

2002–2003 Annual Report

MISSION

Achieving measurable and sustained health care outcomes leading to international best practice for those within the NSW Criminal Justice System

GOALS

- ◆ Identify the health care needs of our client group.
- ◆ Provide clinically appropriate services, informed by best practice and applied research
- ◆ Make health care part of the rehabilitative endeavour
- ◆ Facilitate appropriate continuity of care to the community
- ◆ Develop an organisational culture that supports service delivery

VALUES

- ◆ Equitable Access
- ◆ Client Centred Services
- ◆ Professionalism
- ◆ Accountability and Transparency
- ◆ Evidence Based Practice
- ◆ Collaboration
- ◆ Forward Thinking



Corrections Health Service

1st November 2003

The Hon. Morris Iemma
Minister for Health
Governor Macquarie Tower
1 Farrer Place
SYDNEY NSW 2000

Dear Minister

We are pleased to present the Annual Report of Corrections Health Service for the year ended 30 June 2003, for tabling in the Parliament of NSW. This report is consistent with the statutory requirements for annual reporting provided by NSW Health and complies with the provisions of the *Accounts and Audit Determinations* for Public Health Organisations.

The year has seen Corrections Health Service expand to encompass the provision of health services to detainees in Juvenile Justice Centres. Many other areas of our service have also grown and we have completed detailed planning projects to accommodate our future service needs.

Our dedicated staff are a great source of pride as they provide high quality health services within a challenging environment. Thank you for your continuing support in aiding us to care for our patients within the NSW Correctional System.

Yours sincerely



Professor Ronald Penny AO
Chairman



Dr Richard Matthews
Chief Executive

TABLE OF CONTENTS

CHS Profile	4
Community Profile	5
Chairperson & CEO Report	7
Corporate Governance	
The Board	9
Board Sub-Committees	11
Organisational Structure	12
Performance Summary	
Clinical & Nursing Services	
Nursing	14
Mental Health	15
Primary Health	16
Drug & Alcohol	16
Women's Health	17
Allied Health	18
Oral Health	19
Joint Records Centre	19
Future Initiatives	19
Juvenile Health	20
Population Health & Research	
Population & Public Health	21
Research & Development	23
Aboriginal Health Services	25
Future Initiatives	26
Corporate Services & Finance	
Executive Support & Quality	27
Employee Services	27
Learning & Development	30
Capital Works	31
Information Management & Technology	31
Finance	32
Future Initiatives	33
Annual Accounts	34
Appendices	
Summary of Affairs	63
Complaints Report	65
Freedom of Information	66
Deaths in custody	67
CHS Services and Facilities	68

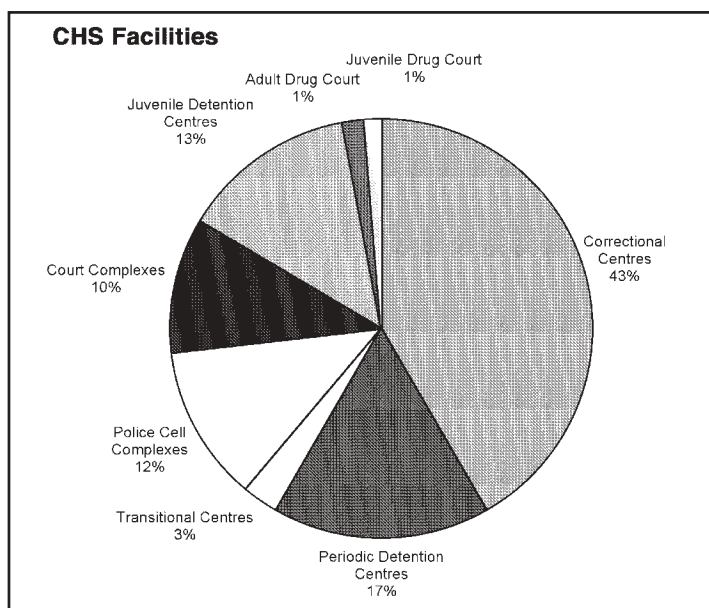
CHS Profile

Corrections Health Service (CHS) is a statutory health corporation established under the NSW Area Health Services Act, 1997. Corrections Health Service is responsible for the provision of health services to more than 18,000 people annually in:

- ♦ 28 correctional centres
- ♦ 11 periodic detention centres
- ♦ 2 transitional centres
- ♦ 8 police cell complexes
- ♦ 14 local court complexes
- ♦ 9 Juvenile Justice centres
- ♦ the Adult Drug Court
- ♦ the Correctional Centre Release Treatment Scheme.
- ♦ the Youth Drug Court
- ♦ pilot projects in the community such as the “Inside Out” and “Inreach” programs.

CHS has over 750 employees working at more than 75 locations across metropolitan and regional NSW. The majority of the Service’s clinical staff are registered nurses providing high levels of clinical practice, often working individually and with professional autonomy. Nursing staff are supported by a wide range of clinical specialists and other professionals including: general practitioners, dentists, medical specialists, allied health professionals and operational staff. The major clinical programs of CHS are Population and Public Health, Primary Health, Mental Health, Drug & Alcohol and Juvenile Health.

In February 2003, the provision of health care to all juvenile detainees in NSW became the responsibility of CHS. This encompassed the addition of a number of nursing, medical and administrative staff from the 9 juvenile centres in the State. The merger provides many new challenges to CHS, as juveniles are detained under different circumstances and legislation to inmates in the adult system. This amalgamation recognises the expertise and benefits CHS can bring to inmate / detainee health care provision.

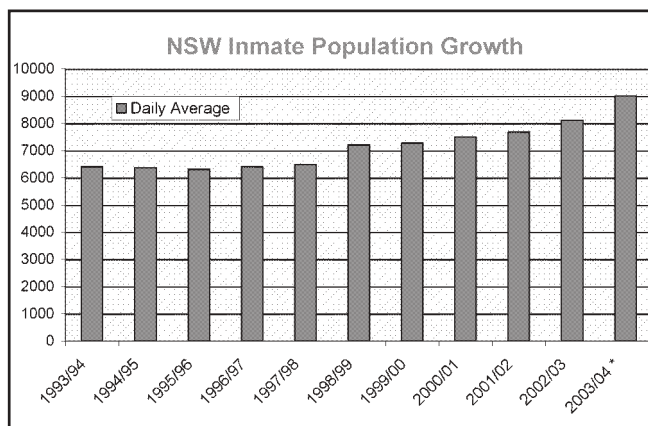


At the time of their reception all inmates and detainees are given an extensive health assessment. This assessment and our strong links with other Area Health Services are keys to ensuring continuity of care, no matter how brief the inmate’s contact is with CHS. CHS is involved in the provision of many other innovative health programs both within the custodial setting and in the outside community. Increasingly, CHS has been seeking to improve the health status of individuals or populations indirectly affected by incarceration and detention, including released individuals, the families of inmates and detainees, populations at high risk of incarceration and the mentally ill. The unique nature of the Service necessitates a close working relationship with staff from the Department of Corrective Services and the Department of Juvenile Justice (DJJ), as well as many other government and non government agencies.

Community Profile

The Adult Criminal Justice System

At the end of June 2003, CHS was providing a range of health services to 8,100 full-time inmates. This is a 10% increase on the daily average of 7,356 inmates in 2002.

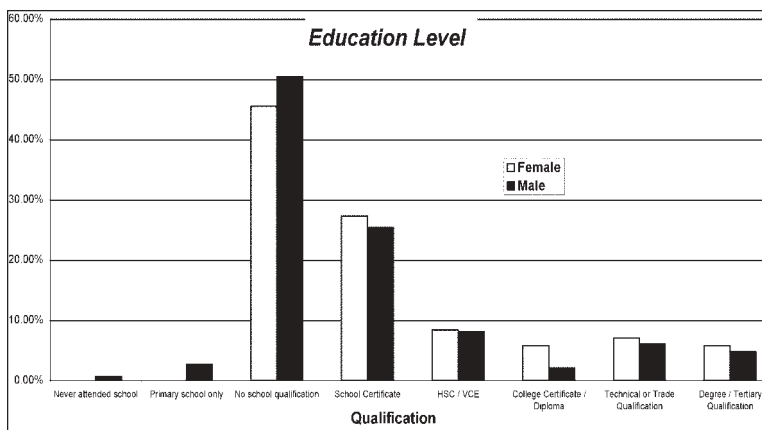


The window of opportunity for Corrections Health Service to provide healthcare to individuals is usually brief, with only around 10% of all receptions receiving a sentence over six months. In addition, inmates rarely spend their entire sentence within the same correctional centre, with approximately 146,000 movements between correctional centres annually interrupting continuity of healthcare.

Inmates generally have poor health status characterised by general neglect, substance abuse and mental illness. As unfortunate as an individual's interaction with the criminal justice system may be, it does provide unique opportunities to improve the health status of a group who on the whole experience general health neglect. Prisoners are members of the general population: they come from and usually return to the community. Corrections Health Service fulfils a valuable role in improving the health status of this group while also minimising the health consequences of incarceration on individuals, their families and the general community.

Inmate Facts

- ◆ 17% of male inmates and 28% of female inmates are Aboriginal and/or Torres Strait Islander, compared with 2% of the general community in NSW.
- ◆ 50% of males and 30% of females warrant mental health referral for major depression.
- ◆ 40% of males and 66% of females are hepatitis C positive.
- ◆ 50% of males and 75% of females were unemployed in the six months prior to incarceration.
- ◆ 50% have not achieved School Certificate level of education.
- ◆ The average age of inmates is 33 years for males and 31 years for females.



The Juvenile Justice System

The Department of Juvenile Justice manages young offenders by means of supervision within the community or within Juvenile Justice Centres (JCC) under remand or control (sentenced) orders. Young offenders are aged between 10 and 18 years under the Children's (Criminal Proceedings) Act 1987 and associated legislation.

Our juvenile clients commonly report experiences of neglect and physical, emotional or sexual abuse. This is particularly the case with young women. Many detainees report that they have experienced significant relationship problems in their families, leading to periods of homelessness and a large number leave school before completing year 8. Due to their educational deficits and poor self-esteem, most have limited employment choices and report feeling powerless and socially isolated. Many abuse alcohol and other drugs, seeking refuge in a delinquent peer group.

The average daily number of juveniles being cared for by the Department of Juvenile Justice is approximately 300, however numbers are declining as a result of diversionary programs to manage offenders in the community. In addition, there are over 650 children on community orders on a daily basis. The Department of Juvenile Justice also assists approximately 3,000 young people per year who are remanded in police cells or Juvenile Centres.

Juvenile offenders are predominantly between the ages of ten and seventeen. Depending on the security and risk level of a detainee, they can be transferred into the adult correctional system when they turn 18 years old.

Detainee Facts

- ♦ 90 percent of juveniles in detention are male.
- ♦ 41 percent identify as Aboriginal and/or Torres Strait Islander.
- ♦ Forty-two percent said they had been physically abused, 10% sexually abused, 38% had experienced emotional neglect, and 34% physical neglect.
- ♦ Overall, the mean full scale IQ was in the low-average range.
- ♦ Nineteen percent of males and 24% of females had seriously considered attempting suicide at some time in the past.
- ♦ Overall, 28% of young men and 56% of young women had been diagnosed with asthma.
- ♦ 32% of young men and 30% of young women had mild hearing loss.
- ♦ 43% of participants had a history of parental imprisonment and 11% had a parent who was currently incarcerated.
- ♦ Nineteen percent of young people (17% of young men and 47% of young women) had injected drugs in the twelve months prior to custody.
- ♦ Almost 90% had used cannabis and most adolescents report having consumed alcohol and been drunk at some time in the past.

Chairperson & CEO Report

2002/2003 has proven to be a year of change for Corrections Health Service, with our ever expanding service requiring considered and strategic planning in order for us to realise our goals. As always, our dedicated staff have proven to be adept at coping with the various pressures of a changing service, and have continued to provide high quality health services to our clientele.

This year saw the development and launch of the CHS Corporate Plan for the period 2003-2008. This plan was the result of much work and consultation by CHS staff members and partner agencies. The new mission of CHS described by the plan is to strive towards achieving international best practice in the delivery of health care to our client groups. In order to attain this goal and to meet the challenges facing the health sector generally, the Corporate Plan 2003-2008 will focus the organisation on the following three key areas of achievement from which the various strategies flow:

1. Ensure equitable access to and continuity of quality health care
2. Become an employer of choice
3. Develop and sustain working partnerships.

Another important document completed this year was the CHS Risk Management Plan, which details the potential risks faced by CHS and the contingencies to avoid these risks or minimise the outcomes. The Risk Management Plan will be implemented in conjunction with the CHS Quality Plan and complements the strategies of the Corporate Plan, 2003-2008.

A major highlight of 2002/03 was the successful continuation of accreditation from the Australian Council of Healthcare Services. This achievement was the result of much hard work and ongoing preparations by all CHS staff, and is consistent with our goal of providing a continuously improving quality health service. This "Periodic Review" stage of the accreditation process identified that CHS had achieved all of the recommendations from the previous survey and that there were no new high priority issues identified. Concurrent to accreditation, CHS Mental Health Services also participated in the ACHS Mental Health In-Depth Review process during the year. CHS was also successful in achieving this accreditation against national standards for mental health services.

Once again CHS has performed remarkably well in the use of our financial resources, meeting budget targets for the ninth year in succession. This outstanding result was made possible through the responsible use of our funding by managers and staff and was achieved in a period of considerable expansion to both our expenses and our budget.

Significant in our expansion during the year was the assumption of responsibility for the delivery of health services to juveniles in all NSW Juvenile Justice Centres in February 2003. This important new partnership with the Department of Juvenile Justice is recognition of the expertise and benefits CHS can bring to health care provision in a secure custodial environment. The merge has provided many new challenges to CHS staff, as juveniles are detained under different circumstances and legislation than the inmates in the adult system.

Coordinated planning for the construction of the new Forensic and Prison Hospitals continues and this year saw the completion of project definition plans for these facilities. Extensive consultation is a key feature of this planning process. The two hospitals will significantly improve the care given to both inmates and the mentally ill in NSW over the coming years. These projects, together with new correctional facilities being constructed at the Mid North Coast and Windsor and the construction of Mental Health Assessment Units at Mulawa and MRRC, mean that CHS will need a strong focus on workforce recruitment and training over the coming years.

During the year, the talents of Mary Chiarella, our Professor of Nursing were recognised when she was seconded to the position of Chief Nursing Officer for NSW Health. Mary's contribution to the Service has been great and we would like to congratulate her on this very important appointment. A/ Prof Donna Waters has now stepped into the role as our Professor of Nursing.

Another significant appointment during the year was that of Dr John Basson as the State Director, Forensic Mental Health. CHS has been given responsibility for the statewide directorate, which will co-ordinate forensic bed management as well as having responsibility for correctional mental health and the Court and Community Liaison Service.

In 2002/03 the Court Liaison service completed its first full year of operation, providing advice to courts on the potential to divert eligible offenders to appropriate mental health care. During the year over 2000 individuals were screened and the service expanded to 14 local courts in metropolitan and rural NSW. This is one of many projects demonstrating the continuing expansion of our role as a provider of health services in a justice system extending beyond the custodial setting.

In the coming years, the Service will be looking to implement the strategies and goals articulated by the Corporate Plan 2003-2008. This will include strengthening clinical governance, the development of the new Prison and Forensic Hospitals and the ongoing commitment to develop a CHS Research Centre. With the help of our talented staff we look forward to steering the Service towards achieving these, and many other ambitious goals.



Professor Ronald Penny AO
Chairman



Dr Richard Matthews
Chief Executive Officer

Corporate Governance

The Board

The Board of the Corrections Health Service comprises twelve members appointed by the NSW Minister for Health. Two Board members are nominated by the Department of Corrective Services and one by the NSW Health Department. One Board member is elected from the staff of CHS. The Board is responsible for the corporate governance practices of the Service.

Board Responsibilities

The Board is responsible for:

- ◆ Setting strategic direction
- ◆ Ensuring compliance with statutory requirements
- ◆ Monitoring organisational performance
- ◆ Monitoring quality health services
- ◆ Board appraisal
- ◆ Community consultation
- ◆ Professional development.

The Board and its members are able to access a range of independent advice to assist them with the corporate governance of CHS. These include professional advice from external sources, the Auditor General and the CHS internal auditor. In 2002/2003 the Board oversaw the production of two important strategic documents, the CHS Risk Management Plan and the CHS Corporate Plan 2003-2008.

Board Members

Professor Ronald Penny, Chairman, AO, D.Sc., MD, FRACP, FRCPA (Attended 6/9)

Professor Penny is Senior Clinical Advisor, NSW Health and Emeritus Professor of Medicine at the University of NSW. He has been Chairman of the Corrections Health Service Board since 1991. In 1993 Professor Penny was appointed an Officer in the General Division of the Order of Australia for services to medical research and education, particularly in the field of immunology.

Dr Richard Matthews, Chief Executive Officer, MBBS. (Attended 9/9)

Dr Matthews has extensive experience in general practice with a special interest in drug and alcohol. He has worked for many years at Rankin Court Methadone Maintenance Unit and began his association with Corrections Health Service in 1992 when he assumed responsibility for administration of the Methadone Maintenance Program. In 1993, he was appointed Director of Drug and Alcohol Services for Corrections Health Service and in 1998 Director of Clinical Services. Dr Matthews was appointed as CEO of CHS in November 2000.

Ms Thea Rosenbaum, LLB, ATCL, MBA, MAICD, FCIS (Attended 8/9)

Ms Rosenbaum is the Company Secretary of the Australian Prudential Regulation Authority and has had extensive experience in the public sector. Her professional interest is in management and she has both an academic interest and practical experience in the outsourcing of professional services. Ms Rosenbaum is the Chair of the CHS Quality Council.

A/Prof Sandra Egger, B Psyc (Hons), BLegS, Ph.D. (Attended 7/9)

Dr Egger is an Associate Professor in Law at the University of NSW, and specialises in criminal law. She has a longstanding interest in correctional centres and has conducted research into AIDS in correctional centres. Dr Egger is the Chair of the Human Research & Ethics Committee.

Dr Greg Stewart, MBBS, MPH(Sydney), FRACMA, FAFPHM (Attended 4/9)

Dr Greg Stewart is a public health physician. He undertook his medical training at Sydney University, graduating in 1979 and in 1984 undertook a Master of Public Health degree. Dr Stewart is a Fellow of the Australian College of Medical Administrators and a Foundation Fellow of the Australasian Faculty of Public Health Medicine. Dr Stewart was appointed to the position of Deputy Director-General, Public Health and Chief Health Officer of NSW in March 2002.

Ms Shireen Malamoo (Attended 6/9)

Ms Malamoo is a member of the NSW Offenders Review Board. She has been involved in Aboriginal Affairs for more than 20 years particularly in Northern Queensland. She has been Chairperson of a number of important services and organisations such as the Aboriginal Media Association, the Aboriginal Legal Service and the Aboriginal Medical Service (Townsville).

Mr Brian Owens, RN (Attended 8/9)

Mr Owens is elected to the Board as the staff representative. He has worked for Corrections Health Service as a Registered Nurse for 13 years. He is the State Secretary of the Corrections Health Service Sub-Branch of the NSW Nurses' Association and is Chairman of the Consumer and Community Council Group.

Mr John Klok (Attended 7/9)

Mr Klok is the Chief Superintendent, Regional Commander Metropolitan Region, Department of Corrective Services. He is responsible for the control and operation of Correctional Centres, Transitional Centre, Periodic Detention Centres and Work Release programs. This position involves the safe and effective management of inmates and detainees, and the delivery of an extensive range of traditional and innovative custodial, developmental and business improvement programs and initiatives.

Mr Ron Woodham, Commissioner, Department of Corrective Services. (Attended 5/9)

Commissioner Woodham has extensive senior executive experience in correctional administration, having a career spanning 37 years with the Department of Corrective Services. Prior to his appointment as Commissioner on 9 January, 2002, Mr Woodham held the position of Senior Assistant Commissioner, Inmate and Custodial Services, from 1997. Mr Woodham has been a CHS Board Member since 2001.

Mr Neil Wykes, B Comm. FCA, ACIS (Attended 8/9)

Mr Wykes is a Senior Partner with Ernst & Young. He has served as Audit Partner and Advisor to a number of public and private health care groups for the last twenty-one years. Mr Wykes is Vice President of the Accounting Foundation at Sydney University. Mr Wykes is Chair of the Finance Committee.

Maria Bisogni, BA, LLB (Attended 5/9, resigned March 2003)

Maria Bisogni is a part time member of the Mental Health Review Tribunal and the Guardianship Tribunal and a senior supervising solicitor of the Legal Aid Commission of NSW.

Board Sub – Committees

Consumer & Community Council

Chairperson

Mr Brian Owens

Committee Members

Ms Jenna Batman	Ms Jay Bruce
Ms Alison Churchill	Mr Brett Collins
Ms Samantha Edmonds	Ms Gloria Larman
Mr Steve Griffin	Ms Lynne Martin
Mr John Meadth	Ms Vivian Scott
Mr Peter Legzdins	Dr Richard Matthews
Ms Rhonda Halpin	Ms Thea Rosenbaum
Ms Deidre Giacomini	

Human Research & Ethics Committee

Chairperson

Dr Sandra Egger

Committee Members

Dr Richard Matthews	Prof Terry Campbell
Dr Alex Wodak	Assoc Prof Michael Levy
Ms Christine Callaghan	Assoc Prof Donna Waters
Fr Laurie MacNamara	Mr Richard Gartrell
Ms Shireen Malamoo	Ms Julie Babineau
Mr Simon Eyland	

Medical & Dental Appointments Advisory Committee and Medical Credentials Committee

Chairperson

Professor Ron Penny

Committee Members

Associate Professor Michael Levy
Dr Richard Matthews
Dr Jeremy O’Dea
Ms Christine Callaghan
Dr Peter Hill
Ms Anne Doherty
Ms Belinda Chaplin
Mr Garry Gordon

Finance Committee

Chairperson

Mr Neil Wykes

Committee Members

Ms Julie Babineau	Ms Christine Callaghan
Mr Garry Gordon	Ms Belinda Chaplin
Mr Charles Bailey	Mr Satya Narayan
Dr Richard Matthews	Mr Gerry Schipp
Mr Gerald Crowther	

Quality Council

Chairperson

Ms Thea Rosenbaum

Committee Members

Dr Richard Matthews	Ms Julie Babineau
Ms Belinda Chaplin	Ms Christine Callaghan
Ms Rhonda Halpin	Assoc Prof Donna Waters
Ms Maria Hatzidimitris	Mr Craig Gear
Dr Catherine Silsbury	Mr Brian Owens
Ms Una Champion	Ms Rosemary Terry
Ms Vicki Archer	Ms Deidre Giacomini
Ms Rachael Reid	Dr Brian Lucas
Mr Lee Trevethan	

Audit Committee

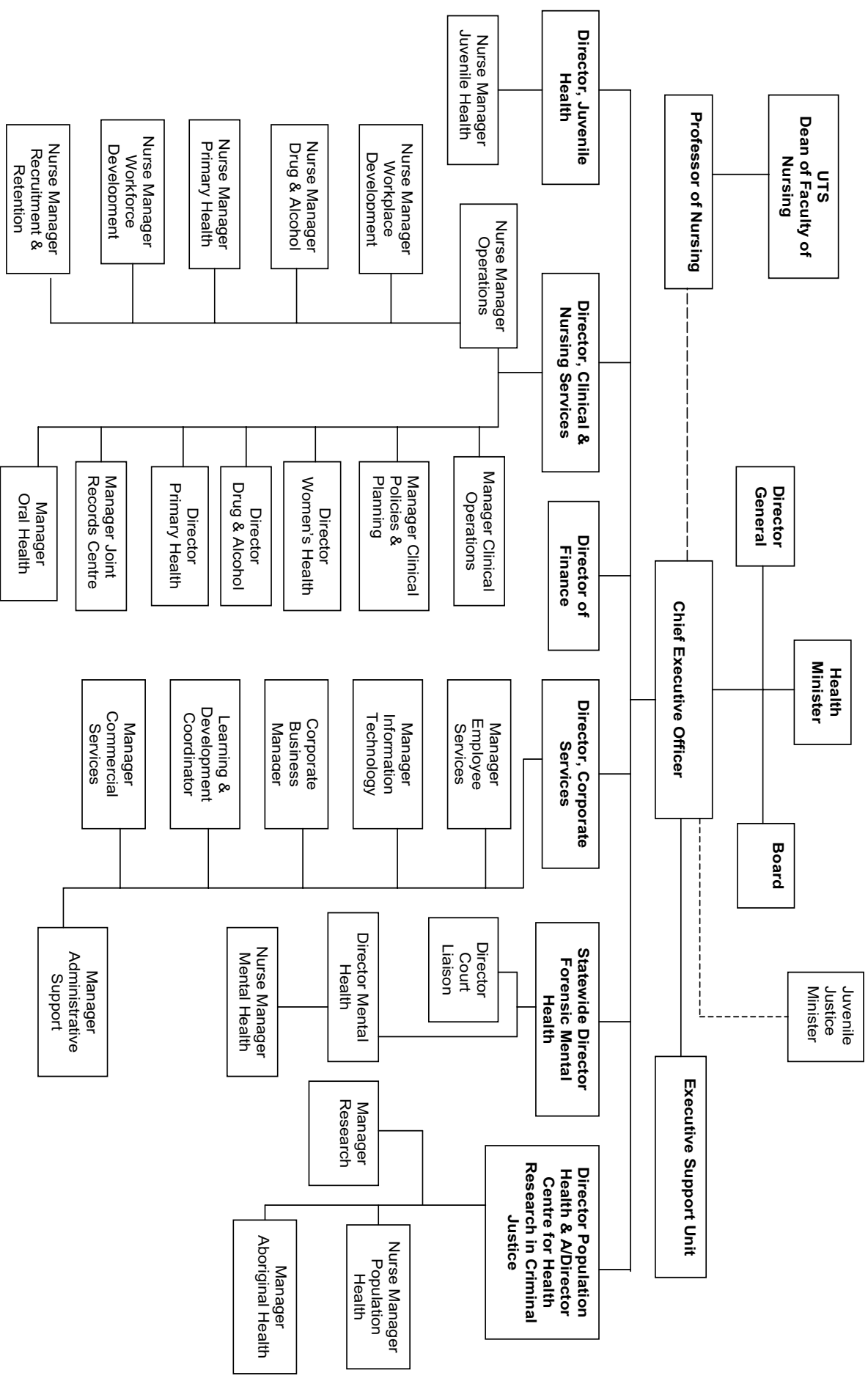
Chairperson

Ms Maria Bisogni (resigned March 2003)
Prof Ron Penny (acting)

Committee Members

Mr Neil Wykes
Mr John Klok

Corrections Health Service



Performance Summary

Consistent with the expansion of our services and staffing during the year, there was a considerable increase in the outpatient and non-admitted occasions of service provided. Male inpatient admissions were lower due to a bed restrictions at Long Bay Hospital.

Inpatient Activity Data

	2000 - 2001	2001 - 2002	2002 - 2003
Long Bay Hospital bed capacity	119	119	119
Mulawa Annexe bed capacity	6	6	6
Detoxification bed capacity	17	17	17
Admissions (male)	1,491	1,335	910
Admissions (female)	427	353	330
Long Bay Hospital occupancy	94%	91%	92%
Average length of stay – male psychiatric (days)	80	79.83	111.31
Average length of stay – male medical (days) -	23	12.18	14.57
Average length of stay – Female (days) -	3	3	3

Non admitted patients (occasions of service)

	2000-01	2001-02	2002-03
Dental	8,692	9,285	10,529
Diagnostic Imaging	1,550	1,559	1,472
Medical Officers & Nursing	1,584,674	1,586,205	1,901,553
Alcohol and Other Drug	378,268	383,760	442,348
Physiotherapy	1,026	907	909

Outpatient Appointments provided by Corrections Health Service

Appointments	2000 - 2001	2001 - 2002	2002 - 2003
MMTC Appointments (internal)	2,772	2,420	2,611
Diagnostic Testing(all external)	803	937	925
Specialist Appointments	1,056	1,040	1,297
Total	4,631	4,397	4,833

Clinical & Nursing Services

Nursing

A significant change in the CHS clinical management structure occurred late in 2002/03, with the amalgamation of the Clinical and Nursing Directorates into one. This necessitated combining the position of Director of Nursing and Director of Clinical Services to create the position of Director of Clinical & Nursing Services.

During the year CHS was successful in gaining Nurse Practitioner authorisation for Nurse Practitioners in Primary Health and Mental Health. Seven primary health care guidelines were approved for use by NPs across CHS and the NP implementation plan was updated to reflect current service needs.

In recognition of the complexity of nursing practice within the correctional setting, the NSW Nurses Registration Board added Criminal Justice Nursing to the list of approved specialty areas of nursing practice, under the broader category of 'Community / Primary Health Care Nursing'.

The CHS New Graduate Program continues to be a success, with nine of the twelve graduates from the 2002 program choosing to continue employment with CHS. The process of conversion from new graduate status to permanent employment was streamlined during the year to promote the retention of new graduates as CHS employees. New Graduates are well supported in the system with monthly meetings, education days, preceptorship and clinical supervision.

CHS staff assisted the NSW Nurses Drug and Alcohol Advisory Committee to successfully obtain \$72,000 funding for a two-day drug and alcohol workshop for nursing staff. The six scheduled workshops will be coordinated by the NSW College of Nursing and attendance is free for public hospital nursing staff.

The CHS Nursing Clinical Supervision Project has now increased to 66 trained clinical supervisors and during the year CHS staff presented a paper on clinical supervision to the *International Forensic Nursing Conference* held in Adelaide.

During the year a strategic plan for the implementation of the Core Skills Project was developed. The aim of the project is to provide the individual nursing clinicians with a means of identifying specific learning needs and monitoring professional development.

Achievements in Nursing Workplace Development include:

- ◆ Roll out of new emergency backpack equipment.
- ◆ The establishment of a working party for the safe management of medical gases;
- ◆ Development of the Emergency Response Form.

CHS continued to implement strategies that have resulted in an increase in nursing staff numbers. Notable examples of these strategies are:

- ◆ Performance of a child care survey in partnership with the Department of Corrective Services.
- ◆ The re-training of nursing staff under the nursing “Re-connect Program”.
- ◆ Expansion of attendances at University open days and Nursing Expos to increase recruitment and the profile of the Service. CHS has also developed promotional material to highlight and promote the Service in these venues.
- ◆ The promotion of flexible work practices, including a new policy on this issue.

Nursing staff numbers reached an all time high of 420 permanent nursing staff as at 30 April 2003. The CHS nursing staff turnover rate is less than the state average.

Mental Health

During the year, CHS Mental Health Services participated in the Australian Council of Health Services Mental Health In-Depth Review process. Mental Health Services were required to self-assess against selected functions, standards and criteria within the EquIP accreditation process. The review also required assessment against the National Standards for Mental Health Services, which were incorporated into the EquIP framework prior to the on-site survey. CHS Mental Health Services were successful in receiving accreditation from the survey. Recommendations, will be followed up through the development and reporting of the 2003 – 2005 Mental Health Services Quality Action Plan.

2002/03 was the first full year of operation for the Community and Court Liaison Project, which is a court based diversion program for people with mental health problems and disorders. Clinical Nurse Consultants and Psychiatrists provide clinical advice to Magistrates to assist in making better informed decisions about mental health matters relating to a criminal offence. Suitable offenders identified can be diverted from the criminal justice system to treatment in mental health facilities. During the year 2,067 persons were screened, resulting in 67% being identified as having a mental illness. Of these, 55% were diverted to community residential treatment and 45% were treated by correctional based mental health services. In 2002/03 the Project expanded to 14 sites in metropolitan and rural local courts across NSW.

Mental health services continued to expand to remote and rural centres. Telepsychiatry services were increased from 3 to 6 sites and psychiatrist services flying to rural locations expanded from 1 to 5 sites.

The Mental Health Outcome Assessment Tool (MHOAT) has been introduced to the majority of Correctional Centres and a MHOAT project officer appointed. At CHS MHOAT has been implemented with a view to standardising clinical documentation, measuring clinical outcomes and providing data on people in custody who are receiving services. By the end of June 2003 over 3,000 people were registered and approximately 550 of these were active clients. CHS has linked patient outcome measures directly to care by ensuring that clinically significant scores are automatically included in patient care plans.

Data collection for Mental Health was significantly expanded, with a data collection system on patient waiting times for treatment put into place. Reporting on the number of inmates with psychosis, general activity and mental health staffing levels was also improved.

Planning for the two new Mental Health Assessment Units (MHAU) has progressed. There will be a 10 bed MHAU for women built at Mulawa and a 40 bed MHAU for men at the Metropolitan Medical Transport Centre at Long Bay.

Primary Health

A Primary Health Peer Support Network has been developed for Registered Nurses and Clinical Nurse Specialists working in the primary health field. The Network provides advice and support to peers and assists in guiding primary health clinical practice.

B Ward at Long Bay Hospital (a 30 bed sub-acute medical ward) was reduced by 16 beds in order to enable approximately half of the ward to be redesigned to accommodate female patients with mental health problems. This project has involved detailed planning with the mental health stream, Department of Corrective Services and the development of a bed management protocol and operational policy for the management and operation of a joint medical and mental health facility.

The Sleep Hygiene Program, having been trialled in two correctional centres, has now been extended statewide. This program provides alternative treatment options for sleeping problems, rather than the use of medication as the primary intervention. The program is currently being evaluated.

A Multidisciplinary Pain Clinic has been established at the Metropolitan Medical Transient Centre. The benefits include consultation with a specialist multidisciplinary team aware of the specific issues regarding pain medication within the correctional system and the provision of CHS Medical Officers with an alternative referral pathway for pain management.

The Testicular Self Examination project is now an established program available to the “at risk” male population. The project involves training staff to educate inmates on the importance of regular testicular checks.

Partnerships have been strengthened with external organisations through the following programs: Attendance at the General Practitioners Conferences held in April 2001 and March 2003; visits carried out to Aboriginal community controlled health organisations and metropolitan hospitals; links with the University of New South Wales have been established through the Director of Primary Health conducting regular workshops for medical students.

Drug & Alcohol

Pharmacotherapy treatment for opiate addiction forms a major part of clinical service provision, with clients able to access methadone, naltrexone and buprenorphine treatments. During 2002/03 197 clients were admitted to the naltrexone trial, 494 commenced on methadone treatment and 266 on buprenorphine treatment. The monthly average number of inmates on methadone was 913 and on buprenorphine was 121.

The CHS Drug and Alcohol Procedures Manual was launched during 2002/03. The manual covers areas of activity relating to methadone treatment, the assessment and management of intoxication, withdrawal and overdose states. The manual contains a more “consumer focused approach” for the management of Drug and Alcohol issues and is consistent with community standards and best practice in this area.

Post release inmates with drug and alcohol issues experience difficulties in the return from prison to the wider community. These experiences are characterised by isolation, accommodation difficulties, financial and material constraints and a lack of significant emotional support. The Correctional Centre Release Treatment Scheme (CCRTS) aims to address some of the issues by providing counselling, intervention and education for released inmates and their families to assist in breaking the cycle of re-offending. During the year, an assessment of the project was carried out and the CCRTS Project was successful in gaining refunding until June 2007. In 2002/03 the Project provided services across three geographical areas:

- ◆ Wellington-Dubbo
- ◆ Central Sydney Area Health (Aboriginal Inmates Only)
- ◆ Western Sydney Area Health (Inmates with Drug and Alcohol issues, not just methadone clients)

A collaborative project between CHS staff at Cessnock Correctional Centre and the Drug and Alcohol Services in the Hunter Area Health Service was established during 2002/2003. This project targets patients on methadone at Cessnock Correctional Centre who are soon to be released to live in the Hunter Area Health Service. Both a CHS nurse and a Hunter Area Health Service Drug and Alcohol staff member interview these patients and a post release treatment plan is jointly developed. Following release, the Hunter Area Health Service follows up treatment for these patients in the community. On behalf of the NSW Drug Summit funded “In Reach” project, Corrections Health Service has also appointed a coordinator to link inmates to Area Health Drug and Alcohol Services prior to release. This project will support the development of state-wide policy and will produce a resource map, to support appropriate resource allocation.

CHS now contributes to the collection, monitoring and submission of Brief Treatment Outcome Measures and Minimum Data Set data collection tools used in Drug and Alcohol Treatment Services across NSW. The collection ultimately aims to contribute standardised State and national data to inform planning and policy developments that reduce drug-related harm.

Women’s Health

A comprehensive review of the management of Women’s Health services was undertaken during the year. The review identified the need for formalised clinical pathways and a new management structure for Women’s Health. A range of management options emanating from the survey will be presented to the CHS Executive for consideration in 2003/2004.

The appointment of a Clinical Nurse Consultant – Mental Health Women’s Services has assisted in implementing a range of initiatives for the management of women with mental illness. A Mental Health Planning Day for women’s services was carried out in October 2002, with key stakeholders from both the Department of Corrective Services and CHS in attendance. A collaborative action plan identifying a number of key initiatives was developed.

These include:

- ◆ Regular DCS and CHS management meetings to progress the action plan
- ◆ The allocation of additional resources to provide appropriately resourced mental health services to women in custody
- ◆ Weekly multidisciplinary team meetings to facilitate the management of women housed in the Mum Shirl Unit
- ◆ Generalist nursing staff have received training and now participate in the Risk

Intervention Team process, enabling mental health nurses to concentrate on a therapeutic role.

CHS staff attended a five-day joint women’s health training program with DCS staff during March and April 2003. The focus of the program was teambuilding, skill enhancement, increasing insight into the profile of the women and strategies for self care. The training has had a successful flow on effect, with nursing staff requesting to work in the RAPP Unit. The long-term plan is that all DCS and CHS staff working with women will participate in this program.

A range of initiatives with Wentworth Area Health Service are being undertaken at Emu Plains Correctional Centre to improve health outcomes for women upon release.

These include:

- ◆ The In-reach project for women being released to Wentworth Area for continuation of methadone treatment.
- ◆ The “Inside Out” project which aims to improve linkage to community resources post release.

Allied Health (Pharmacy, Physiotherapy & Radiography)

A drug description database was created by Pharmacy to assist DCS staff with tablet identification. This is used to assist officers identify inmates who self-medicate. Expansion of the self-medication system occurred, to include provision of this service to twelve correctional centres.

A review of Pharmacy Services was also completed during the year. Recommendations of the review catered around the regionalisation of pharmacy services, as well as changes to dispensing and administration practices.

A review of Radiography Service was undertaken, resulting in plans for service expansion, improved processes for Environmental Protection Authority certification and development of tenders for preventative maintenance of X-Ray and Emergency Equipment.

Oral Health

In 2002/03 there was continued expansion of the “Information System for Oral Health” (ISOH), measuring key performance indicators and dental activity at various sites in the Service. ISOH has been implemented in all metropolitan dental clinics and is currently being extended to some rural dental clinics.

Compliance with infection control standards in all dental clinics has been achieved using the NSW Health Infection Control Audit Tool.

Joint Records Centre

The Joint Records Centre (JRC) ensures that clinical, case management and psychology information is available to those individuals and/or agencies authorised to access it. The service also stores records in a confidential manner that meets statutory requirements. This year the Joint Records Centre received requests for approximately 15,000 medical, psychological and case management files for new receptions notified on the placement list as well as requests for psychology files, medical records and case management files.

A major achievement for the Medical Records Service was the preliminary archiving project undertaken at the Joint Records Centre to comply with OH&S and State Records Requirements. The project increased record storage areas, minimised occupational health and safety risks for staff, and facilitated the timely retrieval of records.

An electronic version of the medical record audit tool was developed, followed by a 3-month state-wide audit using this tool. The audit tool will ensure that medical records meet documentation and medico-legal requirements. A working party was also established to review the medical record structure and forms and as a result, a new forms design policy and template have been developed.

Future Initiatives – Clinical & Nursing Services

- ◆ Service planning for the commissioning of Dillwynia Correctional Centre, a purpose built centre for women due to open in early 2004.
- ◆ Service planning for the commissioning of the new Mid North Coast gaol, due to open in 2005.
- ◆ A review of the delivery of maternity services to pregnant women in custody is currently underway. This includes the development of comprehensive clinical pathways for the management of pregnant women in custody.
- ◆ Commencement of a colposcopy service for women, to be located at Mulawa Correctional centre, in partnership with Western Sydney Area Health Service.
- ◆ The expansion of the Correctional Centre Release Treatment Scheme to two new Areas.
- ◆ The trial of methadone treatment in the female unit at Broken Hill.
- ◆ The continued expansion of drug & alcohol clinics to new correctional facilities.
- ◆ Expansion of the Nurse Practitioner project.
- ◆ The development of a Memorandum of Understanding with DCS on information sharing.
- ◆ A project proposal for state-wide Well Men’s Clinics will be developed. This proposal will incorporate the 28 day health plan with integrated care plans and discharge plans
- ◆ The development of a Primary Health Procedure Manual.

Juvenile Health

In February of 2003, responsibility for the provision of health services to Juvenile detainees was successfully transferred from the Department of Juvenile Justice (DJJ) to the Corrections Health Service. The success of this complicated transition was a major achievement involving the education of staff, the integration of policies and procedures, movement of resources and the development of new partnerships.

The DJJ, in conjunction with CHS, conducted the first comprehensive survey of detainee physical, mental and social health. The physical and psychological testing of detainees was completed February 2003. The data is currently being analysed and a report is being written. Planning has begun to replicate the survey with young people on community orders. It is intended that this will form the basis of a longitudinal cohort study.

The proposed addition of an Adolescent Physician and an Adolescent Mental Health Clinical Nurse Consultant will be valuable additions to the Juvenile Health team and should be in place by the end of October 2003.

Future Initiatives Juvenile Health

- ◆ Review the detainee admission process and develop a comprehensive reception assessment tool.
- ◆ Undertake a feasibility review for a proposed dental clinic and service at Cobham Juvenile Justice Centre.
- ◆ Develop the Juvenile Health Services chapter of the Clinical Services Plan.
- ◆ Undertake service planning for the commissioning of the new Young Women's Juvenile Justice Centre at Lidcome. Completion is due late 2005 and a competition will be held for naming of the centre.
- ◆ Develop partnerships with local hospitals, Area Health Services and Aboriginal Medical Services.
- ◆ Active participation in the Young People on Community Orders Health Survey, - a partnership between Corrections Health Service, Department of Juvenile Justice a Sydney University.

Population Health & Research

Guided by the findings of the 1996 and 2001 Inmate Health Surveys, CHS is able to better plan health services for all persons in New South Wales Correctional Centres through effective public health action to maintain, protect and promote health. This philosophy is consistent with NSW Health's flagship document *Healthy People 2005*.

Population & Public Health

2002/2003 saw the strengthening of public health services, with the recruitment of the Clinical Nurse Consultant in Public Health and the development of a statewide network of designated public / sexual health nurses. Two CHS Public Health Network forums were held for education and service planning around hepatitis C, HIV, outbreak management, sexual health and sexual assault.

A Memorandum of Understanding has been signed with the Sydney Sexual Health Service for the provision of HIV specialist services to inmates. The number of HIV antibody positive inmates has risen steadily over the last two years from around 25 to 35.

Project funding was obtained to produce the *CHS Hepatitis Clinical Management Guidelines and Information Manual* to improve and standardise hepatitis treatment. sexual health protocols have also been finalised to support extension of screening programs to include some sexually transmissible infections.

A Winter Immunisation Program was held in March 2003. Criteria for free influenza vaccination extended to all inmates over 50 years of age, and a draft immunisation record was piloted during the program.

A number of conference presentations were delivered by Population Health staff during the year at the following events: the Public Health Association of Australia Prison Health Conference, Australian Professional Association of Alcohol and Other Drugs' Workers Conference, International Hepatitis Conference, NSW Health Promotion Conference, Australian Communicable Diseases Conference and the NSW Infection Control Conference.

Infection Control

The training of all CHS healthcare workers involved in the processes, documentation and monitoring of the sterilisation of instruments was carried out during the year. An upgrade of the CHS instrument reprocessing facilities and equipment was also commenced and is nearing completion. A key part of these initiatives was the development and distribution of the CHS Infection Control Manual to all facilities.

At Long Bay Hospital an upgrade of the cleaning processes undertaken by Patient Services Assistants was carried out. This involved improving the chemicals used, the upgrading of equipment and additional training for staff.

Improvements in the storage of vaccines were carried out, showing outcomes consistent with NH&MRC requirements.

Notifiable Detected Diseases in 2002/2003

These diseases are required by law to be reported to State and Federal health authorities upon discovery.

Notifiable Condition	2001/2002	2002/2003
HIV-antibody positive	3	5
Hepatitis B- surface antigen positive	50	61
Hepatitis C-antibody positive	753	737
Syphilis markers(s) positive	11	11
Chlamydia	18	42
Gonorrhoea	7	8
Pertussis (Whooping Cough)	-	2
Hepatitis D-antibody positive	3	1
Influenza	-	3
Invasive pneumococcus	-	2
Q fever	-	1
Adverse reaction to immunisation	-	2
Cryptosporidiosis	-	1

Targeted Screening Program (TSP) and Hepatitis B Vaccination Profiles

The following describes the results of the CHS Targeted Screening Program for Hepatitis B and C

	2001/2002	2002/2003
Total number of inmates introduced to TSP	6,761	6868
Total number tested as part of TSP 4,333	4471	
Total newly detected hepatitis C antibody positive inmates	410	443
Newly detected hepatitis C positive inmates as % of total tested	10%	10%
% of newly detected HCV positive inmates with IVDU as risk factor	89%	93%

Tobacco Cessation

Several years of individual and mass inmate education about the dangers of tobacco has facilitated a change in attitudes in favour of non-smoking, particularly in male correctional centres. Currently, smoking reduction strategies have been attempted by 55% of male inmate smokers, compared to 42% in 1996. Rates of smoking remain high for female inmates and efforts are underway to facilitate a similar culture of change in female correctional centres.

Implementation of the service wide Smoke Free Workplace Policy was commenced with an emphasis on healthcare workers as role models for clients, consideration for tobacco dependent employees and the support required for these people during working hours. Smoking cessation rates from structured smoking cessation programs for inmates and staff averaged a 36% success rate after six months. A smoking cessation training manual was also developed and standardised for use either through direct mentoring or distance mode.

On the 31st May 2003, World No Tobacco Day was celebrated at Juvenile Justice Centres with an art and poetry competition. The focus on young offenders complemented the NSW Health theme of smoking and the fashion industry

Environmental Health

Environmental Health focuses primarily on the physical environment but also covers the chemical and biological aspects that affect human health. An Environmental Health Officer has been employed to assess the impact of the correctional environment on both inmates and staff. This position is jointly funded between the Department of Corrective Services and CHS for a 12 month period. A cross section of facilities will be studied, including male and female correctional facilities, court cells, rural facilities and maximum & minimum security.

Research & Development

During the year the compilation of the 2001 Inmate Health Survey was completed and the second Report on the findings of the survey published. Several new topics were incorporated into the 2001 survey to reflect areas of emerging concern such as intellectual disability, head injury, and mental health. It was also decided to re-screen those individuals who had participated in the 1996 survey and were currently in custody. The report provides accurate information that enables CHS to advocate for increased funding for prison health services and allows an evidence based approach to health service development. The NSW survey has been widely adopted in Australia with Queensland and Victoria conducting similar projects. Given the level of interest across the other states, it has been recommended that a national survey be conducted in 2006.

In 2002/03 the Centre for Health Research in Criminal Justice was established, with the Interim Board chaired by Professor Tony Adams, and A/Professor Michael Levy as Acting Director. Application was made to NSW Health for a Capacity Building Infrastructure Grant – the application was unsuccessful. Following the success of the Research Symposium held in May 2001, a second symposium is planned for December 2003

Research Projects Undertaken in 2002 / 2003.

PROJECT TITLE	PARTNERS	RESEARCHERS
Report on the health status of the NSW prisoner population	CHS	Dr Tony Butler
A partnership approach to the identification and management of prisoners with head injuries	Hunter Area Health Service	A/Prof Peter Schofield, Dr Tony Butler
Psychiatric illness among sentenced and reception prisoners in Australia	CHS	Dr Tony Butler, Dr Steve Allnut, Mr David Cain, Mr Dale Owens, Ms Chris Muller
Smoking cessation using combined Bupropion (Zyban) and nicotine replacement therapy	CHS UNSW St Vincent's Hospital	Prof Robyn Richmond, Dr Alex Wodak Dr Tony Butler, Ms Eli Baxter, Dr Kay Wilhelm, Mr Michael Griffiths
Health survey of young people in detention	Dept of Juvenile Justice CHS	Mr Mark Allerton, Ms Una Champion Dr Tony Butler, A/Prof Dianna Kenny
Health survey of community based young offenders	University of Sydney Dept of Juvenile Justice CHS	Mr Mark Allerton, Ms Una Champion Dr Tony Butler, A/Prof Dianna Kenny
A national survey of Blood Borne Contagious Diseases in Australian prisoners	CHS National Centre in HIV Epidemiology and Clinical Research	Dr Tony Butler Dr Margaret MacDonald
Evaluation of CHS hepatitis C clinics	CHS Liver Clinic Group	Mr Greg Chegulman, Dr Paul Haber Dr Tony Butler, A/Prof Michael Levy
Post traumatic stress and personality disorders among prisoners	Newcastle University CHS	Ms Anna Egressey, Dr Steve Allnut Dr Tony Butler
Causes of mortality among ex-prisoners	CHS National Centre in HIV Epidemiology and Clinical Research, DCS	Dr Tony Butler, Dr Matthew Law Professor John Kaldor, Azar Karimina
Victorian Prisoner Health Survey	Deliotte consulting CHS	Dr Tony Butler
Queensland Prisoner Health Survey	QLD Dept. of Corrections CHS	Dr Tony Butler

Patterns of suicide in NSW prisons 1975 to 1996	CHS	Mr Lucas Milner Dr Tony Butler
Hearing Health Status of NSW Prisoners	National Acoustic Laboratory, CHS	Dr Eric LePage, Dr Norelle Murray, Dr Tony Butler
Physical health status of psychiatric patients	University of NSW CHS	Ms Tatiana Sourjina, Dr Tony Butler Dr Steve Allnut
National survey of sexual health among prisoners	University of NSW CHS	Dr Juliet Richters, Dr Tony Butler
Cardio Vascular Disease risk factors and diabetes.	NCEPH CHS	Dr Rennie D'Souza, Dr Tony Butler
Use of health services by indigenous and non-indigenous female prisoners	NCEPH CHS	Ms Jill Guthrie, Dr Anne Sefton Dr Tony Butler
Drug use and its correlates in an Australian prisoner population	CHS, NDARC NCHECR	Dr Tony Butler, Professor John Kaldor A/Prof Michael Levy, Dr Kate Dolan
Oral health status of NSW prisoners Sydney University	CHS Barnard, Dr Tony Butler	Ms Mary Osborn, Professor Peter
Attachment histories of NSW prisoners	CHS Care Leavers Assoc of NSW, Macquarie University	Mr Simon Quilty, Dr Tim Keogh Dr Tony Butler, Ms Kath MacFarlane Dr Joanne Penglase, Mr John Murray
Injury/violence surveillance	CHS	Ms Jammuna Bond, Dr Tony Butler Mr Lee Threvathan

Aboriginal Health Services

At the end of 2002/03, 82% of male Aboriginal inmates and 94% of female Aboriginal inmates were able to access an enhanced range of culturally specific health services. These services are available because of the establishment of Partnership agreements between CHS clinics and local Aboriginal Community Controlled Health Organisations.

The CHS "Tick on ... Kick on ..." Aboriginal Vascular Health Program has been implemented in seven sites at Broken Hill, Cessnock, Emu Plains, Grafton, Ivanhoe, Parklea and Tamworth. For CHS, the program aims to increase the awareness of cardiovascular disease among Aboriginal people in NSW Correctional Centres through culturally sensitive health management and health promotion plans. CHS Clinical Nurse Specialists and Aboriginal Health Workers work together to provide regular clinics that incorporate both screening and education for Aboriginal males and females in custody. The Program has been well received and participation rates are excellent. A poster and art competition on the subject of Aboriginal Vascular Health was facilitated for Aboriginal women at the Emu Plains centre and for Aboriginal men at the Cessnock site.

During the year the CHS Aboriginal Health unit utilised NSW Health Aboriginal Health Promotion program funding to facilitate a program at Goulburn Correctional Centre whereby Aboriginal people were assisted in making links to family, community and country.

CHS is an implementation pilot site for NSW Health's Aboriginal Health Impact Statement. This project is designed to broaden the consultation with Aboriginal community groups on policy development.

Future Initiatives – Population Health & Research

- ◆ Development of new partnership agreements with Aboriginal Community Controlled Health Organisations for the provision of health care services to Aboriginal people in NSW Correctional Centres as well as Juvenile Justice Centres.
- ◆ Extension of the Aboriginal Vascular Health Program to Lithgow Correctional Centre.
- ◆ Further analysis and the publication of the CHS Inmate Health Survey.
- ◆ Development of a comprehensive CHS Harm Minimisation Strategy.
- ◆ Development of Healthy Prisons health promotion initiatives in partnership with Area Health Services.
- ◆ Tobacco cessation strategies targeting female inmates.
- ◆ Implementation of the “Continuum of Care for the Prevention and Management of Hepatitis C in the Correctional Setting”.
- ◆ The development of an education program regarding the prevention and management of communicable diseases.
- ◆ The development of a comprehensive plan for implementing multicultural health services in prison settings.
- ◆ A Strategic Directions document 2003-2006 for the prevention and management of hepatitis in the correctional environment will be launched and widely distributed.
- ◆ A comprehensive review of services for inmates living with HIV/AIDS.

Corporate Services & Finance

The Corporate Services Directorate encompasses the administrative and operational functions of the Service, consisting of the following areas: Finance, Information Management & Technology, Administrative Services, Executive Support, Capital Works, Commercial Services, Employee Services and Learning and Development.

In 2002/2003, Corporate Services coordinated the creation and implementation of the CHS Corporate Plan 2003-2008 and the CHS Risk Management Plan. The Corporate Plan summarises the direction the Service will take over the next five years, while the Risk Management Plan identifies and manages potential risks to our operation.

At the completion of the year, CHS had achieved or partially achieved almost all of the targets defined by the Performance Agreement with the Director General, NSW Health. Significant among the achievements within the performance agreement targets for 2002-2003 were: improved access to health services for Aboriginal inmates, significant numbers of court attendees with mental illness diverted to mental health care instead of prison, the development of service-wide risk management tools and incident reporting systems and the commencement of planning for the new Forensic and Prison Hospitals.

Executive Support & Quality

During the year, the Consumer Participation Council was set up and commenced meeting. The council is a forum whereby CHS consumers and their representatives can discuss issues and problems with members of the CHS Executive and other staff. The meetings are held every two months, with follow up on the issues raised reported at each meeting.

In May 2003 CHS completed the Periodic Review phase of the EQUiP cycle. As a result of the review, CHS has maintained its accreditation status for a further two years. Our Mental Health Service was also successful in participating in the Mental Health In Depth Review accreditation process. The accreditation team reported that CHS has successfully implemented all of the recommendations from the previous survey and did not receive any high priority recommendations following this survey. CHS also received several commendations related to current programs and the overall leadership of the organisation.

The quality improvement database has been reviewed and re-designed to improve both the capture of information and reporting requirements. The database reports are now available on the CHS intranet and are up-dated on a monthly basis.

Employee Services

CHS is committed to maintaining a framework of human resources practices that provide staff with modern, proactive, equitable, safe and healthy workplaces. Over the last 12 months CHS has worked hard on a range of human resources issues with the following outcomes.

Employee Services employed a variety of communication mediums available within the Service to improve staff access to information, forms and support. Reliable access to employee services information is particularly important given the high percentage of shift workers employed by CHS. The orientation process for new employees was revised and a new format introduced. Orientation now involves a comprehensive introduction to the service over several days, covering all aspects of employment with CHS. The successful promotion of salary packaging during the year resulted in increased remuneration for participating staff. At the end of 2002/03, 26% of eligible CHS staff were salary packaging under the scheme.

The Joint Staff Consultative Committee continues to function effectively, with health unions, CHS management and staff meeting regularly to address issues. Juvenile Health staff were successfully transferred to CHS, following negotiations with the Department of Juvenile Justice and the relevant unions. CHS continues to maintain an Employee Assistance Program (EAP) using an external provider available 24 hours a day. The EAP is an early intervention program, available to all employees and their families on a voluntary and strictly confidential basis. This program focuses on encouraging employees to seek early assistance in relation to a wide range of concerns before they develop into more serious problems.

The increase in overall staff numbers reflects the continued CHS growth, including project funded activities, the transfer of Juvenile Health staff and the addition of Court Liaison services. The following table details a comparison of the full time equivalent by professional category, employed by CHS over the past 3 years.

Average Full Time Equivalent By Professional Category

Staff Group	2000-2001	2001-2002	2002-2003
Administration/Operations	19.6	24.7	31.6
Courier, Stores, Domestic	22.5	23.3	23.9
Finance/Information Technology	9.9	13.3	15.4
Human Resources	4.2	4.7	6.9
Medical Records	23.2	24.7	27.9
Allied Health	16.9	19.4	21.0
Medical Officers	19.7	17.7	20.3
Nursing	321.3	355.4	398.8
TOTAL:	437.3	483.2	545.8

Equal Employment Opportunity

Employment Equity is facilitated through a range of initiatives at CHS. This includes the CHS policy framework, Code of Conduct and Ethics, management and staff meeting structures at all levels and compliance with NSW Health and public sector management practices.

The Learning and Development Committee, Leadership and Management Forums and regular CEO teleconferences provide excellent opportunities for all managers and staff to raise and discuss issues. Equity is included as a part of the service wide staff orientation program, and the Service now conducts its own staff Recruitment and Selection training course.

Each year a specific learning and development budget is developed to assist the Health Service to provide an equitable distribution of training opportunities to all staff.

A grievance management policy was put in place, with the behaviours covered by the policy defined and examples provided to guide staff. CHS clearly stated its zero tolerance attitude towards bullying, harassment and discrimination, with the joint health/union statement on workplace bullying and harassment has been widely distributed.

CHS continues to have a high percentage of females in management positions. Females hold three of the six Senior Executive positions. Females hold the majority of the Senior Nurse Manager positions.

EEO Data

Respondents	Permanent / Temporary		Casual		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
All Staff	647	100 %	289	100 %	936	100 %
Respondents	452	69.9 %	161	55.7 %	613	65.5 %
Men	106	23.5 %	32	19.9 %	138	22.5 %
Women	346	76.5 %	129	80.1 %	475	77.5 %
Aboriginal & Torres Strait Islanders	8	1.7 %	0	0 %	8	1.3 %
People from racial, ethnic or ethno-religious minority groups	86	18.8 %	8	4.9 %	94	15.2 %
People whose language first spoken as a child was not English	80	17.5 %	14	8.7 %	94	15.2 %
People with a disability	44	9.6 %	9	5.6 %	53	8.6 %
People with a disability requiring work related adjustment	15	3.3 %	3	1.9 %	18	2.9 %

Occupational Health & Safety

The Health Service has funded and recruited a permanent OH&S Coordinator. The role of this new position will be in the areas of policy development, hazard management, staff training, support and guidance to managers and staff. Significant improvement has been achieved in fire safety measures including infrastructure, staff training and emergency management.

Staff Injury by Type and Hours Lost

Injury	1999-2000		2000-2001		2001-2002		2002-2003	
	Injury Type	Hours Lost	Injury Type	Hours Lost	Injury Type	Hours Lost	Injury Type	Hours Lost
Body Stress	7	1,112	5	405	8	1,112	13	861
Exposure	0	0	6	38	3	0	11	8
Fall/Slip	6	72	9	583	6	233	11	2127
Mental Stress	11	614	5	190	10	1,462	5	1902
Objects – Hit	8	23	10	368	7	467	3	1064
Objects - Moving	2	18	0	0	1	0	6	40
Vehicle	1	167	8	248	7	920	3	0
Unknown	0	0	3	45	2	0	0	0
Other	1	0	1	418	0	0	5	54
TOTAL:	36	2,006	47	2,295	44	4,194	57	6056

SOURCE: NSW TREASURY MANAGED FUND

With an average of 11.5 reported claims per 100 employees as at March 2003, CHS is above the health average of 8.0. The average incurred cost per employee is substantially under the Health average at \$518.00 and is lower than the previous year. The increase in time lost for injuries reflects three significant injuries that resulted in those staff members being totally or partially unfit for 26 weeks or longer. Reporting of injuries has also increased, however the majority of injuries incurred minimal or no time lost.

Learning and Development

The Learning and Development Centre is responsible for the coordination of all CHS staff learning and development activities in correctional facilities across New South Wales. The Corrections Health Service allocates 2% of the total salaries and wages budget to Learning and Development. The past 12 months have seen expansion to the staffing of the Learning and Development Centre. Staff now consist of two nurse educators, a new graduate coordinator, the Professor of Nursing, a project officer and the Learning & Development co-ordinator.

Among the achievements of the centre in 2002/2003 were:

- ◆ Representation on the NSW Health Violence Taskforce
- ◆ Coordination of the Leadership and Management Forums
- ◆ Updating of the Clinical Supervision program.
- ◆ Coordination and teaching of the Graduate Certificate in Corrections Health Nursing
- ◆ CHS continues to lead the way in regard to staff training activity as reported by NSW Health Development of the New Staff Orientation Program in partnership with Employee Services.

Capital Works

The ongoing refurbishment of CHS clinics continued, with the following minor capital works projects completed.

- ◆ Refurbishment of the Dental Clinic at Lithgow Correctional Centre
- ◆ Upgrade of ventilation systems in the Long Bay Hospital for medical isolation
- ◆ Refurbishment of the medical ward of Long Bay Hospital to cater for mentally ill women
- ◆ Partial Refurbishment of the Metropolitan Remand and Reception Centre Main Clinic
- ◆ Refurbishment of the Main Clinic at Cessnock Correctional Centre
- ◆ Upgrade of general x-ray equipment at the Metropolitan Medical Transit Centre

Several important major capital works projects commenced:

- ◆ Site work commenced on the Mental Health Assessment Unit at the Metropolitan Remand and Reception Centre. This forty bed unit will provide a therapeutic environment in which an offender's mental health status can be assessed if the reception assessment indicates mental illness. The project is due for completion in July 2004.
- ◆ Planning for a new Health Services Unit at Mulawa is underway. The Unit will comprise an outpatient clinic, an inpatient and detoxification unit and a ten bed Mental Health Assessment Unit. Completion of the unit is expected in July 2005.
- ◆ Funding and approval was obtained from the NSW Government to build new forensic and prison hospitals at the Long Bay site. Planning for the construction of these hospitals commenced.

Information Management & Technology

The Information Management & Technology (IM&T) Department's business activity during 2002-2003 was primarily focused on completing the objectives of the IM&T Strategic Plan, which concluded at the end of 2002. All of the objectives identified in the plan were successfully completed and work has now commenced on developing a new Strategic Plan up to the year 2005.

A major new project for the IM&T Department during the year was planning for the Unique Patient Identifier and Patient Administration System projects. Project Definition Plans for these projects were prepared and planning for the build and implementation of a computer based Patient Information System was also completed. Project costs are estimated at \$5.8mil. CHS has committed to fund \$2.3mil of this, including making use of the 2002/03 budget surplus.

Various hardware upgrades throughout the year greatly improved CHS Information Technology systems with the upgrade of the network, printer and email servers and the purchase of a high performance database server to run finance and payroll applications. The performance of the CHS Wide Area Network was improved through the replacement of the server by a new high performance server capable of supporting 70-80 concurrent users.

A number of new data collection and reporting tools were deployed during 2002-2003 including the Court Liaison database, the Nursing Self Assessment Tool and the Medical Record Audit. The NAPOOS reporting tool was upgraded to produce output that is able to be uploaded to NSW Health.

Juvenile Health Clinics were successfully integrated into the CHS wide area network. All Juvenile Health clinics were supplied with new desktop computers, with connectivity established between those clinics and the Long Bay network.

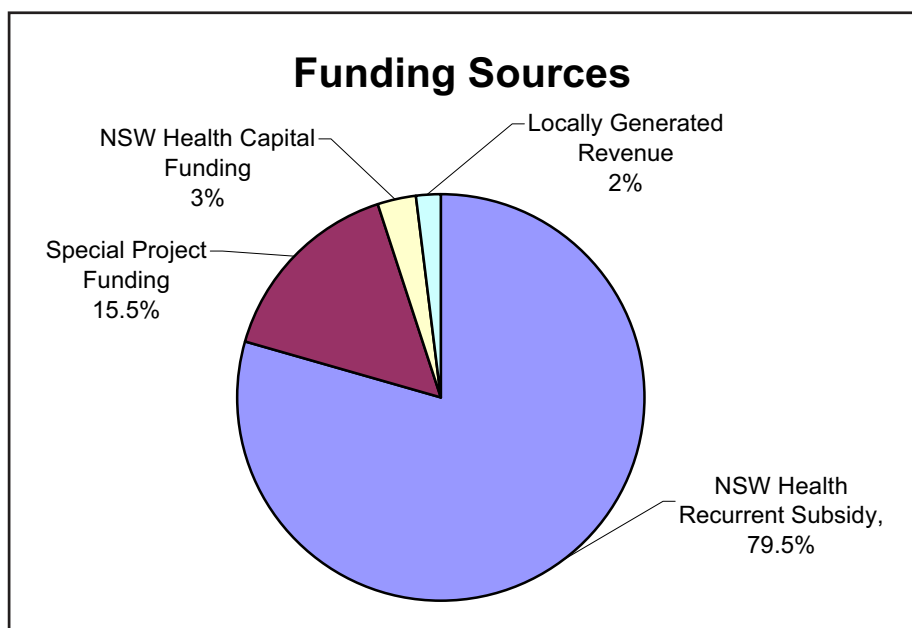
Significant expansion and improvement to the CHS Intranet site continues, as it reaches the milestone of its first anniversary during the year. The site now has resources to support staff in clinical and administrative work and the capacity to receive reporting data.

Finance

For the ninth consecutive year, CHS operated within its allocated budget, posting a small, recurrent surplus of \$504,235. This result was achieved in a year of substantial change and growth, with funding increasing from \$43.035mil to \$50.286mil, while costs also rose from \$46,163mil to \$52.528mil. The increased expenditure reflected a substantial increase in CHS staff numbers as new and enhanced services were introduced at more locations across the State.

Additional initiatives funded during 2002/2003 include:

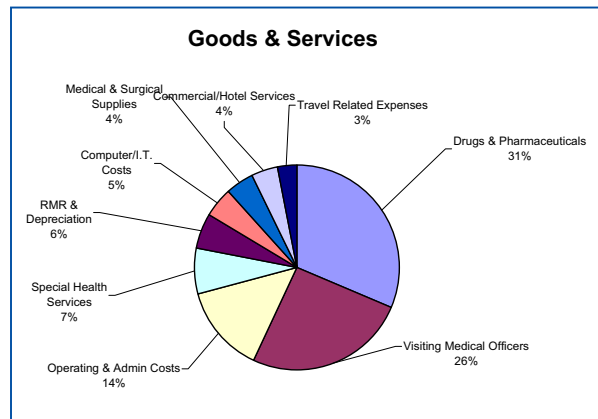
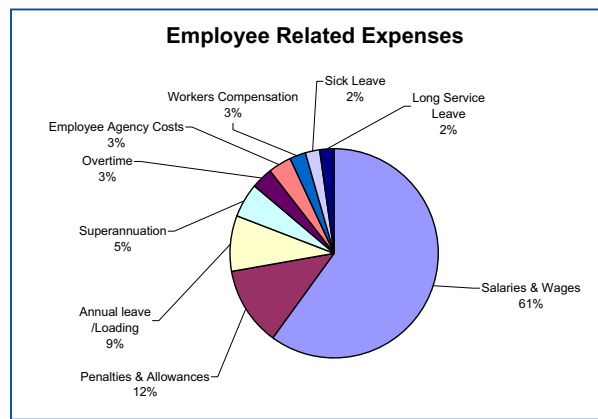
- ◆ Provision of health care to Juvenile Detainees
- ◆ The expansion of court liaison services from 7 to 12 courts
- ◆ The drug and alcohol “Inreach” program
- ◆ Various Aboriginal health projects
- ◆ Additional hepatitis clinics and services
- ◆ Primary health care provision to additional locations.



The efficient management of this growth is a tribute to the resourceful efforts of all CHS staff. Initial indications are that growth will continue at a rate of 10-15% in 2003-04. In addition to the audit of the CHS Annual Accounts by the NSW Audit Office, three independent audits were conducted with no adverse findings or significant recommendations made. The Service recovered all employee overpayments and incurred no bad debts. Creditors were maintained within trading terms and the Service remains loan free.

Expenditure for the year totalled \$52.258mil, of which 76% (\$39.911mil) is related to employee related costs. Average staffing rose from 474 to 546 full time equivalents and was accompanied by wages growth of 4-5%.

Goods and services expenditure totalled \$12.618mil, or 24% of total expenditure.



Future Initiatives – Corporate Services

- ◆ Implementation of the new CHS Risk Management and Corporate Plans.
- ◆ The establishment of an IT data warehousing and reporting facility.
- ◆ Delivering adequate, affordable and ongoing IT training to CHS staff.
- ◆ Re-development of the CHS Internet and delivery of additional services via the Intranet.
- ◆ The development of the 2003 – 2005 Quality Action Plan, incorporating the CHS Risk Management Plan.
- ◆ The finalisation of the funding arrangements for the Unique Patient Identifier and Patient Administration System projects
- ◆ Clinical skills capabilities project.
- ◆ Graduate Certificate in Forensic Mental Health
- ◆ Various capital works projects, including:
 - ◆ Continuation of planning for the new Prison and Forensic Hospitals and CHS Administration building
 - ◆ Refurbishment of CHS clinics at Cessnock, Tamworth, Broken Hill and Malabar Special Programs Correctional Centre
 - ◆ The creation of a Secure Transit Lounge for outpatients visiting Westmead Hospital
 - ◆ Construction of the Mental Health Assessment Unit at the Metropolitan Remand & Reception Centre
 - ◆ Planning of the Mulawa Health Services Unit.

CORRECTIONS HEALTH SERVICE

2002–2003 ANNUAL ACCOUNTS

CORRECTIONS HEALTH SERVICE



GPO BOX 12
SYDNEY NSW 2001

INDEPENDENT AUDIT REPORT

CORRECTIONS HEALTH SERVICE

To Members of the New South Wales Parliament

Audit Opinion

In my opinion, the financial report of the Corrections Health Service:

- (a) presents fairly the Service's financial position as at 30 June 2003 and the financial performance and cash flows for the year ended on that date, in accordance with applicable Accounting Standards and other mandatory professional reporting requirements, in Australia, and
- (b) complies with section 45E of the *Public Finance and Audit Act 1983* (the PF&A Act).

The opinion should be read in conjunction with the rest of this report.

The Board's Role

The financial report is the responsibility of the members of the Board. It consists of the statements of financial position, the statements of financial performance, the statements of cash flows, the program statement - expenses and revenues and the accompanying notes.

The Auditor's Role and the Audit Scope

As required by the PF&A Act, I carried out an independent audit to enable me to express an opinion on the financial report. My audit provides *reasonable assurance* to Members of the New South Wales Parliament that the financial report is free of *material* misstatement.

My audit accorded with Australian Auditing and Assurance Standards and statutory requirements, and I:

- evaluated the accounting policies and significant accounting estimates used by the Board in preparing the financial report,
- examined a sample of the evidence that supports the amounts and other disclosures in the financial report,

An audit does *not* guarantee that every amount and disclosure in the financial report is error free. The terms 'reasonable assurance' and 'material' recognise that an audit does not examine all evidence and transactions. However, the audit procedures used should identify errors or omissions significant enough to adversely affect decisions made by users of the financial report or indicate that Board members had failed in their reporting obligations.

My opinions do *not* provide assurance:

- about the future viability of the Corrections Health Service,
- that they have carried out their activities effectively, efficiently and economically,
- about the effectiveness of their internal controls, or
- on the assumptions used in formulating the budget figures disclosed in the financial report.

CORRECTIONS HEALTH SERVICE

Audit Independence

The Audit Office complies with all applicable independence requirements of Australian professional ethical pronouncements. The PF&A Act further promotes independence by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General, and
- mandating the Auditor-General as auditor of public sector agencies but precluding the provision of non-audit services, thus ensuring the Auditor-General and the Audit Office are not compromised in their role by the possibility of losing clients or income.

P. K. Brown

P K Brown FCPA
Director of Audit

SYDNEY
30 October 2003

ANNUAL ACCOUNTS Corrections Health Service

Certification of Accounts

The attached financial statements of the Corrections Health Service for the Year ended 30 June 2003

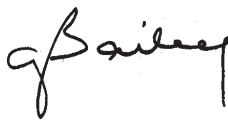
- (i) Have been prepared in accordance with applicable Australian Accounting Standards and other mandatory professional reporting requirements, the requirements of the Public Finance & Audit Act, 1983 and its regulations, the Public Hospitals Act 1929 and its regulations, the Accounts & Audit Determination, and the Accounting Manual for Area Health Services, District Health Services, Public Hospitals and,
- (ii) present fairly the financial position and transactions of Corrections Health Service; and
- (iii) have no circumstances which would render any particulars in the accounts to be misleading or inaccurate.



Prof. Ronald Penny
Chairman of the Board



Dr. Richard Matthews
Chief Executive Officer



Mr. Charles Bailey
Director of Finance

29th October 2003

ANNUAL ACCOUNTS Corrections Health Service

Statement of Financial Performance for the Year Ended 30/6/03

	Note	ACTUAL 2003 \$000	BUDGET 2003 \$000	ACTUAL 2002 \$000
Expenses				
Operating Expenses				
Employee Related	3	39,911	41,582	34,276
Visiting Medical Officers		3,226	2,766	2,251
Goods & Services	4	8,678	7,911	8,539
Maintenance	5	564	500	954
Depreciation	2(h,i), 6	149	180	143
Total Expenses		52,528	52,939	46,163
Revenues				
Sale of Goods & Services	7	878	831	1,344
Investment Income	8	56	60	42
Grants & Contributions	9	60	0	141
Other Revenue	10	2	2	2
Total Revenues		996	893	1,529
Loss on Disposal of Non-Current Assets	11	(94)	(84)	(71)
NET COST OF SERVICES	25	51,626	52,130	44,705
Add Government Contributions				
NSW Health Department - Recurrent Allocations	2(e),28	46,778	46,778	39,249
NSW Health Department - Capital Allocations		1,468	1,468	1,966
Acceptance by the Crown Entity of Employee Benefits	2(a)	2,040	2,040	1,820
Total Government Contributions		50,286	50,286	43,035
RESULT FOR THE YEAR FROM ORDINARY ACTIVITIES		(1,340)	(1,844)	(1,670)
TOTAL CHANGES IN EQUITY OTHER THAN THOSE RESULTING FROM TRANSACTIONS WITH OWNERS AS OWNERS	20	(1,340)	(1,844)	(1,670)

The Accompanying Notes Form Part of These Financial Statements

ANNUAL ACCOUNTS Corrections Health Service

Statement of Financial Position as at 30/6/03

	Note	ACTUAL 2003 \$000	BUDGET 2003 \$000	ACTUAL 2002 \$000
CURRENT ASSETS				
Cash	24	2,224	1,004	1,535
Receivables	14	749	381	570
Inventories	15	268	300	288
Other		15	12	
Total Current Assets		3,256	1,697	2,393
NON-CURRENT ASSETS				
Plant & Equipment	16	1,511	1,150	1,330
Total Non-Current Assets		1,511	1,150	1,330
TOTAL ASSETS		4,767	2,847	3,723
CURRENT LIABILITIES				
Payables	18	3,036	2,450	2,676
Provisions	2a, 19	3,653	2,880	2,571
Total Current Liabilities		6,689	5,330	5,247
NON-CURRENT LIABILITIES				
Provisions	2a, 19	5,597	5,540	4,655
Total Non-Current Liabilities		5,597	5,540	4,655
TOTAL LIABILITIES		12,286	10,870	9,902
NET LIABILITIES		(7,519)	(8,023)	(6,179)
EQUITY				
Accumulated (Deficiency)	20	(7,519)	(7,519)	(6,179)
Total Equity - (Deficiency)		(7,519)	(8,023)	(6,179)

The Accompanying Notes Form Part of These Financial Statements

ANNUAL ACCOUNTS Corrections Health Service

Statement of Cash Flows for the Year Ended 30/6/03

	Note	ACTUAL 2003 \$000	BUDGET 2003 \$000	ACTUAL 2002 \$000
CASHFLOWS FROM OPERATING ACTIVITIES				
Payments				
Employee Related		(32,855)	(33,200)	(27,836)
Other		(13,646)	(14,800)	(12,887)
Total Payments		(46,501)	(48,000)	(40,723)
Receipts				
Sale of Goods and Services		729	700	1,172
Interest Received		55	60	41
Other		19	82	408
Total Receipts		803	842	1,621
Cash Flows From Government				
NSW Health Department Recurrent payments		45,343	45,343	38,063
NSW Health Department Capital payments		1,468	1,468	1,966
Net Cash Flows from Government		46,811	46,811	40,029
NET CASH FLOWS FROM OPERATING ACTIVITIES	25	1,113	(347)	927
CASH FLOWS FROM INVESTING ACTIVITIES				
Proceeds From Sale of Plant & Equipment		336	330	210
Purchases of Plant & Equipment		(760)	(414)	(699)
Other				
NET CASH FLOWS FROM INVESTING ACTIVITIES		(424)	(84)	(489)
NET CASH FLOWS FROM FINANCING ACTIVITIES		0	0	0
NET INCREASE/(DECREASE) IN CASH		689	(431)	438
Opening Cash and Cash Equivalents		1,535	1,535	1,097
CLOSING CASH AND CASH EQUIVALENTS	24	2,224	1,104	1,535

The Accompanying Notes Form Part of These Financial Statements

ANNUAL ACCOUNTS Corrections Health Service

Program Statement – Expenses and revenues for the Year Ended 30 June 2003

AGENCY'S EXPENSES AND REVENUES	Program 1.2		Program 1.3		Program 2.2		Program 3.1		Program 5.1		Grand Total	
	2003 \$000	2002 \$000	2003 \$000	2002 \$000	2003 \$000	2002 \$000	2003 \$000	2002 \$000	2003 \$000	2002 \$000	2003 \$000	2002 \$000
Expenses												
Operating Expenses												
Employee Related	261	295	22,623	18,002	1,490	1,585	13,140	12,621	2,397	1,774	39,911	34,276
Visiting Medical Officers	61	61	787	972	20	20	2,172	1,087	186	112	3,226	2,251
Goods and Services	201	158	4,279	5,270	537	557	3,072	2,103	589	451	8,678	8,539
Maintenance	334	573	79	116	112	218	39	48	564	954		
Depreciation	89	86	10	12	40	39	10	7	149	143		
Total Expenses	523	514	28,112	24,903	2,136	2,289	18,536	16,068	3,221	2,392	52,528	46,163
Revenue												
Sale of Goods & Services			537	880	50	72	224	313	67	79	878	1,344
Investment Income			56	42							56	42
Grants & Contributions				12					60	129	60	141
Other Revenue			2	2							2	2
Total Revenue	0	0	595	936	50	72	224	313	127	208	996	1,529
Loss on Sale of Assets			(94)	(71)							(94)	(71)
NET COST OF SERVICE	523	514	27,611	24,038	2,086	2,217	18,312	15,755	3,094	2,184	51,626	44,705

The Accompanying Notes Form Part of These Financial Statements

Corrections Health Service

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2003

1. The Corrections Health Service Reporting Entity

The Corrections Health Service comprises all the operating activities of medical clinics located within 28 NSW correctional centres, 9 juvenile detainee centres, the 120 bed hospital at Long Bay, and units at various police cells and courts.

2. Summary of Significant Accounting Policies

The Corrections Health Service's financial statements are a general purpose financial report which has been prepared on an accruals basis in accordance with applicable Australian Accounting Standards, other authoritative pronouncements of the Australian Accounting Standards Board (AASB), Urgent Issues Group (UIG) Consensus views and the requirements of the Health Services Act 1997 and its regulations including observation of the Accounts and Audit Determination for Area Health Services and Public Hospitals.

Where there are inconsistencies between the above requirements, the legislative provisions have prevailed.

In the absence of a specific Accounting Standard, other authoritative pronouncements of the AASB or UIG Consensus View, the hierarchy of other pronouncements as outlined in AAS6 "Accounting Policies" is considered.

Statements of Accounting Concepts are used as guidance in the absence of applicable Accounting Standards, other mandatory professional requirements and legislative requirements.

The financial statements are prepared in accordance with the historical cost convention. All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

Other significant accounting policies used in the preparation of these financial statements are as follows:

Corrections Health Service

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2003

a) Employee Benefits and Other Provisions

i) Salaries & Wages, Annual leave, Sick Leave and On Costs (including non-monetary benefits)

Liabilities for salaries and wages, annual leave and vesting sick leave and related on-costs are recognised and measured in respect of employees' services up to the reporting date at nominal amounts based on the amounts expected to be paid when liabilities are settled.

Employee benefits are dissected between the "Current" and "Non Current" components on the basis of anticipated payments for the next twelve months. This in turn is based on past trends and known resignations and retirements.

Unused non-vesting sick leave does not give rise to a liability as it is not considered probable that sick leave taken in the future will be greater than the entitlements accrued in future.

The outstanding amounts of workers' compensation insurance premiums and fringe benefits which are consequential to employment, are recognised as liabilities and expenses where the employee entitlements to which they relate have been recognised.

ii) Accrued salaries and wages - reclassification

As a result of the adoption of Accounting Standard AASB 1044 "Provisions, Contingent Liabilities and Contingent Assets", accrued salaries and wages has been reclassified to "payables" instead of "provisions" in the Statement of Financial Position and the related note disclosures, for the current and comparative period. On the face of the Statement of Financial Position and in the notes, reference is now made to "provisions" in place of "employee entitlements and other provisions". Total employee benefits (including accrued salaries and wages) are reconciled in Note 19 "Provisions"

iii) Long Service Leave and Superannuation

Long Service Leave is measured on a short hand basis at an escalated rate of 4.1% above the salary rates immediately payable at 30 June 2003 for all employees with five or more years of service. The Government Actuary considers that this measurement technique produces results not materially different from the estimate determined by using the present value basis of measurement.

Corrections Health Service

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2003

- iii) Employee leave entitlements are dissected between the “Current” and “Non Current” components on the basis of anticipated payments for the next twelve months. This in turn is based on past trends and known resignations and retirements.

The Corrections Health Service’s liability for superannuation is assumed by the Crown Entity. Corrections Health Service accounts for the liability as having been extinguished resulting in the amount assumed being shown as part the non-monetary revenue item described as “Acceptance by the Crown Entity of Employee Benefits”.

The superannuation expense for the financial year is determined by using the formulae specified by the NSW Health Department. The expense for certain superannuation schemes (i.e. Basic Benefit and First State Super) is calculated as a percentage of the employee’s salary. For other superannuation schemes (i.e. State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees’ superannuation.

- iv) Change in Measurement of Recreation Leave and Long Service Leave values

Both the Employee Related Expenses as disclosed in Note 3 and the Recreation Leave provisions reported in Note 20 have been increased by the 5% salary increase payable in July 2003.

The Long Service Leave component of Employee Related expenses as disclosed in Note 3 and the Long Service Leave provisions reported in Note 20 have been increased by 4.1% in respect of year end balances at 30 June 2003.

The increase is consistent with the Government Actuary’s assessment of measurement requirements per Accounting Standard AASB1028

Prior to effecting the current year change in accounting treatment as per the requirements of the “Financial Reporting Code for Budget Dependent General Government Sector Agencies” leave liability had been measured at the salary rates current at balance date.

The change in accounting treatment has resulted in increases in expenses and provisions of \$399.8 thousand respectively.

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2003

b) Insurance

Corrections Health Service's insurance activities are conducted through the NSW Treasury Managed Fund Scheme of self insurance for Government Agencies. The expense (premium) is determined by the Fund Manager based on past experience.

c) Borrowing Costs

Borrowing costs are recognised as expenses in the period in which they are incurred.

d) Revenue Recognition

Revenue is recognised when Corrections Health Service has control of the good or right to receive, it is probable that the economic benefits will flow to the Corrections Health Service, and the amounts of revenue can be measured reliably. Additional comments regarding the accounting policies for the recognition of revenue are discussed below;

Sale of Goods and Services

Revenue from the sale of goods and services comprises revenue from the provision of products or services. i.e. user charges. User charges are recognised as revenue when the Health Service obtains control of the assets that result from them.

Investment Income

Interest revenue is recognised as it accrues. Rent revenue is recognised in accordance with AAS17 "Accounting for Leases". Dividend revenue is recognised when Corrections Health Service's right to receive payment is established.

Debt Forgiveness

In accordance with the provisions of Australian Accounting Standards AAS23 debts are accounted for as extinguished when and only when settlement occurs through repayment or replacement by another liability or the debt is subject to legal defeasance.

Use of Hospital Facilities

No specialist doctors were granted or exercised rights of private practice nor charged a facility fee during the year ended 30 June 2003.

Corrections Health Service

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2003

Use of Outside Facilities

Corrections Health Service uses a number of facilities owned and maintained by the NSW Department of Corrective Services, the NSW Department of Juvenile Justice, the Attorney Generals Department and other local authorities in the area to deliver health services. No charges are raised by these authorities. Corrections Health Service is unable to estimate the value for uncharged services and has not recognised these contributions as revenue or matching expense.

Grants and Contributions

Grants and contributions are generally recognised as revenues when the Corrections Health Service obtains control over the assets comprising the contributions. Control over contributions is normally obtained upon receipt of cash.

e) NSW Health Department Allocations

Payments are made by the NSW Health Department on the basis of the net allocation for Corrections Health Service as adjusted for approved supplementations mostly for salary agreements and approved enhancement projects. This allocation is included in the Statement of Financial Performance before arriving at the “Result for the Year from Ordinary Activities” on the basis that the allocation is earned in return for the health services provided in 2002/2003 on behalf of the Department. Allocations are normally recognised upon the receipt of cash.

f) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except:

- ◆ the amount of GST incurred by Corrections Health Service as a purchaser that is not recoverable from the Australian Taxation Office is recognised as part of the cost of acquisition of an asset or as part of the item of expense;
- ◆ receivables and payables are stated with the amount of GST included.

g) Acquisition of Assets

The cost method of accounting is used for acquisition of all assets controlled by Corrections Health Service. Cost is determined as the fair value of the assets given as consideration plus the costs incidental to the acquisition.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition except for assets transferred as a result of an administrative restructure.

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2003

- g) Fair value means the amount for which an asset could be charged between a knowledgeable, willing buyer and a knowledgeable, willing seller in an arm's length transaction.
Where settlement of any part of cash contribution is deferred, the amounts payable in the future are discounted to their present value at the acquisition date. The discount rate used is the incremental borrowing rate, being the rate at which similar borrowings could be obtained.
- h) Plant & Equipment
Individual items of plant & equipment costing \$5,000 and above are capitalised.
- i) Depreciation
Depreciation is provided on a straight line basis against all depreciable assets so as to write off the depreciable amount of each asset as it is consumed over its useful life to Corrections Health Service. Motor vehicles are not depreciated as they are disposed of within 2 years of acquisition date.
Details of depreciation rates for major asset categories are as follows:
Electro Medical Equipment 20%
Computer Equipment 25%
Computer Software 33%
Office Equipment 10-20%
Plant and Machinery 10-20%
Furniture, Fittings and Furnishings 10-20%
- j) Revaluation of Physical Non-Current Assets
The Corrections Health Service does not own any land, buildings or infrastructure assets which require periodic revaluation.
- k) Maintenance and Repairs
The costs of maintenance are charged as expenses as incurred, except where they relate to the replacement of a component of an asset in which case the costs are capitalised and depreciated.
- l) Leased Assets
A distinction is made between finance leases which effectively transfer from the lessor to the lessee substantially all the risks and benefits incidental to ownership of the leased assets, and operating leases under which the lessor effectively retains all such risks and benefits

Corrections Health Service

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2003

- l) Where a non-current asset is acquired by means of a finance lease, the asset is recognised at its fair value at the inception of the lease. The corresponding liability is established at the same amount. Lease payments are allocated between the principal component and the interest expense.

Operating leases payments are charged to the Statement of Financial Performance in the periods in which they are incurred.

Corrections Health Service has not entered into any finance or operating leases as at 30 June 2003.

- m) Inventories

Inventories are stated at the lower of cost and net realisable value. Costs are assigned to individual items of stock mainly on the basis of weighted average costs.

Obsolete items are disposed of in accordance with instructions issued by the NSW Health Department.

- o) Financial Instruments

Financial instruments give rise to positions that are a financial asset of either Corrections Health Service or its counterparty and a financial liability (or equity instrument) of the other party. For Corrections Health Service these include cash at bank, receivables, and payables.

In accordance with Australian Accounting Standard AAS33, "Presentation and Disclosure of Financial Instruments", information is disclosed in Note 30 in respect of the credit risk and interest rate risk of financial instruments. All such amounts are carried in the accounts at net fair value. The specific accounting policy in respect of each class of financial instrument is stated hereunder.

Classes of instruments recorded at cost and their terms and conditions at balance date are as follows:

Cash

Accounting Policies - Cash is carried at nominal values reconcilable to monies on hand and independent bank statements.

Terms and Conditions - Monies on deposit attract an effective interest rate of approximately 3.6% (2002 = 3.7%).

Corrections Health Service

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2003

Receivables

Accounting Policies - Receivables are recognised and carried at cost, based on the original invoice amount less a provision for any uncollectible debts. An estimate for doubtful debts is made when collection of the full amount is no longer probable.

Bad debts are written off as incurred. No interest is earned on trade debtors.

Terms and Conditions - Accounts are issued on 30 day terms.

Payables

Accounting Policies - Payables are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the Corrections Health Service.

Terms and Conditions - Trade liabilities are settled within any terms specified. If no terms are specified, payment is made by the end of the month following the month in which the invoice is received.

p) Payables

These amounts represent liabilities for goods and services provided to Corrections Health Service and other amounts, including interest. Interest is accrued over the period it becomes due.

q) Reclassification of financial information

“Prepayments” were recognised in prior year statements as “Receivables” whereas from 2002/03, Corrections Health Service’s reporting has been amended to comply with Whole of Government reporting and bring the prepayments to account under “Other Assets”. Similarly, the value of Accrued Salaries, Wages and On Costs were included in prior year statements as provisions whereas, from 2002/03, such amounts have been reported as Payables. As a result of these changes, the amounts for 2001/2002 have been reclassified for comparability.

r) Budgeted amounts

The budgeted amounts are drawn from the budgets as formulated at the beginning of the financial year and with any adjustments for the effects of additional supplementation provided.

Corrections Health Service

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2003

3. Employee Related Expenses

	2003 \$000	2002 \$000
Employee related expenses comprise the following:		
Salaries and Wages	30,235	25,674
Long Service Leave [see note 2(b)]	887	1,021
Annual Leave [see note 2(b)]	3,411	2,732
Sick and Other Leave	898	628
Redundancies	1	121
Employment Agency Payments - Nursing	1,250	1,063
Employment Agency Payments - Other	146	141
Workers Compensation Insurance	1,040	1,076
Superannuation [see note 2(c)]	2,043	1,820
	<u>39,911</u>	<u>34,276</u>

Salaries and Wages includes \$121,643 paid to members of the Corrections Health Service Board consistent with the Statutory Determination by the Minister for Health which provided remuneration effective from 1 July 2000

The payments have been made within the following bands:

<u>\$ Range</u>	<u>Number paid</u>
\$0 to \$14,999	Eight Directors
\$15,000 to \$30,000	One Director

4. Goods and Services

	2003 \$000	2002 \$000
Computer Related Expenses	600	582
Domestic Charges	101	66
Drug Supplies	3,953	3,557
Food Supplies	418	410
General Expenses	680	763

Corrections Health Service

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2003

	2003 \$000	2002 \$000
Insurance	35	21
Medical & Surgical Supplies	553	895
Postal & Telephone Costs	267	185
Printing & Stationary	449	566
Rent	42	0
Special Service Departments	893	605
Staff Related Costs	292	503
Travel Related Costs	395	386
	<u>8,678</u>	<u>8,539</u>
(b) General expenses include:		
Advertising (Staff placement)	138	145
Books and Periodicals	18	20
Consultancies - Operating Activities	336	100
Consultancies - Capital Works Projects	18	297
Couriers and Freight	78	79
Auditors Remuneration - Audit of Financial rep	24	23
Legal Expenses	15	48
Motor Vehicle Operating Costs	35	51
Other	18	0

Corrections Health Service

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2003

	2003 \$000	2002 \$000
5. Maintenance		
Repairs and Routine Maintenance	139	91
Replacements and Additional Equipment less than \$5,000	425	863
	<u>564</u>	<u>954</u>
6. Depreciation		
Depreciation of Plant and Equipment	149	143
7. Sale of Goods and Service		
Sale of Goods and Services comprise the following:		
Provision of Medical & Psychiatric Reports	38	30
Provision of Record Management Services	159	160
Care for A.C.T. and Illegal Immigrant Inmates	681	1,154
	<u>878</u>	<u>1,344</u>
8. Investment Income		
Interest Revenue	56	42
9. Grants and Contributions		
Department Corrective Services - Diagnostic Equipment	55	136
Eli Lilly - Gym Equipment	5	5
	<u>60</u>	<u>141</u>
10. Other Revenue		
Payroll Deduction Commissions	2	2

Corrections Health Service

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2003

	2003 \$000	2002 \$000
11 Loss on Disposal of Non Current Assets		
Plant and Equipment at Cost	431	922
Less Accumulated Depreciation	0	641
Written Down Value	431	281
Less Proceeds from Sales	(337)	(210)
Net Loss from Disposal of Non-Current Assets	94	71

12. Conditions on Contributions

No conditions for expenditure have been placed on any revenues recognised in the current financial year.

13. Programs/Activities of the Agency

Program 1.2 - Aboriginal Health Services

Objective: To raise the health status of Aborigines and to promote a healthy life style.

Program 1.3 - Outpatient Services

Objective: To improve, maintain or restore health through diagnosis, therapy, education and treatment services for ambulant patients in a hospital setting.

Program 2.2 - Overnight Acute Inpatient Services

Objective: To restore or improve health and manage risks of illness, injury and childbirth through diagnosis and treatment for people intended to be admitted to hospital on an overnight basis.

Program 3.1 - Mental Health Services

Objective: To improve the health, well being and social functioning of people with disabling mental disorders and to reduce the incidence of suicide, mental health problems and mental disorders in the community.

Corrections Health Service

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2003

Program 5.1 - Population Health Services

Objective: To promote health and reduce the incidence of preventable disease and disability by improving access to opportunities and prerequisites for good health.

	2003 \$000	2000 \$000
14. Receivables		
Current		
(a) Sale of Goods and Services	235	436
(b) Transfer of Employee Entitlements	515	128
(c) Prepayments		7
Sub-Total	750	571
Less Provision for Doubtful Debts	(1)	(1)
	749	570
Bad debts written off during the year	0	0
15. Inventories		
Current - at cost		
Drugs & Pharmaceuticals	268	288

Medical consumables, office supplies and miscellaneous goods have been written off or expensed during the period.

Corrections Health Service

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2003

	2003 \$000	2002 \$000
16. Plant and Equipment		
Balance at start of year	1,923	2,146
Capital Expenditure	761	699
Disposals	(431)	(922)
Balance at end of year - At Cost	2,253	1,923
Depreciation		
Balance at start of year	593	1,091
Charge for the Year [See Note 2(1)]	149	143
Adjustment for disposals	0	(641)
Balance at end of year - At Cost	742	593
Carrying Amount at end of year - At Cost	1,511	1,330

(i) All plant and equipment are valued at cost.

(ii) Plant & Equipment other than motor vehicles were valued on the basis of net depreciated replacement cost.

17. Restricted Assets

The Corrections Health Service's financial statements include no assets which are restricted by externally imposed conditions, eg. donor requirements.

Corrections Health Service

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2003

	2003 \$000s	2002 \$000s
18. Payables		
Current		
Accrued Salaries & Wages	1,113	882
Trade Creditors	1,604	1,355
Other Creditors		
- Capital Works	319	439
- Other/Accrued Expenses		
Total Accounts Payable	<u>3,036</u>	<u>2,676</u>
19. Current/Non Current Liabilities – Employee Entitlements and Other Provisions		
Current		
Employee Annual Leave	3,313	2,200
Employee Long Service Leave	340	340
Other		31
Aggregate Employee Entitlements	<u>3,653</u>	<u>2,571</u>
Non-Current		
Employee Annual Leave	1,000	1,000
Changed accounting treatment, refer Note 2b		
Employee Long Service Leave	4,597	3,655
	<u>5,597</u>	<u>4,655</u>
20. Equity		
Balance at the beginning of the financial year	(6,179)	(4,509)
Changes in equity - other than transactions with owners as owners Movement in Accumulated Funds	(1,340)	(1,670)
Balance at the end of the financial year	<u>(7,519)</u>	<u>(6,179)</u>

Corrections Health Service

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2003

	2003 \$000s	2002 \$000s
21. Commitments for Expenditure		
(a) Capital Commitments		
Aggregate capital expenditure contracted for at balance sheet date but not provided for in the accounts:		
Not Later than one year	0	0
Total Capital Expenditure Commitment (including GST)	<u>0</u>	<u>0</u>
(b) Other Expenditure Commitments		
Not Later than one year	538	560
Total Other Expenditure Commitment (including GST)	<u>538</u>	<u>560</u>

The Service has entered into no operating or finance lease commitments as at 30 June 2002.

22. Charitable Fundraising Activities

The Corrections Health Service conducted no direct fundraising as defined by the Charitable Fundraising Act 1991.

Corrections Health Service

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2003

23. Contingent Liabilities

(a) Claims on Managed Fund

Since 1 July 1989, Corrections Health Service has been a member of the NSW Treasury Managed Fund. The Fund will pay to or on behalf of Corrections Health Service all sums which it shall become legally liable to pay by way of compensation or legal liability if sued except for employment related, discrimination and harassment claims that do not have state-wide implications. The costs relating to such exceptions are to be absorbed by Corrections Health Service. As such, since 1 July 1989, no contingent liabilities exist in respect of liability claims against Corrections Health Service. A Solvency Fund (now called Pre-Managed Fund Reserve) was established to deal with the insurance matters incurred before 1 July 1989 that were above the limit of insurance held for matters that were incurred prior to 1 July 1989 that would have become verdicts against the State. The Solvency Fund will likewise respond to all claims against the Corrections Health Service.

(b) Workers Compensation Hindsight Adjustment

When the New Start (to the) Treasury Managed Fund was introduced in 1995/96 hindsight adjustments in respect of Workers Compensation (three years from commencement of the Fund Year) and Motor Vehicle (eighteen months from commencement of Fund Year) became operative.

The calculation of hindsight adjustments has been reviewed in 2001-02 to provide an interim adjustment after three years with a final adjustment at the end of year five.

Under these arrangements the Treasury Managed Fund normally calculates hindsight premiums each year. However, the final workers compensation hindsight adjustment for the 1997/98 fund year and an interim adjustment for the 1999/2000 fund year has not yet been calculated. The basis for calculating the hindsight premium is currently being reviewed and will not be resolved until next financial year.

Corrections Health Service

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2003

	2003 \$000s	2002 \$000s
24. Current Assets – Cash		
Cash at Bank and on hand	2,224	1,535
	<u>2,224</u>	<u>1,535</u>
Cash assets recognised in the Statement of Financial Position are reconciled to cash at the end of the financial year as shown in the Statement of Cash Flows as follows:		
Cash per Statement of Cash Flows	2,224	1,535
	<u>2,224</u>	<u>1,535</u>
25. Reconciliation of Net Cost of Services To Net Cash		
Flows from Operating Activities		
Net Cash Flows from Operating Activities	(1,113)	(927)
Depreciation	149	143
Crown Transaction Entity Acceptance of Superannuation Liability	2,040	1,820
Increase in Provisions	2,024	1,659
(Increase)/Decrease in Debtors	(194)	94
(Increase)/Decrease in Other Assets	20	(93)
Increase/(Decrease) in Creditors	360	723
Net Loss on Sale of Plant and Equipment	94	71
NSW Health Department Recurrent payments	45,343	38,063
NSW Health Department Capital payments	1,468	1,966
Expenses paid by NSW Health Department	1,435	1,186
	<u>51,626</u>	<u>44,705</u>
Net Cost of Services	<u>51,626</u>	<u>44,705</u>

Corrections Health Service

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2003

26. Voluntary Services

It is considered impracticable to quantify the monetary value of voluntary services provided to the Corrections Health Service. These services include: Official Visitors Under Mental Health Act Community Organisations Patient and Family Support Groups Practical Support to Patients & Relatives

27. Unclaimed Moneys

Unclaimed salaries and wages are paid to the credit of the Department of Industrial Relations and Employment in accordance with the provisions of the Industrial Arbitration Act, 1940, as amended.

All money and personal effects of patients who are discharged or die in custody and which are not claimed by the person lawfully entitled thereto are disposed of by the Department of Corrective Services.

28. Budget Review

Net Cost of Services

The actual net cost of services was lower than budget by \$504,235. The surplus was primarily attributable to savings on Workers Compensation Insurance Premiums, a reduction in certain salary categories and higher than anticipated revenues.

Cash Flows

The positive net cash position results from the operating surplus plus an increase in trade creditors whilst maintaining agreed trading terms.

Corrections Health Service

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2003

Movements in the level of the NSW Health Department Recurrent Allocation that have occurred since the time of the initial allocation on 13 September 2002 are as follows:

	2003 \$000s	2002 \$000s
Initial Allocation, 13 September 2002	41,524	35,199
Award Increases	1,259	790
Nursing Employment/Recruitment Strategies	61	40
Assumption of Health Services to Juvenile Justice	1,546	
Special Projects:		
Aboriginal Health	94	372
Adult Drug Court	780	600
Additional Drug Summit Initiatives	116	(56)
High Cost Drugs	234	324
Mental Health Programs	832	1,856
Public Health Programs	154	65
Other	178	59
Balance as per Statement of Financial Performance	<u>46,778</u>	<u>39,249</u>

29. Financial Instruments

(A) Interest Rate Risk

Interest rate risk is the risk that the value of the financial instrument will fluctuate due to changes in market interest rates. Corrections Health Service's exposure to interest rate risks and the effective interest rates of financial assets and liabilities both recognised and unrecognised at 30 June 2003 are as follows:

	Floating Interest Rate		Fixed Interest Rate		Non-Interest Bearing		Total Carrying of Financial Position	
	2003 \$000	2002 \$000	2003 \$000	2002 \$000	2003 \$000	2002 \$000	2003 \$000	2002 \$000
Financial Assets								
Cash	2,220	1,532	0	0	4	3	2,224	1,535
Receivables			0	0	749	570	749	570
Total Financial Assets	<u>2,220</u>	<u>1,532</u>	<u>0</u>	<u>0</u>	<u>753</u>	<u>573</u>	<u>2,973</u>	<u>2,105</u>

Corrections Health Service

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2003

Financial Liabilities

Borrowings - DOH	0	0	0	0	0	0	0	0
Accounts Payable	0	0	0	0	3,036	1,794	3,036	1,794
Total Financial Liabilities	0	0	0	0	3,036	1,794	3,036	1,794

(B) Credit Risk

Credit Risk is the risk of financial loss arising from another party to a contract or financial position failing to discharge a financial obligation thereunder. The Corrections Health Service's maximum exposure to credit risk is represented by the carrying amount of the financial assets included in the Statement of Financial Position.

	Governments		Banks		Other		Total	
	2003 \$000	2002 \$000	2003 \$000	2002 \$000	2003 \$000	2002 \$000	2003 \$000	2002 \$000
Financial Assets								
Cash	0	0	2,220	1,532	4	3	2,224	1,535
Receivables	703	564	0	46	7	749	571	
Total Financial Assets	703	564	2,220	1,532	50	10	2,973	2,106

30. Post Balance Date Events

No events have occurred subsequent to the 30 June 2003 balance date which would significantly impact operations.

31. Financial Viability

The ability of the Corrections Health Service to maintain operations is dependent upon the continued financial support of the NSW Health Department.

End of Audited Statements

Appendices

Appendix 1 : Summary of Affairs of Corrections Health Service

Freedom of Information Act 1989

Section 14(1)(b) and (3)

The Summary of Affairs of the Corrections Health Service covers operations and clinical care provided within NSW Correctional Centres, the Long Bay Hospital, Periodic Detention Centres, Court and Police Cell Complexes, Community Liaison, the Correctional Centre Release Treatment Scheme, the NSW State-wide Forensic Directorate and Juvenile Justice Centres.

Operations:	Executive Office, Long Bay Hospital
Medical Records:	Joint Records Centre, Silverwater
Clinics:	Bathurst, Berrima, Brewarrina, Broken Hill, Cessnock, Cooma, Emu Plains, Glen Innes, Goulburn, Grafton, Ivanhoe, John Morony I and II (Windsor), Kirkconnell, Lithgow, Mannus, Malabar Special Programs Centre, Metropolitan Medical Transient Centre, Metropolitan Remand and Reception Centre, Mulawa, Oberon, Parklea, Parramatta, Silverwater, Special Purpose Centre, St Heliers and Tamworth.
Long Bay Hospital:	A, B, C, D wards.
Periodic Detention Centres:	Bathurst, Broken Hill, Campbelltown, Grafton, Mannus, Norma Parker, Parklea, Silverwater, Tamworth, Tomago (Newcastle) and Wollongong.
Police Cells:	Campbelltown, Dubbo, Moree, Newcastle, Port Macquarie, Parramatta, Penrith and Surry Hills.
Court Liaison:	Burwood, Campbelltown, Central Sydney, Gosford, Lismore, Liverpool, Parramatta, Penrith, Sutherland, Tamworth & Wyong. Pilot Correctional Centre Release Treatment Scheme
Juvenile Justice Centres	Blacktown, Redfern / Waterloo, Wellington Acmena, Cobham, Frank Baxter, Kariong, Keelong, Orana, Reiby, Riverina, Yasmar, Youth Drug Court.

Section 1: Policy Documents & Publications

The following policies and documents are produced by the Corrections Health Service and may be accessed for information. Some documents may incur a fee.

- ♦ Governance By-Laws
- ♦ Proceedings of committees and working parties
- ♦ Corrections Health Service Policy Manual
- ♦ Corrections Health Service Corporate Plan 2003 - 2008
- ♦ CHS/NSW Health Performance Agreement 2001/02 – 2002/03
- ♦ Annual Reports
- ♦ Annual Accounts
- ♦ Newsletters
- ♦ Corrections Health Service *Code of Conduct and Ethics*
- ♦ Professional and Ethical Guidelines for Corrections Health Service Staff
- ♦ Nursing Unit Management Manual

- ◆ *Standing Orders*
- ◆ *Critical Operations Standing Operations Procedure Manual*
- ◆ *Methadone Policy Manual*
- ◆ *CHS Sterilisation Manual, April 2001*
- ◆ *NSW Corrections Health Service Forensic Mental Health Services: Challenges and Opportunities*
- ◆ *Aboriginal Health Strategic Plan Care in Context January 2000*
- ◆ *Dementia Plan*
- ◆ *Outline Services Strategic Plan & Preliminary Asset Strategic Plan 2002*
- ◆ *IM&T Strategic Plan*
- ◆ *Drug Treatment in Correctional Centres - A New Start, 1999*
- ◆ *Inmate Health Survey, 1997*
- ◆ *Clinical Services Plan 2003*

Section 2: Statement Of Affairs

Information relevant to the Statement of Affairs is included in the 2001 - 2002 Annual Report.

Section 3: Contact Arrangements

Inquiries relating to the policy documents, Corrections Health Service Corporate Plan 2003 - 2008, the Corrections Health Service Annual Report and other documents listed can be made between the hours of 8.30am and 5.00pm. Interested parties should contact:

The Executive Office
 Corrections Health Service
 PO Box 150
 Matraville NSW 2036
 Phone: 9289 2977

Freedom of Information requests or requests under NSW Health Circular No. 99/68 should be directed to:

Freedom of Information Coordinator
 Joint Records Centre
 Private Mail Bag 144
 Silverwater NSW 1811
 Phone: 9289 5011

Appendix 2: Complaints Data

Subject of Complaints 2002/2003

Of the total number of complaints to date, the highest number was associated with medication. This is consistent with the number of inmates who are in custody with drug dependancies and who request or contest specific medication regimens. The second highest category is delay in treatment and includes delays in seeing a medical or dental officer. The next ranking category is the coordination of treatment and usually refers to complaints resulting from uncertainty about who is managing the patient, and poor communication between providers.

Subject of Complaints

Issue	Number
Administrative services	13
Attitude	10
Certificate / Reports	12
Competence	1
Coordination of treatment	41
Delay in admission or treatment	59
Diagnosis	1
Discharge or transfer arrangements	20
Discrimination	1
Failure to consult consumer	1
Hotel services	17
Inadequate information	1
Inadequate treatment	25
Inadequate / no response to complaint	7
Inconsiderate service	1
Interpreter / special needs services	2
Lost property	2
Medication	98
Negligent treatment	1
Other	5
Policy and planning	3
Privacy / confidentiality	5
Referral	14
Refusal to admit or treat	25
Resources / service availability	18
Rough or painful treatment	1
Transport	12
Waiting lists	12
Wrong / inappropriate treatment	18
Wrong / misleading information	2
Total	429

Source of Complaints 2002/2003

Of the 429 complaints, 124 were referred to CHS by representatives of the NSW Ombudsman. Seventy seven complaints were received directly from inmates and fifty seven were referred from various sections of the Department of Corrective Services. The Health Care Complaints Commission referred fifty three complaints to CHS for formal response.

Source of Complaints

Source	Number
CHS Staff	7
Commonwealth Government Department	2
Department of Corrective Services	57
Direct from complainant	5
Health Care Complaints Commission	53
Inmate	77
Legal	16
Member of Parliament	2
Multiple	2
NSW Department of Health	10
NSW Minister for Health	5
NSW Ombudsman	124
Official Visitor	15
Other	4
Relative	46
Total	429

Appendix 3: Freedom of Information

Agencies requesting Reports from Corrections Health Service

Requesting Agencies	2000 - 2001		2001 - 2002		2002 - 2003	
	Number	%	Number	%	Number	%
Courts - Psychiatric	348	69	374	76	494	58
Courts – Medical	13	3	10	2	18	2
Parole Board, SORC,	83	17	66	14	317	37
ORB, MHRT, DPP - Psychiatric						
Parole Board, SORC, ORB, SOMC - Medical	7	1	20	4	6	1
Solicitor - Psychiatric	7	1	4	1	0	0
Solicitor – Medical	47	9	14	3	24	3
Total	505	100	488	100	859	100

Appendix 4 Death in Custody

Total Number of Deaths of Inmates in NSW Correctional Centres 1995/96 - 2002/03 (Including deaths of Aboriginal Inmates)

Cause of Death	1995/96		1996/97		1997/98		1998/99		1999/00		2000/01		2001/02		2002/03	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Natural causes	4	22	13	45	7	26	5	19	4	19	5	32	7	44	8	57
Suicide	4	22	10	35	11	41	11	42	11	52	9	56	5	31	6	29
Overdose	6	33	5	17	4	15	4	16	3	14	1	6	1	6	0	0
Murder	4	22	1	3	5	19	6	23	3	14	1	6	3	19	1	0
Accidental	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	14
Total	18	100	29	100	27	100	26	100	21	100	16	100	16	100	16	100
Inmate Population	6267		6411		6475		7242		7330		7752		8235		8173	
Rate/1000 (Annualised)	2.87		4.52		4.17		3.59		2.86		2.06		1.94		1.96	

NB: There were 2 (two) additional deaths by suicide to this total (Home Detention)

Deaths of Aboriginal Inmates in NSW Correctional Centres 1995/96 - 2002/03

Cause of Death	1995/96	1996/97	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03
	No.	No.	No.	No.	No.	No.	No.	No.
Natural Causes	2	0	0	1	2	2	0	1
Suicide	0	2	1	1	1	3	1	1
Overdose	0	1	0	1	1	0	0	0
Murder	2	0	1	0	1	0	0	0
Accidental	0	0	0	0	0	0	0	0
Total	4	3	2	3	5	5	1	2*
Indigenous Population (16 Feb 03)	869	912	986	1182	1166	1244	1390	1480
Rate/1000 (Annualised)	4.60	3.29	2.03	2.54	4.29	4.02	0.72	1.35

* There is 1 (one) additional suicide to this total (Home Detention)

Appendix 5 SES Officers

SES Officers Report

Position	SES Level	Period in Position.
Chief Executive Officer	4	Appointed November 2000
Director, Clinical and Nursing Services	2	Appointed June 2003
Director, Corporate Services	2	Appointed June 2003
Director, Juvenile Health	1	Appointed June 2003

Appendix 6: CHS Services and Facilities

Correctional Centres

Facility	Contact Details	Capacity	Security Level & Description	Nursing Manager	Reception Assessment	Patient Services
Bathurst	PO Box 166 (Cnr Browning St & Brookmore Ave) Bathurst NSW 2795 Tel: (02) 6338 3268 Fax: (02) 9332 1505	445	Medium and Minimum	Ms Margaret Boschman	Yes	Mental Health Drug & Alcohol Public Health Psychiatry Oral Health General Practice Optometry Aboriginal Health
Berrima	Argyle Street Berrima NSW 2577 Tel: (02) 4860 2507 Fax: (02) 4860 2513	60	Female Industry.	Mr Robert Keatch	No	Public Health Oral Health General Practice Optometry
Broken Hill	109 Gossan Street Broken Hill NSW 2880 Tel: (08) 8087 3025 Fax: (08) 8087 9893	50	Minimum and Medium. Females, Periodic Detention, Cultural Link Program.	Ms Kathy Prime	No	Drug & Alcohol Primary Health Public Health Oral Health General Practice Optometry
Brewarrina	Yetta Dhinnakkal Centre PO Box 192 (Coolibah Road) Brewarrina NSW 2839 Tel: (02) 6874 4717 Fax: (02) 6874 4721	70	Minimum Training, skills based work centre	Ms Sally Pearce	No	Registered Nurses <i>Far West Health Service Provides:</i> Mental Health Sexual Health Physiotherapy Accident & Emergency
Cooma	Locked Mail Bag 7 (1 Vale Street) Cooma NSW 2630	140	Minimum Special Protection, Witness Protection	Ms Lorna Karja	No	Registered Nurses Public Health Psychiatry Oral health General Practice Optometry
Cessnock	PO Box 32 (Off Lindsay Street) Cessnock NSW 2325 Tel: (02) 4993 2220 Fax: (02) 4991 1872	474	Maximum and minimum	Mr Peter Kemp	Yes	Registered Nurses Mental Health Drug & Alcohol Primary Health Oral Health General Practice Optometry
Emu Plains	Old Bathurst Rd Emu Plains, NSW, 2750 Tel: (02) 4735 0200 Fax: (02) 4735 6257	210	Minimum Female, farm & camp	Ms Julianne French	No	Registered Nurses Women's Health Public Health Psychiatry Oral Health General Practice Optometry Liver Clinic
Glen Innes	Gwydir Highway Glen Innes NSW 2370 Tel: (02) 6733 5766 Fax: (02) 6733 5702	120	Minimum Forestation Camp & Farm Area	Ms Margaret Jones	No	Registered Nurses Mental Health Primary Health Public Health General Practice
Goulburn	PO Box 264 Maud Street Goulburn NSW 2580 Tel: (02) 4827 2292 Fax: (02) 4827 2407	568	Maximum and Minimum Regional Reception Centre	Mr Chris Browne	Yes	Registered Nurses Mental Health Drug & Alcohol Primary Health Public Health Psychiatry Oral Health General Practice Optometry Aboriginal Health

Facility	Contact Details	Capacity	Security Level & Description	Nursing Manager	Reception Assessment	Patient Services
Grafton	170 Hoof Street Grafton NSW 2460 Tel: (02) 6642 2133 Fax: (02) 6642 3122	268	Medium and Minimum Reception / Remand, Industrial	Ms Helen Packwood	Yes	Registered Nurses Mental Health Drug & Alcohol Primary health Public Health Nurse Practitioner Psychiatry Oral Health General Practice Optometry
Ivanhoe	Rail Town Ivanhoe NSW 2878 Tel: (02) 6995 1133 Fax: (02) 6995 1304	70	Minimum Work Camp.	Ms Katrina Stanmore	No	Registered Nurses Oral Health General Practice Optometry Physiotherapy
John Morony I	Locked Mail Bag 654 (The Northern Road) South Windsor, NSW 2756 Tel: (02) 4582 2200	250	Medium Service / Industries	Ms Jammuna Bond	No	Registered Nurses Psychiatry Oral Health General Practice Optometry
John Morony II	Locked Mail Bag 654 (The Northern Road) South Windsor, NSW 2756 Tel: (02) 4582 2316 Fax: (02) 4582 2351	300	Minimum Industries	Ms Jammuna Bond	No	Podiatry
Kirconnell	PO Box 266 Bathurst NSW 2795 Tel: (02) 6337 5219 Fax: (02) 6337 5148	210	Minimum Industries / Forestry	Ms Elizabeth Magee	No	Registered Nurse Nurse Practitioner Public Health Psychiatry Oral Health General Practice Optometry
Lithgow	PO Box 666 (Gt Western Hwy) Lithgow NSW 2790 (Marrangoo via Lithgow) Tel: (02) 6350 2209 Fax: (02) 6353 1162	337	Maximum Industries	Ms Debbie Little	No	Registered Nurses Drug and Alcohol Public Health Psychiatrist Oral Health General Practice Optometrist
Long Bay Hospital A Ward	Long Bay Correctional Centre, Anzac Parade PO Box 150 Malabar NSW 2036	30	Maximum Remand & Sentenced but not guilty due to mental illness	Ms Julia Shaw	No	Registered Nurses Mental Health Psychiatry Oral Health General Practice Optometry Physiotherapy Art Therapy Occupational Therapy
Long Bay Hospital B Ward	Long Bay Correctional Centre, Anzac Parade PO Box 150 Malabar NSW 2036	30	Maximum Medical and post surgical ward.	Ms Fiona Finegan	No	Registered Nurses Physiotherapy General Practice General Surgery Psychiatry Public Health Oral Health Optometry Day Surgery Post operative care
Long Bay Hospital C Ward	Long Bay Correctional Centre, Anzac Parade PO Box 150 Malabar NSW 2036	30 beds	Maximum Sub acute psychiatric rehabilitation	Mr David Croft	No	Registered Nurses Mental Health Psychiatry Oral Health General Practice Optometry Physiotherapy
Long Bay Hospital D Ward	Long Bay Correctional Centre, Anzac Parade PO Box 150 Malabar NSW 2036	30 beds	Maximum Acute psychiatric care	Ms Olive Plunkett	No	Registered Nurse Mental Health Drug & Alcohol Primary Health Psychiatry Oral Health General Practice Optometry Physiotherapy
Metropolitan Medical Transit Centre	Tel: (02) 9289 2406 Fax: (02) 9311 3908	322	Maximum Medical Transit Centre	Ms Terri Sheehan		Registered Nurse Mental Health Public Health Psychiatry Oral Health General Practice Optometry Podiatry
Malabar Special Programs Center		830	Minimum and maximum	Ms Marian Grey	No	Registered Nurse Mental Health Public Health Psychiatric General Practice Aboriginal Health Optometry

Facility	Contact Details	Capacity	Security Level & Description	Nursing Manager	Reception Assessment	Patient Services
Mannus	Linden Roth Drive Mannus Via Tumbarumba NSW 2653 Tel: (02) 6941 033 Fax: (02) 6948 5229	164	Minimum	Ms Marianne Leathern	No	Registered Nurse Primary Health Public Health General Practice
Metropolitan Reception and Remand Centre	Private Mail Bag 144 Silverwater, NSW 1811 Tel: (02) 9289 5879 Fax: (02) 9289 5988	883	Maximum	Mr Gary Forest	Yes	Registered Nurses Mental Health Detox Primary Health Public Health Psychiatry Oral Health General Practice Optometry
Mulawa	Locked Mail Bag 130 Aust Post Business Centre Silverwater, NSW 1811	300	Female – All Classifications. Work and Industry.	Ms Maxine McCarthy	Yes	Registered Nurses Mental Health Womens Health Public Health Psychiatric Oral Health Optometry Physiotherapy
Oberon	Locked Mail Bag 2 (Via Shooters Hill RD) Oberon NSW 2787 Tel: (02) 6335 5248 Fax: (02) 6335 5281	100	Minimum Forestation Camp Young Offenders	Ms Marni Abigail	No	Registered Nurses Public Health Oral Health General Practice Optometry
Parklea	P O Box 1648 (500 Sunnyholt Rd) Blacktown, NSW 2148 Tel: (02) 9289 5241 Fax: (02) 9626 5712	469	Minimum and Maximum	Mr Wayne Hunt	No	Registered Nurses Mental Health D&A Primary Health Public Health Psychiatry Oral Health General Practice Optometry

Juvenile Justice Centres

Facility	Contact Details	Capacity	Security Level & Description	Nursing Manager	Reception Assessment	Patient Services
Acmena	Lot 57, Swallow Rd South Grafton, NSW 2460	30	Long Term Control. Mainly Aboriginal detainees	Ms Shirley Bebb	Yes	Registered Nurse Psychiatry Oral Health General Practice Optometry
Frank Baxter	Pacific Highway Kariong NSW 2250	120	Long Term Control	Mr Graham Baty	Yes	Registered Nurse Psychiatry Oral Health General Practitioner Optometry
Cobham	Cnr Great Western Highway & Water Street, St Marys NSW 2760	75	Remandees on short term orders.	Ms Helen Androitis	Yes	Registered Nurse Psychiatry Oral Health General Practice Optometry
Kariong	Pacific Highway Kariong NSW 2250	30	Maximum Serious or violent offenders	Mr Lee Robinson	Yes	Registered Nurse Psychiatry Oral Health General Practice Optometry
Keelong	Staff Road, Unanderra NSW 2250	23	Short Term Control	Ms Maria Guilfoyle	Yes	Registered Nurse Psychiatry Oral Health General Practitioner Optometry
Orana	Westview Street (P.O.Box 1047) Dubbo NSW 2830	30	Remand or Control orders	Ms Marce Wilkinson	Yes	Registered Nurses Psychiatry Oral Health General Practice Optometry
Reiby	20 Briar Road Airds NSW 2560	50	Control Orders Young Males	Ms Natalie Lyall	Yes	Registered Nurses Psychiatry Oral Health General Practice Optometry
Riverina	Cnr Fernleigh & Glenfield Roads Wagga Wagga NSW 2650	25	Long and Short term control orders	Ms Prue Cobb	Yes	Registered Nurses Psychiatry Oral Health General Practice Optometry
Yasmar	185 Parramatta Road Haberfield NSW 2045	36	Minimum to Maximum. Females.	Ms Judy Heron	Yes	Registered Nurse Psychiatry Oral Health General Practice Optometry

Police Cell Complexes

Facility	Contact Details	Capacity	Security Level & Description	Nursing Manager	Reception Assessment	Patient Services
Dubbo Police Cells	Brisbane Street DUBBO NSW 2830 Tel: (02) 6884 7702 Fax: (02) 6884 7703	12	Maximum	Pegge Deverell	Yes	Registered Nurse
Moree Police Cells	60 - 62 Frome Street MOREE NSW 2400 Tel: (02) 6751 1532 Fax: (02) 6751 1471	20	Maximum	Kerry Cassells	Yes	Registered Nurse
Newcastle Police Cells	Watt Street NEWCASTLE NSW 2300 Tel: (02) 4925 2250 Fax: (02) 4925 2749		Maximum	Ted Rak	Yes	Registered Nurse
Campbelltown Police Cells	C/- Campbelltown Police Station. 65 Queen Street Campbelltown, NSW 2560.		Maximum	Hanna Thomas	Yes	Registered Nurse
Penrith Police Cells	C/- Penrith Police Station 317 High Street PENRITH NSW 2750		Maximum	Catherine Bebbber	Yes	Registered Nurse
Parramatta Police Cells	Cnr George & Marsden Streets PARRAMATTA NSW 2150 Tel: (02) 9687 2425 Fax: (02) 9687 2481	11	Maximum	Bob Cruickshank	Yes	Registered Nurse
Port Macquarie Police Cells	2 Hay Street PORT MACQUARIE NSW 2444 Tel: (02) 6583 2145 Fax: (02) 6583 2493	7	Maximum	Catherine Castleton	Yes	Registered Nurse
Sydney Police Cells	Goulburn Street DARLINGHURST NSW 2010 Tel: (02) 9256 4040 Fax: (02) 9281 0622+	56	Maximum	Narelle Alison	Yes	Registered Nurse

Court Liaison Centres

Facility	Contact Details	Clinical Nurse Consultant	Patient Services
Burwood Court	Burleigh Street Burwood, NSW 2134 Ph / Fax 9744 3743	Cherie Vella	Mental Health Assessment
Campbelltown Court	Railway Terrace Campbelltown NSW 2560 Ph: 4629 9775	Shane Schultz	Mental Health Assessment
Gosford Local Court	Cnr Donnison Street & Henry Perry Drive Gosford, NSW 2250 Ph: 4325 6927	Lynette Kreft	Mental Health Assessment
Lismore Court	9-11 Zadlock Street Lismore NSW 2480 Ph / Fax:	Bill Law	Mental Health Assessment
Liverpool Court	150 George Street Liverpool, NSW 2170 Ph: 9600 9316	John Aspill	Mental Health Assessment
Parramatta Local Court	PO Box 92 Parramatta NSW 2150	John Prior	Mental Health Assessment
Penrith Court	64-72 Henry Street Penrith, NSW 2750 Ph: 4720 1574	Pamela Allen	Mental Health Assessment
Sutherland Court	Cnr Flora & Belmont Streets Sutherland NSW 2232. Ph: 9545 5439	Jodie Massey	Mental Health Assessment
Sydney Central Court	Central Local Court 98 Liverpool Street A909 Sydney South NSW 2000. Ph: 9289 0131	Carolyn Dixon	Mental Health Assessment
Tamworth Local Court	Cnr Marius & Fitzroy Streets, Tamworth, NSW 2340 Ph: 6764 5747	Lesley Douglass	Mental Health Assessment
Wyong Local Court	Cnr Hely & Anzac Streets, Wyong, NSW 2259 Ph: 4353 5486	Lynette Kreft	Mental Health Assessment

INDEX

A

Aboriginal Health 25-26
Allied Health Services 18

B

Board Committees 11
Board Members 9-10
Buprenorphine 16

C

Capital Works 8, 31, 33
Certification of Accounts 37
Community Profile 5-6
Complaints 65-66
Corporate Governance 9-12
Corporate Plan 7, 9, 27
Correctional Centre Post Release Treatment Scheme 17, 19
Court Liaison Service 15

D

Deaths in Correctional Centres 67
Drug and Alcohol Services 16-17

E

Education and Training 14, 18, 30
Employee Services 27-28
Equal Employment Opportunity 28-29
Evaluation and Quality Improvement Program 7, 33

F

Facilities 4, 68
Freedom of Information, 63, 66
Forensic Hospital 8, 31, 33

G

Graduate Certificate in Corrections Health Nursing 14, 30

H

Hepatitis 5, 21, 22, 26

I

Infection Control 21-22
Information Management & Technology 31
Injury 30
Inmate Health Survey 23, 24

J

Joint Records Centre 19
Juvenile Justice Health 5-6, 7, 20

L

Leadership and Management Forums 30
Learning and Development 30

M

Medical Records 19, 66
Mental Health Outcomes and Assessment Training 15
Mental Health Services 15-16
Methadone Maintenance Program 16-17,
Mission Statement 1

N

Naltrexone 16-17
Notifiable Diseases 22
Nurse Practitioners 14

O

Occasions of Service 13
Occupational Health, Safety and Rehabilitation 29-30
Oral Health Services 19
Organisational Structure 12
Outpatient Services 13

P

Patient Information System 31
Pharmacotherapies 16-17
Pharmacy Services 18

Physiotherapy Services 18
Police and Court Cell Complexes 71
Population Health 21-26
Primary Health 16
Prison Hospital 17, 19
Program Statement – Expenses and Revenues 40
Public Health 21

Q

Quality Council 11

R

Records Management 19
Research & Development 23-25
Risk Management 7, 9, 27

S

SES Officers Report 67
Staff Injuries 30
State Records Act 63, 66
Statement of Cash Flows 40
Statement of Financial Performance 38
Statement of Financial Position 39
Summary of Affairs 63

T

Targeted Screening Program 22
Telehealth 15
Tobacco Cessation 23

V

Vaccination 21
Vascular Health 25-26

W

Women's Health 17
Workers' Compensation 29-30