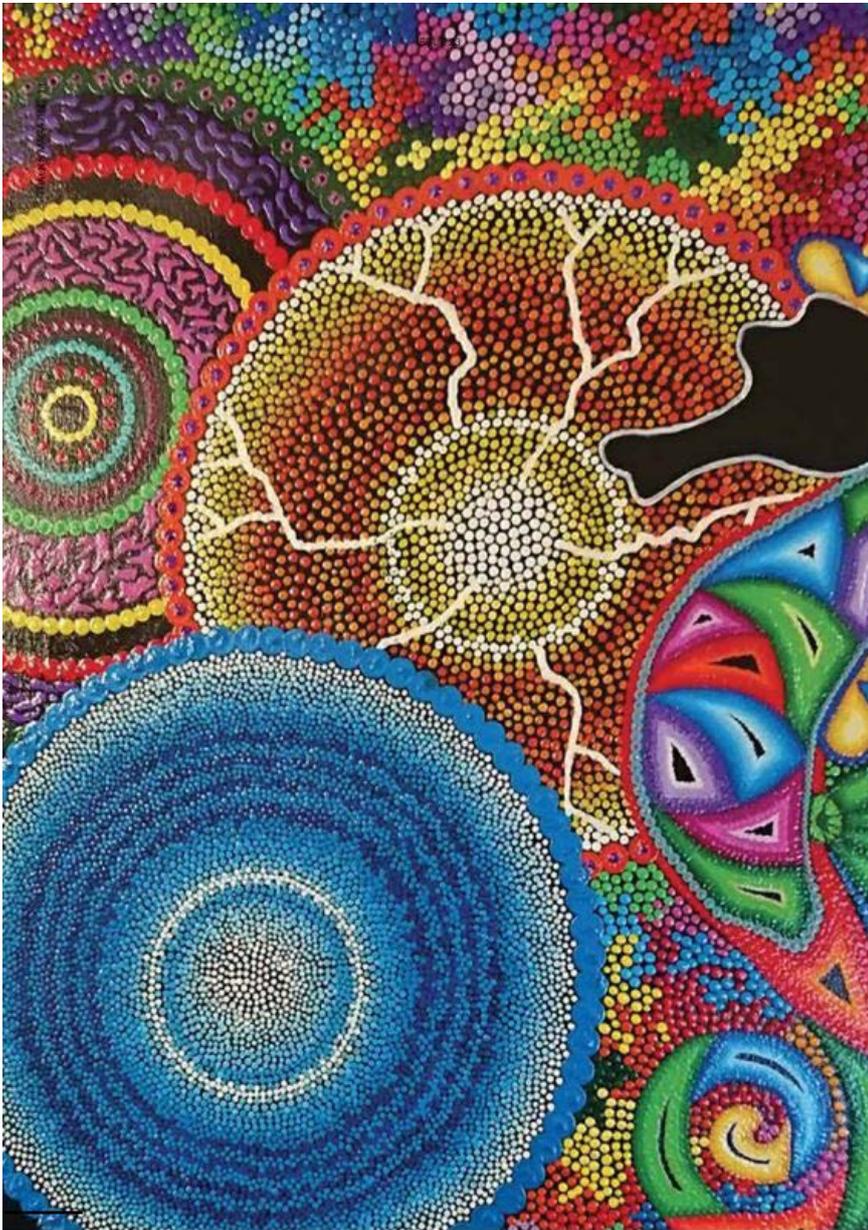




2021

2020 / 2021

# ANNUAL REPORT



# ANNUAL REPORT 2021

## **Acknowledgement of Front & Rear Cover Art:**

The cover art was produced by Trent Maher and kindly donated by Trent to our QulHN Townsville, where it continues to proudly hang. Trent is of the Yorta Yorta Indigenous Australian people from the Victoria and NSW border. Trent's art work was proudly featured in QulHN's Tracks Magazine, Issue 23.

This 2021 Annual Report celebrates the long running history of QulHN's Tracks Magazine publication and images from various issues have been used through out.

We acknowledge all of the artists who have shared their work with us over this time.

## **ACKNOWLEDGEMENT OF COUNTRY & STATEMENT OF INCLUSION**

This art work has a special meaning to QulHN. The big blue circle in the centre represents the QulHN base/home. The 'U' shape QulHN acknowledges and pays respect to the past, present, and future Traditional Owners of this nation. The continuation of cultural, spiritual, and educational practices of Aboriginal and Torres Strait Islander peoples enriches our nation and the life of the regions on which this organisation is located and conducts business.

We acknowledge Aboriginal and Torres Strait Islander peoples strength, resilience, and capacity in response to the impacts of colonisation. QulHN is committed to contributing to a reconciled Australia.

QulHN also recognises the strength, resilience, survival, and solidarity of people who use drugs and remembers those of the drug using community who are no longer with us.

QulHN values are underpinned by a social justice framework that respects diversity and difference and we are committed to providing fully inclusive, professional, and nonjudgmental services to people of all cultures, languages, capacities, sexual orientations, gender identities and/or expressions.



### Ngurr (Side by Side)

This art work has a special meaning to QulHN. The big blue circle in the centre represents the QulHN base/home. The 'U' shape symbols represent all the workers and their skills/knowledge that make up the QulHN workforce.

The white circles represent the different communities that QulHN has worked with and made connections with and continues to do so.

The blue line that leads out from the centre through the white circles with the blue and white 'U' shape symbols represents the pathway that QulHN takes to help their clients in the way of health and wellbeing, family, drug use and recovery, counselling, building relationship skills, and communication.

The circles on the edges of the painting represent the families of the clients and their communities, it shows the strength and resilience of the people involved to help clients to achieve good health and improve social and emotional wellbeing.

The emu footprints represent our ancestors traveling with us, helping us, and guiding us in the right direction in all areas of our life.

This painting is about everyone coming together side by side working together for a healthy positive future.

#### Artist, Wayne Martin

*Nurambang Cultural Education and Aboriginal Art*

### Artist Information

Wayne Martin is a proud Wiradjuri/Mardigan/Kooma man. Wayne's family originates from Cunnamulla in South West Queensland on Kunja country. His mother's country is Mardigan country, in Quilpie. He also has family connections in Lightning Ridge on Yuwaalaraay Country, his grandmother's country is along the Lachlan and Murrumbidgee Rivers on Wiradjuri country.

Wayne's family moved around a lot through Queensland and New South Wales when he was growing up. He has done a lot of travel throughout his life. As a teenager, Wayne's uncle, also named Wayne, started teaching him about Aboriginal Culture and Lore. Along his cultural journey, he met a lot of strong cultural men which is what inspired his art, showcases dreaming stories and connections to Mother Earth.

Wayne loves to share his culture with everyone, and painting has allowed him to do that. He wants to be able to give people a piece of his journey, his cultural knowledge, and experiences.

#### Find more at

[www.ngurambangaboriginalart.com](http://www.ngurambangaboriginalart.com)

# 20 21

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# OUR VISION & PURPOSE



Image – Tracks Magazine, Issue 6

## OUR VISION

QuIHN's vision is for a world where all people who use substances can reach their full potential & the health & wellbeing outcomes of our communities is maximised.

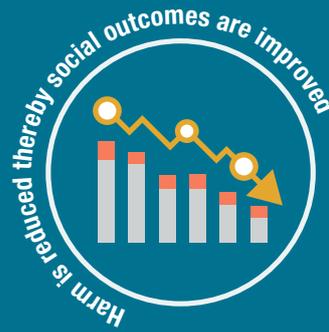
## OUR PURPOSE

Through our services we strive to contribute to the elimination of drug overdoses, hepatitis C incidence is eliminated, physical and mental health and wellbeing increased, quality of life improved, and individual potential realised. Regardless of where people are at in their journey, our services are provided with respect, non-judgement, self-agency and through this we create a sense of belonging and safety.

# OUR SHARED VALUES

OUR SHARED VALUES ARE WHAT CONNECTS US AS AN ORGANISATION AND WE STRONGLY BELIEVE THAT:

- All people should have choices allowing for self-determination and selfreliance.
- That we all need to remain committed to being consumer focused through engagement and participation.
- That respect for oneself and for others is essential, our approach must remain inclusive and accepting. We value all people with whom we work, and we respond with positive regard, dignity, and courtesy.
- We embrace difference and diversity as an asset and strength, accepting everyone regardless of culture, sexuality, disability, gender, age, and life circumstances.
- We value transparency and accountability in our work, and we commit to genuine authenticity and individual, organisational, and public accountability.



# OUR GOALS

# PRESIDENT'S REPORT



**LAUREN TRASK**

President (Chairperson)

**2021, a year of challenges, achievements, loss, and learnings. I started last year's Presidents Report with a similar sentiment. This year, reflecting on 2021, QuIHN demonstrated impressive resilience in responding to the challenges COVID19 presents to an organisation like ours. For our people who walk through the doors of our services, the impact of social distancing, quarantine and isolation presents a new subset of problems. For people who use drugs there are many challenges and COVID compounded those challenges.**

QUIHN maintains a great reputation in being a unique Queensland based organisation providing high quality, fit for purpose services that minimise the harms associated with drug use. We are grounded in the communities we serve, providing accessible non-judgemental services with respect, enabling access to the care required as a basic human right. Together, as an organisation, we contribute to a sense of belonging and ownership for those we serve.

This year we have been asked to consider the relationship with QuIVAA and walk together towards a reimagined QuIHN QuIVAA. Together, with QuIVAA, we continue to fight towards equity, accessing services that are fit for purpose when and where they are needed.

I'd like to honour and pay my respects to leaders at QuIHN who also sit on the QuIVAA board, those that are tirelessly promoting and fighting for equitable treatment and access. Our leaders have a vision and have and continue to navigate the significant challenges to realise that vision.

In closing, to all QuIHN staff, at all levels of the organisation, thank you; to each of you, the contribution you make to ensuring QuIHN maintains the great reputation of delivering high-quality care to people who use illicit drugs. Your work is integral to the delivery of care that is accessible, of the highest standard, and without discrimination. We, the board, see the passion, the confidence, the expertise.

You are inspirational, it is an honour to sit at the table with you.

Yours sincerely,

**Lauren Trask**

President (Chairperson)

# CEO'S REPORT



**GEOFF DAVEY**

Chief Executive Officer

The 2020/2021 financial year has been another year of continued focus and external challenges. Through our services we continue to strive to contribute to the elimination of drug overdoses, elimination of hepatitis C incidence, to improve physical and mental health wellbeing, and assist individuals with whom we work to realise their full potential.

## COVID-19 RESPONSE

QulHN has continued to respond to the challenges of the pandemic. Our governing document is our Pandemic Response Framework. Our key priorities of the response have been to: Protect and promote the health of our clients, suppliers, and stakeholders interacting with the business.

- Protect and promote the health of staff engaged in the business.
- Ensure good access to information to planning, preparedness, and response.
- Promote good governance and business continuity.
- Assist to coordinate and manage our response.

Our shared goals and global mindset in responding to the pandemic challenges include:

- maintaining the health of our workforce to deliver services and keep our communities safe.
- assisting our communities to reduce risks of COVID-19 while maintaining our focus on preventing and reducing transmission risk and the impacts of HIV, HCV & STI's.
- assisting our communities with improvement of mental health outcomes and continuing to achieve their therapeutic goals.
- Supporting one another other to support our clients and patients.
- Standing in solidarity, working in partnership with services to provide support and respond to the pandemic challenges.

During the year we have maintained very high levels of service continuity of all programs and again demonstrated our ability to respond to the uncertainty and challenges brought about by the pandemic.



Image – Tracks Magazine, Issue 2

## FINANCIAL

During this Financial Year QulHN finalised its repayment of the Bowen Hills property. QulHN also purchased a new site on the Sunshine Coast with the aim of building a fit for purpose facility to house our operations for the long term. Significant work went into the search for suitable sites, due diligence, and contract purchase negotiations. QulHN, in partnership with its member organisation QulVAA Inc. undertook community consultation to feed into the co-design of the new building. We are now in the final stages of conceptual design plans before lodging development approvals and building certifications. The new site on the Sunshine Coast should be completed before the start of the 2023 calendar year and will provide QulHN's clients and services with a purpose-built centre for many years to come.

During this financial year the organisation did retain a significant surplus. This was mainly the result of COVID related government stimulus. Such stimulus offset losses in operating revenue, mainly in our General Practice services, which may otherwise have proved untenable. Retained earnings from the previous financial year are also continuing to support forecasted deficits in our corporate operating budgets for the current financial year. Retained earnings from previous years are also ear-marked to be utilised to support the objectives of QulHN, namely the construction of our future Sunshine Coast regional site.

## OUR TEAMS

Our staff are intrinsically motivated by purpose, our shared values, and our commitment to the clients with whom we work. Our shared values are what connects us as an organisation and keeps our culture strong. Over the year QulHN have invested into a range of people related activities. Our key focus has been on the upgrade of our Human Resource Information System (HRIS), development of a new Learning Management System (LMS) to be implemented early next financial year, and the review and redesign of our Induction and Onboarding systems and process also to be implemented early next financial year.

During the year we also undertook to train a substantial number of our staff in the Certificate IV in Training and Assessment. Having more people accredited in this course contributes to QulHN's ability to design, write, deliver, and evaluate training courses and workshops for other health professionals and target groups. QulHN staff and clients have a lot of knowledge and experience in a range of subjects that more and more services are interested in.

## OUR RECONCILIATION ACTION PLAN (RAP)

This year marked the commencement of QulHN's Reconciliation Action Plan (RAP). QulHN registered with Reconciliation Australia (RA) for the development of a Reflect RAP in February 2021. QulHN's Reconciliation Action Plan (RAP) provides a framework for our organisation to support the national reconciliation movement and it is a strategic document that supports and sits alongside our business plans. We believe this is incredibly important because through this we believe we can contribute to the reconciliation of the nation. We share in a vision for a just, equitable, and reconciled Australia. Over the course of the year and in the lead up to documenting our RAP, QulHN has engaged in a range of activities to inform our journey, including:

- Development of our RAP Working Group (WG) and its Terms of Reference (ToR).
- Recruitment of RAP WG members, including Aboriginal and Torres Strait Islander representatives.
- Development of our Which Way internal video communication newsletter.
- Completion of a desktop reflective audit of work that has helped us in our journey.
- Completion of our RAP Staff Survey and site audits to help identify local contexts and practical actions, and individual interviews with key staff across the organisation.

QulHN are due to submit our Reflect RAP to RA before the end of the calendar year. The commencement of our RAP marks the commencement of a longer journey on which we have already embarked to continue to improve the way in which we deliver services with Aboriginal and Torres Strait Islander peoples.

## OUR SERVICES

Our specialised programs have continued to deliver much needed services to our clients and the Queensland community.

Our services provide a continuum of high quality, innovative, and evidence-based specialist Alcohol and Other Drug (AOD) health services to reduce harms associated with the use of substances. It is through this care continuum that QulHN can work with people at all stages of change, from those actively using to those who are seeking to reduce or cease their use. Through this we can assist individuals to achieve positive and lasting change while reducing harms, improving health, and enhancing the lives of the communities with which we work.

Over the year the organisation has continued its commitment to innovation and new programs, this has been exemplified through the:

- Establishment of PoCT for hepatitis C and continued plans for implementation of PoCT for HIV, syphilis, and Hepatitis B.
- Establishment of the Community Withdrawal Program providing comprehensive treatment and support for people experiencing AOD related problems who are unable to access or require inpatient withdrawal services.
- Trial of psychiatry case conferencing among our Therapeutic teams to support clients with AOD related problems and complex and persistent mental health.
- Establishment of the Take Home Naloxone Program across our NSP network, providing important lifesaving medications to reverse the effects of opioid overdoses in the community.

A summary of key service activity is provided in this Annual Report for our Harm Reduction, Therapeutic, and our Better Access Medical Clinic General Practice (GP) services.





## OUR FUTURES

While our programs and services continue with great success, we still have many opportunities to innovate, diversify our funding streams and extend our reach. Our passion is making long lasting positive impacts on peoples' lives. Our capabilities lay in our harm reduction, therapeutic and clinical programs and our evidence exists in the outcomes we have for individuals.

Regardless of where people are at in their journey our services are provided with respect, non-judgement, and self-agency. It is through this approach that we create a sense of belonging and safety. Through our services we strive to contribute to the elimination of drug overdoses, Hepatitis C incidence is eliminated, physical and mental health wellbeing is increased, quality of life improved, and individual potential realised. We believe in a world where all people who use substances can reach their full potential and the health and well-being outcomes of our communities is maximised.

To achieve this, we must expand our services for more people affected by problematic drug use in Queensland and to do that successfully we must continue to:

- ensure our people are supported and trained, highly passionate, and strongly aligned.
- seek to integrate our programs to provide end-to-end cascade of care.
- remain committed to consumer engagement and co-design and strong partnership engagement.
- enhance our ability to undertake marketing and promotion to potential clients and the sector.
- enhance our physical and digital infrastructures to create local presence and digital touchpoints.
- ensure our finances and funding mix are adequate to achieve our goals.

We are founded by the communities with which we serve and our organisation continues this long and strong tradition in our connection to our founding member QuIVAA Inc. Over the year QuIHN has been working with our founding partner in strengthening our member engagement through such work as our Peer Leadership Working Group. Through this work we seek to further articulate and understand how our joint organisations can support the work of our peer workforce and ensure culturally safe and appropriate responses. As an organisation, we are proud of our history and excited about our future.

It is an honour and pleasure to lead a passionate organisation and group of people.

Standing in solidarity,

**Geoff Davey**

Chief Executive Officer  
QuIHN Ltd



# PROGRAM REPORT

Image – Tracks Magazine, Issue 8

# HARM REDUCTION PROGRAMS

**Harm is reduced thereby social outcomes are improved.**

***Outcomes: Reduced harms associated with overdose, communicable diseases, improved mental health functioning and reduced risks associated with substance use.***

QuiHN's primary Needle & Syringe Program (NSP) services provided a total of 28,242 occasions of NSP service across the year of which just under 9% identified as Aboriginal and/or Torres Strait Islander. The top three reported drug types included: 1. methamphetamines, PIEDS, and Heroin. Our NSP's have continued to be an important point of referral to our full range of programs as well as into external health and social services across the state. We also launched Hepatitis C Point of Care Testing (PoCT) services in our NSP settings, with 367 Hepatitis C PoCT's conducted in NSP and inreach settings during this year with an 18% positive test rate.

Our NSP's were also an important setting for our overdose prevention programs, our Take Home Naloxone (THN) program commenced in July 2020. Over the year QuiHN distributed over 700 units of Naloxone in combination with basic life support training and education. The THN program is proving to be an important life saver for people experiencing an opioid overdose, with over 100 re-supplies of Naloxone units over the year.

**28,242**

occasions of NSP service

**>700 units Naloxone supplied & > 100 resupplies**

**368**

Hepatitis C PoCT's conducted

**732**

people treated for Hepatitis C

The Harm Reduction teams also continued to deliver the Hepatitis C Treatment and Management Program (TMP). Since the since the Direct Acting Antiviral (DAA) treatment was released in March 2016 the TMP have undertaken the following:

- 1,651 people screened for Hepatitis C (included PoCT) of which around 20% identified as Aboriginal and/or Torres Strait Islander.
- 119 FibroScans in this financial year across various sites.
- 775 people scripted for Hepatitis C treatment.
- 732 people have been treated for Hepatitis C.
- Of those, 712 people completed treatment, with 96% of those attending for their Sustained Virologic Response (SVR) PCR test at completion of treatment achieving a 'cure'.

**75%**

NSP clients are male

**41**

years of age is the median of NSP clients

**31,582**

NSP brief interventions conducted

**272**

people released from prison supported post release

The Hepatitis C TMP has continued to focus on its priorities to:

- Expand Hepatitis C treatment access through the Nurse Practitioner-led outreach and inreach programs.
- Support prison transitions to provide linkage and support to clients on or seeking HCV treatment post release in South-East Queensland. We supported 272 males and females post release and conducted 184 HCV screens.
- Implement PoCT for Hepatitis C for enhanced diagnosis and care linkage as well as opportunity for engagement in routine testing for treatment response.

# THERAPEUTIC PROGRAMS

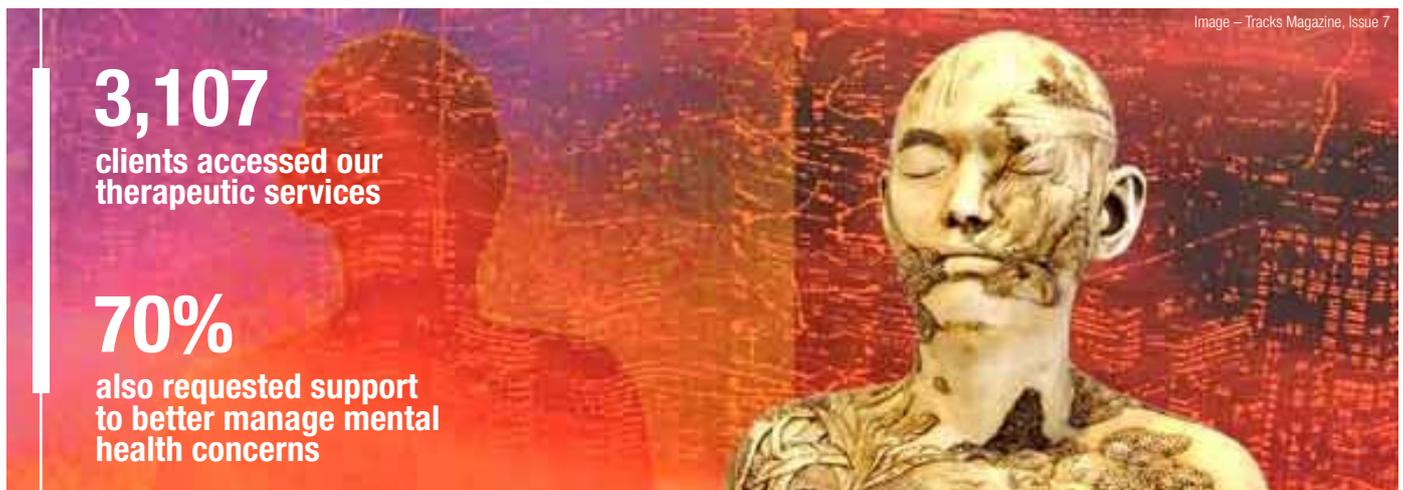
**Harm is reduced thereby social outcomes are improved.**

***Outcomes: Reduced harms associated with overdose, communicable diseases, improved mental health functioning and reduced risks associated with substance use.***

Our Therapeutic programs have continued to provide much needed non-residential alcohol and other drug (AOD) rehabilitation services. Through our non-residential community led AOD therapeutic services we believe we can have maximum reach and access. During the financial year our Therapeutic services provided:

- services to 3,107 episode of client care provided, of which 14% identified as Aboriginal and/or Torres Strait Islander.
- 8,702 counselling sessions were provided.
- 1,911 case management sessions conducted.
- 1,441 group contacts were made.
- 240 clients were supported by our Case Manager and Nurse working in our Brisbane North Outreach Social Support Program.
- 782 clients accessing our counselling programs delivered in Cairns, Townsville, Mt Isa, and Mackay Probation and Parole offices.
- 9 AOD therapeutic group programs delivered in Northern Queensland Custodial Correctional Centres.

The most prevalent drugs of concern for clients seeking support were: methamphetamines, alcohol, and cannabis. In addition to substance use, 70% of clients wanted support in better managing their mental health concerns. 78% of these clients had more than one diagnosis and 22% were living with 3 or more diagnoses. The most prevalent diagnosis included: Anxiety, Depression, PTSD, and Bipolar.



QulHN prides itself on the quality of the services delivered by the Therapeutic Team. To ensure the high standard is maintained, a range of client outcome measures are recorded over each client's episode of care with QulHN's Therapeutic Services. A sample analysis of treatment outcome measures demonstrates:

- Reduction in severity of drug dependence (high statistical significance).
- Reduction in levels of depression, anxiety, and stress (with the reduction in Depression, Anxiety and Stress scores all (high statistical significance).
- Improvement in levels of 'self-esteem' (high statistical significance) which is important as this is linked to the concept of 'self-agency' (i.e., people's belief in their capability to exercise some measure of control over their own functioning as well as belief and confidence in themselves). Change is considerably more difficult with low levels of self-esteem.
- Very High levels of satisfaction with the services provided by QulHN.

These very encouraging results can be seen to lend strong support to the integrated, client centred, individualised, holistic, and empathic model utilised at QulHN. Each client, early in the therapeutic process collaboratively develops an individual treatment plan with their counsellor/clinician and this is used as a focus for treatment goals. Clients respond very positively to the respect and strengths-based approach that underpins interactions throughout QulHN. There is a strong focus on developing trust and a positive therapeutic relationship.

**Harm is reduced thereby social outcomes are improved.**

***Outcomes: Reduced harms associated with overdose, communicable diseases, improved mental health functioning and reduced risks associated with substance use.***



#### **QUIHN COMMUNITY WITHDRAWAL PROGRAM**

Began in March 2021 and aims to provide a comprehensive treatment and support service for people with AOD related problems who would not access or require inpatient withdrawal. Through our Nurse Practitioner-led community withdrawal program, we can support individuals to withdraw from a range of substances in the privacy of their own homes. AOD withdrawal in the community setting enables people to withdraw in their local home environment, with the support of specialist AOD clinical staff and their family and support persons. This trial program is jointly funded by the Gold Coast PHN and QuiHN.



#### **GOLD COAST PHN AFTER HOURS TRIAL**

The afterhours service on the Gold Coast commenced in January. This service was funded via the Gold Coast PHN as a trial to test the waters on demand for counselling after normal business hours. Referrals were slow in the beginning but increased over time. Towards the end of the year the Gold Coast PHN announced that this program will be extended until June 2022.



#### **QUEENSLAND CORRECTIVE SERVICES PROGRAM IN NORTH QUEENSLAND**

Over the year the counselling and group programs we provide for Queensland Corrective Services went through some staffing changes. The Program now has a Coordinator based in our Townsville region who supports the Counsellors based in Townsville, Mackay, Cairns and Mount Isa. The program worked with 782 clients in counselling, mostly from Community Probation and Parole offices. The program also facilitated 9 group programs, 8 of which were in either Townsville or Lotus Glenn prisons. The group program has 21 modules and is receiving terrific feedback from clients and corrections' staff.

# BETTER ACCESS MEDICAL CLINIC

**Harm is reduced thereby social outcomes are improved.**

***Outcomes: Reduced harms associated with overdose, communicable diseases, improved mental health functioning and reduced risks associated with substance use.***

It is our focus on our special interest areas combined with our unique approach to primary care that sets us aside from other



**9,338**  
patient  
appointments



**75%**  
of appointments  
maintained face-to-face



**917**  
HCV tests  
conducted



**293**  
sexual health  
certificates



**700**  
tests conducted for  
chlamydia & gonorrhoea



**49**  
regular OST  
patients supported



**500**  
HIV tests  
conducted



**419**  
patients screened  
for syphilis

Despite significant challenges presented by COVID-19 we maintained 75% of patient appointments as face-to-face while delivering the remainder as telehealth appointments. This year around 5% of clinic patients identified as Aboriginal and/or Torres Strait Islander.

To support holistic care for our patients, chronic disease is monitored and managed through our clinic. Over 189 patients identify as having a chronic disease with the most common chronic diseases seen in the clinic

being: asthma, COPD, Diabetes, and Cardiovascular Disease. In keeping with continuity of care in managing patients chronic disease our GP's completed over 74 GP Management Plans and 66 Team Care Arrangements. In addition, 230 Mental Health Care Plans were completed over the year with many others in periodic review.

The Clinic also prepared for its AGPAL RACGP (5th Edition) Standards certification, which was undertaken in the following financial year.

# CLIENT ENGAGEMENT

**Harm is reduced thereby social outcomes are improved.**

***Outcomes: Reduced harms associated with overdose, communicable diseases, improved mental health functioning and reduced risks associated with substance use.***

Our Client Engagement (CE) role continues to coordinate client engagement activities across the organisation. This position works closely with the regional teams to support client engagement. Such work includes continued posting to QulHN Better Access Medical Clinic Facebook to promote services – keeping clients informed of service delivery events and changes, key harm reduction information and campaigns.

Social media has also been used to communicate with clients regarding COVID-19 service delivery changes, drug warnings, Overdose Awareness Day events across the regions, Hi-Ground promotions, and groups. Other activities conducted or coordinated by CE, include:

- Ongoing coordination and facilitation the Feedback2Action (F2A) Group whose membership consists of one member from each of our service areas and across all regions. The F2A Group held its first statewide meeting late July. Client representatives attend this group also. This allows flow of information between clients, teams, management, and CE.
- Community Connection Sessions were held after client feedback themes identified around connection. Community Connections throughout the year have included dot painting, art therapy, and women's group.
- Providing guidance and support with client feedback on policies and procedures.
- A series of animations have been completed and are now available on QulHN's YouTube Channel. Animation topics have included harm reduction, client rights, mental health, stages of change and several other important topics.
- Providing QPAMS support to OST clients and education to staff on new OST medications, and other OST issues including pain and substance use, lack of options for treatment, stigma, poor treatment.





Image – Tracks Magazine, Issue 7

## Ability to Self Sustain

### *Outcomes: Diverse funding streams and organisational growth.*

During this year Queensland Health service contracts have seen renewal of our service agreements for a further five years. This will see the continuation of the Needle and Syringe Programs (NSP) and Hepatitis C TMP among other initiatives as they relate to QulHN's Harm Reduction services and programs until 30 June 2026.

#### ELIMINATE C AUSTRALIA (ECA)

QulHN has continued working with the ECA funding body The Burnett Institute regarding our TMP Peer outreach Project and extension of this project is now until the end of December 2021. The peer staff have worked with clients seeking HCV testing and treatment from South East Queensland and Central Queensland. Outreach has been conducted across a variety of settings including Aboriginal Community Controlled Health Organisations, homelessness services, and Opiate Substitution Therapy private providers who are beginning people on Hepatitis C treatment.

#### PHARMACEUTICAL PARTNERSHIPS

QulHN has worked with pharmaceutical company partners in ensuring continued and expanded access to PoCT and other important initiatives.

#### THE AUSTRALIAN INJECTING AND ILLICIT DRUG USERS LEAGUE (AIVL) GRANT

In June 2021 QulHN and QulVAA engaged in a partnership proposal for submission of a grant proposal to our national peak body, AIVL. The grant focuses on increasing Naloxone access for People Who Inject Drugs (PWID) and those likely to witness an overdose. This project will commence in the first quarter 2021/22 and allows for purchase of Naloxone supply and the recruitment of an experienced peer outreach worker over a 12-month project period. The worker will provide overdose education and Naloxone to those at risk in identified areas of need and for referral into other services, including, but not limited to, QulHN's TMP for HCV testing and treatment where required.

#### REDLANDS OFFICE MOVE

In December the Redlands office relocated to more suitable premises. The building is centrally located for the area. There are ample consulting rooms, a large staff area, a kitchen, a reception, a training room and a staff lunch/hot desk area.

#### THE CENTRAL QUEENSLAND, WIDE BAY, SUNSHINE COAST PHN

In early December 2020 the PHN announced that they would be providing QulHN additional funding for the Gympie outreach program up until June 2022. This will help support the future sustainability of this program through enhanced capacity.

## Ability to Self Sustain

### *Outcomes: Diverse funding streams and organisational growth.*

#### COVID-19 GRANT FUND: IMMEDIATE SUPPORT MEASURES GRANTS

Queensland Government funded several smaller projects over the 2020/2021 financial year. These projects included:

- the Hi-Ground online community website,
- NSP Vending Machines in Brisbane and Townsville,
- Take Home Naloxone (THN) Supply,
- Specialised Psychiatry Support,
- Purchase of PoCT GeneXpert machines, and
- AOD Homelessness Outreach.
- Postal Harm Reduction Services
- Client Brokerage

The Harm Reduction team is continually improving services based on client feedback as well as expert panels. Several of our ongoing mechanisms for this include: the Hepatitis C Treatment and Management Programs Expert Advisory Panel (TMP EAP), the Tracks Editorial Committee, and our Feedback2Action Groups. In the latter part of the financial year the organisation also undertook survey work to understand what was working and not working in relation to our C19 service continuity responses. Our TMP EAP continued to meet quarterly over the past year to discuss treatment recruitment, program design, research and evaluation of the program, as well as new initiatives planned for TMP (e.g. Point of Care Testing (PoCT) and nurse/peer led HCV outreach clinics). The Panel is represented by a broad range of stakeholders from the Blood Borne Virus (BBV) sector in Queensland from Government, Non-Government, QulHN and consumer representation.

#### MEDICAL CLINIC

Our medical clinic continues to be an important part of our revenue mix now contributing between 6-8% of total revenues.

#### SUNSHINE COAST OFFICE PROJECT

During the year QulHN purchased a new site on the Sunshine Coast with the aim of building a fit for purpose facility to house our operations for the long term. Significant work went into the search for suitable sites, due diligence, and contract purchase negotiations. QulHN, in partnership with its member organisation QulVAA Inc. undertook community consultation to feed into the codesign of the new building. We are now in the final stages of conceptual design plans before lodging development approvals and building certifications. The new site on the Sunshine Coast should be completed before the start of the 2023 calendar year and will provide QulHN's clients and services with a purpose-built centre for many years to come.



Image – Tracks Magazine, Issue 8

# HARM REDUCTION SERVICES

**Evidence created through research & evaluation informs priorities & translation into practice**

***Outcomes: Demonstrate sector leadership through the development and sharing of high quality research and translating research into practice.***

## HARM REDUCTION SERVICES

### NEEDLE AND SYRINGE PROGRAMS

- Harm Reduction Services QulHN's TMP was announced Winner of the *International Network on Health and Hepatitis in Substance Users (INHSU) 2021 – Connecting with Care Awards* for its TMP Model of Care.
- QulHN's Harm Reduction team were successful in their bid for six presentations at the *2021 Viral Hepatitis Conference*, including a guest speaker role for our Peer Worker in Sydney, Australia.
- QulHN continued its long-standing involvement in the *Australian Needle and Syringe Program Survey (ANSPS) ('The Finger Prick Survey')* during the year. QulHN completed 148 client surveys and collected 148 blood samples among its three participating sites. QulHN will also participate in the 2021 survey scheduled for 13 to 24 September 2021.
- QulHN are in partnership with University of Queensland (UQ), School of Public Health (SPH), Qld Alcohol and Drug Research Education Centre (QADREC) for the evaluation of its Prison Transition Service as well as our continuing evaluation of the HCV TMP, our HCV Peer Project, and our Specialist Psychiatry Support Project.
- QulHN have commencing into a partnership between the UQ SPH QADREC, Queensland Aboriginal and Islander Health Council (QAIHC), and Youthlink through research

funded via Queensland Sexual Health Research Fund (QSHRF) grant to investigate barriers for Aboriginal and Torres Strait Island People Who Inject Drugs accessing NSP services and PoCT. QulHN will host two sites (Brisbane NSP and Townsville NSP) with fieldwork expected to commence later in 2021. BBV testing will include PoCT for Hepatitis C, HIV, Hepatitis B (under research use only), and Syphilis antibody.

### 12TH AUSTRALASIAN VIRAL HEPATITIS CONFERENCE 2021

QulHN's Harm Reduction Team had the following representation at the at the conference:

- Invited Key-Note Speaker: Peer Perspective on Testing
- Methods for HCV
- Abstract Presentation (live): Prison Transition Service
- Guest Panelist: Panelist on Notifications System for HCV
- in Australia.
- On Demand Pre-recorded Invited Speakers: Successes
- and Challenges of Implementing Point of Care Testing
- in Community Settings. Implementing Point of Care
- Testing in Private OST Clinics
- 

## THERAPEUTIC SERVICES

### COMMUNITY WITHDRAWAL PROJECT

This project is funded jointly through QulHN and the Gold Coast Primary Health Network (PHN) and will be evaluated through a partnership with a Queensland University .

### THE SPECIALIST PSYCHIATRY PROJECT

This was a new initiative for QulHN, made possible by the COVID-19 Immediate Support Measures Grant fund released by the Queensland Government. As such, the organisation is keen to establish the benefits and limitations inherent in the project. QulHN partnered with the University of Queensland to evaluate the effectiveness of the project. UQ gained ethics approval to conduct interviews with staff, clients, and the Psychiatrist about their experiences. They will also investigate client outcome data and track any changes in client's mental health, substance use and wellbeing measures. The evaluation will be finalised in late 2021. The partnership sees the potential benefit this collaborative model has for organisations such as QulHN and for the clients they work with. So much so, that an abstract has been submitted for consideration in the upcoming *Australasian Professional Society on Alcohol and other Drugs (APSAD)* conference.

## People Who Use Drugs are respected partners in service design & governance

*Outcomes: Peer-led practice is embedded in all service design, planning, and evaluation aspects of our work*

### HARM REDUCTION SERVICES TREATMENT AND MANAGEMENT PROGRAM (TMP) EXPERT ADVISORY PANEL (EAP)

Consumer representation on TMP EAP. Since the TMP EAP commenced in 2016, a consumer representative has participated in this group that meets quarterly. The purpose of this position is to provide insight of consumer experience and input onto the Hepatitis C TMP. The Consumer Representative for the TMP aims to represent the consumer experience and ensures that the Program maintains a consumer perspective on the issues we talk about and the processes, documentation, and research activities we plan and implement. The position is a paid position. The panel serves as a mechanism to assist the QuIHN HCV TMP by providing accurate, contextual, and timely advice and recommendations to the TMP.

In addition to our consumer representative role, the TMP EAP has members from various disciplines reflective of the TMP multidisciplinary approach. Membership includes representatives from various industry and consumer groups such as Government departments, Non-Government organisations, peer groups and other relevant services.

### FIRST NATION REPRESENTATION

As part of the EC Australia project, numerous people with lived experience have been employed to increase support for those undergoing HCV testing and treatment, including a dedicated First Nations role.

Our Reconciliation Action Plan Working Group also includes our consumer and First Nations representatives.

### QUIHN AND QUIVAA PARTNERSHIPS

During the year QuIHN and QuIVAA made a successful joint submission for an AIVL grant opportunity via the BBV and STI Implementation Activity Grants Project. The project will commence in the second quarter 2020/21 and focus on providing Take Home Naloxone to those

who report using opioid type substances, or those likely to witness an overdose. This initiative also allows the recruitment of one PPT Peer identified worker for a 12-month period. Additionally, this worker will be responsible for the referral into other programs and services as required.

QuIHN has been working with QuIVAA through our Peer Leadership Working Group to further articulate and understand how our joint organisations can support the work of our peer workforce and ensure culturally safe and appropriate responses..

### THERAPEUTIC SERVICES HARM REDUCTION AND CLIENT CENTRED PRACTICE

People who use drugs are at the centre of the Therapeutic Services provided by QuIHN. Collaborative treatment plans are agreed upon by the client with input from the counsellor. The updated Counselling Guidelines will be developed into a training/induction package for new staff.

### GROUP PROGRAMS

Several of our therapeutic group programs are now being co-facilitated by a QuIHN facilitator and a consumer facilitator.

Image – Tracks Magazine, Issue 5

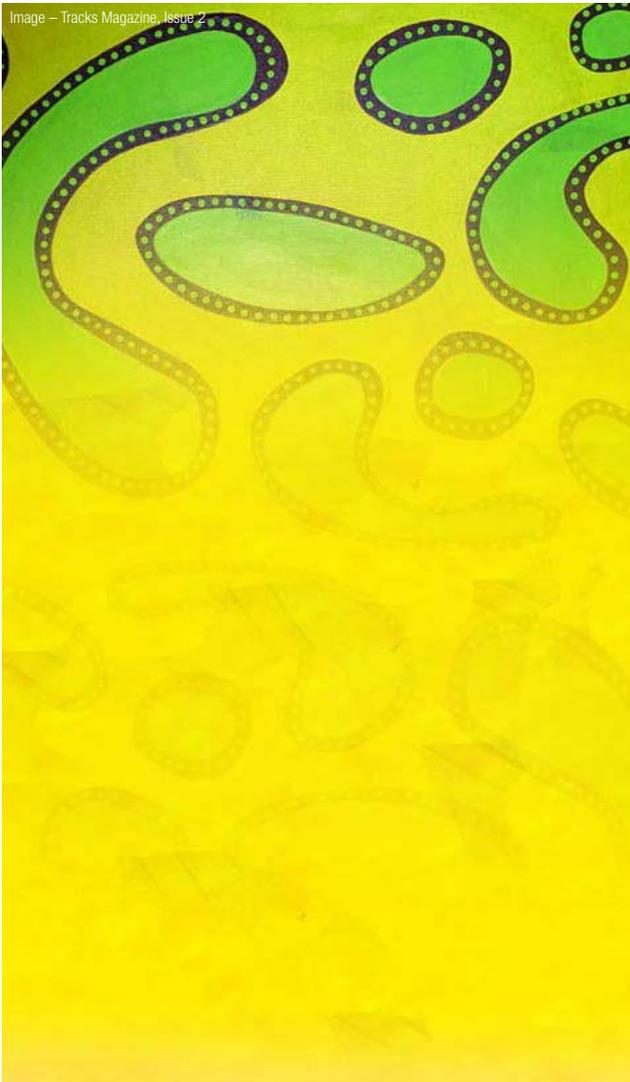


## THE QCS PROGRAM IN FAR NORTH QUEENSLAND

This program continues to work in close collaboration with parole officers in seven locations across northern Queensland. QulHN staff advocate for the clients that they work with in their dealings with the corrections system. Parole officers are appreciative and respectful of the therapeutic alliance formed between QulHN staff and the clients. The new coordinator for this project in Townsville has some clients who completed the Group component while in prison. Since their release they have both expressed an interest in being part of any client service design moving forward. It will be great to have this specific client group represented in QulHN's wider client advisory space. This will be expanded in the coming months.

In response to COVID 19 restrictions, Therapeutic Services developed and began using more digital means of capturing client feedback. This has continued as restrictions eased over the year. Many groups that are now facilitated in person continue to use session feedback forms that can be emailed or texted to clients. Clients prefer this method. General anonymous satisfaction questionnaires will soon also be administered in this way. QulHN Therapeutic Services' dive into telehealth has taught staff that client access can be improved if more options are provided to do so. Phone and various video conference platforms were utilised beyond restrictions to reach clients who may struggle at times to make appointments in person.

Image – Tracks Magazine, Issue 2



## CLIENT ENGAGEMENT

Our Client Advisory Group continues to support service-related policy / procedures and process / system development through engagement with the client representatives and is facilitated via a minimum of quarterly meetings across all regions.

QulHN has facilitated the following:

- Ongoing facilitation of the Peer Workforce
- Group supporting peer workers (identified and nonidentified positions) .
- Individual peer support/supervision provided to peer workers through our CE role, as required.
- Ongoing support provided to QulHN's existing client and peer representatives – liaison, advocacy, support to engage, information regarding engagement opportunities.
- Ongoing work with AIVL national network and the National Centre in Recreational and Emerging Drugs (NCREDE) around drug warnings / alerts and creating a better system for early warning community messaging.
- Ongoing training throughout the year has included stigma, client representative skills, introduction to QulHN, and introduction to harm reduction.
- The CE role continues to provide support to staff around engaging client representatives and seeking broader client feedback across the local regions and participation in local programs and activities.
- Mud Maps clients contribute to the themes and topics of the group, our collective rules, and values and occasional activities and learnings.
- Over the year several client representatives are working with the Reconciliation Action Plan (RAP) Working Group (WG).
- Regional meetings attended by client representatives across QulHN regions.
- Development of our new QulHN website will include participation with clients for evaluation and feedback.
- Client Representatives are invited to be a part of QulHN's recruitment processes, with a client representative sitting on most interview panels.

## **HARM REDUCTION SERVICES**

### **TMP EXPERT ADVISORY PANEL (EAP)**

Quarterly TMP EAP meetings continued throughout the reporting period. Key focus was on the implementation of Point of Care Testing (PoCT) technology, partnership activities developed to advance the TMP, initiatives for people entering or leaving the prison system in Southeast Queensland, program evaluation and research opportunities.

**National Naloxone Reference Group (NNRG) Roundtable** QulHN participated in the National roundtable to discuss Naloxone access in Australia. The purpose of NNRG is to bring together key stakeholders from each state and territory in Australia involved in take home naloxone distribution strategies in Australia. QulHN has many lessons learnt that are valuable to share, in setting up a model of Naloxone access that is targeted and where Naloxone is distributed to our target populations in an easy and effective manner.

### **THE ABORIGINAL AND TORRES STRAIT ISLANDER INTEGRATED PANEL (ATSIIIP)**

ATSIIIP is established through the collective of local government and non-government agencies. During this reporting period QulHN were invited to participate in this collective. The purpose of ATSIIIP is to provide strategic direction and leadership to ensure a sound partnership framework to assist in delivering a seamless transition of wellbeing for Aboriginal and Torres Strait Islander clients and their families experiencing complex mental health and AOD issues. A QulHN representative sits on this panel on a bimonthly basis.

This partnership is also important to the work we are progressing for our Reconciliation Action Plan.

### **NATIONAL HEPATITIS C POINT OF CARE PROGRAM IMPLEMENTATION COMMITTEE**

QulHN are represented on the National roll-out of Hepatitis C PoCT Committee

offering guidance and learnings from our own implementation processes. QulHN is the only community group represented on the committee.

## **THERAPEUTIC SERVICES**

**The Supervision Research Project** conducted through QNADA continued through the year. This project looks at the potential for organisations to provide drug and alcohol clinical supervision to each other's' staff. The QulHN staff (2 supervisees and 1 supervisor) are getting a lot out of participating in this project. QulHN is also on the reference group for the project.

### **THE MAISE RELAPSE PREVENTION GROUP**

Is currently being run in collaboration with other services around the state.

### **COMPLEX NEEDS ASSESSMENT PANEL**

Finished up its funded 3-year period in June 2020. Having decision makers key departments and organisations around the Gold Coast region come together at QulHN to discuss complex cases has been very successful. The panel has brokerage funding that can be used to help the client overcome barriers to service delivery and to maximise their health outcomes. The brokerage to date has been used for a variety of things including rehab admission, housing cleanup costs, rental bonds, interstate transport, medication, and emergency accommodation. The panel is going to continue unfunded as planned, facilitated by an experienced member of the Therapeutic services and will also be attended by a member of the Harm Reduction team to ensure a holistic response to client care.



# FINANCIAL REPORTS

# **Queensland Injectors Health Network Ltd**

## **Financial Statements**

**For the Year Ended 30 June 2021**

## Queensland Injectors Health Network Ltd

### Contents

For the Year Ended 30 June 2021

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## AUDITOR'S INDEPENDENCE DECLARATION

As auditor for the audit of Queensland Injectors Health Network Limited for the year ended 30 June 2021, I declare that, to the best of my knowledge and belief, there have been:

- (i) no contraventions of the independence requirements of the Australian Charities and Not-for-profits Commission Act 2012 in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

A handwritten signature in black ink, appearing to read 'j croston', written over a dotted line.

Jason Croston, FCA

Registered Company Auditor

Brisbane

SRJ Walker Wayland

Dated: 29 September 2021

**Statement of Profit or Loss and Other Comprehensive Income**  
**For the Year Ended 30 June 2021**

	2021	2020
	\$	\$
<b>INCOME</b>		
Grants Commonwealth operational	3,680,065	3,161,238
Grants State capital funding	10,400	10,400
Grants State operational	5,300,060	4,363,340
Interest received	31,458	44,012
Other Income	2,100,732	1,321,652
<b>Total Income</b>	<b>11,122,715</b>	<b>8,900,642</b>
<b>EXPENDITURE</b>		
Client Costs	113,223	81,197
Consultancy	231,587	45,365
Cost of Sales	29,847	26,431
Depreciation	255,243	215,522
Employee remuneration	7,043,893	6,454,065
Equipment and Technology	79,668	55,309
Insurance	70,956	52,045
Interest paid	3,733	16,104
IT Expenses	297,819	266,551
Legal Fees	6,316	15,755
Maintenance and cleaning	143,148	97,036
Medical supplies	51,108	35,844
Motor vehicle expenses	192,648	210,880
Occupancy costs	244,643	221,997
Other expenses	130,141	111,227
Printing and photocopying	66,693	84,805
Projects	10,524	3,043
Security and monitoring expenses	29,438	31,108
Telephone and communications	190,625	152,312
Travel and accommodation	86,742	69,198
Utilities	17,734	26,845
Workshop costs	88,215	39,685
<b>Total Expenditure</b>	<b>9,383,946</b>	<b>8,312,323</b>
<b>Surplus for the year</b>	<b>1,738,769</b>	<b>588,319</b>

The accompanying notes form part of these financial statements.

## Statement of Financial Position

30 June 2021

	Note	2021 \$	2020 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	4	6,219,801	4,039,577
Trade and other receivables	5	383,204	417,170
Inventories		22,948	20,419
Other assets	7	55,713	65,862
<b>TOTAL CURRENT ASSETS</b>		<b>6,681,666</b>	<b>4,543,028</b>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	6	3,312,010	3,261,686
<b>TOTAL NON-CURRENT ASSETS</b>		<b>3,312,010</b>	<b>3,261,686</b>
<b>TOTAL ASSETS</b>		<b>9,993,676</b>	<b>7,804,714</b>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade payables		1,004,857	645,048
Unexpended program grants		600,291	497,227
Borrowings		94,590	111,000
Employee benefits	8	1,014,324	978,611
<b>TOTAL CURRENT LIABILITIES</b>		<b>2,714,062</b>	<b>2,231,886</b>
<b>NON-CURRENT LIABILITIES</b>			
Long-term provisions	8	74,925	96,508
Other financial liabilities		401,747	412,147
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>476,672</b>	<b>508,655</b>
<b>TOTAL LIABILITIES</b>		<b>3,190,734</b>	<b>2,740,541</b>
<b>NET ASSETS</b>		<b>6,802,942</b>	<b>5,064,173</b>
<b>EQUITY</b>			
Retained earnings		6,802,942	5,064,173
<b>TOTAL EQUITY</b>		<b>6,802,942</b>	<b>5,064,173</b>

The accompanying notes form part of these financial statements.

Queensland Injectors Health Network Ltd

**Statement of Changes in Equity**  
For the Year Ended 30 June 2021

2021

	Retained Earnings	Total
Note	\$	\$
<b>Balance at 1 July 2020</b>	<b>5,064,173</b>	<b>5,064,173</b>
Surplus attributable to members of the entity	<b>1,738,769</b>	<b>1,738,769</b>
<b>Balance at 30 June 2021</b>	<b>6,802,942</b>	<b>6,802,942</b>

2020

	Retained Earnings	Total
Note	\$	\$
<b>Balance at 1 July 2019</b>	4,475,853	4,475,853
Surplus attributable to members of the entity	588,319	588,319
<b>Balance at 30 June 2020</b>	<b>5,064,173</b>	<b>5,064,173</b>

The accompanying notes form part of these financial statements.

**Statement of Cash Flows**  
**For the Year Ended 30 June 2021**

	2021	2020
Note	\$	\$
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Receipts from customers	11,125,223	8,632,486
Payments to suppliers and employees	(8,650,747)	(7,765,392)
Interest received	31,458	44,012
Interest paid	(3,733)	(16,104)
Net cash provided by/(used in) operating activities	11 <u>2,502,201</u>	<u>895,003</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Proceeds from sale of plant and equipment	<u>(305,567)</u>	(196,411)
Net cash used by investing activities	<u>(305,567)</u>	(196,411)
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>		
Repayment of borrowings	<u>(16,410)</u>	(421,772)
Net cash used by financing activities	<u>(16,410)</u>	(421,772)
Net increase/(decrease) in cash and cash equivalents held	2,180,224	276,820
Cash and cash equivalents at beginning of year	<u>4,039,577</u>	3,762,757
Cash and cash equivalents at end of financial year	4 <u><u>6,219,801</u></u>	<u><u>4,039,577</u></u>

The accompanying notes form part of these financial statements.

## Notes to the Financial Statements

For the Year Ended 30 June 2021

The financial report covers Queensland Injectors Health Network Ltd as an individual entity. Queensland Injectors Health Network Ltd is a not-for-profit company limited by guarantee, incorporated and domiciled in Australia.

The functional and presentation currency of Queensland Injectors Health Network Ltd is Australian dollars.

Comparatives are consistent with prior years, unless otherwise stated.

### 1 Basis of Preparation

In the opinion of those charged with Governance the company is not a reporting entity since there are unlikely to exist users of the financial statements who are not able to command the preparation of reports tailored so as to satisfy specifically all of their information needs. These special purpose financial statements have been prepared to meet the reporting requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

The material accounting policies adopted in these special purpose financial statements are set out in note 2 and indicate how the recognition and measurement requirements in Australian Accounting Standards have not been complied with.

### 2 Summary of Significant Accounting Policies

#### (a) Income Tax

The company is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

#### (b) Leases

Lease payments for operating leases, where substantially all of the risks and benefits remain with the lessor, are charged as expenses on a straight-line basis over the life of the lease term.

The method of not recognising operating leases on the statement of financial position does not comply with AASB 16 Leases.

Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

#### (c) Revenue and other income

Revenue is recognised when the amount of the revenue can be measured reliably, it is probable that economic benefits associated with the transaction will flow to the company and specific criteria relating to the type of revenue as noted below, has been satisfied.

Revenue is measured at the fair value of the consideration received or receivable and is presented net of returns, discounts and rebates.

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

#### Grant revenue

Government grants are recognised at fair value where there is reasonable assurance that the grant will be received and all grant conditions will be met. Grants relating to expense items are recognised as income over the periods necessary to match the grant to the costs they are compensating. Grants relating to assets are credited to deferred income at fair value and are credited to income over the expected useful life of the asset on a straight-line basis.

## Notes to the Financial Statements

For the Year Ended 30 June 2021

### 2 Summary of Significant Accounting Policies

#### (c) Revenue and other income

##### Interest revenue

Interest is recognised using the effective interest method.

##### Other income

Other income is recognised on an accruals basis when the company is entitled to it.

#### (d) Economic dependence

Queensland Injectors Health Network Ltd is dependent on the grant income for the majority of its revenue used to operate the business. At the date of this report the directors have no reason to believe the grant income will not continue to support Queensland Injectors Health Network Ltd.

#### (e) Finance costs

Finance cost includes all interest-related expenses, other than those arising from financial assets at fair value through profit or loss.

#### (f) Borrowing costs

Borrowing costs that are directly attributable to the acquisition, construction or production of a qualifying asset are capitalised as part of the cost of that asset.

All other borrowing costs are recognised as an expense in the period in which they are incurred.

#### (g) Goods and services tax (GST)

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payable are stated inclusive of GST.

The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the statement of financial position.

#### (h) Property, plant and equipment

Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment.

Where the cost model is used, the asset is carried at its cost less any accumulated depreciation and any impairment losses. Costs include purchase price, other directly attributable costs and the initial estimate of the costs of dismantling and restoring the asset, where applicable.

##### Land and buildings

Land and buildings are measured using the cost model.

## Notes to the Financial Statements

For the Year Ended 30 June 2021

### 2 Summary of Significant Accounting Policies

#### (h) Property, plant and equipment

##### Plant and equipment

Plant and equipment are measured using the cost model.

##### Depreciation

Property, plant and equipment, excluding freehold land, is depreciated on a straight-line basis over the assets useful life to the company, commencing when the asset is ready for use.

Leased assets and leasehold improvements are amortised over the shorter of either the unexpired period of the lease or their estimated useful life.

The depreciation rates used for each class of depreciable asset are shown below:

Fixed asset class	Depreciation rate
Buildings at cost	2.0%
Plant and Equipment at cost	10% to 25%

At the end of each annual reporting period, the depreciation method, useful life and residual value of each asset is reviewed. Any revisions are accounted for prospectively as a change in estimate.

#### (i) Cash and cash equivalents

Cash and cash equivalents comprises cash on hand, demand deposits and short-term investments which are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

#### (j) Employee benefits

Provision is made for the company's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Long-term provisions recognised for long service leave has been measured on the undiscounted basis. The probability that an employee may satisfy vesting requirements has not been taken into account. This treatment of long service leave entitlements does not comply with AASB 119 Employee Benefits.

#### (k) Provisions

Provisions are recognised when the company has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.

### 3 Critical Accounting Estimates and Judgments

Those charged with governance make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

## Notes to the Financial Statements

For the Year Ended 30 June 2021

### 3 Critical Accounting Estimates and Judgments

The significant estimates and judgements made have been described below.

#### Key estimates - provisions

As described in the accounting policies, provisions are measured at management's best estimate of the expenditure required to settle the obligation at the end of the reporting period. These estimates are made taking into account a range of possible outcomes and will vary as further information is obtained.

#### Key estimates - receivables

The receivables at reporting date have been reviewed to determine whether there is any objective evidence that any of the receivables are impaired. An impairment provision is included for any receivable where the entire balance is not considered collectible. The impairment provision is based on the best information at the reporting date.

### 4 Cash and Cash Equivalents

	2021	2020
	\$	\$
Cash on hand	11,850	2,850
Cash at bank	5,688,800	150,024
Cash on deposit	519,151	3,886,703
Total cash and cash equivalents	<u>6,219,801</u>	<u>4,039,577</u>

### 5 Trade and Other Receivables

	2021	2020
	\$	\$
CURRENT		
Trade receivables	<u>383,204</u>	417,170
<b>Total current trade and other receivables</b>	<u><u>383,204</u></u>	<u>417,170</u>

The carrying value of trade receivables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

The maximum exposure to credit risk at the reporting date is the fair value of each class of receivable in the financial statements.

**Notes to the Financial Statements**  
For the Year Ended 30 June 2021

**6 Property, plant and equipment**

	2021	2020
	\$	\$
<b>LAND AND BUILDINGS</b>		
Freehold land		
At cost	2,370,000	2,370,000
<b>Total Land</b>	<b>2,370,000</b>	<b>2,370,000</b>
<b>Buildings</b>		
At cost	703,717	703,717
Accumulated depreciation	(158,254)	(144,482)
<b>Total buildings</b>	<b>545,463</b>	<b>559,235</b>
Total land and buildings	<b>2,915,463</b>	<b>2,929,235</b>
<b>PLANT AND EQUIPMENT</b>		
<b>Plant and equipment</b>		
At cost	147,468	86,734
Accumulated depreciation	(17,616)	(23,306)
<b>Total plant and equipment</b>	<b>129,852</b>	<b>63,428</b>
<b>Furniture, fixtures and fittings</b>		
At cost	848,563	661,586
Accumulated depreciation	(761,220)	(614,444)
<b>Total furniture, fixtures and fittings</b>	<b>87,343</b>	<b>47,142</b>
<b>Leasehold Improvements</b>		
At cost	322,986	322,986
Accumulated amortisation	(143,634)	(101,105)
<b>Total leasehold improvements</b>	<b>179,352</b>	<b>221,881</b>
<b>Total plant and equipment</b>	<b>396,547</b>	<b>332,451</b>
<b>Total property, plant and equipment</b>	<b>3,312,010</b>	<b>3,261,686</b>

**7 Other Assets**

	2021	2020
	\$	\$
<b>CURRENT</b>		
Prepayments	55,713	65,862
<b>Total other assets</b>	<b>55,713</b>	<b>65,862</b>

## Queensland Injectors Health Network Ltd

### Notes to the Financial Statements

For the Year Ended 30 June 2021

#### 8 Employee Benefits

	2021	2020
	\$	\$
<b>Current liabilities</b>		
Provision for employee benefits	1,014,324	978,611
<b>Total current employee benefit liabilities</b>	<u>1,014,324</u>	<u>978,611</u>
<b>Non-current liabilities</b>		
Provision for employee benefits	74,925	96,508
<b>Total non-current employee benefit liabilities</b>	<u>74,925</u>	<u>96,508</u>

#### 9 Contingencies

In the opinion of those charged with governance, the company did not have any contingencies at 30 June 2021 (30 June 2020:None).

#### 10 Events Occurring After the Reporting Date

Queensland Injectors Health Network Ltd have purchased a property at 91 Aerodome Road, Maroochydore QLD 4558. The total purchase price is \$910,000 excluding GST. This purchase will be partly funded by Cash (\$606,000) and the remainder will be financed (\$304,000).

Except for the above, no other matters or circumstances have arisen since the end of the financial year which significantly affected or could significantly affect the operations of the company, the results of those operations or the state of affairs of the company in future financial years.

**Notes to the Financial Statements**  
For the Year Ended 30 June 2021

**11 Cash Flow Information**

**(a) Reconciliation of result for the year to cashflows from operating activities**

Reconciliation of net income to net cash provided by operating activities:

	<b>2021</b>	<b>2020</b>
	<b>\$</b>	<b>\$</b>
<b>Profit for the year</b>	<b>1,738,769</b>	588,319
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit:		
Depreciation	<b>255,243</b>	215,522
<b>Changes in assets and liabilities:</b>		
- (increase)/decrease in trade and other receivables	<b>33,965</b>	(224,144)
- (increase)/decrease in prepayments and other assets	<b>10,149</b>	(18,509)
- increase/(decrease) in trade and other payables	<b>462,875</b>	222,896
- increase/(decrease) in inventories	<b>(2,530)</b>	1,185
- increase/(decrease) in employee benefits	<b>3,729</b>	109,733
<b>Cashflows from operations</b>	<b>2,502,201</b>	895,003

**12 Statutory Information**

The registered office of the Company is:  
Queensland Injectors Health Network Ltd  
PO Box 2470  
FORTITUDE VALLEY QLD 4006

**Queensland Injectors Health Network Ltd**

**Director's Declaration**

The directors have determined that the company is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies described in Note 2 to the financial statements.

The directors of the company declare that:

1. The financial statements and notes, as set out on pages 2 to 12, are in accordance with the *Australian Charities and Not-for-profits Commission Regulation 2013* and:
  - (a) comply with Accounting Standards as stated in Note 1 and 2; and
  - (b) give a true and fair view of the company's financial position as at 30 June 2021 and of its performance for the year ended on that date in accordance with the accounting policies described in Note 2 to the financial statements.
2. In the directors' opinion, there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.

Director ..... 

Director ..... 

Dated this .....29..... day of ..September..... 2021

## INDEPENDENT AUDITOR'S REPORT

To the Members of Queensland Injectors Health Network Ltd.

### *Report on the Audit of the Financial Report*

#### *Opinion*

We have audited the financial report of Queensland Injectors Health Network Ltd, which comprises the statement of financial position as at 30 June 2021, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statement, including a summary of significant accounting policies, and the directors' declaration.

In our opinion the financial report of Queensland Injectors Health Network Ltd has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of the Company's financial position as at 30 June 2021 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards to the extent described in Note 1, and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

#### *Basis for opinion*

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and the ethical requirements of the Accounting Professional and Ethical Standards Board's *APES 110 Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

#### *Emphasis of Matter – Basis of Accounting*

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the Company's financial reporting responsibilities under the ACNC Act. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

### *Responsibilities of Directors for the Financial Report*

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the ACNC Act and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the Company's ability to continue as a going concern, disclosing as applicable, matters relating to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Company's financial reporting process.

### *Auditor's Responsibilities for the Audit of the Financial Report*

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

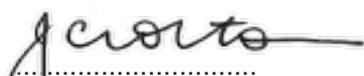
As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting, from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by Company.
- Conclude on the appropriateness of directors' use of the going concern basis of accounting and based, on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to

modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

A handwritten signature in black ink, appearing to read 'j croston'.

.....  
Jason Croston

**SRJ Walker Wayland**  
**Director**

Date: 29 September 2021

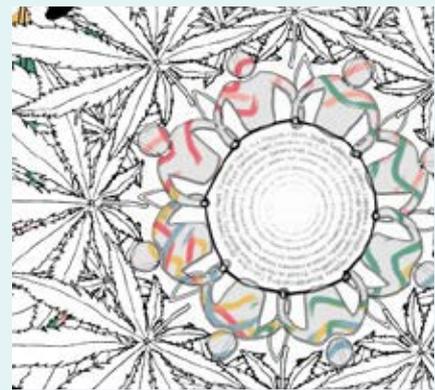
Address: Unit 3, 27 South Pine Road, BRENDAL QLD 4500

# Celebrating over 15

years

... this annual report is in the theme of celebrating over 15 years of contributions to QuiHN's *Tracks Magazine*

# TRACKS



Images clockwise: Tracks Magazine, Issue 28, Issue 28, Issue 3, Issue 24, Issue 23, Issue 23, Issue 23, & Centre Issue 22.

