QuIHN

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2019 / 2020

ANNUAL REPORT

Ngurr (Side by Side)

The big blue circle in the centre represents the QuIHN base/ home. The 'U' shape symbols represent all the workers and their skills/knowledge that make up the QuIHN workforce. The white circles represent the different communities that QuIHN has worked with and made connections with and continues to do so. The blue line that leads out from the centre through the white circles with the blue and white 'U' shape symbols represents the pathway that QuIHN takes to help their clients in the way of ***health and wellbeing, family, drug use and recovery, counselling, building relationship skills, and communication.***

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

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

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

Artist, Wayne Martin
Nurambang Cultural Education and Aboriginal Art

Artist Information

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

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

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

Find more at
www.ngurambangaboriginalart.com

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PRESIDENT'S **REPORT**

LAUREN TRASK

President (Chairperson)

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

The 2019-2020 year presented significant challenges with the global pandemic, COVID-19. QuIHN navigated the challenges the global pandemic presented with absolute integrity. Of utmost importance to the organisation was the health, safety, and wellbeing of staff to ensure the continuation of essential services to some of our communities' most vulnerable people and their families. QuIHN embraced technology with vigour, working from home was enabled. Services previously provided in a face to face setting largely went virtual reflecting QuIHN's digital preparedness to continue meeting the needs of our people accessing our services.

We have a new Constitution! A big congratulations to all that have been actively involved. What has been delivered is a constitution that will enable diversification and growth for QuIHN. 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.

The ability to attract the right people to positions has been a strength of QuIHN that is recognised by our funders, partners, and stakeholders. The 2020 staff survey revealed over 95% of respondents felt cared about as a person – and you are! Overwhelmingly, 100% of respondents agreed that QuIHN's work positively impacts people's lives. The ability to contribute to eliminating overdose and Hepatitis C, seeing individuals' physical and mental wellbeing increase, quality of life improves and individual potential realised; is a key driver to attracting and retaining the calibre of people who choose to work with us.

In closing, to all QuIHN 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 that is accessible, of the highest standard, and without discrimination. We, the Board, see the passion, the confidence, the expertise. You are inspirational.

I'd like to acknowledge and thank the exceptional leadership demonstrated by our executive and senior management positions. Our leaders have a vision and have navigated the significant challenges to realise that vision. Our leaders are solution-focused; they employ effective change management strategies. Our executive leadership team has acted with the utmost integrity maintaining the operational function of the organisation and supported each other through all challenges faced in the 2019-2020 year.

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.

To our founding member, QuIVAA, the QuIHN Board stands with you in respect as we continue to provide the direction that is grounded and responsive to the needs of our people, together. We look forward to the continued partnership and expansion in the services provided across regions to our people and their families.

I'd like to thank my fellow directors for their time, articulating a clear vision and the contributions each director brings to the table. Being part of a volunteer Board can present challenges, but it is the commitment to ensuring accessible high-quality services, communicating the vision, and respect for each other that enables the Board to govern with integrity.

On behalf of the QuIHN Board, we look forward to the next period that will push for continued, accessible, high-quality services that meet the needs of people who use drugs, their families, and our communities across Queensland. It is a privilege and honour to be a part of such an exceptional organisation.

Yours sincerely,

Lauren Trask

President (Chairperson)

CEO'S REPORT

GEOFF DAVEY

Cheif Executive Officer

The 2019/2020 financial year has been a year of challenge and reinventing the way we think about how we operate, deliver and provide services.

During the COVID-19 pandemic we have maintained the continuity of all our services, including our clinical services. The organisation has risen to the challenge and rapidly deployed a range of local responses, such as: improved access to sterile injecting equipment; increased capacity for HCV Point of Care Testing (PoCT) services; enhanced telehealth services, including improving our capacity to respond to complex dual diagnosis through psychiatry telemedicine supports; increased our focus on digital touchpoints; nursing outreach seasonal influenza immunisation clinics for socially disadvantaged populations; and a range of other responses continue. Several factors have been key to the success of the organisation during this volatile, uncertain, complex and ambiguous period, including: a global purpose mindset, shared decision making, local responses, peer mitigation of risk, and a focus on psychological safety across teams.

The Emergency Planning Committee (EPC) was involved in the implementation of our COVID-19 specific goals, which include:

- Maintaining the health of our workforce so we can continue to deliver services and keep our communities safe;
- Assist our communities to reduce the risk of transmission of COVID-19 while maintaining our focus on preventing and reducing the transmission and risk of HIV, Hepatitis C and Sexually Transmitted Infections;
- Assist our communities with improvement of mental health outcomes and continue to achieve their therapeutic goals;
- Supporting each other to support our clients and patients; and,
- Stand in solidarity and work in partnership with other services.

The EPC continues to act as our main sounding board for the development, testing and review of key internal and external controls and communication messages. Our 'pandemic plans' provide our overall governance structure. Given our EPC is made up of regional staff across teams it allows a high level of flexibility to locally respond to complexity as it arises, allowing local continuity responses depending on local needs.

This also encourages spontaneous forms of collaboration as EPC members can swarm together when needed, troubleshoot as required, brainstorm solutions and find a remedy for issues as they arise. Every staff member has a role in ensuring our response and control measures are effective and self-compliance is key. Our leaders and front-line managers have also been focused on creating an environment of psychological safety where it is possible for all staff to be able to express concerns and ask questions. All our employees and clients are affected by the pandemic situation differently and are also somewhere along a journey of adjusting to a new normal. We are all required to engage with an understanding that interconnectedness and change are normal operating conditions. This recognises the value of the strengths of employees across our network to meet the demands of the crisis response. QuIHN has continued time and time again to demonstrate that it is a strong and resilient organisation with a shared culture that puts our clients and the people with which we work always firmly in the centre of everything we do. We are an organisation that connects people with purpose, and I want to sincerely thank and congratulate all our staff in ensuring a successful and continued response to the emergent situation.

As a small to medium enterprise we have again maintained steady cashflows. While the organisation has undoubtedly seen financial impacts of the pandemic, QuIHN has managed to maintain a solid financial performance for the year. We hope this continues to allow the organisation to re-invest in our services and future sustainability initiatives. Total annual revenue increased by greater than 10% from the previous year, exceeding a target set of 8%. Our total number of funded contracts has again grown from previous financial years. All operating budgets ran to planned expenditure. The Better Access Medical Clinic has again seen growth throughout the financial year with an increase in overall operating activity resulting in an increase in clinic revenue of 8% over the previous year and now making up to 6% of the organisation's total revenue/income.

QuIHN has built a strong 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 finalised the Company Constitution, ensuring a contemporary rule book that will provide firm foundations for the company into the future. The Board has also been proactive in reviewing and monitoring our Strategic and Business Plans. Our Directors are a highly passionate group and I thank each of them for their continued input and commitment.

The organisation has ensured its continued accreditation in respect of its IS0:9001 Quality Management Systems (QMS) and the Royal Australasian College of General Practice (RACGP) Quality Standards. During the year we also engaged in a proactive Injury Prevention and Accident Management audit and plan with the Queensland Department of Workplace Health and Safety; which has resulted in a thorough gap analysis and series of recommendations to ensure we have the safest possible work places into the future.

The organisation continued a significant focus on cyber-security over the year, with significant investment made in Information Technology (IT) infrastructure security enhancements and the commissioning of several new cyber-security initiatives and activities.

OUR TEAMS

Our staff are intrinsically motivated by purpose and there is a high level of commitment across our human capital. Our company values continue to 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. Our shared values are in valuing difference and diversity, self-determination, respect for self and others, transparency and accountability, and ensuring we remain consumer focused. At the close of the financial year QuIHN engaged a total of 108 staff members across our teams across our various Queensland locations.

This year we launched our staff rewards and recognition program to celebrate the positive affect our staff have each day in living these values. It is pleasing to see the rewards and recognition program finally operating across the organisation and celebrating the achievements of individual staff and teams. During the year the organisation re-contracted and enhanced our Employee Assistance Program (EAP) to ensure additional supports for staff during the pandemic. We again undertook our Employee Engagement Survey with ***extremely positive results, indicating a strong and positive culture and commitment to the organisation.***

OUR SERVICES

QuIHN has a strong reputation through the delivery of quality services. Our specialised programs continue to deliver much needed services to our clients.

HARM REDUCTION PROGRAMS

QuIHN continued to provide primary Needle and Syringe Programs (NSP) services, with a total of ***a total of 31,861*** occasions of NSP service over the year across our network. The NSP network has continued to be an important point of referral into our Hepatitis C Treatment and Management Program (TMP).

The Harm Reduction teams 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 is a unique and integrated service offering; comprising case management services, dedicated nursing staff and primary medical care and operates across Brisbane, Gold Coast, Sunshine Coast, and Townsville, as well as via a range of outreach clinics across South-East Queensland.

Throughout the financial year the TMP undertook the following:

- 271 people screened for Hepatitis C over the year;
- 167 FibroScans completed over the year;
- 118 starting Hepatitis C treatment during the year;
- 123 people completing treatment during the year;
- 655 people have been treated through the TMP since the DAA HCV medication was released in March 2016; and,
- Of those, 638 have completed treatment since DAAs were available, with 96% of those attending for their Sustained Virologic Response (SVR) PCR test at completion of treatment achieving a ‘cure’.

This year has seen the TMP focus on a range of priorities, including:

- Expanding treatment access through outreach clinical services, marketing and promotion to broader networks, and recruitment strategies with a focus on peers and positive treatment experiences;
- Enhanced case management for clients with complex needs and strengthening our partnerships to improve support for our clients during and post the treatment experience; and,
- Investigating novel ways to increase testing and treatment uptake, such as our soon to be launched Point of Care Testing (PoCT) capabilities.

THERAPEUTIC PROGRAMS

QuIHN 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 Therapeutic Services continued to expand its offerings to clients of Probation and Parole and those in custodial correctional settings in several key locations through funding via Queensland Corrective Services (QCS).

During the year the Therapeutic Services saw:

- 2,633 clients accessing our services;
- 1,644 client episodes of care began;
- 1,951 client episodes of care were closed;
- average client episode duration was 176 days while the median length was 113 days;
- a total of 1,359 initial screens were completed;
- 8,286 counselling sessions were provided to clients;
- 610 case management sessions were conducted;
- 1,167 group work contacts were made;
- 61% of our clients were male and 39% female; and,
- 15% of our clients identified as Aboriginal and/or Torres Strait Islander.

Nearly 80% of our clients (of the closed episodes of care) accessing our Therapeutic Services are also seeking support in better managing their co-occurring mental health concern. Of this around 70% of these clients are living with more than one mental health diagnosis. Our Therapeutic Services have a well-earned reputation for working with clients who are sometimes considered too 'complex' or 'not ready' for other services. Our Counsellors and case managers are well equipped and experienced in working with complex presentations of dual diagnosis and clients respond positively to their approach.

BETTER ACCESS 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 focus continues comprehensive patient health care delivered through improved chronic disease management, 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.

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

- A total of 2,899 active patients of which;
  - 60 patients regularly accessed Opioid Substitution Therapy (OST) via the clinic;
  - 280 attended for sexual health certificates;
  - 540 active patients diagnosed with a chronic condition (including, diabetes, COPD, CVD, Asthma etc);
  - 458 patients screened for HIV and actively managed 14 patients living with a HIV diagnosis;
  - 478 patients screened for Hepatitis C and managed over 135 patients living with a Hepatitis C diagnosis;
  - 640 patients screened for chlamydia and Gonorrhoea; and
  - 432 patients screened for syphilis.

The Better Access Medical Clinic continues with its Certification against the AGPAL RACGP (5th Edition). Over the year a range of quality improvement activities have been undertaken, for example: activities aimed at improved efficiency within the Nurse room; update of policies and clinical guidelines; targeted professional development; improved induction program for GPs; improved chronic disease management and cycles of care; enhanced triage; reducing rates of do not attend appointments; employment of a senior receptionist and quality training and development of reception staff.

It is our focus on our sub-specialty areas combined with our unique approach to primary care that sets us aside from other General Practice clinics. Our doctors and staff are highly passionate, highly skilled and experienced and our GPs are eager for a challenge and the opportunity to make a real positive difference in people's lives.

OUR FUTURE

While our programs and services continue with great success, we still have many opportunities to innovate, diversify our funding streams and extend our reach. Our passion is making long lasting positive impacts on peoples' lives. Our capabilities lay in our harm reduction, therapeutic and clinical programs and our evidence exists in the outcomes we have for individuals. Regardless of where people are at in their journey our services are provided with respect, non-judgement, and self-agency. It is through this approach that we create a sense of belonging and safety. Through our services we strive to contribute to the elimination of drug overdoses, Hepatitis C incidence is eliminated, physical and mental health wellbeing is increased, quality of life improved, and individual potential realised. We believe in a world where all people who use substances can reach their full potential and the health and well-being outcomes of our communities is maximised.

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

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

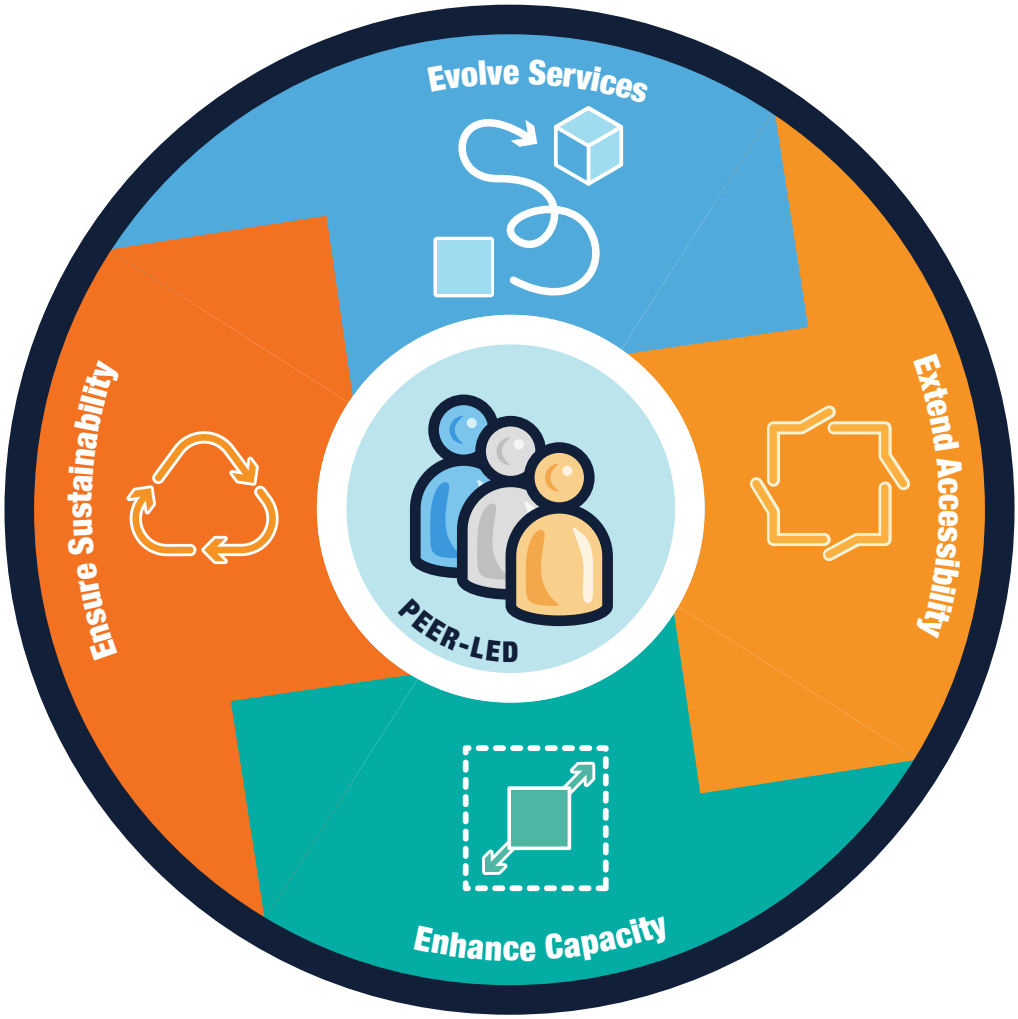
We are founded by the communities with which we serve and our organisation continues this long and strong tradition in our connection to our founding member QuIVAA Inc through our Constitution and governing processes. As an organisation, we are proud of our history and excited about our future. It is an honour and pleasure to lead a passionate organisation and group of people.

Yours sincerely,

Geoff Davey

Chief Executive Officer
QuIHN Ltd

KPIs


Evolve Services
Extend Accessibility
Enhance Capacity
Ensure Sustainability
PEER-LED

KPI1

EXTEND

ACCESSIBILITY

CLIENT ENGAGEMENT

Dedicate resources to coordinate client engagement activities across the organisation

Over the 2019/2020 financial year (FY) QuIHN self-funded a new Client Engagement coordination role. The purpose of the role is to assist to coordinate and support sustainable client engagement across all client services teams of QuIHN and support client driven quality improvements. This role also coordinates the organisation's Queensland Pharmacotherapy Advice and Mediation Service (QPAMS). Operating budgets also supported our Client Advisory Group (CAG), Feedback2Action (F2A) groups, and our Experts by Experience training initiatives.

The Client Engagement role was actively involved in the Stretch2Engage Project undertaken as an initiative of Queensland Network of Alcohol and Drug Agencies (QNADA) and the Queensland Mental Health Commission (QMHC). Involvement in this Project allowed several new and innovative client engagement activities to be trialled, for example the Feedback2Action groups, Question of the Month, Coffee and Chat, electronic messaging and surveys in waiting areas, and introduction of our consumer representatives on staff interview and selection panels.

The Client Engagement role also delivered internally developed training to all staff to support working with consumers: *Evolve to Involve.* This training delivered consumer engagement knowledge at an organisational level.
This program had the following learning outcomes:

- Improve understanding of Consumer Engagement within AOD services
- Identify background, frameworks and principles of Consumer Engagement
- Understand the barriers and benefits of Consumer Engagement
- Develop and improve opportunities for effective planning and implementation of Consumer Engagement within your team / service

The Client Engagement Officer was also involved in the middle and frontline managers meetings across the regions during the year to ensure plans and communication regarding client engagement activities were shared. Client Engagement continues to be a standing routine agenda item on all team meetings across the organisation.

The clinical approach taken by QuIHN's Therapeutic Programs in addressing client issues and goals, is by its very nature, client focussed, where engagement and client led review provides the framework for service delivery. At every opportunity the client directs nearly all aspects of their experience with the services. During this year and continuing into the next, the client centred value underpinning the Therapeutic Services will inform the next wave of changes to the way QuIHN assesses client outcomes, collects client data and reports to funders. By adopting a curious non-judgemental approach QuIHN understands what's important to clients when it comes to working with substance use and mental health concerns.

The Better Access Medical Clinic also conducted regular surveys of patient satisfaction. Such survey measures are conducted by an external organisation and aim to assess the clinic against key measures required for RACGP accreditation.

Build capacity and trial activities that support client engagement

As part of the 2019-2020 Consumer Engagement work plan, the following activities were undertaken:

- implementation of the Feedback2Action (F2A) Group in the Brisbane region as a trial. This group is designed to inform system improvements, reduce barriers to accessing QuIHN services and addressing any other needs (if possible) that clients may have that were identified through targeted consumer feedback campaigns. This group will now be expanded to include regional representation;
- QuIHN trainings facilitated by the Client Engagement Officer to staff (paid and unpaid), that will support them in their understanding of consumer engagement:
  - *Experts by Experience* a training for peer workers;
  - *Evolve to Involve* working towards a consumer led service, a training for all staff;
  - *QPAMS, a peer-based pharmacotherapy service*, providing individual advocacy and systemic advocacy regarding the Queensland Opioid Treatment Program; and
  - *Peer Worker Supervision Training*, a training for peer workers about best practice peer work, and the purpose of peer supervision.
- Working groups were undertaken to review and revise several policies and procedures relating to direct service delivery. These groups were made up of managers, direct service staff and peer representatives. Once this work was completed, a number of these policies and procedures were then presented to our consumers via focus groups for a final review and this feedback was incorporated into the final draft. Examples of these included the *Client Complaint Policy and Form* and *Clients Service Charter*, which is now called *Clients Rights and Responsibilities*;
- Client focus groups were facilitated on the following topics: what would you change if you were Chief Executive Officer for the day and a review of the MudMaps Group Program;
- Consumer participation in the QuIHN Treatment Reference Group;
- Promoting continued peer involvement across the AOD sector was facilitated through attendance at a range of network meetings;
- Wireless access points and software that allows for free Wi-Fi in waiting areas in exchange for participation in online surveys and engagement activities has now been rolled out across all regions. The first survey focussed on QuIHN's COVID-19 response in terms of what we did well and what we could improve.
- Regular social media campaigns were delivered.

HARM REDUCTION PROGRAMS

Over the reporting period the Harm Reduction program engaged with clients in order to build our capacity through trialling the following key activities:

POINT OF CARE TESTING (PoCT):

sought to build the capacity and encourage client engagement in in our Hepatitis C Treatment and Management Program (TMP). The project plan, supporting documentation and funding for PoCT was successfully secured during the reporting period.

This will allow a network of PoCT machines to be utilised via QuIHN NSPs for Hepatitis C Virus (HCV) testing and potentially other communicable diseases in the future. Our plans are to enhance our capacity across our NSP networks through opportunistic PoCT services with test results available for our clients within the hour. This initiative will now be rolled out in the 2020/2021 FY and will significantly increase the number of our target populations into testing and treatment for HCV. Planning is also underway to expand PoCT services for HIV and other sexually transmissible infections (STIs).

COVID-19 (C19) TELEHEALTH:

As a result of the COVID-19 (C19) pandemic the Harm Reduction Hepatitis C Treatment and Management Program (TMP) introduced telehealth services for our clients. Evaluation of our C19 service continuity responses indicated that our TMP telehealth (consisting of phone and video consultations) were received positively, with the Do Not Attend (DNA) rate dropping from 42% at face to face clinics down to 24% with telehealth and video consultations. A mix of tele-health and face-to-face consultations will continue moving forward as a core part of our TMP service model for those clients who find benefit in accessing our services in this format.

PRISON TRANSITION PROJECT:

The Prison Transition Service is funded under the Eliminate Hepatitis C Australia (ECA) grants made available by the Ramsay Foundation and runs for a period of 12 months commencing from January 2020. The Prison Transition Service works primarily with custodial prisoners across West Moreton Hospital and Health Service (WMHHS).

Key results to date include:

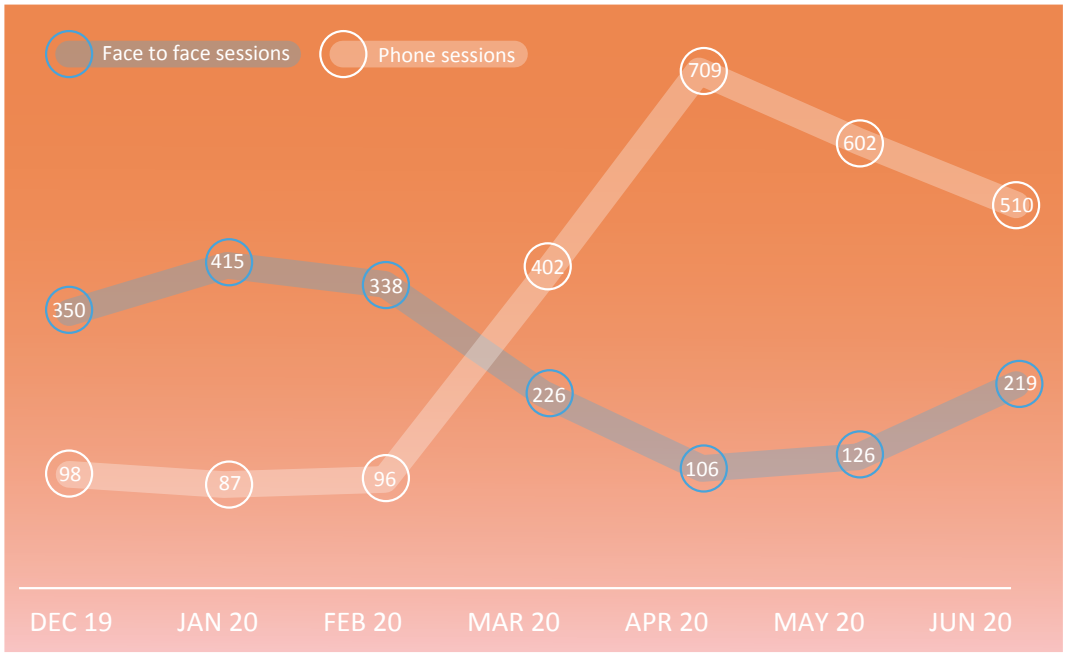
- Over the 12-month period, the prison transition service worked with 185 clients, of which 77% were male.
- Since January a total of 42 clients needed initial testing on referral, the remaining clients were either tested, scripted, started on treatment or needing SVR results.
- Since January 2020 most clients referred (62%) have been from WMHHS correctional facilities, while Woodford and Arthur Gorrie Correctional Centres referred 29% of clients.
- From January 2020 to late March 2020, in-reach to WMHHS prisons increased however restrictions put in place due to C19 pandemic meant the service could not enter any facility until late June 2020.
- The University of Queensland, School of Public Health, Queensland Drug and Alcohol Research and Education Centre (QADREC) provided an evaluation report on the Prison Transition Service in September 2020 covering the first 6 months of client service delivery and have been engaged through ECA to conduct a further evaluation on the Prison Transition Service to the end of June 2021, and the Community Peer Support Service to the end of October 2021. We look forward to reporting on the outcomes of these projects through the evaluations in the future.

QuIHN'S THERAPEUTIC PROGRAM

QuIHN's Therapeutic Services are always trialling new ways of doing things that aim to support client engagement.

Therapeutic Group programs evolve to meet the expressed and felt needs of clients. The content of the structured psychoeducation groups is constantly being reviewed by participants and facilitators. Additionally, on the ground, clients can decide on the format and style of delivery and set the group rules that they wish to abide by. In the more fluid unstructured groups such as MudMaps, the clients decide on the actual content from week to week depending on their needs at that time.

Rapid ability to pivot to *telehealth-based counselling* and group work in response to C19 restrictions was another example of Therapeutic Services supporting client engagement through service continuity. A flexible approach was adopted where clients were given many options for accessing services depending on their situation. Phone sessions and/or video conferencing apps like Duo, Face Time, Zoom or Teams were all offered. Client preference and capacity dictated which platform was used. Despite the choice, many clients' preferred method was the phone. Clients adapted well to the changes and welcomed the ease with which they could continue receiving services from QuIHN. Some clients, however, struggled to access the technology due to geographical or capacity issues. These clients were still given options and were seen in person in open areas such as parks wherever possible and appropriate.



This chart shows the change that took place during the most restrictive months (late March to late May 2020) of the C19 pandemic in Queensland. Face to face session numbers dropped and phone sessions more than made up the difference.

The only face to face sessions that occurred from mid-March through April were done via video conferencing. With restrictions easing the numbers have begun returning to pre–C19 levels. Despite this, some clients are reluctant to completely return to face to face sessions, preferring to hold onto the telehealth options. QuIHN is open to using these options into the future as a way of increasing capacity, especially for clients who struggle to engage in traditional modes of service delivery.

Ensure a continuous improvement culture towards customer engagement and innovation

Feedback2Action (F2A) Group supports a continuous improvement culture towards client engagement. Consumer feedback now forms part of routine agenda for all team meetings and this is further supported by the F2A Group. As a result of targeted feedback campaign by the F2A Group the following system changes were made across the reporting period:

- Improved phone/response system for clients calling into QuIHN services, clients has found the previous system confusing and off putting;
- The provision of free Wi-Fi access points for clients in all regional waiting areas;
- Planned refit of the Brisbane reception and waiting area, clients felt that the reception area was not comfortable and too clinical;
- Improved support program implemented for clients on wait lists for counselling;
- Access to free Take Home Naloxone, an important life-saving medication when combined with basic CPR for opiate overdose. QuIHN now distributes free Naloxone combined with an educational training on how and when to use Naloxone from its NSPs.

At the start of the C19 pandemic, clients were asked how QuIHN could support them so that they could safely maintain access to QuIHN services, the majority of the responses included the following themes: increasing the amounts of sterile injecting equipment they could take on one visit to reduce frequent travel as well as other options for accessing sterile injecting equipment; increased check-ins following a review of management plans; access to food; and access to phones, phone and data credit that will enable them to remain engaged with the therapeutic program. In response to these requests the following supports were planned to be put in place:

- Increased the amounts of sterile injecting equipment that could be accessed, on each visit;
- The provision of shorter counselling sessions but delivered with increased frequency, following a review of client management plans;
- Allocation of brokerage resources for additional needs that clients may require during the C19 pandemic, such as phones, phone and data credit, food parcels and hygiene packs, through funding generously provided via Brisbane South Primary Heath Network, Brisbane North Primary Health Network and Queensland Government; and
- Improved access to services during the C19 pandemic, such as free mail out of sterile injecting equipment, vending machine access (Brisbane and Townsville) and online group programs, through funding generously provided via Queensland Government.

THERAPEUTIC PROGRAM

QuIHN Therapeutic Services is committed to continuous improvements of the services it provides. Staff, client and funder feedback is incorporated as best as possible into service delivery.

Client Satisfaction Surveys (CSQ 7) are collated as part of reviewing client progress in the Therapeutic Services. For the 2019/2020 FY client satisfaction was measured using the CSQ. Feedback indicates that the quality of service provided by QuIHN is excellent, with 98.4% of respondents stating that they were "Definitely Satisfied" with the assistance they received from the organisation. Furthermore, clients commented that they would recommend the service to friends in a similar situation and added that they would come back to QuIHN if they needed support in the future. The overall feedback regarding client satisfaction based on 8 different aspects of service provision was extremely positive with the average score being 30.95 out of a possible 32.

These very encouraging results can be seen to lend strong support to the integrated, client centred, individualised, holistic and empathic Dual Diagnosis approach utilised at QuIHN.

Each client, early in the counselling/treatment process, collaboratively develops an individual treatment plan with their counsellor/clinician and this is used as a focus for treatment goals. Clients respond very positively to the respect and strengths-based approach that underpins interactions throughout QuIHN.

While these are great results, limitations in data should be acknowledged as these are not truly representative of the entire client group. The CSQ data is collected from clients when they reach 6 and 12 sessions and so represents feedback from clients who like the service enough to attend for at least 6 sessions. This has the potential to influence the positive feedback as those clients likely to provide negative feedback will probably not stick around for 6 sessions. This year a trial began that separated the CSQ from the follow up schedule, offering it more often, with more randomness and anonymously. This will continue into the coming year.

Recent alternative procedures produced by our C19 response has seen some data collection move to digital platforms such as Microsoft Forms. Using this platform, links can be sent to clients for feedback on counselling or groups. It is early days but so far for those programs trialling the new system there is positive client uptake for the new online feedback form. The three group programs facilitated on the Gold Coast between March and June via a combination of Zoom and in person were rated an average of 9.4 out of 10 on each session rating item (Relating, Goals and Topics, Approach, Overall). Clients reported on average their mood was 6.6 out of 10 at the beginning of the weekly session and rising to 8.7 at the end.

The Therapeutic teams, across several regions, are now ***co-facilitating groups***, such as MudMaps and MAISE ***with consumer facilitators.***

Ensure clear targets and accountabilities across teams for customer engagement, feedback and service improvement

HARM REDUCTION PROGRAM

QuIHN's Harm Reduction key targets for our services are negotiated between QuIHN and the Queensland Government. Our business plans are also set internally from year-to-year. Our annual forward plans and our internal business plans inform our teams annual operating priorities. This year we focused heavily on ensuring: enhancements for client recruitment into our Hepatitis C TMP (e.g. our peer and prison worker roles, incentives and increased outreach for nurse-led services); the documentation, approval, and launch of our state-wide Take Home Naloxone (THN) program for opiate overdose prevention; and positioning and preparation for our pending HCV PoCT services across our network.

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

THERAPEUTIC PROGRAM

All Therapeutic Services staff are accountable to their clients via satisfaction questionnaires (see above) and signed treatment plans or case management plans. When beginning counselling or case management with a QuIHN worker, the therapeutic process is explained in full to the client along with their rights and responsibilities. A treatment plan is worked on in a collaborative process whereby the clients' own goals for counselling are recorded along with the associated counselling/ case management interventions that will be utilised in session to help achieve those goals. This is then signed off by the client with an understanding that at any time he or she can change the focus of the sessions, the interventions used or the counsellor/case manager themselves if required.

Therapeutic staff are also accountable for key performance indicators designed to ensure they continue to provide clinically proficient work that clients find useful. The QuIHN Values Blueprint is now integrated within the performance review process which allows for staff to be recognised for displaying behaviours associated with QuIHN key values.

STRENGTHEN AND EXTEND
REACH OF PROGRAMS

Extend geographical reach of services through targeted funding, outreach, partnerships and technology

HARM REDUCTION PROGRAM

NEEDLE AND SYRINGE PROGRAMS

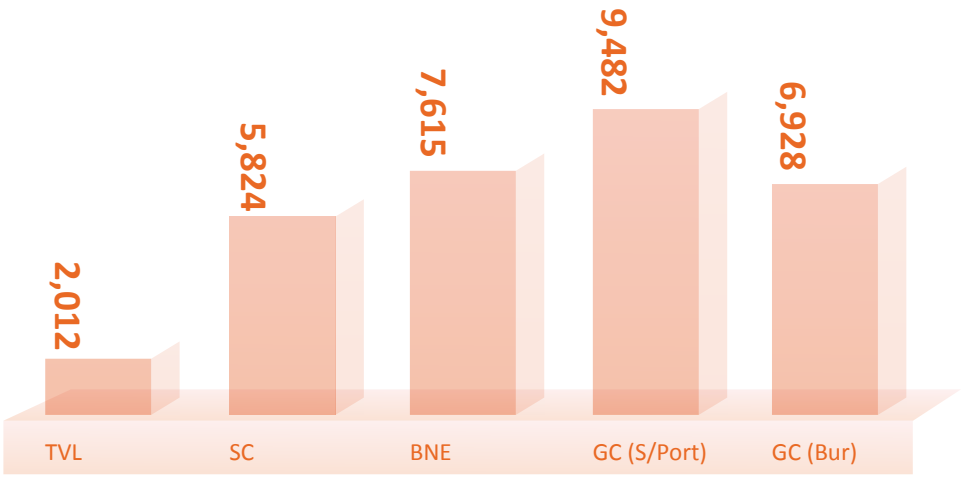
QuIHN's Harm Reduction programs continued to provide five Primary Needle and Syringe Programs (NSP) across Queensland, including; Townsville (Kirwan), Sunshine Coast (Cotton Tree), Brisbane (Bowen Hills), Gold Coast (Southport) and Gold Coast (Burleigh). Although the majority of NSP client occasions are facilitated via QuIHN's fixed site NSPs, numerous other methods have continued and, in some cases, increased during this reporting period, particularly during the C19 pandemic.

The facilitation and provision of injecting equipment include the following methods:

- Five fixed sites (e.g. brick and mortar) delivering a network of primary NSPs distribution points;
- NSP mail-out service (no-cost/no-fee for clients);
- Outreach/delivery (pop-up services), an initiative that seeks to increase sterile injecting equipment to discretely identified areas of high injecting drug use with low access to sterile injecting equipment;
- Supply of sterile injecting equipment and disposal units to external services in order to fulfil secondary NSP distribution points;
- Funding secured during the reporting period also allows for an additional two NSP vending machines to be installed at QuIHN Brisbane and Townsville offering 24/7 access to sterile injecting equipment.

The table below shows the total number of client occasions of services (OOS) for all QuIHN NSP sites during the period 1 July 2019 – 30 June 2020.

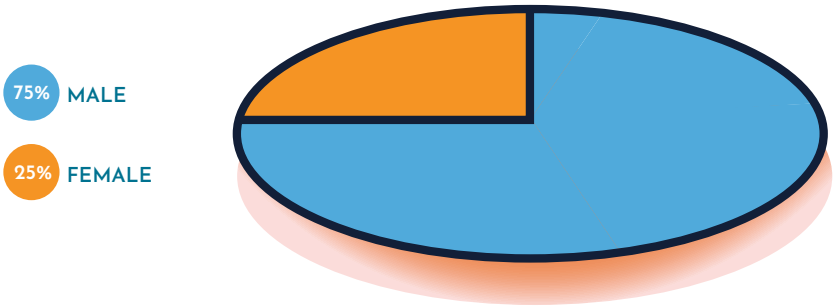
During this reporting period 1 July 2019 – 30 June 2020 QuIHN NSPs provided a total of 31,861 OOS. QuIHN Southport facilitated most client occasions with 30% of the overall OOS, followed by QuIHN Brisbane with 23%, and QuIHN Burleigh approximately 22%. QuIHN Sunshine Coast provided 18% and finally QuIHN Townsville provided approximately 7% of the overall OOS during this reporting period.



QUIHN NSP OOS 1 July 2019 – 30 June 2020

This chart shows the split between male and female NSP total OOS between 1 July 2019 – 30 June 2020. Male and female occasions of service have remained stable during the reporting period with approximately 75% of clients identifying as male and approximately 25% identifying as female. This is consistent with previous reporting periods.

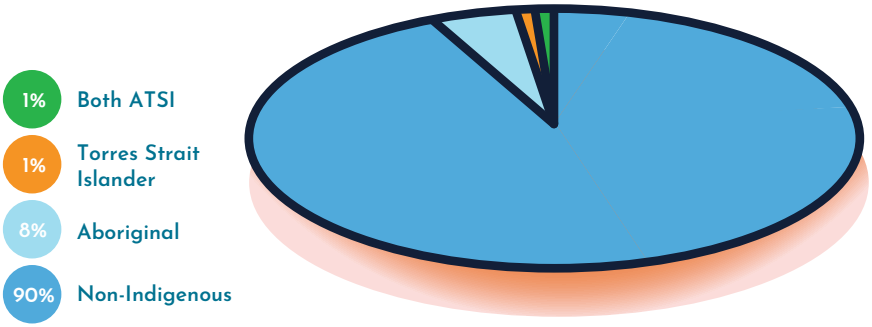
MALE/FEMALE NSP OOC
1 July 2019 - 30 June 2020



This chart shows the Indigenous status of the total NSP client OOS between 1 July 2019 – 30 June 2020.

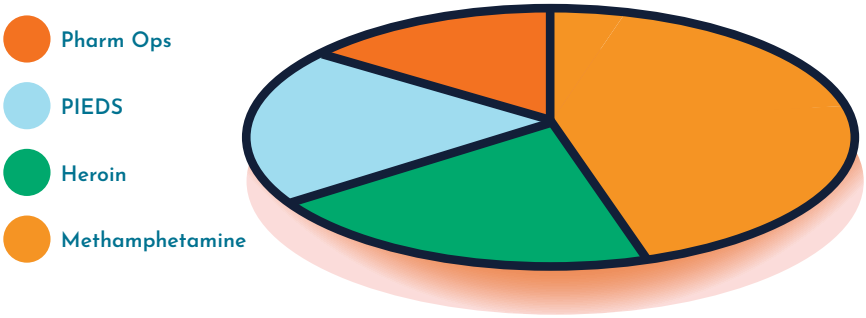
Of the 31,861 NSP OOS during this reporting period, approximately 10% identified as indigenous to Australia with 8% reporting Aboriginal origin and approximately 1% identified as Torres Strait Islander and 1% as being both Aboriginal and Torres Strait Islander. Approximately 90% identified as non-indigenous. This is consistent with previous reporting periods.

QuIHN NSP, INDIGENOUS STATUS
July 2019 - June 2020



During the reporting period, the most commonly reported drugs for injection are Methamphetamine (n=9926 representing 31%), Heroin (n=5010 representing 16%), Performance and Image Enhancing Drugs [PIEDS] (n=4884 representing 15%) and pharmaceutical opioids (n=3546 representing 11%).

TOP FOUR DRUGS - ALL NSP COMBINED
July 2019 - June 2020



Methamphetamine is the highest drug reported for injection among all QuIHN NSP combined, followed by heroin. Performance and Image Enhancing Drugs (PIEDS) and Pharmaceutical opioids followed these. Anecdotally, methamphetamine prices have doubled, and in some cases tripled, since the C19 pandemic began. Other clients report that the quality of methamphetamine has decreased raising concerns for ongoing harms. QuIHN Harm Reduction workers continue in targeting interventions ensuring that clients are aware of such issues.

HEPATITIS C TREATMENT AND MANAGEMENT PROGRAM

QuIHN's Treatment and Management Program (TMP) is a community-based program providing Hepatitis C direct acting antiviral (DAA) treatment for people who inject drugs (PWID). The TMP utilises QuIHN'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, and at several outreach sites across South-East Queensland. The TMP model of care over the 2019-2020 year has continued to focus on increasing access points and streamlining the treatment process for people seeking Hepatitis C testing and treatment.

Nurse-led clinics offer 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, program consents and assist with other related issues such as 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. Clinics with case management support have been held fortnightly through to mid-March 2020 where face to face clinics were replaced with telehealth or video consultations due to C19 pandemic, however, face to face clinics resumed in June 2020. A total of 109 Nurse-Practitioner outreach and telehealth clinics were held.

In Townsville the TMP continues to work with motivated external GPs regarding Hepatitis C work-up and scripting requirements, with all additional support provided by the QuIHN case manager and QuIHN Clinical Nurse Consultant. Sixteen nurse-led clinics were held in Townsville to date.

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 QuIHN NSP clients to engage with other programs within QuIHN and provides 'one-stop-shop' access.

People presenting to any TMP clinic 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}).

An increasing number of people are presenting to TMP for re-testing on an annual basis or testing for potential re-infection. As a result, the rate of reinfection for people treated through TMP has increased to 4.5%. People presenting to TMP for re-testing and who test positive are then able to be re-treated via QuIHN's TMP.

Over the year the TMP has successfully:

- increased nurse-led outreach clinics across all areas, including a new clinic in Logan;
- continuation of Hepatitis C peer case management services;
- provision of incentive-based voucher project aimed at increasing numbers of people for testing, treatment and confirmatory blood results post-treatment;
- 1,266 clients seeking testing with TMP and 655 starting Hepatitis C treatment; and
- continuation of a Hepatitis C Prison Transition service across South-East Queensland.

Below: TMP outreach clinic locations

The 2019 – 2020 year saw:

- 271 people screened for Hepatitis C over the year;
- 167 FibroScans completed over the year;
- 118 starting Hepatitis C treatment during the year;
- 123 people completing treatment during the year;
- 655 people have been treated through the TMP since the Direct Acting Antivirals (DAAs) HCV medication was released in March 2016; and,
- Of those 638 have completed treatment since DAAs were available, with 96% of those attending for their Sustained Virologic Response (SVR) PCR test at completion of treatment achieving a 'cure'.

QuIHN's Harm Reduction services continued with the initiation, continuation and strengthening of partnerships that enhance the overall quality and reach of what can be offered to target populations. Noteworthy partnerships activities that enhanced QuIHN's capacity during the reporting period included:

Queensland Custodial Corrective Services (QCS), Townsville: During this reporting period, QuIHN and the QCS in Townsville extended our service agreement in order to provide education and referral to clients held in custody in the Townsville corrective system. The agreement allows QuIHN Harm Reduction Workers to attend the prison on a fortnightly basis to meet with inmates, the aim of this agreement is for QuIHN staff to gain access to marginalised populations, to ensure that education and information around reducing the harms associated with drug use is provided to these populations. Having such access also allows a smoother pathway for referral upon release from prison into QuIHN's Prevention and Testing Program (PTP) as well as the Treatment and Management Program (TMP).

Townsville Aboriginal and Islander Health Service (TAIHS): Although QuIHN and TAIHS have been working together now for some years, a new MOU was drafted within the reporting period. In addition to QuIHN Harm Reduction Staff continuing their attendance at Palm Island rehabilitation service, Ferdy's Haven, we will also be facilitating some Hepatitis C clinics on the Island in conjunction with QuIHN's Registered Nurse and external medical specialists offering pathology, FibroScan and HCV treatment. The main purposes of this MOU are to provide information and education via in-services at the rehabilitation clinic coupled with the promotion and referral into Hepatitis C testing and treatment if required, as well as to develop referral pathways for Palm Island residents coming through the court system and Ferdy's Haven for HCV testing, treatment and harm reduction focused yarns. Unfortunately, this specific initiative was put on hold due to C19 and staff being unable to attend Palm Island, however, discussions continue, and this will commence as soon as possible post C19 public health restrictions.

We Help Ourselves (WHOS), Najara: QuIHN Sunshine Coast and WHOS have worked in partnership under an MOU for quite some time now, both with QuIHN's Harm Reduction team as well as QuIHN's Therapeutic team. During this reporting period the relevant MOU was reviewed and due to some recent changes within QuIHN has been revised to include some additional functions. The update has strengthened this arrangement to include a documented process of the bi-monthly harm reduction focused education sessions that QuIHN facilitate as part of the WHOS therapeutic framework for people undertaking rehabilitation for drug and/or alcohol related issues. Topics include BBV prevention, transmission and treatment options, with a specific focus on HCV. Other topics include overdose prevention including signs and symptoms. Another important function of the MOU outlines a pathway, documenting an easy process that provides access for WHOS residents to QuIHN's Sunshine Coast, fortnightly Nurse Practitioner led Hepatitis C clinic.

MICAH Projects (Brisbane): During the C19 pandemic, QuIHN partnered with MICAH Projects to provide information and education to those working with the homeless populations around the greater Brisbane region, discussions mainly included safe disposal information and sterile injecting equipment access. This work is planned to continue into the next reporting period, particularly during the current C19 pandemic.

Regional Pharmacies (State-wide): Each QuIHN NSP site has partnered with local pharmacies in their region to ensure Naloxone availability so that QuIHN's Take Home Naloxone initiative can continue, and supplies are secured moving forward.

Institute for Urban Indigenous Health (IUIH): QuIHN and IUIH worked together on the recruitment of a new QuIHN Indigenous identified Peer role.

Logan AODS: During the reporting period negotiations were finalised, allowing QuIHN's Nurse Practitioner and Peer Workers to run HCV clinics out of Logan AODS community centre. These commenced during the reporting period and will continue into the second half of 2020.

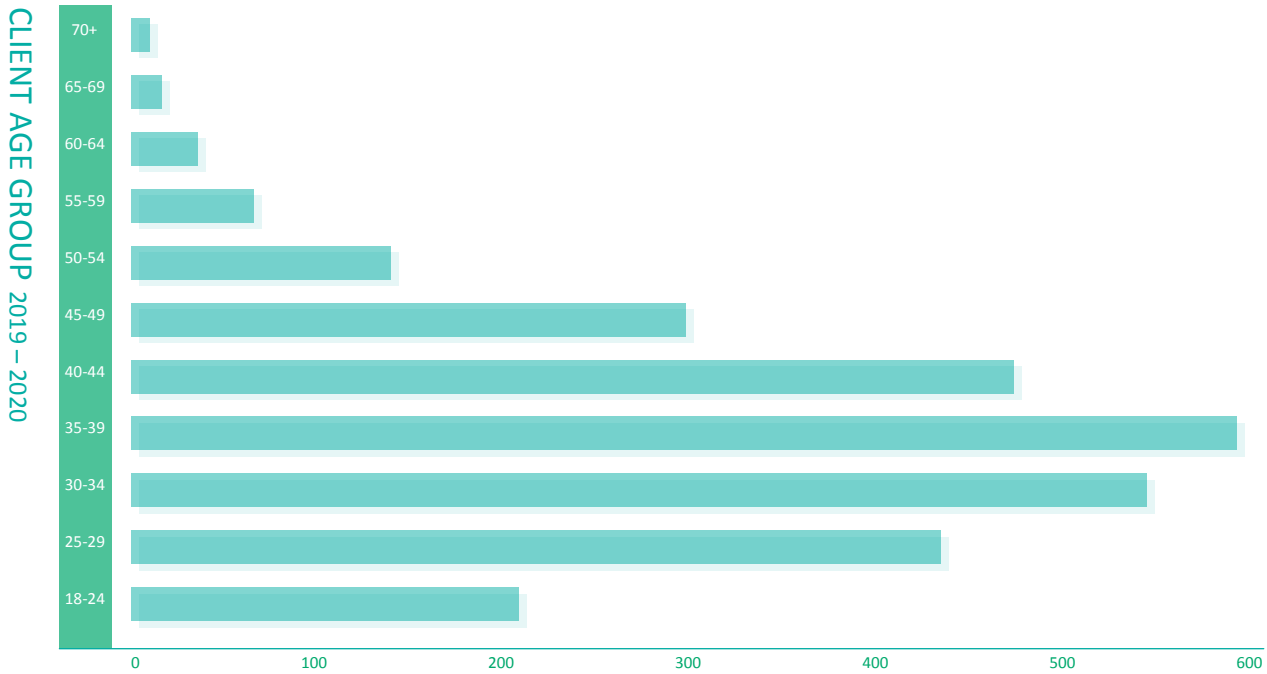
THERAPEUTIC PROGRAM

QuIHN's Therapeutic Services provided counselling, group work and case management throughout 2019/2020. Over the year and throughout all regions and programs:

- 2633 clients accessed the services
- 1644 client episodes began during the period.
- 1951 client episodes were closed
- The average client episode duration was 176 days while the median length was 113.
- A total of 1359 initial screens were completed
- 8286 counselling sessions were provided
- 610 case management sessions were conducted
- 1167 group work contacts were made
- 61% of clients were male and 39% female
- 15% of clients identified as Aboriginal and/or Torres Strait Islander

CLIENT AGE RANGE

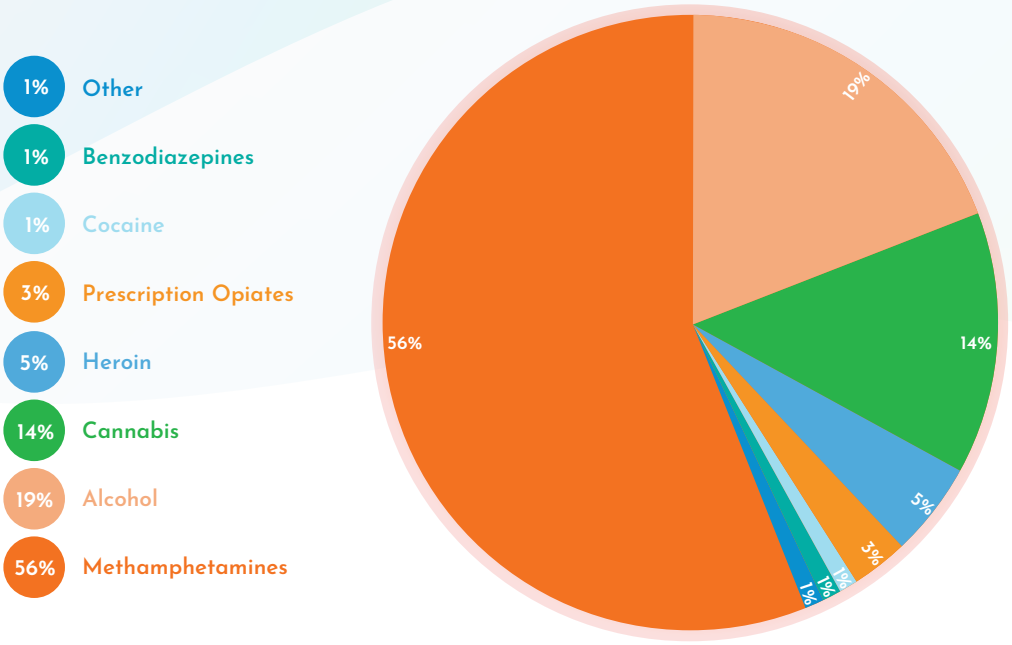
Most clients (closed episodes) accessing Therapeutic Services were between 35 and 39 years old. However, there were more older clients accessing compared to previous years.



SUBSTANCE USE

Over the year many clients engage with QuIHN Therapeutic Services because they wish to reduce, cease or better manage their use of substances. For 2019/2020 (closed episodes) most clients identified Methamphetamines as their principle substance of concern (56%). This has been consistent for the last few years due to the drug's availability and the issues it causes for clients.

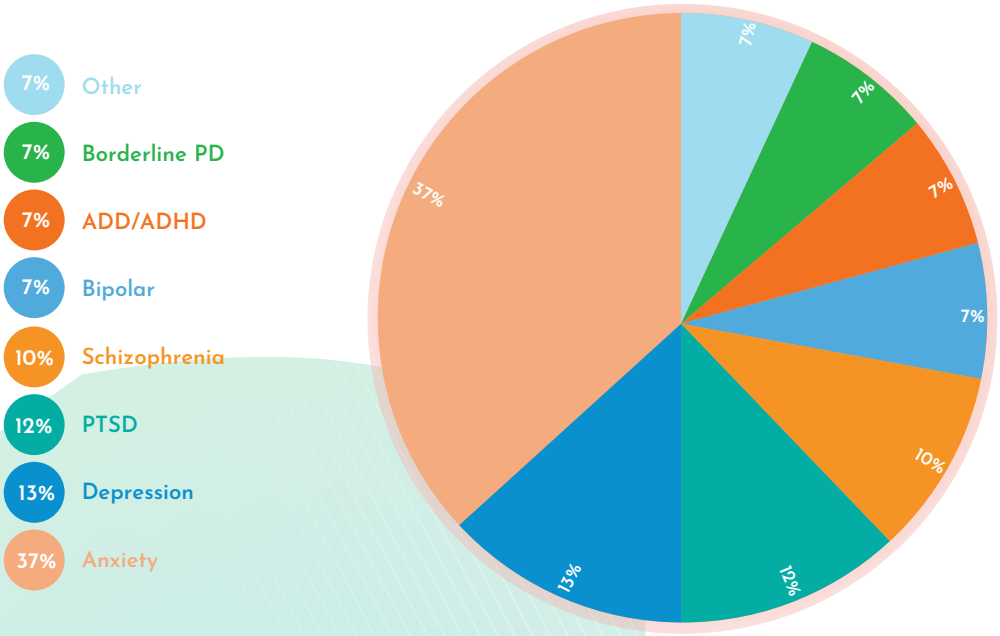
PRINCIPLE SUBSTANCE OF CONCERN 2019-2020



MENTAL HEALTH

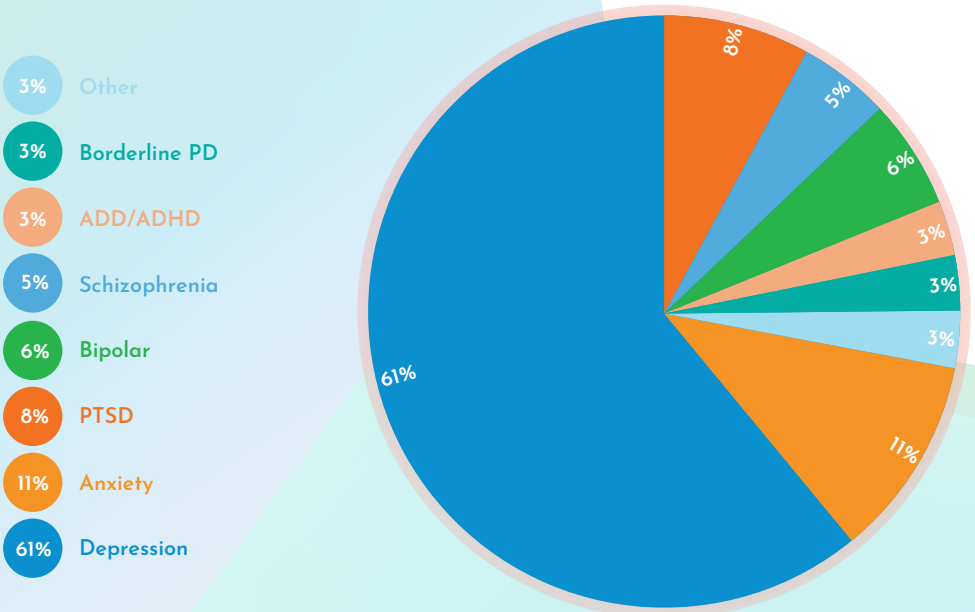
In addition to substance use, 78% of clients (closed episodes) who accessed QuIHN Therapeutic Services wanted support in better managing their co-occurring mental health concern. 69% of these clients had more than one diagnosis and 12% were living with 3 or more diagnoses. QuIHN Therapeutic Services has a well-earned reputation for working with clients sometimes considered too 'complex' or 'not ready' for other services. QuIHN Counsellors and case managers are well equipped and experienced in working with complex presentations and clients respond positively to their approach. The primary reported diagnoses of clients from the 2019/2020 year are:

1ST REPORTED MENTAL HEALTH DIAGNOSIS 2019-2020



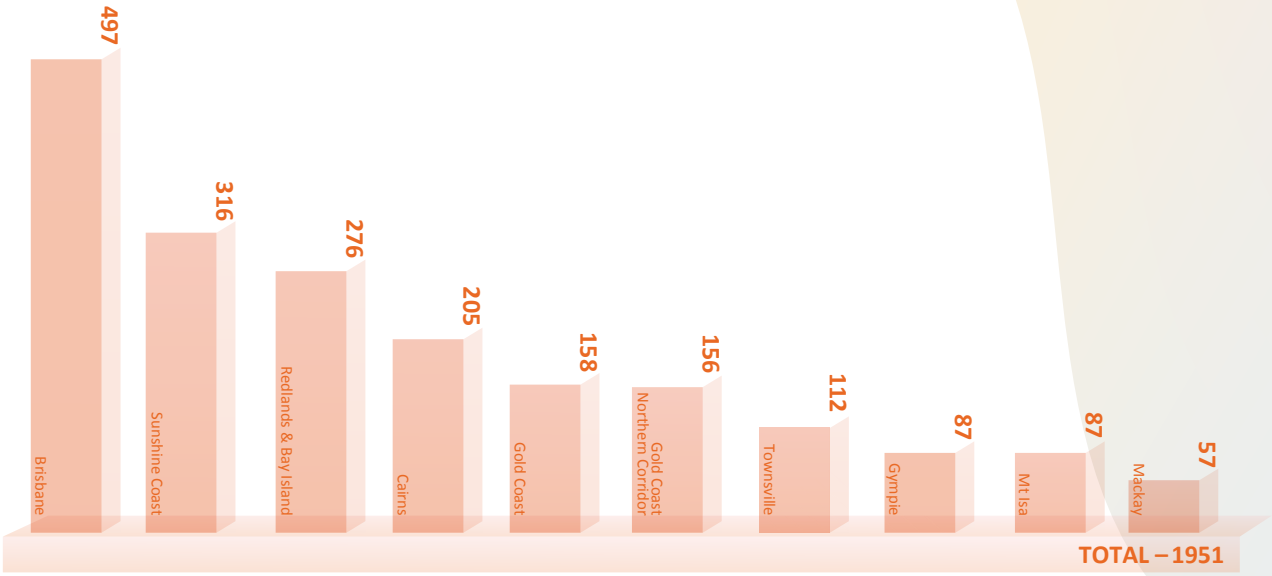
This chart shows that of the people who identified as having a mental health issue, the majority identified anxiety first as their diagnosis. Below is a chart that reveals the second diagnosis of clients living with more than one. In this chart depression is overwhelmingly identified. In both charts the 'Other' category includes diagnoses such as other personality disorders, obsessive compulsive disorder, dissociative disorder and acquired brain injuries.

2ND REPORTED MENTAL HEALTH DIAGNOSIS 2019-2020



REGIONAL EPISODES

There are different funding combinations and associated staff numbers in the various locations throughout Queensland. Below is a breakdown of closed client episodes in the previous year across our regional areas:



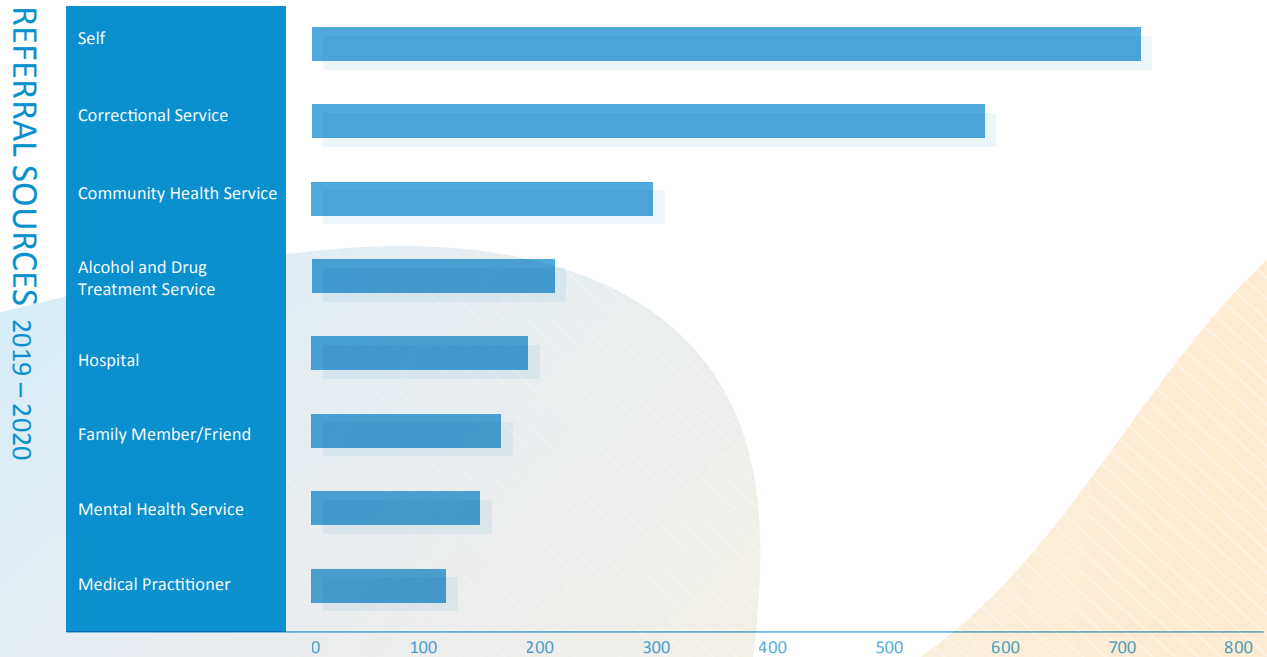
REGIONAL EPISODES (CLIENTS)

REFERRAL SOURCES

QuIHN Therapeutic Services throughout the state have strong partnerships with local agencies and departments. This helps facilitate referral pathways for clients.

Additionally, clients will often recommend QuIHN to their friends and relatives following a good experience with the organisation and so there is always a high number of 'self' referrals. Funding sources are beginning to hold these self-referrals in high regard as they represent a better indication of a services effectiveness in reaching clients.

The Queensland Corrective Services funded program has 100% of its referrals coming from Corrective Services and so that program is not included in the chart below. Despite this, Corrections still represents a large portion of referrals coming in for other programs. For 2019/2020 the referral sources were:



QUEENSLAND CORRECTIONAL SERVICES CONTRACTS

Therapeutic Services have continued to seek to extend geographic reach of its services through targeted funding in the area of corrections services and justice areas.

During this year QuIHN Therapeutic Services secured two important longer-term funding contracts from Queensland Corrective Services. The first of these is to deliver a group program for clients in custody at Townsville men's and women's prisons and Lotus Glen in Mareeba. This newly developed group is a 21-module program based on ideas and strategies derived from relapse prevention, trauma work, harm reduction, unhelpful thinking patterns, neurobiology, mindfulness and anger management to name just a few. This extensive program gives clients a chance to connect with QuIHN staff while in custody and hopefully continue with that connection upon their release.

From January 2020 the first three group programs were facilitated in Lotus Glen, Townsville men's and women's prisons. The groups all went well and produced positive outcomes for many of the participants. There was a 75% completion rate across the three groups and 31 total participants completed.

This was great result for such a long program. C19 restrictions cancelled the remaining groups for the year, however they will start back up again from August 2020.

The second funding component involves counselling for QCS clients in the community via District Parole offices in Cairns including Mareeba, Innisfail and Yarrabah, Townsville, Mackay and Mount Isa. Before this the counselling contract was temporary, ending in December 2019, and did not include Cairns and surrounds. The new more permanent contract will begin again from July 2020. Both of these QCS contracts have allowed QuIHN Therapeutic Services to extensively expand its geographical reach and gives the organisation a chance to offer client centred, non-judgemental, supportive services to people in a system that is not necessarily set up to do such things. The early response to these services has been very positive from clients and QCS staff alike.

DUAL DIAGNOSIS SECTOR WORKFORCE TRAINING

From October 2019, QuIHN Therapeutic Services facilitated a round of Dual Diagnosis trainings to workers in Bundaberg, Emerald, Rockhampton, Hervey Bay, Gladstone, Maroochydore and Gympie. This was funded by the PHN Central Queensland, Wide Bay, Sunshine Coast. Many participants in locations other than Gympie and Maroochydore were unfamiliar with QuIHN before attending the trainings. These free trainings were booked out within days of their announcement and were all well attended and reviewed.

Participants in Emerald were very grateful that the training came to their town. GPs and service providers in attendance at Bundaberg were saying how badly their town needed QuIHN services. Such information and important network links are crucial in planning for developing local workforce capacity and in developing relationships with services to support future opportunities where QuIHN can provide services to more clients throughout Queensland.

There will be another round of these trainings in the coming year when COVID restrictions ease.

COVID-19 OPPORTUNITIES

QuIHN staff and clients have learnt a lot since March 2020 on how to continue with service delivery when limitations are placed on face-to-face contact. All Therapeutic staff were set up to work remotely due to the inclusion of outreach work some years ago and the effectiveness of our IT Strategy Roadmap. The client data base, document management and human resources systems, and communications are all cloud based. This ensured that nothing needed to be changed for staff to continue to provide services to clients as soon as the restrictions came into effect. Staff were able to instantly transition to work from home arrangements where necessary and/or offer telehealth options for clients. There were many lessons learnt from this process and these will be utilised into the future to provide more holistic services to clients and other stakeholders.

CLIENT BROKERAGE SUPPORT

Towards the end of the financial year QuIHN was successful in securing some State funding to help clients gain access to telehealth and other medical services during the restrictions. There is brokerage funding available to QuIHN clients across the state to purchase phone data, travel vouchers, or medication, in order to remove any barriers to access they may be facing during the pandemic response. This will continue into the next period.

Increase engagement and post treatment follow up among clients of all programs

HARM REDUCTION PROGRAM

Numerous initiatives have been put in place to increase engagement and post HCV treatment follow-up including the following:

- $20.00 incentive vouchers provided at key milestones to those people tested, scripted and at post treatment follow-up
- Expanding service delivery by offering a mixture of face to face and tele-health appointments
- Recruitment of Peer workers employed to work with hard to reach populations including First Nations Peoples
- Working towards the introduction of PoCT via QuIHN NSP enabling quicker and easier testing of QuIHN's target populations
- The introduction of nurse led NSP clinics rotating through QuIHN NSP offering vein-care, overdose prevention and BBV testing referral and, where necessary, HCV treatment access

THERAPEUTIC PROGRAM

Intake and Assessment Initiatives.` The Therapeutic Services has had a new position, the Intake Officer, for much of the 2019/2020 year. This role is essentially a centralised intake where many enquiries for therapeutic services are first directed. This means that counsellors and case managers are freed up from phone intake responsibilities which was previously an extra component to their already full workload. Having an Intake Officer makes the process of engaging clients and completing brief interventions and initial screens a specialised focus rather than an extra task. The results have been very positive.

The Intake Officer can take the time with clients to explain the services provided by QuIHN and better match them to the support they require. The officer can also facilitate brief interventions with people wanting support and complete screens and capture intake data that means less administration for the counsellors and case managers down the track. With the position being full time, most clients are receiving their initial contact either the same day or the very next day which is well within the targeted four days outlined by many of the funding bodies.

Additionally, if there are waitlists for counselling or case management, clients are regularly contacted and offered support or they can attend open groups such as MudMaps, which is now being facilitated in three locations to meet such need.

Being able to provide case management to clients while they wait for counselling has also proven productive over the last year. There are four sites across QuIHN where clients can see a case manager for support in areas such as housing, food and welfare assistance, general health and relapse prevention.

OUTCOME DATA

QuIHN Therapeutic Service has put considerable effort into increasing treatment outcome/follow up data for the purpose of reviewing client progress and the quality of the service provided. An analysis of the 2019/2020 outcome data revealed that all QuIHN Therapeutic Services core funded programs achieved positive results. Clients are achieving measurable gains in mental health and substance use issues.

BETTER ACCESS MEDICAL CLINIC

Better Access Medical Clinic must be viewed as a service offering broad and comprehensive health services to its patient population. Patients need to be actively engaged to manage results, and better manage their lifelong health concerns. Two key areas that have resulted in significant improvement of patient engagement are the reduction of Patient Do Not Attends (DNA) and vast improvements in the results recall process. At Better Access Medical Clinic, 14% of appointments booked during this year were DNAs - this is a reduction of 3% on the previous year.

KPI2

EVOLVE
SERVICES

STRENGTHEN
EVIDENCE BASED PRACTICE

Seek to develop and trial innovative projects

HARM REDUCTION PROGRAM

Harm Reduction focused Clinics: Increasing medical and clinical education via QuIHN's NSP utilising QuIHN's Clinical Nurse. During the reporting period, protocols developed to facilitate Vein Care and Other Injecting Related Injuries Clinics targeting QuIHN NSP clients, including increasing HCV testing and treatment. These clinics are due to commence in the second half of 2020.

Support to Specialist Homeless Services Sector: The Brisbane based Harm Reduction team worked closely with MICAH on supplying safe disposal containers to identified hotels and other accommodation locations during the C19 pandemic. With much of Brisbane's homeless population being housed in hotels during the C19 pandemic, many hotel owners have been struggling with on-site drug use and improperly discarded needles and syringes. QuIHN received funding during the reporting period to work closely with the homeless sector in Brisbane north region to assist the sector around reducing the harms identified with drug use, C19 and homelessness. During the reporting period, QuIHN supplied approximately 200 disposal containers to such hotels.

Same Day HCV Testing: During this reporting period, new nursing protocols were established and implemented for Bowen Hills NSP clients to access same day HCV testing/work-up. This initiative enables more opportunistic HCV testing by working under the clinical delegation of a QuIHN General Practitioner. This will be further enhanced, expanded and streamlined with the introduction of HCV PoCT technology.

Our Harm Reduction programs has been successful in receiving a grant for 3 PoCT machines and the purchase of up to 500 HCV Fingerstick Testing cartridges from the COVID-19 Grant Fund: Immediate Support Measures following the TGA approval of the cartridges in April 2020. QuIHN will be a community leader in Australia in providing this service to people who inject drugs.

Peer harm reduction work remains a central part of Hepatitis C TMP service delivery: During the year we implemented incentive vouchers to increase testing, treating and testing post-treatment which has continued throughout the year. In January 2020, the amounts distributed through the voucher project changed from $10, $20, $30 (pre-testing, scripting, post-treatment testing) to $20, $20, $20. Our peer workers are vital to continued engagement and recruitment to our HCV TMP services.

Take Home Naloxone Project: The Harm Reduction teams successfully developed the model for ***"Access to Take Home Naloxone"***. The purpose of the project is to ensure QuIHN staff are trained and ultimately authorised to Supply Naloxone under a Queensland Health approval. Staff are selected, trained and authorised to deliver Naloxone brief education (or group education sessions) and supply Naloxone to people engaged with these services who are at risk of opioid overdose or likely to witness an opioid overdose over the next quarterly period. More about this important project is reported futher on in this report.

THERAPEUTIC PROGRAM

Evidenced Based Interventions: Clinicians and Case Managers within QuIHN Therapeutic Services keep up to date with developments in client interventions and research. They attended various professional development opportunities throughout the past year. Many of these were related to the impact of past trauma and how it can manifest in clients' current symptomology. QuIHN's Counselling Guidelines have been updated to include an extensive section on trauma informed care and was made available for staff mid-way through the year.

Home Based Detoxification: Throughout the first half of the 2019/2020 FY Therapeutic Services, in collaboration with the Medical team, finalised the Guidelines manual for the *Home-Based Withdrawal Management and Detoxification Project*. It is hoped a trial of the program will be held shortly in the Gold Coast region.

The COVID-19 Psychiatry Project: Towards the end of the year, QuIHN sought and received funding for the Specialised Psychiatry Support Project via the state government's recent COVID-19 Grant Fund: Immediate Support Measures. This innovative project involves a psychiatrist attending QuIHN therapeutic case conferences once a month across all regions. QuIHN therapists and case managers will present client cases that would benefit from psychiatric intervention who would ordinarily struggle to acquire such input. The psychiatrist will work with the therapist in planning the best course of action for the client. This may include simply helping determine a diagnosis and associated treatment plan for the QuIHN worker to facilitate with the client or it may require the worker liaising with the client's GP to secure the appropriate medication for the client. If required, allowances will be made for some clients to be able to access the psychiatrist for an appointment via telehealth options. This program will commence in July 2020 and continue for 12 months at which point it will be extensively reviewed.

Therapeutic Group Programs: The MAISE Relapse Prevention Group Program has been reviewed and improved. This eight-week program and its associated manual have been given a fresh new look and enhanced by more digital content.

QCS Changing Habits Program: Perhaps the biggest innovation over the last year has been the development of the QCS Changing Habits Program. This program was developed from the ground up and includes 21 modules that are each around 2 hours long. This program is being facilitated within three Far North Queensland prisons. The program material represents a large selection of all the key interventions, strategies and activities that are utilised by QuIHN Counsellors and case managers in sessions with clients. Accompanying the client workbook is a detailed facilitator handbook outlining the procedures, considerations and suggested variations to the material. Following the first facilitated round of this group some valuable feedback from clients and facilitators has been incorporated into the next version. The program modules can also be utilised in one on one sessions with people accessing the QCS counselling program.

BETTER ACCESS MEDICAL CLINIC

Through additional funding generously provided by the Brisbane North Primary Health Network at the start of the C19 pandemic, QuIHN worked in collaboration with Micah Projects to deliver a targeted flu vaccine clinic to the vulnerable and homeless populations residing in the Moreton Bay Northern Region. As a result of increased funding QuIHN were able to employ additional staff which included a Nurse Immuniser and a Peer Support Worker that worked alongside the Outreach Social Support Team to enhance engagement opportunities. QuIHN focused its outreach seasonable influenza immunisation clinic on areas it already worked in, but due to increased resources were able to expand on these to include additional caravan parks and several homeless accommodations across the Moreton Bay Northern Region. A total of 457 flu vaccines were provided during a two-month period coupled with other social supports, brief interventions, referral pathways, general nursing triage and support, hygiene packs and food parcels.

The Better Access Medical Clinic also 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 5:00pm and 6:00pm two nights a week.

Increase opiate overdose prevention through broadened access to projects that support Take Home Naloxone demonstrating our commitment to harm reduction

INCREASED NALOXONE ACCESS AND DISTRIBUTION

During the reporting period, Naloxone access to targeted and vulnerable populations via QuIHN's newly established Take Home Naloxone (THN) program was established and implemented.

In March 2020 QuIHN received the required approvals through the Healthcare Approvals and Regulation Unit, Queensland Health (QH) in order to increase access to Naloxone to those that are either at risk of an opioid overdose or those likely to witness an overdose. QuIHN have been leaders in Queensland in adapting the THN model for local use, with many others in the Queensland sector now following suit and seeking guidance from QuIHN. Naloxone is a life-saving medicine and QuIHN aims to continue to work with and support other organisations in Australia to ensure Naloxone is freely available to relevant populations.

Each QuIHN region has secured local suppliers. During this period, QuIHN, through the Prevention and Testing Program (PTP) and NSP network, commenced the provision of THN along with a brief intervention that covers the signs and symptoms of an overdose, what to do in the event of witnessing an overdose and how to administer Naloxone. These interventions are targeted towards clients attending QuIHN's NSPs and those who identify or who have been identified as "at risk" of overdose or are likely to witness someone else overdose. Approximately 100 Naloxone units have been provided since the launch of this THN program in June 2020 and this is expected to increase during the second half of 2020 calendar year with all Harm Reduction staff now trained and able to facilitate this initiative.

Ensure resources for continued participation in research and evaluation activities

HARM REDUCTION PROGRAM

During the year we were successful in an international journal publication submission to the *Journal of Substance Abuse Treatment* by the University of Queensland showcasing QuIHN's TMP cascade of care. *Hepatitis C cascade of care at an integrated community facility for people who inject drugs* Leith Morris, Linda Selvey, Owain Williams, Charles Gilks, Amanda Kvassay and Andrew Smirnov Journal of Substance Abuse Treatment, 2020-07-01, Volume 114, Article 108025.

QuIHN's Prison Transitions Service evaluation: The University of Queensland (UQ), School of Public Health, Queensland Alcohol and Drug Research and Education Centre (QADREC), provided an evaluation report on the Prison Transition Service in September 2019 on the first 6 months of client service delivery and have been engaged through ECA to conduct a further evaluation on the Prison Transition Service to the end of June 2021. Information on the outcome of the evaluation will be included in subsequent reports.

Annual Needle and Syringe Program Survey (AKA Finger Prick Survey): Three QuIHN services participate in the Australian Needle and Syringe Program Survey (ANSPS) on an annual basis: Brisbane (BNE), Gold Coast (GC) and Sunshine Coast (SC). In the five-year period between 2015 and 2019, a combined total of n=922 QuIHN clients participated in the ANSPS, ranging from n=92 to n=222 respondents per annum. Overall, 35% of QuIHN respondents had participated in the ANSPS in a previous year, resulting in an estimated n=597 individual respondents over the five-year period.

Below: QuIHN's participation in the ANSPS 2015-2019

Survey year	2015	2016	2017	2018	2019	TOTAL
Sunshine Coast	64	27	68	67	54	**280**
Brisbane	59	33	93	98	85	**368**
Gold Coast	93	32	61	46	42	**274**
TOTAL	216	92	222	211	181	922

- NSP client participation by site: SC = 24%, BNE = 29% & GC = 15%
- 32% of clients who completed the DBS and survey were Female whilst 68% were Male.
- 18% (n=32) of QuIHN respondents reported an Indigenous background, this is higher than in previous years. The proportion of Indigenous respondents overall (all years combined) was significantly higher at QuIHN BNE (20%, n=74), compared to the GC (12%, n=34) or the SC (11%, n=30).
- AGE – The median age of ANSPS respondence at QUIHN was 43 years in 2019 (range 17-68 years). This was an increase compared to the median age of 38 years observed in 2015.
- In the 2019 survey, 4% (n=7) were young people (aged less than 25 years)

The aim in 2020 is to increase the number of participants in the September 2020 survey in BNE, SC and GC. The survey is going ahead despite C19 at this stage, though rather than the usual month of October, the survey will go ahead in September for a two-week period. The situation regarding C19 will be monitored and advice and guidance will come from the relevant Government department.

ETHOS II in Townsville – Kirby Institute: ETHOS II was held at QuIHN Townsville on July 24 and July 25 2019. The event was supported by QuIHN Harm Reduction staff and clinical nurse. The study recruited 25 QuIHN clients. Data below shows further information:

- 72% male
- Mean age = 47
- 4% Aboriginal ethnicity
- 4% on OST
- 28% unstable housing
- 64% had, at some time, been in prison
- 100% had injected in the last 6 months
- 72% injected in the last month
- 68% had been HCV tested, 44% in the previous year
- 60% HCV RNA +
- 47% initiated HCV treatment

SHARP-C Study: Access to Point of Care Testing (Sharp-C Re-infection study – Kirby Institute) The Sharp-C Study by The Kirby Institute, University of NSW is a research study measuring re-infection rates of people who inject drugs who have completed Direct Acting Anti-Viral Hepatitis C Treatments through use of a PoCT machine. QuIHN was approached to be involved in the study given the numbers of people being treated through the Treatment Management Program (TMP). The Burleigh Heads TMP clinic site was selected with all Harm Reduction staff trained in the research protocols and use of the PoCT machine in November 2019. Recruitment was to begin in March 2020 however with restrictions relating to C19 occurring from mid-March 2020, the Sharp C study was placed on hold for any new recruitment until further notice. The study currently remains on-hold.

Illicit Drug Reporting System (IDRS) and Ecstasy and Related Drug Reporting System (EDRS): QuIHN continued its participation in the annual Illicit Drug Reporting System (IDRS) and Ecstasy and Related Drugs Reporting System (EDRS) surveys. These surveys are an ongoing illicit drug monitoring system which has been conducted in all states and territories of Australia since 2000, and forms part of Drug Trends. The purpose of the surveys is to provide a coordinated approach to monitoring the use, market features, and harms of illicit drugs. The surveys are designed to be sensitive to emerging trends, providing data in a timely manner, rather than describing issues in extensive detail. It does this by studying a range of data sources, including data from annual interviews with people who regularly inject drugs. To date, existing research on trends in drug use, availability, and related harms, as well as outcomes amongst people who use drugs, has typically focused solely on capital city markets. To address this gap in knowledge, a pilot study was conducted in Townsville in which QuIHN Townsville was a chosen site. The question relating to "Awareness of Naloxone to prevent opioid overdose" showed that most of the Queensland sample had heard of Naloxone (90%), but there was significant variation between the three locations examined. Considering such information, QuIHN ensured that its Townsville location, along with its other regions, increased access to Naloxone to those reporting opioid use. QuIHN Townsville, along with its other locations, introduced this model of access during the reporting period and have now dispensed approximately 100 units of Naloxone to those identified as "at risk" of overdose.

THERAPEUTIC PROGRAM

The Therapeutic Services have conducted an annual evaluation of psychometric outcome data for all clients engaged in counselling during the 2019/2020 FY. This evaluation showed statistically significant improvements in all areas: severity of dependence, self-esteem, confidence, depression, anxiety, and client satisfaction. Please see summary from the report below.

The encouraging results of the evaluation can be seen to lend strong support to the integrated, client centred, individualised, holistic and empathic Dual Diagnosis approach utilised at QuIHN. Each client, early in the counselling process, collaboratively develops an individual treatment plan with their counsellor/clinician and this is used as a focus for treatment goals. Clients respond very positively to the respect and strengths-based approach that underpins interactions throughout QuIHN. There is a strong focus on developing trust and a positive therapeutic relationship with this highly marginalised and stigmatised client group. The majority have significant histories of trauma, abuse and/or neglect and dysfunctional relationships along with their substance use and mental health concerns, which often leads to poor engagement with services. Current research suggests that the longer this client group with complex needs are engaged with a service, the better the client outcomes. This knowledge motivates QuIHN's focus on the development of rapport, trust and positive therapeutic relationships with all clients. Staff skill and client outcomes are further enhanced by QuIHN's commitment to Clinical Supervision for all staff and ongoing Case Conferencing/ Discussion around treatment plans and clinical approach for each client.

Over the coming financial year there will be significant work in reviewing and updating the outcome data measures used to track client progress. These need to be effective and relevant for the client, the funders and the clinicians.

STRENGTHEN
CONTINUITY OF CARE

Identify strategies to support clients who have completed QuIHN's therapeutic programs to sustain personal goals beyond participation in the program

Clients who have completed QuIHN's therapeutic programs are supported to sustain personal goals beyond participation in the program via several options. These options are developed and agreed with the client and recorded in the exit plan, such options include: support in accessing volunteering, vocational or employment opportunities, the provision of a monthly check in by a counsellor (if required), referrals to other services for additional support that QuIHN cannot provide and a reassurance that the door is always open if they feel the need to re-engage. Therapeutic Services work closely with employment service providers to support clients accessing further vocational and employment opportunities.

Promote our consumer engagement and participation work to external stakeholders to role model best practice

In order to promote our consumer engagement and participation work to external stakeholders and role model best practice the organisation undertook a range of activities such as:

- presentation on *Building and Supporting the AOD Peer Workforce* at the Mental Health Professionals Network;
- *Overdose Prevention and Management training with Naloxone administration* to Cairns Sexual Health Team;
- *Overdose Presentation and Management training* to the Cairns Youth Team;
- participation in the *Brisbane South AOD Collaborative* to support AOD sector client engagement strategies;
- participation in the *Brisbane North AOD Partnership Group* representing people with a lived experience;
- *Stretch2Engage* Presentation to the Brisbane North AOD Community of Practice;
- participation in the Australian Injecting and Illicit Drug Users League (AIVL) COVID-19 *Pharmacotherapy Access and Advocacy group*;
- presentation on Harm Reduction at Respect, Southport;
- participated in the recruitment process for the Metro-South ATODS Peer Worker position
- provided a presentation on *Working with People Who use Drugs* at the Magistrates Lunchbox Seminar Series, Brisbane;
- attended the Recovery from Addiction, Lived Experience Forum in Southport
- participated in the *Stretch2Engage*, workshops and evaluation;
- participated in the development of the *Stretch2Engage* film that showcases the learnings and value of the *Stretch2Engage* project;
- participated in the *Stretch2Engage Workshop, 'Looking to the Future'*, which had a focus on leadership, culture and sustainability;
- participation in the *Brisbane North Primary Health Network AOD Lived Experience Meetings;*
- attended the Queensland Mental Health Commission *Leading Reform Summit*;
- attended the *Launch of Lived Experience Workforce Framework*;
- attended the *Community Based Prevention and Implementation; Achievements and Challenges* at Griffith University;
- supported the *Primary Care in Prevention*, *Treatment, Management of BBVs and STIs* in supporting client representatives in presenting with Queensland Health Sexual Health Unit;
- facilitated information session on *Long Acting Injectables Explained,* with Indivior + Camurus pharmaceuticals;
- provided a presentation on *Working with People on OST* at the Pharmacy Assistants National Conference;
- participated in *Queensland Mental Health Lived Experience Workforce - Focus Groups on Queensland Lived Experience Framework;*
- provided *Putting Together the Puzzle, Stigma and Discrimination Training* at the Darling Downs and West Moreton Primary Health Network; and
- provided a presentation on *Client Engagement* at Australian Winter School

THERAPEUTIC PROGRAM

QuIHN Therapeutic Services has an approach to client work that seems obvious and well suited to the kinds of issues it exists to support. Clients appreciate the approach taken by staff and provide very positive feedback for the services they receive. In contrast to this are the negative experiences clients share when discussing their treatment at other service providers. Clients sometimes report being judged, disrespected, misunderstood and even denied access by other services. This is not always because of individual worker attitudes, but rather organisational systems, rules of engagement and exclusionary criteria.

QuIHN staff members in all areas work closely with clients and understand the issues they face. The approach used in sessions, groups and brief interventions has a direct client focus and is backed by a deep clinical proficiency and expertise. This combination has proven useful for client wellbeing and has given QuIHN a strong reputation among other agencies and recognises that it has a role in educating the workforce on the things it does well.

This year QuIHN Therapeutic workers delivered the *Co-occurring Substance Use and Mental Health Concerns (Dual Diagnosis) Training* to 178 health professionals over 8 regions. The participants were from a range of government and non-government services from Gympie, Bundaberg, Emerald, Rockhampton, Gladstone, Hervey Bay, Sunshine Coast and Gold Coast.

The workshop is based on the premise that all workers in the AOD and/or mental health sector should understand what is meant by the term 'dual diagnosis' when referring to co-occurring mental health and substance use issues, have knowledge of mental health symptoms that can interfere with AOD treatment and vice versa, understand the risks and harms associated with dual diagnosis, respond skilfully to challenging situations and appreciate the importance of reflective practice when working with clients in this area.

Facilitating this training provided an effective way for QuIHN staff to promote the approaches they use when working with clients impacted by substance use and co-occurring mental health issues. This will hopefully contribute to better outcomes for these clients when they work with a range of services throughout the regions. Both PHN Gold Coast and Sunshine Coast recognise the need for workforce development and have committed to funding further rounds of QUIHN facilitated trainings, following the easing of C19 restrictions.

Additionally, during the year Therapeutic Staff collaborated with Harm Reduction staff to provide training for Change Futures' psychologists who work with aged care residents. This organisation was noticing more elderly clients in care homes having issues with drugs and alcohol. The training was delivered in Brisbane and Gold Coast and covered brief interventions, harm reduction and relapse prevention.

Develop and build capacity for peer participation in service planning, review and delivery

Consumer and peer participation in service planning, review and delivery has been facilitated through the following avenues:

- implementation of the F2A Group;
- implementation of consumers as part of our recruitment process;
- expansion of the QuIHN peer workforce;
- implementation of a peer workforce monthly group supervision to support best practise supervision and peer mentoring;
- implementation of a training program, facilitated by the Client Engagement Officer, to staff to support them in their understanding of consumer engagement;
- working groups undertaken to review and revise policies and procedures;
- promoting continued peer involvement across the AOD sector through attendance at a range of network meetings;
- continued involvement in the Stretch2Engage Project; and
- scoping exercise for the development of a *Client Advisory Group (CAG)* undertaken.

Over the year the organisation has seen the expansion of the QuIHN peer workforce within the Harm Reduction Programs; implementation of a peer workforce monthly group supervision which supports best practice, in addition to line management supervision for staff peer roles; and individual peer worker supervision and peer mentoring being provided as required.

QuIHN's Harm Reduction programs now employ more Peer identified roles than ever before. In addition to a full-time Peer Harm Reduction Worker who works across both QuIHN Brisbane and Gold Coast, the reporting period saw two more part-time Peer roles recruited, one of which is a First Nations identified role. The main aim of all Peer roles is to increase target populations into HCV testing and, where required, treatment. They also provide information and education via targeted outreach and opportunistic education covering issues such as vein care, safer injecting, overdose prevention and hygiene. Approximately 160 education sessions were facilitated during this reporting period with approximately 120 people attending. QuIHN also seeks input from service users and identified peers on numerous working groups including the Hepatitis C Treatment and Management Program (TMP) expert advisory Panel (EAP) and Tracks magazine working group among others.

Therapeutic Services' group programs use client feedback to revise the group format and content. Feedback is sought at the end of every group session from participants and relevant changes are made accordingly. Likewise, one on one sessions are regularly reviewed by the client during the treatment planning and review processes built into the format of counselling and case management. Clients can suggest changes in direction, scope and interventions in a collaborative partnership with their QuIHN worker.

Investigate novel ways to utilise digital applications and web presence to support our clients

QuIHN launched its YouTube channel with the release of two animated videos, Introduction to Harm Reduction; Stages of Change. Additional videos will be released early in the next financial year, including Hep C Peer Heroes and Neuroplasticity.

This year saw the beginning of the roll out of Encapto platform to allow clients to access free Wi-Fi whilst on premises and allow key messaging to be delivered to those using Wi-Fi. The integration of key messaging across the service as well as responses to surveys and campaigns can be rolled out to align with key messaging across social media platforms.

QuIHN's Infection Control Sessions (QuICS) On-line:
During the 2019/20-year, work was carried out to bring QuICS on-line. QuIHN worked with an external I.T. Business Solutions company to discuss the requirement so that QuICS could be facilitated in person with a Harm Reduction Worker using an on-line system via a tablet type device. Whilst seeking a second quote for this model of delivery, the C19 pandemic hit Australia. The social distancing and isolation laws due to C19 highlighted the fact that a different method of delivery was required. QuIHN are continuing to seek appropriate technology that is suitable for the facilitation in person or autonomously on-line. Several quotes continue to be sought.

In response to C19 restrictions, Therapeutic Services developed and began using more ***digital means of capturing client feedback***. Groups that were delivered via Zoom received client feedback via a web-based questionnaire that could be accessed through text message or email. The uptake and ease of use this provided for clients and clinicians was very encouraging. As a result, this method will be utilised as an option for all future groups whether delivered in person or remotely.

QuIHN Therapeutic, Harm Reduction and Better Access Medical Clinic services all rapidly implemented ***telehealth*** during restrictions from March through to late May 2020. This pivot in service continuity was important learning in respect to understanding that client access can be improved if more options are provided to do so. Phone and various video conference platforms will be utilised beyond restrictions to reach clients who may struggle at times to make appointments in person.

PHN Brisbane South has provided the Therapeutic Program funding to enhance service delivery during the C19 crisis and beyond. This funding provides the Redlands and Bay Islands Program with more case management hours and some brokerage funding for our clients. The ***brokerage will be used to enhance clients' ability to access telehealth models of service delivery and help remove any specific one-off barriers impeding their health care.***

QuIHN recently requested and received ***additional brokerage support for clients across the entire organisation through the state government's recent COVID-19 Grant Fund: Immediate Support Measures.*** There will be client brokerage made available to assist our clients continue to access health and other essential services.

QuIHN Therapeutic Services has invested in ***updating the MAISE Group Program*** to ensure it can be delivered more effectively using digital platforms. The existing workbook style group will be enhanced to include substantial digital content to compliment the newer styled workbook.

STRENGTHEN CLINICAL PATHWAYS

Strengthen our clinical governance and clinical innovation

HARM REDUCTION PROGRAM

The Harm Reduction Treatment and Management Program continued its Expert Advisory Group throughout the year and continued to strengthen relationships with specialist services.

THERAPEUTIC PROGRAM

Therapeutic Services has a strong commitment to maintaining effective clinical innovation and governance while incorporating the needs, goals and values of the clients it works with.

CASE FILE AUDITS AND OBSERVATIONS

All clients engaged in Therapeutic Services develop, in conjunction with their counsellor, a treatment plan, which is tabled at the multi-disciplinary weekly case conference and approved by the Team Leader. Clinical file audits are regularly completed on a sample number of clients in a counsellor's case load. In addition, the introduction of counselling observations has begun over the year. This process involves Team Leaders observing counselling sessions (with the client's consent). The results of these audits and observations are provided to staff in supervision and, if required, plans made for improvement.

SIX MONTH CASE REVIEW

As seen by the duration of episodes, some clients remain in QuIHN's Therapeutic Services for sustained periods. It is great to be able to offer clients free of charge unlimited counselling in an environment when such a model is rare. Many organisations only provide a capped number of sessions. QuIHN works with complex needs. This work takes time and clients appreciate this, often citing it as a desired feature that keeps them engaged and healthy. There are times, however, that longer term clients' progress can plateau after a while. It may be the case that the support provided by QuIHN is keeping them from reaching further gains. Holding clients longer than needed can also exacerbate waiting times for new clients wanting to enter the services.

To address these issues, a new mandatory six-month review process was introduced during the year. Clients who have been engaged for 6 months will be reviewed. This will allow the team leader and counsellor to look at engagement, completion of the 2 treatment plans, supports in place, client needs (including if the support needed falls more into case management rather than counselling) and future goals.

The review allows the counsellor to do one of three things:

- Close the client file as the treatment goals of the client are met.
- Continue counselling with clear goals that are aimed towards the client being able to move towards independence from ongoing therapeutic support. If the decision is made to continue counselling, then a review date is set so that the process can be repeated.
- Support the client to have a break from counselling for a while to give them time to consolidate and practice the skills that they have gained in counselling.

This process has given space and priority for conversations with clients around the benefit they are receiving from therapy. It has also allowed counsellors to introduce the idea to clients that they may not need ongoing counselling allowing for more of a focus on client autonomy. This process is very consultative with the client being part of any decision made. If they want things to remain the same, then they will.

Feedback from clients to date has been positive and, for longer term clients who remain, they appreciate the opportunity to give the ensuing sessions a refocus on the purpose of the therapy, and the usefulness of it moving forward.

The Complex Needs Assessment Panel Drug and Alcohol Aged 25+ years

A good example of clinical governance and holistic care is QuIHN's facilitation of the monthly Complex Needs Assessment Panel Drug and Alcohol 25+ (CNAPDA) via the Gold Coast office. The panel brings together government and community service representatives in partnership to provide a coordinated approach when assessing and planning the needs of clients with complex needs. The core function is to address identified issues and barriers by planning, implementing and reviewing the strategies and interventions required to support people 25+ with complex drug and/or alcohol, psychosocial and physical health needs.

After a slow start the panel has grown over the year in referral numbers and panel members. The members are key clinicians and decision makers from services such as AODS, Krurungal, Anglicare, Lives Lived Well, QuIHN Harm Reduction, QuIHN Therapeutic Services, Department of Housing, Salvation Army, Homeless Health Outreach Team, Goldbridge Rehabilitation Services and the Australian Community Support Organisation (ACSO) Community Re-Entry Service Team (CREST) Program.

There is brokerage funding attached to the panel, designed to help remove any barriers clients are having in accessing appropriate services or making progress in certain areas related to their health and wellbeing. Having decision makers at the table when client cases are discussed means that things can be approved quickly and completely.

COVID-19 Specialist Psychiatry Support Program

One of the most significant developments in clinical proficiency for QuIHN Therapists and Case Managers over the year has been the development of the Specialist Psychiatry Support Program. This program begins in the following year but was conceived and developed for tender in the 2019/2020 FY. The funding is through the state government COVID-19 Grant Fund: Immediate Support Measures.

As already mentioned, this program procures specialist psychiatrist support for QuIHN clients. Specialist drug and alcohol psychiatrists attend QuIHN therapeutic case conferences throughout four regions as well as with Brisbane Medical team. QuIHN therapists and case managers present client cases that they assessed as benefiting from psychiatric intervention who would ordinarily struggle to acquire such intervention. The psychiatrist works with the therapist in planning the best course of action for the client. This may include simply helping determine a diagnosis and associated treatment plan for the QuIHN worker to facilitate with the client or it may require the worker liaising with the client's GP to secure the appropriate medication for the client. If required, allowances would be made for some clients to be able to access the psychiatrist directly for an appointment via telehealth options.

This program enhances the ability for QuIHN therapeutic staff to further their knowledge and experience with psychiatric issues and increase access for clients to psychiatric expertise and intervention.

BETTER ACCESS MEDICAL CLINIC

Better Access Medical Clinic continues 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. During this financial year the clinic also saw the introduction of private psychology services on a fully bulk billed basis.

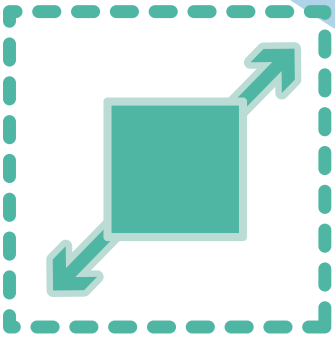
In order to provide a holistic package of care to 2,899 active patients, Better Access Medical Centre:

- managed 60 patients availed of Opioid Substitution Therapy (OST) via the clinic;
- provided 280 sexual health certificates;
- managed 540 active patients diagnosed with a chronic condition (including, diabetes, COPD, CVD, Asthma etc);
- screened 458 patients for HIV and managed 14 patients who have a positive HIV diagnosis;
- screened over 478 patients for Hepatitis C and managed over 135 patients with a positive Hepatitis C diagnosis;
- screened over 640 patients for chlamydia;
- screened over 640 patients for Gonorrhoea; and
- screened over 432 patients for syphilis.

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, however the recertification has been delayed by AGPAL due to the C19 pandemic. 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: improved efficacy within the Nurse room; review and update of policies and procedures; targeted professional development plans for Nursing staff implemented; improved induction program for GPs; introduction of peer supervising for GPs delivered by our senior GP; greater focus on comprehensive patient health care; improved Chronic disease management; introduction of Health Assessments; conducting Cycles of care; improved triage; reducing rates of Do Not Attend (DNA) appointments; more effective patient engagement within the clinic; maximising the existing patient database to provide better care and patient engagement; employment of a senior receptionist, that will enable the Practice Manager to focus more efficiently on quality improvement process within the clinic; quality training and development of reception staff; improved reporting including business performance and key drivers; improving the financial performance of the clinic; reducing cost structures; improving patient care systems; developing clinical guidelines; restructuring administration processes and continued provision of private psychology services.

KPI3

ENHANCE CAPACITY



INTEGRATION AND SERVICE JOURNEY

Focus on the integration of our programs and services to ensure easy pathways for those travelling through our service continuum

Head of Services (HoS) role was finalised in July 2020 with the primary purpose of combining the management of all client service delivery areas and achieve greater strategic linkage and horizontal coordination across Therapeutic Services, Harm Reduction Services, and Clinical Services.

This role reports directly to the Chief Executive Officer serving as a member of the executive leadership team with the Senior Program Managers for each program reporting into this role.

Team Leader meetings were trialled in Brisbane and then expanded across regions. The Team Leader meetings seek to take a focus on the integration of client care across all client services. The Therapeutic teams have continued case conferences across all regions with a focus on allocation of clients according to their needs and review of complex cases.

Harm Reduction, Better Access Medical Clinic and Therapeutic Services work well together in providing easy pathways for clients who utilise more than one of these areas at QuIHN. Clients sign a consent form when entering Therapeutic Services and are informed of the likelihood that relevant components of their case will be shared with other QuIHN workers to provide the best in coordinated care within the organisation.

BUILD CULTURAL CAPACITY

Strengthen capability of QuIHN's programs to engage and work with the Aboriginal and Torres Strait Islander (ATSI) communities through understanding successful drivers of engagement

HARM REDUCTION PROGRAM

The QuIHN Harm Reduction teams work with local Aboriginal and Torres Strait Islander community organisations within their area focusing on increasing awareness and activities around and targeting HCV prevention and treatment. A good example of this is the work done between QuIHN Townsville and the Townsville Aboriginal and Islander Health Service (TAIHS) on Palm Island. QuIHN staff continued with their attendance to Palm Island to provide education and training to staff and residents of Ferdy's Haven drug and alcohol rehabilitation service. This work is planned on expanding to include HCV testing on the Island utilising QuIHN RN though has slowed somewhat due to C19. Communication continues and this work will progress as restrictions ease across the State.

Between 8% and 10% of people attending QuIHN NSP during the reporting period identified as Indigenous, with the majority of those reporting Aboriginal origin (9.46%), and only a small proportion identifying as either Torres Strait Islander (0.25%) or both Torres Strait Islander and Aboriginal origin (0.63%). This is consistent with previous reporting periods.

Across the Hepatitis C Treatment and Management Program (TMP) a total of 18.25% of people engaged in the identified as either Aboriginal or Torres Strait Islander.

Peer Project - Funding of a Community Peer Support service to support clients to be tested and treated by community treatment providers across Queensland through a telephone and on-line model for regional and remote Queenslanders, and face to face support for people in the Greater Brisbane area. This project is funded for a period of 2 years. Recruitment was completed for 2 part-time peers (including one First Nations peer) in March 2020. Promotional material, referrals processes and pathways, database building and orientation were completed with referrals open from June 2020.

Australian Needle and Syringe Program Survey (ANSPS) (AKA Finger Prick survey) – QuIHN's involvement in the October 2019 ANSPS saw 18% (n=32) of QuIHN respondents report an Indigenous background, this is higher than in previous years. The proportion of Indigenous respondents overall (all years combined) was significantly higher at QuIHN BNE (20%, n=74), compared to the GC (12%, n=34) or the SC (11%, n=30).

The Harm Reduction Services worked with the University of Queensland and Queensland Aboriginal and Islander Health Council on a joint research submission seeking to investigate best practice for NSP services engagement with Aboriginal and Torres Strait Islander individuals accessing the program. A submission for funding of the research proposal was made to the HIV Research Fund during this reporting period, however, was unsuccessful. Partnership work continues on this research submission.

THERAPEUTIC PROGRAM

Therapeutic Services strive to ensure all programs are accessible and relevant to clients from a range of backgrounds. All staff regularly attend professional development opportunities designed to help build their cultural competence with understanding and responding to the unique issues facing Aboriginal and Torres Strait Islander people. Staff also work closely with other agencies who specialise in providing services to Aboriginal and Torres Strait Islander people to enhance referral pathways and maintain QuIHN as a welcoming and inclusive service. Therapeutic Services over the course of the year implemented the Indigenous Risk Intake Screening tool kit.

QuIHN engaged in preparation for alignment to the Rainbow Tick Accreditation through training and gap analysis. The Client Engagement role and Quality Manager commenced training with Queensland Council for LGBTI Health in meeting Rainbow Tick Standards. Whilst this does not include accreditation against the standards, it will support QuIHN to

Strengthen capability of QuIHN's programs to engage and work with the LGBTIQ community through review of our services and appropriate responses

enhance understanding of the intent and application of the standards and gain feedback on the suitability of initiatives.

THERAPEUTIC PROGRAM

During the reporting period the Therapeutic Services gained membership of the LGBTIQ + Mental Health Action Group being run through QAHC. LGBTIQ competency training is scheduled for later in the year for all staff.

QuIHN Therapeutic Services have begun collecting specific data on clients LGBTIQ status for some funders. There is a focus on ensuring that the services provided remain accessible and appropriate to this community. Through the client centred approach taken, clients are supported to identify the issues that are important for them to address in counselling and case management. Issues related to sexual orientation and gender identity, if raised, are included in the treatment/ case management plan and specific interventions are identified, discussed and agreed upon by the worker and client. Clients who identify as LGBTIQ may or may not access counselling to work on issues related to this. If they do, then workers can proficiently support clients as they would with any identified area of focus. Therapeutic Services is committed to maintaining strong connections to LGBTIQ organisations around the State and receives many referrals from them. This connection is important for QuIHN services to remain relevant, inclusive and informed of any trends impacting the community.

DIGITAL TRANSFORMATION

Ensure our online presence is effectively managed

Digital Engagement Officer role was planned for during the latter part of the year and plans to fill this vacancy are now underway.

Over the year we successfully launched and deployed the sophisticated wireless access points across all QuIHN service sites that allow free Wi-Fi in QuIHN sites and are used for coordination of electronic client engagement and digital campaign messaging.

During the course the following social media campaigns were facilitated via QuIHN Facebook: Sexual Health Week; LadyPeeps (True Campaign for syphilis amongst young women); Men's Health Week; Overdose Awareness Day; QuIHN Harm Reduction Animation; QuIHN Stages of Change Animation; Hepatitis C Testing and Treatment Clinic ; Hep C Awareness Week; Take Home Naloxone; International Harm Reduction Day; International Nurses Day and Nurse Practitioner Week; COVID-19 and HIV; COVID-19 and Hep C; COVID-19 and Harm Reduction; COVID-19 and the LGBTQI+ Community; Drug Alerts – Xanax, MDMA, Fentanyl, Ketamine; International Drug Users Day; NAIDOC Week; Sorry Day; as well as various research surveys and promotion of QuIHN events.

The highest reaching posts from QuIHN social media campaigns include; International Overdose Awareness Day; QuIHN educational animation video series; frontline workers and COVID-19; International Harm Reduction Day; International Drug Users Day and Take Home Naloxone.

Followers of QuIHN social media campaigns via the QuIHN Facebook site, increased significantly during this year. There was an average of 30 page views each month, post engagement increased by 43% and average post engagement was between 250 to 900 engagements.

Refocus and reset our Information Technology strategy road map

The previous IT Strategy Road Map had been fully achieved which was essential to the organisation for successful management of the C19 pandemic situation.

Success from the previous IT Strategy Road Map included:

- **Full worker mobility:** the IT system allowed workers to make an instant transition to remote work as it became necessary during periods of C19 restrictions and to be able to continue to deliver services via remote means such as telehealth;
- **Full IP telephony phone systems:** allowed greater workforce mobility and service continuity planning;
- **Stabilisation of the end-user compute environment:** including replacement of end of life devices, introduction of standard operating environment, and remediation of network resources. In previous years Employee Engagement showed that the IT end user experience required improvement. In the latest Employee Engagement Survey conducted in this reporting period IT was no longer raised as an issue and over 90% of staff agreed or strongly agreed they had the necessary equipment resources to do their work right; and,
- **Introduction of cloud-based software systems:** including Client Management Systems (CMS), Human Resource Information Systems (HRIS), document control, risk management and quality, and asset management ensuring greater flexibility for service continuity.

This year's IT Strategy Roadmap has seen a continued and major focus on our IT *cybersecurity environment*, and this has been particularly effective given the unplanned C19 pandemic situation, increase in digital service continuity arrangements and the significant increase in global cyber-crime and cyber-attacks during this vulnerable period.

In line with this focus on cyber-security, the following projects were undertaken over this reporting period:

- *Independent cyber security audit and assessment* (including external penetration testing) performed by the IT cybersecurity vendor, Vektor Cyber Security. This independent audit found that: *"Vektor were impressed by QuIHN's network, with using the latest server operating systems, the Fortinet firewalls, and the network segmentation".* A number of remedial areas were identified which were integrated into our organisational cyber-security plans and addressed over the period.
- *Refreshed all firewalls and tightened network security* through a focus on closing off and/or reducing vulnerability of unnecessary services to external threats.
- *Establishment of multifactor authentication (MFA)* across our network and cloud services and VPN.
- *Review and testing of our Business Continuity Planning (BCP)* in respect to our IT systems.
- *Implementation of Microsoft Secure Scoring* to ensure Microsoft Office 365 services are configured to be secure as possible.
- *Intune security sync of Office 365 in* late 2019 and *upgrade to Business 365* fully completed in February 2020.
- *Continued roll out of our social engineering and cyber-security training and phishing campaigns* monitoring to all staff with our results well above industry benchmarks for social engineering security responses.
- *Review and testing of our Notifiable Data Breach (NDB) policy and protocols.*
- *Commissioning and roll out of management and staff level Australian Privacy legislation and compliance training* for key staff.
- *Implementation of Microsoft Azure Sentinel Security Monitoring and Incident Response system* was also commissioned for implementation in July 2020, which will continue over the coming year to provide the organisation with active threat monitoring and response capability.

Our future cyber-security projects include:

- Disaster Recovery Testing of key data systems;
- Internal Vulnerability Security Audit and Assessments conducted quarterly;
- External, independent third-party security penetration testing, audit and assessment; and,
- Ongoing architecture design of Microsoft Azure Sentinel Security Monitoring and Incident Response system to ensure continued cyber-security operations.

Ensure our data and reporting systems are fit for purpose and appropriately resourced

Throughout the year review has occurred against requirements for the Human Resource Information System (HRIS) platform Employment Hero, gaps have been identified and addressed in the use of functions such as onboarding and credentialing. Regular review has seen increased compliance against credentialing requirements.

Focus and resources were allocated to the support and training of staff in the use of the Qudos Software. Internal training support has been provided to staff in both one on one and group formats by the Program Support Administrator and Quality Manager. The Quality Management System reporting software Qudos has taken on board feedback from QuIHN staff with enhanced features and capability, making it easier for users to use and navigate.

PowerBI dashboarding has been progressed with a new reporting dashboard introduced for the Hepatitis C Treatment and Management Program (TMP) Prison Transitions Project and enhancements made to our Queensland Needle and Syringe Program (QNSP) PowerBI dashboard reports. The platform was developed in PowerBI in line with the NSP database allowing for better data capture and ease of reporting.

During the 2019/2020 year, QuIHN Therapeutic Services began reviewing the usefulness of its Client Data Management System used for capturing all the client demographic, outcome and case note data. Funding reporting requirements are moving away from those the system was set up to meet. There are items that are no longer needed from clients and so a process of refining the assessment paperwork and associated data base fields has been undertaken. This will continue into the following year after the new funding reporting templates have been finalised. Driving the review is a desire to reduce the amount of 'paperwork' and psychometric testing that a client must do. Feedback from clients often suggests that both are too high, even at QuIHN. Fortunately, funding bodies seem to be more aware of this potential stress point and have responded accordingly by simplifying what they want to know above and beyond the mandatory National Minimum Data Set (NMDS).

The new correctional services funded roles in Far North Queensland regions have been set up using a scaled down version of the database as a trial. Staff will only be needing minimal data from clients in order to reduce the administration time taken to set up the database for each client. If this model is successful, further work will be done to reduce data entry for its own sake, ensuring we only collect what we (including the client) need.

ENSURE OUR INFRASTRUCTURE

Ensure our physical environments are safe and appropriate through investment in our infrastructure

The Bowen Hills refit of reception was planned for across the year and planned to be finished early in the next financial year. We have undertaken a comprehensive review of all the physical regional office sites for risk management, current and future requirements. This has led into several larger projects over the coming years with a focus on the future of our Bowen Hills, Brisbane South, and Sunshine Coast sites.

Progress has been made against the recommendations from the Injury Prevention and Management (IPAM) program. Our Quality Program has been working towards a target of rationalising and streamlining the documentation for quality requirements and the IPAM has also outlined a requirement for streamlining of procedures, with staff engagement in development and review. The C19 pandemic response evidences this, via the engagement of staff in regular meetings addressing risks and regular communication with staff via written communication, supported by business meeting processes. IPAM conducted an independent climate review survey across all staff, with results evidencing that; overall workers recognise management's commitment and support with workplace health and safety (WHS). The results are overall positive for each category with clear plans in each area for continuous improvement of WHS protocols, personal appreciation of risks and the physical work environment.

Ensure our quality improvement program is embedded across the organisation and that we are adequately aligned to changing quality requirements

Quality Program engaged with an external provider to review the Quality Program with the review resulting in several recommendations. These have been processed and recommendations formed ongoing workplans for our quality team.

The organisation successfully achieved Quality Accreditation against ISO 9001:2015 QMS Standards in January 2020. The successful completion of the ISO 9001 2015 re-certification audit demonstrated no major or minor non-conformances, evidencing the effectiveness of the organisations Quality Management System (QMS). The external independent auditors noted *"the QMS was well established, whilst undergoing continuous refinement and improvement; processes are clearly defined, leadership is strong, and staff committed to quality of services".*

Across the organisation focus has continued to the review of procedures; and whilst the focus was hoped to be on the streamlining and rationalisation of procedural documents in 2019-20; the C19 pandemic response has required both a shift in focus from this task and additionally the creation of further documentation to manage the pandemic response.

The Better Access Medical Clinic has been completing preparation and assessment for RACGP (5th Edition) Standards accreditation. The Clinic also ensures it continues to undertake at least four key continuous improvement activities in line with the Practice Incentives Program Quality Improvement Incentive over the reporting cycle.

The scheduled RACGP accreditation program was suspended across all clinics in early 2020, in response to the current C19 pandemic, extending indefinitely the deadline for self-assessment in July 2020. Work has continued a slightly elongated schedule to ensure the completion of the Self-Assessment component. Significant work in the review of policy and procedure has formed part of this process.

Queensland Health requirements for quality frameworks for communicable diseases funded programs have been negotiated and investigated, with work in progress to ensure the outreach nature of these services is able to align with accreditation frameworks.

KPI4

ENSURE

SUSTAINABILITY & STABILITY

FOCUS ON OUR PEOPLE AND WORKFORCE

Ensure resources to manage our human resource requirements

The organisation has ensured that budgets allow for specialised human resources support to the organisation and arrangements have been put in place for a Human Resources Consultant to act as the Human Resources Officer for an arrangement of two days per week.

During this period the organisation has finalised:

- New models and roll out for supervision (PASE/LASE supervision) and performance management and development
- In partnership with our staff, has also finalised the QuIHN Values BluePrint embedded into our supervision, PDR processes, career planning and progression, and the rewards and recognition program across the company
- Rolled out our rewards and recognition program based on our QuIHN Values BluePrint utilising our online HRIS
- Undertaken our annual Employee Engagement Survey
- Enhanced our EAP through a new contract arrangement with higher intensity of available services
- Review and reissue of all employment contracts for staff
- Self-care plans now form an essential part of the supervision process

Document our broader Human Resources philosophy to support a fully integrated approach

The HR role reports directly to the CEO and is considered a key strategic partner within the business. Over the last 12 months there have been significant attempts to link the organisation's and employees' goals, objectives and outcomes to firm effectiveness. Such efforts can be viewed as overt and sustained and remaining challenges include; horizontal linkage to recruitment, selection and talent management, and measuring the impact and return on investment to the organisation.

The organisation's stated philosophy towards Strategic Human Resources is to invest in employee human capital skills and development as a necessary precursor to building employee potential for future return. It is therefore focused on high uniqueness and value of human capital within QuIHN. Our Human Resource Management systems must seek to encourage commitment and internalisation of organisational goals with a view to nurturing employee involvement to maximise the organisation's return on human capital investments.

The organisation has also ensured coaching and mentoring for senior and middle management in relation to performance management and workforce planning.

Embed our values in performance, career progression and rewards and recognition programs across the organisation

In partnership with our staff, QuIHN has also finalised the Values BluePrint embedded into our supervision, Professional Development and Review (PDR) processes, career planning and progression, and the rewards and recognition program across the organisation.

Evidence of an embedded approach can be seen in the PDR system and in the conscious linkage to organisational goals through formulation of employee priorities and the inclusion of core values in the performance management process. The next essential step is to encourage sustainability and horizontal alignment with recruitment, retention, and succession planning Human Resource Management (HRM) activities in the coming annual HR Action Plan.
Our shared values have also been addressed through our interview process with prospective employees.

Our organisation wide rewards and recognition program, managed through the HRIS and building towards annual awards, is based on behaviours that support our QuIHN values.

Deliver on our 12-month Human Resources Action Plan and develop a HR action plan

Progress against the HR Action Plan can be summarised with the following HR initiatives undertaken over the financial year:

- Development of a rewards and recognition program linked to behaviours that demonstrated the shared values, supported by the Values Blueprint;
- Implementation of a benefits program for staff consisting of a range of discounts and offers with corporate partners;
- Scoping of a learning and development program targeting frontline managers;
- Training of middle managers in supervision by external training providers and internally in the process by the leadership team;
- Coaching and mentoring of middle managers in the performance and supervision process by the leadership team and HR position;
- Implementation of a performance management and supervision program linked with job performance indicators developed in the job analysis and the Values Blueprint;
- Setting the framework for linking of the job descriptions, Values Blueprint, rewards and recognition, and performance and supervision program with career progression;
- Employee Engagement Survey measured against the baseline engagement survey results to inform ongoing HR activities; and,
- Documenting the organisation's HR Action Plan for phase 3 over the subsequent 24 month period.

The third phase of the HRM system will be carried over the 2021 and 2022 period, guided by the revised HR Action Plan.

Continually measure our staff engagement, review progress against Plans and set/revise subsequent targets

In March to April 2020 we conducted our *Employee Engagement Survey*. Despite the survey being conducted at the same time as the emergent C19 pandemic emergency the results were extremely positive indicating a strong and positive culture and commitment to the organisation.

Key highlights included:

- My organisation's work positively impacts people's lives (100%): employees' perception of the organisation's impact on peoples' lives;
- Know what's expected (96.77%): employees are positive about having job clarity;
- Cared about as a person (95.16%): employees feel their personal welfare is important to colleagues;
- My co-workers and I have a good working relationship (95.16%): employees are positive about relationships within QuIHN; and,
- Overall satisfaction (95.16%): Positive overall satisfaction with the organisation.

All staff have supervision sessions with their Line Manager every four to six weeks. During these, client caseloads are reviewed, KPIs discussed and professional development opportunities identified. These regular check ins also provide a way of informing the annual performance review as any issues can be picked up early and addressed as they occur.

Ensure alignment of staff teams and roles to business plans

Various positions have been structured around the business plans (e.g. Head of Services, Client Engagement, Quality Manager, Program Support Administrator (Quality Focused)) and role descriptions have also been aligned. All teams are now reporting quarterly against the organisation's business plans. The Senior Management team continue to meet quarterly to review and forward plan activities against the business plan and these then cascade across various levels of the organisation.

The performance management system cycle involves annual review and goal setting, monthly supervision, and quarterly performance and development 'check-ins'. Annual review and goal setting would involve reviewing progress against previously agreed priorities and setting agreed priorities for the coming 12 months directly against the organisation's business plans. Monthly supervision adopted a PASE Model (practice/reflective, administrative/ organisational, supportive/ facilitative, and educative/ developmental) and all managers and staff were trained together in this model of supervision and of giving feedback. Weekly informal catchups were also implemented between managers and their reports in order to provide informal feedback.

Quarterly performance and development 'check-ins' then provided the forum for diagnosis and review of short-term priorities, adjusting as necessary, planning and resourcing for development and alignment to organisational values.

The newly introduced "Middle managers" meetings occur bi-monthly and enable QuIHN's middle management team to better understand QuIHN's future direction, enabling them to better manage their own regional teams. It is a good method of feeding information from the Senior Management team down the line to the client facing teams throughout the State. During the reporting period, approximately six meetings were held.

Ensure operational management structure reflects our business plans, administration and program requirements

Review of management and organisational administration structure has been undertaken with the following positions established for this financial year: Head of Services; Client Engagement Officer; Quality Manager; and Program Support Administrator. The organisation reviewed our administration requirements resulting in the introduction of two new roles; a senior reception position and plans for an administration-based coordination and support role.

Formalise staff development and career progression programs

The second phase carried out over this FY of the HRM system development has been focused on the performance management system and creation of the necessary frameworks for career progression pathways. The third phase of the HRM system will be carried over the 2021 and 2022 period, guided by the revised HR Action Plan of which a key focus must be on horizontal linkage to talent management and succession planning.

Queensland Injectors Health Network Ltd

Financial Statements

For the Year Ended 30 June 2020

Queensland Injectors Health Network Ltd

Contents

For the Year Ended 30 June 2020

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2020

	2020	2019
	$	$
INCOME		
Grants Commonwealth operational	**3,161,238**	3,356,237
Grants State capital funding	**10,400**	10,400
Grants State operational	**4,363,340**	4,021,246
Interest received	**44,012**	69,836
Other Income	**1,321,652**	576,036
Total Income	**8,900,642**	8,033,755
EXPENDITURE		
Client Costs	**81,197**	66,806
Consultancy	**45,365**	(4,443)
Contractors	**-**	2,500
Depreciation	**215,522**	135,493
Employee remuneration	**6,454,065**	5,705,582
Equipment and Technology	**55,309**	45,503
Insurance	**52,045**	45,015
Interest paid	**16,104**	35,816
IT Expenses	**266,551**	210,424
Legal Fees	**15,755**	146
Maintenance and cleaning	**97,036**	80,068
Medical supplies	**35,844**	35,982
Motor vehicle expenses	**210,880**	196,856
Occupancy costs	**221,997**	235,331
Other expenses	**111,227**	103,090
Printing and photocopying	**84,805**	73,986
Projects	**3,043**	8,144
Security and monitoring expenses	**31,108**	20,703
Cost of Sales	**26,430**	17,874
Telephone and communications	**152,312**	186,920
Travel and accommodation	**69,198**	105,272
Utilities	**26,845**	22,476
Workshop costs	**39,685**	33,448
Total Expenditure	**8,312,323**	7,362,992
Surplus for the year	**588,319**	670,763

The accompanying notes form part of these financial statements.

Queensland Injectors Health Network Ltd

Statement of Financial Position

30 June 2020

	Note	2020 $	2019 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	**4,039,577**	3,762,757
Trade and other receivables	5	**417,170**	193,026
Inventories		**20,419**	21,604
Other assets	7	**65,862**	47,353
TOTAL CURRENT ASSETS		**4,543,028**	4,024,740
NON-CURRENT ASSETS			
Property, plant and equipment	6	**3,261,686**	3,280,796
TOTAL NON-CURRENT ASSETS		**3,261,686**	3,280,796
TOTAL ASSETS		**7,804,714**	7,305,536
LIABILITIES			
CURRENT LIABILITIES			
Trade payables		**645,048**	548,207
Unexpended program grants		**497,227**	371,170
Borrowings		**111,000**	532,772
Employee benefits	8	**978,611**	848,755
TOTAL CURRENT LIABILITIES		**2,231,886**	2,300,904
NON-CURRENT LIABILITIES			
Long-term provisions	8	**96,508**	106,231
Other financial liabilities		**412,147**	422,547
TOTAL NON-CURRENT LIABILITIES		**508,655**	528,778
TOTAL LIABILITIES		**2,740,541**	2,829,682
NET ASSETS		**5,064,173**	4,475,854
EQUITY			
Retained earnings		**5,064,173**	4,475,854
TOTAL EQUITY		**5,064,173**	4,475,854

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 2020

2020

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

2019

	Note	Retained Earnings $	Total $
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		4,475,854	4,475,854

The accompanying notes form part of these financial statements.

Queensland Injectors Health Network Ltd

Statement of Cash Flows

For the Year Ended 30 June 2020

	Note	2020 $	2019 $
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from customers		**8,632,487**	7,962,894
Payments to suppliers and employees		**(7,765,391)**	(6,788,760)
Interest received		**44,012**	69,836
Interest paid		**(16,104)**	(35,816)
Net cash provided by/(used in) operating activities	11	**895,003**	1,208,153
CASH FLOWS FROM INVESTING ACTIVITIES:			
Purchase of non-current assets		**(196,411)**	(118,507)
Net cash used by investing activities		**(196,411)**	(118,507)
CASH FLOWS FROM FINANCING ACTIVITIES:			
Repayment of borrowings		**(421,772)**	(167,670)
Net cash used by financing activities		**(421,772)**	(167,670)
Net increase/(decrease) in cash and cash equivalents held		**276,820**	921,976
Cash and cash equivalents at beginning of year		**3,762,757**	2,840,781
Cash and cash equivalents at end of financial year	4	**4,039,577**	3,762,757

The accompanying notes form part of these financial statements.

Notes to the Financial Statements

For the Year Ended 30 June 2020

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

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

Comparatives are consistent with prior years, unless otherwise stated.

1 Basis of Preparation

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

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

2 Summary of Significant Accounting Policies

(a) Income Tax

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

(b) Leases

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

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

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

(c) Revenue and other income

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

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

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

Grant revenue

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

Notes to the Financial Statements
For the Year Ended 30 June 2020

2 Summary of Significant Accounting Policies

(c) Revenue and other income

Interest revenue

Interest is recognised using the effective interest method.

Other income

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

(d) Economic dependence

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

(e) Finance costs

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

(f) Borrowing costs

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

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

(g) Goods and services tax (GST)

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

Receivables and payable are stated inclusive of GST.

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

(h) Property, plant and equipment

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

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

Land and buildings

Land and buildings are measured using the cost model.

Notes to the Financial Statements
For the Year Ended 30 June 2020

2 Summary of Significant Accounting Policies

(h) Property, plant and equipment

Plant and equipment

Plant and equipment are measured using the cost model.

Depreciation

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

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

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

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

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

(i) Cash and cash equivalents

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

(j) Employee benefits

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

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

(k) Provisions

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

3 Critical Accounting Estimates and Judgments

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

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

Notes to the Financial Statements
For the Year Ended 30 June 2020

3 Critical Accounting Estimates and Judgments

The significant estimates and judgements made have been described below.

Key estimates - provisions

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

Key estimates - receivables

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

4 Cash and Cash Equivalents

	2020	2019
	$	$
Cash on hand	**2,850**	2,850
Cash at bank	**150,024**	59,180
Cash on deposit	**3,886,703**	3,700,727
Total cash and cash equivalents	**4,039,577**	3,762,757

5 Trade and Other Receivables

	2020	2019
	$	$
CURRENT		
Trade receivables	**417,170**	193,026
Total current trade and other receivables	**417,170**	193,026

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 2020

6 Property, plant and equipment

	2020 $	2019 $
LAND AND BUILDINGS		
Freehold land		
At cost	**2,370,000**	2,370,000
Total Land	**2,370,000**	2,370,000
Buildings		
At cost	**703,717**	703,717
Accumulated depreciation	**(144,482)**	(130,711)
Total buildings	**559,235**	573,006
Total land and buildings	**2,929,235**	2,943,006
PLANT AND EQUIPMENT		
Plant and equipment		
At cost	**86,734**	59,875
Accumulated depreciation	**(23,306)**	(38,275)
Total plant and equipment	**63,428**	21,600
Furniture, fixtures and fittings		
At cost	**661,586**	573,712
Accumulated depreciation	**(614,444)**	(486,514)
Total furniture, fixtures and fittings	**47,142**	87,198
Leasehold Improvements		
At cost	**322,986**	289,027
Accumulated amortisation	**(101,105)**	(60,035)
Total leasehold improvements	**221,881**	228,992
Total plant and equipment	**332,451**	337,790
Total property, plant and equipment	**3,261,686**	3,280,796

7 Other Assets

	2020 $	2019 $
CURRENT		
Prepayments	**65,862**	47,353
Total other assets	**65,862**	47,353

Notes to the Financial Statements
For the Year Ended 30 June 2020

8 Employee Benefits

	2020	2019
	$	$
Current liabilities		
Provision for employee benefits	**978,611**	848,755
Total current employee benefit liabilities	**978,611**	848,755
Non-current liabilities		
Provision for employee benefits	**96,508**	106,231
Total non-current employee benefit liabilities	**96,508**	106,231

9 Contingencies

In the opinion of those charged with governance, the company did not have any contingencies at 30 June 2020 (30 June 2019: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:

	2020	2019
	$	$
Profit for the year	**588,319**	670,763
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit:		
Depreciation	**215,522**	135,493
Changes in assets and liabilities:		
- (increase)/decrease in trade and other receivables	**(224,144)**	(1,025)
- (increase)/decrease in prepayments and other assets	**(18,509)**	(39,207)
- increase/(decrease) in trade and other payables	**222,896**	345,374
- increase/(decrease) in inventories	**1,185**	(5,790)
- increase/(decrease) in employee benefits	**109,733**	102,544
Cashflows from operations	**895,003**	1,208,153

Notes to the Financial Statements
For the Year Ended 30 June 2020

12 Statutory Information

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

Queensland Injectors Health Network Ltd

Director's Declaration

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

The directors of the company declare that:

1. The financial statements and notes, as set out on pages 2 to 11, are in accordance with the *Australian Charities and Not-for-profits Commission Regulation 201*3 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 2020 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.

Director .....

Dated this 25 day of September 2020

AUDITOR'S INDEPENDENCE DECLARATION

As auditor for the audit of Queensland Injectors Health Network Limited for the year ended 30 June 2020, 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.

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Jason Croston, FCA
Registered Company Auditor
Brisbane
SRJ Walker Wayland

Dated: 28 September 2020

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 2020, 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 2020 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.

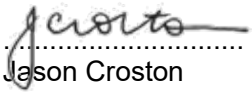
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by Company.

- 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
SRJ Walker Wayland
Director

Date: 28 September 2020

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


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