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2018 / 2019

ANNUAL REPORT

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PRESIDENT'S REPORT



LAUREN TRASK

President (Chairperson)

The 2018-2019 year has seen significant change and significant growth – both in the maturity of services delivered and our commitment to the delivery of high quality targeted services that meet the needs of our people accessing services.

The strength of the QuIHN model is recognised nationally as a model of best practice in the delivery of GP services, clinical services, therapeutic and psychosocial treatment support, and harm reduction programs; generating substantial interest in the establishment of additional services that deliver accessible high-quality care for people who use illicit drugs. The interest and subsequent request for service delivery across the justice sector was embraced.

QuIHN continues to grow and evolve, experiencing exponential growth over the past five years. The vision and values guiding the manner in which the culture of the organisation grows, remains true to the grounding of our original grassroots establishment and honours our founding directors that have contributed to the vision and establishment of QuIHN as it is today.

We are nearing the end of our Constitutional review and are all looking forward to a delivering on a constitution that will enable diversification and growth for QuIHN, further responding to our people accessing our services. We, as an organisation, are reminded of the commitment to our peers and the strength we draw from QuIVAA Inc. as our connection to people who use drugs in further refining how we prioritise and govern with confidence.

In closing, I'd like to thank my fellow directors for their time and contributions. There has been change across the board membership and we are moving into a territory where the directors will draw from the discussions of previous years and be

positioned to make significant decisions in the next period supported by a new fresh strategic plan. To our founding member, QuIVAA, the QuIHN board is proud to stand next to you and together we will continue to provide the direction that is grounded and responsive to the needs of our people. We look forward to the continued exceptional partnership and the opportunity to further grow together.

I'd like to acknowledge the exceptional leadership demonstrated by our executive and senior management positions. Our leaders have a vision which they effectively communicate. They are driven by passion, they inspire, are confident yet humble, they motivate and demonstrate commitment. Our leaders are intuitive; they have the ability to employ effective change management strategies. Our leadership has been challenged over the past 12 months and at all times have acted with the utmost integrity maintaining the operational function of the organisation and supporting each other through the process.

To our staff, 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. To our funders, thank you for your continued recognition of the role QuIHN plays in reducing the harm associated with illicit substances. Finally, to our partners, together we contribute significantly to providing accessible services in a multitude of ways, allowing increased access and choice of services for people who use drugs.

On behalf of the QuIHN board, we look forward to the next period that will push for ongoing and new service responses and diversified harm reduction and therapeutic options for those that use drugs illicitly.

Yours sincerely,

Lauren Trask
President (Chairperson)

CEO'S REPORT



GEOFF DAVEY

Chief Executive Officer

OUR ORGANISATION

The 2018/2019 financial year has been another year of growth for QulHN. As the organisation continues to grow, we have not lost sight of the importance of our shared culture. This year has been a remarkable year of reflection and strengthening of our collective culture. The communities with which we work, our clients, our partners, our sponsors and funders, our stakeholders, our board, and our staff – everything we do at QulHN is linked by a common thread, and that's people. I am incredibly proud to be a part of culture that puts our clients and the people with which we work always firmly in the centre of our business. [Our company values](#) really do define us and are visible and evidenced everyday through [the work we do](#) and the interactions our staff have with the people with which we work. At QulHN we believe in: valuing difference and diversity; self-determination; respect for self and others; transparency and accountability; and, ensuring we remain consumer focused. I believe QulHN is an organisation that 'walks the talk', and this is reflected in our commitment to be better than the day before. Our commitment and the passion of our staff has a positive and long-lasting effect on people's lives. I believe that we are an organisation that connects people with purpose.

As a small to medium business we have maintained steady cashflows which has enabled QulHN to maintain a solid financial performance for the year. We hope that this will allow the organisation to re-invest in services and future sustainability initiatives over the coming financial years. Total annual

revenue increased by greater than 12% from the previous year, exceeding a target set of 5%. Our total number of funded contracts has grown from eight in 2016/2017, to thirteen in 2017/2018, to eighteen in 2018/2019 financial years. All operating budgets ran to planned expenditure and we had set a focus on operational efficiency achieving this through a reduction of expenses over the financial year of nearly 4%. The Better Access Medical Clinic has also seen unprecedented growth throughout the financial year with an increase in clinic revenue from a target of 4% to over 6% of total revenue. QulHN has built a strong financial and governance position and we have continued to ensure our relationships with our members, sponsors and funding bodies are maintained and strengthened.

Over the course of the year the Board has proactively focused on engaging our member relationships and held several joint planning days around revitalisation of our Constitution and Strategic Plan. The Directors also implemented a Governance Risk Appetite Statement to guide the organisation in the balance of risk in the provision of ongoing services and when seeking out new opportunities.

The organisation also ensured its continued accreditation in respect of its ISO:9001 Quality Management Systems (QMS) and the Royal Australasian College of General Practice (RACGP) Quality Standards. In the latter part of the year the organisation commissioned an independent and external review of our ISO:9001 Quality Management System (QMS) program across the organisation; which has resulted in a thorough gap

analysis and series of recommendations which inform our 12-month QMS workplans for the coming year. The organisation also took a significant focus on cyber-security over the preceding twelve months, with significant investment made in Information Technology (IT) infrastructure security enhancements and the commissioning and completion of a full external audit and assessment; including penetration testing of our systems and operating environment. Our focus is now on resetting our IT strategy and roadmaps over the next 12-months.

OUR TEAMS

Our teams are passionate, well supported, cohesive and engaged. Our staff have clear shared values and demonstrate respect. At the close of the financial year QulHN engaged a total of 111 staff members across our Queensland locations. Our annual staff turn-over rate remains extremely low and in the last 12-months was below 7%. In April 2019 we held our bi-annual 'QulHN Day' which provided a fantastic opportunity to share and hear about the exciting work and projects across the organisation. It also allowed time to reset, refresh and reflect on our culture and our shared values. During the year there has also been a greater focus on vicarious trauma among our staff as a result of the work we undertake, we have continued to ensure our Employee Assistance Program (EAP) remains available to our staff and their families, are seeking to embed self-care into our Performance Development and Review (PDR) and supervision frameworks, and developed internal training in respect to this for our workforce. Over the year we have taken

stock of our staffing structures with consideration of our future requirements and as a result several new roles have been implemented.

During the year we introduced a Human Resources (HR) role with a focus on ensuring the organisation can develop better HR systems, supports and assist in strategic HR management. As a result of the introduction of the role and the completion of a base line Employee Engagement Survey and Health Check the organisation developed its 12-Month HR Action Plans. As part of the ongoing 12-Month HR Action Plan the following bodies of work were completed over the previous year: review of award classifications across all roles; review of all employment contracts; consultation and review of all Position Descriptions; review and development of our HR policy frameworks; review and redesign of our Performance Development Review (PDR) and staff supervision systems; and, in partnership with our staff we were able to document our Company Values Blue Print which we believe sets a solid foundation to assist in future initiatives around performance and career development and our recognition programs.

The Head Of Services position was introduced from 1 July 2019 with a focus on combining the management of all client service delivery areas (Harm Reduction, Therapeutic, and Medical services) to achieve greater strategic linkage and horizontal coordination across these. Ensuring that we continue to provide a 'connected-up' approach so that our clients are facilitated with smooth transitions between our programs and continuum of care regardless of their entry-point into our services.

During the year a Client Engagement role was formalised. The primary purpose of the Client Engagement position is intended to coordinate and support sustainable client engagement across all functions of QulHN, including service design and planning, delivery, and evaluation. We are committed to being consumer focused in our planning, delivery and evaluation of our services by ensuring the organisation has a range of meaningful ways to engage with clients and ensuring we trial new ways of doing this.

Over the course of the year we also reviewed our administrative requirements and work was undertaken around design of the Program Support (Quality Focused) position with a primary purpose to support the operations of the corporate support and program teams in data collation, analysis and reporting as well as assisting the Quality Manager in implementation of approved quality and risk management actions.

The Harm Reduction program strengthened the role of the Peer Harm Reduction Worker which provides brief interventions, education and assists and supports clients to navigate the Hepatitis C treatment process. The Harm Reduction program also trialed a new Hepatitis C Prison Transition Worker role which worked with people in prison, or recently released from prison; who are seeking, or on Hepatitis C treatment and provide a vital community transition linkage to care to minimise disruption to on-going treatment, or the starting of treatment.

OUR SERVICES

We believe the organisation has built a great reputation through the delivery of quality services. Our specialised programs have continued to deliver much needed services to our clients over the course of the financial year and this is evidenced by the following data:

HARM REDUCTION PROGRAMS

QulHN continued to provide primary Needle and Syringe Programs (NSP) services. A total of 31,948 occasions of NSP service occurred over the year across this network. The NSP network has continued to be an important point of referral into our Hepatitis C Treatment and Management Program (TMP). Harm Reduction teams also continued to deliver the TMP; a community-based program providing Hepatitis C direct acting antiviral treatment for people who inject drugs (PWID) and other vulnerable populations. The TMP utilised a unique and integrated service offering; comprising of harm reduction case management services, dedicated nursing staff and primary medical care and operated across Brisbane, Gold Coast, Sunshine Coast, and Townsville, as well as via outreach clinics across South-East Queensland.

Throughout the financial year the TMP undertook the following:

- a total of 265 people screened;
- 158 FibroScan's completed;
- 113 nurse-led outreach clinics held;
- 107 individuals started on Hepatitis C treatment; and,
- 96 individuals completing Hepatitis C treatment.

Overall the program has screened in excess of 1,000 people seeking Hepatitis C treatment and over 500 individuals have now completed treatment. The retention rate through the cascade of care is demonstrated by those who have completed treatment; with over 96%

having achieved a cure.

Future priorities of the TMP include:

- Expanded access through a focus on outreach clinical services, marketing and promotion to broader networks, recruitment strategies with a focus on peers and positive treatment experiences;
- Enhanced case management for complex clients and strengthening partnerships to improve and support clients during and post the treatment experience; and,
- Investigating novel ways to increase testing and treatment uptake, such as point of care testing.

THERAPEUTIC PROGRAMS

QulHN Therapeutic Services provided non-residential alcohol and other drug (AOD) rehabilitation services in a model of care that is flexible in its approach and tailored towards our target populations. Over the financial year the Therapeutic services expanded its offerings to clients of Probation and Parole affected by substance use in several key locations through funding via Queensland Corrective Services (QCS).

During the year the Therapeutic services conducted:

- 1,871 initial intakes for therapeutic services;
- 2,900 brief interventions (one off information and education and crisis support);
- 20,919 individual counselling contacts to individuals and families experiencing problematic AOD use;
- 3,396 individual case management contacts to individuals and families experiencing problematic AOD use; and,
- 16 closed group programs (i.e. MAISE, Treehouse and SOS group programs) facilitated with 1,125 group contacts provided and a total of 697 attendees participated in our open group (MudMaps) programs.

Of these contacts, approximately 16% of all clients accessing for support for substance use concerns through our therapeutic services identified as Aboriginal and Torres Strait Islander origin. Additionally, during the year it was estimated that around 70% of clients accessing for therapeutic services identified as parents. The experiences and knowledge developed through working with these important populations and other stakeholders has helped ensure that our therapeutic services are able to deliver more holistic approaches. Our Therapeutic services also delivered a short-term project that supported the development of an AOD specific lived experience workforce. The “Experts by Experience Training Package”, developed by QulVAA Inc and QulHN Ltd, targeted towards people interested in consumer representative roles.

MEDICAL CLINIC

Better Access Medical Clinic has sought to undertake and embed major changes in its clinical operations over the past 12 months. A key area of focus has included comprehensive patient health care delivered through improved chronic disease management, the introduction of Health Assessments, enhanced cycles of care, improved triage, and reducing rates of do not attend appointments. Overall these efforts should assist the clinic in more effective patient engagement while maximising the provision of quality health primary health care. While the clinic has had a focus on improving patient care systems it has also been focused on developing and ensuring supporting operational and best practice clinical guidelines and protocols are established. During this financial year the clinic also saw the introduction of private psychology services on a fully bulk billed basis.

Over the course of the year the clinic saw, among a variety of other consultations:

- an active patient population of 2,442 patients, up from 1,532 in the previous period;

- serviced over 55 regular patients regular scripting for their Opiate Substitution Therapy (OST);
- managed over 550 active patients diagnosed with a chronic condition (including, diabetes, COPD, CVD, Asthma etc);
- screened over 800 patients for HIV and managed 24 patients who have a positive HIV diagnosis;
- screened over 500 patients for Hep C and managed over 350 patients with a positive Hep C diagnosis;
- screened over 800 patients for chlamydia;
- screened over 700 patients for Gonorrhoea; and,
- screened over 750 patients for syphilis.

The ability to attract and retain primary care doctors with an interest in alcohol and other drugs, as well as other key clinical special interests, remains a major challenge for the organisation. Recruitment of new doctors as well as the retention of existing doctors are key drivers of sustainability for the clinic. The primary care sector more broadly has a shortage of GPs and this shortage is exasperated within the context of the uniqueness of the Better Access Medical Clinic. As the clinic gains greater maturity and understanding of these issues, in many ways, our unique approach to primary care is what sets us aside from other General Practice clinics and this should be used to attract suitably qualified and experienced GPs who are eager for a challenge and opportunity to make a real positive difference in people’s lives.

OUR FUTURE

While our programs and services have experienced great success over the previous year, there remain many opportunities to innovate, diversify our funding streams and extend our reach both geographically, demographically and technologically. Our key challenge and opportunity remains: How can we innovate and provide evidence to allow QulHN to reach the maximum number of people using substances illicitly so as we

can reduce harms?

Our 12-month Business Plans have been reset over the course of the year, with a key focus on the following four operational priorities:

- focusing on our staff workforce to ensure sustainability and stability;
- focusing on our clients to extend our accessibility;
- focusing on our core to enhance our capacity; and,
- focusing on our growth and seeking out opportunities to evolve our services.

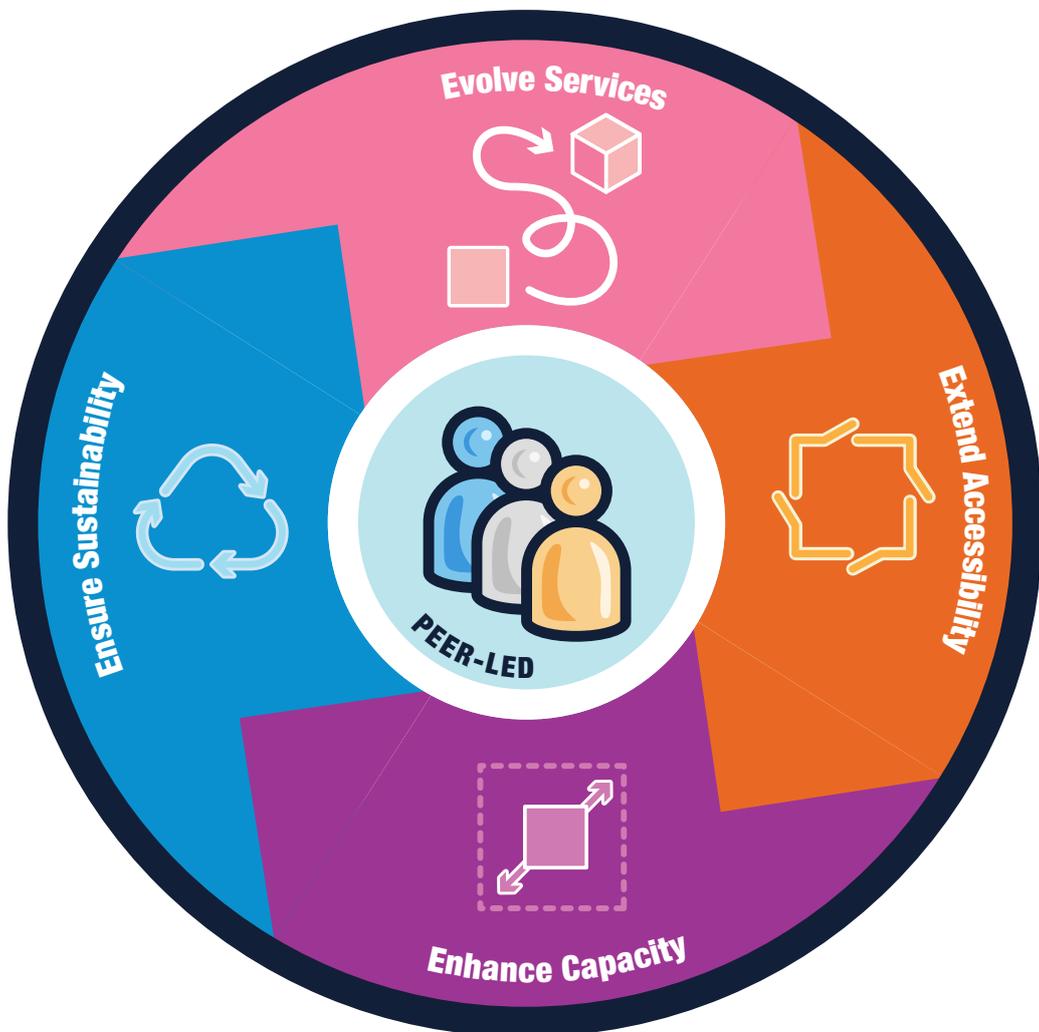
The Board, over the latter part of the financial year, have begun engagement in the process of resetting the organisation’s Strategic Plan for the coming years. A renewed vision and strategy ensure our approaches continue to seek to include and connect our diverse community to evolve services, enhance capacity, ensure sustainability and stability, and extend accessibility.

It has been a very busy year for all, and we are proud of the teams and their commitment to meeting and exceeding our expectations and we are proud of the contribution of our clients and communities. It is an honour and pleasure to lead a passionate organisation and group of people. We can be proud in the positive results we achieve. QulHN is able to do great things because it has great people with a shared vision for the world to be even better than day before.

Yours sincerely,

Geoff Davey
Chief Executive Officer
QulHN Ltd

KPIS



KPI1

EXTEND

ACCESSIBILITY



Increase accessibility and availability to QuiHN network of Needle Syringe Programs & Therapeutic Services

QuiHN NEEDLE & SYRINGE PROGRAM NETWORK

QuiHN provides five primary Needle and Syringe Program (NSP) services. The NSP network aims to reduce the incidence of blood-borne viruses and injection related injuries through provision of sterile injecting equipment, facilitating safe disposal, and improving access and referral to drug treatment programs, health care and other services.

Although the vast majority of NSP provision is via fixed site NSPs, various methods of NSP provision continued to increase accessibility and availability of sterile injecting equipment, such as;

- Outreach (including foot patrols and drop off) to known areas with high injecting prevalence locally and low access to sterile injecting equipment.
- Supply of sterile injecting equipment to external services in order to assist services to provide secondary NSP initiatives.
- NSP mail-out services for people living major distances from NSP services.

QuiHN's NSPs have also been a major facilitator of entry into Hepatitis C testing and treatment services (TMP).

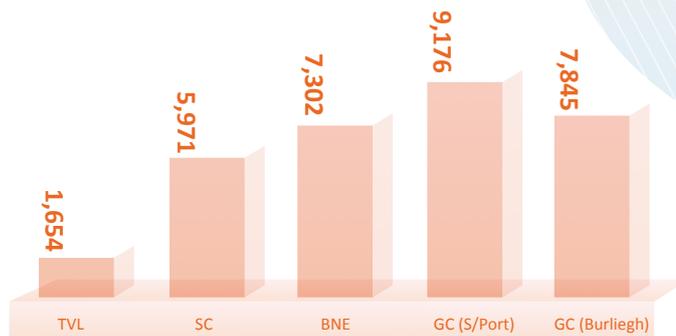


Table: Client Occasions of Service for all QuiHN NSP sites during the period 1 July 2018 – 30 June 2019

ALL QUIHN NSP July 18 – June 19

A total of 31,948 occasions of NSP service occurred during this reporting period.

NSP OCCASIONS OF SERVICE July 18 – June 19

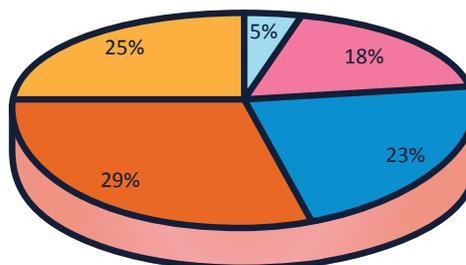
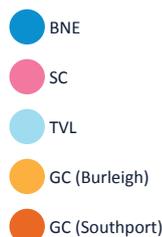


Chart: Client occasions all QuiHN NSP 1 July 2018 – 30 June 2019

INCREASE ACCESS

QulHN Southport saw the majority of NSP clients during the reporting period followed by QulHN Burleigh, QulHN Brisbane, QulHN Sunshine Coast and finally QulHN Townsville. The Townsville NSP was opened on 01 July 2018 and occasions are steadily increasing over time.

Consistent with other reporting periods, male and female occasions of service have remained stable with 75% identifying as Male and 25% identifying as Female.

Of the (n= 31,948) total occasions of NSP service over the 2018/2019 financial year, around 9% identified as either Aboriginal, Torres Strait Islander or both Aboriginal & Torres Strait Islander.

The most common drugs reported for injection across all occasions of NSP service remained stable and consistent with previous years. The top 3 drugs reported for injection throughout the QulHN NSP network included: amphetamines (mainly methamphetamines); Performance & Image Enhancing Drugs (PIEDS); and, Heroin, respectively.

ALL QUIHN NSP MALE/FEMALE OCCASIONS July 18 – June 19

Chart: Male/Female NSP Occasions 1 July 2018 – 30 June 2019.

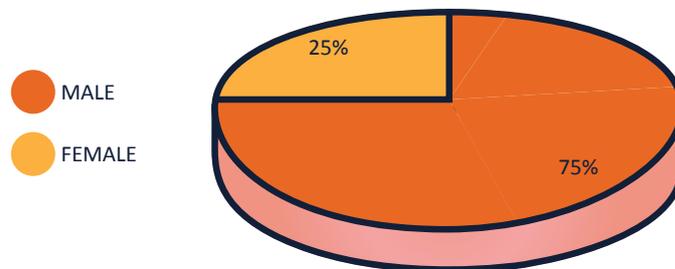
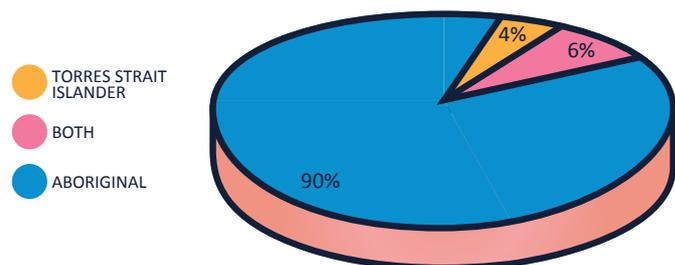


Chart: Aboriginal and Torres Strait Islander NSP Occasions 1 July 2018 – 30 June 2019.

ABORIGINAL/TORRES STRAIT ISLANDER/ BOTH ABORIGINAL AND TORRES STRAIT ISLANDER



QulHN'S THERAPEUTIC SERVICES

QulHN's Therapeutic Services continued to provide non-residential drug rehabilitation services through a model of care that is flexible in its approach and tailored towards QulHN target populations. QulHN's Therapeutic Services are now delivered in the following areas: Gold Coast and surrounding areas, Brisbane and surrounding areas, Sunshine Coast and surrounding areas, Townsville (QCS – Probation and Parole), Mackay (QCS – Probation and Parole) and Mt Isa (QCS – Probation and Parole).

QulHN Therapeutic Services supported individuals and families reduce or cease their substance use, as well as improving mental health via the provision of: individual clinical counselling; case management; psychosocial and therapeutic group programs; and the provision of brief interventions (one off crisis support and/or information and education). QulHN Therapeutic Service works from a harm minimisation framework and provides services to people 18 years of age and upwards. This

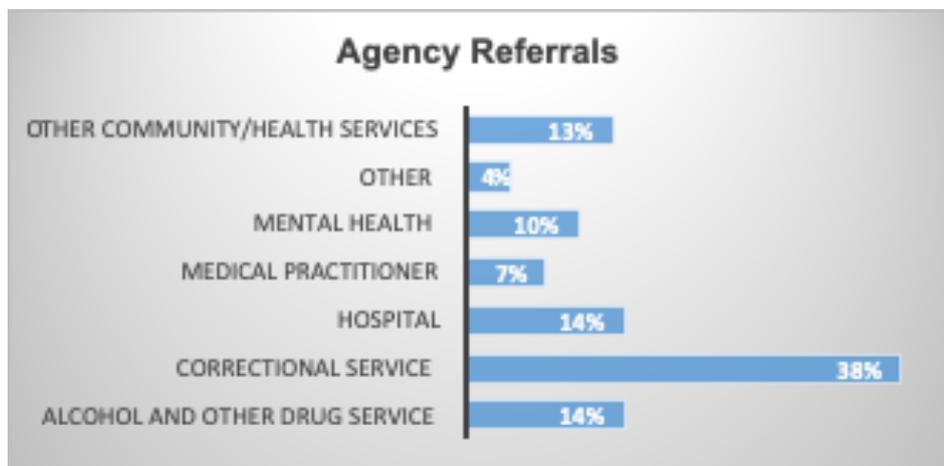
program seeks to remain sensitive and appropriate to the needs of Aboriginal and Torres Strait Islander populations and people from culturally and linguistically diverse backgrounds.

QulHN provides short, medium and long-term packages (based on need) for such clients that engage formally in the program. QulHN Therapeutic Services provided case management and counselling for Alcohol and Other Drugs (AOD) with a focus on dual diagnosis (co-morbid substance use and mental health concerns) through a range of programs delivered via QulHN's offices and through outreach programs (including home visits for some services and eligible clients).

During the life of the strategic plan QulHN received funding from the Brisbane South Primary Health Network (BSPHN) to expand services to the Redlands and Moreton Bay Islands areas and now has an office location in Capalaba to assist in servicing these communities. The Therapeutic Services also expanded its offerings to clients of Probation and Parole affected by substance use in Townsville, Mt Isa and Mackay through

funding via Queensland Corrective Services (QCS).

Male and female occasions of service across the therapeutic services remained stable with approximately 61% identifying as Male and approximately 36% identifying as Female. The most prevalent presenting principle substances of concerns across both open and closed episodes of care during this financial year included: Methamphetamine 56%; Alcohol 20%; Cannabis 13%; and, Heroin 6%. Most people were referred into our Therapeutic Services via an external agency or via self-referral with a small number also referred by a family member or friend. The table below demonstrates the types of agency referrals received into the Therapeutic Program:





During the 2018 – 2019 financial year QulHN Therapeutic Services across its programs provided:

A total of 1,871 Initial intake screens were completed. This initial screen determines the needs of such clients and how best these can be best met via this program; for example, case management, counselling etc. For clients that do not meet the eligibility requirements for this service, provision of a brief intervention involving information and education, crisis support and referrals to more suitable agencies will occur.

A total of 2,900 brief interventions were undertaken. The majority of brief interventions (one off information and education and crisis support) provided are generally a short-term intervention, however on a number of occasions they have taken several hours to complete, due to the nature of the crisis, which are often as a result of severe mental health concerns, suicide ideation, domestic violence concerns combined with substance use.

The provision of 20,919 individual counselling contacts to individuals and families experiencing problematic AOD use, and who are at risk or experiencing additional vulnerabilities, such as people with multiple and complex needs (for

example: people with co-occurring drug use, mental illness and a range of primary health care needs). Support is also provided to significant others/carers of someone affected by substance use concerns via individual counselling, group work and brief interventions.

The provision of 3,396 individual case management contacts to individuals and families experiencing problematic AOD use, and who are at risk or experiencing additional vulnerabilities, such as people with multiple and complex needs (for example: people with co-occurring drug use, mental illness and a range of primary health care needs).

In addition to the above supports provided, several group programs have also been facilitated. A total of 16 closed group programs were also facilitated with 1,125 group contacts provided.

These groups included:

- The MAISE Group Program
- The Treehouse Group Program
- The Significant Other Support Program

The MudMaps open group program facilitated in Brisbane, Redlands and the Gold Coast had a total 697 attendees during the year.



Access to clinical treatment for chronic Hepatitis C infection among people who inject drugs and people on opioid substitution therapy (or accessing drug rehabilitation services)

HEPATITIS C TREATMENT AND MANAGEMENT PROGRAM (TMP)

The Harm Reduction services provide the Treatment and Management Program (TMP) which is a treatment as prevention approach to the elimination of Hepatitis C among our cohorts of people who inject drugs (PWID). The TMP is a community-based program providing Hepatitis C Direct Acting Antiviral (DAA) treatment for PWID. Hepatitis C Virus Direct Acting Antivirals (HCV DAAs) became more widely available in Australia in March 2016. The TMP utilises QulHN's unique and integrated service offering; comprising of harm reduction and case management services (including our NSP network), dedicated nursing staff (Nurse Practitioner, Clinical Nurse Consultant, and Registered Nurse) and primary medical care (including in Brisbane the Better Access Medical Clinic). The TMP operates in Brisbane, the Gold Coast, the Sunshine Coast, and Townsville, as well as outreach clinics across South-East Queensland.

The TMP expanded eligibility now includes targeting treatment towards individuals who fit into any of the following criteria: (1) a current injecting drug user (injected within the last 12 months); (2) receiving OST; (3) receiving drug counselling; (4) a community rehabilitation client; (5) have complex mental health and/or social needs; and/or (6) are at risk of incarceration, or have recently

been released from prison. The TMP continued to provide a model of care that is flexible and tailored in its approach. The focus over the 2018-2019 year has been around increasing access points and streamlining the treatment process for people seeking Hepatitis C testing and treatment. This has resulted in

- increased nurse-led outreach clinics across all areas;
- expansion of Hepatitis C peer case management services;
- implementation of a Hepatitis C Prison Transition service across South-East Queensland; and
- trialling an incentive-based voucher project aimed at increasing numbers of people for testing, treatment and confirmatory blood results post-treatment.

HEPATITIS C TMP TREATMENT CLINICS

Through the 2018-2019 year, a total of 265 people were screened for Hepatitis C through the TMP, 158 FibroScans were completed, and 107 started Hepatitis C treatment with 97 individuals completing treatment. Nurse-led clinics with case management support have been held fortnightly. A total of 113 Nurse-led outreach clinics were held across:

- Burleigh Heads QulHN Office
- Southport Health Precinct (QulHN NSP on-site)
- Capalaba QulHN Office
- Caboolture Community Health (Qld Health NSP on-site)
- Sunshine Coast QulHN Office
- Townsville QulHN Office

The Nurse-led clinics offer a unique and flexible access for people by offering on-site venepuncture, FibroScan as required, and Naloxone training and scripting. Case managers complete an initial screen and program consents covering housing, social supports, financial or legal issues, alcohol and drug use, and mental health and agree to the level of on-treatment engagement offered. In South-East Queensland, nursing services and treatment provision is provided by a Nurse Practitioner and a registered nurse. In Townsville, the TMP continue to work with motivated external GPs who provide assistance with Hepatitis C work-up and scripting requirements, with all additional support provided by the QulHN case manager and clinical nurse consultant. The Brisbane TMP clinic is run in conjunction with the Better Access Medical Clinic, utilising General Practitioners and practice nurses for clinical assessments, and TMP case managers to coordinate treatment supports, available 5 days a week. This model allows for QulHN NSP clients to engage with other programs within QulHN and provides a one-stop-shop for access. People presenting with clinically complex medical needs are referred to the nearest Hepatitis Specialist for treatment advice and monitoring (clinically complex presentations may be cases identified by cirrhosis or advanced liver disease, and/or co-morbid health factors (Human Immunodeficiency Virus co-infection, Hepatitis B co-infection, complex drug-to-drug interactions)).



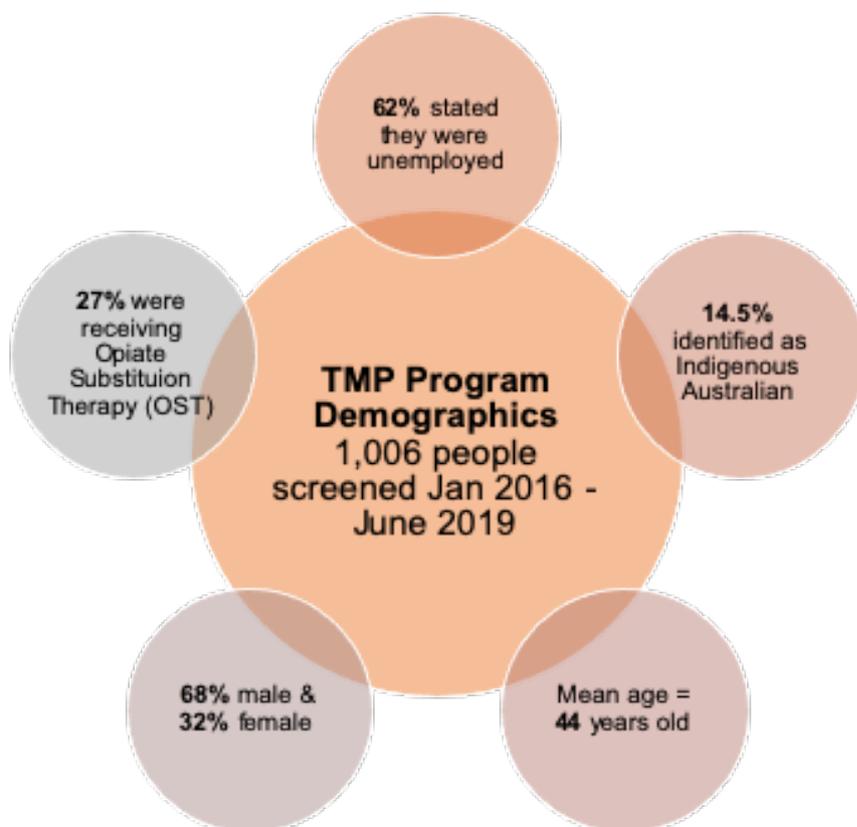
Image: Caseload of Care

HEPATITIS C TMP PROGRESS – BUILDING TOWARDS HEPATITIS C ELIMINATION: JANUARY 2016 TO JUNE 2019

The TMP team has built strong relationships with both clients and community stakeholders. Overall the program has screened over 1,000 people interested in seeking Hepatitis C treatment. The retention rate is demonstrated in the Cascade of Care image. Of those who have completed treatment and attended for final treatment blood tests, 96.4% have achieved a Sustained Virological Response (SVR) at least 4 weeks post-treatment, comparable to expected treatment outcomes.

HEPATITIS C TMP PROGRAM DEMOGRAPHICS JAN 2016 TO JUNE 2019

Demographics of people seeking testing and treatment through the TMP have remained consistent with the overall program average over the past 12 months.



HEPATITIS C TMP INNOVATIONS MAKING A DIFFERENCE

During the 2018-2019 year, TMP expanded hours to the Peer Harm Reduction Worker position with a continued focus on increasing referrals and support of people who inject drugs who are seeking Hepatitis C treatment.

This position self-identifies as a peer with recent lived experience and knowledge of the health and social issues experienced by people who inject drugs, including people living with chronic Hepatitis C. The Peer Harm Reduction Worker provides brief interventions and education sessions and assists individuals to navigate the Hepatitis C treatment process including provision of support for people seeking or currently on treatment.

TMP received a grant in February 2019 to implement an Incentives trial to increase the rates of people who inject drugs to be tested, treated and to confirm treatment results. People were offered \$10 to complete Hepatitis C testing, \$20 to assist with costs associated with Hepatitis C scripting, and \$30 to complete a final experience of treatment survey and complete final blood tests. The trial was conducted from March 2019 to June 2019 with results showing an 85% increase in rates of testing; a 45% increase in rates of treatment initiation, and no significant change to people attending for final confirmatory blood testing. The success of this project will see its continuation into the next financial year.

A trial utilising a Hepatitis C Prison Transition Worker was piloted from February 2019 to 30 June 2019 to work with people in prison, or recently released from prison; who are seeking,

or on Hepatitis C treatment and provide a vital community transition linkage to care to minimise disruption to on-going treatment, or the starting of treatment. The role works with prisons across South-East Queensland with a focus on prisons located in West Moreton Hospital and Health Service. A formal evaluation of the project is being conducted by the University of Queensland.

HEPATITIS C TMP PROGRAM GOVERNANCE

The TMP Expert Advisory Panel continued to meet quarterly to discuss treatment recruitment, program design and research and evaluation of the program. The Panel is represented by a broad range of stakeholders from the BBV sector in Queensland from Government, Non-Government, QulHN and a consumer representative.

Key areas for the Hepatitis C TMP to continue focus over the coming 12 months:

- Expansion of outreach clinical services to streamline access to Hepatitis C testing and treatment in the community;
- Expansion of marketing and promotion to further broaden current relationships (rehabilitation services, OST, GPs, secondary NSPs, AMS and CALD services);
- Hepatitis C treatment recruitment strategies with a continued focus on peers and positive treatment experiences;
- Continued case management of complex clients;
- Strengthening partnerships which lead to an improved treatment experience for clients; and
- Investigating novel ways to increase testing and treatment uptake such as point of care testing.

Undertake establishing a OST pharmacotherapy program that meets associated costs and regulatory and accreditation requirements

QulHN provides an Opiate Substitution Therapy (OST) program through its Better Access Medical Clinic (Bowen Hills site) and has been providing OST since October 2016. This program has expanded significantly during the year

with two additional GPs gaining authority to prescribe. At present there are over 55 regular OST patients being scripted through the clinic.

Expand partnerships with other health providers to increase access to prevention, testing and early detection, and treatment and management of chronic Hepatitis C, HIV, and Sexually Transmitted Infections (STIs), as well as our therapeutic programs and group work

QulHN's services are constantly initiating, building and enhancing partnership activities that enable individuals' access to our services and facilitate achievement of our mission. During the 2018/2019 year our services continued to strengthen existing partnerships and initiated new partnerships.

Such partnerships included, but are not limited to:

- Caboolture Hospital and Health Service (HHS) Alcohol and Other Drug Service (AODS) and Needle Syringe Program: During the reporting period QulHN's Treatment & Management HCV clinic commenced a fortnightly clinic at Caboolture hospital.
- Southport HHS AODS: During this reporting period QulHN commenced treating individuals through the Southport Health Precinct and have secured a clinical space in the precinct to facilitate fortnightly HCV clinics, in addition to therapeutic counselling.
- Sunshine Coast University Hospital: for assistance provided by Dr James O'Beirne in the Hepatitis C TMP Expert Advisory Group (EAG) Panel and for surveillance of advanced liver disease in Hepatitis C patients referred by the TMP. This partnership has continued over the current reporting period.
- Townsville HHS Hospital Department of Gastroenterology: for assistance provided by Dr Masson in the Hepatitis C TMP and for surveillance of advanced liver disease in Hepatitis C patients referred by the TMP. This

partnership has continued during the current reporting period.

- Sunshine Coast University Hospital (SCUH) Hepatology Unit: TMP patients identified as requiring ongoing tertiary surveillance referred to the hospital for on-going treatment and surveillance.
- Townsville Aboriginal & Islander Health Service (TAIHS): QulHN Townsville and TAIHS work closely together on a number of initiatives. TAIHS operate an Alcohol & Drug Rehabilitation Centre on Palm Island named Ferdys. Palm Island is an Aboriginal community located on Great Palm Island, also called by the Aboriginal name "Bwgcorman", an island on the Great Barrier Reef in North Queensland. QulHN continued to attend the rehabilitation centre on a monthly basis providing education and information to both the staff and residents of the centre. Education usually focuses on BBV prevention, testing and treatment option as well as STIs. In addition, during this current reporting period QulHN are in discussions regarding sending our CNC over to the island to commence BBV, STI blood screening.
- South City Family Medical Centre: During the reporting period QulHN established links with this practice and now facilitate FibroScans on a fortnightly basis.
- Mirikai (Lives Lived Well): Rotating 6 weekly staff/client education sessions focused on HCV prevention & treatment and other harm minimization related subjects.
- Various Primary Health Networks across Queensland: in funding that has allowed expansion of the delivery of therapeutic services into the following areas: Redlands and the Moreton Bay Islands, Gympie and the Gold Coast Northern Corridor.
- Sunshine Coast AOD Service Provider Alliance: of which QulHN Therapeutic Services are a member and contribute to a number of objectives, including: improving service delivery assisting government and non-government agencies to work together in a more integrated and effective way to achieve positive outcomes; provide increased flexibility and support to existing services to address the needs of people with complex support needs; provide an integrated and holistic response to complex needs – physical, mental, social to improve overall health outcomes.
- Queensland Aboriginal and Islander Health Council (QAIHC): in the training program for Social and Emotional Well Being Workers (SEWB).
- MAX Employment Services: which QulHN therapeutic services work in partnership with in providing counselling and case management to their clients affected by substance use concerns at a number of their office locations.
- Government and Non-Government Agencies: to provide smooth referral pathways for clients seeking to access QulHN programs, but also for clients of QulHN that need additional supports that QulHN cannot provide. The most prevalent agencies across the state include but are not limited to; Queensland Corrective Services, ATODS, various Mental Health Services Providers, local Hospital Health Services and Housing and accommodation service providers, child protection services etc.
- Mangrove Housing, Redlands Bay: a joint partnership with QulHN Therapeutic Services and Mangrove Housing. Through this partnership Mangrove Housing Limited provides transitional housing and tenancy support and QulHN provides specialist support services when mutual tenants are referred to support them to achieve a sustainable housing solution.
- QNADA: which QulHN works in partnership with by participating in various steering committees and collaboration projects which enhance and support sector development and collaboration in the AOD field across Qld.



Promote the availability of QulHN services through Aboriginal Medical Services, other General Practices and health and related services

QulHN's Harm Reduction and Therapeutic teams collaborate on numerous initiatives with Aboriginal and Torres Strait Islander health services that aim to promote QulHN's services and provide increased access to sterile injecting equipment, testing and treatment options for Hepatitis C and psycho-social support for AOD concerns.

Each year between 9-12% of overall occasions of NSP service identify as either Aboriginal, Torres Strait Islander or both Aboriginal & Torres Strait Islander. A large proportion of people identifying as Indigenous are via QulHN's Brisbane NSP located at Bowen Hills. It should also be noted that although QulHN Townsville NSP sees the least amount of NSP occasions though their Aboriginal and/or Torres Strait Island occasions sit at approximately 34% of overall NSP occasions, this is the highest from all QulHN sites.

Approximately 16% of all clients accessing for support for substance use concerns through our therapeutic services identified as Aboriginal and Torres Strait Islander origin. Those individuals who identified as Aboriginal and Torres Strait Islander origin were most significantly represented in the Mt Isa (87%), Townsville (47%), Cairns (20%), Redlands (15%) and Brisbane (13%) regions.

QulHN Therapeutic Services developed, in conjunction with Queensland Aboriginal and Islander Health Council (QAIHC), a training program for Social and Emotional Well Being Workers (SEWB). This training program is a two-day interactive workshop designed to give participants information and skills for working with people affected by substance use and mental health concerns (Dual Diagnosis). Working with people using Ice

is included as a particular focus for parts of the workshop though the skills learned will be applicable to any substance use and mental health issue. QulHN delivered this training at the National Indigenous Drug and Alcohol Conference (NIDAC) in November 2018.

QulHN Therapeutic Services, in partnership with the Institute for Urban Indigenous Health (IUHI), jointly deliver the Applied Suicide Intervention Skills Training (ASIST) program to direct service workers of both organisations. Whilst direct service workers of both organisations learn how to implement the ASIST program, they also make connections with each other which has benefited smooth referral pathways between both organisations and increased informal knowledge.

Additional benefits of our formal and informal partnerships with QAIHC and IUHI, include:

- Direct service workers from both organisations get to know each other and make connections;
- QAIHC and IUHI staff can then vouch for and recommend QulHN services to members of their communities;
- QulHN staff can seek support through the connections they have made, ensuring they are working in a culturally safe and respectful manner; and,
- Smooth referral pathways and care coordination opportunities.

QulHN Therapeutic Services works with Yulu Burri Ba on North Stradbroke Island, to enable counselling in the Island. Additionally, through funding received from the the Brisbane South Primary Health Network, QulHN work in partnership with Lives Lived Well and Kalwun to service the needs of those affected by substance use concerns within the Gold Coast Northern Corridor.

BROADEN TARGET POPULATION

Consumer representation to identify trends and regional issues to inform planning and delivery of services and programs. Allocate resources and determine methods of engagement and consultation with consumers to identify needs, reach and how to communicate in relation to new emerging substances.

HEPATITIS C TREATMENT & MANAGEMENT PROGRAM (TMP), EXPERT ADVISORY COMMITTEE (EAP):

QulHN's TMP is guided by an established EAP. The committee is made up of specialists and key stakeholders including consumer representation relevant to HCV and in particular HCV treatment options. Consumer input and involvement continued in this area throughout the reporting period.

TRACKS MAGAZINE EDITORIAL COMMITTEE:

QulHN's Harm Reduction Service produces two Tracks Magazines for Illicit Drug Users per year. QulHN service users are strongly encouraged to provide input into the magazine content. The magazine has a major focus on minimising harms associated with drug use, such as the prevention of Blood Borne Viruses (BBV), overdose, and new and emerging issues and topics around drugs and associated issues. Every magazine contains input from its reader base and the committee is made up of identified peer representation as well as representation from each QulHN region.

CLIENT ENGAGEMENT OFFICER: this role was formalised during the year. The primary purpose of this position is intended to coordinate and support sustainable client engagement across all functions of QulHN, including service design and planning, delivery, and evaluation. This will be achieved through a focus on the enhanced design and implementation of documented systems and processes to gather, report and respond to client feedback; implement quality improvements to ensure client engagement; and, support and train staff, peers and clients in relation to client feedback and engagement.

STRETCH2ENGAGE: Over the year QulHN worked in partnership with the "Stretch2Engage project". The project incorporated a set of best practice principles to guide the engagement of people using services and their friends and families in service design, re-design and evaluation with a particular focus on Queensland's AOD and mental health sectors. Involvement in the "Stretch2Engage" project and its framework required the organisation to think and act differently in respect to how we go about client engagement and put emphasis on building our capability. The project allowed QulHN to really assess how engagement is viewed, funded, assessed and evaluated, across the organisation. QulHN will continue to implement and embed the principles of the "Stretch2Engage" project.

CAIRNS FOCUS GROUP: The purpose of this group was to gain feedback from consumers accessing therapeutic services. The focus was on a range of factors, such as: what keeps clients coming to QulHN; what clients coming to QulHN Therapeutic Services was in this region; and how the service could be improved.

CLIENT FEEDBACK PROCESSES: QulHN is committed to facilitating client feedback, both positive and negative, about its services and ensuring that feedback is regularly reviewed, considered for action and promptly responded to. QulHN closes the feedback loop through providing written responses to all feedback received. Responses to feedback are displayed throughout QulHN's reception areas and NSPs in each region throughout Queensland. The purpose of gathering and recording

feedback helps QulHN maintain and improve service quality and ensure clients and other stakeholders have an opportunity to provide suggestions and feedback. Through the Stretch2Engage project QulHN are now trialling a number of new feedback processes, such as our Feedback2Action groups.

BETTER ACCESS MEDICAL CLINIC: conducts regular surveys of patient satisfaction. These surveys are conducted by an external organisation and assess the clinic against key measures required for RACGP accreditation.

EXPERTS BY EXPERIENCE PEER WORKFORCE DEVELOPMENT TRAINING:

From February 2019 to June 2019, Brisbane South PHN commissioned QulHN's Therapeutic Service to deliver a short-term project that supported the development of an AOD specific lived experience workforce. The Experts by Experience Training Package developed by QulVAA and QulHN, was targeted towards people interested in consumer representative roles. The curriculum was extended to provide more in-depth training for people who would like to enter the peer workforce specifically for this project. Experts by Experience aimed to prepare people who want to become more involved in AOD treatment and advocacy work. The program was run through intensive 4-hour sessions over a three-week period. There were three groups of people who engaged in the three training sessions co-facilitated by a peer worker and the Program Coordinator. QulHN also presented at the PHN Lived Experience forum.



Extend the geographical reach of the Better Access Medical clinics, NSP and therapeutic counselling and group programs through outreach, partnerships and technology.

During the life of the strategic plan our services undertook:

- Continued expansion of our core service hours to 9am to 7pm Monday to Friday;
- Increased NSP mail outs in order to increase sterile equipment in areas that are isolated by distance from NSP services.
- Scaled-up reach of the TMP Nurse Led Hepatitis C Clinics and through shared care arrangements with external General Practitioners and specialist centres. This TMP outreach clinic service is continuing to grow and expand into other identified areas as required.
- Continued expansion of core services through a greater focus on outreach models (in areas such as Gold Coast Northern Corridor, Southport, Wynnum, Mt Gravatt, Redlands and Moreton Bay Islands, Deception Bay and Caboolture, and Cairns Hinterlands).
- Expanded core therapeutic services into the Redlands and Moreton Bay Islands areas, Mt Isa, Mackay and Townsville areas.
- Continued focus on our Information Communication Technology projects to enhance focus on cyber security, redundancy and contingency, upgrades to video and voice capabilities and ensuring our workforce mobility.

STRENGTHEN & EXTEND REACH OF PROGRAMS

Extend the opening hours of QulHN's service suite to allow for greater flexibility to consumers in accessing services outside of standard business hours

HARM REDUCTION SERVICES

QulHN's Harm Reduction teams operate services between the hours of 9am to 7pm Monday – Friday (excluding public holidays). QulHN Townsville commenced extended hours in March 2018 but has more recently reduced the opening hour to 9am – 5pm Monday – Friday. This reduction in extended opening hours for Townsville was a result of a review of the extended opening hours which demonstrated a lack of uptake by individuals utilizing services during those extended hour times (5pm to 7pm). QulHN Southport NSP operates between 10am – 4pm Monday – Friday (excluding public holidays).

THERAPEUTIC SERVICES

The Therapeutic Programs operate the core hour of business are 9am to 7pm across all offices and outreach programs. All new services include these expanded hours of operation as standard service hours. Counselling, group work and case management services are also provided via outreach and home visits in a number of areas such as: Gold Coast Northern Corridor, Southport, Wynnum, Mt Gravatt, Redlands and Moreton Bay Islands, Deception Bay and Caboolture, and Cairns Hinterlands.

BETTER ACCESS MEDICAL CLINIC

The Better Access Medical Clinic (Brisbane) extended its operation through the addition of a third GP. Availability of appointments outside business was increased with two GPs offering appointments beginning from 8.30am five days per week and extended hours between 5pm and 6pm two nights a week.

Develop and document an alternative shorter-term format for the counselling program to respond to the needs of those clients that do not want or cannot undertake long term engagement in counselling

Whilst evidence-based literature reviews support the fact that the longer a client who presents as co-morbid is engaged in an evidence-based treatment service the better their outcomes; QulHN Therapeutic Services acknowledges that for some clients that long term engagement is not always necessary. As a result of this QulHN developed a number of short term evidence-based packages that are utilised by some clients, such as those referred from Queensland Corrective Services or those individuals seeking either post or pre-treatment support who may not require intensive support to sustain changes.

Extend learnt knowledge from the Parent, Children and Families (PCF) Support Program to inform and develop the Non Government Organisation Treatment Grants Program (NGOTGP) Treatment services to take a more 'family-oriented' and holistic approach in response to complex and multiple needs families

QulHN Therapeutic Services has utilised the skills, knowledge and procedures it has developed/learnt through facilitating the Parent, Children and Families (PCF) Support Program to inform pre-existing and new programs. Over 70% of clients accessing for therapeutic services identify as parents. QulHN retains a number of staff who are highly skilled in meeting the needs of families affected by substance use and associated Mental Health concerns.

Additionally, procedures and trainings developed to support the implementation of the PCF Support Program have become an integral part of core business delivered by QulHN Therapeutic Services programs, such as:

- Attendance at Family Group Conferences as advocates and support to clients;
- Ongoing referrals from and case coordination with the Department of Child Safety;
- The implementation of QulHN Child Protection Risk Management tool and related policies, across all programs;
- Delivery of QulHN developed training program, The Effects of Substance Use and Mental Health Concerns on Parents, Children and Families;
- Membership of the Family Inclusion Network group;
- Delivery of the QulHN evidence-based Treehouse Parenting Program (due to funding gratefully secured via the Primary Health Networks);
- Delivery of the Significant Other Support Workshop and the provision of individual counselling to this cohort;
- The incorporation into the Therapeutic Services evidence based Clinical Counselling Guidelines Framework (which forms part of the induction for all counselling staff), a significant section on attachment theory and trauma informed practice; and
- The skills and knowledge learnt in delivering the Treehouse program is incorporated into individual counselling sessions.

The experiences and knowledge developed through the delivery of the Parent, Children and Families (PCF) Support Program, have ensured that QulHN Treatment Services deliver a 'family-oriented' and holistic approach in response to complex and multiple needs families.

EXTEND REACH THROUGH TECHNOLOGY

Explore potential of using online technology to extend reach and engagement with consumers.

QulHN continues to utilise Facebook in the promotion of our services as well as providing harm reduction messages around overdose, blood-borne virus prevention and treatment among a range of other health campaigns across the year.

QulHN continues to produce two editions of the Tracks magazine a year as both print and electronic resources that provides a range of harm reduction information, strategies and content contributed by our readership. QulHN's Harm Reduction service also offers peer education groups and are currently working with external consultants on the creation of this education program as an on-line and digital package. During the life of the strategic plan a 3-year Information Technology Strategy and Roadmap was completed for the business which was the basis for informing a more focused approach to our IT infrastructure to ensure the organisation has digital foundations in place to support the organisation over coming years. The strategy roadmap established requirements across the business and outlined what is needed to achieve our goals in this space to better enable us with the right tools and capabilities. Understanding of these areas ensures we focus on the right areas for the business at the right time.

Achievements against the 3 Year ICT Plan over its life included:

- Review of Network Management and Security arrangements. This included an external security assessment and audit (including penetration testing). Our

network and cyber-security continue to be a priority for the organisation.

- Complete overhaul of the network management arrangements and wide area network and re-contracting of its Managed Gateway across all sites to ensure for future growth in data, video and voice communications and incorporation of these as a primary requirement in our network architecture;
- Complete migration from on-premise infrastructure to the Office 365 cloud and other cloud systems, including delivery of Skype for Business and migration of the on premise SharePoint intranet to the O365 cloud and migration of client management systems and key enterprise resource management systems (e.g. human resources, fleet vehicle management, quality and risk management) to specialised cloud based systems.
- Completed execution of the organisation's server infrastructure upgrades, QulHN chose a hybrid cloud model with sourcing of their own server hardware and co-location off site in a secure Tier 3 secure data facility (housed in Brisbane). The server infrastructure project was important as it significantly reduces risk associated with ageing equipment and equipment being hosted on premises. The old on premises server has now been decommissioned;
- Implementation of enterprise grade redundancy and recovery, for the organisations server systems infrastructure and data requirements;
- Complete upgrade of the company's

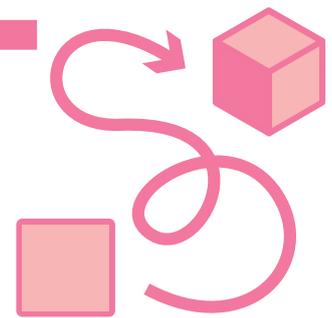
computer and device fleet including the move towards a single operating environment and standardisation of our Standard Operating Environment (SOE); and,

- Complete upgrade of the organisation's IP telephony systems to meet future requirements.

Over the last 12-months the organisation continued its focus on our IT projects through enhanced cyber-security, redundancy/contingency planning, and upgrades to our video and voice capabilities as well as ensuring our workforce mobility. Future requirements for services will centre on a range of areas; including websites and other online assets, and support for telehealth/video conferencing initiatives and online education packages to achieve program goals. The implementation of the Redicase Client Management System was completed and Redicase is now due for post-implementation review. A renewed IT Strategy Roadmap will be the focus of the coming year ahead.



KPI2 EVOLVE SERVICES



STRENGTHEN EVIDENCE BASED PRACTICE

Review and update the QulHN Clinical Counselling Guidelines to ensure alignment with current best practice, evidence base and to support counsellors to provide high quality, safe, and effective therapeutic programs

The organisation has reviewed its Clinical Counselling Guidelines framework to incorporate changes in legislation, emerging evidence and changes brought about by health system reforms. The Guidelines now also incorporate a training section on addressing trauma informed practise. The organisation also completed the development of its Therapeutic Home Based Withdrawal and Detoxification Guidelines and further work is planned over the coming period to support this.

Strengthen clinical governance through increased monitoring and review of clinical practice, trend analysis and performance reporting against Key Performance Indicators

The Better Access Medical Clinic Brisbane successfully finalised AGPAL RACGP (4th Edition) Standards external recertification surveillance in 2017. Certification against the AGPAL

RACGP (5th Edition) is due in 2020 and work has commenced in preparation against these revised standards. QulHN also successfully undertook organisation wide ISO 9001:2015 external surveillance and recertification over the last 12-month period, in which the clinic was excluded from scope. The Better Access Medical Clinic continues using Best Practice and PENCAT to track clinical KPIs and benchmarks. Better Access Medical Clinic has undertaken major changes in clinical operations over the past 12 months.

Areas of focus have included but are not limited to:

- setting of key benchmarks for monitoring across clinical activity for the next 12-months;
- improved reporting including business performance and key benchmark measures;
- greater focus on comprehensive patient health care and improved chronic disease management and cycles of care;
- introduction of Health Assessments;
- improved triage;

- reducing rates of do not attend appointments and more effective patient engagement within the clinic;
- focus on the existing patient database to provide better care and patient engagement;
- developing clinical guidelines and procedures; and,
- introduction of private psychology services.



Increase QulHN's participation in formal research that has the potential to benefit clients and strengthen innovation and evidence based practice

QulHN & University of Queensland, School of Public Health via the Queensland Alcohol and Drug Research and Education Centre (QADREC) Research:

undertook an evaluation of its TMP through a partnership initiative with the University of Queensland, School of Public Health, QADREC. QulHN commissioned this evaluation to examine the feasibility and outcomes of Hepatitis C Virus (HCV) treatment for people who inject drugs (PWID) using new generation direct acting antiviral therapy via a community-based treatment model (TMP). As a result of the evaluation a further article regarding the TMP was published in a Special Issue Policy (Special Issue on Hepatitis C Virus and Direct Acting Antivirals among people who inject drugs) of the International Journal of Drug Policy (IJDP). QulHN

continues to work with UQ in a number of evaluations, including evaluation of our TMP Prisons Transition Worker role.

Australian Needle & Syringe Program Survey (ANSPS AKA "the Finger Prick Survey"): QulHN NSP sites continue their participation in the Australian Needle & Syringe Program Survey (ANSPS) facilitated by University of NSW, Kirby Institute for Infection and Immunity in Society. HIV and Hepatitis C prevalence estimates among PWID are essential for planning, implementing and evaluating blood borne virus prevention programs such as QulHN's NSPs and Treatment and Management Program. QulHN's involvement over the previous 5 years is provided below.

- Illicit Drug Reporting System (IDRS): QulHN continue to provide support and assistance in the yearly collection of data for the Illicit Drug Reporting System (IDRS).

- The Commonwealth Department of Health commissioned the National Drug and Alcohol Research Centre (NDARC) at the University of New South Wales to manage and coordinate the IDRS. The IDRS is an annual, nation-wide study that monitors the price, purity, availability, and use patterns of illicit drugs.
- The Queensland Alcohol and Drug Research and Education Centre (QADREC) at the School of Public Health, University of Queensland is responsible for the Queensland component of the project.
- The opportunity to recruit through our services over the years enables comparison and contrast trends in illicit drug use over time.
- Kirby Institute University of New South Wales LiverLife research was facilitated from both our Brisbane and Townsville offices.

STRENGTHEN CONTINUITY OF CARE

Implement a client management system (CMS) that supports an integrated client record for all front-line client programs

During the life of the strategic plan the organisation introduced Redicase for all case management and therapeutic services. QulHN migrated its Client Management System (CMS) from a legacy bespoke database over to a more secure and reliable cloud based CMS solution. QulHN went about a comprehensive review of CMS products available at market, based on a list of requirements, including but not limited to: Australian based product housed in Australia with assurance data storage complied with strict data security and privacy requirements; simplicity for our end users; reporting and ability for live reporting; conformance to the AIHW AOD National Minimum Dataset (NMDS); and ability to contribute to greater worker mobility while in the field. Eventually the product, Redicase, was selected. The Better Access Medical Clinics continue to use Best Practice patient management software. During the 2018/2019 year the Needle and Syringe Program also updated its NSP database to a Microsoft SharePoint solution supported by Microsoft PowerBI reporting capability.

Review current referral pathways and linkages with health and related services at the primary level of care in order to support improved continuity of care for clients

Referral pathways and linkages with other health and welfare services are continuously supported and promoted via networking groups by all programs. Better Access Medical Clinic and Therapeutic Services have identified that development of further relationships and pathways of care with specialist psychiatry services in the development of withdrawal management/detox services and for serious and complex mental health presentations would be beneficial. The TMP program and the clinic continues to strengthen relationships with specialist liver clinics for the management and surveillance of identified cases of advanced liver disease.

Identify strategies to support clients who have completed QulHN's therapeutic programs to sustain personal goals beyond their participation in the program & strengthen clinical pathways

During the life of the strategic plan QulHN developed a model of after care for clients exiting our therapeutic services and have intentionally tendered and sought additional funding for assistance in establishment of after-care programs for our populations. QulHN also commissioned an independent consultancy to assist with the review and development of models for outpatient withdrawal and detoxification services. An element of this included a focus on after-care and transition for clients; this project has now delivered a manualised program for outpatient withdrawal and detoxification services from a therapeutic stand-point that can be integrated with further clinical capacity when appropriate.



STRENGTHEN STRATEGIC PARTNERSHIPS

Develop a framework to guide ethical and strategic partnerships

QulHN is committed to providing a professional, quality, inclusive, and non-judgemental service built on honesty, integrity and transparency and underpinned by a social justice framework that respects diversity and difference. QulHN values and supports; difference and diversity, respect for self and others, self-determination, transparency and accountability, and, being consumer focused. During the financial year QulHN went about the development of an organisational culture statement that embeds our company values in a Blue Print. The Company Values BluePrint was developed in partnership with our staff workforce. We believe our Strategic Plan, Risk Appetite Statement, Business Plans, and our Company Values BluePrint set out our frameworks to guide strategic and ethical partnerships and decision making in respect of this.

Leverage the skills, knowledge and networks of Directors to further the objectives of QulHN

During the life of the strategic plan QulHN undertook an independent and external Governance Review which resulted in the production of a comprehensive report outlining a range of recommendations to the Board. The Board also undertook a review of the skills and contribution of directors. The Board have also actively engaged in identifying required skill gaps and consideration of succession planning. The Board also undertook their annual performance review during the year which feeds into this important body of work. Directors have made very large contributions to the organisation over the year in respect to review of our strategic plans and Constitution, our ongoing governance, and several key projects.

Develop a corporate intellectual property (IP) statement that defines the unique value proposition for potential partners to work in collaboration with QulHN

The value of QulHN's IP that exists in the organisation should not be understated or undervalued. Currently the organisation employs a number of informal IP protection strategies. QulHN's unique position allows it to apply its IP with partners in a number of meaningful formats, such as the development of Dual Diagnosis Brief Intervention Training for Social Emotional Wellbeing (SEWB) Workers working in community controlled settings.



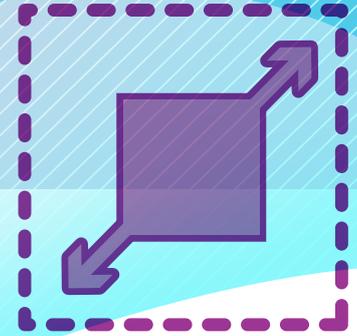


KPI3

ENHANCE

CAPACITY

MANAGE PERFORMANCE



Explore available business intelligence tools that can combine and report on performance data from QulHN's information management systems and provide reporting templates to support high level KPI reporting.

During the life of the strategic plan the organisation has reviewed and implemented a range of business intelligence tools that combine and report on performance data drawn from our information management systems:

- Microsoft PowerBI. Implementation of Power BI for our NSP network has been completed and attention to how this product can support future reporting is ongoing.
- Fathom Accounting Analysis package. A financial analysis tool designed to assess financial and business performance, monitor financial trends and identify improvement opportunities. QulHN worked closely with our professional accounting partner in the implementation of this package. Fathom does not replace our MYOB accounting package but provides additional tools to generate more customisable and higher-level dashboard financial reporting through application of meaningful metrics to drive financial performance.
- QUDOS Quality Management System

(QMS). QUDOS software provides a complete compliance and risk management software package for the organisation and assists us to manage our compliance against ISO 9001 QMS and AGPAL RACGP Standards and other compliance requirements.

- RediCASE client management system (CMS) for all counselling and case management services.
- Employment Hero. A Human Resource Information Software (HRIS) system that assists the organisation to improve onboarding processes, human resource management systems and workflows, currency of records and provide efficient means of reporting on a range of HR metrics.
- Log Book Me. A digitised option for our fleet vehicle management.
- Quarterly and routine monthly Management Reports to Board with reporting formats have been refined to cover a range of key areas.

Negotiate staff performance goals against QulHN's KPIs as part of the annual performance planning process and report on performance at six monthly intervals. Implement performance reporting against the organisation's KPIs at all levels of the organisation and link the outcomes of evaluation to future planning processes.

QulHN's KPIs are documented in service agreements and annual service plans and in our Business Plans. Quarterly reports against KPIs of the strategic and business plans of the organisation are provided by the senior management team to the Board. The organisation reports to funding bodies and sponsors at differing intervals of monthly, quarterly, six monthly and annually. Annual Forward Service Plans for programs are submitted each year and are approved by the funding bodies. All staff employed have agreed KPIs included in position descriptions. All Position Descriptions, including KPIs have been reviewed in consultation with staff over the last 12-month period. KPIs contained in Position Descriptions are also reviewed with staff in their annual Performance Development Reviews (PDR) and monitored through monthly supervision and quarterly PDR check-ins. During the life of the Strategic Plan, QulHN engaged with a consultant company to undertake a review of its organisational human resources requirements and systems. A component of this review was updating of the Position Descriptions and KPIs contained therein, reviewing all position classifications for compliance against the awards, and renewing the PDR and supervision process and systems across the organisation. This body of work was undertaken in close consultation with staff.

DEVELOP WORKFORCE

Develop a staff capability framework that strengthens leadership skills and staff ability to undertake specific role responsibilities.

The organisation has taken an approach of seeking to build the capacity of our middle (front line) management within the organisation through training, support and meaningful opportunities to take on higher duties in leadership roles. This focus on developing our leadership potential from within will remain an ongoing focus for the organisation and a future requirement is for the development of a Leadership Development Program targeting our middle tier management.

Establish learning circles within and across QulHN's staff teams and with complementary organisations to support learning and innovation in providing services to clients.

Some of the opportunities have included, for example but not limited to:

- The introduction of the PASE/LASE staff supervision model across all QulHN programs with managers trained and a suite of documents provided to support implementation for the facilitated supervision model.
- Bi-monthly externally facilitated clinical team supervision for Therapeutic teams.
- Therapeutic services weekly multi-disciplinary case conferences.
- NSP Authorisation training, facilitated internally and externally.
- The update of the QulHN Dual Diagnosis Training Package that will now be delivered outside of QulHN to external participants in a range of locations through an opportunity provided via funding received via the Central Queensland, Wide Bay and Sunshine Coast PHN.
- The development and facilitation of the Dual Diagnosis Brief Intervention Training Package in partnership with QAIHC.
- The co-facilitation of the ASIST program with other external service staff.
- The development of a de-briefing program for all QulHN staff.
- Internal and externally facilitated training provided to all staff.
- Key staff being afforded the opportunity to step outside their normal roles for a period to project manage specific initiatives.

Implement incentives to attract GPs with interest in addiction medicine; including prescribers of OST. Implement a placement program for GP Registrars and develop an internal supervision program.

The ability to attract and retain General Practitioners with an interest in our clinical interest and focus areas remains a key challenge for the organisation. Over the course of the financial year QulHN undertook and continues to undertake recruitment campaigns for suitable primary care doctors and the clinic was successful in recruiting an additional GP. The clinic has also been effective in retaining the services of its existing GPs. Given the considerable maturation taking place within the clinic, our existing GPs have given strong support. Despite this, more work and resources need to be dedicated to the ongoing recruitment and retention of our GP workforce. The industry broadly has a shortage of GPs which is exacerbated in the AOD sector and recruitment and retention is often considered to be the most difficult task to effectively undertake. Whilst this clinic is unique in many ways, those differences should be used to attract suitably qualified and experienced GPs who are looking for learning and development pathways and meaningful practice that has long lasting positive effects on their patients.

Strengthen capability of QulHN's programs to engage and work with the Aboriginal and Torres Strait Islander (Aboriginal and Torres Strait Islander) communities through the development of cultural sensitivity protocols and through staff training.

Each QulHN region works with their local community controlled services. We continue to work alongside the various Aboriginal Medical Services within our office locations, either as part of health promotion events, referral pathways regarding therapeutic clients and at a strategic level through their senior leadership. These activities have allowed us to support Aboriginal and Torres Strait Islander services and QulHN to share skills, knowledge and resources, and learn best practice approaches to working with Aboriginal and Torres Strait Islander drug users.

Therapeutic staff attended the Indigenous Risk Impact Screen (IRIS) training and Therapeutic teams have begun adoption of this tool. QulHN continues to explore frameworks for enhancing the service we provide to members of the first nations communities. One of the tools we are currently exploring is the Network of Alcohol and other Drug Agencies (NADA) Aboriginal Inclusion Tool. It relates to inclusive practice in AOD services, but maybe able to be adapted for other service types.

QulHN commenced a formal partnership agreement with Queensland Aboriginal & Islander Health Council (QAIHC). As part of this agreement QulHN has developed in conjunction with QAIHC a training

program for its Social and Emotional Wellbeing Workers. This training program is a two-day interactive workshop designed to give participants information and skills for working with people affected by substance use and mental health concerns. Ice use is included as a particular focus for parts of the workshop though the skills learned will be applicable to any substance use and mental health issue. There are 8 modules for the workshop which include: Introduction and Stages of Change, Pre-Contemplation, Contemplation, Preparation, Action, Maintenance, Relapse, Self-Care, Case Studies and putting it all together. QulHN co-delivered this training with QAIHC at the National Indigenous Drug and Alcohol Conference (NIDAC) in November 2018.

Over the course of the Strategic Plan QulHN worked in partnership with the Institute of Urban Indigenous Health (IUIH) in the provision of staff training. In partnership QulHN and IUIH jointly deliver the Applied Suicide Intervention Skills Training (ASIST) to staff of both organisations, which allows staff to not only develop the skills to work with clients with suicidal ideation but also develop a greater understanding of the issues that clients present with in both organisations. QulHN and IUIH have jointly facilitated this program on several occasions.

Our Harm Reduction program area established strong working relationships with the Townsville Aboriginal and Islander Health service in Townsville. This partnership arrangement has meant we provide education and training in relation to the prevention of Blood Borne Viruses education for residents of their drug rehabilitation service Ferdys on Palm Island. During this reporting period,

discussions regarding QulHN's Clinical Nurse Consultant attended to offer BBV & STI screening to the residents of Palm Island.

Better Access Medical Clinic has sought to strengthen its engagement with Aboriginal and Torres Strait Islander people and has begun to utilise services available under Medicare and the PBS to better serve this population. Services include comprehensive annual health assessments, better prescribing processes, closing the gap (CTG) programs and CTG PBS scripting

QulHN were commissioned to provide Dual Diagnosis Training through Central Queensland, Wide Bay and Sunshine Coast PHN across this PHN catchment.

Explore potential of delivering a fee-for-service professional development program to other health service practitioners on alcohol and other drug therapies.

The organisation has developed several therapeutic training packages that can be used to deliver and support external health service providers on a fee-recovery basis.

BUILD PEER CAPACITY

Seek funds to support employment and traineeship opportunities for peers

QulHN continued the employment of an identified Peer Harm Reduction Worker role within its Harm Reduction services, this role began as a Permanent Part Time position and during the reporting period was increased to a Permanent Full Time position. The Harm Reduction services have actively sought further funding for an expansion of these roles.

The Client Engagement Officer undertook the Experts by Experience Peer Workforce Development Training. This project was undertaken between February 2019 to June 2019 with funding from Brisbane South PHN. The Project supported the development of an AOD specific lived experience workforce. The Experts by Experience Training Package developed by QulVAA and QulHN, was targeted towards people interested in consumer representative roles. The curriculum was extended to provide more in-depth training for people who would like to enter the peer workforce specifically for this project. Experts by Experience aimed to prepare people who want to become more involved in AOD treatment and advocacy work. The program was run through intensive 4-hour sessions over a three-week period. There were three groups of people who participated in the three training sessions co-facilitated by a peer worker and

the Program Coordinator. QulHN also presented at the PHN Lived Experience forum.

Our programs have put in place relationships and arrangements with reputable VET providers and return to work providers. Counselling services are also provided to clients of Max Employment to assist these clients in managing AOD related issues and their overall job readiness. QulHN also successfully engaged a return to work traineeship over the life of the strategic plan and this staff member continues to be an integral part of our teams.

Identify projects that can be undertaken through student and client (peer) placements at QulHN.

All programs continue to provide a high number of opportunities for student placements and volunteers within the context of our service delivery. QulHN involves students and volunteers in many ways across the organisation. During the financial year the organisation was supported by a volunteer workforce of around 40 volunteers and students working across a variety of roles in the organisation.

STRENGTHEN ENGAGEMENT

Develop a media strategy that utilises social media platforms to engage clients, stakeholders, partners and the wider community

The QulHN Facebook Project is an example of a project initiated in this area to further a media strategy. During the life of the strategic plan, QulHN also engaged with a marketing company to develop its online advertising through Google AdWords utilising a grant from Google. There is a recognition of the requirement for review of the organisation's marketing and media areas, this will remain an ongoing focus for the subsequent year ahead, with particular attention to our online digital content and social media strategy.



KPI4

ENSURE

SUSTAINABILITY & STABILITY



REALISE EFFICIENCIES

Conduct a review of all programs and operations to identify efficiencies that can be realised through changes to the organisation's structure and re-organising and aggregating business processes. Undertake a review of QulHN's business model, including all operational and service provision areas, to identify potential for efficiencies, growth and expansion.

Over the life course of the Strategic Plan, QulHN has conducted a number of reviews of programs/operations, including:

- External review by an independent consultant of the senior management teams;
- Internal Review of the organisation's corporate area (administration, finance, quality, and information communication and technology);
- External review by an independent consultant of the governance of the organisation;
- Internal review of the organisations Constitution as well as the Strategic Plan by the Board/Directors group;

- External evaluation of the Hepatitis C Treatment and Management Program (TMP);
- External review of the organisation's Clinical Counselling Guidelines that guide the therapeutic counselling programs;
- External review and development of outpatient detoxification and withdrawal management guidelines (therapeutic focus);
- External review and subsequent accreditation by external auditors of the organisation's compliance against the ISO 9001: 2015 Quality Management System;
- External review and subsequent re-accreditation against AGPAL RACGP General Practice Standards for the organisation's Better Access Medical Clinic; and,
- External review of Therapeutic Services client outcomes data.

QulHN are committed to high quality services and operations, as such ongoing improvement of all our services and business operations remains a priority for the organisation.

Undertake a cost analysis of the counselling service to estimate costs in provision of service, efficacy and cost to extend the service through incorporating advances in technology.

Cost estimates in provision of all therapeutic services are built into all tender and expressions of interest offers, these can be calculated down to a cost per client level. QulHN therapeutic and harm reduction services still have a requirement to investigate the utility, appropriateness and cost of introducing video link technology to support our client counselling and patient services.

INTEGRATE SYSTEMS

Develop a business intelligence strategy outlining technology options for integrating processes for financial management, client management, HR and quality management.

The organisation has made considerable investment in business intelligence tools that seek to integrate processes for financial management, client management, human resources and quality. Examples have included: QUDOS, Fathom Accounting Analysis, Employment Hero, RediCase, and Log Book Me.

BE AN EMPLOYER OF CHOICE

Balance the organisation's commitment to supporting and growing its workforce with clear performance expectations of management and staff.

The organisation has undertaken a thorough review of its organisational wide Human Resource systems and frameworks. QulHN commissioned independent human resources expertise to assist with review of the organisation's human resource practices and its framework to improve employee engagement and to ensure compliance with legislation.

Specifically, the scope of work undertaken as part of the HR Review included:

- Employee Engagement Survey: employee engagement survey results and benchmarks report presented to management and priority actions identified.
- Review of Award Classification: all employee positions reviewed to ensure remunerated correctly in accordance with relevant industrial instruments.
- Employment Contract Templates: review of existing contracts, compare to HR policy and industrial instruments

and development of new templates as required.

- Human Resources Policy: review of all current HR policy and draft of new policy, as required, to ensure legal compliance and protections of QulHN.
- Position Descriptions: conduct of job analysis of all permanent roles and review and development of position descriptions.
- Recruitment and Selection Templates and Training: development of customised recruitment and selection procedures and associated templates and conduct of training for managers in process, practices and tools.
- Review, redesign and implementation of revised Performance Development and Review system.

The organisation review has been completed but work continues with a Human Resource role appointed to assist the organisation in implementation of its HR Action Plans. QulHN also completed its Company Values BluePrint in close consultation with staff. The Company Values BluePrint closely relates to the Performance Development Review system, the company's plans for talent management and career progression, and its planned recognition and rewards program. Much of this work will continue into the subsequent year.

DIVERSIFY

QuIHN'S INCOME BASE

Map the client model of care to identify potential to generate income through MBS and other potential income sources.

The organisation set a target to grow Medicare income to 4.5% of total revenue by the year ending 30 June 2018. At 30 June 2018 Medicare income accounted for a total of 4.6% of total revenue, a total growth of around 3% since 30 June 2015. At 30 June 2019 the organisation had grown this target for Medicare income above 6% of total revenue. The clinic has undergone large operational changes in the past 12-months. These changes have laid a significant foundation for improved financial performance into the future. As the depth, breadth and quality of services continue to be developed the clinic will continue to see significant improvements in the utilisation of Medicare rebatable services.

Develop strategies and procedures for the implementation of Mental Health Care Plans and follow up counselling sessions via the QuIHN Clinic and Medicare payment scheme.

The potential to service a population of patients exists through engagement with internal arrangements for psychologists and social workers who are eligible for Medicare provider numbers, to take referrals under Mental Health Care Plans. These MHCP are referred to QuIHN from our GPs but are undertaken as separate to the work through our funded programs by private psychologists. QuIHN have trialed this model of service with great success. This past year saw the introduction of private Psychology services to QuIHN. This arrangement was shown to be able to offer high quality services to patients that needed: more immediate service provision; and, more comprehensive services for complex trauma, severe depression and anxiety and complex mental health concerns. Patients utilising this service were able to obtain up to ten sessions per year with the Psychologist under a GP Mental Health Care Plan.

Pursue opportunities to attract social capital investment.

Social capital investment refers to corporate philanthropy and corporate social investment, with the latter term perhaps more likened to a strategic intent to build or grow capacity. QuIHN received small fee for service funding through a social capital investment program associated with the Mates in Construction Program referred for AOD counselling work. QuIHN also received a corporate philanthropic donation of services from Telstra; which facilitated the consultation services for the development of our 3 Year ICT Strategy Roadmap. QuIHN also receives ongoing not-for-profit donations from Microsoft, Donortec, and Google.

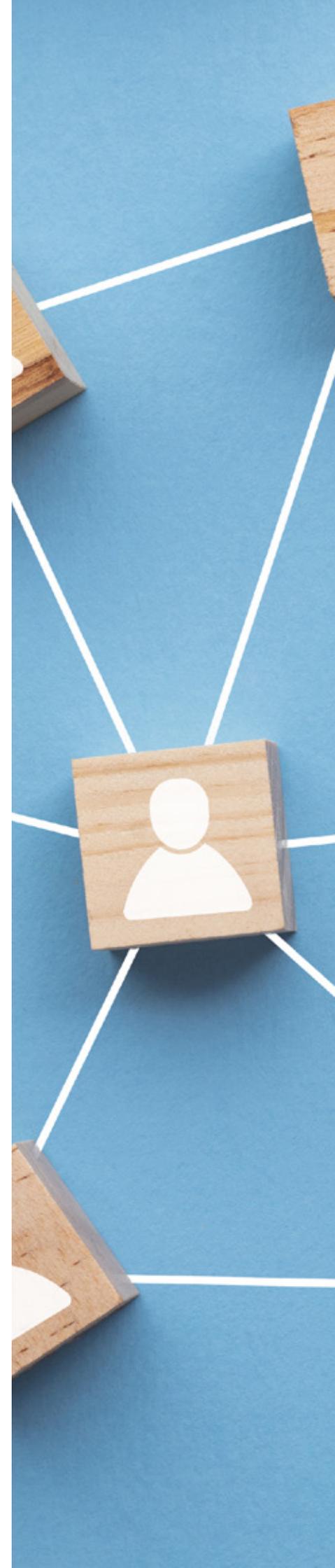
INCREASE CORPORATE SOCIAL RESPONSIBILITY

Estimate QulHN's existing carbon footprint and identify strategies to reduce or mitigate the organisation's total carbon footprint.

The organisation has taken significant steps to become a paperless business and reduce its carbon footprint, including the introduction of several key systems to replace traditional record keeping. We continue to investigate further opportunities to digitise away from paper records. QulHN recognise that reducing our overall carbon footprint is important to the collective effort in reducing environmental impacts of operations and will continue to pursue environmentally friendly options and alternatives to the way we do business.

Document QulHN's statement of commitment to corporate social responsibility.

Our Strategic and Business Plans ensure this commitment, and this is further reflected and embedded through the organisational culture at all levels via the Company's Values BluePrint and policy frameworks.





Queensland Injectors Health Network Ltd

Financial Statements

For the Year Ended 30 June 2019

Queensland Injectors Health Network Ltd

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For the Year Ended 30 June 2019

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Queensland Injectors Health Network Ltd

Statement of Profit or Loss and Other Comprehensive Income
For the Year Ended 30 June 2019

	2019	2018
	\$	\$
INCOME		
Grants Commonwealth operational	3,356,237	3,173,374
Grants State capital funding	10,400	10,400
Grants State operational	4,021,246	3,476,615
Interest received	69,836	53,653
Other Income	576,036	412,736
Total Income	8,033,755	7,126,778
EXPENDITURE		
Client Costs	66,806	46,677
Consultancy	(4,443)	143,047
Contractors	2,500	-
Depreciation	135,493	212,288
Employee remuneration	5,705,582	5,014,311
Equipment and Technology	45,503	81,149
Insurance	45,015	30,910
Interest paid	35,816	41,305
IT Expenses	210,424	161,321
Legal Fees	146	37,080
Maintenance and cleaning	80,068	92,358
Medical supplies	35,982	15,793
Motor vehicle expenses	196,856	195,768
Occupancy costs	235,331	221,897
Other expenses	103,090	98,286
Printing and photocopying	73,986	69,641
Property Upgrades	-	23,956
Projects	8,144	2,923
Security and monitoring expenses	20,703	22,029
Cost of Sales	17,874	16,287
Telephone and communications	186,920	147,943
Travel and accommodation	105,272	59,774
Utilities	22,476	27,584
Workshop costs	33,448	32,493
Total Expenditure	7,362,992	6,794,820
Surplus for the year	670,763	331,958

The accompanying notes form part of these financial statements.

Queensland Injectors Health Network Ltd

Statement of Financial Position

30 June 2019

	Note	2019 \$	2018 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	3,762,757	2,840,781
Trade and other receivables	5	193,026	192,001
Inventories		21,604	15,814
Other assets	7	47,353	8,146
TOTAL CURRENT ASSETS		4,024,740	3,056,742
NON-CURRENT ASSETS			
Property, plant and equipment	6	3,280,796	3,297,783
TOTAL NON-CURRENT ASSETS		3,280,796	3,297,783
TOTAL ASSETS		7,305,536	6,354,525
LIABILITIES			
CURRENT LIABILITIES			
Trade payables		548,207	457,069
Unexpended program grants		371,170	116,935
Borrowings		532,772	700,442
Employee benefits	8	848,755	763,946
TOTAL CURRENT LIABILITIES		2,300,904	2,038,392
NON-CURRENT LIABILITIES			
Long-term provisions	8	106,231	78,096
Other financial liabilities		422,547	432,947
TOTAL NON-CURRENT LIABILITIES		528,778	511,043
TOTAL LIABILITIES		2,829,682	2,549,435
NET ASSETS		4,475,854	3,805,090
EQUITY			
Retained earnings		4,475,854	3,805,090
TOTAL EQUITY		4,475,854	3,805,090

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 2019

2019

	Retained Earnings	Total
Note	\$	\$
Balance at 1 July 2018	3,805,090	3,805,090
Surplus attributable to members of the entity	670,763	670,763
Balance at 30 June 2019	<u>4,475,854</u>	<u>4,475,854</u>

2018

	Retained Earnings	Total
Note	\$	\$
Balance at 1 July 2017	3,473,132	3,473,132
Surplus attributable to members of the entity	331,958	331,958
Balance at 30 June 2018	<u>3,805,090</u>	<u>3,805,090</u>

The accompanying notes form part of these financial statements.

Statement of Cash Flows
For the Year Ended 30 June 2019

	2019	2018
Note	\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES:		
Receipts from customers	7,962,894	7,036,788
Payments to suppliers and employees	(6,788,760)	(6,333,162)
Interest received	69,836	53,653
Interest paid	(35,816)	(41,304)
Net cash provided by/(used in) operating activities	11 <u>1,208,153</u>	<u>715,975</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of non-current assets	<u>(118,507)</u>	(150,719)
Net cash used by investing activities	<u>(118,507)</u>	(150,719)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Repayment of borrowings	<u>(167,670)</u>	(23,000)
Net cash used by financing activities	<u>(167,670)</u>	(23,000)
Net increase/(decrease) in cash and cash equivalents held	921,976	542,256
Cash and cash equivalents at beginning of year	<u>2,840,781</u>	<u>2,298,525</u>
Cash and cash equivalents at end of financial year	4 <u><u>3,762,757</u></u>	<u>2,840,781</u>

The accompanying notes form part of these financial statements.

Queensland Injectors Health Network Ltd

Notes to the Financial Statements

For the Year Ended 30 June 2019

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*.

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.

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.

Interest revenue

Interest is recognised using the effective interest method.

Notes to the Financial Statements

For the Year Ended 30 June 2019

2 Summary of Significant Accounting Policies

(c) Revenue and other income

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.

Plant and equipment

Plant and equipment are measured using the cost model.

Notes to the Financial Statements

For the Year Ended 30 June 2019

2 Summary of Significant Accounting Policies

(h) Property, plant and equipment

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 .

(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.

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.

Notes to the Financial Statements

For the Year Ended 30 June 2019

3 Critical Accounting Estimates and Judgments

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

	2019	2018
	\$	\$
Cash on hand	2,850	2,850
Cash at bank	59,180	118,992
Cash on deposit	<u>3,700,727</u>	<u>2,718,939</u>
Total cash and cash equivalents	<u><u>3,762,757</u></u>	<u><u>2,840,781</u></u>

5 Trade and Other Receivables

	2019	2018
	\$	\$
CURRENT		
Trade receivables	<u>193,026</u>	<u>192,001</u>
Total current trade and other receivables	<u><u>193,026</u></u>	<u><u>192,001</u></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 2019

6 Property, plant and equipment

	2019	2018
	\$	\$
LAND AND BUILDINGS		
Freehold land		
At cost	2,370,000	2,370,000
Total Land	<u>2,370,000</u>	<u>2,370,000</u>
Buildings		
At cost	703,717	703,717
Accumulated depreciation	(130,711)	(115,320)
Total buildings	<u>573,006</u>	<u>588,397</u>
Total land and buildings	<u>2,943,006</u>	<u>2,958,397</u>
PLANT AND EQUIPMENT		
Plant and equipment		
At cost	59,875	59,875
Accumulated depreciation	(38,275)	(32,004)
Total plant and equipment	<u>21,600</u>	<u>27,871</u>
Furniture, fixtures and fittings		
At cost	573,712	512,224
Accumulated depreciation	(486,514)	(400,267)
Total furniture, fixtures and fittings	<u>87,198</u>	<u>111,957</u>
Leasehold Improvements		
At cost	289,027	269,679
Accumulated amortisation	(60,035)	(70,121)
Total leasehold improvements	<u>228,992</u>	<u>199,558</u>
Total plant and equipment	<u>337,790</u>	<u>339,386</u>
Total property, plant and equipment	<u>3,280,796</u>	<u>3,297,783</u>

7 Other Assets

	2019	2018
	\$	\$
CURRENT		
Prepayments	47,353	8,146
Total other assets	<u>47,353</u>	<u>8,146</u>

Notes to the Financial Statements

For the Year Ended 30 June 2019

8 Employee Benefits

	2019	2018
	\$	\$
Current liabilities		
Provision for employee benefits	848,755	763,946
Total current employee benefit liabilities	<u>848,755</u>	<u>763,946</u>
Non-current liabilities		
Provision for employee benefits	106,231	78,096
Total non-current employee benefit liabilities	<u>106,231</u>	<u>78,096</u>

9 Contingencies

In the opinion of those charged with governance, the company did not have any contingencies at 30 June 2019 (30 June 2018:None).

10 Events Occurring After the Reporting Date

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the company, the results of those operations, or the state of affairs of the company in future financial years.

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:

	2019	2018
	\$	\$
Profit for the year	670,763	331,958
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit:		
Depreciation	135,493	212,288
Changes in assets and liabilities:		
- (increase)/decrease in trade and other receivables	(1,025)	(52,150)
- (increase)/decrease in prepayments and other assets	(39,207)	(1,956)
- increase/(decrease) in trade and other payables	345,374	191,808
- increase/(decrease) in inventories	(5,790)	(15,814)
- increase/(decrease) in employee benefits	102,544	49,841
Cashflows from operations	<u>1,208,153</u>	<u>715,975</u>

Queensland Injectors Health Network Ltd

Notes to the Financial Statements

For the Year Ended 30 June 2019

12 Statutory Information

The registered office of the is:

Queensland Injectors Health Network Ltd

PO Box 2470

FORTITUDE VALLEY QLD 4006

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 11, 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 2019 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

Lauren Trask (Chairperson)

Director

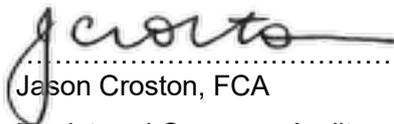
LAWRENCE COCKBURN (TREASURER)

Dated this 20 day of AUGUST 2019

AUDITOR'S INDEPENDENCE DECLARATION

As auditor for the audit of Queensland Injectors Health Network Limited for the year ended 30 June 2019, 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 horizontal dotted line.

Jason Croston, FCA

Registered Company Auditor

Brisbane

SRJ Walker Wayland

Dated: 27 August 2019

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 2019, 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 2019 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.

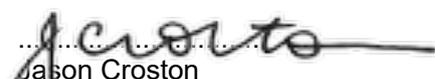
As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- 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.


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Jason Croston
SFJ Walker Wayland
Director

Date: 27 August 2019

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

