

Corrections Health Service
Annual Report
1999–2000

28 November 2000



The Hon. Craig Knowles
Minister for Health
Governor Macquarie Tower
1 Farrer Place
SYDNEY NSW 2000

Dear Minister

It is my pleasure to present the Annual Report of Corrections Health Service for the year ended 30 June 2000, for tabling in the Parliament of NSW.

This year has been one of consolidation for the Service, of integrating new programs into our service delivery and implementing strategic goals from plans devised over the previous two years.

The report outlines the progress of Corrections Health Service in achieving the four goals and six attributes of the *NSW Health Strategic Statement and Plan 1998 – 2003*.

I am proud of the commitment of staff at all levels of the organisation to the continuous improvement of the health care delivered to our patients in NSW Correctional Centres.

Yours sincerely



Professor Ronald Penny AO
Chairman

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Vision:

Better Health –
Good Health
Care for people
in NSW
correctional
centres.

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Mission:

To improve the health of people in the New South Wales correctional system to an optimal level and to maintain that status by provision of care that is the same standard and quality as that available to the wider community.

Introduction

This Report describes the activities and achievements of Corrections Health Service (CHS) during 1999-2000. It is structured around the four key goals and six attributes identified in the *NSW Strategic Directions for Health 1998-2003* and adopted by CHS in its *Strategic Directions Statement and Plan 1999-2002*. They form the philosophical and practical basis of our health service to inmates.

The Corrections Health Service (CHS) cares for inmates in New South Wales' 29 correctional centres, ten periodic detention centres and six police cell complexes. We are participants in the Drug Court Program based at the Parramatta local court and our Court Liaison Service provides mental health assessment at Parramatta and Sydney local courts.

As a statutory health corporation under the *NSW Health Services Act 1997*, CHS is responsible for a complex range of clinically and culturally appropriate health care programs for people in custody. Health care in a correctional environment demands a dynamic service, constantly evolving to meet the needs of a transient population with significant health problems. CHS has a close working relationship with the Department of Corrective Services, a partnership that helps CHS staff provide appropriate health services within the demands of a secure environment.

We offer five major clinical programs – *Drug and Alcohol, Mental Health, Population Health, Primary Health and Clinical Services*. There are complex issues to be confronted in health care delivery in the correctional context, including:

- Inmates generally have poor health status and their health needs far exceed those of the wider community.
- A high turnover of patients and frequent relocation of inmates within the system.
- Correctional centres are spread throughout NSW, with many clinics in rural and remote areas.
- A high incidence of mental illness and a large number of drug and alcohol dependent inmates, the latter requiring management of detoxification.
- The need for harm minimisation measures and strategies to prevent the spread of communicable diseases such as HIV, hepatitis A, B, and C and tuberculosis, both within the correctional system and back to the community.
- Strategies to prevent self harm and suicide and aid effective management of incidents and attempts.
- Women's health issues and those arising from an increasing number of inmates over the age of 45 years.
- Special consideration of the health needs of inmates of non English speaking background and Aborigines and Torres Strait Islanders. The latter group is over-represented in the correctional system, comprising around 15% of full time inmates.
- Primary health services that provide appropriately for a range of needs, both for inmates whose stay is short and for those with very long sentences.

CHS has four inpatient facilities:

- The 120-bed teaching facility at Long Bay Correctional Complex cares for forensic, sub-acute and acute mental health patients as well as medical patients, predominantly male.
- A six-bed unit at Silverwater – the Mulawa Annexe – provides clinical supervision, including detoxification, for female patients.
- A seventeen-bed Detoxification and Drug Court Assessment Unit at the Metropolitan Remand and Reception Centre (MRRC)
- A four-bed unit at Mulawa Correctional Centre to accommodate female patients in the Drug Court Program.

Residential extended care and specialist outpatient services are provided at the Metropolitan Medical Transit Centre (MMTC).

During 1999-2000 CHS admitted 1,200 inpatients at the Long Bay Hospital and the Mulawa Annexe, with an average occupancy rate at Long Bay Hospital of 91%. We provided more than 1.914 million non-admitted patient occasions of service.

The following table is a snapshot of CHS resources and how they were used.

	1997-1998	1998-1999	1999-2000
Gross Expenditure	27,168,000	30,004,000	33,779,000
Staff Type (Average FTE)			
Nursing	265	273	300
Medical	9	11	15
Allied Health	11	12	14
Medical Records	16	14	18
Operations	18	21	25
Commercial Services	23	24	24
Total Staff	342	355	396
Inpatients			
Long Bay Hospital bed capacity	120	119	119
Mulawa Annexe bed capacity	6	6	6
Admissions (male)	897	742	746
Admissions (female)	252	342	454
Long Bay Hospital Occupancy	93%	94%	91%
Average Length of Stay – male psychiatric (days)	64	66	88
Average Length of Stay – male medical (days)	20	17	20
Average Length of Stay – female (days)	3	3	2
Non-Admitted patients*			
Dental		8,477	8,750
Diagnostic Imaging		1,287	1,195
Medical Officers / Nursing		1,386,389	1,596,816
Methadone Administration		292,312	306,452
Physiotherapy		887	1,210
Total Non-Admitted Patient Occasions of Service	1,707,637	1,689,352	1,914,423

Note:

*Statistics for individual services to non-admitted patients are not available for 1997-1998

Highlights of the Year

This has been primarily a year of consolidation, of integrating new programs into our health care system and implementing strategic plans devised over the last two years. Corrections Health Service, however, continues to develop as it works towards the goals determined by NSW Health in the *Strategic Directions for Health 1998-2003*.

- **There has been a major focus on quality in the management and provision of health care:**
 - Preparations continued for the Australian Council on Healthcare Standards accreditation survey to be conducted in May 2001;
 - CHS clinics and departments implemented quality projects;
 - Surveys were conducted with staff and patients to determine satisfaction levels.
- **The Performance Agreement between CHS and NSW Health was renewed for the two years to 2001.** Despite having set ambitious targets for 1999-2000, CHS performed well in all management accountability areas. Staff were invited to attend the review of achievements for the 1998-1999 year. The Director-General, NSW Health, Mr Michael Reid, praised CHS for its progress in meeting its targets. Staff were delighted to hear him say that their performance had made CHS one of the State's outstanding health services.
- **CHS operated within budget for the fifth consecutive year and achieved a net cost of service surplus of \$18,000.** This was pleasing in a climate where services were enhanced and new programs introduced.
- **The Code of Conduct was officially launched by the Director-General, NSW Health, in August 1999.** It is based on principles of integrity, impartiality, responsiveness to the public interest, accountability and honesty. The code sets minimum standards for professional behaviour and best practice and is provided to every staff member as an important part of our strategy against corruption.
- **The Annual General Meeting was held in November 1999.** The focus of the meeting was the *Statement of Apology and Renewal* to Aboriginal and Torres Strait Islander people. Elders of a local Aboriginal Tribe were invited to acknowledge the Statement, which was read by Professor Ronald Penny, Chairman of the CHS Board. We consider this a vital building block in our relationship with indigenous inmates and communities and trust that it will inspire our staff to adopt the spirit of *Sorry* towards Aboriginal people and all others who have suffered injustice. CEO, Clinical Associate Professor, Debora Picone, said in her address that CHS will implement the Aboriginal Health Strategic Plan, *Care in Context*, and will provide dedicated Aboriginal Health Services in correctional centres according to local need.
- **The CHS Strategic Directions Statement and Plan has been circulated throughout the organisation.** Progress in the implementation of this corporate plan is monitored and regular reports are made to the Board.
- **The Nurse Practitioner Project has continued to develop.** Seven rural and remote sites have been approved for pilot projects and planning for the NSW Health approval for nurse practitioner positions at Ivanhoe and Brewarrina is well advanced.
- **Members of the Parliamentary Standing Committee on Prisons visited Emu Plains and Mulawa Correctional Centres and the Women's Transitional Centre at Parramatta.** The Committee is inquiring into the rapid increase in the number of inmates in correctional centres. Members spoke to CHS and Department of Corrective Services staff as well as to inmates. The Committee was given a comprehensive overview of women's health issues in the correctional environment.

- **Implementation of the Information Management and Technology Strategic Plan, 1999 commenced.** The Strategy will guide a \$3.65 million investment in new information management systems over a four-year period. There are five major projects – information technology governance, infrastructure upgrade, training, patient information and finance and operations enhancement. Financial systems were upgraded to cater for GST, FBT and other tax reform measures.
- **CHS is implementing initiatives from the 1999 NSW Drug Summit.**
 - CHS will receive \$8.5 million over four years to enhance drug treatment in the areas of acute detoxification, pharmacotherapies and Court and Police Cell Complexes. Funds were also granted for an independent review of drug treatment services in the correctional environment.
 - There are plans to build therapeutic units for drug and alcohol detoxification in the major reception centres at Grafton, Bathurst and Parklea where the demand for detoxification services is high. Both Pharmacotherapy treatment and the Methadone Maintenance Program are being enhanced. A Naltrexone trial is being developed and the possible use of Buprenorphine is being investigated. Recommendations from the Drug Summit led to the funding of new health services in four Court and Police Cell Complexes.
- **CHS has taken the lead in a benchmarking study.** This is one of the quality projects leading to accreditation and will enable CHS to compare its performance with other health services over a defined range of services.
- **There were no problems associated with Y2K.** This was attributed to the preparations made to ensure that all computers and systems were Y2K compliant. A detailed set of Critical Operations Standing Operating Procedures (COSOPS) was developed to assist staff to manage emergency or critical situations, if they occurred.
- **Seven new CHS clinics opened during the year.** Three are associated with new correctional centres at South Windsor (John Morony II), Ivanhoe and Brewarrina. The others are serving people detained in Court and Police Cell Complexes at Dubbo, Parramatta, Port Macquarie and Newcastle.
- **CHS and the Department of Corrective Services signed a Memorandum of Understanding (MOU) relating to investigation of staff.** The MOU aims to ensure that investigations are conducted in an environment of understanding and cooperation between the two services.

Chairman's Report

Corrections Health Service can be proud of its achievements this year. Together with the Executive, the staff have built on their accomplishments so that CHS continues to improve its status among NSW health services. Along with the other Board members, I am proud of the staff's commitment to continuous improvement in the quality of the health care delivered to our patients in NSW correctional centres. I am also delighted to report that, for the fifth consecutive year, CHS operated within its allocated budget.

Progress has been made towards accreditation by the Australian Council on Healthcare Standards and I am confident that these efforts will be rewarded in the Survey to be conducted in the coming year.

There have been many service enhancements and new programs during 1999-2000, some of which have flowed from the Drug Summit of July 1998. The Drug Court Program continued, detoxification services improved, the Methadone Maintenance Program is being enhanced and new pharmacological detoxification treatments are being tested. The Court Liaison Service is providing early intervention mental health services at the Sydney and Parramatta local courts. This service aims to divert mentally ill offenders to appropriate treatment programs and to prevent inappropriate incarceration.

CHS continued its active research program, with projects including a trial of Interferon treatment for Hepatitis C, a randomised trial of pharmacotherapies for treatment of patients with opioid addiction and participation in a multi-centre forensic psychiatric rehabilitation study.

CHS works closely with the Department of Corrective Services and this important relationship was strengthened this year with the signing of a *Memorandum of Understanding* on the investigation of CHS staff and discussions towards MOUs on the operation and funding of the Joint Records Centre and management of inmates in police and court cell custody.

The Board is committed to ensuring that CHS delivers health services with impartiality and integrity. This year saw the launch of a *Code of Conduct* designed to guide staff on ethical behaviour in their daily work. The Board has developed a similar Code for its own members, based on the principles of selflessness, integrity, objectivity, accountability, openness, honesty, leadership and courage.

For the first time, CHS conducted an Education Day for Board members, providing an opportunity to examine issues related to our broad legal and ethical responsibilities as well as matters specific to Corrections Health Service. The day was a great success and I would like to see it become an annual event.

This has been a busy and successful year. I am grateful for the time, energy and wisdom that my fellow Board members bring to the task. Their advice and guidance are much appreciated.

Our Chief Executive Officer, Clinical Associate Professor Debora Picone, has been seconded by NSW Health since November 1999, first as Acting CEO, New England Area Health Service, then to the NSW Health Council, now as Acting Deputy-Director General, Policy. Professor Picone has provided outstanding leadership for Corrections Health Service. Her energy, drive and commitment have inspired a new striving for excellence among the staff. I am delighted to see that her outstanding qualities are appreciated by NSW Health and that she is able to make a contribution to the development of health services on a wider scale.

We have been fortunate in having an Acting Chief Executive Officer of the high calibre of Dr Richard Matthews. He has shown excellent leadership in the position and continues to guide the Service to further improvements.

I would like to express my thanks to the Minister for Health, the Hon. Craig Knowles, who has continued to support the development of health services to people in custody. His visit to the Long Bay Hospital Complex was one of the highlights of the year. I know that the staff who met him appreciated his genuine interest in them and their work.

I would like to thank the staff for their tireless efforts in circumstances that can be quite difficult. I am sure that, with their continued support and commitment, Corrections Health Service will continue to be a dynamic and innovative health service.



Professor Ronald Penny AO

Chief Executive Officer's Report

This has been an exciting and challenging year for me, firstly in my regular post as Director of Clinical Services, Director of Drug and Alcohol and Director of Primary Health and for the last half of the year in my current role as Acting Chief Executive Officer.

The 1999-2000 year has seen a strong focus on the Evaluation of Quality Improvement Program (EQulP) as we continue our preparation for accreditation by the Australian Council on Healthcare Standards. This has included a major review program that is already bearing fruit in improvements in health care delivery to patients as well as in support services.

The Performance Agreement between Corrections Health Service (CHS) and NSW Health for 2000-2001 has been renewed. I am very proud of the high quality health care we deliver and the continuous improvements that our staff are making. Their efforts were rewarded when the Director-General of Health, Mr M. Reid, reviewed our recent achievements and commended them, describing CHS as one of the State's outstanding Health Services. I would like to add my congratulations and thank all staff for their efforts this year.

Clinics were opened in new correctional centres at Ivanhoe, Brewarrina and John Morony II and CHS extended its health service to people in custody in Court and Police Cell Complexes by opening new services at Port Macquarie, Newcastle, Dubbo and Parramatta.

As a result of the Drug Summit (May 1999) the State Government made special funds available to enable CHS to improve services for inmates suffering from illness associated with drug dependence. We are testing new drug therapies and additional detoxification facilities will be provided at Grafton, Bathurst and Parklea Correctional Centres. These measures are helping to ensure better health outcomes for a large group of CHS patients.

Our excellent working relationship with the Department of Corrective Services is fundamental to our ability to provide good health care to inmates. I am particularly grateful to Dr Leo Keliher, Commissioner of Corrective Services, Mr Ron Woodham, Senior Assistant Commissioner, Operations and Ms Catriona McComish, Assistant Commissioner, Inmate Management, who continue to work in close partnership with CHS to ensure that we can provide the best possible health care in the correctional environment.

I would also like to express my gratitude to the Department of Corrective Services Regional Commanders, Governors and officers who have fostered the cooperative working relationship with those CHS staff who deliver health care directly to patients.

CHS is fortunate to have the support of a Board whose members bring a high level of expertise and enthusiasm to the task. The Chairman, Professor Ronald Penny, is at the forefront of some of the key health issues pertinent to the correctional environment. His strong advocacy for CHS is appreciated by the Executive and staff and I am personally grateful for his leadership and for the advice and support he has given me during the year.

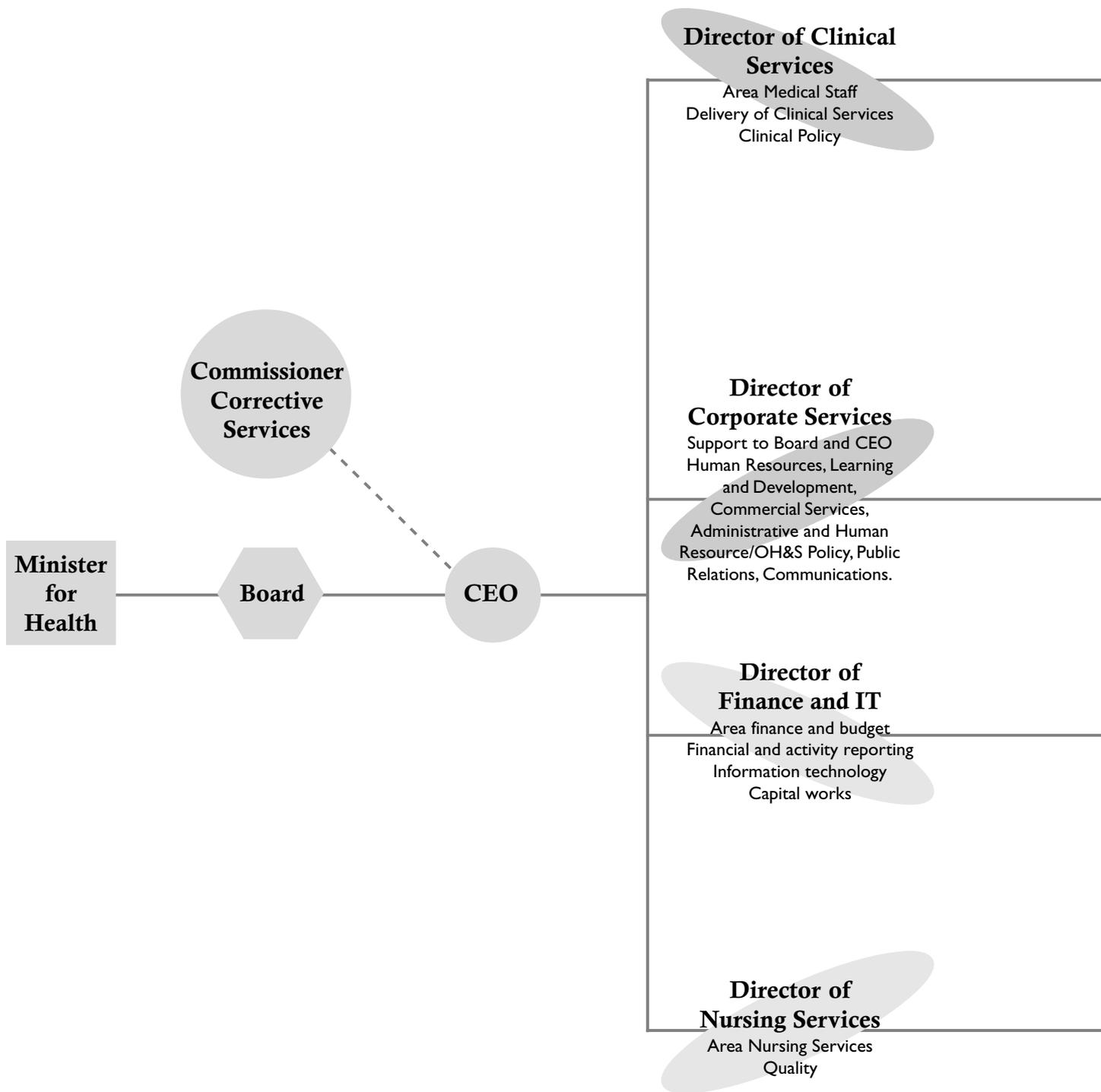
In closing I would like to thank the CHS staff whose diligence and professionalism earn my constant respect. It is a pleasure to lead a group of people who work so hard, in what can be a difficult climate, to bring the best possible health services to their patients.

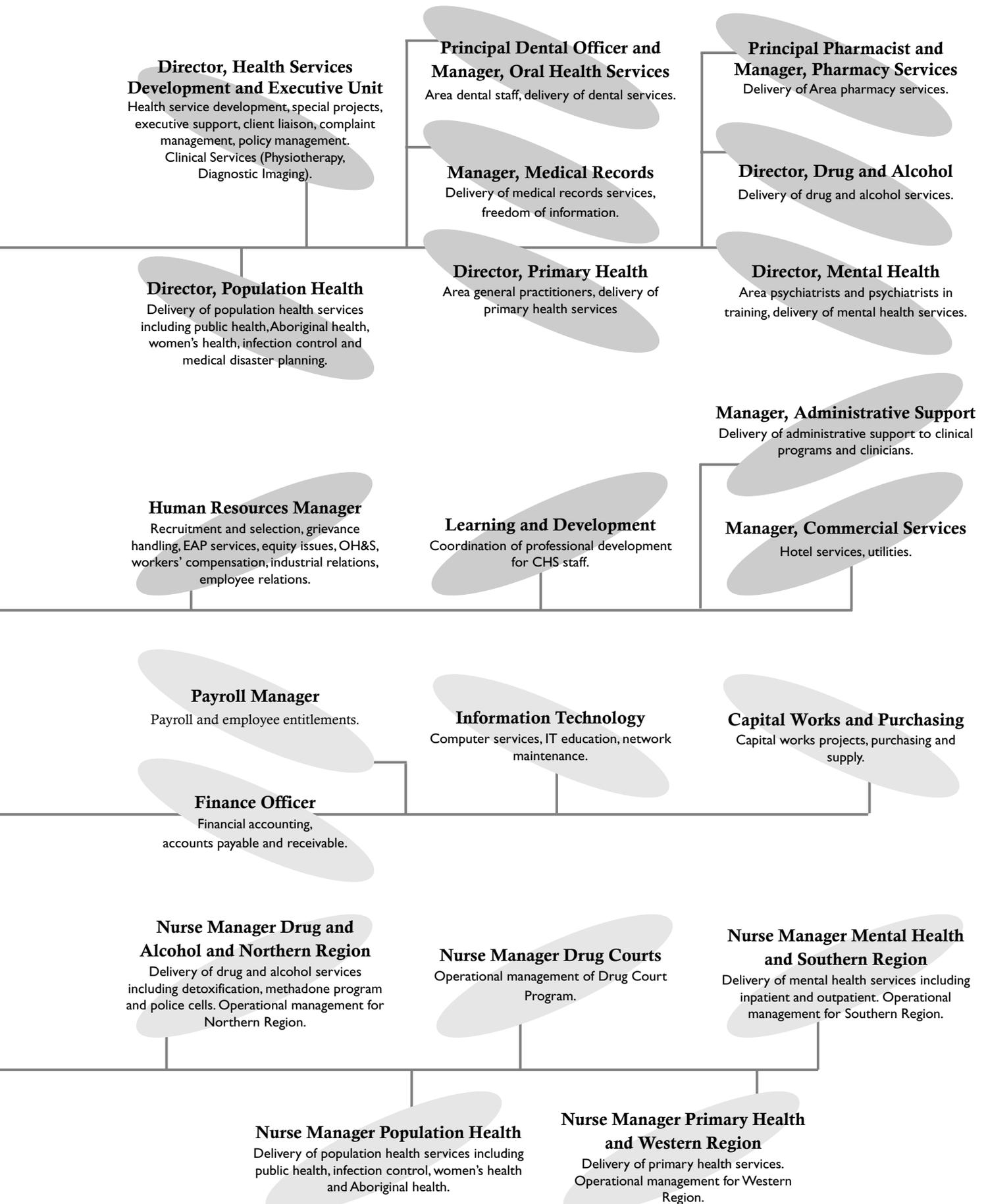


Dr Richard Matthews
Acting Chief Executive Officer

Organisation Chart

As at 30 June 2000





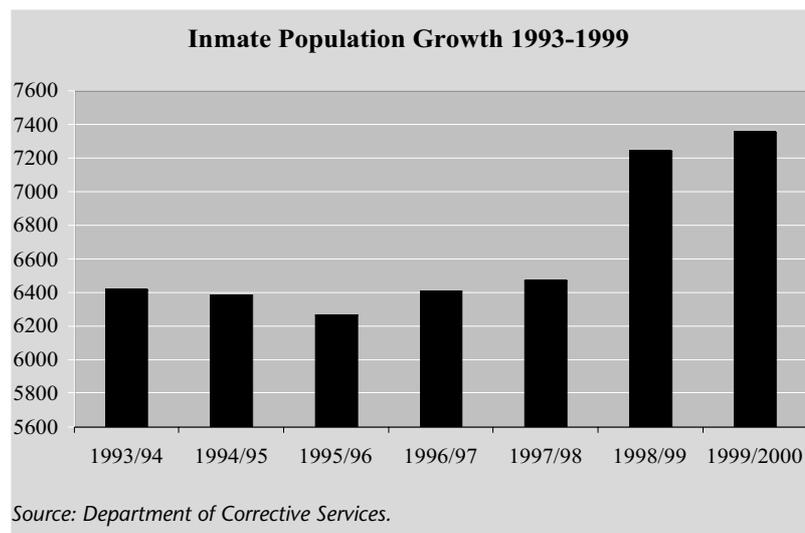
Community Profile

The Corrections Health Service health care community comprises inmates in full-time custody, periodic detention centres, transitional centres and Court and Police Cell complexes throughout NSW.

This year CHS staff provided a comprehensive health assessment for nearly 15,000 men and women received into the correctional system. The majority of assessments were conducted at the two main reception centres in Sydney – the Metropolitan Remand and Reception Centre (MRRC) for men and Mulawa Correctional Centre for Women.

At June 2000 CHS was providing a range of health services for 7,356 full-time inmates. This is a 1.6% increase on the 7,242 inmates in correctional centres at the beginning of the year.

- 65% of males and 69% of females are aged between 18 and 34 years.
- The average age for full-time male inmates is 33.0 years.
- The average age for full-time female inmates is 31.7 years.
- The country of birth of inmates broadly reflects the general population, with 71% Australian born and 16% born overseas in a non English speaking country. About 6% come from other English speaking countries and the origin of the remainder is unknown.
- Approximately 16% of males and 24% of females identify as Aboriginal and/or Torres Strait Islander.
- Aboriginal males are about eleven times more likely to be incarcerated than non-Aboriginal adult males and Aboriginal females are about fourteen times more likely to be incarcerated than non-Aboriginal adult females.



Inmates have a substantially lower socio-economic status than in other communities. This bears out the findings of *Essential Equity 1999* that people from lower socio-economic groups are more likely to be over represented in correctional centres than those from higher socio-economic areas. As socio-economic status is a powerful predictor of health status, this fact also has implications for Corrections Health Service.

It is evident that inmates suffer disadvantage on a whole range of specific health problems associated with mental illness, drug abuse and general neglect of health. The *Inmate Health Survey*, conducted in 1997 showed that:

- About 80% of inmates are incarcerated for offences relating to alcohol and other drug use.
- Some 60% of males and 70% of females have a history of illicit drug use.
- Around one third of males and two thirds of females are hepatitis C positive.
- Approximately one third of males and half of females have been assessed or treated for a mental illness by a psychiatrist or psychologist at some time.

Although the health status of inmates is generally poor, CHS has a limited window of opportunity to make improvements. Approximately 63% of full-time sentenced males and 76% of sentenced females are in custody for less than six months. Of these, about 38% of males and 52% of females are serving sentences of less than three months. This time scale is an important factor in how CHS delivers its health care.

The Department of Corrective Service's *NSW Inmate Census 1999* indicates that the inmate population has the following characteristics:

- Predominantly young males, although there has been a shift towards older inmates and an increase in females as a proportion of the population.

Meeting our Goals

To achieve its vision of *Better Health – Good Health Care* for people in NSW Correctional Centres, CHS has adopted the four goals of the NSW Health Strategic Directions for Health, 1998-2003.

Our progress towards achieving them is outlined in the following Section.

Healthier People

Health Status is Monitored

Corrections Health Service assesses all inmates on reception. Those with particular problems (e.g. diabetes, hypertension, drug and alcohol dependence, mental illness) may require immediate attention as well as regular health checks.

The Voluntary Blood Borne Communicable Diseases Screening Program (VBBCDS)

CHS's largest single monitoring program, the VBBCDS, has expanded to include hepatitis A, gonorrhoea and chlamydia. Of the 1,119 confirmed notifications this year, 1,090 (98%) were for the four priority diseases – hepatitis C, hepatitis B, human immunodeficiency virus (HIV) and syphilis.

This year 8,049 inmates were introduced (or reintroduced) to the program:

- 4,044 (50%) inmates agreed to be tested.
- 47% of those not tested were on remand or had sentences of less than one month.
- 19% had been tested within the previous six months.
- CHS clinics made 979 notifications for hepatitis C, 82 for hepatitis B, 27 for syphilis and seven for HIV.
- 17% of the hepatitis C notifications were re-tests of known antibody positive inmates, as were two of the HIV positive notifications. Only one of the seven HIV antibody positive inmates had not been diagnosed previously, either within or outside the correctional system.

Women's Health Screening

For the past three years, CHS has conducted a very successful pap test and breast screening program. During 1999-2000 a system was developed to facilitate quarterly reporting of the results of this program in a manner that complies with the performance requirements set by NSW Health. CHS also developed and implemented a new system of referral for breast screening.

Promoting Healthy Physical and Social Environments

This year CHS has taken steps to give inmates easier access to health goods and services and improved diabetic supplies and medication checklists. These were initiatives of the Quality Working Party, formed to promote the development and implementation of Quality Initiatives.

Tobacco Control

Tobacco use is disproportionately common in NSW correctional centres compared with the general community. Inmates who wish to quit smoking often have inadequate support services to achieve this aim. CHS has begun to develop a comprehensive response to tobacco control through a number of projects.

Nicotine Patch Trial

The Public Health Unit began a pilot program using nicotine replacement patches for inmates at Berrima and Emu Plains. The results of the nine-month trial will guide the implementation of tobacco control in all NSW correctional centres.

World No Tobacco Day – 31st May

This day was sponsored by *Quit for Life*. CHS collaborated with the HIV and Health Promotion Unit of the Department of Corrective Services to promote tobacco cessation. A limited number of inmates was given nicotine patches and a poster competition was held. Two posters were selected, reproduced and distributed through correctional centres.

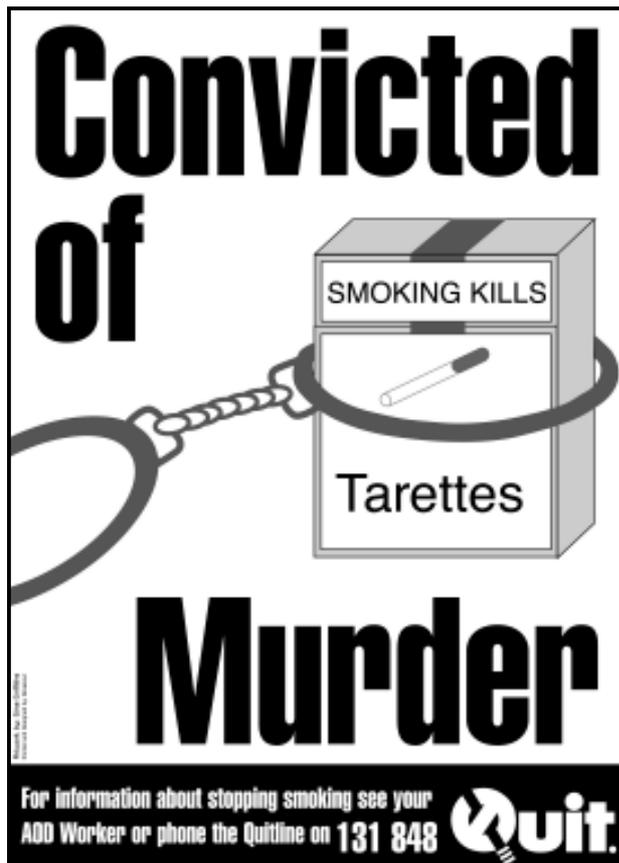
Detecting and Managing Disease Outbreaks

- The Public Health Unit coordinated the control of outbreaks in several correctional centres of hepatitis A, blood borne viruses (primarily hepatitis B, C and HIV), other sexually transmitted diseases and tuberculosis (TB).
- An outbreak of streptococcal tonsillitis affected more than eighty inmates at St Heliers in December 1999. Given the frequent relocation of inmates between correctional centres, it was remarkable that we were able to contain the outbreak to the one centre. Contaminated food due to poor handling procedures was the suspected cause of infection. Bacteria found in the throats of

affected inmates was a match for that found in a food handler's wound.

- There were two cases of TB. The first, a patient born overseas, was identified as a tuberculosis suspect two days after entering the MRRC. Correct application of policies by CHS and DCS staff meant that only a limited number of contacts had to be traced. The patient was released at the time the diagnosis was confirmed and continuing treatment was managed by NSW Health. No contacts had been infected.

The second case involved an inmate who was suspected of having TB prior to his release but had not responded to approaches by the CHS clinic to initiate treatment. The inmate was diagnosed at a community hospital two days after release. Up to thirty inmates were tested for exposure to TB, including six who shared transport between correctional centres. Two inmates screened positive for TB infection.



One of the two selected posters designed by inmates for the World No Tobacco Day poster competition

Stronger Prevention and Early Intervention Programs

Preventing and Controlling Infection

This year CHS revitalised an Infection Control Committee to improve and monitor infection control measures. The Department of Corrective Services is represented on the Committee by a member of the HIV and Health Promotion Unit, ensuring that there is effective communication and cooperation between the two services on this vital issue.

Achievements this year range from recommendations to ensure the safety of cooling towers in correctional facilities to an audit of sharps bin practice and discussion between CHS and DCS of waste management issues. A number of major undertakings will continue into next year. These include:

- Infection control in CHS dental clinics;
- Improvements to the Long Bay kitchens;
- Staff education and practice issues such as hygiene, needle stick injuries and action in the event of blood and body fluid spills;
- Inmate exposure to blood and body fluids;
- Review of laundry standards;
- Accreditation matters.

Immunisation

- The hepatitis B vaccination program continued with 972 inmates starting the vaccination course. Some 570 estimates of post vaccination hepatitis B surface antibody titres were performed. The protection rate was 79%. This was lower than the 85% recorded for the cohort examined between August 1998 and July 1999 and the reasons for this decline are being investigated.
- All eligible inmates were offered vaccination against influenza and pneumococcus. There were 286 vaccinations given against influenza and 53 against pneumococcus.
- Approximately 10% of nurses across the State have achieved vaccination accreditation. This initiative enhances our efforts to provide high levels of vaccination.

The Drug Court Program

Corrections Health Service is an active participant in the Drug Court Program. To date some 300 male and female inmates have participated (222 in Phase 1; 46 in phase 2; 33 in phase 3). At the end of January 2000 some 52% of participants were on the Methadone Maintenance Program, 42% were on Abstinence and 6% were being treated with Naltrexone.

The Drug Court Nurse Manager participates in daily meetings of the Drug Court Team and is also involved in policy considerations. There was a one-day conference for Case Managers and the Drug Court Team. For health care providers, the main issue raised at the conference was the perceived conflict in disclosing drug use to the Court. There will be further meetings to resolve the issue.

During this year, the Nurse Manager coordinated care for 64 participants in the program. Participants are also assessed and reviewed at the Court Registry by a psychiatrist. Mental health issues, particularly depression, appear to be major complicating factors in cessation of drug use. CHS works in close partnership with the other Area Health Services on the Drug Court Program. To help ensure appropriate continuity of care, discharge summaries are given to participants when they leave the detoxification or Drug Court Units.

Drug Courts Statistics, February to June 2000

	Feb	Mar	Apr	May	Jun
Participants before the Court	605	693	530	788	724
Graduated	12	21	10	11	20
Assessed	53	34	23	57	34
Termination Discussions	24	22	19	28	22
Discharge to Treatment Plan	32	20	27	34	23
Sanctions	921	124	63	142	139
Not Ready, Treatment Adjourned	41	34	44	54	28
Review of Treatment to Custody	12	18	10	9	11
Seen by Nurse Manager	-	34	-	44	14

The Next Step

- Beginning next year, the primary health care staff will coordinate a number of sleep hygiene clinics in correctional centres. This health promotion initiative is designed to help inmates improve their sleeping patterns without the use of pharmaceuticals.
- The *Well Men Clinics* program will be directed towards sentenced men over the age of thirty, with a particular emphasis on indigenous inmates. Planning is complete and application has been made for funds. We intend to collaborate with the Aboriginal Medical Services to encourage men to attend health clinics.

The clinics will be located at Bathurst, Lithgow, Berrima and the Malabar Special Programs Centre (MSPC). They will focus on evidence-based screening, health education and promotion of healthy lifestyle programs, such as smoking cessation. The *Well Men Clinics* will strengthen CHS's ability to identify health problems and will facilitate early intervention.

- CHS will promote a range of accommodation for non-smokers. Currently there is only one non-smokers' unit – at Mannus Correctional Centre.
- As a result of the findings of the outbreak of streptococcal tonsillitis at St Heliers, CHS will support commercial standard kitchens using the cook-chill method. CHS has a role in advising the Department of Corrective Services
 - o n food and nutrition under the provisions of the *Crimes (Administration of Sentences) Act 1999*.

➤ CHS will move from universal voluntary screening to targeted voluntary screening to better reflect community practice in health screening. This will allow for the integration of components of the VBBCDS program into a primary care model of health care delivery. This initiative will support a health promotion approach to health care, complement changes in other clinical streams, particularly drug and

alcohol, and deliver valuable training opportunities to clinical staff.

- The Infection Control Committee will develop an infection control manual, review procedures for specimen transport between CHS clinics and laboratories and implement recommendations from the review of the pilot infection control audit carried out this year.

Fairer Access

Barriers to Access Have Been Reduced

This year there were a number of initiatives that removed barriers to inmates' access to health services.

- Specialist clinics for inmates with hepatitis were expanded at the Long Bay Complex and introduced this year to Bathurst, Emu Plains, Grafton and the Silverwater Correctional Complex. These new clinics have enabled more inmates to receive specialist attention and have minimised the need for transfer between centres.

Hepatitis Clinics

Clinic	Appointments	New Patients	Patients Beginning Treatment
Long Bay	187	56	16
MRRC (April-June 00)	5	-	2
Bathurst	74	25	6
Emu Plains (Feb-June 00)	24	14	4
Total	290	95	28

- A 24-hour 1800 mental health telephone service was inaugurated. The line can be used by family members or concerned friends. The mental health professionals who staff it triage all calls, referring them to appropriate mental health services.
- Radiography services for inmates at Goulburn Correctional Centre were significantly enhanced by the opening of the new X-Ray Department in the Goulburn Clinic. A radiographer from Goulburn Base Hospital attends the centre to take the X-Rays.
- Self-medication of a limited range of drugs was introduced for eligible inmates at the MRRC. Dispensing medications directly to inmates will gradually be expanded to other correctional centres.
- A number of cells at the MMTC have been altered to accommodate inmates with disabilities. All new facilities are being designed and built so that they will be accessible to disabled people. CHS makes every effort to ensure that its clinics meet the needs of all patients within the constraints of the environment.



One of the two selected posters designed by inmates for the World No Tobacco Day poster competition

- Telehealth equipment was upgraded and now offers better quality video conferencing with fewer technical problems. The facility was used 87 times this year for patient interviews, case conferences, forums with the CEO and administrative purposes. The telepsychiatry service to Grafton has been successful and is being extended to Bathurst, Goulburn and other major correctional centres across the State.
- A new dial-in pathology service was trialed this year. It gives clinicians more rapid access to pathology, diagnostic imaging and other test results from the Prince of Wales Hospital. If the trial proves beneficial, the service will be expanded to include other areas of the Long Bay Complex.
- Improved monitoring of dental waiting lists, treatment demand and staff rosters by nursing staff has improved the efficiency of dental clinics.
- The Medical Appointments Unit streamlined its service to provide better access to specialist and diagnostic services and more efficient medical report outcomes for patients.

Distribution of Health Resources is Fair

Nurse Practitioners

More than 80% of Corrections Health Service staff are nurses. They provide most of the health care services to inmates, often in remote areas, without the continuous support of a medical officer. For this reason CHS has been particularly interested in the development of nurse practitioners, whom we recognise as nurses working at an advanced level leading into practice as an expert nurse.

Mannus, Kirkconnell, Oberon, Glen Innes, Grafton, Ivanhoe and Brewarrina Correctional Centres have been identified as sites that would benefit from the introduction of nurse practitioners. This initiative would facilitate significant improvements in health care to under serviced centres. The chosen sites are all in remote and rural areas of New South Wales and CHS nursing staff already perform at a high level. There is a need for this to be recognised and legitimised. Introducing nurse practitioners to these areas will help ensure that our service remains dynamic and that the health needs of inmates in correctional centres are met, despite the remoteness of their incarceration.

Corrections Health Service and the Far West Area Health Service have made conjoint proposals for nurse practitioners at Ivanhoe and Brewarrina Correctional Centres. We have collaborated in the development of appropriate clinical guidelines for these centres.

Addressing the Needs of Groups with Poor Health Status

Aboriginal and Torres Strait Islander People

- The Corrections Health Service Aboriginal Health Strategic Plan, *Care in Context*, was completed during the year. The Plan aims to:
 - Promote partnership between CHS and the Aboriginal Health and Medical Research Council (AHMRC) and between CHS clinics and local Aboriginal Medical Services;
 - Encourage Aboriginal people to be involved in the care of Aboriginal inmates;
 - Ensure that CHS staff have sound training and awareness of cultural issues relevant to Aboriginal health;
 - Support Aboriginal Health Services through the establishment of an Aboriginal Health Unit.

- Dedicated Aboriginal health clinics have continued at Emu Plains, John Morony, Silverwater Complex and Mulawa. This year new clinics have been operating at Parramatta, Bathurst and Glen Innes. An Aboriginal Health Worker was appointed to visit Broken Hill correctional facility and additional medical officer hours have been provided at Grafton.

Cross Cultural Awareness

This year saw a shift in the emphasis of cross cultural awareness from lectures to increased interaction with community based organisations with links to the Aboriginal community. The aim is to have a tolerant and empathetic workforce with ready access to community resources.

Plans to Improve Access

Telehealth

Corrections Health Service plans to build on its telehealth services in the coming year. Business cases have been submitted to the NSW Department of Health for funding:

- Video conferencing equipment in the Metropolitan Remand and Reception Centre to facilitate teleconsultations for clinical staff, case conferences, administrative matters and staff education and training;
- Teleradiology services between Corrections Health Service and the Prince of Wales Hospital including electronic transfer of x-ray images to be read and reported by radiology and medical experts.

Planned Initiatives

- Twenty-four hour access to inpatient drug and alcohol detoxification services, as recommended by the Drug Summit, will begin at the Grafton, Bathurst and Parklea correctional facilities. Ambulatory detoxification services are provided at Grafton and Bathurst and will be extended to Parklea in July 2000.
- Specialist hepatitis clinics will open at Cessnock, Goulburn, Grafton and Lithgow during 2000-2001.
- As a result of the review of physiotherapy services, investigations will be made into the feasibility of extending the service to Mulawa and the MRRC/Silverwater complex.
- The Oral Health Services will investigate a proposal to extend dental services to the Mannus Correctional Centre and to enhance its partnership with Area Health Service dental providers in rural areas. There are plans to introduce a more preventative and comprehensive dental program for inmates who are committed to oral rehabilitation.
- An Aboriginal Mental Health Worker will be appointed to Brewarrina Correctional Centre.

Quality Health Care

Appropriate Health Services

Corrections Health Service's clients are likely to suffer from health problems associated with mental illness, drug and alcohol abuse and general neglect of health. To provide appropriate care in a correctional environment is a challenge CHS meets through its five major clinical programs – Drug and Alcohol, Mental Health, Population Health (including public health, women's health, and Aboriginal health), Primary Health and Clinical Services.

CHS complied with the legislative requirements of all relevant Regulations and Acts of Parliament.

Continually Improving Services

A Framework for Managing the Quality of Health Services

The Framework is based on six dimensions of quality health care – safety, effectiveness, appropriateness, consumer participation, efficiency and access. These offer a comprehensive approach to assessing the performance of Corrections Health Service and the quality of service we provide.

During the past ten years, using strategies from peer review to quality management, Corrections Health Service has concentrated on organisational improvements that are fundamental to high quality care. We have now committed ourselves to *A Framework for Managing the Quality of Health Services in New South Wales*, which has the consumer at its centre. Providers of health care are responsible to the patient for treatment, education, health promotion and other health related services.

Quality Council

The Quality Council sets parameters by which clinical care provided to inmates (our consumers) can be defined, measured, monitored, improved and reported to stakeholders. Stakeholders are consumers, clinicians, managers, the CHS Board, Department of Corrective Services, NSW Health and the Minister for Health.

Accreditation

Preparations are continuing for the accreditation survey by the Australian Council on Health Care Standards (ACHS). The survey, to be conducted in May 2001, will focus on the Evaluation of Quality Improvement Program (EQulP). The surveyors will assess and review wards, clinics and departments to determine whether services are delivered in a safe and appropriate manner and that staff are continually striving to improve their practices. Patients will be given an opportunity to report on how well their needs are being met.

Quality Management Systems

Quality Improvement Register

A Quality Improvement Register has been established to record quality projects across the Service. At the end of the 1999-2000 year 21 quality improvement activities had been completed. These vary in range and complexity but include:

- A Statewide program to reinforce the need for continuous *cold chain* monitoring of vaccines, from point of supply to transport and storage at clinics. The aim is to ensure that vaccines are maintained at the correct temperature to prevent damage.
- Reduction of inappropriate clinical waste at the Metropolitan Medical Transit Centre (MMTC).
- Introduction of formal checklist requirements for emergency equipment, autoclaves, glucometers and medication expiry date at Goulburn Correctional Centre.
- Development of an information card to be handed out to patients who have been examined and assessed after presenting to clinics complaining of head injuries.

Improved Communication

The *Quality Times* newsletter, introduced this year, is already improving communication about quality initiatives and will reinforce the functions, standards and criteria of the ACHS EQulP. It is circulated bi-monthly to all staff. Over time, it will explain each EQulP standard, describe quality projects being undertaken by various clinics and departments and provide current information about quality activities.

Health Priority Areas

Five health priority areas have been identified as part of the CHS performance agreement with the NSW Department of Health. They will receive special attention for a two-year period, beginning in the 1999–2000 year.

➤ Diabetes

Protocols and guidelines for best practice management of diabetes in the correctional setting are almost ready for introduction into three pilot sites (John Morony, Lithgow and Kirkconnell Correctional Centres). Staff involved in the pilot project have received training and other interested staff will be offered training opportunities early next year.

➤ Asthma

An Asthma Working Party is developing best practice guidelines. Protocols for practice will follow. The focus will be on management of uncomplicated chronic asthma by nurses. Parramatta, St Heliers and Cessnock Correctional Centres have been selected as pilot sites for the ensuing trial.

➤ Coronary Heart Disease

National Health and Medical Research Council *Clinical Guidelines for Preventive Intervention in Primary Health Care* and the National Heart Foundation *Guidelines for General Practitioners* will inform the development of guidelines and protocols for Corrections Health Service.

➤ Cancer Prevention

CHS continues to screen women for early identification of cancer and this year expanded opportunistic screening for men where appropriate. Health education material is being developed for men, concentrating particularly on early detection of prostate cancer including testicular self-examination.

➤ Injury Prevention

Weights training and other sporting activities have been identified as significant causes of injury to inmates. In cooperation with the Department of Corrective Services, we are educating inmates in appropriate techniques so that avoidable injuries can be prevented.

A *Rest-Ice-Compression-Elevate* (RICE) policy for the treatment of soft tissue injuries was implemented and all clinics and wards at Long Bay issued with ice/heat packs. The Physiotherapy Service produced an information leaflet on back care and back injuries which is now being given to inmates when appropriate.

➤ Sexual Assault

CHS developed a set of guidelines for the management of sexual assault in NSW correctional centres. The Guidelines address interventions ranging from health promotion and prevention to early intervention. Best practice in clinical management, education and training for staff and partnerships with local sexual assault services are key components of this important initiative. The Women's Health Service has responded to the *Whole of Government Initiatives on Gender-Based Violence* and has been invited to participate in the Commonwealth Department of Health's Sexual Reference Group.

Service Reviews

Regular reviews of individual services are used to guide our approach to continuous improvement. A number of such reviews were conducted in 1999-2000.

Pharmacy Services

This Review was completed in October 1999 and has already led to significant service improvements including:

- The introduction at Long Bay Correctional Centre and the MRRC of self-administration of suitable medication for inmates. This service will gradually be extended to other correctional centres.
- A pharmacy imprest system to help monitor trends in drug usage, provide greater efficiency in placing and processing drug orders and improve the accuracy of account reconciliation.
- *The St Vincent's Formulary and Guide to Prescribing*, considered the benchmark for pharmacopoeias in Australia, will now be used by all CHS clinics. Clinical staff are encouraged to report medication errors to ensure quality patient care.
- A comprehensive audit of S8 drug registers was conducted under the terms of the Poisons Regulations. Inconsistencies were reported to the relevant authorities.

Alcohol and Other Drugs

The consultant KPMG conducted a review of alcohol and other drug services provided by CHS and DCS to patients in correctional centres and juvenile justice centres. The Review included a literature review, examination of alcohol and other drug services provided in NSW generally, an evaluation framework and a blueprint for the delivery of drug and alcohol services in correctional centres. This is one of the Drug Summit initiatives and its report and recommendations, due in September 2000, will be used to plan further improvements to drug and alcohol services.

Physiotherapy Review

A review of physiotherapy services examined ways to improve service delivery. It explored such issues as objectives of the service, inpatient and outpatient activity, policies and protocols, facility improvements, physiotherapy needs at sites where limited or no service is available and education programs to minimise and manage injuries. Recommendations from the report will be implemented in the next financial year.

Staff Surveys

Nursing Unit Managers who were surveyed by the Medical Records and Pharmacy Services rated both services as performing well.

The first survey was designed to evaluate the medical record and medical appointment services and its recommendations included a review of medical storage space and the structure of the record itself. The result of this survey will be used in the development of the Medical Records Service Business Plan, 2000-2001. The Pharmacy Survey highlighted the need for a more comprehensive pharmacotherapy education program and improved staff awareness of the educational resources that are available.

Policies and Procedures

A major review and revision of CHS policies and procedures has begun as part of the preparation for accreditation by the Australian Council on Health Care Standards (ACHS). The new policies will be consistent with ACHS standards and criteria. Clear policies and well organised manuals will assist staff to do their jobs more effectively.

Juvenile Justice Health Care

A Corrections Health Service team is examining the feasibility of transferring health care in Juvenile Justice to CHS.

Complaints Handling Audit

An audit conducted by the NSW Health Department found that Corrections Health Service had successfully implemented an effective complaints management system based on best practice standards set by the Department, NSW Ombudsman and the Health Care Complaints Commission. The audit identified a number of areas for improvement that are now being addressed.

A Comprehensive Range of Services

Corrections Health Service provides a full range of health services to inmates in NSW correctional centres.

Outpatient Services

The Outpatient Department at the Metropolitan Medical Transit Centre provides a range of specialist services within the correctional system. It caters mainly for men. The table below is a summary of activity for the last two years.

Clinic	Patients seen 1998-1999	Patients seen 1999-2000
Chiropractor*	–	4
Dermatologist	152	348
Ear, Nose & Throat Specialist	117	86
Hepatitis Clinic	166	204
Immunologist	94	64
Koori Medical Officer *	–	326
Minor Operations	49	24
Ophthalmologist	77	151
OPSM	205	201
Optometrist	222	242
Orthopaedics	265	365
Orthotist	5	39
Physician	496	771
Psychiatrist	567	516
STD Dermatologist	179	206
Surgeon	319	247
Total	2,913	3,794

* Not included in 1998/99 statistics

When inmates require specialist health services that are not provided in correctional centres, appointments are made at external facilities, primarily at the Prince of Wales Hospital. There were 1,734 external appointments this year as shown in the following table. Female inmates attend Westmead and Nepean Hospitals for specialist appointments. (Data not included.)

Diagnostic Testing	1998-1999	1999-2000
CT scan	255	242
Echo Laboratory	32	5
Hearing Clinic	44	31
Nuclear Medicine	32	22
Diagnostic Imaging	110	143
Gastroenterology	49	73
Doppler Laboratory	22	22
Neurophysiology	168	122

Specialist Appointments	1998-1999	1999-2000
Cardiology	16	10
Day Surgery	104	65
Dental	44	99
Ear Nose and Throat	93	23
Eye Clinic	93	52
Neurology	73	70
Oncology	29	25
Orthopaedics	21	16
Plastics	72	76
POW Admissions	41	43
Perioperative Service	26	62
Radiotherapy	36	170
Urology	77	56
Other	654	307

For a variety of reasons, appointments are not always kept and this year approximately 30% of appointments were cancelled.

Medical and Psychiatric Reports

The Medical Appointments Unit coordinated the preparation of 494 medical and psychiatric reports as detailed below.

Source of Request	1997-1998		1998-1999		1999-2000	
	Number	%	Number	%	Number	%
Courts – Psychiatric	368	67	377	71	335	68
Courts – Medical	13	2	20	4	12	2
Parole Board, SORC, ORB, MHRT, DPP – Psychiatric	96	18	65	12	75	15
Parole Board, SORC, ORB, SOMC – Medical	15	3	9	2	19	4
Solicitors – Psychiatric	6	1	1	1	4	1
Solicitors – Medical	47	9	53	10	49	10
Total	545	100	525	100	494	100

Notes:

SORC = Serious Offenders' Review Council; ORB = Offenders' Review Board; MHRT = Mental Health Review Tribunal; DPP = Department of Public Prosecutions; SOMC = Serious Offenders' Management Committee.

Drug and Alcohol

Some 60% of males and 70% of females have a history of illicit drug use and a high proportion are withdrawing when they enter correctional centres. CHS staff attended to 61 instances of narcotic overdose this year. In such circumstances, it is vital for Corrections Health Service to remain at the forefront of treatment methodology. During the last year there have been continuous service improvements including:

- Implementation of the 1999 Drug Summit recommendation for enhancement of Methadone Maintenance Treatment in NSW correctional centres as part of a harm minimisation strategy;
- Improvement and modification of withdrawal regimens to provide more appropriate and comfortable medicated withdrawal;
- Additional education at health centres to increase staff knowledge of management techniques for patients withdrawing from alcohol and other drugs;
- Introduction of NSW Health Detoxification Guidelines.

CHS was pleased to welcome members of the International Narcotics Board who visited the MRRC detoxification/Drug Court Unit during the year.

Emu Plains Transitional Centre

The Director of Women's Health Services has been a member of a Department of Corrective Services Working Party planning a new transitional centre at Emu Plains Correctional Centre. The centre will care for recidivist women who have a problem with alcohol and other drugs.

Mental Health Triage

CHS has a significant specialty in mental health care, providing a full range of services to inmates. This year a mental health nurse was appointed to triage patients in the Long Bay Complex and to coordinate care for chronically ill patients. This has facilitated more appropriate referrals to psychiatrists and decreased waiting times. A mental health nurse has also been appointed at the MRRC to manage patients with chronic mental health problems.

Oral Health

A maintenance program was introduced for equipment servicing and the certification of pressure vessels in dental clinics. The quality of service provided was augmented by the use of dental prosthetists and by the progressive implementation of infection control standards in CHS dental clinics.

Methadone Maintenance Treatment, 1999-2000

	Receptions on methadone		Exits to community on methadone		Began methadone in custody		Ceased methadone in custody		Applications to go on methadone	
	M	F	M	F	M	F	M	F	M	F
	1097	237	1260	346	335	84	324	36	491	44
Total	1334		1606		419		360		535	

Allied Health Services

CHS provides a range of allied health services including occupational therapy, physiotherapy, diagnostic imaging and art therapy.

Diagnostic Imaging

Diagnostic Imaging services are provided at the Long Bay Complex, MRRC and Goulburn Correctional Centre. Clinics in new correctional centres now being planned will have X-Ray facilities if it is estimated that demand will be sufficient.

Occupational Therapy

CHS provides Occupational Therapy services to patients in Long Bay Hospital to help create an environment where inmates can achieve greater control over their lives in a correctional setting. Programs promote self esteem and help inmates develop a sense of identity by encouraging a range of skills that will be beneficial on release from detention.

Physiotherapy

The Physiotherapist now attends regular staff meetings, rehabilitation planning meetings and multidisciplinary team conferences. As a result of this improved communication with other health care providers, the quality of care given by the physiotherapy department has improved significantly.

Art Therapy

As part of its attempt to encourage the emotional development of patients at the Long Bay Hospital, Corrections Health Service employs a part-time art therapist who offers individual and group art therapy sessions. This year a ten-week trial art therapy group was run, in conjunction with the occupational therapy service, for female inmates at Mulawa. As a result of the feedback, a further trial is planned for the coming year.

The following table shows a pattern of increasing Allied Health Services activity over the last three years.

Occasions of Service	1997-1998	1998-1999	1999-2000
Occupational Therapy – Group Units*	4,752	11,156	11,043
Physiotherapy – outpatient	1,185	887	1,210
Physiotherapy – inpatient	-	126	172
Diagnostic Imaging – outpatient	1,108	1,287	1,195
Diagnostic Imaging – inpatient	-	135	120
Art therapy – individual hours	208	219	147
Art therapy – group hours	93	91	101

Note:

* One group unit equals one patient per half-hour of group time.

Continuity and Coordination of Care

Health Care in Police and Court Cells

Over the last five years, responsibility for the security of Police and Court Cell Complexes has progressively passed from the NSW Police Service to the Department of Corrective Services.

CHS began providing health services to patients detained at the Sydney and Moree Police Cells last year. During the current year the police cells service was expanded to include Port Macquarie, Newcastle, Dubbo and Parramatta Police Cell Complexes. All these services are staffed by registered nurses with experience in mental health, drug and alcohol and primary health nursing. These services ensure that people received into the complexes receive appropriate assessment and treatment.

The NSW Government provided \$350,000 for this initiative this year and will contribute another \$1.35 million over the next three years.

Discharge Planning

Discharge planning is an important factor in ensuring appropriate continuity of care for inmates when they are transferred between correctional centres or released from detention. This year a Discharge Working Party was appointed to review and standardise the discharge/transfer process in CHS clinics. Key findings included:

- Discharge planning activity ranges from direct contact with community health agencies, discharge medication arranged and referral letters sent, to advising the patient of agencies to contact on release.
- It is more difficult for clinics in maximum security centres to plan patient discharge than those in medium or minimum security facilities.
- There is a need to improve communication and coordination between CHS and DCS if best practice discharge planning is to be achieved.

The Working Party recommended that a standard Health Profile be adopted in all CHS clinics. It would be used as a health summary while the patient is in custody and a discharge summary on release. The form would be used for inmates with chronic health problems, those with sentences longer than one year and those whose health problems warrant it, regardless of the length of sentence.

Electronic Patient Information

An important factor in providing effective continuity and coordination of health care is the provision of high quality patient information to health care providers. The NSW Health Council has recommended that information systems be developed to include unique patient identifiers that will permit electronic exchange of patient health records between health providers. Such a system would be of significant benefit to Corrections Health Service as many of our patients are relocated frequently between centres and others are incarcerated on multiple occasions. CHS is investigating possible means of providing electronic medical records at some future time.

Future Directions

- The Oral Health Service will introduce a new dental reporting system (ISOH) to provide a comprehensive report on activity levels. The Service will continue to make the improvements required to bring dental clinics fully up to date with infection control standards.
- Research will be conducted to determine the percentage of inmates who are alcohol dependent. This program is based at Bathurst Correctional Centre and will be used to develop suitable interventions and treatment. At the same time, the education program for nursing and medical staff will continue. This aims to ensure more appropriate use of alcohol withdrawal treatment.
- As part of its effort to improve continuity of care for Aboriginal inmates, CHS is working with the Aboriginal Medical Service at Ivanhoe and Broken Hill to train an Aboriginal Health Worker. This partnership is expected to improve care in three areas:
 - A continuum of health care will be established when inmates are transferred between correctional centres;
 - Continuity of care, especially for major health issues such as mental health and drug and alcohol problems, will be maintained when a person is released from detention. The local Aboriginal community will prepare in advance for the person's release (community in-reach);
 - Each inmate's health needs will be addressed in the context of family and community so that, with mutual consent, the health carer of the family in the community will be the same as the health carer for the person in the correctional environment. Rural Aboriginal Medical Service staff will visit a correctional centre and make contact with inmates from their home town. They are also able to offer health care to other family members who live in the town. It has been shown that links such as this are beneficial in dealing with health issues related to domestic violence, drug and alcohol and mental health.

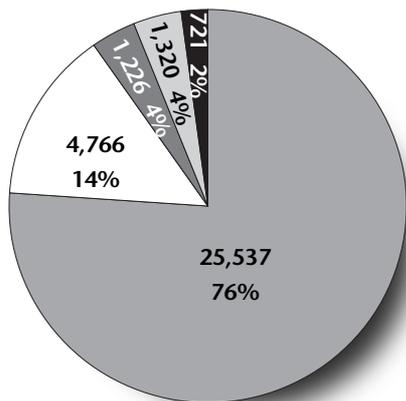
Better Value

Resources to Deliver Health Care are Used Optimally

For the fifth consecutive year, CHS has operated within its allocated budget, posting a small surplus of \$18,000. This result was achieved through careful management in a year when core services were enhanced and new services introduced. Although CHS ended the year with liabilities (\$6.691m) exceeding assets (\$2.905m) by \$3.786m, loan liabilities were reduced and we are budgeting to be debt free in the coming year. CHS provides most of its health services in buildings owned by the Department of Corrective Services and therefore owns minimal fixed assets. Liabilities mainly relate to employee leave provisions.

In 1999-2000, total funding increased by 12.2% from \$29.3m to 32.9m. A total of 14% of funds came from non-recurrent special project funding. Income sources are depicted below.

Income sources (\$000s)

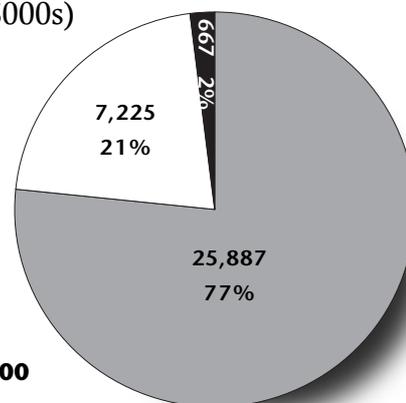


Total Funding: \$33,570,000

- NSW Health Recurrent Funding**
- Special Project Funding**
- NSW Health Capital Funding**
- Treasury Paid Superannuation**
- Locally Generated Revenues**

Initiatives funded this year include expanded services to police and court cell complexes, introduction of the Court Liaison Service and enhanced mental health services. Expenditure increased by \$2.8m from \$30m to \$32.8m. Areas of expenditure are shown below.

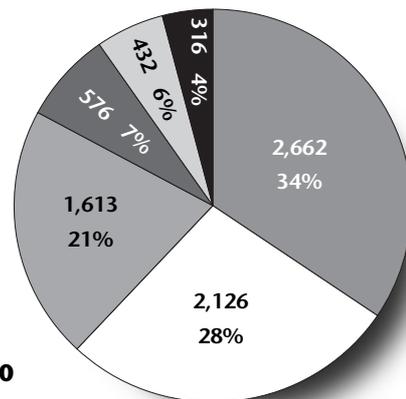
Expenditure (\$000s)



Total: \$33,779,000

- Employee Related Costs**
- Goods & Services**
- Maintenance & Refurbishment**

Goods & Services (\$000s)



Total: \$7,725,000

- General Operating Costs**
- Drug & Pharmaceuticals**
- Visiting Medical Officers**
- Specialist Medical Services**
- Medical Supplies**
- Commercial Services**

Corrections Health Service staff have used quality and strategic management approaches to ensure that they are continually developing services that will bring about improved health outcomes for inmates. Our focus on staff learning and development ensures that CHS staff are appropriately skilled to deliver the best possible care.

Services are Efficient

Commercial Services

CHS is responsible for catering and cleaning services at the Long Bay Hospital and courier services to all correctional centres in the metropolitan area:

- CHS supplies breakfast and lunch to patients in the Long Bay Hospital. Evening meals and Sunday lunch are cooked at the Industrial Training Centre (ITC) and provided under a service agreement with the Department of Corrective Services.
- Domestic staff, trained this year as Patient Services Assistants, are involved in catering and cleaning in the Long Bay Hospital. Nursing Unit Managers provide day-to-day supervision for those who are working in the hospital wards.
- Courier services are provided for metropolitan correctional centres to transfer stores, serology tests, equipment and pharmacy orders. There is an increasing demand for courier services to meet expanded services such as the Police Cells, Drug Courts and Court Liaison programs.

Benchmarking

Corrections Health Service is coordinating a benchmarking study in consultation with mainstream mental health services and correctional health care providers interstate. The study will enable CHS to compare performance across a range of different areas. These include consumer participation, effectiveness of care, financial performance, access to treatment and care, as well as safety related issues.

This exciting project is a quality activity in preparation for the accreditation of Corrections Health Service.

Records Management

CHS has begun a project to ensure that it meets the standards and codes of best practice records management as enshrined in the *State Records Act 1998*. A strategic plan addressing the management of medical, accountancy and corporate records is being developed. Key components of this strategy include consultation with NSW Health on records management initiatives and development of a communications strategy.

The Joint Records Centre (funded by CHS and the Department of Corrective Services) stores, supplies and maintains the medical and case management record collection. The Centre has reached its storage capacity and this year plans were made to establish a secondary storage facility at the Mulawa Correctional Centre. The relocation

began in June 2000 and has been contracted to a specialist group, *The Coding Company*. During the relocation program Corrective Services Department Psychology files and CHS archived medical records will be added to the secondary storage facility.

Pharmacy Procedures

Clinic medication orders will now be filled by the Long Bay Pharmacy at weekly or bi-weekly intervals and sent to all correctional centres. Previously some clinics were ordering their drugs from local Area Health Services. This new arrangement aims to make the pharmacy service more efficient. It will improve monitoring and reporting of drug usage, enable the pharmacy service to achieve cost savings and ensure that it is meeting the needs of inmates.

Information Management and Technology

CHS has established an Information Management and Technology Steering Committee to guide the implementation of five major projects associated with the *Information Management and Technology Strategic Plan 1999*. There will be a complete infrastructure upgrade to bring CHS into line with acceptable industry standards. This will include hardware and software improvements as well as providing email and access to *HealthNet* for staff. The latter will be particularly important for clinical use.

The Finance and Operations enhancement will include software upgrades with extended access to SUN Financial Management and development of a human resource module.

Audit

In an extremely busy year seven audits were conducted. Although they recommended improvements, the audits, listed below, found no major faults or deficiencies. All audit matters, results and reports are managed by the CHS Audit Committee.

- End of year compliance, Annual Accounts;
- NSW Health internal operating audit of *EFT and LAN Management*;
- NSW Health internal compliance audit, fraud control measures;
- NSW Health internal compliance audit, recruitment, selection and employment;
- NSW Health internal (Statewide) audit, Code of Conduct compliance;
- NSW Health internal operating audit, complaints handling procedures;
- Audit of tax reform preparedness initiated by the Premier's Department.

Energy Management

Corrections Health Service is committed to reducing energy costs under the Government's Energy Management Policy. Our efforts are directed towards the areas over which we have control and responsibility.

Assets are Well Managed

Better Facilities

- The John Morony II Correctional Centre opened at Windsor in March 2000. CHS will provide health care for the 250 medium and minimum security inmates in this new facility.
- Construction has started on a seven-bed unit at the Prince of Wales Hospital to provide secure inpatient care for inmates who need to be admitted for surgical and medical procedures.
- Planning has begun for a forty-bed acute remand mental health assessment unit on the Metropolitan Remand and Reception Centre site. Approximately 40% of the 9,000 or so people received at the MRRC each year have significant mental health issues. The proposed new unit would provide short term facilities to enable these inmates to be appropriately assessed.
- CHS has also identified a need to provide a safer, more clinically focused environment for inmates with mental health needs who, while not requiring hospitalisation, are not able to cope in the general correctional environment. A proposal is being developed to provide a *Step-Down* unit within the Metropolitan Medical Transit Centre to meet the particular needs of these inmates.
- The Pharmacy at Long Bay Correctional Complex was completely refurbished to provide better storage for drugs and to improve efficiency when orders are being packed.
- A new dental clinic at Parramatta Correctional Centre is nearing completion. It will be commissioned later in 2000.

Incidence of Inappropriate Care Has Been Reduced

Qualified Privilege Committee

CHS has applied to the Minister for Health to establish a committee with qualified privilege to make a close examination of adverse clinical events such as death, serious suicide attempts and self-harm. Although these events are not usually a result of inappropriate care, CHS and the Department of Corrective Services are strongly committed to preventing such incidents. The Committee will review the facts and make recommendations to prevent recurrence, identify clinical and operational systems improvements and provide advice on policy issues.

Qualified privilege provides a forum for open discussion about sensitive information and identification of positive solutions. This process will replace the previous system of separate investigations by each organisation. It is hoped that shared information and decision making will help prevent adverse events and improve the quality of response to those that do occur.

Planning the Future

Facilities

- CHS is planning health care services for inmates of two new correctional facilities due to open in 2001. South Windsor Women's Correctional Centre, to be known as Dillwynia, will have 200 inmates and the Mid North Coast facility at Kempsey will require health services for 300 men and 50 women.
- In the coming year, there will be a review of the Long Bay Hospital that will examine refurbishment and the establishment of a team structure in wards. It will also initiate the process of developing admission, care and discharge protocols.
- The new radiography facility at Parklea will be commissioned early next year. It will house a new computer that will significantly upgrade the routine operation of the X-Ray Department. Application has been made for funds to establish a teleradiography link with the Prince of Wales Hospital. This initiative would improve the capacity of radiography services and enable immediate access to radiology services when they are needed.
- Planning has begun for the development of a new operations centre for CHS.

Support Services

The Long Bay Hospital is likely to be included in a new food service arrangement being considered by the Department of Corrective Services that would replace the current food service from the Industrial Training Centre with a cook-chill method. If the change occurs, it will result in a new food supply agreement between CHS and DCS.

Records Management

The archiving of medical and case management records will be a major project. It is imperative that CHS identify and implement an archiving solution to cater for the increasing size of the record collection. Some capital works will be required to increase storage space and staff work areas and we will continue to investigate options for electronic clinical information systems.

Financial Direction

The establishment of three year rolling budgets should provide funding assurance and facilitate both planning and financing of initiatives and new programs. Although CHS is in a strong financial position at the end of this reporting year, funding is limited while demand for new and enhanced services continues to grow.

Attributes for a Better Health Service

As we carry out our Mission Statement, Corrections Health Service aspires to achieve and foster six important attributes.

The following Section summarises our achievements during the past year.

Sharing a Clear Direction

Leadership in Health

The Board

The Board is responsible for the corporate governance practices of Corrections Health Service. There is a twelve-member Board appointed by the Minister for Health. Two members are nominees of the Department of Corrective Services and one is nominated by the NSW Health Department. There is one staff elected member.

Board Responsibilities

The Board has implemented practices to ensure that it meets its responsibilities in relation to

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

Various sources of independent advice are available to assist the Board and its members, including professional advice, the Auditor General and the internal auditor who is free to give advice direct to the Board.

Board Members

Chairman:

Professor Ronald Penny, AO, D.Sc., MD, FRACP, FRCPA
(Term expires 30.6.02. Attended 9/10 Board meetings)

Professor Penny is Professor of Clinical Immunology and Director of the Centre for Immunology, St Vincent's Hospital and 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 service to medical research and education, particularly in the field of immunology.

Ms Thea Rosenbaum, LLB, ATCL, MBA, MAICD, FCIS
(Term expires 31.7.00. Attended 9/10 Board meetings)

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 in and practical experience of out-sourcing of professional services. Ms Rosenbaum is the Chair of the CHS Quality Council.

Dr Sandra Egger, B Psyc (Hons), BLegS, Ph.D.

(Term expires 31.7.00. Attended 8/10 Board meetings)

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

Chief Executive Officer:

Clinical Associate Professor Debora Picone,
RN, BHA (UNSW), FCN (NSW)

(Term expires 31.7.02. Attended 3/3 Board meetings)

Professor Picone was appointed as Chief Executive Officer of Corrections Health Service in February 1998. She is also Clinical Associate Professor in the Department of Surgery, University of Sydney. Professor Picone has an extensive health services, clinical and management background. She is an active researcher and has presented and published numerous papers relating to clinical and management practice. A Registered Nurse, Professor Picone has post basic qualifications in renal medicine, dialysis and transplantation and is a graduate of the University of NSW School of Health Services Management. She is currently enrolled in a Doctorate of Philosophy.

Acting Chief Executive Officer from November, 1999

Dr Richard Matthews, MBBS

(Term expires 31.7.02. Attended 7/7 Board meetings)

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 he was appointed Director of Clinical Services.

Dr Andrew Wilson,

BMed Sci, MBBS, FRACP, FFAPHM, Ph.D.

(Term expires 31.7.00. Attended 5/10 Board meetings)

Dr Wilson is Deputy Director-General, Public Health and Chief Health Officer in the NSW Health Department. He is the Health Department's nominee on the Board. Dr Wilson has a background in clinical epidemiology and public health medicine with research interests in the aetiology and prevention of chronic disease, particularly cardiovascular disease, evaluation of health services and pharmaco-epidemiology.

Father Harry Moore

(Term expires 31.7.00. Attended 6/10 Board meetings)

Father Moore was appointed Coordinator of Chaplaincy Services in January 1995 after working as a Correctional Service Chaplain in Goulburn. He has held pastoral care positions in Australia, Bougainville, Mexico, USA, England and Norfolk Island. Father Moore is appointed to the Board as an inmate advocate.

Ms Shireen Malamoo

(Term expires 31.7.00. Attended 6/10 Board meetings)

Ms Malamoo is a member of the NSW Offenders Review Board. She has been involved in Aboriginal Affairs for more than 20 years and has been active 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).

Ms Maree Peters

(Position vacated October 1999)

Ms Peters works for CRC Justice Support. She has been employed in a variety of areas including community service organisations and in correctional centres.

Mr Brian Owens, RN

(Term expires 30.6.02. Attended 10/10 Board meetings)

Mr Owens was elected to the Board as the staff representative. He has worked for Corrections Health Service as a Registered Nurse for ten years and is currently the Acting Nurse Unit Manager of the Malabar Special Programs Centre (MSPC). He is the State Secretary of the Corrections Health Service Sub-Branch of the NSW Nurses' Association and is a member of the following committees: State Occupational Health and Safety, Audit, EEO, Quality Council and Staff Consultative.

Mr John Klok

(Term expires 31.7.02. Attended 7/10 Board meetings)

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.

Ms Catriona McComish,

BPsych (Hons), MPsych (Clin), Dip.Ed.Studies

(Term expires 31.7.02. Attended 6/10 Board meetings)

Ms McComish is the Assistant Commissioner, Inmate Management, for the Department of Corrective Services. She is responsible for Inmate Classification and Programs, Corrective Services Industries, Education, Welfare, Psychology, Alcohol and Other Drugs Service, HIV and Health Promotion, Women's Services, Indigenous Services and Inmate Equity Services.

Mr Neil Wykes, B Comm. FCA ACIS

(Term expires 31.7.02. Attended 9/10 Board meetings)

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

Board Committees

The Board has a number of Committees to assist in the management of the Service. Most of these are chaired by a Board Director and each one reports regularly to the Board. Corrections Health Service, Department of Corrective Services and external representatives sit on each Committee. During this year, all Board and non-Board Committees were reviewed and terms of reference revised. This has resulted in a more efficient and effective committee structure.

Audit

Chairperson: Professor R. Penny, AO

Committee: Mr B. Owens
Mr N. Wykes

Observers: Mr C. Bailey
Dr R. Matthews (Acting Chief Executive Officer)
Mr G. Sohal
Ms B. Chaplin

The Audit Committee met on three occasions to review audit reports and decide on the audit plan.

Finance

Chairperson: Mr N. Wykes

Committee: Mr C. Bailey
Mr S. Narayan
Mr R. Orr
Father H. Moore
Dr R. Matthews (Acting Chief Executive Officer)
Mr G. Schipp
Ms B. Chaplin
Ms L. Sorrell (Acting Director of Clinical Services)

The Finance Committee met on eleven occasions to monitor financial performance.

Medical and Dental Appointments Advisory Committee

Chairperson: Dr A. Wilson

Committee: Dr R. Matthews
Associate Professor M. Levy
Associate Professor C. Quadrio
Dr A. Sefton
Dr J. O'Dea
Dr S. Allnutt
Ms L. Sorrell

The Medical and Dental Appointments Advisory Committee met on one occasion for the recommendation of medical and dental positions.

Human Research Ethics Committee

Chairperson: Dr S. Egger

Committee: Mr S. Eyland
Prof T. Campbell
Sister D. Cottrell-Dormer
Ms C. Dovey
Mr R. Gartrell
Mr R. Orr
Associate Professor M. Levy
Dr. R. Matthews
Ms B. Chaplin
Dr A. Wodak

The Human Research Ethics Committee met on 2 occasions. The following research was approved:

- Custodial histories of the homeless mentally ill
- A description of dangerous (life threatening) illicit drug use patterns in NSW Prisons
- Heroin Importer Study
- Drug & Alcohol Review (KPMG)
- A randomised controlled trial of Naltrexone
- Evaluation of the NSW Drug Courts

Quality Council

Chairperson: Ms T. Rosenbaum

Committee: Mr R. Orr
Dr R. Matthews
Associate Professor M. Levy
Dr A. Melman
Mr P. Venn
Ms L. Tak
Ms L. Sorrell
Ms J. White
Ms B. Chaplin
Father H. Moore
Mr C. Bailey
Associate Professor C. Quadrio
Ms R. Halpin
Mr G. Phair
Ms R. Terry

The Quality Council met on 7 occasions to monitor and facilitate continuous improvement and promote staff learning and development and research.

Senior Staff

Chief Executive Officer	Clinical Associate Professor Debora Picone RN, BHA (UNSW), FCN (NSW) <i>Acting CEO Dr Richard Matthews MBBS</i>
Director of Clinical Services	Dr Richard Matthews MBBS <i>Acting Director – Linda Sorrell RN, BHSM, Grad Cert (Casemix), AFACHSE (CHE)</i>
Director of Corporate Services	Belinda Chaplin RN, CCCert, BBus, MCN (NSW)
Director of Finance & IT	Charles Bailey BEc, MBA, CPA
Director of Nursing	Roger Orr RN, BHA (UNSW), MBA (Macq), AFACHSE (CHE), MANZCMHN, MCN (NSW)
Director of Health Services Development & Executive Unit	Linda Sorrell RN, BHSM, Grad Cert. (Casemix), AFACHSE (CHE) <i>Acting Director Anne Doherty RN, BHA</i>
Human Resources Manager	Joanne White Grad. Dip. Employment Relations, AIMM, JP
Principal Dental Officer and Manager, Oral Health Services	Dr Peter Hill BDS(Lond), DDPH, RCS(England)
Medical Records Manager	Marie Burke BAppSc (Health Information Management)
Director of Drug and Alcohol	Dr Richard Matthews MBBS
Director of Mental Health	Associate Professor Carolyn Quadrio PhD, MBBS, DPM, FRANZCP
Superintendent of Long Bay Hospital	Dr Stephen Alnutt MBChB, FRCPC
Director of Population Health	Associate Professor Michael Levy MBBS, MPH, FAFPHM
Director of Women’s Health Services	Dr Anne Sefton MBBS (Sydney)
Director of Primary Health	Dr Richard Matthews MBBS
Manager of Administrative Support	Judy Hollo
Manager of Commercial Services	Geoff Smith MNIA, JP
Nurse Manager of Drug and Alcohol and Northern Region	Maureen Hanly RN, MSc (Health Policy and Management), BHSc (Nursing), Dip. AppSc (Nursing), Cert.MH, Cert.CN, MCN(NSW)
Nurse Manager of Drug Court Program	Katherine Rynne RN (until February 2000) <i>Acting Nurse Manager Sue Jefferies RN, BHSM</i>
Nurse Manager of Mental Health and Southern Region	Anne Doherty RN, BHA <i>Acting Nurse Manager Dennise Allen RN Cert. Gen., RN Cert. Psych., FANZCMHN</i>
Nurse Manager of Population Health	Shani Prosser RGN, RM
Nurse Manager of Primary Health and Western Region	Chris Murphy RN, BSc(Hons), NP.Dip, PN.Cert

Building a Team

CHS continues to encourage its staff to participate in service development and to work collaboratively across disciplines so that it can provide the best possible health care for inmates.

The Annual Nurses' Forum is an important team building opportunity for nurses. More than forty CHS nurses from across the State attended this year's forum. The Keynote Speaker was Ms Maureen Robinson, Director of NSW Health Quality Branch. Forum sessions addressed quality programs, Corrections Health *Care in Context – Aboriginal Health Strategic Plan*, the Statewide Complaints Data Base System, Men's Health and the Young Offenders' Program. This gathering encourages nurses to exchange professional insights, compare approaches and to experience a feeling of corporate identity. It has been so successful that there has been a recommendation to extend the Forum to all CHS managers and to hold more frequent Forums throughout the year.

Planning and Performance Management are Driven by Strategic Directions for Health

CHS is committed to *Better Health – Good Health Care* and to using the Goals and Attributes outlined in the *Strategic Directions for Health* for achieving that purpose in the correctional environment. We have adopted its structure and format as a guide for many CHS documents – most significantly our own *Strategic Directions Statement and Plan 1999-2002*.

CHS has developed strategies for implementing Goals and achieving Attributes consistent with the *Strategic Directions for Health*. Progress is monitored through reports made to the CHS Board each quarter.

CHS intends its policies and procedures to guide staff in operational and clinical matters and to assist in the achievement of its *Strategic Directions Statement and Plan*. We have examined our system of policy development and review and identified a need for clearer guidelines, an enhanced technological system to streamline review and distribution of policies and a format that includes objectives and outcomes. The policy review, begun this year, will ensure that CHS policies reflect contemporary standards within the organisation and that the organisation is prepared for accreditation.

Initiatives for the Future

It is our goal to produce a revised and user-friendly policy manual that will reflect best practice, based on the EQulP standards. Communication and education strategies will be released to coincide with the distribution of the new policy manuals. There will also be:

- Mechanisms to evaluate the effectiveness of the policy review, index and manuals;
- Provision of feedback on individual policies;
- A quality survey on the manuals.

A report will be made to the Quality Council, detailing staff comments and making recommendations for improvement. Strategies will be developed to address identified gaps in policy areas and to monitor progress towards achieving best practice standards.

Skilled and Valued Workforce

Support for a Healthy Workforce

Corrections Health Service has implemented policies and procedures to encourage a safe, healthy and discrimination-free environment within the correctional context.

- Human Resources Policies and Procedures have been distributed to all staff as a resource on issues relating to Employee Relations, Industrial Relations, Occupational Health, Safety and Rehabilitation and Workers' Compensation.
- CHS aims to reduce the incidence and severity of illness and injury among its staff. There is a strong commitment to proactive management of physical and psychological injury, including regular review of workers' compensation claims, injury management and return to work programs for injured staff.
- Equity principles are being included in all human resources systems and processes and issues of access and equity are addressed by the Equity Steering Committee. There is an Equity Management Plan that focuses specifically on equity in recruitment, selection and training.
- A quarterly reporting system ensures that the priorities of the Equity and Human Resources Plans are being addressed appropriately.

Employment Strategies

- The *Aboriginal and Torres Strait Islanders' Employment Strategy* is being redeveloped to take into account the resource needs of the CHS Aboriginal and Torres Strait Islander Health Plan. This strategy promotes employment initiatives that will attract Aboriginal and Torres Strait Islander employees. A further aim is to improve career opportunities for those currently in our employ.
- Employment guidelines ensure that where there are two candidates of equal merit, a person's disability will not influence the appointment.
- CHS is being affected by the Statewide shortage of registered nurses. In particular, we face competition from other health services for nurses to staff our significant specialty in mental health. We have devised a consolidated and focused marketing and promotion campaign to address the whole recruitment issue. The program targets school leavers, new graduates and experienced registered nurses.
- All new staff and contractors are screened through the pre-employment criminal record check under the Department of Corrective Services guidelines.

Three Year Recruitment Pattern

	1997-1998			1998-1999			1999-2000		
	M	F	Total	M	F	Total	M	F	Total
Recruitment	78	125	203	57	142	199	70	185	255
Departures ¹	48	102	150	56	99	155	19	81	100
Turnover Rate ²	27%	32%	30%	34%	28%	30%	9%	18%	15%
Total Employees	175	319	494	164	356	520	208	461	669

NOTES:

1. Includes employees who either resigned or changed status between casual and permanent positions and those employed on a short-term basis (3 months or less).
2. The turnover rate is calculated by dividing the number of departures by the total employees.

Recruitment by Area – Three Year Pattern

	1997-1998			1998-1999			1999-2000		
	M	F	Total	M	F	Total	M	F	Total
Registered Nurses	50	104	154	43	111	154	47	140	187
Enrolled Nurses	-	1	1	0	0	0	2	3	5
Graduate Nurses	4	4	8	2	6	8	4	12	16
Medical Officers	5	-	5	3	1	4	7	1	8
Personal Care	-	2	2	1	2	3	0	0	0
Allied Health Professional ¹	2	1	3	1	2	3	2	6	8
Managerial ²	2	1	3	0	1	1	1	1	2
Operational and Clerical ³	5	2	7	2	9	17	2	3	5
Medical Records	4	4	8	2	5	7	3	17	20
Hotel Services	6	6	12	3	5	8	2	2	4
Total	78	125	203	57	142	199	70	185	255

NOTES:

1. Increase due to reviews of services and increased use of casual professional staff, particularly in the area of Dental and Pharmaceutical services.
2. Increase reflects the employment of a Medical Superintendent of the Long Bay Hospital and the Director of Health Services Development and Executive Unit.
3. Decreases are due to the Premier’s staff freeze on non clinical positions.

Staffing Statistics

CHS employed nearly 400 full time equivalent staff in 1999-2000, caring for an average inmate population of 7,314. More than 80% of CHS staff are registered nurses who provide most of the health services to inmates in NSW correctional centres.

- At June 30th 2000, there were 216 full-time and 68 part-time permanently employed registered nurses.
- The annual resignation rate for 1999-2000 was 15.9% compared with 25.4% last year.

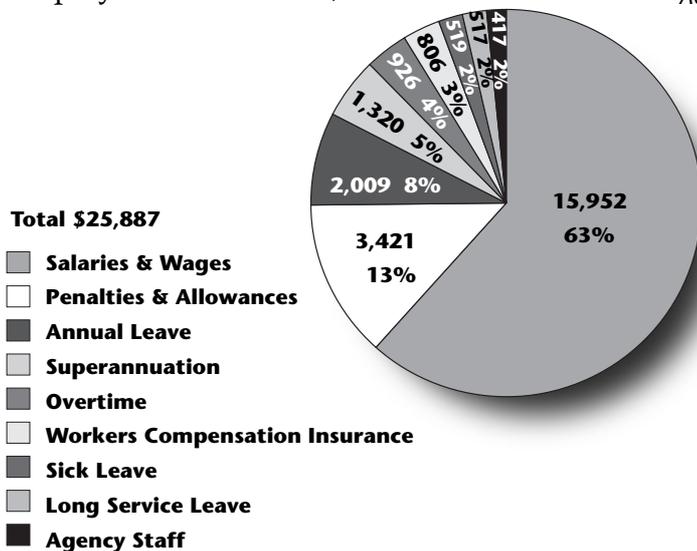
Occupational Health, Safety and Rehabilitation; Workers’ Compensation

A consultant has reviewed the activities and terms of reference of the Statewide Occupational Health and Safety Committee. The current Committee members have completed their term and new representatives are being elected. Successful candidates will participate in appropriate training before taking up their positions.

OHS&R Action Plan

The *Occupational Health, Safety and Rehabilitation (OHS&R) Action Plan* focuses on strategic activities and includes measurable performance indicators and targets, so that outcomes in key priority areas can be assessed. One measure of success is the improvement in the numerical profile of Long Bay Hospital, which increased its score from 51.6% last year to 71.9%. On the other hand, psychological work related injury claims increased from three last year to eleven in 1999-2000. Each claim has been investigated and management plans established.

Employee related costs \$000s



The table below gives a more complete picture of staff injuries over a three-year period.

Consultation, Communication and Collaboration

Staff Injuries and Hours Lost

Injury	Number of Staff Injuries			Staff Hours Lost		
	97-98	98-99	99-00	97-98	98-99	99-00
Body Stress	4	2	7	603	0	818
Exposure	2	2	-	3	35	-
Fall/Slip	5	6	6	853	2,234	41
Mental Stress	12	3	12	5,406	162	131
Objects – Hit	9	12	8	626	646	23
Objects – Moving	-	2	2	-	57	0
Vehicle	1	6	1	88	944	167
Unknown	-	1	-	-	0	-
Other	-	1	1	-	0	0
Total	33	35	37	7,579	4,078	1,180

Source: NSW Treasury Managed Fund

Employee Assistance Program

The *Workwise* group has been contracted to provide an Employee Assistance Program. The service is intended as an early intervention, available to all employees and their families on a voluntary and confidential basis. It will encourage staff to seek early assistance for a range of concerns so that more serious problems can be prevented.

Critical Incident debriefing and trauma support counselling is also available to all staff who require debriefing and counselling after traumatic incidents. CHS managers have attended training programs to help them make appropriate referrals to the Employee Assistance Program, the Critical Incident debriefing or trauma support counselling.

Towards a Safer Workplace

A part-time Fire Officer position was created to provide staff training in accordance with the NSW Health policy on fire and evacuation training. Courses were conducted at Silverwater and Long Bay and arrangements have been made to ensure that staff in country centres receive training through regional health services or the Department of Corrective Services.

➤ Employees were surveyed about their plans to cope with the Olympic Games period in September-October 2000. Plans are being finalised to ensure that there will be minimal disruption to our services during this time. Fact sheets containing travel information have been given to staff. Maps of the Olympic sites showing major road corridors and information about road changes and closures have been enlarged and posted in those correctional centres most likely to be affected. Copies have also been supplied to the Department of Corrective Services at the relevant sites. There has been a high level of consultation between DCS and CHS, with the two organisations working in partnership to ensure that services continue to work effectively during the Olympic period.

➤ An Employee Opinion Survey was tested using focus groups and then issued to the whole staff. The Survey covered organisational communication, finance and payroll, job satisfaction and effectiveness of senior management in meeting CHS goals. In a pleasing result, 69% of forms were returned. The information is being processed and feedback sessions with the Chief Executive Officer have been scheduled.

Staff Skills and Achievements are Recognised

Congratulations to the following staff members for their achievements.

- Dr Keith Heap, of the Oral Health Service, who has been recommended as a Fellow of the Royal Australasian College of Dental Surgeons;
- Dr Anne Sefton, Director, Women's Health, who was recommended for a Ministerial Commendation for services to the health of female inmates.

The Right Skills and Tools for the Job

Corrections Health Service is committed to encouraging staff to achieve appropriate skills and qualifications. More than 2% of the salary budget is spent on staff development and training. In some areas, CHS has developed new education programs that are pertinent to working in a correctional environment.

- The clinical supervision program continued with assistance from *Contemporary Learning Resources* for workshops, clinical supervision and staff support.
- Competencies have been established for all nursing staff. These are backed by appropriate support in clinical skills and development. About 20% of nursing staff have either begun or completed the NSW College of Nursing emergency skills program and workshop.
- CHS has negotiated establishment of a Professor of Nursing, a conjoint appointment with the University of Technology (School of Nursing and Midwifery) and the University of Sydney (Medical Faculty). This position, planned to commence in January 2001, will be an integral part of the *Learning and Development Centre*.
- CHS recognises that it is not cost effective to create a dedicated Statewide CHS computer network, but we are working towards a technological solution that will meet clinical requirements and serve the health care needs of inmates. This will include internet access to the NSW Health data base, *HealthNet*, and some email facilities.
- The upgrade of information technology infrastructure and software began this year and will continue. Formal training programs will be provided for more than 150 staff to help them make the best use of both generic software and application specific programs.
- The Occupational Health and Safety consultant has conducted workshops for managers and department heads on their responsibilities and obligations under the legislation. The program also addressed the Code of Practice for hazard management in the workplace.
- CHS has collaborated with the Rural and Remote Training Unit at Broken Hill in developing a module for trainee Aboriginal Health Workers in correctional health care. Trainees address issues such as:
 - How inmates access health services
 - How the health burden of inmates impacts on the community
 - How the trainee can make a personal contribution to health care provision to inmates.

- CHS is working with the Department of Corrective Services' Regional Aboriginal Project to provide opportunities for staff development programs in Aboriginal Cultural Awareness.
- Staff throughout NSW have been given opportunities to participate in a residential program with inmates and Department of Corrective Services staff at M.E.R.C.Y. camps held at Goodooga.
- All CHS cleaning staff attended a three-day *Patient Services Assistant Course* to acquire the upgraded level of skill required for their new duties.
- This year CHS introduced a *Learning and Development Calendar* to promote educational programs and activities.

Critical Operations Standing Operating Procedures (COSOPS)

The COSOPS manual was developed in partnership with the Department of Corrective Services as part of *Healthplan* for internal emergencies. The manual, which provides information on how to respond to all types of emergency situations, was distributed to all sites and supported by an education program.

Information Systems

- The *Information Technology Strategic Plan* was completed and implementation has begun.
- The Medical Records Service was expanded to provide a more comprehensive and effective service. Additional staff have been recruited and the service has been enhanced to both rural and metropolitan clinics.
- Corrections Health Service is participating in the NSW Mental Health Data Collection and Decision Support Systems program. The main objectives are to:
 - create a *unique patient identifier* to help access client information;
 - develop an information data base within quality and financial constraints;
 - improve access to patient care details.

Shared Strategic Directions

- CHS has published its *Strategic Directions Statement and Plan 1999-2002*. Staff in both Corrections Health Service and the Department of Corrective Services were closely involved in developing the strategies. We are confident that the plan reflects the professional goals and ambitions of those who are implementing it.
- Fundamental to the provision of best practice professional health services in a correctional environment, is engendering a high level of ethical behaviour among staff. The CHS *Code of Conduct* was officially launched in August 1999 and is a vital aspect of CHS's determination to ensure a corruption-free health service. *Professional and Ethical Guidelines for Nurses* has been revised and extended to cover all CHS employees.
- All new employees attend an orientation program to inform them of CHS's corporate goals, standards and procedures and to help them understand and absorb the culture of the organisation. After a great deal of consultation with staff, a new orientation program has been developed. The NSW College of Nursing assisted with curriculum design of the nine modules that address key areas of Corrections Health Service. Before the program is introduced in November 2000, all Nursing Unit Managers will have been trained to ensure that they can use it effectively for the benefit of the organisation and new staff members.

Shaping the Future

- The Graduate Certificate in Corrections Health Nursing (Distance Package) will be offered to staff in 2001 through the NSW College of Nursing.
- There will be greater emphasis on education and training for staff carrying out health assessments at intake and at police cells.
- In the coming year there will be a focus on training and development of Nursing Unit Managers and Nurses-in-Charge (NIC), with further devolvement of responsibilities and accountabilities to the NICs. We will introduce shadow budgets and local business plans for each nursing unit.

Engaging the Community

An Involved Community

- Consumer representation and participation has been a key priority this year for the Quality Council. The major avenues for customer contribution are Inmate Development Committees (IDCs). During this year, the CHS Board and Chief Executive Officer met with IDCs in both rural and metropolitan correctional centres. Nurse Unit Managers attend inmate committee meetings quarterly as one of the targets associated with the CHS performance agreement with NSW Health. These meetings play an important role in enabling the parties to address health concerns, recommend strategies and monitor results. Inmates are often able to receive immediate answers or have problems resolved promptly.
- A number of consumer questionnaires have been trialed at the Metropolitan Medical Transit Centre and the Metropolitan Remand and Reception Centre. The Patient Satisfaction Survey is being assessed by the CHS Human Research Ethics Committee before being implemented. An inpatient questionnaire for mental health services has been completed. The results have been collated and recommendations are expected early next year.

An Informed Community

Patient information and Feedback

A brochure was produced to inform inmates about Corrections Health Services and provide information on how to access services within the correctional system. The brochure emphasized the importance of working with the health team to achieve maximum health outcomes and how to inform the Service of any complaints.

Consumer consultation was a key initiative in evaluating patient access to our services. Inmates, Official Visitors, NSW Ombudsman representatives, Patient Support Officers, Community Groups, Local Members and the Ministers for Health and Corrective Services have all contributed to assist Corrections Health Service inform its consumers and ensure that patients can be involved in the development and evaluation of services in a meaningful way.

Freedom of Information

Corrections Health Service received twelve new requests for information under the *Freedom of Information Act (FOI) 1989*. Of those requests, seven were of a personal nature. Full access was granted to all requests.

- There were no applications requiring internal review.
- There are no outstanding requests being processed by Corrections Health Service.
- No third party consultations were required in processing requests.
- Corrections Health Service did not receive any FOI applications for amendment of records.
- Two FOI applications were granted a 50% reduction in the application and processing fees.
- All requests were completed within 21 days in accordance with the Act.
- A total of \$487 was received by Corrections Health Service for FOI fees.
- All FOI applications were for clinical information or medical records. Seven were requested by the person and five were requested by a solicitor on behalf of the person.

The number of requests processed under FOI legislation has nearly halved since 1998-99 because Area Health Services are now being encouraged to process requests under NSW Health Circular No 99/68 where possible.

The *Freedom of Information Act* allows a member of the public the right to apply for records to be amended if they are out of date, misleading, incorrect or incomplete. Members of the public can apply to have records amended by writing to the FOI Coordinator, Corrections Health Service, PO Box 150 Matraville NSW 2036. There is no application fee for amendment of records.

A Responsive Health Service

Clients From Non English Speaking Background

CHS recognises that cultural and language differences raise specific issues for health services in the correctional environment. In July 1999 we implemented our Ethnic Affairs Policy, based on the New South Wales *Charter of Principles for a Culturally Diverse Society*.

Guided by this policy, CHS will:

- Ensure an appropriate level, range and equity of access to health services for all inmates, regardless of ethnic, religious or cultural background and irrespective of proficiency in English.
- Accept responsibility for assisting staff from non English speaking backgrounds to acquire English language skills and adjust to their work environment.

Some steps have already been taken to meet the aims of the policy. These include:

- Identifying inmates from non English speaking background as they enter the system.
- Training staff so that they are aware of cultural differences and are able to approach diagnosis and treatment with appropriate sensitivity.
- Making health literature available in a number of languages other than English.
- Using interpreters for patients and staff to ensure that health interactions are not compromised by language barriers.
- Training staff in universal symbols where appropriate.

Complaint Management

CHS monitors all complaints received so as to identify opportunities to initiate local and system-wide improvements to our service. This year the Quality Council recommended that each clinic should receive a monthly Complaints Report and that individual clinics should develop their own reports to help identify local trends and monitor quality initiatives and outcomes.

Continuing review of complaint data collections and coding systems, together with better collection of "blueys" (inmate communication sheets) by the Department of Corrective Services and CHS complaint forms, has provided an excellent source of complaint data. The effectiveness of these measures can be seen from the fact that there were 281 complaints this year, compared with 202 last year and 146 the previous year.

Complaints are recorded on a data base that conforms to Department of Health collection requirements. This enables the issues complained about in Corrections Health Service to be compared with those in other health services. The following table shows the rate of complaint which is perhaps a better indicator than the raw numbers.

Complaints per 1,000 inmates	
1997-1998	22.5
1998-1999	27.8
1999-2000	38.4

There are a number of reasons for the 10.6% rise in complaints this year.

- Staff are better educated about the importance of recording and managing complaints
- CHS has educated its consumers in the process of lodging complaints through its own initiatives and those of the Health Care Complaints Commission, the NSW Ombudsman and the Office of the Minister for Health.
- DCS inmate communication sheets (blueys) are now collected at a central point instead of being managed locally.
- Consumers have increased expectations of their health service, partly due to the education programs conducted by CHS and other agencies.

CHS considers complaints to be an important means of evaluating its services and uses them to identify patients' needs. The steady increase in complaints over the last three years has been discussed with Patient Support Officers from the Health Care Complaints Commission. CHS has recommended that education programs continue to inform inmates about health service delivery.

As part of its complaints handling procedure, CHS analyses the outcome of complaints received. This year almost 75% were unsubstantiated. Investigations of complaints that were substantiated have resulted in service improvements such as the introduction of a register for accounting of diabetic supplies, reallocation of medical officer hours and enhancement of dental services.

Issues about which people complained

Complaint Issues	Number ¹	Percentage
Administrative Management	6	2
Business Practices	2	1
Clinical Standards – Diagnosis	5	2
Clinical Standards –Treatment	96	34
Communication	35	12
DCS Issue ²	7	2
Infection Control	1	0
Medical Records	2	1
Unethical Conduct	7	2
Other	21	7
Patient Rights	10	4
Prescribing/ Dispensing	31	11
Provider – Patient Relationship	5	2
Quality of Care	46	16
Resources	4	1
Waiting List	3	1
Total	281	100

Notes:

1. There were 281 issues identified in 264 letters of complaint received by Corrections Health Service. Some of the 264 letters were received from more than one source e.g. inmate, NSW Ombudsman, Health Care Complaints or family relatives. A number of letters were from the same inmate.
2. Issues that are the responsibility of the Department of Corrective Services.

Future Directions

Consideration is being given to repeating the 1996 *Inmate Health Survey*. The present proposal is to repeat the components that have proved most useful. A thorough analysis has been conducted to determine what aspects meet the criteria. If the survey is repeated, the information gathered will provide an insight into inmate health trends.

Working Partnerships

Working Together to Improve Services

Memoranda of Understanding

Crucial to the task of improving health services to inmates is a harmonious and constructive working partnership between CHS and the Department of Corrective Services (DCS). This, the most important of CHS's relationships, extends through all levels of both services and is a credit to staff of both organisations. This year DCS and CHS signed a *Memorandum of Understanding* (MOU) on the investigation of staff and began negotiations for a further two MOUs.

MOU – Investigation of Staff

The Memorandum was developed through an extensive consultation process. It recognises that the Commissioner, DCS, is responsible for the care, direction, control and management of all correctional centres. He may prevent any person, including CHS staff, from entering a correctional centre if satisfied that security, discipline or good order would be adversely affected.

The objectives of the MOU are to:

- create a cooperative environment in which the Department of Corrective Services will conduct investigations which may relate to CHS or CHS employees, in certain circumstances, using DCS skills and resources;
- engage in the free exchange of information between CHS and DCS for intelligence purposes.

The MOU is an important component of our commitment to a corruption-free workplace.

MOU – Joint Records Centre

After thorough consultation and a review of the operation and funding of the Joint Records Centre, a *Memorandum of Understanding* is being negotiated between CHS and DCS for the operation and funding of the Centre. The aim is to provide a better value service to both agencies and to our clients.

MOU – Police Cells

There are significant risks to people remanded in Police Cells including suicide and self harm and consequences of acute psychiatric illness, medical illness and substance abuse disorders. The proposed *Memorandum of Understanding* will provide a framework for appropriate management of inmates in Police Cell custody where the services of both CHS and the Department of Corrective Services are required.

Information Technology Governance

A major project under the *Information Management and Technology Strategic Plan 1999*, is to determine key requirements and responsibilities for information technology. CHS is working closely with NSW Health and the Department of Corrective Services to ensure that technology solutions are created that will contribute to improved health services for inmates and provide an agreed level of service to the three partner services.

Health Services in Partnership

CHS works closely with local Area Health Services to provide quality care for inmates. This is especially so in rural areas. For example, Goulburn Base Hospital provides a radiographer for the new X-Ray unit at Goulburn Correctional Centre. This partnership not only ensures better access to quality care for inmates, it is also a cost effective solution, especially for the Department of Corrective Services.

CHS was invited to collaborate with the World Health Organisation to develop guidelines for tuberculosis control in correctional centres. These guidelines will be finalised for world distribution in 2000.

CHS has supported site visits to correctional facilities in Thailand, Papua New Guinea, Germany, Switzerland and Norway, focussing on models of health care and the application of harm minimisation strategies in the correctional environment.

Secure Patient Area, Westmead Hospital

Corrections Health Service has negotiated with Westmead Hospital to provide a secure area for inmates to wait for appointments and medical attention. This proposed facility will be the outcome of a comprehensive analysis of the number of admissions and outpatient visits to Westmead and Nepean Hospitals. A functional brief, which recommends the secure waiting area, has been prepared and Westmead Hospital is currently identifying an appropriate site for its construction.

Court Liaison Service

A significant partnership is developing between CHS and the Local Courts. This year pilot programs were established at Central and Parramatta Local Courts to provide psychiatric expertise and advice to magistrates when people with mental illness first appear in court. At the Parramatta Court a mental health nurse is available to make an immediate assessment and provide a report that may recommend options for further assessment and treatment. The goal is to assist the court to identify individuals who would most benefit from Court diversion. It is hoped that this early intervention will prevent people being incarcerated inappropriately, diverting them instead to treatment for their mental illness.

The service also has a liaison role for patients who are returned to the community and helps arrange care for them. Court Liaison Nurses act as contact persons for patients identified as mentally ill within the correctional system or admitted to Long Bay Hospital and returned to Court.

CHS believes that the Court Liaison Service will develop into a central aspect of health care for mentally ill offenders. Protocols and a database are being developed to determine whether the service can be adopted throughout the State.

At the same time, a significant effort has been made to upgrade the quality of CHS reports to the Courts. This effort has reduced the number of complaints from magistrates and the community.

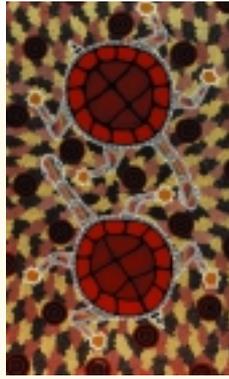
Working with the Tertiary Education Sector

Medical students from Sydney University visited Emu Plains, Mulawa, Parramatta, Kirkconnell, Goulburn, MRRC and Lithgow Correctional Centres as part of their Community-Doctor course. Staff at Emu Plains and Kirkconnell received letters of commendation from the Dean of Medicine for their endeavours.

CHS hosted clinical practicum experience for nursing students from the following universities: Charles Sturt (Wagga Wagga), Australian Catholic University, University of Western Sydney, University of Technology and University of Newcastle.

Statement of Apology and Renewal to Aboriginal People

The CHS *Statement of Apology and Renewal to Aboriginal People* will play an important part in cementing relationships with the indigenous community. We hope that it will improve our working relationships with Aboriginal community and health groups and encourage our staff to provide a more culturally appropriate service to Aboriginal and Torres Strait Islander inmates.



STATEMENT OF APOLOGY AND RENEWAL TO ABORIGINAL PEOPLE FROM THE CORRECTIONS HEALTH SERVICE

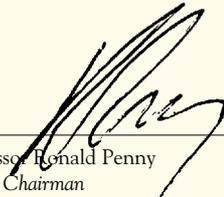
In view of the dispossession of Aboriginal people from your land, removal of your children and the discriminatory attitudes and actions in the delivery of health services within the correctional environment:

We:

- commit ourselves to work for healing and conciliation, in the spirit of partnership and mutual respect
- respect your grief for your fathers, mothers, brothers, sisters and cousins who have suffered unnecessary illness and died prematurely
- regret the loss of your land and the past disregard for your culture and beliefs
- acknowledge the over-representation of Aboriginal persons in custody, and the number of persons who have died in custody
- will work with you to redress inequities, and
- are deeply sorry, and offer our apologies.

Only through conciliation can we assert our identity as an organisation, and acknowledge the fact that shame does exist in relation to past acts and omissions.

We call on all staff members of Corrections Health Service to consider our declaration to openly act in the spirit of "sorry", by apologising to Aboriginal people, and all others who have suffered injustice.



Professor Ronald Penny
Chairman

Date: 29/11/99



Clinical Associate Professor Debora Picone
Chief Executive Officer

Date: 29/11/99

Informed Decision Making

Information for Decision Making is Accessible

- All staff have access to appropriate and relevant CHS policies and procedures to guide decision making. Education programs are conducted to ensure that these are understood.
- Telehealth projects are improving access to specialist consultation, patient records and medical reports. This will provide a better information base for determining treatment.
- A number of CHS staff have access to email and the *NSW HealthNet*.
- Ready access to patient health information is vital for clinicians, but this can prove difficult in the correctional environment where many patients have short sentences and inmates are frequently relocated within the correctional system. To overcome this problem CHS is working to develop a Statewide patient information system that will provide an on-line, real time summary of inmates' medical risks and health status. The result will assist clinicians and contribute to improved health care for patients.
- Minutes from meetings are widely distributed to assist staff in their decision making.
- Department of Health Reporting System (DOHRS) reports are submitted monthly to NSW Health. The data comes from CHS clinics and departments and includes financial activity. This information is used to monitor service delivery and plan future services.

Information is Collected and Used Optimally

Deaths in Correctional Centres

CHS is particularly concerned to determine the causes of untimely deaths so that appropriate health interventions can be devised to treat or prevent illness that might be a contributing factor in premature death. All deaths in correctional centres are reviewed internally and each is the subject of a coronial investigation.

In the 1999-2000 year 21 people died in eleven correctional centres.

Gender:	twenty males, one female
Aboriginality:	five were Aboriginal
Age range:	19 – 75 years
Causes of death:	eleven (11) suicides four (4) natural causes (cardiac arrest & myocardial infarct, cancer) three (3) overdoses three (3) murders.

In 1999-2000, the crude death rate was 2.86 deaths per thousand inmates. There has been a downward trend in the death rate since 1996/97.

Location of deaths in 1999-2000

Centre	No. of Deaths
Bathurst	3
Cessnock	1
Goulburn	2
John Morony	1
Kirkconnell ¹	1
Lithgow	3
MRRC	5
MMTC	2
Mulawa	1
Silverwater	1
Tamworth	1

NOTE:

1. One male inmate who was classified to Kirkconnell Correctional Centre was transferred to and died at Prince of Wales Hospital.

Deaths in NSW Correctional Centres, 1995-96 to 1999-2000.

Cause of Death	1995-1996		1996-1997		1997-1998		1998-1999		1999-2000	
	No.	%	No.	%	No.	%	No.	%	No.	%
Natural Causes	4	22.2	13 ¹	44.8	7	25.9	5	19	4 ¹	19
Suicide	4	22.2	10	34.5	11	40.8	11	42	11	53
Overdose	6	33.4	5	17.3	4	14.8	4	16	3	14
Murder	4	22.2	1	3.4	5	18.5	6	23	3	14
Accidental	-	-	-	-	-	-	-	-	-	-
Total	18	100	29	100	27	100	26	100	21	100
Inmate Population ²	6,267		6,267		6,386		7,242		7,355	
Rate/1000	2.87		4.79		4.23		3.59		2.86	

NOTES:

1. Includes one inmate who died whilst on weekend leave.
2. Inmate population taken at Inmate Census as of 30 June (includes males and females)

Indigenous Deaths

There were five Aboriginal deaths in NSW Correctional Centres this year. The crude death rate per 1000 Aboriginal inmates was 4.23.

The following table shows the number and rate of indigenous deaths in NSW correctional centres over the past five years.

Cause of Death	1995-1996	1996-1997	1997-1998	1998-1999	1999-2000
	No.	No.	No.	No.	No.
Natural Causes	2	0	0	1	2
Suicide	0	2	1	1	1
Overdose	0	1	0	1	1
Murder	2	0	1	0	1
Accidental	0	0	0	0	0
Total	4	3	2	3	5
Indigenous Population ¹	888	952	1,010	1,182	1,182
Rate/1000	4.5	3.15	1.98	2.54	4.23

NOTE:

1. The Indigenous population taken at Inmate Census as of 30 June (includes males and females).

Coronial Inquests

Twenty-four coronial inquests concerning deaths in NSW Correctional Centres were completed. The following recommendation relevant to Corrections Health Service was made by the coroner in one case:

- That the Corrections Health Service and the Department of Corrective Services reception assessments be carried out seriatim before a prisoner is taken to a wing or pod. And that the two services be encouraged to discuss their assessments at that time.

At the MRRC, where almost 70% of receptions occur, the Corrections Health Service and Department of Corrective Services reception assessments are carried out seriatim before the prisoner is taken to a cell, as per the recommendation. In the rural reception centres during business hours this recommendation is observed. However, after hours, the Corrections Health Service registered nurse completes both the CHS and DCS assessments.

The Best Available Evidence is Used

- CHS has an active research program, both in its own right and in partnership with relevant academic institutions. Evidence arising from research programs forms the basis of new developments or improved health care services.
- Asthma and diabetes are among the most common chronic conditions amongst inmates. CHS is using pilot studies to test protocols and guidelines to determine best practice care for inmates with these conditions.
- A journal club has been established for psychiatrists at the Long Bay Complex. Members meet regularly to review articles and discuss the application of available evidence to psychiatry in the correctional environment.

To Better Inform Future Directions

- A review of the *Risk Assessment Intervention Team (RAIT)* at MRRC is planned for the first half of next year. The review will examine:
 - Whether the team reflects a community psychiatry model;
 - System deficits;
 - Whether clinical pathways (identification, assessment, management) meet National Mental Health Standards;
 - The relationship between CHS, DCS, Courts and Area Health Services in the context of RAIT;
 - Appropriateness of documentation.
- A dental questionnaire will be administered to inmates so that the Oral Health Service can make more confident assessments of treatment needs and expectations.

Embracing Innovation

Clear Priorities for Research, Development and Innovation

Research

CHS is active in research to underpin improvement in the quality of health services to inmates. This year projects include:

- Trial of the effects of smoking among the inmate population (with the University of NSW).
- Review of the nature and rate of self harm among inmates (University of Western Sydney).
- Field testing a standardisation of selected risk assessment measures in seven forensic mental health settings (University of Western Sydney).
- Multi-centre forensic psychiatric rehabilitation study following up individuals who have received forensic psychiatric rehabilitation (Sydney, Melbourne, Auckland and Orebro, Sweden).
- Study of the relationship between the use of Interferon in the management of patients with Hepatitis C and the risk of aggravating or developing mental illness (University of Sydney).
- Randomised clinical trial comparing the use of Naltrexone, Methadone and LAAM for treatment of patients with opioid addiction. This initiative addresses the Drug Summit recommendations about involving a greater range of pharmacotherapies in heroin treatment programs (National Drug and Alcohol Research Centre).
- Development of a draft proposal to evaluate Buprenorphine as a means of detoxification. A second proposal to use Buprenorphine as a maintenance therapy is being developed (Langton Drug and Alcohol Centre).
- A randomised, controlled trial was conducted of the NSW Prison Methadone Program. There were 384 inmates enrolled and 354 were followed over an average period of six months. Approximately one half of the subjects were on methadone maintenance treatment and the other half received drug and alcohol counselling. The study measured self-reported heroin use, used hair sample analysis for heroin use and conducted serology tests for HIV and hepatitis C infection. Results for the two groups are being compared and the findings will be published in the next reporting period.

Implementation of Effective Models of Care

Nurse Practitioners

Nurses provide most of the health care services to inmates and Corrections Health Service recognised early that nurse practitioner services would enhance and complement our service provision. There has been an eight year process of consultation and a two year pilot project involving ten sites across the State.

A Nurse Practitioner Steering Committee has consulted key stakeholders and it is anticipated that the pilot projects will confirm the Stage 3 Steering Committee's conclusion: *"that nurse practitioners (are) feasible, safe and effective in their roles and provide quality health care services in the range of settings researched."*

Hepatitis Treatment and Care

Hepatitis treatment and care has been enhanced by the introduction of dual ribavirin – interferon therapy. This is an innovative state of the art treatment that is simultaneously being introduced in the community. It is likely that this is the only correctional facility-based program of its kind in the world. We have begun to train staff in administering the treatment and have started to monitor clinical progress. In April 2000 Corrections Health Service sponsored a two-day seminar for medical practitioners and nurse managers to ensure that the program would be introduced and operated effectively.

Clinical Services Plan

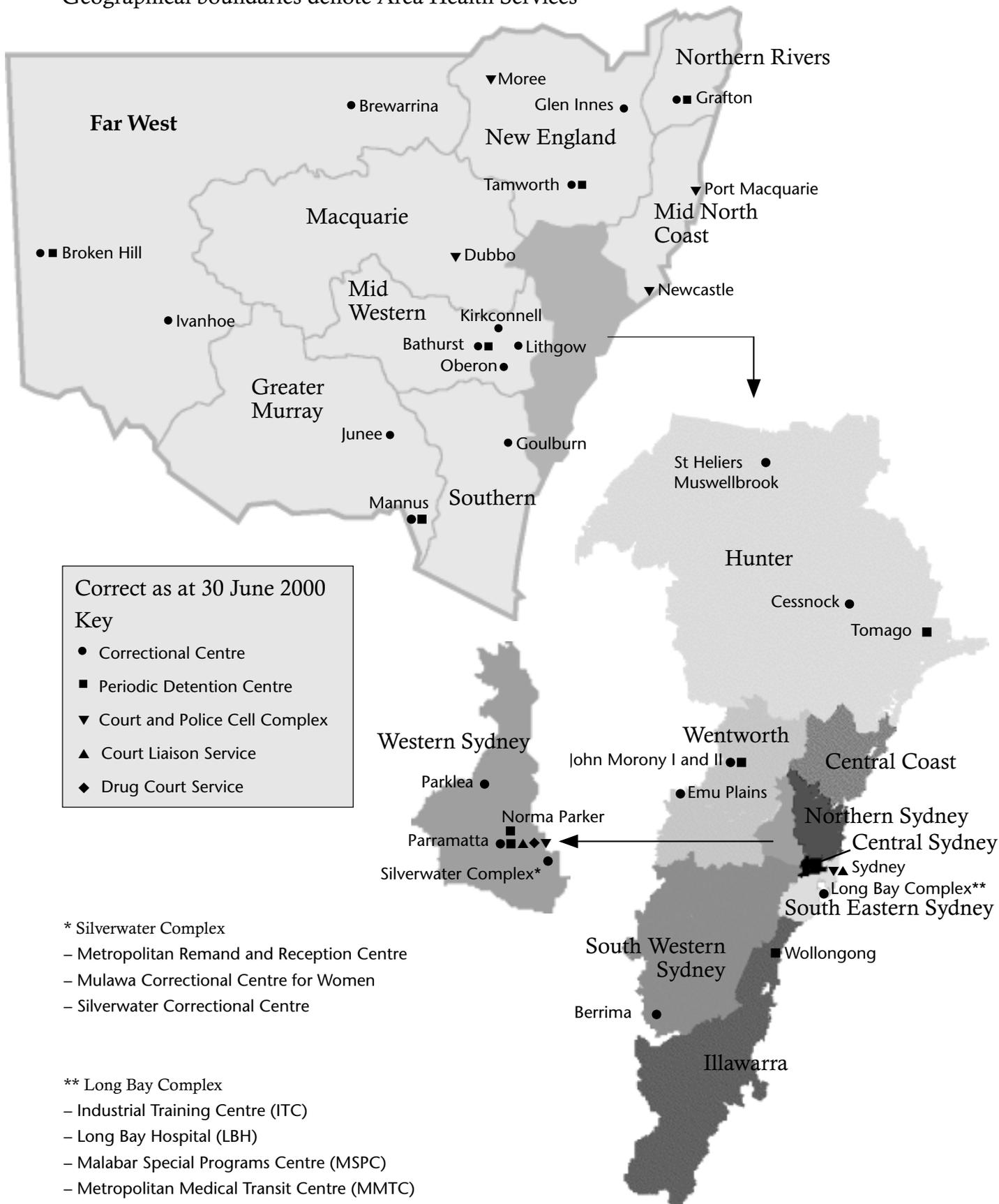
This joint Corrections Health Service and Department of Corrective Services Plan aims to develop an innovative model of care for all inmates, regardless of their entry point to the system. The Plan contains strategies under the headings of partnerships, healthier people, access and equity, quality health care, better value and continuity of care.

New Model of Care at MRRC

Health Services have been decentralised and organised to work more effectively within the structured day. Primary care nurses are now responsible for coordinating each patient's total health care.

Location of CHS Services

Geographical boundaries denote Area Health Services



Annual Accounts 1999–2000



BOX 12 GPO
SYDNEY NSW 2001

INDEPENDENT AUDIT REPORT

CORRECTIONS HEALTH SERVICE

To Members of the New South Wales Parliament and Members of the Board

Scope

I have audited the accounts of the Corrections Area Health Service for the year ended 30 June 2000. The Board is responsible for the financial report consisting of the statement of financial position, operating statement, statement of cash flows and program statement - expenses and revenues, together with the notes thereto, and information contained therein. My responsibility is to express an opinion on the financial report to Members of the New South Wales Parliament and the Board based on my audit as required by sections 34 and 45F(1) of the *Public Finance and Audit Act 1983* and the *Charitable Fundraising Act 1991*. My responsibility does not extend here to an assessment of the assumptions used in formulating budget figures disclosed in the financial report.

My audit has been conducted in accordance with Australian Auditing Standards and statutory requirements to provide reasonable assurance whether the financial report is free of material misstatement. My procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of accounting policies and significant accounting estimates.

In addition, other legislative and policy requirements, which could have an impact on the Corrections Health Service financial report, have been reviewed on a cyclical basis. For this year, the requirements examined comprised compliance with:

- core business activities being in accordance with the *Health Services Act 1997*; and
- the *Health Services Act 1997* in respect of the Chief Executive Officer's contract.

These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with the requirements of the Act, Accounting Standards and other mandatory professional reporting requirements, in Australia, so as to present a view which is consistent with my understanding of the Corrections Health Service's financial position, the results of its operations and its cash flows.

The audit opinion expressed in this report has been formed on the above basis.

Audit Opinion

In my opinion, the financial report of the Corrections Health Service complies with section 45E of the Act and presents fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements the financial position of the Service as at 30 June 2000 and the results of its operations and its cash flows for the year then ended.

Report in accordance with section 24 of the *Charitable Fundraising Act 1991*

I report that:

- i) the accounts of the Corrections Health Service show a true and fair view of the financial result of fundraising appeals for the year ended 30 June 2000;
- ii) the accounts and associated records of the Corrections Area Health Service have been properly kept during the year in accordance with the Act;
- iii) money received as a result of fundraising appeals conducted during the year has been properly accounted for and applied in accordance with the Act; and
- iv) there are reasonable grounds to believe that the Corrections Health Service will be able to pay its debts as and when they fall due.

A handwritten signature in black ink that reads 'M T Spriggins'.

M T SPRIGGINS, CA
DIRECTOR OF AUDIT

(duly authorised by the Auditor-General of New South Wales
under section 45F(1A) of the Act)

SYDNEY
5 September 2000

Certification of Accounts

The attached financial statements of the Corrections Health Service for the Year ended 30 June 2000

- (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
Acting Chief Executive Officer



Mr. Charles Bailey
Director of Finance

28 August 2000

Operating Statement for the Year Ended 30/6/00

	Note	ACTUAL 2000 \$000	BUDGET 2000 \$000	ACTUAL 1999 \$000
Expenses				
Operating Expenses				
Employee Related	3	25,887	25,716	22,074
Visiting Medical Officers		1,613	1,850	1,622
Goods & Services	4	5,612	5,298	4,579
Maintenance	5	430	420	1,462
Depreciation	2(g,h), 6	237	320	267
Total Expenses		33,779	33,604	30,004
Revenues				
Sale of Goods & Services	7	672	488	678
Investment Income	8	42	24	26
Grants & Contributions	9	4	0	4
Other Revenue	10	3	4	3
Total Revenues		721	516	711
Loss on Sale of Non-Current Assets	11	(12)	0	(24)
NET COST OF SERVICES	26, 29	33,070	33,088	29,317
Add Government Contributions				
NSW Health Department – Recurrent Payments	2(a)	30,303	30,303	25,876
NSW Health Department – Capital Payments		1,226	1,226	2,266
Acceptance by the Crown Entity of Superannuation Liability	2(c)	1,320	1,320	1,200
MOVEMENT IN ACCUMULATED FUNDS		(221)	(239)	25

The Accompanying Notes Form Part of These Financial Statements

Statement of Financial Position as at 30/6/00

	Note	ACTUAL 2000 \$000	BUDGET 2000 \$000	ACTUAL 1999 \$000
Current Assets				
Cash		1,038	1,189	302
Receivables	14	613	500	1,429
Inventories	15	247	220	108
Total Current Assets		<u>1,898</u>	<u>1,909</u>	<u>1,839</u>
Non-current Assets				
Plant & Equipment	16	1,007	779	1,039
Total Non-current Assets		<u>1,007</u>	<u>779</u>	<u>1,039</u>
Total Assets		<u>2,905</u>	<u>2,688</u>	<u>2,878</u>
Current Liabilities				
Accounts Payable	18	1,048	1,005	1,513
Borrowings	19	24	24	100
Employee Entitlements	20	3,005	3,063	2,464
Total Current Liabilities		<u>4,077</u>	<u>4,092</u>	<u>4,077</u>
Non-current Liabilities				
Borrowings	19	0	0	24
Employee Entitlements	20	2,614	2,400	2,342
Total Non-current Liabilities		<u>2,614</u>	<u>2,400</u>	<u>2,366</u>
Total Liabilities		<u>6,691</u>	<u>6,492</u>	<u>6,443</u>
Net Liabilities		<u>(3,786)</u>	<u>(3,804)</u>	<u>(3,565)</u>
Equity				
Accumulated (Deficiency)	21	(3,786)	(3,804)	(3,565)
Total Equity - (Deficiency)		<u>(3,786)</u>	<u>(3,804)</u>	<u>(3,565)</u>

The Accompanying Notes Form Part of These Financial Statements

Statement of Cash Flows for the Year Ended 30/6/00

	Note	ACTUAL 2000 \$000	BUDGET 2000 \$000	ACTUAL 1999 \$000
Cashflow From Operating Activities				
Payments				
Employee Related		(24,001)	(23,260)	(20,596)
Other		(7,188)	(7,200)	(6,878)
Total Payments		<u>(31,189)</u>	<u>(30,460)</u>	<u>(27,474)</u>
Receipts				
Sale Of Goods And Services		672	500	588
Interest Received		37	24	26
Other		4	3	7
Total Receipts		<u>713</u>	<u>527</u>	<u>621</u>
Cash Flows From Government				
Nsw Health Department Recurrent Payments		30,303	30,303	25,876
Nsw Health Department Capital Payments		1,227	1,227	1,290
Net Cash Flows From Government		<u>31,530</u>	<u>31,530</u>	<u>27,166</u>
Net Cash Flows From Operating Activities				
	26	<u>1,054</u>	<u>1,597</u>	<u>313</u>
Cashflow From Investing Activities				
Proceeds From Sale of Plant & Equipment		107	220	189
Purchases of Plant & Equipment		(325)	(440)	(109)
Other				
Net Cash Flow From Investing Activities		<u>(218)</u>	<u>(220)</u>	<u>80</u>
Cash Flows From Financing Activities				
Repayment Of Borrowings		(100)	(100)	(401)
Net Cash Flow From Financing Activities		<u>(100)</u>	<u>(100)</u>	<u>(401)</u>
Net Increase/(Decrease) In Cash				
Opening Cash And Cash Equivalents		302	302	310
Closing Cash And Cash Equivalents	25	<u>1,038</u>	<u>1,579</u>	<u>302</u>

The Accompanying Notes Form Part of These Financial Statements

Program Statement – Expenses and Revenues for the Year Ended 30 June 2000

Agency's Expenses and Revenues	Program 1.2		Program 1.3		Program 2.2		Program 3.1		Program 5.1		Grand Total	
	2000 \$000	1999 \$000										
Expenses												
Operating Expenses												
Employee Related	142	156	15,283	12,392	1,599	1,595	7,821	6,949	1,042	981	25,887	22,073
Other Operating Expenses	113	124	3,561	2,963	486	430	2,811	2,504	254	181	7,225	6,202
Maintenance	-	-	124	387	290	146	13	926	3	3	430	1,462
Depreciation	-	-	135	152	24	27	78	88	-	-	237	267
Finance Costs	-	-	-	-	-	-	-	-	-	-	-	-
Total Expenses	255	280	19,103	15,894	2,399	2,198	10,723	10,467	1,299	1,165	33,779	30,004
Retained Revenue												
Sale of Goods & Services	-	-	463	676	32	-	145	3	32	-	672	679
Investment Income	-	-	42	25	-	-	-	-	-	-	42	25
Grants & Contributions	-	-	-	4	-	-	-	-	4	-	4	4
Other Revenue	-	-	3	3	-	-	-	-	-	-	3	3
Total Revenue	-	-	508	708	32	-	145	3	36	-	721	711
Loss on Sale of Assets	-	-	(12)	(24)	-	-	-	-	-	-	(12)	(24)
Net Cost of Service	255	280	18,607	15,210	2,367	2,198	10,578	10,464	1,263	1,165	33,070	29,317

(Refer Note 13 for Program definitions.)

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2000

1. The Corrections Health Service Reporting Entity

The Corrections Health Service comprises all the operating activities of medical clinics located within 27 NSW correctional centres, the 120 bed hospital at Long Bay, and units at various police cells and courts.

In the process of preparing the consolidated financial statements for the economic entity, all inter-entity transactions and balances have been eliminated.

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 accrual basis in accordance with applicable Australian Accounting Standards, other mandatory professional reporting requirements, 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.

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:

a) NSW Health Department Recurrent Payments

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 Operating Statement before arriving at the operating result on the basis that the allocation is earned in return for the health services provided in 1999/00 on behalf of the Department.

b) Employee Entitlements

Wages and Salaries, Annual Leave, Long Service Leave, Sick Leave and On-Costs

Liabilities for wages and salaries, annual leave and vesting sick leave are recognised and measured as the amount unpaid at the reporting date at current pay rates in respect of employees' services to that date.

Long service leave measurement is based on remuneration rates at year end for all employees with five or more years of service. It is considered that this measurement technique produces results not materially different from the estimate determined by using the present value basis of measurement.

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.

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 tax which are consequential to employment, are recognised as liabilities and expenses where the employee entitlements to which they relate have been recognised.

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2000

c) Superannuation

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 of the non-monetary revenue item described as "Acceptance by the Crown Entity of Superannuation Liability".

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 (ie Basic Benefit and First State Super) is calculated as a percentage of the employee's salary. For other superannuation schemes (ie State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

d) 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.

e) Revenue Recognition

Revenue arising from the sale of goods, the provision of services and the use of Corrections Health Service's assets is recognised when:

- i) Corrections Health Service has passed control of the goods or other assets to the buyer;
- ii) Corrections Health Service controls a right to be compensated for services rendered;
- iii) Corrections Health Service controls a right relating to the consideration payable for the provision of investment assets;
- iv) It is probable that the economic benefits comprising the consideration will flow to the entity, and;
- v) the amount of the revenue can be measured reliably.

Patient Fees

Patient Fees are derived from certain categories of forensic inpatients on the basis of rates specified by the NSW Health Department from time to time.

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 2000.

Use of Outside Facilities

Corrections Health Service uses a number of facilities owned and maintained by the NSW Department of Corrective Services 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.

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2000

f) 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. 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.

g) Plant & Equipment

Individual items of plant & equipment costing more than \$5,000 are capitalised.

h) 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.

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%

i) Revaluation of Physical Non-Current Assets

The Corrections Health Service does not own any land, buildings or infrastructure assets which require periodic revaluation.

j) 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.

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

Corrections Health Service has not entered into any finance or operating leases as at 30 June 2000.

k) Research and Development Costs

Research and development costs are charged to expenses in the year in which they are incurred.

l) Investments

Marketable securities and deposits are valued at market valuation or cost. Non-marketable securities are brought to account at cost.

Interest revenues are recognised as they accrue.

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2000

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 cost.

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

n) 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, accounts payable and borrowings.

In accordance with Australian Accounting Standard AAS33, "Presentation and Disclosure of Financial Instruments", information is disclosed in Note 31 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 5.13% (1998/99 = 4.35%)

Receivables

Accounting Policies – Receivables are carried at nominal amounts due less any provision for doubtful debts. A provision for doubtful debts is recognised when collection of the full nominal amount is no longer probable. Terms and Conditions – Accounts are issued on 30 day terms.

Accounts Payable

Accounting Policies – Accounts Payable 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.

Borrowings

Accounting Policies – Loans are carried at the principal amount. Interest is charged as an expense as it accrues. Terms and Conditions – Non interest bearing loans are repayable in quarterly instalments with the final instalment due on 30 September 2000.

There are no classes of instruments which are recorded at other than cost or market valuation.

All financial instruments including revenue, expenses and other cash flows arising from instruments are recognised on an accrual basis.

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2000

	2000 \$000	1999 \$000
3. Employee Related Expenses		
Employee related expenses comprise the following:		
Salaries and Wages	20,774	17,760
Long Service Leave [see note 2(b)]	517	649
Annual Leave [see note 2(b)]	2,009	1,919
Redundancies	44	288
Employment Agency Payments	417	14
Workers Compensation Insurance	806	244
Superannuation [see note 2(c)]	1,320	1,200
	<u>25,887</u>	<u>22,074</u>
4. Goods and Services		
(a) Expenses on Goods and Services comprise the following:		
Computer Related Expenses	368	121
Domestic Charges	70	47
Drug Supplies	2,126	1,692
Food Supplies	316	364
General Expenses	822	625
Insurance	31	32
Medical & Surgical Supplies	432	407
Special Service Departments	514	539
Postal & Telephone Costs	114	83
Printing & Stationary	393	300
Staff Related Costs	167	189
Travel Related Costs	259	180
	<u>5,612</u>	<u>4,579</u>
(b) General expenses include:		
Advertising (Staff placement)	237	98
Books and Periodicals	19	15
Consultancies – Operating Activities	227	88
Consultancies – Capital Works Projects	140	249
Couriers and Freight	45	30
External Audit Fees – Audit	12	11
Legal Expenses	47	38
Provision for Bad and Doubtful Debts	0	0
Fees Paid to Board Members	20	20
Other	75	76

Fees/other benefits paid to Board members excluding payments made in the nature of normal employee salary or payments made in accordance with conditions applied to Visiting Medical Officers in general are disclosed hereunder:

Paid to Professor Ronald Penny for services as Chairman of the Board – \$20,000

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2000

5. Maintenance

During the financial year, Corrections Health Service expensed \$378,000 in leasehold improvements (1998/99 \$1.401 mil). These costs included improvements to the Industrial Training Centre Clinic (Long Bay), the Pharmacy (Long Bay) and various rural dental clinics.

	2000 \$000	1999 \$000
Repairs and Routine Maintenance	41	42
Replacements and Additional Equipment less than \$5,000	11	19
Expense of Leasehold Improvements and Refits	378	1,401
	<u>430</u>	<u>1,462</u>
6. Depreciation		
Depreciation of Plant and Equipment	<u>237</u>	<u>267</u>
7. Sale of Goods and Service		
Sale of Goods and Services comprise the following:		
Patient Fees	0	3
Provision of Medical/Psychiatric Reports	34	20
Provision of Record Management Services	150	150
Care for Inmates of the A.C.T.	488	505
	<u>672</u>	<u>678</u>
8. Investment Income		
Interest Revenue	<u>42</u>	<u>26</u>
9. Grants and Contributions		
Contributions for Dementia Study	0	4
Grant For World Tobacco Day	4	0
	<u>4</u>	<u>4</u>
10. Other Revenue		
Payroll Deduction Commissions	<u>3</u>	<u>3</u>

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2000

	2000 \$000	1999 \$000
11 Loss on Sale of Non Current Assets		
Plant and Equipment at Cost	319	213
Less Accumulated Depreciation	200	0
Written Down Value	119	213
Less Proceeds from Sales	(107)	(189)
Net Loss from Disposal of Non-Current Assets	12	24

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.

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.

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.

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2000

	2000 \$000	1999 \$000		
14. Receivables				
Current				
(a) Sale of Goods and Services	598	437		
(b) Owed by NSW Department of Health	0	975		
(c) Prepayments	15	17		
Sub-Total	<u>613</u>	<u>1,429</u>		
Less Provision for Doubtful Debts	0	0		
	<u>613</u>	<u>1,429</u>		
Bad debts written off during the year	<u>0</u>	<u>0</u>		
Receivables Ageing Analysis				
	0-30 Days	31-60 Days	>60 Days	Total
1999-00	578	13	22	613
1998-99	1,404	12	13	1,429
15. Inventories				
Current – at cost				
Drugs & Pharmaceuticals	<u>247</u>	<u>108</u>		

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

16. Plant and Equipment	\$000
Balance 1 July 1999 – At Cost	1,904
Capital Expenditure	324
Disposals	(319)
Balance 30 June 2000 – At Cost	<u>1,909</u>
Depreciation	
Balance 1 July 1999	865
Charge for the Year [See note 2(h)]	237
Adjustment for disposals	(200)
Balance 30 June 2000 – At Cost	<u>902</u>
Carrying Amount at 30 June 2000 at Cost	<u>1,007</u>

- (i) All property, plant and equipment are valued at cost.
- (ii) Plant & Equipment other than motor vehicles were valued on the basis of net depreciated replacement cost.

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2000

17. Restricted Assets

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

18. Accounts Payable

Current

	2000 \$000	1999 \$000
Trade Creditors	650	522
Other Creditors		
– Capital Works	199	611
– Other/Accrued Expenses	199	380
	<u>1,048</u>	<u>1,513</u>
Total Accounts Payable		

Accounts Payable Ageing

	0-30 Days	31-60 Days	>60 Days	Total
1999-00	984	64	0	1,048
1998-99	1,513	0	0	1,513

19. Borrowings

Current

Department of Health Loan, Recurrent Allocation	24	100
	<u>24</u>	<u>100</u>

Non-Current

Department of Health Loan, Recurrent Allocation	0	24
Repayment of Borrowings		
Not later than one year	24	100
Between one and two years		24
Total Borrowings at face value	<u>24</u>	<u>124</u>

20. Current/Non Current Liabilities – Employee Entitlements

Current

Employee Annual Leave	2,167	1,821
Employee Long Service Leave	300	300
Accrued Salaries and Wages	538	343
Aggregate Employee Entitlements	<u>3,005</u>	<u>2,464</u>

Non-Current

Employee Long Service Leave	<u>2,614</u>	<u>2,342</u>
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Notes to and forming part of the Financial Statements for the Year Ended 30 June 2000

	2000 \$000s	1999 \$000s
21. Equity		
Balance at the beginning of the financial year	(3,565)	(3,590)
Movement in Accumulated Funds	(221)	25
Balance at the end of the financial year	<u>(3,786)</u>	<u>(3,565)</u>
22. Commitments for Expenditure		
(a) Capital Commitments		
Aggregate capital expenditure contracted for at balance sheet date but not provided for in accounts:		
Not Later than one year	0	131
Total Capital Expenditure Commitment	<u>0</u>	<u>131</u>
Of the above amount reported for 1999, it is expected that \$0 will be met from locally generated monies.		
(b) Other Expenditure Commitments		
Not Later than one year	287	112
Total Other Expenditure Commitment	<u>287</u>	<u>112</u>

The Service has entered into no operating or finance lease commitments as at 30 June 2000.

23. Charitable Fundraising Activities

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

24. 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 statewide 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.

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2000

(b) 1996/97 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 hindsight adjustment has now been effected for the 1995/96 year and resulted in a decrease in expenses of \$435,009 (98/99 = \$489,931).

A contingent liability/asset may now exist in respect of the 1997/98 and 1998/99 Workers Compensation Fund years.

The Treasury Managed Fund provides estimates as at 30 June each year and the latest available, viz those advised at 30 June 1999 estimate that an asset of \$90,005 is applicable. This estimate however, is subject to further actuarial calculation and a better indication of quantum will not be available until the last quarter of 2000.

25. Cash and Cash Equivalents

Cash at the end of the financial year as shown in the Statement of Cash Flows is reconciled to the related items in the Statement of Financial Position as follows:

	2000 \$000s	1999 \$000s
Cash on Hand	2	2
Cash at Bank	1306	300
Total Cash and Cash Equivalents	<u>1308</u>	<u>302</u>

26. Reconciliation of Net Cost of Services To Net Cash

Flows from Operating Activities

Net Cash Flows from Operating Activities	917	313
Depreciation	237	267
Crown Transaction Entity Acceptance of Superannuation Liability	1,320	1,200
Increase in Provisions	(158)	421
(Increase)/Decrease in Debtors	(159)	(825)
(Increase)/Decrease in Other Assets	(139)	(3)
Increase/(Decrease) in Creditors	(465)	802
Net Loss on Sale of Plant and Equipment	(12)	(24)
NSW Health Department Recurrent payments	30,303	25,876
NSW Health Department Capital payments	1,226	1,290
Net Cost of Services	<u>33,070</u>	<u>29,317</u>

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2000

27. 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

28. 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.

29. Budget Review

There were no major departures from actual vs budgeted revenues and expenses, assets and liabilities or cash flows.

30. Post Balance Date Events

No events have occurred subsequent to the 30 June 2000 balance date which would significantly impact operations.

31. 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 2000 are as follows:

	Floating Interest Rate		Fixed Interest Rate		Non-Interest Bearing		Total Carrying of Financial Position	
	2000	1999	2000	1999	2000	1999	2000	1999
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Financial Assets								
Cash	1,036	300	0	0	2	2	1,038	302
Receivables	0	0	0	0	613	1,429	613	1,429
Total Financial Assets	1,036	300	0	0	615	1,431	1,651	1,731
Financial Liabilities								
Borrowings – DOH	0	0	0	0	24	124	24	124
Accounts Payable	0	0	0	0	1,048	1,513	1,048	1,513
Total Financial Liabilities	0	0	0	0	1,072	1,637	1,072	1,637

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2000

(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 position to credit risk is represented by the carrying amount of the financial assets included in the Statement of Financial Position.

	Governments		Banks		Other		Total	
	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000
Financial Assets								
Cash	0	0	1,036	300	2	2	1,038	302
Receivables	586	1,408	8	0	19	21	613	1,429
Total Financial Assets	586	1,408	1,044	300	21	23	1,651	1,731

32. 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 Financial Statements

Appendices

Statement of Affairs

Section 14 (1)(a) of the *Freedom of Information Act* requires a *Statement of Affairs* to be published every 12 months. Information relevant to the Statement of Affairs is included in the Annual Report and is summarised in a separate document.

A *Summary of Affairs* is produced on a six-monthly basis and is reproduced below. The Summary lists all policy documents held by the Department.

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 in health centres within NSW Correctional Centres, Periodic Detention Centres, Court and Police Cell Complexes and the Long Bay Hospital.

Operations:	Executive Office, Long Bay Hospital
Medical Records:	Joint Records Centre, Silverwater
Clinics:	Bathurst, Berrima, Brewarrina, Broken Hill, Cessnock, Emu Plains, Glen Innes, Goulburn, Grafton, Ivanhoe, Industrial Training Centre, John Morony I and II (Windsor), Kirkconnell, Lithgow, Mannus, Malabar Special Programs Centre, Metropolitan Medical Transit 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.
Detention Centres:	Bathurst, Broken Hill, Grafton, John Morony (Windsor), Mannus, Norma Parker, Parramatta, Tamworth, Tomago (Newcastle) and Wollongong.
Police Cells:	Dubbo, Moree, Newcastle, Port Macquarie, Parramatta and Sydney.

Section 1: Policy Documents & Publications

The following policies and documents are produced by the Corrections Health Service and may be accessed for information:

- Governance By-Laws
- Organisational structure – Clinical and Corporate
- Proceedings of committees and working parties
- Administration Policy Manual – includes General, Human Resources, Stores/Motor Vehicles, Finance, Delegations Authority
- Clinical Policy Manual – includes General Medical, Clinical Medical, Pharmacy, Psychiatry, Dental
- *Strategic Directions Statement and Plan 1999-2002*
- CHS/NSW Health Performance Agreement 1999-2000 to 2000-2001
- Annual Reports
- Orientation Manual
- Newsletters
- Corrections Health Service *Code of Conduct and Ethics*
- Annual Accounts
- Professional and Ethical Guidelines for Corrections Health Service Staff
- Nursing Unit Management Manual
- *Standing Orders and Other Protocols*
- Emergency Procedure Manual – includes Emergency Disaster Plan, Emergency Riot Procedure
- Methadone Policy Manual
- Report and Recommendations from Review and Consultation on Forensic Mental Health Services for Corrections Health Service
- Aboriginal Health Strategic Plan *Care in Context* January 2000
- *Drug and Alcohol Services Plan 1999 – 2002*
- *Mental Health Services Plan 1999 – 2002*
- *Human Resources Strategic Plan 1998 – 2001*
- *Dementia Plan*
- *Outline Services Strategic Plan & Preliminary Asset Strategic Plan 1999*
- *IM&T Strategic Plan*
- *Drug Treatment in Correctional Centres – A New Start, 1999*
- *Inmate Health Survey, 1997*

Section 2: Statement of Affairs

Information relevant to the Statement of Affairs is included in this Annual Report and is also summarised in a separate document.

Section 3: Contact Arrangements

Inquiries relating to the policy documents, *Strategic Directions Statement and Plan 1999-2002*, 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

Payment of Accounts

	(\$'000s)				
	Total	Current	0-30 days	30-60 days	>60 days
As at 30 June 2000	849	781	68	0	0
As at 30 June 1999	1,132	1,132	0	0	0
As at 30 June 1998	443	434	10	0	(1)

Payable ageing relates to trade creditors only and does not include accrued expenses.

Accounts Receivable

	(\$'000s)				
	Total	Current	0-30 days	30-60 days	>60 days
As at 30 June 2000	613	578	13	16	6
As at 30 June 1999	454	429	6	6	13
As at 30 June 1998	279	265	0	0	14

Receivables result primarily from inter-agency service provision or the transfer of intra-Health employee entitlements. The average collection period for 1999/2000 was 34 days (1998/99 – 33 days). Accounts receivable exclude amounts owed by the NSW Department of Health.

Overseas Trips

The Acting Chief Executive Officer travelled to New Zealand as part of a delegation to examine the delivery of health services in correctional facilities.

Consultants

Supplier / Consultant	Expense / Service	1999/2000 \$ Amount	1998/99 \$ Amount
Funded by Capital Budget			
Artas	Architect Fees, ITC Clinic	10,850	49,527
BSR Pacific	IM&T Strategic Plan	66,335	8,755
Com Tech Communications	IT Network Analysis	8,000	-
CVSI Consulting	OMS CRA & Y2K Assessments	-	25,918
Department of Public Works	Project Management	-	52,000
Essential Equity	Census Analysis (CSP)	3,250	5,500
Gleeson Consulting	Clinical Services Plan	16,013	28,483
Janine Dowdle	Commission Minor Ops Theatre	-	10,000
Roughan, K.	Design Brief – Westmead	5,400	1,800
Perumal	Architect Fees – Long Bay Hospital	-	26,903
Toohar Gale	Asset Strategic Plan	29,824	36,263
Other Miscellaneous	Various Projects	676	4,115
Capital Project Funded		140,348	249,263
Funded by Recurrent Budget			
Aust Council on Health Care Mgt	Quality Accreditation	54,028	-
Bill Godfrey & Associates	Organisational Development	2,585	-
Brian Johnston	JJ Review, Other	19,200	-
David Lowe	Education, Board of Directors	2,520	-
Department of Corrective Services	Project Security, ITC Clinic	23,000	-
Employee Attitude Research	Staff Survey	8,660	-
Gleeson Consulting	Parramatta Detox Operating Plan	-	7,894
Jill Wawn & Associates	HR Services	52,231	77,715
KPMG Consulting	Drug & Alcohol Review	32,500	-
Practical Work Solutions	Clinical Supervision Services	14,957	-
Systems Union	Tax Reform/GST Advice	5,153	-
Tony Butler	Review <i>Inmate Health Survey</i>	8,000	-
Other Miscellaneous	Various Services	4,120	2,500
Operating Cost – Recurrent		226,954	88,109
Total Consulting Costs		367,302	337,372

Corrections Health Service Facilities

Corrections Health Service Centre/Clinics	Contact Details	Operational Capacity**	Security Classification*	Nursing Unit Manager	Reception Assessment	GP Sessional (A – Aboriginal)	Psychiatric Sessional (A – Aboriginal)	Outpatient Services
Western Sydney Correctional Centres								
Emu Plains	Old Bathurst Rd Emu Plains NSW 2750 Tel: (02) 4735 0200 Fax: (02) 4735 6257	164	1, 2 variable security	Mrs Shirley Wyper	No	Yes A	Yes	Dental Dental Prosthetic Optometrist Obstetrician Liver Clinic Aboriginal Health Worker
Mulawa	Locked Mail Bag 130 Aust Post Business Centre (Holker St) Silverwater NSW 1811 Tel: (02) 9289 5313 Fax: (02) 9647 2628	270	1, 2, 3, 4 variable security	Ms Maxine McCarthy	Yes	Yes A	Yes	Colposcopy Optometrist STD Clinic Dental Gastroenterologist Immunology
Parklea	P O Box 1648 (500 Sunnyholt Rd) Blacktown NSW 2148 Tel: (02) 9626 4847 Fax: (02) 9626 5712	400	B & C	Ms Leigh Reynolds	No	Yes	Yes	Optometrist Dental
Silverwater	Locked Mail Bag 115 Aust Post Business Centre (Holker St) Silverwater NSW 1811 Tel: (02) 9289 5241 Fax: (02) 9289 5196	450	B & C	Mrs Fonda Reynolds	No	Yes A	Yes	Optometrist Dental Hepatitis C Clinic Immunology
John Morony I	Locked Mail Bag 654 (The Northern Rd) South Windsor NSW 2756 Tel: (02) 4582 2200 Fax: (02) 4582 2278	240	C	Ms Jammuna Bond	No	No	No	Dental
John Morony II	Locked Mail Bag 654 (The Northern Rd) South Windsor NSW 2756 Tel: (02) 4582 2316 Fax: (02) 4582 2351	250	B & C	Ms Jammuna Bond	No	Yes A	Yes	Optometrist Podiatrist

* A = Maximum, B = Medium, C = Minimum

**Department of Corrective Services, Research and Statistics Unit

Corrections Health Service Centre/Clinics	Contact Details	Operational Capacity**	Security Classification*	Nursing Unit Manager	Reception Assessment	GP Sessional (A – Aboriginal)	Psychiatric Sessional (A – Aboriginal)	Outpatient Services
Western Sydney Correctional Centres								
Metropolitan Remand and Reception Centre	Private Mail Bag 144 Silverwater NSW 1811 (Holker Street) Tel: (02) 9289 5879 Fax: (02) 9289 5988	917	A	Ms Rosemary Terry, NM III Ms Leonie Sutcliffe, NUM II Ms Alison Barnes, A/NUM II	Yes	Yes A	Yes	XRay Optometrist Dental RAIT Hepatitis C Clinic Detoxification Aboriginal Health Worker
Parramatta	Locked Mail Bag 2 (Cnr O'Connell and Dunlop Sts) Nth Parramatta NSW 2151 Tel: (02) 9683 0211 Fax: (02) 9630 3552	328	C	Mr Wayne Hunt	No	Yes A	No	Optometrist
Long Bay Correctional Complex Long Bay Correctional Centre, Anzac Parade, PO Box 150, Malabar NSW 2036								
Hospital	Tel: (02) 9289 2977 Fax: (02) 9311 3005	119	A	A Ward – Ms Julia Shaw B Ward – Mr John Ablett C Ward – Mr Doug Johnston D Ward – Ms Olive Plunkett	No	Yes A	Yes A	Special services include Art Therapy, Occupational Therapy, Physiotherapy
Malabar Special Programs Centre	Tel: (02) 9289 2306 Fax: (02) 9311 2362	380	A	Mr Brian Owens (Acting)	No	Yes A	Yes A	No
Metropolitan Medical Transit Centre	Tel: (02) 9280 2406 Fax: (02) 9311 2534	332	A	Ms Terri Sheehan	No	Yes A	Yes A	XRay Optometrist Dental Physiotherapy Special services including: Ophthalmology Dermatology Immunology ENT Orthopaedics

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**Department of Corrective Services, Research and Statistics Unit

Corrections Health Service Centre/Clinics	Contact Details	Operational Capacity**	Security Classification*	Nursing Unit Manager	Reception Assessment	GP Sessional (A – Aboriginal)	Psychiatric Sessional (A – Aboriginal)	Outpatient Services
Long Bay Correctional Complex								
Special Purpose Centre	Tel: (02) 9289 2874 Fax: (02) 9289 2873	59	A	Ms Terri Sheehan	No	Yes A	Yes	No
Industrial Training Centre	Tel: (02) 9289 2506	345	C	Ms Marian Gray	No	Yes A	Yes	Dental
Hunter Correctional Centres								
Cessnock	P O Box 32 (off Lindsay Street) Cessnock NSW 2325 Tel: (02) 4993 2220 Fax: (02) 4991 1872	464	A & C	Mr Steve Harris	Yes	Yes	Yes	Dental Optometrist
St Heliers	P O Box 597 (McGullys Gap) Muswellbrook NSW 2333 Tel: (02) 6543 1166 Fax: (02) 6542 5815	256	C	Ms Sandy Heavers	Yes	Yes	Yes	Dental Optometrist
Northern NSW Correctional Centres								
Glen Innes	Gwydir Highway Glen Innes NSW 2370 Tel: (02) 6733 5766 Fax: (02) 6733 5702	130	C	Ms Margaret Jones (Nurse in Charge)	No	Yes	No	No
Grafton	170 Hoof Street Grafton NSW 2460 Tel: (02) 6642 2133 Fax: (02) 6642 3122	277	B & C	Mr David Norris	Yes	Yes A	Yes A	Dental Chiropractor Optometrist
Tamworth	P O Box 537 (Cnr Dean & Johnson Sts) Tamworth NSW 2340 Tel: (02) 6764 5315 Fax: (02) 6764 5309	64	B	Mr Tim Taylor (Nurse in Charge)	Yes	Yes	No	Dental

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**Department of Corrective Services, Research and Statistics Unit

Corrections Health Service Centre/Clinics	Contact Details	Operational Capacity**	Security Classification*	Nursing Unit Manager	Reception Assessment	GP Sessional (A – Aboriginal)	Psychiatric Sessional (A – Aboriginal)	Outpatient Services
Southern NSW Correctional Centres								
Berrima	Argyle Street Berrima NSW 2577 Tel: (02) 4860 2507 Fax: (02) 4860 2513	70	C	Ms Rosemary Testaz (Nurse in Charge)	No	Yes	No	Dental
Goulburn	Box 264 (Maud Street) Goulburn NSW 2580 Tel: (02) 4827 2292 Fax: (02) 4827 2407	528	A & C	Mr Chris Browne	Yes	Yes	Yes	Dental Optometrist
Junee <i>Note: Junee Correctional Centre is managed by a private company, including the provision of health care services.</i>	P O Box 197 (Park Lane) Junee NSW 2663 Tel: (02) 6924 3222 Fax: (02) 6924 3297	600	B & C	Mr Craig Gater	Yes	Yes	Yes	Dental XRy Optometrist Optician
Mannus	Linden Roth Drive Mannus via Tumbarumba NSW 2653 Tel: (02) 6941 0333 Fax: (02) 6948 5229	164	C	Ms Marianne Leathem	No	Yes	No	No
Western NSW Correctional Centres								
Bathurst	Box 166 (Cnr Browning St & Brookmore Ave) Bathurst NSW 2795 Tel: (02) 6338 3268 Fax: (02) 9332 1505	398	B & C	Mr Peter Kemp (Acting)	Yes	Yes	Yes	Optometrist Dental Hepatitis C Clinic Aboriginal Nurse and Health Worker

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**Department of Corrective Services, Research and Statistics Unit

Corrections Health Service Centre/Clinics	Contact Details	Operational Capacity**	Security Classification*	Nursing Unit Manager	Reception Assessment	GP Sessional (A – Aboriginal)	Psychiatric Sessional (A – Aboriginal)	Outpatient Services
Western NSW Correctional Centres								
Brewarrina	Yetta Dhinnakkal Centre PO Box 192 (Coolibah Road) Brewarrina NSW 2839 Tel: (02) 6874 4717 Fax: (02) 6874 4721	50	C	Joint recruitment of position with Far West AHS	No	No	No	Aboriginal Health Worker
Broken Hill	109 Gossan Street Broken Hill NSW 2880 Tel: (08) 8087 3025 Fax: (08) 8087 9893	50	B	Ms Helen Connolly (Nurse in Charge)	Yes	Yes	No	Dental Optometrist
Ivanhoe	Rail Town Ivanhoe NSW 2878 Tel: (02) 6995 1133 Fax: (02) 6995 1304	30	C	Ms Julie King (Nurse in Charge)	No	No	No	Royal Flying Doctors
Kirkconnell	P O Box 266 Bathurst NSW 2795 Tel: (02) 6337 5219 Fax: (02) 6337 5148	210	C	Ms Elizabeth Magee	No	Yes	Yes	Dental Optometrist
Lithgow	P O Box 666 (Gt Western Hwy) Lithgow NSW 2790 (Marrangoo via Lithgow) Tel: (02) 6350 2209 Fax: (02) 6353 1162	335	A	Mr Denis Trenter	No	Yes	Yes	Dental
Oberon	Locked Mail Bag 2 (via Shooters Hill Rd) Oberon NSW 2787 Tel: (02) 6335 5248 Fax: (02) 6335 5281	100	C	Ms Marni Abigail (Nurse in Charge)	No	Yes	No	No

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**Department of Corrective Services, Research and Statistics Unit

Corrections Health Service Centre/Clinics	Contact Details	Operational Capacity**	Security Classification*	Nursing Unit Manager	Reception Assessment	GP Sessional (A – Aboriginal)	Psychiatric Sessional (A – Aboriginal)	Outpatient Services
Police Cell Complexes								
Dubbo Police Cells	Brisbane Street Dubbo NSW 2830 Tel: (02) 6884 7702 Fax: (02) 6884 7703	12	A	Mr Chris Exworth	Yes	No	No	No
Moree Police Cells	60–62 Frome St Moree NSW 2400 Tel: (02) 6751 1532 Fax: (02) 6751 1471	20	A	Ms Kerry Cassells	Yes	No	No	No
Newcastle Police Cells	Cnr Church & Watt Sts Newcastle NSW 2300 Tel: (02) 4925 2250 Fax: (02) 4925 2749	22	A	Mr Ron Wilson	Yes	No	No	No
Parramatta Police Cells	Cnr George & Marsden Sts Parramatta NSW 2150 Tel: (02) 9687 2425 Fax: (02) 9687 2481	11	A	Mr Robert Cruickshank	Yes	No	No	No
Port Macquarie Police Cells	2 Hay Street Port Macquarie NSW 2444 Tel: (02) 6583 2145 Fax: (02) 6583 2493	7	A	Ms Anna Trealor	Yes	No	No	No
Sydney Police Cells	Goulburn St Darlinghurst NSW 2010 Tel: (02) 9265 4040 Fax: (02) 9281 0622	56	A	Mr Al Scerri	Yes	No	No	No

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**Department of Corrective Services, Research and Statistics Unit

Periodic Detention Centres in NSW

The table below lists the Periodic Detention Centres in NSW.

The CHS provides the following health care services to Periodic Detention Centres:

- ❖ methadone maintenance
- ❖ administration of supervised medication.

	Male Number of Beds	Female Number of Beds
Bathurst	30	10
Broken Hill	18	2
Grafton	32	-
Mannus	24	6
Metropolitan (Parramatta)	225	-
Metropolitan Mid-week	225	-
Norma Parker	-	60
Norma Parker Mid-week	-	60
Tamworth	18	-
Tomago	100	20
John Morony (Windsor)	80	-
Wollongong	72	10
Total	824	168
Closed during reporting period		
Campbelltown	52	-
Campbelltown Mid-week	52	-

List of Abbreviations

Following is a list of abbreviations commonly used in this Report.

ACHS	Australian Council on Healthcare Standards	FOI	Freedom of Information
AHMRC	Aboriginal Health and Medical Research Council	FTE	Full Time Equivalent (staff)
AHS	Area Health Service	IDC	Inmate Development Committee
AMS	Aboriginal Medical Service	ITC	Industrial Training Centre
CHS	Corrections Health Service	MMMC	Metropolitan Medical Transit Centre
COSOPS	Critical Operations Standing Operating Procedures	MOU	Memorandum of Understanding
DCS	Department of Corrective Services	MRRC	Metropolitan Remand and Reception Centre
EQUIP	Evaluation and Quality Improvement Program	MSPC	Malabar Special Programs Centre
		RAIT	Risk Assessment Intervention Team
		VBBCDS	Voluntary Blood Borne Communicable Diseases Screening

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