Health Consumers' Council WA

Annual General Meeting Pack, December 2026

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Agenda for Annual General Meeting 2026

Health Consumers' Council WA

Annual General Meeting – Agenda

Thursday, 03 December 2026

In person, or online – see below for details
4:30pm – 6:30pm (in person arrival from 4pm)

From 4:00pm	*In person arrival, networking and refreshments*
4.20pm – 4.30pm	*Online meeting opens*

4.30pm – 5.30pm	Welcome, Acknowledgment of Country, Recognition of Consumer and Lived Experience **Address: Honourable Dr Katrina Stratton MLA** **WA Parliamentary Secretary to Minister for Health, Mental Health, Preventative Health**
5:30pm – 5.45pm	Short Break
5.45pm – 6:25pm	AGM Official Business
6.30pm	Close

Official Business

1. Welcome and apologies, confirmation of quorum
2. Acceptance of Minutes of 2025 Annual General Meeting
3. Presentation and acceptance of 2025/2026 Annual Report – Melanie Gates, Chairperson
4. Presentation and acceptance of the Audited Financial Report 2025/2026 – Ian Ludlow, Treasurer
5. Election of new Board members
6. Resolution to reappoint Armada Audit and Assurance as HCCWA's auditors
7. Reflection and future plans – Clare Mullen, Chief Executive Officer
8. Note of thanks – Board members, staff, volunteers
9. General Business
10. Close AGM

Additional information on agenda items

Election of Board members

In line with the HCCWA Rules,

- The Committee has determined there are three vacant positions for ordinary committee members. One of those vacancies is due to an existing committee member renominating.
- A call for nominations was issued on 29 September and closed on 14 October.
- The Committee assessed each nomination against the needs of the committee for its good governance and three nominations were progressed to be presented to the AGM.
    - Henrietta Podgorska
    - Kim Brewster (renominating)
    - Michael Davidson
- As the number of members nominating is not greater than the number to be elected, the Chairperson must declare each of those members to be elected to the position.

See below for more information about the three nominees.

Reappointment of external Auditors

Armada Audit and Assurance was appointed as HCCWA's external auditors and have completed the audit for the 2025/2026 financial year.

> **Resolution:** to reappoint Armada Audit and Assurance as HCCWA's auditors for financial year 2027

Travel information for in-person attendance:

Bayswater Bowling and Recreation Club

58 Murray Street, Bayswater WA 6053 (see below for maps)

We're holding this event at the Bayswater Bowling and Recreation Club. Locals know the Club as a vibrant community hub where the whole community gathers regularly in a relaxed family friendly environment. It's also a Gold Medal Good Sports club meaning it's been recognised as being a healthy, safe, inclusive club where people can connect and socialise over sports.

Travel

Train: Bayswater Train Station is an eleven-minute walk (800m) away, off King William and up Murray Street.

Car: there is plenty of free parking at the front and side of the complex and in the surrounding streets. Extra parking is available at the Bayswater Tennis club off Garratt Road, five min walk from the venue.

Link to map: https://maps.app.goo.gl/zHnZZoVtFdm8yVJt5



Parking options



Zoom details for online attendance

Link:
https://us02web.zoom.us/j/86148723479?pwd=OQfgqNYx4Hb6jtQ8EbPP1GcJ3ID6Hr.1

Meeting ID: 861 4872 3479

Passcode: 176168

Minutes of 2025 Annual General Meeting

HEALTH CONSUMERS' COUNCIL (WA) INC

AGM MINUTES

Date:	26 November 2025
Time:	4:45pm-7pm
Place:	The Rise, 28 Eighth Ave Maylands

Attendees	Abernethy James^ Ahmed Ismailjee * Aimee Riddell~ Al Muhit * Alan NA Alex Arpino (AODCCC)* Alexis Gorbould*^ Amelia Toffoli Amy Munro ^ Andrew Kerr Anna Huska Anne McKenzie*^ Anne Slavin * Arlene Quin Barry Reid Bronwyn Ife~ Carmel Councillor Carol Reid*^ Carole Kagi * Caz Boyd~	Emma Grant~ Emma Lutey Fay Bahemia Frank Paolino Gloria Jacob * Glenn Pearson*^ Hannah Seymour Helen Mees ^ Helen Taplin~ Hope Alexander Hossein Nezhadamrei^ Howard Lance * Ian Ludlow * Idil Sudi * Iren Hunyadi Jane Barker * Jane Pearce * Jennifer Rawson~ Jenny Bedford * Jessie Corbett~ Juanita Koeijers *	Keiran Bindahneem~ Keith Cowan *^ Kim Brewster * Kim Goodman * Kim Moore~ Kirtida Shah * Krys Curtis Kylie Ekin * Laura Depczynski *^ Laurie Mooney~ Lenka Psar-McCabe * Linda Marshall *^ Lorraine Powell * Magni Fu ^ Mallika Macleod *^ Margaret Walsh *^ Matilda Gorce * Maureen Tan * Meeryn NA ^	Nicola Jacob Nigel Charters Oliver Lim ^ Paula Stekl * Patricia Canning *^ Phil Etheridge Pierre Yang Pip Brennan*~ Ricki Smith * Robert McCormack Robyn Hutchings * Rod Smith * Rosie Keely Sandie Thorne *^ Sally Harrison~ Sam Smith~ Sarah Hobson Sharon Taylor ^ Siyat Abdi *^

	Chrissy Ryan~ Christine Spice Clare Mullen~ Danielle Asarpota*^ Danielle Brown * Donelle Stevenson^ Elizabeth Edmondson*	Julienne Smout * Karen Tambree* Karina Moore Kat Johns Katarina Barjaktarevic*^	Melanie Gates * Meredith Hammat Meredith Waters *^ Michelle Nelson * Mike Riddell Mitch Messer * Nam-Anh Nguyen *^ Naomi Campbell-Smith	Stephanie Preen Suzana Kowalska ^ Tara Le Flohic * TA Fyson~ Tania Harris~ Tay Alers * Thomas Fairley * Tayla Dyson ^ Yvonne Anderson
Proxies (Members)	**Received (22)** Ann White Bella Mas Fran Critchley Joanne Beedie Julie HoyPoy Julie Whitlock	Katrina Mitchell Kim Hutchinson Luke van der Beeke Madiha Asif Merrianne Soloway Niall Naghten	Ron Deng Sara Miller Dyer Simone Collins Stasia Hawke Susannah Morris Suzie May	Tim Benson Tina Tuira-Waldon Tyler Bush Yvonne Parnell
Apologies	**Received (15)** Amanda McQuillan Aoiffe McLaughlin Bec Johnson Brian Stafford* Cheryl Holland Chris Kane Christine Sindely*	Deborah Letica* John Gardyne* Joseph Cuthbertson* Kit Scott* Leila Zandi Lina Ridley*	Michelle Treasure Patricia Brown Rachel Burns* Rachel Siewert Rasa Subramaniam*	Rebecca Smith* Rochelle Standen* Sandra Waters* Sara Miller Dyer* Trish Owen

**denotes a member*

^denotes attended online

~denotes HCCWA staff member

Item	Description
1	**Welcome and introductions**
	Welcome to Country – Kerri Colegate
	Hon. Meredith Hammat MLA, Minister for Health & Mental Health, Address: The Minister introduced herself and shared her history of growing up in small rural town, Broome Hill. She outlined that health is not just about hospitals but accessing care when it's needed, closer to home and closer to community. The Minister shared the WA Government's commitment to healthcare with the Building Hospitals Fund and delivering health projects in Bunbury, Geraldton and other regional areas. Other initiatives discussed: • WAVED – WA Virtual Emergency Department – now available for children • Digital health increasing capacity to deliver health outcomes • Preventative health and ongoing public education for healthy living and wellbeing • Future Health Innovation Fund supporting health and medical research • Establishing a Health portfolio with a team of Ministers to address complex needs, leaning into technological developments, extending the scope and training of pharmacy prescribing pilots, GPs diagnosing and treating ADHD • Sustainable Health Review – thinking about who use and rely on the healthcare system and the importance of listening to everyday consumers. The Minister acknowledged her Parliamentary Secretary for Health & Mental Health, the Hon. Pierre Yang who attended. Clare Mullen joined for Q&A: • The Minister acknowledged people are on a healthcare journey through the health system that is covered from local communities to State and Federal Government responsibilities, requiring significant collaboration and cooperation between bodies. It's important to think about the points of transition through the health system for consumers. • Role of consumers in the health system – the importance of consistency in messages from Minister to Department, that the inclusion of consumer voices is not just structural but cultural and should be considered as the 'right way to do business'. Reiterated her commitment to working with HCC and similar bodies to help deliver better consumer outcomes. • Peer workers in other areas – it was acknowledged this is a developing area and it's important to have the lived experience contributions, which inform the

	Minister's perspective, particularly in mental health. CM spoke on social prescribing and compassionate community models, that people learn a lot from each other, showing that community can help raise awareness. Minister acknowledged the difficulty of getting information about health initiatives into the community, e.g. Medicare's Urgent Care Clinics, so working to ensure that healthcare information is accessible and consumable for everyone, especially vulnerable populations, CaLD, Aboriginal and Torres Strait Islanders, and regional/remote areas • Incorporating Aboriginal healing into physical and mental health treatments – Minister acknowledged it's a journey towards culturally appropriate care and its importance, but that traditional and cultural healing modalities cross various portfolios, not just Health, requiring collaborative processes. The Minister concluded with remarks that there is no 'end of the road' to our health system, rather it's an ongoing journey through an ever-changing and developing environment. There is always more that can be done, but the emphasis is to continue making positive forward progress.
2	**Apologies** The Chair conveyed that over 30 apologies had been received
3	**Acceptance of minutes of previous annual general meeting** *Proposed resolution: That the minutes of the 2024 annual general meeting be accepted.* **Moved:** Al Muhit **Seconded:** Tay Alers **Passed/Not passed:** Carried by majority vote
4	**Acceptance of annual report** The Chair reflected on some of the key projects from the year including the Electronic Medical Record, Emergency Access Reform, and thanked the HCCWA team. Demand for individual advocacy has continued to grow despite the service not being advertised, demonstrating the real need for advocacy in the community. Significant growth from the previous year, with over 70% being first-time contact. The more advocacy services we can provide, the more uptake we'll experience. The boosts to revenue increased individual advocacy capacity – being responsive to demand is critically important. HCCWA has been an important and necessary presence in many groups and committees throughout the year promoting consumer voices and systemic change. *Proposed resolution: That the annual report tabled at the annual general meeting be accepted.* **Moved:** Kirtida Saha **Seconded:** Mitch Messer **Passed/Not passed:** Carried by majority vote

6	**Acceptance of financial statements** Ian Ludlow reflected on HCCWA Financials, noting this is the first year the organisation has intentionally spent funds in an attempt to diversify funding through the employment of a Development Manager. Ian noted that there is revenue that has been declared as income, although it is being held for future years, as the contract extends beyond the current financial year. There were no audit issues observed. Revenue from fee-for-service has increased and that revenue continues to grow with grant funding opportunities. *Proposed resolution: That the financial statements tabled at the annual general meeting be accepted*. **Moved:** Ian Ludlow **Seconded:** Lorraine Powell **Passed/Not passed:** Carried by majority vote
7	**Appointment of an auditor** *Proposed resolution: That Armada Audit and Assurance be appointed as Health Consumers' Council (WA) auditor for the next reporting period*. **Moved:** Ian Ludlow **Seconded:** Mitch Messer **Passed/Not passed:** Carried by majority vote
8	**Election of Board Members:** *Proposed resolution that Niall Naghten is reappointed to the Board for a second 3 year term*. **Moved:** Melanie Gates **Seconded:** Ian Ludlow **Passed/Not passed:** Carried by majority vote
	Executive Director Reflection and Future Plans Clare Mullen shared there is a Lotterywest grant application in progress that, if successful, will be used for the HCCWA's digital transformation – an upgrade to our CRM (Customer Relationship Manager database) and our website. HCCWA is also looking at how we can use AI ethically to extend our impact. HCC is in the 11th year of a 5 year contract and are hoping to enter into detailed discussions with the WA Health Department about renegotiating the contract to increase our scope and extend our capacity. Clare shared the goal of getting advocates onsite in hospitals, as an 'on the ground, in the moment' presence. Clare introduced HCCWA's Capability Statement document, which can now be shared with other organisations who may want to work/collaborate with us. Clare shared the HCCWA's desire to get consumers on every decision making 'table' and a pipeline of people who are connected to the consumer community and can put those perspectives forward at HSP Board level. The community is what keeps

	organisations and departments accountable and consumer perspectives are critical – we need people who are willing to participate in boards, forums, focus groups, etc. Clare introduced the quarterly Systemic Advocacy Report, and the possibility of reintroducing Health Matters. The reports are intended to be available quarterly to make visible the issues we're raising and where we're raising them. Clare encouraged all in attendance to join the Health Engagement Network platform – an online community space for anyone interested in strengthening consumer, carer, and community voices in health.
	Note of thanks The Chair thanked Clare, her leadership and passion, as well as members, funders, consumer representatives, the HCCWA team, and those online. The Chair also thanked Kudijtch Kitchen, the event caterers.
9	**General business** General Q & A time: • Consumer engagement seems to rely on the 'usual suspects'. How can the systembroadly accommodate and represent the spectrum of consumers? ○ Tania Harris, HCC Advocacy & Engagement Manager, highlighted the importance of acknowledging the history and experience being brought to this work, and that the usual suspects are incredibly valuable. We need to 'sell/share' consumer engagement more, many don't know about it. We need to continue thinking about all the people who engage with the health system and get them involved to have their say. The 'usual suspects' need to start recruiting the next generation. • Ministerial advisory council of health consumers to gain direct access to the Minister and lift consumer visibility from the HCC level ○ Clare shared that HCCWA emerged from within the WA health department in the mid 1990s. It was thought it was important to strengthen consumer voices by having an independent organisation. Whilst a ministerial advisory council could have a role, participation would be managed by Government, not an independent organisation. The Board will continue to reflect on how to strengthen consumer voices in health.

Minute taker:	Kim Moore, *Ex-officio,* Office and Executive Support Manager

Proxy Voting Form

Health Consumers' Council WA

Annual General Meeting

Thursday 03rd December 2026

PROXY FORM

Please either complete electronically via this link:

- ***Complete online proxy form***

or complete the below form

To: The Chairperson
Health Consumers' Council (WA) Inc.
PO Box 923
Mount Lawley, 6929

I *(insert name)*

_____

being a member Health Consumers' Council (WA) Inc. hereby appoint:

1. The Chairperson ____ (tick)

OR

2. _____

Name of Appointee

(must be a member of Health Consumers' Council WA)

as my proxy to vote on my behalf at the Annual General Meeting to be held on Thursday the 03rd of December 2026.

Please return this form by close of business

Tuesday the 1st of December 2026.

EMAIL: info@hconc.org.au **POST:** The Chairperson
Health Consumers' Council
PO Box 923
Mount Lawley, 6929

HAND DELIVER TO: Unit 4,
434 Lord Street,
Mount Lawley, 6050

Board Nominees

Nominations for Health Consumers' Council Management Committee 2026

Henrietta Podgorska

Current Role: Project Manager, Shelter WA

Why would you like to join the HCCWA Board?

I have followed HCCWA's journey for many years and have long respected its role in ensuring consumers, carers and communities have a meaningful voice in Western Australia's health system. Throughout my career and community advocacy, I have become increasingly interested in how people experience and navigate complex systems, particularly when language, culture, ageing, migration and caring responsibilities intersect.

I am also deeply interested in how we strengthen systems so that inclusion is built into how they work, rather than relying on individuals and communities to continually find their own way through them. In health, where decisions can be deeply personal and the consequences significant, consumer voice and lived experience need to be part of how services and policy evolve. Having watched HCCWA's work develop over the years, I would value the opportunity to become more closely involved in an organisation whose purpose strongly aligns with the issues I care about and the kind of change I want to contribute to in Western Australia.

What are your skills, knowledge, experience or perspectives you have indicated above will add to the effectiveness of both the HCCWA Board, and HCCWA as an organization?

I bring experience across community services, government, multicultural affairs, ageing, housing and the not-for-profit sector, with a strong understanding of how policy, governance and service systems translate into people's everyday experiences. My background in gerontology and many years working alongside culturally and linguistically diverse communities have shaped my perspective on equity, access and participation. I have seen how language, culture, migration experiences and ageing can affect a person's ability to understand, navigate and influence complex systems, including health and aged care. I have also been a strong advocate for multilingualism and for communities having a meaningful voice in decisions that affect them.

I bring governance and senior leadership experience, including working closely with Boards, leading through significant sector reform, managing organisational risk and compliance, securing external funding, and contributing to strategic planning.

My current work managing a statewide capability-building program has further strengthened my understanding of organisational capability, sustainability and the different realities faced by metropolitan, regional and Aboriginal organisations.

What is your perspective, lived experience, networks or background that would assist us in building a diverse and effective Board?

I have worked across community services, government, ageing and housing, while continuing to be actively involved in community advocacy and volunteering.

I have worked closely with culturally and linguistically diverse associations and community groups, which has given me strong connections across multicultural communities as well as a practical understanding of how community-led organisations operate. Multilingualism is a particular passion of mine. Through my involvement with Multilingual Australia, I continue to advocate for the value of multilingualism and for language to be recognised as an important part of identity, belonging and participation in Australian life. I also continue to volunteer in the community alongside my professional work, including as a Board member with Sexual Health Quarters. I tend to look at issues through a systems lens. Health does not exist separately from housing, ageing, caring, social connection or a person's ability to navigate services. I am interested in those intersections and in what can be learned when different sectors and communities are brought into the same conversation. I would bring that cross-sector perspective, community connection and curiosity to the Board, while continuing to learn from the experiences and expertise of others.

Please describe your involvement in community, consumer, advocacy or not-for-profit activities over the past five years.

My community, advocacy and not-for-profit involvement has included:

- Leadership and advocacy within the multicultural and not-for-profit sector, with a particular focus on culturally and linguistically diverse communities, ageing, inclusion and equitable access to services.
- Representing multicultural communities in government consultations, ministerial roundtables, sector forums and policy reform processes.
- Advocacy for culturally and linguistically diverse, migrant and other communities whose experiences can be underrepresented in mainstream systems and decision-making.

- Community engagement work with the Australian Government Department of Home Affairs, building relationships with community leaders, community organisations and government agencies across WA.
- Ongoing involvement with Multilingual Australia, advocating for multilingualism, language maintenance and recognition of linguistic diversity.
- Working with and alongside culturally and linguistically diverse community associations and volunteers, including developing community partnerships and engagement initiatives.
- Current work across Western Australia's not-for-profit and community housing sector, including engagement with regional providers and Aboriginal Community Housing Organisations.
- Continued volunteering and community advocacy alongside my professional roles.

What do you believe are the key issues impacting on health consumers in WA currently?

I believe two of the most significant issues currently affecting health consumers in WA are the rising cost of accessing healthcare and the continuing difficulty of navigating an increasingly complex system. Cost-of-living pressures mean healthcare is competing with housing, food, utilities and other essential expenses. The impact goes beyond the cost of an appointment. Medications, specialist fees, diagnostics, transport and time away from work can all influence whether someone seeks care, delays it or goes without.

At the same time, navigating the health system remains difficult. Knowing where to go, understanding referral pathways, finding the right service and coordinating between health, aged care, disability and community services can require considerable knowledge and persistence. For someone who is unwell or caring for another person, that burden can be significant.

These challenges are not experienced equally. Geography, income, language, culture, digital access and health literacy can all affect a person's ability to access and navigate care. I believe this makes strong consumer advocacy increasingly important. We need to continue asking not only whether services are available, but whether people can realistically access, understand and navigate them when they need them.

Kim Brewster

Current Role: Senior Policy Officer – Advocacy and Engagement, Aboriginal Health Council WA and Pilbara Aboriginal Health Alliance

Why are you renominating for the HCCWA Board?

I would like to continue on the HCC Board because I am passionate about strengthening consumer voices in health system decision-making and contributing to a more equitable, person-centred healthcare system for all people. I have been a member of the Board for the past three years and still maintain this passion.

Throughout my career, I have worked across the not-for-profit, advocacy, research, and health policy sectors, with a strong focus on improving health outcomes for Aboriginal people and regional and remote communities. This experience has given me a deep understanding of both the challenges people face in accessing care and the importance of ensuring that lived experience informs policy, service design, and system reform.

My experience in stakeholder engagement, strategic planning, health policy and my knowledge over the past three years on the Board would enable me to contribute effectively to Board discussions and decision-making.

What are your skills, knowledge, experience or perspectives you have indicated above will add to the effectiveness of both the HCCWA Board, and HCCWA as an organisation?

I bring a strong understanding of health policy, health equity, governance, and community engagement. This is both through my work over the past three years on the Board but also my substantial experience supporting the Aboriginal Community Controlled Health Services (ACCHS) sector. I was a part of negotiations for Schedule B of the National Health Reform Agreement (NHRA), and part of the design of the new National Monitoring and Accountability Group for the NHRA, as well as playing a key role in advocacy regarding the WA Sustainable Health Review.

Over the course of my career, I have worked across the not-for-profit, advocacy, research, and health sectors, supporting initiatives that aim to improve health outcomes for Aboriginal people and communities. This has provided me with experience navigating complex systems, building partnerships across diverse stakeholders, and advocating for reforms that are informed by community priorities and lived experience.

As someone who has worked extensively with the ACCHS sector, I also bring a perspective that values self-determination, cultural safety, and the importance of co-design in developing services and policies that meet people's needs. These perspectives align strongly with HCCWA's commitment to consumer-centred healthcare and health equity.

What is your perspective, lived experience, networks or background that would assist us in building a diverse and effective Board?

I bring the Lived Experience voice, having experienced problematic patient care in WA at both primary care and tertiary level. Also, prior to the death of my father, I was both his advocate and part time carer. Although this was in Ireland, my family and I experienced many of the same issues consumers experience in WA, including a lack of communication, lack of resourcing, lack of staffing and a lack of empathy in the hospital system.

Please describe your involvement in community, consumer, advocacy or not-for-profit activities over the past five years.

Over the past five years, I have been actively involved in community, advocacy, and not-for-profit work focused on improving health outcomes and advancing health equity, particularly for Aboriginal people in WA.

Through my professional roles in the not-for-profit sector, I work alongside ACCHS, community organisations, government agencies, and consumers to support policy development, advocacy, and health system reform, particularly in relation to improving access to culturally safe, high-quality healthcare.

I have contributed to initiatives addressing a broad range of community-identified priorities, including preventative health, cultural safety, workforce development, food security, maternal and child health, improved oral health access, and improved services for people living in regional and remote communities. This has included a partnership with HCC and WACOSS to improve the Patient Assisted Transfer Scheme (PATS).

What do you believe are the key issues impacting on health consumers in WA currently?

Health inequity remains a major issue, particularly for Aboriginal people, people with disability, people living in regional and remote areas, older people, and those experiencing socioeconomic disadvantage. PATS is a particular issue as outcomes can vary significantly depending on where people live and their ability to navigate the system.

A further challenge is ensuring healthcare is culturally safe, person-centred, and coordinated. Consumers often need to navigate multiple services across primary care, hospitals, mental health, aged care, and community services. Greater integration between services would improve both consumer experience and health outcomes.

There is a growing need to strengthen consumer participation in decision-making. Consumers bring valuable lived experience and insights that can improve policy, service design, and healthcare delivery. Meaningful engagement goes beyond consultation and involves consumers as genuine partners in planning, evaluating, and improving services. This is something i advocate for daily in my professional career. Aboriginal people are often left out of decisions and conversations that involve them.

Addressing workforce sustainability, improving access in regional and remote communities, reducing health inequities, particularly for Aboriginal people, and embedding consumer voices in all levels of the health system is essential for a more accessible, equitable, and responsive healthcare system.

Michael Davidson

Current Role: Chief Operating/Transformation Officer, Foodbank WA

Why would you like to join the HCCWA Board?

I know from personal experience how much it matters to be listened to and included in decisions about your health.

I live with achondroplasia and permanently use forearm crutches following spinal surgery. Navigating healthcare, disability services and the NDIS has given me a practical understanding of accessibility, clear communication and the effort it can take to get the right support. I bring my own perspective while recognising that other consumers have different experiences and needs.

As Chief Operating Officer of Foodbank WA, I work with teams and community partners to make services more reliable and accessible across metropolitan and regional WA. That work reinforces the importance of listening to people using a service and acting on what they tell us. I would like to bring that practical approach to HCCWA's consumer advocacy and governance.

I also bring more than 30 years of experience in operations, transformation and stakeholder engagement across commercial and nonprofit organisations. Having completed the AICD Company Directors Course, I am ready to contribute that experience in my first formal board role, while continuing to learn from fellow directors and health consumers. My motivation is to help HCCWA turn consumer feedback into improvements that people can see and experience when accessing care.

What are your skills, knowledge, experience or perspectives you have indicated above will add to the effectiveness of both the HCCWA Board, and HCCWA as an organisation?

I bring practical executive experience, a consumer perspective and a willingness to ask questions that help the Board make sound decisions.

As COO of Foodbank WA, I bring broad executive leadership across operations, transformation and service delivery, while actively supporting and enabling People & Culture and Workplace Health and Safety priorities, particularly organisational culture, change, risk, safety and workforce capability. My work involves balancing community needs with available resources and making sure plans translate into reliable services.

For HCCWA, I would contribute to discussions about strategic priorities, organisational capacity, partnerships and how success is measured. I am used to looking beyond activity numbers to ask whether a service is reaching people, where barriers remain and what needs to change.

My experience across Foodbank, Coles and Tesco Lotus also brings commercial judgement and financial literacy. I can contribute to discussions about budgets, performance and sustainability, while recognising when specialist advice is needed.

What is your perspective, lived experience, networks or background that would assist us in building a diverse and effective Board?

I bring the perspective of someone who lives with disability while working full-time in a demanding executive role. Living with achondroplasia and permanently using forearm crutches means accessibility is part of my everyday life. My experience with healthcare and the NDIS has also shown me how much time, effort and persistence can be needed to navigate services.

I understand that a service can look accessible on paper and still be difficult to use. Physical access matters, but so do communication, staff attitudes, appointment arrangements and whether someone feels comfortable asking for help.

Through Foodbank WA, I work with people and organisations across metropolitan, regional and remote communities, including First Nations communities. I am based in Perth, but regularly travel across WA. This gives me exposure to different service conditions and reinforces the importance of listening locally rather than assuming one approach will suit everyone.

My professional networks span community organisations, food and retail businesses, donors and government stakeholders. I would bring experience in building relationships across these groups and identifying where collaboration could support HCCWA's priorities.

I have also worked across Australia and Asia, with people from varied backgrounds. My approach is straightforward: treat people with respect, listen before reaching conclusions and make room for views that differ from my own.

Please describe your involvement in community, consumer, advocacy or not-for-profit activities over the past five years.

Over the past five years, my main involvement in the nonprofit sector has been through Foodbank Australia and Foodbank WA, helping improve access to food for people experiencing hardship.

Until July 2024, I was General Manager National Supply Chain at Foodbank Australia. I worked with food producers, retailers, donors and state Foodbanks to secure and distribute food across the country. This included maintaining supply during COVID, when community demand increased and normal supply arrangements were disrupted.

Since July 2024, I have worked at Foodbank WA, initially as Chief Transformation Officer and now as Chief Operating Officer. My work covers statewide service delivery through six branches, mobile Foodbanks and a network of more than 500 agency and charity partners.

Practical initiatives have included improving branch and mobile service standards, developing agency pantry arrangements, supporting empathy and trauma-informed training, and creating opportunities for volunteers to share their views. I also contribute to First Nations and disability inclusion initiatives and regularly visit regional and remote communities to understand local needs.

Alongside my professional work, I have advocated for my own disability supports through the NDIS, including a successful AAT appeal. That experience has helped me understand the persistence required to navigate services and challenge decisions.

What do you believe are the key issues impacting on health consumers in WA currently?

I believe the key issues are getting timely, affordable care and being able to navigate the system when you need it.

GP and specialist availability, waiting times, out-of-pocket costs and travel can all make accessing care difficult. For people in regional and remote WA, the challenge also includes time away from work and family, accommodation and continuity of care.

From my own experience, accessibility needs to extend beyond getting through the door. Appointment arrangements, suitable equipment, clear information and staff understanding can determine whether someone with disability can use a service safely and with dignity.

People can also struggle with referrals, moving between services and knowing who is responsible for the next step. The connections between healthcare, mental health, disability supports and community services need to work better from the consumer's perspective.

Another priority is making sure people are heard, understand their options and costs, and can raise concerns without feeling they are being difficult. Aboriginal consumers and people from culturally and linguistically diverse backgrounds need culturally safe care and communication that meets their needs.

Through Foodbank, I also see the connection between financial hardship, food insecurity and health. People's ability to stay well depends partly on what happens outside the consulting room. For me, the practical test is whether people can get appropriate care, understand what happens next and participate in decisions that affect them.