

## Communicating with Private Correctional Health Centre Operators

**Policy Number** 2.012

**Policy Function** Leadership and management

**Issue Date** 16 June 2022

**Summary** The purpose of this policy is to outline how the Network communicates with private operators to: 1) support patient care 2) support performance monitoring and 3) consult on operational changes.

**Responsible Officer** Executive Director – Performance & Planning

**Applicable Sites**

- Administration Centres
- Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- Health Centres (Adult Correctional Centres or Police Cells)
- Health Centres (Youth Justice Centres)
- Long Bay Hospital
- Forensic Hospital

**Previous Issue(s)** 5 Nov 2020

**Change Summary**

**HRPM Reference** POLJH/2012

**Authorised by** Chief Executive, Justice Health and Forensic Mental Health Network

# 1. Preface

The purpose of this policy is to outline the Network's approach and roles and responsibilities when communicating with private health operators in New South Wales adult correctional centres.

This policy:

- Defines the roles and responsibilities of the operational arm of the Network (Clinical Operations) and the monitoring and accountability arm of the Network (Commissioning Unit).
- Makes clear the requirement for private operators to be consulted on any significant operational change.

## 2. Policy Content

### 2.1 Mandatory Requirements

The Network:

- Should work collaboratively and constructively with Private operators.
- Must not deliver the contracted services that Private operators are responsible for including but not limited to clinical services and reporting. Any exemption requires Chief Executive approval or a commercial agreement in place.
- Must not provide operators with the Network's intellectual property or commercially sensitive information without the prior approval of the Chief Executive.
- Should support the system response to outbreak management and public health emergencies as required in collaboration with the Commissioning Unit and Corrective Services NSW. Specific support and advice for individual private sites should be led by the relevant local health district public health unit in the first instance.
- Must advise private operators on any significant operational change. Where possible private operators should be consulted prior to the implementation of the significant operational changes to foster collaboration.
- Must notify private operators of any amendments to relevant Network policy and procedures.
- May assist private operators to locate publicly-available policies and procedures such as [NSW Health's Policy Distribution System](#).
- Must fulfil its legislative role of monitoring private operators, established pursuant to s236A [Crimes \(Administration of Sentences\) Act 1999](#).
- Must provide monitoring advice to Corrective Services NSW's Operational and Performance Review Branch (OPRB). It is OPRB's role to action appropriate remedial action.
- Must deal with matters pertaining to concerns about the clinical practise of a clinician working in a privately operated custodial health centre in accordance with NSW Health [PD2018\\_032 Managing Complaints or Concerns about Clinicians](#).

### 2.2 Implementation - Roles & Responsibilities

All Network staff (excluding Commissioning Unit):

- Should work collaboratively and constructively with Private Correctional Health Centre Operators.
- Must not deliver the contracted services that Private Correctional Health Centre Operators are responsible for including but not limited to clinical services and reporting. Any exemption required Chief Executive approval or a commercial agreement in place.
- Must not act as the monitoring arm (Commissioning Unit) of the organisation.
- Should not provide clinical advice/opinion about specific patients under a private operator's care, except for clinical handover or patients' advocacy.
- Must refer any query regarding contractual requirements to the Director Commissioning.
- Must work with private operators and their subcontractors to support clinical handover processes, including information on a patient's medical history.
- Should attempt to resolve operational and clinical issues directly with private operators, including through the following meetings:
  - Daily bed demand meetings
  - Quarterly Nurse Manager Networking meetings
  - Joint Private Agencies and JHFMHN Liaison Meeting
- Must report all incidents in accordance with NSW Health [PD2020\\_020 Incident Management Policy](#).
- Must advise private operators on any significant operational change. Where possible private operators should be consulted prior to the implementation of the significant operational changes to foster collaboration.

**Governance Unit:**

- Should notify private operators of any changes to Network policies and procedures.
- Maintain up-to-date policies, procedures and forms on the intranet for Private Operators to access.

**Commissioning Unit:**

- Must monitor private operator's performance against contractual requirements, in accordance with the Network *Performance Monitoring Assurance Framework*.
- Must communicate its monitoring advice to CSNSW using appropriate contractual channels.
- Should provide clarification to private operators on the Network's policies and procedures where there may be ambiguity.
- Should utilise incident reporting in its monitoring process.
- Should liaise with OPRB regarding significant operational changes that may trigger a contract variation.

## 3. Procedure content

### 3.1 Ordinary course of business

1. For communication that occurs in the ordinary course of business in providing patient care, private operators should be communicated with using the same medium and messaging as other Network centres. For example:
  - a. unplanned outages should be emailed to a generic email;
  - b. handover of complex patients will require clinician-to-clinician handover;
  - c. private operators should be given access to dial-in to relevant bed demand meetings to manage patient flow and deteriorating patients.
2. Specific clinical meetings may be arranged to resolve clinical issues, as required.
3. If any immediate risk cannot be resolved with the private operator is to be escalated to the Executive Director Clinical Operations and/or Director Commissioning.
4. Any reportable incident is to be reported in IMS+, in accordance with NSW Health [PD2020\\_020 Incident Management Policy](#).

### 3.2 Operational changes

1. Clinical Operations and a private operators may engage directly for more detailed consultation on proposed operational changes per Appendix 1.
2. Where possible private operators should be consulted prior to the implementation of the significant operational changes to foster collaboration.
3. Once the decision-making authority decides to progress with a change that impacts private operators then the Commissioning Unit will work with OPRB on contract variation processes per Appendix 1.

### 3.3 Performance monitoring of operators

1. The Commissioning Unit will liaise with all private health operators on emerging risks.
2. The Commissioning Unit will incorporate incident reporting in its performance monitoring of a private health operator.
3. The Commissioning Unit will monitor private operators' performance in accordance with the Network *Performance Management Assurance Framework*.
4. The Commissioning Unit will attempt to resolve performance issues directly with the operator including through regular meetings.
5. The Commissioning Unit will provide monitoring advice to CSNSW. CSNSW actions any contractual remedial action.

## 4. Definitions

### Must

Indicates a mandatory action to be complied with.

### Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

### Private operator

A correctional health centre that is managed under a Management Agreement between the Commissioner CSNSW and a Management Company under *s. 238 or sub management agreement under s. 239 of the [Crimes \(Administration of Sentences\) Act 1999](#)*.

### Operational change

An operational change is a change to service delivery requirements impacting private operators. This may include, but is not limited to, policy, procedures, guidelines, manuals, forms, directives, business rules and clinical application systems.

### Services

Clinical, operational, technical, educational or resource services.

### Decision-making authority

Refers to a body or forum that approves operational changes. This includes but may not be limited to: Policy Steering Committee, Forms Committee, ICT Steering Committee, Network Executive Team.

## 5. Acronyms

### PMAF

Performance Management Assurance Framework

### OPRB

Operational Performance and Review Branch

### CSNSW

Corrective Services NSW

## 6. Legislation and Related Documents

Legislation	<a href="#">Crimes (Administration of Sentences) Act 1999</a>
Network Policies and Procedures	<i>Performance Management Assurance Framework</i> <i>Service Pathways Guideline - template</i>

## Appendix A

