation.
- > Drug and Alcohol Services SA, to refine its strategic planning.

HCA regularly meets with the SA Mental Health Commissioner, to assist in developing the SA Mental Health Strategic Plan. This year we hosted a forum on behalf of the SA Mental Health Commission, to update consumers and carers on the development of the Plan, and to seek consumer feedback.

We also have regular meetings with the Chief Psychiatrist of SA, whose representative attended HCA's Mental Health Forum, to present an update on mental health clinical services in SA.

Strategic Direction 3: We provide information, learning and development to build the skills of consumers and health services.

Outcomes: Consumers have access to accurate health information. Consumers and health services have the skills to effectively partner.

USING DIGITAL MEDIA TO PROVIDE INFORMATION TO CONSUMERS

One of HCA's key roles is to provide consumers with relevant and timely information on health and consumer engagement opportunities.

Our website is an important source of information for South Australian consumers and service providers. In 2016 - 2017, the HCA website attracted 16,881 visitors, an increase of 41.7% on the previous year. Of the total visitors, 11,033 were new (65%), an increase of 31.1% compared to last year. There were 5,848 returning visitors (35%), an increase of 67.3% on the 2015 - 2016 year.

This year we delivered 50 editions of our weekly eNews. By 30 June 2017, we had 1,234 online subscribers and eight postal subscribers, many of whom distribute the newsletter further.

There was a cumulative growth of 5.9% in likers on our Facebook page this year, with 1,032 followers in the final quarter. We also shared information with 1,278 Twitter followers by the final quarter of the year.

IMPROVING HEALTH LITERACY



Consumer representative Melissa Cadzow, with HCA Board Chair Deb Kay, and Chief Executive Michael Cousins

To promote health literacy, HCA added a new category on this topic to our website. Information includes a general introduction to health literacy, and two resource directories from reputable Australian sources, including Choosing Wisely Australia, the Australian Commission on Safety and Quality in Health Care, Health Direct Australia, and SA Health. One directory has resources designed for consumers, while the other has those for clinicians, service providers and managers.

Additionally, HCA promotes health literacy resources on an ongoing basis across our other communication channels, including the weekly eNews, Facebook and Twitter. We are also represented on WCHN's Health Literacy Group.

To promote awareness of our organisation and our services, and encourage consumer involvement with us, this year HCA developed a new information brochure. We sought feedback via an online survey from the HCA Consumer Advocates Network, which informed the final copy.

BUILDING THE SKILLS OF HEALTH CONSUMERS

Another key role of HCA is to build the skills of consumers to become contemporary health advocates, through training, forums, networking and other development opportunities.

We are committed to developing and providing consumer training aligned to the National Safety and Quality Health Service Standards, the SA Health Safety and Quality Work Plan, and LHN needs.

This year HCA held eight Introduction to Consumer Advocacy Training programs for a total of 73 participants. One training course was delivered to Aboriginal Experts by Experience participants, while two programs were delivered in country SA. Eighteen consumers participated in Berri and 10 in Nuriootpa, with representatives of HACs, the Aboriginal Health Directorate and staff.



These programs are supported by SA Health's Safety and Quality Unit, whose representative presents on the impact of consumer engagement and feedback. HCA also supports consumers to present their experiences of consumer engagement at these programs. Consumer evaluation of the training is consistently very positive, with participants reporting it is relevant, and improves their knowledge and ability to fulfil consumer roles.

At HCA we also facilitate a Consumer Advocates Network (CAN), which met on four occasions this year, providing 32 consumers with opportunities to network, receive updates on key health issues, and develop a variety of skills. Sessions included developing public speaking and social media skills, and learning about My Health Record and the Enterprise Patient Administration System (EPAS). CAN members also provided feedback to the nRAH Communications Department, regarding communicating changes to the outpatients' department in the nRAH.

This year we opened a Community Room at HCA for consumer groups to use, providing meeting and office space, and access to a computer and the internet. This space is used by Cancer Voices SA and the Adelaide Pain Support Group. Our larger Training Room is used by the Mental Health Lived Experience Leaders Collective, as well as the Consumer, Carer and Community Engagement Leadership Group.

BUILDING THE SKILLS OF HEALTH SERVICES

HCA also provides training for service providers. This year we assisted in training 150 health executives, clinicians, researchers and students, to build their capacity to engage consumers. For example, we provided training for the twelve members of the NAHLN Executive team.

Additionally, we worked in partnership with UniSA to reinstate the Professional Certificate of Consumer Participation course, attended by staff from NALHN and WCHN.

WORKING WITH VULNERABLE COMMUNITIES

HCA continues to develop our work with vulnerable communities to address inequities in health. Our activities this year include:

- > progressing work for those with a disability seeking access to care at the new dental hospital.
- > advocating for cancer patients wanting to participate in clinical trials at the nRAH.
- > recruiting an Aboriginal consumer to participate in the Aboriginal Expert Advisory Group for Transforming Health.
- > advocating for SA Health to develop a CALD engagement strategy and a translation services policy.
- > participating in the Aboriginal Leadership Forum.
- > participating in the SA Academic Health Science and Translation Centre's collaboration on forming a Chronic Disease Strategy for Aboriginal and Torres Strait Islander peoples, and assisting the Centre to recruit consumers to its Beat Bowel Cancer project.
- > contributing to the Australian Council of Social Service (ACOSS) Community Sector survey.
- > submitting with the Multicultural Communities Council of SA, a grant proposal to the Adelaide PHN for a health literacy strategy targeting vulnerable populations in northern Adelaide.

In addition to our regular meetings with the Minister for Health, we also met with the Minister for Disabilities / Mental Health and Substance Abuse to provide advice on our role on SA Health's Oakden Response Plan Oversight Committee, and the impact of the NDIS on current clients of mental health services.

“ I have been involved with HCA for over three years... I now know it to be a very important spoke in the wheel of health... I have been able to make a difference through being a consumer rep on several committees. ”

Strategic Direction 4: We develop our people, culture and systems to be an effective and thriving organisation.

Outcome: health consumers have an effective, thriving and sustainable organisation in South Australia.

DEVELOPING MEMBER, BOARD AND STAFF CAPACITY TO INNOVATE AND EXCEL

HCA constantly strives to further develop our capacity to innovate and excel.

HCA Board members have developed a culture of shared responsibility to promote and support HCA's mission, vision and profile. In consultation with HCA members, the Board set the organisation's Strategic Directions 2017 - 2020. The Board also undertook a comprehensive governance policy review and development program.

As part of our continuous improvement approach, we engaged with the STARservice development program. STARservice is a management and governance assessment program for small community organisations, used to measure the organisation against a set of governance and management criteria. It aims to support community organisations to become sustainable, and to provide the best possible environment for their employees, volunteers, participants and the wider community.

HCA this year implemented a new Customer Relationship Management (CRM) System. We chose the CRM platform CIVI, specifically designed for not-for-profit organisations. The free software integrates with our website and is user friendly. Benefits of CIVI to our organisation and consumers include:

- > consumers can apply for and renew membership online, and staff can manage membership more easily; the same applies for event registration.
- > staff can access the database from any computer with an internet connection, an advantage for out-of-office work.
- > staff can target specific groups in a more effective and timely manner - for example, we can email notifications to Consumer Advocates Network members easily and quickly, and conduct online surveys.
- > we can record our work in individual advocacy assistance.

Other development activities this year include:

- > improving our processes to respond to and recruit consumers for external organisations, for a range of purposes such as committee membership and community consultations.
- > undertaking staff training to develop our internal business plans and a customer service charter.
- > initiating the recording of requests for individual advocacy on our content management system.
- > reviewing our website and the management of content.

- > improving the efficiency of our reporting to SA Health, by reviewing and updating our quarterly reports.
- > increasing our focus on evaluation and review across our work.
- > publishing our eNews weekly, so that we can more efficiently promote consumer opportunities in a timely manner.

HCA is committed to supporting personal and professional development opportunities for each staff member. This year, staff members attended a variety of events, such as:

- > the Healthcare and Social Media Summit, which assisted to improve our use of social media to convey information to consumers and partners.
- > training in plain English writing and taking effective minutes, to enhance our written communication and executive support for meetings.
- > a variety of conferences and forums, including the "Complaints matter" conference, facilitated by the Aged Care Complaints Commissioner; the "Choosing Wisely Australia" first national meeting, an initiative of NPS MedicineWise; the Health Advisory Council Conference; the SA launch of Health Pathways; the IAP2 Australasia 2016 Conference, a National Consumer Engagement Workshop, and a Co-Design Master Class, all focussing on innovative engagement strategies.

Our staff also attend the policy webinars run by the national Consumers Health Forum, to keep up to date on current national issues and areas of health reform, and to inform national advocacy where this relates to our Strategic Directions.

MANAGING HUMAN AND FINANCIAL RESOURCES RESPONSIBLY

At HCA we aim to be a learning organisation and to be considered an 'employer of choice' in the not-for-profit sector.

We prioritise managing the health and wellbeing of our staff, to assist them to be the best they can be. We are supportive of each other, provide debriefing opportunities, share team-building activities and we acknowledge achievements. Staff have access to a confidential and free Employee Assistance Program. We also assist staff members to access salary sacrificing opportunities, to reduce their taxable income.

HCA manages our financial resources responsibly. Monthly financial statements are prepared for the Board and Executive by an independent accountant, and additional financial reports are provided by the accountant and auditor as requested by the Board as part of its due diligence.

We also provide quarterly reports to our principal funder, SA Health.

This year we invested in Microsoft SharePoint, a contemporary document management and storage system, enabling staff to more effectively access information and respond to business needs.

COMPLYING WITH LEGISLATION AND REGULATIONS, AND MONITORING AND MITIGATING RISKS

The Board oversees the business plans, budget and major financial decisions of the organisation.

HCA maintains a compliance register to cover all organisational responsibilities, such as human resources, workplace health and safety, insurance and taxation.



HCA Board Chair Deb Kay, at the HCA 2016 Annual General Meeting

We report to government regulators, including the Office of Consumer and Business Affairs and the Australian Charities and Not-for-profits Commission (ACNC). HCA complies with the record-keeping requirements under Division 55 of the ACNC Act.

HCA takes a pro-active risk management approach. We maintain and monitor our risk register, keeping a clear focus on our vision, mission and Strategic Directions.

“ My involvement with HCA has been rewarding and the door opener to my advocacy journey. HCA has provided many opportunities on various issues I'm passionate about, as well as giving me skills, tools and credibility... ”

HCA FINANCIAL STATEMENTS



Independent Auditor's Report Health Consumers Alliance of SA Inc.

We have audited the accompanying financial report of HEALTH CONSUMERS ALLIANCE OF SA INC. which comprises the Statement of Financial Position as at 30 June 2017 and the Statement Comprehensive Income for the year then ended, a summary of significant accounting policies and other explanatory notes.

The Responsibility of the Board for the Financial Report

The Board is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards. This responsibility includes designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's responsibility

Our responsibility is to express an opinion on the financial report based on my audit. We conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance 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 and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion of the effectiveness of the entity's internal control. An audit also included evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Board of Directors, 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 bases for my audit opinion.

Auditor's Opinion

In our opinion, the financial report presents fairly, in all material respects, the financial position of HEALTH CONSUMERS ALLIANCE OF SA INC. as of 30 June 2017 and of its financial performance for the year then ended in accordance with Australian Accounting Standards.

Peter Hall Chartered Accountant

Peter Hall FCA
25 Leigh Street, Adelaide SA

Dated this 20th day of September 2017

Liability limited by a scheme approved under Professionals Standards Legislation

REPORT OF THE BOARD

The Board reports that:

- (a) During the year ended 30 June 2017, no member of the Board, firm of which the member is an officer, or body corporate in which the member has a substantial financial interest, has received or become entitled to receive a benefit as a result of a contract between the member, firm or body corporate and the Association; and
- (b) During the year ended 30 June 2017, no member of the Association has received directly or indirectly from the Association any payment or other benefit of a pecuniary value, except for the reimbursement of expenses incurred on behalf of the Association.

STATEMENT BY MEMBERS OF THE BOARD

The members of the Board have determined that the Association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the Members of the Board:

- (a) The accompanying financial report has been drawn up so as to present fairly the results of operations of the Health Consumer Alliance of South Australia Incorporated for the year ended 30 June 2017 and the state of affairs as at that date;
- (b) As at the date of this statement there are reasonable grounds to believe that the Health Consumers Alliance of South Australia Incorporated will be able to pay its debts as and when they fall due.

Signed in accordance with a resolution of the Board for and on its behalf by: -

Debra Martin Ainslie KAY
Name

DKay
Chairperson

Allan Ralph Patching
Name

Allan R Patching
Treasurer

12 September 2017
Dated

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2017

	Note	2016 \$	2017 \$
INCOME			
Administration Income			
Interest		587	560
Membership Fees		5,532	5,220
Consultancy & Training		28,173	21,377
Other		-	1,066
		34,292	28,223
Grant & Project Income			
Grant Income			
Department of Health - Recurrent		472,372	482,098
Project Income			
Department of Health - Transforming Health		50,000	-
Strategic Projects		-	70,000
Women's & Children's Health Network		49,800	-
		572,172	552,098
TOTAL INCOME		606,464	580,321
EXPENDITURE			
Accounting & Audit Fees	2	15,300	11,830
Annual General Meeting		864	1,977
Advertising & Promotion		11	2,769
Board Catering, Travel & Training		1,457	35
Minor Capital Expenditure		3,297	1,728
Bank Charges & Fees		1,111	865
Computer Expenses		16,044	13,586
Conference Expenses		5,142	2,654
Consultancy Fees		4,257	800
Consumer Expenses		5,630	11,957
Depreciation		4,841	6,620
Electricity		3,965	3,705
Equipment Maintenance		2,058	2,941
Insurance		7,184	6,927
Legal Expenses		451	1,701

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2017

	Note	2016	2017
		\$	\$
EXPENDITURE (continued)			
Memberships		4,880	3,702
Office Expenses		2,856	3,064
Photocopies, Printing & Stationery		7,183	7,070
Postage & Courier		1,219	1,131
Project Expenditure			
Women's and Children's Health Network		7,424	-
Electronic Consumer Panel		20,000	867
Education & Training		15,000	-
Health Literacy		15,000	-
Rent		84,478	87,779
Relocation		20,000	-
Salaries		301,697	349,382
Superannuation, WorkCover, Annual & Long Service Leave Provision		33,398	41,540
Staff Training & Development		2,430	5,835
Staff Recruitment		523	380
Telephone, Facsimile & Website		7,130	8,980
Travel & Accommodation		4,359	6,409
Other Costs		136	140
TOTAL EXPENDITURE		599,326	586,374
OPERATING SURPLUS/(DEFICIT)		7,138	(6,053)
RETAINED SURPLUS AT THE BEGINNING OF THE YEAR		114,912	122,050
RETAINED SURPLUS AT THE END OF THE FINANCIAL YEAR		122,050	115,997

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2017

	Note	2016	2017
		\$	\$
CURRENT ASSETS			
Cash & Cash Equivalents	3	180,564	131,307
Debtors & Other Receivables		20,808	4,417
Prepayments		2,640	3,668
TOTAL CURRENT ASSETS		204,012	139,392
NON CURRENT ASSETS			
Property Plant & Equipment	4	27,163	23,548
TOTAL ASSETS		231,175	162,940
CURRENT LIABILITIES			
Trade & Other Payables	5	13,159	4,292
Accrued Payroll Liabilities		17,565	18,486
Provision for Annual Leave		10,793	13,402
GST Payable		(2,392)	10,763
Strategic Projects		70,000	-
Income Received in Advance		-	-
TOTAL LIABILITIES		109,125	46,943
NET ASSETS		122,050	115,997
ACCUMULATED FUNDS		122,050	115,997

The accompanying notes form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2017

1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The Members of the Board have prepared the financial report on the basis that the Association is not a reporting entity as there are unlikely to exist users who are unable to command the preparation of reports tailored so as to satisfy specifically all of their information needs. Accordingly, this is a 'Special Purpose financial report' and has been prepared solely to meet the requirements of the Associations Incorporations Act 1985 (SA), The Australian Charities and Not for Profits Commission Act 2012 and the needs of the Associations members and following Australian Accounting Standards:

AASB 101	<i>Presentation of Financial Statements</i>
AASB 108	<i>Accounting Policies, Changes in Accounting Estimates and Errors</i>
AASB 1031	<i>Materiality</i>
AASB 110	<i>Events after the Statement of Financial Position Date</i>
AASB 1048	<i>Interpretation and Application of Standards</i>
AASB 1054	<i>Australian Additional Disclosures</i>

These financial statements do not conform to International Financial Reporting Standards as issued by the International Accounting Standards Board ('IASB').

No other applicable Accounting Standards, Australian Accounting Interpretations or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

The financial report has been prepared on an accrual basis and is based on historical costs and does not take into account changing money values or, except where stated, current valuations of non-current assets. No adjustments have been made to take into account changing money values or current valuations of non-current assets, or their impact on operating results.

The following material accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of these financial reports.

(a) Income Tax & Goods & Services Tax

The Association is exempt from income tax pursuant to the Income Tax Assessment Act 1997. Accordingly Australian Accounting Standard AASB 112 has not been applied and no provision for income tax has been included in the Accounts. Revenue, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

(b) Grants

Government and other grants have been brought to account as income to reflect the extent to which the grants have been spent. Amounts which have been received but which have not been spent are recorded as grants received in advance.

(c) Property, plant & equipment

Property, plant and equipment over \$1,000 are recorded as fixed assets at cost. Property, plant and equipment are carried at cost. All assets, excluding freehold land and buildings are depreciated over their useful life to the association.

(d) Depreciation

The depreciable amount of all fixed assets are depreciated on a straight line balance basis over the useful lives of the assets to the organisation commencing from the time the asset is held ready for use. The depreciation rates used for each class of depreciable assets are:

Computer Equipment	30%
Software	30%
Furniture & Fixtures	16% - 20%

(e) Impairment

The carrying amount of fixed assets is reviewed annually by the Board to ensure it is not in excess of the recoverable amount of those assets.

(f) Employee Entitlements

Provision is made for employee entitlements arising from services rendered by employees to balance date and are measured at their nominal value. Provision for long service leave is brought to account when an employee reaches five years continuous service.

(g) Revenue

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

(h) Cash & Equivalents

Cash & Equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities on the statement of financial position.

(i) Operating Leases

Lease payments for operating leases, where substantially all of the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

2. ACCOUNTING & AUDIT FEES

	2016 \$	2017 \$
Audit Fees	3,000	830
Accounting Fees	12,300	11,000
	15,300	11,830

	2016 \$	2017 \$
3. CASH & CASH EQUIVALENTS		
Cash at Bank	123,097	10,282
Access Saver Account	41,567	104,923
Lease Guarantee Account	15,700	15,700
Pay Pal Account	-	202
Petty Cash	200	200
	180,564	131,307
4. PROPERTY, PLANT & EQUIPMENT		
Computer Equipment - at Cost	53,198	53,198
Less Accumulated Depreciation	(43,690)	(46,542)
	9,508	6,655
Software - at Cost	17,239	17,239
Less Accumulated Depreciation	(12,022)	(13,587)
	5,216	3,652
Furniture & Fixtures - at Cost	58,272	61,276
Less Accumulated Depreciation	(45,833)	(48,036)
	12,439	13,241
	27,163	23,548
5. TRADE & OTHER PAYABLES		
Trade Creditors	8,809	4,292
Other Accruals	4,350	-
	13,159	4,292
6. LEASE COMMITMENTS		
The Association has entered into a non-cancellable operating lease in respect of the rental of its premises. The minimum lease payments as at the reporting dates are payable as follows:		
- not later than 1 year	84,000	81,100
- later than 1 year but not later than 3 years	-	172,062
Total	84,000	253,062
7. ECONOMIC DEPENDENCE		

The Association is dependent on the Department of Health for the majority of its revenue used to operate the Association. At the date of this report the Board has no reason to believe that the Department will not continue to support the Association. Funding has been secured to 30 June 2019.

HCA BOARD AND STAFF MEMBERS

BOARD MEMBERS

Debra Kay,
Chairperson and Public Officer (2017)

Jessie Byrne,
Deputy Chairperson

Roslyn Chataway,
Secretary

Allan Patching,
Treasurer

Chris Jones,
Public Officer (2016)

Mark Diamond

Rachel Earl

Tony Gwynn-Jones

Jane Marshall

Charlie-Helen Robinson

Stephen Thomas

Michael Cousins,
ex officio

The Board, staff and friends of HCA were deeply saddened at the death of Chris Jones in late 2016. Chris was a strong and influential advocate for consumers and his community and a true gentleman. He is missed.

STAFF MEMBERS

Michael Cousins,
Chief Executive

Ellen Kerrins,
Manager, Advocacy and Policy

Kathy Mickan,
Manager, Consumer Engagement

Karen Shepherd,
Senior Project Officer

Vanessa Vowles,
*Administration and Digital
Communications Officer*

Teresa Duncan,
Administration Officer

Lindsey Webb,
Project Officer

Profiles of Board and Staff members can be found on the HCA website at www.hcasa.asn.au under About Us.

HCA ORGANISATIONAL MEMBERS



HCA Chief Executive Michael Cousins

- Australian Migrant Resource Centre
- Australian Pain Management Association Inc
- Cancer Council South Australia
- Cancer Voices SA Inc
- Council on the Ageing SA
- Health Resolutions SA
- Hepatitis SA
- Lower North Health Advisory Council
- Loxton & Districts Health Advisory Council
- Lyell McEwin Health Service Consumer Advisory Council
- Multicultural Communities Council of SA Inc
- Neami National
- Southern Mental Health, Flinders Medical Centre
- Uniting Communities

“ Advocacy has given me purpose and meaning, and certainly the hope that, through social action, one can make a difference. ”

ACKNOWLEDGEMENTS

HCA has had the opportunity this year to work with many organisations in a variety of ways, such as training, forums, reviews and consultations. We acknowledge and appreciate working with you, to achieve our vision: *Consumers at the centre of health in South Australia.*

- Aboriginal Experts by Experience Register
- Adelaide Primary Health Network
- Australian Medical Association Health Industries Group
- Australian College of Emergency Medicine
- Australian Commission on Safety and Quality in Health Care
- Australian Council of Social Service
- Australian Medical Council
- Australian Migrant Resource Centre
- Australian Pain Management Association Inc
- Cancer Council South Australia
- Cancer Voices SA Inc
- Carers SA
- Central Adelaide Local Health Network
- Cochrane Consumers and Collaboration, La Trobe University
- Consumers Health Forum of Australia
- Council on the Ageing SA
- Country Health SA Local Health Network
- Country SA PHN
- Drug and Alcohol Services South Australia
- Flinders University
- Health Care Consumers' Association, ACT
- Health Consumers' Council WA
- Health Consumers NSW
- Health Consumers Queensland
- Health Issues Centre, Victoria
- Health Performance Council South Australia
- Health Resolutions SA
- Hepatitis SA
- Lower North Health Advisory Council
- Loxton & Districts Health Advisory Council
- Northern Adelaide Local Health Network Consumer Advisory Council
- Multicultural Communities Council of SA Inc
- Neami National
- Northern Adelaide Local Health Network
- Office of the Chief Psychiatrist
- Office of the Health and Community Services Complaints Commissioner South Australia
- Robinson Research Institute
- SA Academic Health Science and Translation Centre
- SA Ambulance Service
- SA Dental Service
- SA Health
- SA Mental Health Commission
- SA NT DataLink
- SA Pathology
- South Australian Health and Medical Research Institute
- Southern Adelaide Local Health Network
- Southern Mental Health, Flinders Medical Centre
- Southgate Institute
- The University of Adelaide
- University of South Australia
- Uniting Communities
- Women's and Children's Health Network

NOTES



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of health in South Australia*

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