

**Corrections Health Service**

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## Mission

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

## Goals

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

## Values

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

 **Corrections Health Service**

1st November, 2004

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

Dear Minister

We are pleased to present the Annual Report of Corrections Health Service for the year ended 30 June 2004, for tabling in the Parliament of NSW. This report is consistent with the statutory requirements for annual reporting provided by NSW Health and complies with the provisions of the Accounts and Audit Determinations for Public Health Organisations.

The year has seen Corrections Health Service consolidate the operation of the Statewide Directorate of Forensic Mental Health Services for NSW and continue to plan for the construction and operation of the new Forensic and Prison Hospitals to be located at Long Bay. We have also maintained our strong commitment to research and continued to develop services for Aboriginal and Torres Strait Islander, adolescent detainees and the mentally ill.

Our dedicated staff are a great source of pride as they continue to provide high quality health services within a challenging environment. Thank you for your continuing support in aiding us to care for our patients in the NSW Correctional, Juvenile Justice and Forensic Mental Health Systems.

Yours sincerely



Professor Ronald Penny AO  
Chairman



Dr Richard Matthews  
Chief Executive Officer

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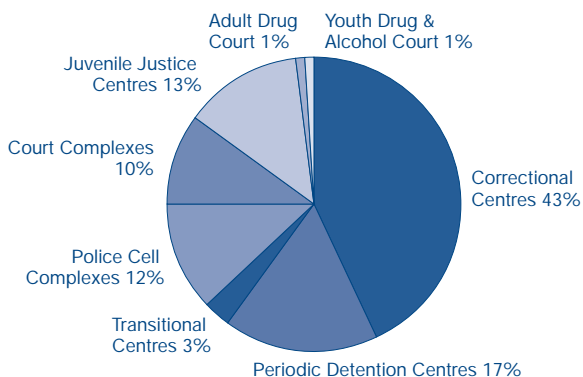
# Corrections Health Service Profile

Corrections Health Service is a statutory health corporation established under the NSW Health Services Act, 1997 and is funded by NSW Health. Corrections Health is responsible for the provision of health services to more than 24,000 people annually in:

- 27 correctional centres
- 11 periodic detention centres
- 2 transitional centres
- 10 police cell complexes
- 13 local court complexes
- 9 Juvenile Justice centres
- the Adult Drug Court
- the Correctional Centre Release Treatment Scheme
- the Youth Drug Court
- pilot projects in the community such as the "Inside Out" and "Inreach" programs.

Corrections Health has over 750 employees working at locations across metropolitan, regional and remote NSW. The majority of the Service's clinical staff are registered nurses providing high levels of clinical practice, in some locations working as sole practitioners. Nursing staff are supported by a wide range of clinical specialists and other professionals including: general practitioners, nurse practitioners, dentists, medical specialists, allied health professionals and operational staff. The major clinical programs of the Corrections Health Service are Population and Public Health, Primary Health, Mental Health, Women's Health, Drug & Alcohol and Juvenile Health and the Centre for Health Research in Criminal Justice.

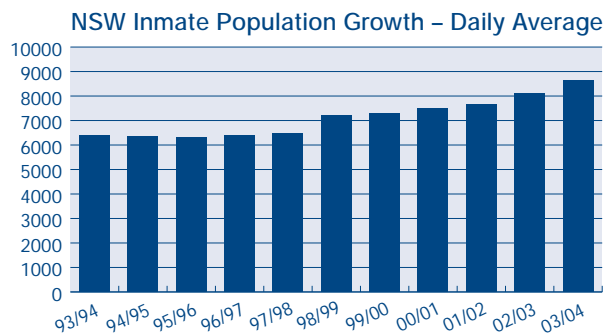
## CHS Facilities



## Community Profile

### The Adult Criminal Justice System

At the end of June 2004, Corrections Health was providing a range of health services to a daily average of 8,750 full-time inmates. This reflects an average annual increase of around 5.5% per annum over the last five years.



The window of opportunity for Corrections Health to provide healthcare to individuals is usually brief, as only approximately 10% of all receptions remain longer than six months. In addition, inmates rarely spend their entire sentence within the same correctional centre, with more than 146,000 movements between correctional and court centres annually interrupting continuity of healthcare.

Inmates generally have poor health status characterised by general neglect, substance abuse and mental illness. Corrections Health fulfils a valuable role in improving the health status of this group while also minimising the health consequences of incarceration on individuals, their families and the general community.

### Inmate Facts (source: 2001 Inmate Health Survey)

- Most inmates are male, as females make up only 6% of the population.
- 19% of male inmates and 32% of female inmates are Aboriginal and/or Torres Strait Islander, compared with 2% of the general community in NSW.
- 50% of males and 30% of females warrant mental health referral for major depression.
- 40% males and 64% of females are hepatitis C positive.
- 50% of males and 75% of females were unemployed in the six months prior to incarceration.
- 50% have not achieved School Certificate level of education.
- The average age of inmates is 33 years for males and 31 years for females.

## The Juvenile Justice System

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

Depending on the security and risk level of a detainee, offenders can be transferred into the adult correctional system when they turn 18 years of age, though in special circumstances older offenders may remain in the care of DJJ.

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

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

Assumption of the responsibility for the health care of adolescents provided the opportunity to replicate (with appropriate modification) the Inmate Health Survey as the Young People in Custody Survey.

## Detainee Facts

(source: Young People in Custody Survey 2003)

- 41% identify as Aboriginal and / Torres Straight Islander.
- 42% report having been physically abused, 10% sexually abused, 38% had experienced emotional neglect and 34% physical neglect.
- 19% of males and 24% of females had seriously considered attempting suicide at some time in the past.
- Overall, 28% of young men and 56% of young women have been diagnosed with asthma.
- 32% of young men and 30% of young women have mild hearing loss.
- 43% of participants have a history of parental imprisonment and 11% had a parent who was currently incarcerated at the time of the survey.
- 17% of young men and 47% of young women had injected drugs in the twelve months prior to custody.
- Almost 90% of all detainees have used cannabis and most adolescents report having consumed alcohol and being drunk at some time in the past.

# CHS Services



## Chairman and CEO Report

The year past has been significant in the history of the Service, as it marked the last period during which we are known as Corrections Health Service (CHS). On the 1st July 2004, Corrections Health Service officially changed its name to Justice Health – Community, Courts, Custody in recognition of the expanding role undertaken by the Service in a variety of settings other than the adult correctional system. In addition to this name change, the Juvenile Health Directorate of the Service has also taken the opportunity to change its name to Adolescent Health, to better reflect the community served.

The achievements and innovation of our expanding role were recognised during the year, with CHS being the proud recipient of several awards. Our Community & Court Liaison Service won the Premier's Award in the Social Justice Category while the Correctional Centre Release Treatment Scheme won the NSW Health Baxter Award in the Continuity of Care section. Our Clinical Supervision Program was also a finalist in the Competence category of the Baxter Awards. Our work in providing interesting and relevant experience, senior level support and mentoring to management trainees from the Australian College of Health Service Executives (ACHSE) was recognised, with CHS being awarded the honour of best trainee placement organisation NSW in 2004. Our ACHSE trainee for this period was also named best trainee of the year.

This year of recognition has also been another exciting year of growth for the Service, with the establishment of the Centre for Health Research in Criminal Justice and the Statewide Forensic Mental Health Directorate. Both these important elements of the Service commenced their operations in new administrative offices after the successful recruitment of core staff members.

During the year, CHS continued to expand services to adolescent detainees and to improve the access to culturally sensitive services for indigenous inmates and detainees. Our mental health services also achieved significant growth and our Community and Court Diversion Program continued to divert large numbers of people with mental illness into the appropriate care.

Again, CHS has performed well financially, operating within allocated budget for the tenth consecutive year. The implementation of cost centre budgeting continued to progress, with Financial Reporting Units established and training carried out for managers. The Service also underwent the NSW Health Numerical Profile during the

year, designed to measure the level of OH&S compliance within the organisation. CHS performed well achieving an overall score of 70 percent, a 6 percent improvement on the previous score.

These achievements were accomplished in an atmosphere of change within the NSW Health System, as a restructure associated with the review of systemic issues was occurring. Despite this, CHS staff continued to carry out core business functions in a dedicated and professional manner, while the Executive staff of the Service displayed particular flexibility by filling in for senior staff absent because of various secondments. We would like to take the opportunity to thank all staff for their efforts in a year that despite being full of interruptions and changes still proved to hold many significant achievements for the Service



Professor Ronald Penny AO  
Chairman



Dr Richard Matthews  
Chief Executive Officer



## Corporate Governance

### The Board

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

#### Board Members

##### Board Appointments (Sept/Oct 2003):

Mr David Sherlock,  
Director General, Department of Juvenile Justice

Mr Michael Taylor,  
Associate Director Aboriginal Health Branch, NSW Health

Ms Naomi Steer,  
Australia for UN Refugee Agency

#### Chairman

**Professor Ronald Penny, AO, D.Sc., MD, FRACP, FRCPA**  
(Attended 8/10)

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

#### Chief Executive Officer (Attended 10/10)

##### Dr Richard Matthews, MBBS

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 Director of Clinical Services in 1998. Dr Matthews was appointed as CEO of CHS in November 2000. In November 2003, Dr Matthews was seconded to NSW Health in the role of Acting Deputy-Director General Strategic Development.

#### Acting Chief Executive Officer

(December 2003 – June 2004)

##### Ms Julie Babineau, B.Sc., M.S.W.

(Attended 4/4)

Julie Babineau has extensive international, Commonwealth and State Senior Executive management experience. Julie was selected to represent Canada on an International Executive program in 1996, leaving the position of CEO for the Atlantic Region of Veterans Affairs. Whilst in Australia, she worked in the position of Director, Health Care and Services at the Sydney office of the Department of Veteran's Affairs. Prior to joining CHS in 2002 on a secondment, Julie was the Assistant Director of the Drugs Program Bureau at NSW Health. Julie was appointed as Director of Corporate Services and Finance in June 2003 and was Acting CEO for a seven month period commencing December 2003.

#### Acting Chief Executive Officer

(December 2003)

##### Ms Belinda Chaplin

(Attended 1/1)

##### Ms Thea Rosenbaum, LLB, ATCL, MBA, MAICD, FCIS

(Attended 9/10)

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 outsourcing of professional services. Ms Rosenbaum is the Chair of the CHS Quality Council.

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

(Attended 8/10)

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

**Ms Shireen Malamoo** (Attended 9/10)

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

**Mr Brian Owens, RN** (Attended 9/10)

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

**Mr John Klok, Assistant Commissioner Security and Operational Programs, Department of Corrective Services** – Resigned June 2004 (Attended 6/10)

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

**Mr Ron Woodham, Commissioner, Department of Corrective Services** (Attended 2/10)

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

**Mr Neil Wykes, B Comm. FCA, ACIS** (Attended 10/10)

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

**Dr Greg Stewart, MBBS, MPH (Sydney), FRACMA, FAFPHM** – Resigned August 2003 (Attended 0/2)

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

**Mr Michael Taylor,**

Appointed September 2003 (Attended 5/7)

Mr Taylor is the Associate Director of NSW Health Aboriginal Health Branch and has extensive experience in the public sector at both a Commonwealth and State level.

**Mr David Sherlock,**

Appointed October 2003 (Attended 5/7)

Mr Sherlock was appointed Director General of the NSW Department of Juvenile Justice in November 2000. He has experience as a Probation and Parole Officer, and in a number of management roles in juvenile detention centres, and over the past 20 years has held many senior management and executive positions in the NSW Department of Community Services and the NSW Department of Corrective Services. In 1995 he was appointed as Assistant Director General in the NSW Department of Community Services. In all these roles he has worked closely with both government and non-government agencies in policy development and service provision.

**Ms Naomi Steer, B.A. (Hons., Political Science), LLB** – Appointed September 2003 (Attended 6/7)

Ms Steer is the National Director of Australia for UNHCR, the national association for the UN Refugee Agency. She has a background in law, industrial relations, foreign affairs, media and public affairs. She is a former diplomat who was posted to UN New York and India. Ms Steer has held a number of senior positions in the trade union movement, and most recently as the Deputy Assistant Secretary of Labor Council of NSW, the peak trade union body in NSW. Ms Steer is the Chair of the Audit Committee.

# Corporate Governance

## Board Subcommittees

### Audit Committee

The Audit committee monitors the external and internal audit programs, and assures that the annual accounts meet statutory requirements. The first clinical audit, within mental health services, was undertaken during the year.

### Committee Members

Ms Naomi Steer – Chairperson

Professor Ronald Penny – Boardmember

Mr N Wykes – Boardmember

Mr J Klok – Boardmember

### Audit Committee Attendees

Dr Richard Matthews – CEO

Ms Julie Babineau – Director CS&F

Mr Charles Bailey – Director Finance

Ms Deidre Giacomini – Manager Executive Unit

Mr Keith Brown – NSW Audit Office

Mr Greg Parkes – NSW Audit Office

Ms Victoria Walker – Director of Audit, NSW Health

Mr Peter Ziegler – NSW Health Audit Department

Mr Michael Clark – Manager Audit Dept, CSAHS

## Quality Council

The quality council is a sub-committee of the Board of Directors, which provides

- Leadership on the quality of care
- Monitoring and facilitation of continuous improvement
- Promotion of education, training and research in quality of care
- Measuring and reporting on quality

### Committee members

Ms Thea Rosenbaum – Chairperson

Dr Richard Matthews – CEO

Ms C Callaghan – Director Clinical & Nursing Services

Ms Belinda Chaplin – Director Adolescent Health

Ms Julie Babineau – Director Corporate Services

Ms Deidre Giacomini – Manager Executive Support

Ms Rhonda Halpin – Manager Quality Unit (Secretariat)

Mr Brian Owens – Board Member

Ms Vicki Archer – Project Manager CCRTS

Mr Craig Gear – Mgr Clinical Operations

Mr Mark Zacka – Mganager Clinical Policies and Planning

A/Professor Donna Water – Professor of Nursing

Mr Lee Trevethan – Nurse Unit Manager

Ms Maria Hatzidimitris – Client Liaison Officer

Dr Catherine Silsbury – Staff Specialist D&A

Ms Chris Hay – Pharmacy Operations Manager

Dr B Lucas – Medical Officer

Ms Una Champion – CNC Adolescent Health

## Consumer and Community Group

The Consumer & Community Group continues to strive for the involvement of inmates as the primary consumer group, through one female and one male inmate representative attendance at the bi-monthly meetings. The Group has successfully reviewed the Terms of Reference and the Consumer & Community Guidelines, which describe the level of involvement and the decision making process for the Group. With the Group now firmly established, it is envisaged that in the future CHS will facilitate consumer involvement in projects that have been identified by the Chief Executive Officer. Such projects will bring the consumer's perspective into the stages of policy and planning.

### Committee Members

Mr Brian Owens – Chairperson  
 Ms J Bateman – Mental Health Coordinating Council  
 Ms J Bruce – NSW Users & Aids Association  
 Ms A Churchill – CRC Justice Support  
 Mr B Collins – Justice Action  
 Ms S Edmonds – NSW Council of Social Service  
 Ms G Larman – Children of Prisoners Support Group  
 Ms L Martin – Hepatitis C Council of NSW  
 Mr J Meadth – NSW Health Official Visitor  
 Ms V Scott – DCS Regional Aboriginal Project Officer, Mulawa  
 Ms D Draybie – Ethnic Communities Council of NSW  
 Fr R Moore – DCS Chaplin  
 Female Inmate Representative  
 Male Inmate Representative

### Committee attendees

Dr Richard Matthews – CEO  
 Ms Deidre Giacomini – Manager Executive Unit  
 Ms Rhonda Halpin – Manager Quality and Risk Coordination  
 Ms Maria Hatzidimitris – Client Liaison Officer (Secretariat)  
 Ms Thea Rosen

## Finance Committee

The Finance Committee is responsible for ensuring the efficient and economic operation of the Service's financial resources. This includes:

- Monitoring the Services financial performance against budget and other performance indicators.
- Ensuring the Service's financial controls are adequate and that financial reporting is comprehensive, timely and accurate.
- Ensure that statutory obligations under relevant legislation are met.
- Provide advice and assistance on issues as requested by the Board.
- Provide advice and assistance to Justice Health executive staff.

### Committee Members

Mr Neil Wykes – Chairperson  
 Dr Richard Matthews – CEO  
 Ms Julie Babineau – Director Corporate Services  
 Mr G Gordon – Manager Employee Services  
 Mr C Bailey – Director of Finance  
 Mr S Narayan – Financial Accountant  
 Mr G Schipp – Executive Director Finance & Asset Management, Department of Corrective Services  
 Mr G Crowther – Management Accountant  
 Ms B Chaplin – Director Adolescent Health  
 Ms C Callaghan – Director Clinical & Nursing Services

## Corporate Governance

### Human Research & Ethics Committee

The Committee is established as the Institutional Ethics Committee of Justice Health and is bound by the guidelines of the NHMRC Statement of Human Experimentation Supplementary Notes. The Committee is responsible for:

- considering the methodological and ethical implications of all proposed research projects
- advising applicants of approval, rejection or recommendations for changes to research submissions
- maintaining surveillance of approved research
- maintaining a register of projects.

### Committee Members

Dr Sandra Egger – Chairperson

Dr Richard Matthews – CEO

Mr S Eyland – DCS (stats ?)

Professor T Campbell –

Father L McNamara –

Ms Shireen Malamoo – Board Member

Mr R Gartrell –

Associate Professor M Levy – A/Director Centre for Health Research into Criminal Justice

Ms Julie Babineau – Director Corporate Services

Dr A Wodak – Director D&A, St Vincent's Hospital

A/Professor Donna Water – Professor of Nursing

### Medical & Dental Appointment Advisory Committee & Medical Credentials Committee

The Medical and Dental Appointments Advisory Committee is responsible for:

- providing advice and making recommendations to the Board on any matter relating to the appointment or proposed appointment of visiting practitioners or staff specialists,
- considering any applications for the appointment of, or proposal to appoint, a visiting practitioner, staff specialist or career medical officer
- if directed by the Board provide advice and where appropriate make recommendations with reasons to the Board concerning the clinical privileges that should be allowed to visiting practitioners, staff specialists, career medical officers or other dentists.

Professor Ronald Penny – Chairperson

Associate Professor M Levy – Director Centre for Health Research into Criminal Justice

Dr Richard Matthews – CEO

Dr J O'Dea – CHS Visiting Medical Officer

Ms C Callaghan – Director Clinical Services & Nursing

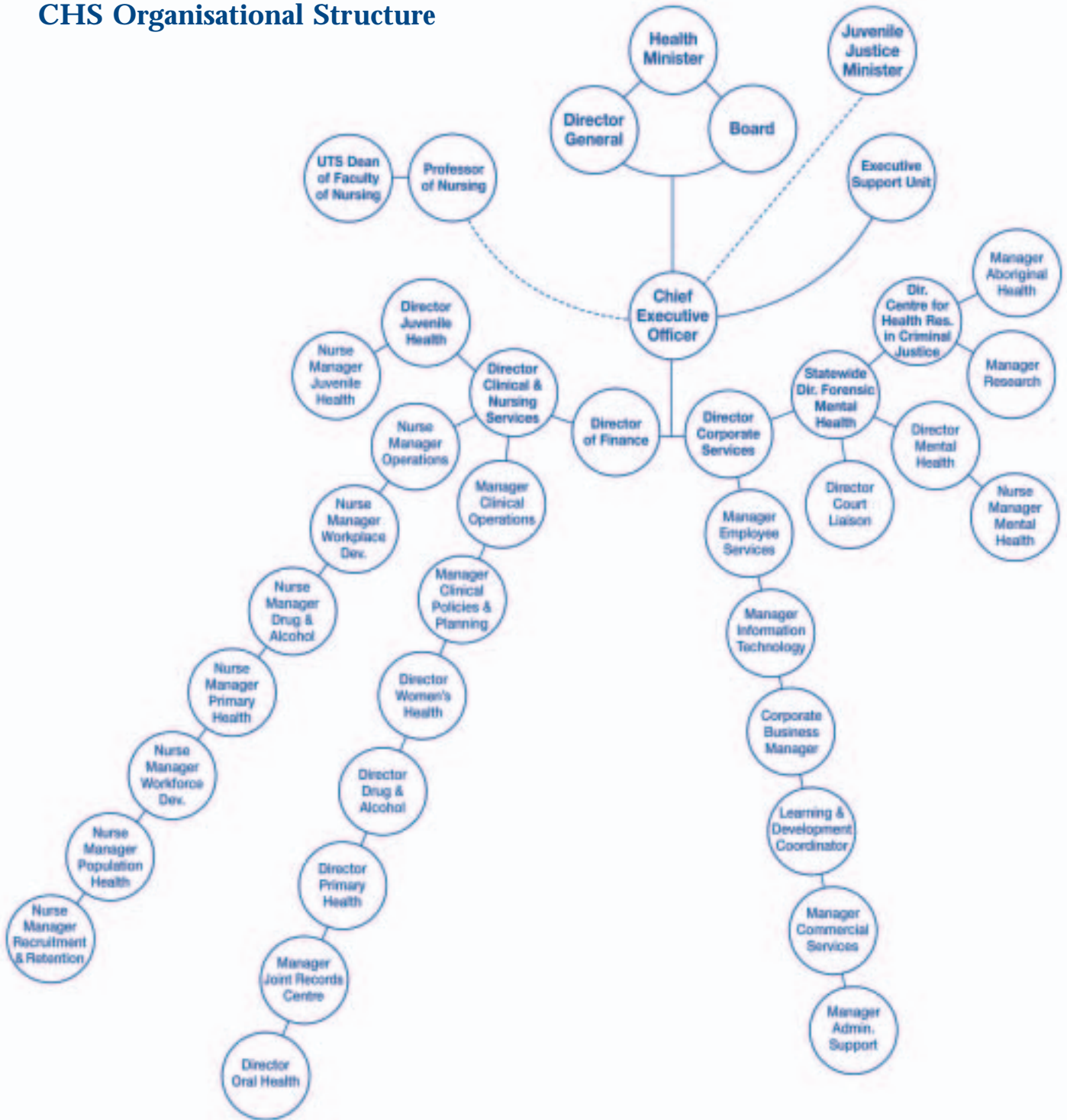
Dr P Hill – Manager Oral Health

Ms A Doherty – Director Mental Health

Ms B Chaplin – Director Adolescent Health

Mr G Gordon – Manager Employee Services

## CHS Organisational Structure



## Performance Summary

### Inpatient Activity Data

	2001 – 2002	2002 – 2003	2003 – 2004
Long Bay Hospital bed capacity	119	119	116
Mulawa Annexe bed capacity	6	6	7
Detoxification bed capacity	17	17	17
Admissions (male)	1335	910	1287
Admissions (female)	353	330	365
Long Bay Hospital occupancy	91%	92%	93.54%
Average length of stay – male psychiatric (days)	79.83	111.31	517.60
Average length of stay – female psychiatric (days)	–	–	95.92
Average length of stay – male medical (days)	12.18	14.57	25.51
Average length of stay – Female (days)	3	3	27

### Non admitted patients (occasions of service)

	2001 – 2002	2002 – 2003	2003 – 2004
Dental	9,285	10,529	11,656
Diagnostic Imaging	1,559	1,472	1,815
Medical Officers & Nursing	1,586,205	1,901,553	2,270,054
Alcohol and Other Drug	383,760	442,348	441,012
Physiotherapy	907	909	1,197

### Outpatient Appointments provided by Corrections Health Service

	2001 – 2002	2002 – 2003	2003 – 2004
MMTC Appointments (internal)	2420	2611	2171
Diagnostic Testing (all external)	937	925	860
Specialist Appointments	1040	1297	1083
Total	4397	4833	4114



# Clinical Services & Nursing

## Nursing Services

### Recruitment and Retention

Corrections Health continued to undertake numerous initiatives during the year designed to recruit new nursing staff to the organisation. The establishment of the Metropolitan Relief Pool, which is open to full time, part time and casual nursing staff, has proven attractive to applicants as it allows them to work at several locations across the metropolitan area while gaining a more detailed understanding of the Service.

Corrections Health participated in the Nursing Expo in May 2004 held by the Royal College of Nursing. A selection of nursing staff ranging from new graduates to senior nursing staff represented Corrections Health at the Expo and many attendees expressed interest in Corrections Health as a potential future employer. Contact details of those interested were collected and information packages sent to them.

### Nursing Resource Utilisation Project

In October 2003 a Nurse Manager was temporarily appointed as the Project Manager for the Nursing Resource Utilisation Project. The purpose of the project was to implement strategies and systems that resulted in reductions in overtime usage and to increase efficiencies within nursing resources. These initiatives have resulted in a reduction in agency usage by a significant amount and the project has been submitted as a contender for the Baxter Quality in Health Care Awards.

### Nurses Core Capabilities Project

The Core Capabilities Project looks at the skills and confidence of nursing staff through a self-assessment survey. Following the completion and review of a trial of the survey, it was distributed to all nursing staff within Justice Health adult facilities in May 2004. The survey had a 40% response rate and a report will be produced early in 2004/2005. The survey has also been used to monitor the skill and confidence development of nurses undertaking the Corrections Health Graduate Program.

### Professor of Nursing

During the year, A/Prof Donna Waters performed the duties of Professor of Nursing in Justice Health. During the period she conducted the review of Post Graduate Nursing Education, was actively involved in nursing work-force issues and enthusiastically supported the Nurse Practitioners initiative.

## Clinical Supervision

The clinical supervision program continued within Corrections Health this year with an overall increase in the numbers of staff receiving and providing supervision. An external and internal review of program occurred in 2003/2004, with both reviews supporting the continuation of the program with some modification to it.

## Training

Nursing Services were provided for the first time this year with additional monies as part of the NSW Nursing Health Nursing Reserve Strategy Funding for the professional development of rural and remote staff. This money has been used to pay for travel costs for staff to attend courses within Corrections Health and externally with organisations such as the NSW College of Nursing.

## Commissioning of New Correctional Facilities

Nursing Services in 2004/2005 were responsible for assisting with preparations for the opening of two new correctional facilities at Kempsey and South Windsor. A Nurse Unit Manager was seconded to both locations to coordinate the commissioning of the services at a local level. Budgets and service schedules were developed and negotiations have been undertaken with local Area Health Services and other public and private health care providers regarding the provision of services at the new facilities. Mid North Coast Correctional Centre (Kempsey) will open in early 2004/2005 and services will gradually be established as the patient population increases. Dillwynia's (South Windsor) commissioning is progressing well and is due to open later in 2004.

## Primary Health

During the year the Primary Health Stream broadened its focus to include the long-term health needs of our patients in addition to the management of acute care needs. Ongoing education and support for staff has resulted in over 2,000 Long Term Health Plans being completed during 2003/2004. The Primary Health Stream's focus to improve identification and management of chronic health conditions has been enhanced by our involvement in the NSW Chronic Care Collaborative. This initiative has enabled CHS to network with most Area Health Services throughout New South Wales, and improve the identification and management of Chronic Obstructive Pulmonary Disease. In the area of acute care, Emergency Response Flipcharts were developed for both adult and adolescent centres.



## Clinical Services & Nursing

These charts have been designed to assist staff in the management of acute medical conditions such as chest pain, asthma, hypoglycaemia, shock, drug overdose and coma and have been included in the Emergency Back Packs.

The Primary Health stream promoted the education and support of metropolitan and rural Medical Officers with Medical Officer's Conference held on the 5th & 6th June 2004. Over 40 delegates attended and presentations included Depression, Chronic Obstructive Pulmonary Disease, Adolescent Health, HIV Management, Oral Hygiene Management and Drug & Alcohol Pharmacotherapies.

The Primary Health Stream has also been involved in tutorials and placements for medical students and provided comments and feedback to health bodies on various issues including cancer care and management of arthritis and musculoskeletal conditions. CHS was also accredited by the Royal Australasian College of General Practitioners and the training provider Wentwest to provide Advanced Training for General Practitioner Trainees.

### Drug & Alcohol

Drug and Alcohol Specialist Medical Clinics are now operating at seven correctional centres in NSW. The Drug and Alcohol Clinics are run by drug and alcohol specialist medical practitioners who see patients who have problems with drugs such as opiates, benzodiazepines and alcohol. These medical practitioners use a range of pharmacotherapy treatments including methadone, buprenorphine, naltrexone and acamprosate.

#### Methadone

During the year the average number of patients on the CHS methadone program at any one time remained stable at close to 1000 each month, an increase of an additional 100 clients each month compared to last year. These inmates are spread across 34 centres which receive a very high turnover of patients. Every month over 135 inmates come into correctional centres and police cell complexes already on Methadone. This is an increase of approximately 35 additional clients each month on Methadone being incarcerated, to previous years. On average about 80 patients per month are commenced on methadone in correctional centres which is double the figure of last years rate, with approximately 28 ceased methadone treatment per month while in prison.

Corrections Health Drug and Alcohol Stream staff work hard to ensure continuity of care for patients on methadone coming and leaving correctional centres. This involves liaison with Corrections Health staff and with community methadone clinics (public and private) and community pharmacies in Area Health Services across the state. During the year, CHS Drug and Alcohol Clinical Stream doctors wrote over 135 prescriptions for methadone per month for patients who had been released from prison and required continuation of dosing in the community.

#### Buprenorphine

During the year the number of patients on the buprenorphine program remained at 115 on average each month. Constraints on numbers for buprenorphine treatment are required due to resource implications and increased rates of diversion of the drug when numbers go above a certain level at each campus. This is monitored by the clinic manager on a ongoing basis. During the year, CHS Drug and Alcohol Clinical Stream doctors wrote an average of 15 prescriptions for buprenorphine per month for patients who had been released from prison and were continuing to be dosed in the community.

#### Naltrexone

A trial comparing naltrexone treatment in an inmate population to methadone treatment and non-drug therapy was finalised during the financial year. Naltrexone is available as a treatment option for clients in the correctional facility but is not considered suitable as the first line of treatment for opioid dependence due to the risks of overdose associated with this treatment option.

#### Drug Court

The CHS Drug and Alcohol Clinical Stream provides medical and nursing support for the NSW Drug Court Program, in partnership with the Wentworth Area Health Service, the Western Sydney Area Health Service and the South Western Sydney Area Health Service. Other important partners are the participating Non Government Organizations who provide residential services to Drug Court program participants. Patients are stabilised and assessed for the Drug Court Program in the detoxification unit at the Metropolitan Reception and Remand Centre (men) and at Mulawa Correctional Centre (women). The CHS Clinical Nurse Consultant is a vital member of the Drug Court team at Parramatta. Patients sent to prison on sanctions are managed at the Metropolitan Reception and Remand Centre (men), Parramatta Correctional Centre (men) and Mulawa Correctional Centre (women).



### Detoxification Units

During the year, over 9476 patients were assessed in Drug Summit funded detoxification units. This is an increase of nearly 1500 additional clients being assessed per annum in comparison to last year's figures. Over 938 patients received in-patient detoxification, an increase of 20% in activity levels compared to last year, and over 2510 received ambulatory detoxification. This is a slight reduction compared to last year's figures.

### In-Reach Project

The Centre For Drug & Alcohol provided funding to a number of Area Health Services for In-Reach workers to assess the needs of patients on methadone or buprenorphine maintenance prior to their release from correctional centres. In-Reach workers are operating in Hunter, Greater Murray, Mid Western, New England, Northern Rivers, Southern, Wentworth and South Eastern Sydney Area Health Services. The workers have been assessing patients at local correctional centres and making referrals. This is an important continuity of care initiative.

### Correctional Centre Release Treatment Scheme

CHS has been funded to manage a Correctional Centre Release Treatment Scheme. The key areas of activity have been Redfern/Waterloo, Wellington, and Blacktown areas. The project has identified a number of practical difficulties that inmates face upon being released to the community and particularly focus on assisting drug dependant recidivist offenders to remain out of custody for longer periods than previously. In acknowledgement of the success of this initiative, the NSW Government is funding the project for a further three years.

### Population Health

Two important documents regarding the prevention and management of hepatitis were launched during the year. *Hepatitis C: The Challenges, The Response 2003-2006*, is a continuum of care document for the prevention and management of Hepatitis C in the NSW Correctional System. *The Hepatitis Clinical Management and Information Manual* identifies best practice for the provision of services for the treatment of Hepatitis in this unique clinical setting. There are now thirteen specialist Hepatitis clinics across Corrections Health and the Corrections Health Hepatitis Group comprising clinical and research staff meets twice a year to identify and progress clinical and research issues.

A review of services for inmates with HIV was undertaken, with the result being a more co-ordinated approach to the management of inmates with HIV through the development of partnerships with specialist external HIV services. The average number HIV antibody positive inmates in NSW remained at 39 during the year.

### Infection Control

During the year, two Public Health Network forums were held, gathering staff from across the state to participate in professional development and service planning. The focus of the two forums was harm minimisation and a newly developed program, Teaching and Learning in Corrections Health: From Clinic to Classroom. This workshop was designed to enhance the capacity of Public / Sexual Health nurses in clinical teaching and session presentation.

The Clinical Nurse Consultant, Infection Control travelled to Vietnam during the year to review infection control procedures in their hospitals. The Clinical Nurse Consultant was also involved in a working party to review plans for infection control in the new prison hospital, provided sterilisation workshops for new staff and has commenced infection control audits of Adolescent Health clinics.

### Public Health

Several outbreaks during the year kept the Population Health team CNC's Public Health busy. These included outbreaks of Salmonella, gastroenteritis and chickenpox. A SARS Taskforce Implementation Plan was also developed with the support of the Justice Health Disaster Planning Committee.

The first International Transfer of Prisoners Scheme involving the repatriation of inmates from Thailand was successfully achieved in March 2004. The transfer required considerable organisation from an outbreak prevention and health screening perspective and included close liaison with counterparts in Thailand, NSW Health, The Department of Corrective Services and others.

## Clinical Services & Nursing

### Notifiable Detected Diseases in 2003/2004

Notifiable Condition	01/02	02/03	03/04
HIV antibody positive	3	5	0
Hepatitis B surface antibody positive	50	61	44
Hepatitis C antibody positive	753	737	655
Syphilis marker(s) positive	11	11	8
Chlamydia	18	42	66
Gonorrhoea	7	8	2
Pertussis (Whooping cough)	–	2	1
Hepatitis D antibody positive	3	1	3
Influenza	–	3	3
Invasive pneumococcus	–	2	0
Q fever	–	1	0
Adverse reaction to immunization	–	2	0
Cryptosporidiosis	–	1	0
Respiratory tuberculosis	–	–	2
Atypical mycobacterial chest infection	–	–	1
Salmonella	–	–	7
<b>Total</b>			<b>792</b>

### Targeted Screening Program and hepatitis B vaccination profiles – 2003/2004

Targeted Screening Program and hepatitis B vaccination profiles	01/02	02/03	03/04
Number of inmates introduced to TSP	6,761	6,868	7,241
Total number tested as part of TSP	4,333	4,471	5,140
Total newly detected hepatitis B positive inmates	410	443	405
Total newly detected hepatitis C positive inmates as % of total tested	10%	10%	8%
Percentage of newly detected HCV inmates with IVDU as primary risk factor	89%	89%	87%
Total number of hepatitis B vaccinations administered	–	–	2126
Number of vaccinations administered to Aboriginal inmates	–	–	215 (10%)
Proportion, and percentage, of inmates commenced on hepatitis B vaccination in the July – September 2003 cohort that completed three primary doses by 31 March 2004	–	–	92/167(55%)
Proportion, and percentage, of inmates commenced on hepatitis B vaccination in the October to December 2004 cohort that completed three primary doses by 30 June 2004	–	–	112/217(52%)

### Environmental Health Officer

This position, co-jointly funded by Corrections Health and the Department of Corrective Services, was initially funded for twelve months but has now been made permanent. During this initial twelve months, the Environmental Health Officer identified priorities in the areas of water supply and microbial control, food safety, air quality and has also developed an environmental health audit tool. An Environmental Health strategic plan will now be developed with an emphasis on partnerships and capacity building between the two agencies and other Area Health Services.

### Women's Health

The female inmate population continued to increase during the year, with a 16% jump in numbers between July 2003 and June 2004. This resulted in a number of centres increasing bed numbers, including Mulawa, Berrima and Emu Plains. CHS staff were also active in assisting with the preparations for the Commissioning of Dillwynia Women's Correctional Centre, due to open in July 2004.

A review of the Management of Women's health Services was completed during the year with the recommendations endorsed by the Senior Executive. This formed the basis of the restructure of the Women's Health Stream and included the appointment of a Director, Women's Health.

A review of maternity services for women was undertaken and the development of a framework for the delivery of maternity services to women in custody is nearing completion.

A centralised medical appointment system for all external medical appointments for women in custody has been trialed. The trial has provided an opportunity for women to access external medical appointments in line with the male booking system.

Women residing at Mulawa Correctional centre are now able to access non-urgent X-rays at the Metropolitan Reception & Remand Centre. A weekly service commenced in October 2003 and has significantly reduced waiting times for non-urgent X-rays for women.



## Allied Health

### Physiotherapy

Justice Health continued to provide an efficient physiotherapy advice and treatment service based at the Long Bay Correctional Complex. Services are provided on both an inpatient and outpatient basis. A needs analysis project has been commenced to determine physiotherapy needs within the NSW adult inmate population.

### Radiography

The radiography service has consolidated its operations this year, strengthening Occupational Health and Safety procedures and improving the management of patient films. This been achieved through negotiation with local Area Health Services and improvements in film tracking, storage and archiving systems.

A major project undertaken during the year was the move towards a filmless radiography service. Investigation was carried out for the purchase of computerised, filmless radiography processing equipment for the metropolitan area. The project will improve the access to, and timeliness of, clinical radiography information at Justice Health

### Pharmacy

A comprehensive review of the Pharmacy Service was undertaken in July 2003. The review identified the need to initiate changes to the clinical and administrative practices of the Pharmacy Service. To implement the recommendations of the review, the Medication Administration Re-engineering Project (MARP) was commenced in September 2003.

Some of the significant achievements from the MARP to date are:

- An imprest medication inventory management system was introduced state wide resulting in a reduction in the expenditure growth rate on last year's figure despite an increase in inmate numbers.
- The dispensing of high cost medications directly to patients to reduce wastage.
- Survey of nursing staff and inmates involved in self medication programmes.

- An increase in the number of patients offered self medication.
- The introduction of clinical ward rounds by pharmacists at LBG Hospital.
- The introduction of cold chain monitoring of refrigerated medications.
- Implementation of new pharmacy software (iPharm).
- Improved auditing and management of Schedule 8 medications

## Oral Health

During 2003/2004 the Oral Health service provided over 14,000 occasions of dental care to people in adult and juvenile centres. Over 230 sets of dentures were also provided by CHS dentists and dental prosthesis technicians.

The service began a move towards a population health approach to oral health care in line with NSW Health best practice models. The model includes the promotion of oral health education for targeted groups, along with treatment and preventative health measures.

Dental services to young people in custody have been improved through the Information System for Oral Health (ISOH) telephone number being introduced at the Cobham, Frank Baxter, Kariong & Reiby Juvenile Justice Centres where Corrections Health provide onsite dental clinics. The system allows the detainees to ring through their request to attend the clinic and if required they will be prioritised to attend the clinic. ISOH also provides statistical data on the dental needs of detainees.

The service has also, in partnership with the Aboriginal Health Unit, provided a number of dental clinics through local Aboriginal Medical Services specifically for Aboriginal and Torres Strait Islander people.

Staff development has been a high priority this year, with Dental Officers and Assistants attending a number of education forums. A highlight of the year was the attendance of a number of our staff members at the International Dental Conference at Darling Harbour.

## Clinical Services & Nursing

### Joint Records Service

A state wide audit of medical records was conducted in 2003/04. Analysis of the results of the audit has been completed and results have been made available to all CHS staff members. Implementation of the recommendations resulting from the audit is underway. In addition, Medical Records Forms involved reformatting of medical record forms and structure in line with best practice standards.

A major achievement during the year for the Joint Records Service was completing Stage 1 of the Archiving Project. This project involved the development and implementation of a three year contract with an offsite contractor for storage and retrieval services for medical records, inmate case management files and psychology files. Phase one of the project involved the relocation of some inactive medical records and closed inmate case management files to the contractor's offsite repository.

During 2003/2004 the medical records service expanded with additional hours of support allocated to Mulawa, Parramatta, and MMTC Radiography Appointments. Women's medical appointments were centralised to the JRC and an additional position was created to provide support to women's appointments state wide. A process was also been implemented to communicate Security/Health Alerts related to first time adult offenders who have previously been held as juvenile detainees.

### Future Initiatives – Clinical Services and Nursing

- A report outlining the recommendations of the reports to the Clinical Supervision Program will be completed in early 2004/2005.
  - Expansion of the Metropolitan nursing relief pool will continue.
  - Expansion of the Nursing Resource Utilisation Project Due to the project's success in it's first six months the Senior Executive approved the project's extension until October 2004.
  - The Nursing Core Capabilities Self Assessment Survey will be extended to Adolescent Health Nursing staff.
  - Guidelines for other Nurse Practitioner sites continued and it is envisaged additional locations will commence in 2004/2005.
  - Recruitment action to fill the position of Professor of Justice Health Nursing.
- Future initiatives of the pharmacy review include the expansion of the patient self medication programme, the introduction of direct delivery of medications from wholesalers to centres and a trial of dose administration aids for the administration of medications.
  - Completion the commissioning of the Dillwynia and Mid North Coast Correctional Centres.
  - Additional two nursing staff to complete the NSW College of Nursing – Graduate Certificate Women's Health in 2004/05.
  - Publication of the "Framework for Delivery of Maternity Services to Women in Custody".
  - Implementation of the filmless medical imaging project



# Statewide Directorate for Forensic Mental Health

2003/2004 saw the commencement of operations of the Statewide Directorate for Forensic Mental Health. This unit is managed by CHS and is responsible for leading the development and management of an integrated Forensic Mental Health Service across NSW, including the Community and Court Liaison Project and mental health services in correctional and detention centres. In 2004 administrative premises for the Service were attained and furnished and are now occupied by Centre staff.

## Community & Court Liaison Service

The Community and Court Liaison Program continued to foster collaborative relationships between CHS and various Area Mental Health Services through education and advisory programmes to hospitals and community mental health clinics. The service was successful in recruiting a Clinical Nurse Consultant for Dubbo Local Court. A highlight of the year was the Program winning the Gold Premier's Award Medal in the Social Justice Category. We are able to provide an education and advisory programme to all hospitals and community mental healthy clinics. During the year, the Court Liaison Service conducted a Customer Satisfaction Survey. Included in the survey were Magistrates, Police Prosecutors, Legal Aid Attorneys and DCS. The response rate thus far has been very good with the results to be analysed in 2004/2005.

### Community & Court Liaison Activity 2003/2004

	Number	Percentage
Clients Screened	18,902	100
Numbers referred for assessment	1,945	10.2
Numbers assessed who were identified with a serious mental illness	1,413	72.65
Numbers with mental illness diverted to hospital	204	14.43
Numbers with mental illness diverted to community care	702	49.68
Numbers with mental illness referred to custodial mental health care	507	35.88

## Mental Health

There was a significant increase to mental health activity and staffing levels due to the preparations for the opening of the Mental Health Screening Units, increases in Court Liaison sites, the commencement of the Statewide Directorate for Forensic Mental Health and the successful recruitment of increased numbers of nursing and psychiatric staff. This was reflected in our Mental Health FTE increasing from 93 in 2002/2003 to 140.1 by the end of 2003/2004. Mental Health services for adolescents in detention were also enhanced through the recruitment of a Clinical Nurse Consultant for Juvenile Health.

Mental health staff assisted with planning for the construction and operation of the new Forensic Hospital. This included working on the development of operational plans for the Hospital and providing advice on the detailed design specifications.

Preparations continued for the opening of the Mental Health Screening Units at Mulawa and Silverwater gaols. Inmates identified with mental health issues at reception would be referred to the unit for further assessment and stabilization. They may be referred to the Long Bay Prison Hospital for inpatient care, or transferred into general prison accommodation when stable. The Mulawa Unit will incorporate inpatient beds and an enhanced outpatient clinic. It will be collocated with a ten bed Mental Health Screening Unit. The facility will provide opportunities for CHS and DCS Inmate Services & Programs staff to work more cooperatively, with the aim of providing continuity of care.

## Future Initiative – Statewide Directorate of Forensic Mental Health

- Expansion of Community and Court Liaison Service to include community based forensic case management service
- The NSW Statewide Community and Court Liaison Service need to provide services at a further five courts. The CCLS is be expected to include Manly, Coffs Harbour, Nowra, Blacktown and Wagga Wagga. Recruitment for these court positions will commence early in 2004/2005
- Continuation of planning for the new Forensic Hospital to be built at Long Bay Complex.

## Juvenile Health

During the year, Juvenile Health strengthened service provision through the recruitment of several new staff members, including an Adolescent Physician, a Staff Specialist Drug and Alcohol Clinical Nurse Consultant and a Clinical Nurse Consultant in Juvenile Mental Health.

The Juvenile Health reception assessment process was reviewed and a new reception assessment form now provides a comprehensive general and mental health and drug and alcohol assessment of young people entering Juvenile Justice Centres. All Juvenile Health Staff have been trained in using the form and it has been implemented.

Juvenile Health Services are preparing for accreditation for the first time in 2005 and developing centre based quality activities. Juvenile Health administration and clinics have developed business plans based on the ACHS guidelines that reflect the nature of the clinic and are reviewed six monthly. Juvenile Health Services has been incorporated into the CHS Quality Plan.

The Directors of Juvenile and Mental Health negotiated a Service Agreement allowing for the Mental Health CNC's to provide training days for the Juvenile Health registered nurses. The CNC mental health also assisted in the review of the reception assessment tool.

During the year the Juvenile Health clinics at Keelong and Reiby JJC were refurbished. The Keelong clinic has been enlarged and includes a dental chair for examinations and is due for completion in July 2004. The Reiby clinic is being relocated in order to provide easier access to services for the detainees. It will also include a new dental surgery. Completion of the relocation of the Reiby clinic is due in September 2004.

Juvenile Health staff continue to be involved in the DJJ Quality Reviews. These quality reviews are held six monthly and assess the juvenile justice centres performance in meeting the standards (Australasian Juvenile Justice

Administrators Standards). Health is always included in the later part of the years quality reviews. The Director, Juvenile Health and Assistant Director General – Operations DJJ continue to meet regularly to discuss any issues that may arise the Director Juvenile Health also attends Youth Drug & Alcohol Senior Officers meeting; Women's Advisory Committee and the Collaborative Research Committee.

Senior Juvenile Health staff continue to develop working partnerships with other agencies to enhance services to young people whilst in detention and then on discharge. These include with the Director of Child and Adolescent Mental Health Services –Network (CAMHS –Net) and the Director Adolescent Medical Unit Westmead Children's Hospital.

The Director Juvenile Health negotiated with the Australian Theatre for Young People to provide theatre sports style workshops with the young people Juvenile Justice Centres (JJC). Actors from the theatre ran a workshop with the young people to determine what they would like. A series of workshops are to commence at Keelong JJC in September 2004. It is hoped that future workshops will be conducted in other centres.

The Aboriginal Health Manager has been negotiating on behalf of Juvenile Health for AMS services within the juvenile justice centres. Currently the AMS attends five of the juvenile justice centres. The services provided range from dental to sexual health clinics as well as social support for the young men in custody.

During the year the key findings of the Young People in Custody Survey undertaken in 2003 were released. The Corrections Health service was a joint partner with Department Juvenile Justice in the Young People in Custody Survey 2003. Through negotiation with the Department of Juvenile Justice, CHS will have joint ownership to all the research data.



## Future Initiatives – Juvenile Health

- Juvenile Health will change its name to Adolescent Health to better reflect our clients. The name change will coincide with name change to Justice Health on the 1st July 2004.
- As of July 2004, Juvenile Health will assume the responsibility for the provision of health assessments and services to young people coming before the court system. The Youth Drug & Alcohol Court (YDAC) service will expand to include Bidura (Glebe) and Cobham Courts. A Health Services Manager will be recruited to manage the service provision to these courts and to liaise with the Joint Assessment Review Team (JART).
- Planning is underway for the Implementation of Mental Health Outcomes Assessment Tool – Child and Adolescent (MHOAT-CA), throughout the Juvenile Health clinics.
- A model of care that best reflects the health needs of young people whilst in custody, will be developed. To enhance the model and support the clinic staff, key health issues have been identified and clinical pathways are being developed that reflect current and best practices
- A joint venture between Juvenile Health and the Department Juvenile Justice is to develop a Juvenile Justice Centre Release Treatment Scheme (JJCRTS). This will be modelled on the adult version and discussions have begun regarding the JJCRTS.
- Continuation of the recruitment of young people to participate in the Young People in Custody Survey. Additional registered nurses will be recruited to conduct the survey.
- The Juvenile Health clinics are now considered in the Department Juvenile Justice cyclic maintenance, minor and major capital works programs. Construction has begun on the new young women's juvenile justice centre at Lidcombe. The facility will have a mother and babies unit as well as pre-release unit. In preparation for the new facility the A/NUM Yasmar will be attending the Lidcombe Project Steering Committee.



## Centre for Health Research in Criminal Justice

The Centre for Health Research in Criminal Justice (CHRCJ) was formed in 2003 and arose out of the need to establish a centre of excellence to research prisoner health issues and health matters connected with the criminal justice system. The CHRCJ has an independent board of management, a core staff of twelve researchers, and includes a nursing professorial unit. In 2004 administrative premises for the Centre were attained and furnished and are now occupied by Centre staff.

Importantly, there are over 50 research affiliates attached to the Centre. The CHRCJ is the only organisation in the world devoted to the study of prisoner health issues; its work is recognised at the national and international level. The Centre has conducted and is currently engaged in a broad range of research activities in the areas of mental health, infectious diseases, injury, smoking cessation, and juvenile health.

### Ongoing research projects undertaken in 2003/2004.

Project Title	Partners	Researchers	Publications
Causes of mortality among ex-prisoners	Justice Health National Centre in HIV Epidemiology and Clinical Research Department of Corrective Services	Azar Kariminia Dr Tony Butler Dr Matthew Law Professor John Kaldor A/Professor Michael Levy Simon Corben	Mortality among prisoners: how accurate is the Australian National Death Index? <i>Submitted for Publication</i>
Physical Health of Prisoners	Justice Health	Dr Tony Butler Azar Kariminia A/Professor Michael Levy Michelle Murphy	<i>The self-reported health status of prisoners in New South Wales.</i> <i>Published Australian &amp; New Zealand Journal of Public Health.</i>
Hunter Forensic Head Injury Project	Justice Health Hunter Mental Health Service	A/Professor Peter Schofield Dr Tony Butler Stephanie Hollis	
Staff Attitudes to Methadone survey	Justice Health University of NSW Sydney University	Linn Gjersing Dr Tony Butler Dr John Capelhorn	<i>Master's thesis submitted</i>
National Prisoner Health Indicator Project	Justice Health Australian Institute of Health and Welfare Western Australia Justice Department Standing Committee on Aboriginal and Torres Strait Islander Health	Dr Tony Butler A/Professor Michael Levy Robert Vanderhoek Dr Ralph Chapman Debbie Robb	
Correctional Centre Release and Treatment Scheme	Justice Health	Vickie Archer Juliet Donald A/Professor Michael Levy	
Post traumatic stress and personality disorders among prisoners	Justice Health Newcastle University	Anna Egeressey Dr Stephen Allnutt Dr Tony Butler	<i>Master's thesis submitted</i>
Health related quality of life indicators in prisoner with hepatitis C	Justice Health National Centre in HIV Epidemiology and Clinical Research	Rosie Thein Dr Greg Dore Dr Tony Butler A/Professor Michael Levy	
Evaluation of CHS hepatitis C clinics	Justice Health Prince of Wales Hospital	A/Professor Michael Levy A/Professor Andrew Lloyd Dr Paul Haber	

Project Title	Partners	Researchers	Publications
National Prison Entrants' Blood Borne Virus Survey	Justice Health National Centre in HIV Epidemiology and Clinical Research Queensland Corrective Services Commission Western Australian Department of Justice Tasmanian Department of Corrections	Dr Tony Butler Dr Margaret MacDonald Leng Boonwaatt Sue Hailstone Dr Tony Falconer	<i>Draft report prepared</i>
Evaluation of Justice Health hepatitis C clinics	Justice Health Liver Clinic Group	Mr Greg Chegulman Dr Paul Haber Dr Tony Butler A/Professor Michael Levy	
Hepatitis C transmission	Justice Health National Centre in HIV Epidemiology and Clinical Research	Dr Tony Butler Azar Kariminia A/Professor Michael Levy Professor John Kaldor	<i>Accepted for publication: European Journal of Epidemiology</i>
Psychiatric illness among sentenced and reception prisoners in Australia	Justice Health	Dr Tony Butler Dr Stephen Allnutt Mr David Cain Mr Dale Owens Ms Chris Muller	<i>Accepted for publication. Australian &amp; New Zealand Journal of Psychiatry.</i>
Physical health status of psychiatric patients	Justice Health University of NSW	Dr Tony Butler Dr Steve Allnutt Dr Baohui Yang	<i>Submitted for publication</i>
Smoking cessation using combined Bupropion (Zyban) and nicotine replacement therapy	Justice Health University of NSW St Vincent's Hospital	A/Professor Robyn Richmond Dr Alex Wodak Dr Tony Butler Ms Eli Baxter A/Professor Kay Wilhelm Mr Michael Griffiths	
Health survey of young people in custody	Juvenile Justice Justice Health	Mr Mark Allerton Ms Una Champion Dr Tony Butler A/Professor Dianna Kenny	<i>Preliminary findings report published</i>
Health survey of young people on community orders	Juvenile Justice University of Sydney Juvenile Justice	Mr Mark Allerton Ms Una Champion Dr Tony Butler A/Professor Dianna Kenny Dr Chris Lennings	
Hearing Health of NSW Prisoners	National Acoustic Laboratory Juvenile Justice	Dr Eric LePage Dr Norelle Murray Dr Tony Butler	<i>Accepted for publication. Australian &amp; New Zealand Journal of Public Health</i>
National survey of sexual health among prisoners	Juvenile Justice University of NSW	Dr Tony Butler Dr Juliet Richters Professor Basil Donovan	
Risk factors for cardiovascular disease and diabetes	Juvenile Justice National Centre for Epidemiology and Population Health Australian National University	Dr Rennie D'Souza Dr Tony Butler Dr Nikolai Petrovsky	Assessment of cardiovascular disease risk factors and diabetes mellitus in Australian prisons: is the prisoner population unhealthier than the rest of the Australian population? <i>Submitted for publication. Australian &amp; New Zealand Journal of Public Health</i>

## Centre for Health Research in Criminal Justice

Project Title	Partners	Researchers	Publications
Attachment histories of NSW prisoners	Juvenile Justice Care Leavers Association of NSW Macquarie University Positive Justice Centre, Sydney	Dr Tim Keogh Mr Simon Quilty Dr Tony Butler Ms Katherine MacFarlane Dr Joanne Penglase Mr John Murray	Time spent in care, recidivism and mental health in an Australian prison population: More evidence in favour of Attachment Theory. <i>Submitted for publication</i>
Children of Prisoners	Justice Health University of Sydney	Mr Simon Quilty A/Professor Michael Levy Dr Kirsten Howard Dr Alex Barratt Dr Tony Butler	Children of prisoners: a growing public health problem. <i>Published in the Australian &amp; New Zealand Journal of Public Health.</i>
NSW Prison Injury Surveillance Project	Juvenile Justice	Azar Kariminia Dr Tony Butler Ms Jammuna Bond Lee Trevathan	Injury surveillance in the NSW correctional system. <i>Published in the Australian Journal of Health Promotion.</i>

### Future Initiatives – Centre for Health Research in Criminal Justice

- Further analysis and publication of the Justice Health Inmate Health Survey and surveys of juvenile offenders.
- Development of existing projects (eg. head injury and the smoking cessation) into larger trials involving more sophisticated interventions.
- Development of a project to collect national prisoner health indicators.
- A second research symposium is planned for late 2004 following the success of the one held in May 2001.
- Planning a national prisoner health survey.

### Aboriginal Health Services

CHS is committed to improving the health and cultural well-being of Aboriginal people in custody in NSW Correctional Centres and Juvenile Justice Centres. This is made possible through a Partnership Agreement between CHS and the NSW Aboriginal Health and Medical Research Council (AH&MRC). The Partnership supports the primary principles of Aboriginal community control and self-determination through the establishment of working partnerships between CHS clinics and Aboriginal Community Controlled Health Services (ACCHSs). At the end of June 2004, 77 percent of the adult Aboriginal offender population (including 95 percent women) was able to access an enhanced range of culturally respectful health care services provided by ACCHS professionals. In addition, five of the nine Juvenile Justice Centres

(53 percent) had similar service delivery arrangements developed. CHS has working agreements with 15 ACCHSs state-wide, with eight being formalised through a Memorandum of Understanding (MoU). This service delivery network will continue to expand in the future.

#### Aboriginal Vascular Health Project

The CHS 'Tick on...Kick on...' Aboriginal Vascular Health Project successfully continued to operate in 8 sites across NSW. The Project aims for both mainstream and Aboriginal Health systems to work collaboratively to improve the vascular health of Aboriginal and Torres Strait Islander people in custody. This is achieved through the provision of preventative health care services, health promotion programs, screening and education to Aboriginal inmates. During the year a new Aboriginal Vascular Health Project officer was employed.

#### Aboriginal Health Promotion Programs

During the year CHS utilised Aboriginal Health Promotion Program funding allocated from NSW Health to offer culturally respectful health promotion programs for Aboriginal people in custody. These included Oral Health, Disease Prevention, Aboriginal Family and Community History Research Training and funding for NAIDOC Week activities.

#### Future Initiatives – Aboriginal Health

- The expansion of Aboriginal health care services to the Lithgow and Kirkconnell facilities as well as Orana, Cobham, Reiby and Yasmar Juvenile Justice Centres.
- Continuation of the Aboriginal Vascular Health Program
- Completion of the new Aboriginal Health Strategic Plan for the Service

# Corporate Services and Finance

## Executive Support and Quality

### Risk Management Framework

An integrated Risk Management approach has been adapted to improve clinical effectiveness and safety across Corrections Health Service. During 2003/ 2004 a working party was established from the Clinical and Nursing and Corporate Services directorates to assist in the development of a Risk Management model for CHS. The working party reviewed the current committee and governance structures throughout the organisation, and a recommended governance structure was developed incorporating the recent initiatives of NSW Health.

### Quality

In May 2004 CHS completed the self-assessment phase of the EQUiP Cycle. Currently the Quality Unit is preparing for the May 2005 Organisational Wide Survey (OWS). The OWS phase will include on-site visits by the Surveyors from Australian Council on Health Care Standards (ACHS). Additionally, as part of this process Justice Health is required to complete and submit another self-assessment to the ACHS six weeks prior to the on-site survey.

The second Inmate Access Survey was completed to assess the perception of the NSW inmate population in relation to the provision of and access to healthcare services provided whilst incarcerated. A "cluster sample" methodology was chosen to identify the number of participants for the survey. The sample size consisted of 210 inmates from 24 correctional centres across NSW. The methodology was consistent with the 2000 /2001 Inmate Access Survey to increase the measurability, reliability and repeatability when comparing the results. To increase objectivity, interviewers assigned to administer the questionnaire were recruited from other correctional centres. The results of the survey will be published in 2004/2005.

### Complaints

In 2003/2004, 467 complaints were brought to the attention of the Client Liaison Officer. The most prominent issues are that of medication, delays in the provision of treatment, lack of service availability and waiting lists. The complaints handling process has evolved significantly within this financial year. One of these changes was the level of investigation undertaken at Senior Management level where a complaint involves the conduct or professional practice of a clinician. Complaints data for the reported period has been provided to the Nurse Managers for feedback and reporting of resulting quality improvement projects undertaken to the Quality Council.

### Complaints Processed by Issue – 1st July 2003 to 30 June 2004

	Total number of complaints	
	Total	%
Medication	120	26.0%
Delay in Admission or treatment	65	14.0%
Resources/Service Availability	39	8.0%
Coordination of Treatment	35	7.0%
Waiting Lists	34	7.0%
Discharge/Transfer Arrangements	30	6.0%
Refusal to Admit or Treat	19	4.1%
Certificate/Reports	19	4.1%
Inadequate Treatment	17	3.6%
Inadequate response to complaint	12	2.6%
Incorrect/Inappropriate Treatment	10	2.1%
Referral	8	1.7%
Hotel Services	8	1.7%
Attitude	7	1.5%
Infection Control	5	1.1%
Wrong/Misleading Information	4	0.9%
Transport	4	0.9%
Administrative Services	4	0.9%
Overcharging	3	0.6%
Discrimination	3	0.6%
Withdrawal/Denial of Treatment	2	0.4%
Privacy/Confidentiality	2	0.4%
Policy and Planning	2	0.4%
Other, please specify	2	0.4%
Lost Property	2	0.4%
Inadequate Information	2	0.4%
Client/Patient Behaviour	2	0.4%
Rough/Painful Treatment	1	0.2%
Reprisal/Retaliation	1	0.2%
Negligent Treatment	1	0.2%
Medical Records	1	0.2%
Diagnosis	1	0.2%
Character	1	0.2%
Assault	1	0.2%
<b>Total</b>	<b>467</b>	<b>100%</b>

## Corporate Services and Finance

### Employee Services

Justice Health is committed to maintaining a framework of human resources practices that provide staff with modern, proactive, equitable, safe and healthy workplaces. Over the last 12 months the health service has continued work on a range of human resources issues with the following results or outcomes.

Improved human resources data quality has resulted in a reduction in errors and the more accurate accrual of staff entitlements.

The continued provision of salary packaging has resulted in increased remuneration for participating staff and delivered financial benefits to the Service.

The Joint Staff Consultative Committee continues to function effectively with health unions, Justice Health management and staff meeting regularly to address issues.

Corrections Health Service continues to maintain an Employee Assistance Program (EAP) using an external provider, which is available 24 hours a day. This program focuses on encouraging employees to seek early assistance in relation to a wide range of concerns before they develop into more serious problems.

The Health Service completed a staff survey in late June 2004. Following on from the previous survey in 2000, this survey will provide data and information that will be used to guide human resources management over the coming years.

### Average Full Time Equivalent By Professional Category

Staff Group	2000-2001	2001-2002	2002-2003	2003-2004
Administration/Operations	19.6	24.7	31.6	37.0
Courier, Stores, Domestic	22.5	23.3	23.9	25.3
Finance/Information Technology	9.9	13.3	15.4	16.4
Human Resources	4.2	4.7	6.9	11.2
Medical Records	23.2	24.7	27.9	30.4
Allied Health	16.9	19.4	21.0	27.5
Medical Officers	19.7	17.7	20.3	23.6
Nursing	321.3	355.4	398.8	432.1
<b>TOTAL</b>	<b>437.3</b>	<b>483.2</b>	<b>545.8</b>	<b>603.6</b>

### Equity

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

### Equal Employment Opportunity Data

	Total Staff 2003/2004	Respondents	Men	Women	Aboriginal People & Torres Strait Islanders	People from Racial, Ethnic, Ethno-religious Minority Groups	People whose language first spoken as a child was not English	People with a disability	People with a disability requiring work-related adjustment
Perm/Temp	703	529 75%	140 26%	389 74%	9 1.7%	81 15%	84 16%	45 8.5%	16 3%
Casual	255	182 71%	35 19%	147 81%	2 1%	17 9%	19 10%	5 3%	1 0.5%
Totals	958	711 74%	175 25%	536 75%	11 1.5%	98 13%	103 14.5%	50 7%	17 2%



## Occupational Health & Safety

The Health Service has funded and recruited a permanent OH&S Coordinator and with the Department of Corrective Services funds an Environmental Health Officer.

The OH&S focus over the year has been management training and the identification, assessment and control of workplace hazards.

Continued improvement in the management of workplace health and safety. Justice Health completed the NSW Health OHS&R Numerical Profile scoring 70 percent, an improvement on the last profile conducted in 2002. With an average of 8.70 reported claims per 100 employees as at June 2004, Justice Health is marginally above the Health average of 8.49. Average incurred cost per employee however, is marginally under the Health average at \$452.20. Both of these areas are lower than the previous year.

There has been a decrease in the number of slip/fall injuries in 2003/2004 with very little time being lost. Similarly, body stress injuries have also decreased, however the time lost in relation to these injuries has not reduced. Of concern is the increase in Exposure to Mental Stress claims, from five last financial year to 11 in 2003 / 2004. However, they have been well managed and time lost kept very low, on average 60 hours per claim. Financial benefits in the form of hindsight budget adjustments have flowed onto CHS as a result of our reduced insurance premiums.

## Learning and Development

The Learning and Development Centre is responsible for the coordination of all CHS staff learning and development activities in correctional facilities throughout New South Wales. CHS allocates 2 percent of the total salaries and wages budget to Learning and Development. The 2003/2004 period has witnessed several achievements for the centre, including the L&D calendar, the L&M forum, Nursing Education Programs and Staff Orientation.

The L&D Calendar was developed following consultation with the respective Directorates, with a priority listing of Educational/Training requirements being formulated.

The Leadership and Management forum (L&M) conducted in March 2004 at Mary MacKillop Centre was extremely well received as was evidenced in the evaluations returned, for both the quality of the participants, and the venue. Approximately 100 leaders and managers attended the L&M. It continues to have a positive impact on the organisation in terms of communication, networking and the ability to reach a wide (and geographically displaced) audience.

Nursing education programs provided range from: Clinical Supervision, Graduate Certificate (Mental Health), New Graduate Support, Student Nurse Coordination, Preceptorship and Venepuncture/Cannulation Accreditation. The Clinical Supervision program was a finalist in the Baxter 2003 Awards, with an independent evaluation

## Staff Injury by Type and Hours Lost

Injury	2000/2001		2001/2002		2002/2003		2003/2004	
	Injury Type	Hours Lost	Injury Type	Hours Lost	Injury Type	Hours Lost	Injury Type	Hours Lost
Body Stress	5	405	8	1,112	13	861	6	844
Exposure	6	38	3	0	11	8	11	0
Fall/Slip	9	583	6	233	11	2127	6	149
Mental Stress	5	190	10	1,462	5	1902	11	659
Objects – Hit	10	368	7	467	3	1064	4	199
Objects – Moving	0	0	1	0	6	40	1	8
Vehicle	8	248	7	920	3	0	8	78
Unknown	3	45	2	0	0	0	0	0
Other	1	418	0	0	5	54	3	390
<b>TOTAL</b>	<b>47</b>	<b>2,295</b>	<b>44</b>	<b>4,194</b>	<b>57</b>	<b>6056</b>	<b>50</b>	<b>2327</b>

SOURCE: NSW Treasury Managed Fund



## Corporate Services and Finance

of the scheme identifying the achievement of meeting 4 out of the 5 desirable criteria. The Graduate certificate in Mental Health has been a successful venture with the New South Wales College of Nursing, with favourable results and evaluations identified by the participants. The New Graduate Support program (2004) attracted high quality applicants, whilst the 2003 program resulted in the retention of 8/9 New Graduates working with CHS. Placements in this program were expanded to encompass the diversity of health care delivery provided by CHS.

The number of undergraduate student nurses taking mental health placements with CHS has grown markedly. There has been an increase in the level of demand for student places from existing Universities, and from other Universities seeking to establish placements for their students. The Preceptorship Development program continues to facilitate the role transitions for new employees, new graduates and undergraduates in the unique work environment of CHS.

### Capital Works

#### Major capital works projects

- Construction of the Mental Health Screening Unit at Metropolitan Remand & Reception Centre commenced this financial year; completion is expected in August 2004. The forty bed unit will provide a therapeutic environment in which male offenders' mental health status can be assessed and subsequent decisions made about suitable treatment options. The Unit incorporates best practice design principles for a mental health facility within a correctional environment.
- Site works commenced for the new Health Services Unit to be built at Mulawa Correctional Centre for Women. The Unit will comprise: an outpatient clinic including X-ray facilities; an inpatient and detoxification unit; a ten bed Mental Health Screening Unit. The Unit is expected to be ready for commissioning in September 2005.

#### New Forensic and Prison Hospitals

Planning continued during the year for the construction of the new Forensic and Prison Hospitals on the Long Bay site. These two new facilities when complete will provide state of the art care to mentally ill citizens of NSW and inmates requiring specialist medical treatment.

##### Forensic Hospital

Currently in NSW, inpatient psychiatric services for forensic patients and transferees are provided in the Long Bay Prison Hospital. The practice of providing treatment to

forensic patients within a custodial environment is out of step with international best practice. The new Forensic Hospital will be designed to provide inpatient treatment by health professionals in a therapeutic rather than a custodial environment.

With this in mind, CHS commenced planning for the construction of a 135 bed stand-alone Forensic Hospital, funded by NSW Health and managed by Corrections Health. The 135 beds will accommodate:

- Formal Forensic patients (people found not guilty of their crime by reason of mental illness, unfit to be tried because of mental illness, or who are awaiting trial for a serious offence when mental illness is thought to be a factor)
- Transferees (sentenced inmates who become mentally ill whilst in custody, thereby requiring inpatient treatment)
- A 15 bed ward for civilian patients whose challenging behaviour can not be managed in the acute mental health system.

##### Prison Hospital

The new prison hospital will be located adjacent to the current Metropolitan Medical Transit Centre (MMTC). The facility will be managed by the Department of Corrective Services in partnership with CHS. The 85 bed hospital will accommodate:

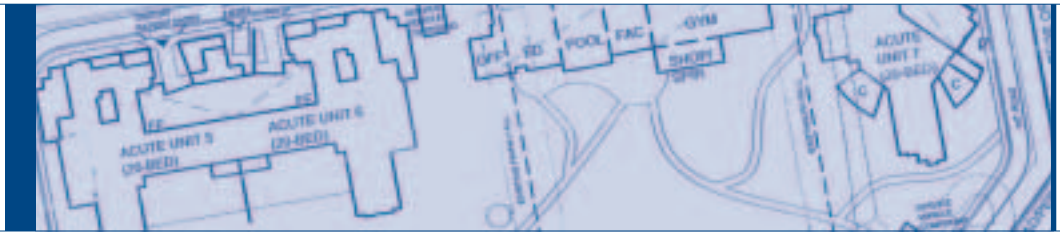
- 30 medica/surgical patients
- 15 aged and rehab. patients (medium to long stay)
- 40 mental health assessment and step down beds.

Currently inpatient services for inmates are hampered by limited access to specialist services available at the outpatient clinic (MMTC). When the new Prison Hospital is complete, inmates requiring specialist and inpatient care will benefit from having access to a comprehensive service on a consolidated site.

##### Project Progress During 2003/2004

During 2003/2004 the following progress was made in the planning for the construction of the New Forensic and Prison Hospitals at the Long Bay site.

- Expressions of Interest were issued, and the returns assessed and submitted to Treasury for approval.
- Community consultation was completed for the Master Plan prior to being lodged with Randwick Council
- The drafting of operational policies for both hospital was commenced.
- 80% of the detailed design for both hospital was completed.



- Risk workshops were conducted.
- The Budget Committee of Cabinet approved the increase of the capital budget to end cost budget level. Recurrent funding was also approved by Treasury and NSW Health.
- A new Project Director was appointed.
- Liaison and input was given to DCS for the formulation of the Long Bay Master Plan.

Completion of the Prison Hospital, the new CHS Operations Building and the first stage of the Forensic Hospital is due in September 2006, with the final stage of the Forensic hospital due for completion in September 2007.

### Minor facility improvements

Both NSW Health and the Department of Corrective Services contribute to minor capital works health facility upgrades. In 2003/04, the following facility upgrades were complete or substantially complete:

- A new clinic was built at Tamworth Correctional Centre.
- A new clinic was built at Broken Hill Correctional Centre.
- A satellite clinic at Cessnock Correctional Centre was completely refurbished.
- A clinic was refurbished at Lismore Police Cells where service delivery by Justice Health commenced.
- Partial refurbishment of the main clinic at the MRRC.
- Goulburn Correctional Centre Clinic was extended to create additional treatment space and new staff amenities.
- A clinic was created in the June Baker Unit, Grafton Correctional Centre, to provide a satellite health service to women incarcerated in the centre.
- A new dental suite was built at Mannus Correctional Centre, replacing the onsite dental van.
- A new clinic was created at Keelong Juvenile Justice Centre.

## Information Management & Technology

The Information Management & Technology (IM&T) Department's business activity during 2003-2004 was primarily focused on consolidating or completing the initiatives commenced during the previous financial year. Planning for the future was achieved through a development of a new Strategic Plan for the period 2004 to 2006.

Major milestones for the IM&T Department during 2003/04 included:

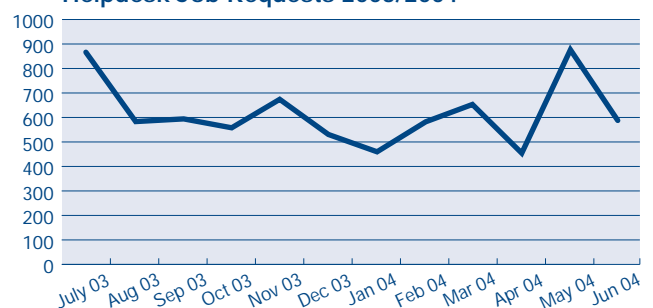
- Commencement of the Unique Patient Identifier project;
- Completion of the Pharmacy System implementation;
- Commencement of the Computerised Radiography project;
- Completion of the Citrix farm upgrade.

Data collection and reporting tools were improved during 2003-2004 through the development of improved interfaces on the Corrections Health Service Intranet.

Around 80 additional desktop computers were rolled out across the State.

Helpdesk usage continued to grow steadily over the year.

Helpdesk Job Requests 2003/2004



## Finance

For the tenth consecutive year, CHS operated within its allocated budget, posting a small recurrent surplus of \$519,020 or 0.8 percent of the general fund budget planned for the PAS/UIPI project. A capital allocation budget surplus of \$122,142 or 4 percent planned for the new hospital projects was also achieved.

Additional initiatives funded during 2003/2004 were:

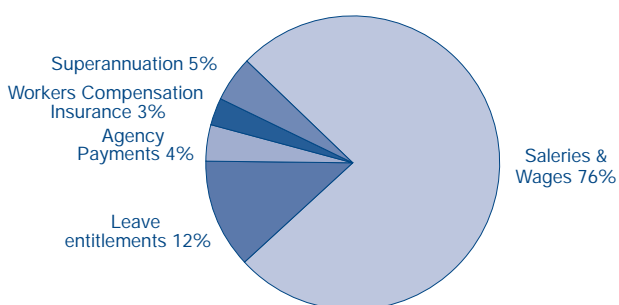
- Aboriginal health promotion including the Vascular Health program
- Nurse education and promotion
- Women's health
- National mental health plan
- Oral Health funding
- Telehealth
- Chronic care
- Framework for older people
- Youth Alcohol & Drug Court



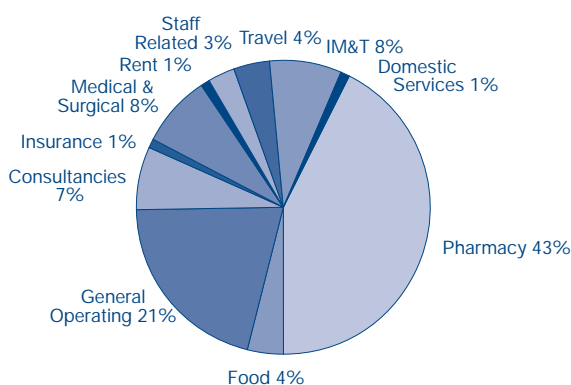
## Corporate Services and Finance

Expenditure for the year totalled \$ 64 million, of which 75 percent was related to employee related costs with average staffing rising from 546 to 604 full time equivalents.

### Employee Related Expenses



### Goods and Services Expenditure



### Future Initiatives – Corporate Services and Finance

- Finalise all activities relating to the name change from Corrections Health Service to Justice Health on 1 July, 2004.
- Finalise restructure under the Director, Corporate Services and Finance.
- The Risk Management Framework will be rolled out across Justice health following stakeholder consultation and Board approval.
- As a result of the NSW Health Patient Safety initiatives and Health Care Complaints Commission reforms, Justice Health will be required to implement redefined parameters for the complaints handling process in the near future.
- Set up and implement framework for a new Corporate and Clinical Governance Unit.
- Continuation of the planning phase for the construction and operation of the new Forensic and Prison Hospitals.
- Develop a framework and implement a Justice Health workforce plan to meet future recruitment and retention challenges of staff.
- Continuation of the implementation of the PAS/UPI project.
- Develop a framework for an Information Management Unit within the Corporate Services and Finance unit.
- Minor Works building projects that will be funded in 04/05 are:
  - Planning and stage 1 construction of a new clinic at Kirkconnell
  - Stage 2 of the Goulburn Clinic extension
  - Upgrade of selected methadone dispensing areas
- Major capital works projects that are being funded by DCS are the new Health Services Unit and the Mental Health Screening Unit at Mulawa and the new clinic at MSPC 1,2,4. In addition, the Westmead Secure transit Lounge, a jointly funded project by NSW Health and DCS will proceed.
- Appoint a Learning and Development Manager and set up the Learning and Development Centre. Also review the data collection to insure proper reporting.
- Develop an implementation plan from the results of the staff survey conducted in May 2004.
- Finalize the devolved budgets to individual cost centres. Continue interagency alliances by developing strong links with DCS, DJJ, AG, NSW Police, Cabinet Office.

Annual Accounts 2003/2004

# Auditor's Opinion Letter



GPO BOX 12  
SYDNEY NSW 2001

## INDEPENDENT AUDIT REPORT Corrections Health Service

### To Members of the NSW South Wales Parliament

#### Audit Opinion

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

- (a) presents fairly the Corrections Health Service's financial position as at 30 June 2004 and the financial performance and cash flows for the year ended on that date, in accordance with applicable Accounting Standards and other mandatory professional reporting requirements, in Australia, and
- (b) complies with section 45E of the *Public Finance and Audit Act 1983* (the PF&A Act).

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

#### The Boards Role

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

#### The Auditor's Role and the Audit Scope

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

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

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

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

My opinions do not provide assurance:

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

#### Audit Independence

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

providing that only Parliament, and not the executive government, can remove and Auditor-General, and

mandating the Auditor – General as auditor of public sector agencies but precluding the provision of non-audit services, thus ensuring the Auditor-General and the Audit Office are not compromised in their role by the possibility of losing clients or income.

*P.K. Brown*

PK Brown FCPA  
Engagement Controller  
SYDNEY  
21 Sept 2004

## Certification of Accounts

The attached financial statements of the Corrections Health Service for the Year ended 30 June 2004

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



Prof. Ronald Penny  
Chairman of the Board



Dr. Richard Matthews  
Chief Executive Officer



Mr. Charles Bailey  
Director of Finance

26 August 2004

# Statement of Financial Performance

for the Year Ended 30 June 2004

	Note	Actual 2004 \$000	Budget 2004 \$000	Actual 2003 \$000
<b>Expenses</b>				
Operating Expense				
Employee Related	3	48,476	47,844	39,911
Visiting Medical Officers		3,510	3,481	3,226
Goods & Services	4	11,078	11,748	8,678
Maintenance	5	714	300	564
Depreciation	2(h,i), 6	247	240	149
<b>Total Expenses</b>		<b>64,025</b>	<b>63,613</b>	<b>52,528</b>
<b>Revenues</b>				
Sale of Goods & Services	8	980	816	878
Investment Income	9	69	48	56
Grants & Contributions	7	87	0	60
Other Revenue	10	660	2	2
<b>Total Revenues</b>		<b>1,796</b>	<b>866</b>	<b>996</b>
Loss on Disposal of Non-Current Assets	11	(119)	(120)	(94)
<b>NET COST OF SERVICES</b>	25	<b>62,348</b>	<b>62,867</b>	<b>51,626</b>
<b>Add Government Contributions</b>				
NSW Health Department - Recurrent Allocations	2(d), 28	56,700	56,700	46,778
NSW Health Department - Capital Allocations		2,734	2,856	1,468
Acceptance by the Crown Entity of Employee Superannuation Benefits	2(a)	2,400	2,400	2,040
<b>Total Government Contributions</b>		<b>61,834</b>	<b>61,956</b>	<b>50,286</b>
<b>RESULT FOR THE YEAR FROM ORDINARY ACTIVITIES</b>		<b>(514)</b>	<b>(911)</b>	<b>(1,340)</b>
<b>TOTAL CHANGES IN EQUITY OTHER THAN THOSE RESULTING FROM TRANSACTIONS WITH OWNERS AS OWNERS</b>	20	<b>(514)</b>	<b>(911)</b>	<b>(1,340)</b>

*The Accompanying Notes Form Part of These Financial Statements*

# Statement of Financial Position

as at 30 June 2004

	Note	Actual 2004 \$000	Budget 2004 \$000	Actual 2003 \$000
<b>CURRENT ASSETS</b>				
Cash	24	2,041	505	2,224
Receivables	14	686	706	749
Inventories	15	303	280	268
Other		9	12	15
<b>Total Current Assets</b>		<b>3,039</b>	<b>1,503</b>	<b>3,256</b>
<b>NON-CURRENT ASSETS</b>				
Plant & Equipment	16	1,874	2,294	1,511
<b>Total Non-Current Assets</b>		<b>1,874</b>	<b>2,294</b>	<b>1,511</b>
<b>TOTAL ASSETS</b>		<b>4,913</b>	<b>3,797</b>	<b>4,767</b>
<b>CURRENT LIABILITIES</b>				
Payables	18	2,694	2,686	3,036
Provisions	2a, 19	4,085	3,640	3,653
<b>Total Current Liabilities</b>		<b>6,779</b>	<b>6,326</b>	<b>6,689</b>
<b>NON-CURRENT LIABILITIES</b>				
Provisions	2a, 19	6,166	5,900	5,597
<b>Total Non-Current Liabilities</b>		<b>6,166</b>	<b>5,900</b>	<b>5,597</b>
<b>TOTAL LIABILITIES</b>		<b>12,945</b>	<b>12,226</b>	<b>12,286</b>
<b>NET LIABILITIES</b>		<b>(8,032)</b>	<b>(8,429)</b>	<b>(7,519)</b>
<b>EQUITY</b>				
Accumulated (Deficiency)	20	(8,032)	(8,429)	(7,519)
<b>Total Equity – (Deficiency)</b>		<b>(8,032)</b>	<b>(8,429)</b>	<b>(7,519)</b>

The Accompanying Notes Form Part of These Financial Statements

# Statement of Cash Flows

for the Year Ended 30 June 2004

Note	Actual 2004 \$000	Budget 2004 \$000	Actual 2003 \$000
<b>CASHFLOWS FROM OPERATING ACTIVITIES</b>			
Payments			
Employee Related	(35,212)	(35,910)	(32,855)
Other	(29,208)	(28,000)	(13,646)
<b>Total Payments</b>	<b>(64,420)</b>	<b>(63,910)</b>	<b>(46,501)</b>
Receipts			
Sale of Goods and Services	2,431	886	729
Interest Received	67	48	55
Other	3,085	2,000	19
<b>Total Receipts</b>	<b>5,583</b>	<b>2,934</b>	<b>803</b>
Cash Flows From Government			
NSW Health Department Recurrent payments	56,700	56,700	45,343
NSW Health Department Capital payments	2,734	2,856	1,468
<b>Net Cash Flows from Government</b>	<b>59,434</b>	<b>59,556</b>	<b>46,811</b>
<b>NET CASH FLOWS FROM OPERATING ACTIVITIES</b>	<b>25</b>	<b>597</b>	<b>(1,420)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Proceeds From Sale of Plant & Equipment	340	300	336
Purchases of Plant & Equipment	(1,120)	(600)	(760)
Other	-	-	-
<b>NET CASH FLOWS FROM INVESTING ACTIVITIES</b>	<b>(780)</b>	<b>(300)</b>	<b>(424)</b>
<b>NET CASH FLOWS FROM FINANCING ACTIVITIES</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>NET INCREASE/(DECREASE) IN CASH</b>	<b>(183)</b>	<b>(1,720)</b>	<b>689</b>
Opening Cash and Cash Equivalents	2,224	2,220	1,535
<b>CLOSING CASH AND CASH EQUIVALENTS</b>	<b>24</b>	<b>2,041</b>	<b>500</b>
		<b>2,224</b>	

The Accompanying Notes Form Part of These Financial Statements

# Program Statement – Expenses and Revenues

for the Year Ended 30 June 2004

AGENCY'S EXPENSES AND REVENUES	Program 1.2		Program 1.3		Program 2.2		Program 3.1		Program 5.1		Program 6.1		Grand Total	
	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000
<b>Expenses</b>														
Operating Expenses														
Employee Related	289	261	28,026	22,623	1,724	1,490	15,968	13,140	2,098	2,397	371		48,476	39,911
Visiting Medical Officers	24	61	1,028	787		20	2,307	2,172	151	186			3,510	3,226
Goods and Services	224	201	6,645	4,279	200	537	3,365	3,072	513	589	131		11,078	8,678
Maintenance	11		400	334	28	79	214	112	53	39	8		714	564
Depreciation	4		138	89		10	87	40	18	10			247	149
<b>Total Expenses</b>	552	523	36,237	28,112	1,952	2,136	21,941	18,536	2,833	3,221	510	0	64,025	52,528
<b>Revenue</b>														
Sale of Goods & Services			653	537		50	327	224		67			980	878
Investment Income			69	56									69	56
Grants & Contributions			44				33			60	10		87	60
Other Revenue			474	2					186				660	2
<b>Total Revenue</b>	0	0	1,240	595	0	50	360	224	186	127	10	0	1,796	996
Loss on Sale of Assets			(119)	(94)									(119)	(94)
<b>NET COST OF SERVICE</b>	552	523	35,116	27,611	1,952	2,086	21,581	18,312	2,647	3,094	500	0	62,348	51,626

The Accompanying Notes Form Part of These Financial Statements



# Notes to and forming part of the Financial Statements

for the Year Ended 30 June 2004

## 1. The Corrections Health Service Reporting Entity

The Corrections Health Service comprises all the operating activities of medical clinics located within 30 NSW correctional centres, 11 periodic detention centres, 9 juvenile detainee centres, the 120 bed hospital at Long Bay, and units at various police cells and courts.

The reporting entity is consolidated as part of the NSW Total State Sector Accounts

## 2. Summary of Significant Accounting Policies

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

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

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

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) Employee Benefits and Other Provisions

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

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

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

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

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

#### ii) Long Service Leave and Superannuation

Long Service Leave is measured on a short hand basis at an escalated rate of 3.7% above the salary rates immediately payable at 30 June 2004 for all employees with five or more years of service. Actuarial assessment has found 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.

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

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

### iii) Other Provisions

Other provisions exist when Corrections Health has a present, legal, equitable or constructive obligation to make a future sacrifice of economic benefits to other entities as a result of past transactions or other past events. These provisions are recognised when it is probable that a future sacrifice of economic benefits will be required and the amount can be measured reliably.

## b) Insurance

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

## c) Borrowing Costs

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

## d) Revenue Recognition

Revenue is recognised when Corrections Health Service has control of the good or right to receive, it is probable that the economic benefits will flow to the Corrections Health Service, and the amounts of revenue can be measured reliably.

Additional comments regarding the accounting policies for the recognition of revenue are discussed below;

### ***Sale of Goods and Services***

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

### ***Investment Income***

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

### ***Debt Forgiveness***

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

### ***Use of Hospital Facilities***

No specialist doctors were granted or exercised rights of private practice nor charged a facility fee during the year ended 30 June 2004.

### ***Use of Outside Facilities***

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

### ***Grants and Contributions***

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

# Notes to and forming part of the Financial Statements

for the Year Ended 30 June 2004

## **NSW Health Department Allocations**

Payments are made by the NSW Health Department on the basis of the net allocation for Corrections Health Service as adjusted for approved supplementations, mostly for salary agreements and approved enhancement projects. This allocation is included in the Statement of Financial Performance before arriving at the "Result for the Year from Ordinary Activities" on the basis that the allocation is earned in return for the health services provided in 2003/2004 on behalf of the Department. Allocations are normally recognised upon the receipt of cash.

### **e) Goods and Services Tax (GST)**

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

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

### **f) Receivables**

Receivables are recognised and carried at cost, based on the original invoice amount less a provision for uncollectable debts. An estimate for doubtful debts is made when collection of the full amount is no longer probable. Bad debts are written off as incurred.

### **g) Acquisition of Assets**

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

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

Fair value means the amount for which an asset could be charged between a knowledgeable, willing buyer and a knowledgeable, willing seller in an arm's length transaction.

Where settlement of any part of cash contribution is deferred, the amounts payable in the future are discounted to their present value at the acquisition date. The discount rate used is the incremental borrowing rate, being the rate at which similar borrowings could be obtained.

### **h) Plant & Equipment**

Individual items of plant & equipment costing \$5,000 and above are capitalised.

#### **i) Depreciation**

Depreciation is provided on a straight line basis against 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.

The Service has altered its accounting policy in respect of the depreciation of motor vehicles. Commencing in the 2003/04 financial year, the Service is depreciating motor vehicles even when disposed of within 2 years. The effect of this change is to increase depreciation by \$78,434.

Details of depreciation rates for major asset categories are as follows:

Motor Vehicles	10%
Electro Medical Equipment	20%
Computer Equipment	25%
Computer Software	33%
Office Equipment	10-20%
Plant and Machinery	10-20%
Furniture, Fittings and Furnishings	10-20%

### **j) Revaluation of Physical Non-Current Assets**

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

**k) Maintenance and Repairs**

The costs of maintenance are charged as expenses as incurred, except where they relate to the replacement of a component of an asset in which case the costs are capitalised and depreciated.

**l) Leased Assets**

A distinction is made between finance leases which effectively transfer from the lessor to the lessee substantially all the risks and benefits incidental to ownership of the leased assets, and operating leases under which the lessor effectively retains all such risks and benefits.

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

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

**m) Inventories**

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

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

**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, and payables.

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

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

**Cash**

Accounting Policies – Cash is carried at nominal values reconcilable to monies on hand and independent bank statements. Terms and Conditions – Monies on deposit attract an effective interest rate of approximately 3.7% (2003 = 3.6%).

**Receivables**

Accounting Policies – Receivables are recognised and carried at cost, based on the original invoice amount less a provision for any uncollectible debts. An estimate for doubtful debts is made when collection of the full amount is no longer probable. Bad debts are written off as incurred. No interest is earned on trade debtors. Terms and Conditions – Accounts are issued on 30 day terms.

**Payables**

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

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

**o) Payables**

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

**p) Budgeted amounts**

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

**q) Changes in Accounting Policy**

Refer Note 2(i).

# Notes to and forming part of the Financial Statements

for the Year Ended 30 June 2004

	2004 \$000	2003 \$000						
<b>3. Employee Related Expenses</b>								
Salaries and Wages	36,677	30,235						
Long Service Leave [see note 2(a)]	1,167	887						
Annual Leave [see note 2(a)]	3,753	3,411						
Sick and Other Leave	1,032	898						
Redundancies	104	1						
Employment Agency Payments – Nursing	1,766	1,250						
Employment Agency Payments – Other	306	146						
Workers Compensation Insurance	1,273	1,040						
Superannuation [see note 2(a)]	2,398	2,043						
	48,476	39,911						
<p>Salaries and Wages includes \$125,977 paid to members of the Corrections Health Service Board consistent with the Statutory Determination by the Minister for Health which provided remuneration effective from 1 July 2000. The payments have been made within the following bands:</p> <table border="0"> <thead> <tr> <th style="text-align: left;"><b>\$ Range</b></th> <th style="text-align: left;"><b>Number paid</b></th> </tr> </thead> <tbody> <tr> <td>\$0 to \$15,000</td> <td>Nine Directors (Two for part year)</td> </tr> <tr> <td>\$15,000 to \$30,000</td> <td>One Director</td> </tr> </tbody> </table>			<b>\$ Range</b>	<b>Number paid</b>	\$0 to \$15,000	Nine Directors (Two for part year)	\$15,000 to \$30,000	One Director
<b>\$ Range</b>	<b>Number paid</b>							
\$0 to \$15,000	Nine Directors (Two for part year)							
\$15,000 to \$30,000	One Director							
<b>4. Goods and Services</b>								
Computer Related Expenses	928	600						
Domestic Charges	107	101						
Drug Supplies	4,700	3,953						
Food Supplies	412	418						
General Operating Expenses (a)	1,351	680						
Insurance	41	35						
Medical & Surgical Supplies	911	553						
Postal & Telephone Costs	351	267						
Printing & Stationary	640	449						
Rent	118	42						
Special Service Departments	709	893						
Staff Related Costs	309	292						
Travel Related Costs	501	395						
	11,078	8,678						

	2004 \$000	2003 \$000
<b>4. Goods and Services (continued)</b>		
<b>(a) General Operating Expenses comprise:</b>		
Advertising (Staff placement)	156	138
Books and Periodicals	40	18
Consultancies – Operating Activities	196	336
Consultancies – Capital Works Projects	572	18
Couriers and Freight	117	78
Auditors Remuneration – Audit of Financial reports	25	24
Legal Expenses	189	15
Motor Vehicle Operating Costs	32	35
Other	24	18
	1,351	680
<b>5. Maintenance</b>		
Repairs and Routine Maintenance	199	139
Replacements and Additional Equipment less than \$5,000	515	425
	714	564
<b>6. Depreciation</b>		
Depreciation of Plant and Equipment	247	149
<b>7. Grants and Contributions</b>		
Research Grants	32	55
Other Grants	55	5
	87	60
<b>8. Sale of Goods and Service</b>		
Sale of Goods and Services comprise the following:		
Provision of Medical & Psychiatric Reports	36	38
Provision of Record Management Services	226	159
Care for A.C.T. and Illegal Immigrant Inmates	718	681
	980	878
<b>9. Investment Income</b>		
Interest Revenue	69	56

# Notes to and forming part of the Financial Statements

for the Year Ended 30 June 2004

	2004 \$000	2003 \$000
<b>10. Other Revenue</b>		
Payroll Deduction Commissions	3	2
TMF Hindsight Adjustment	459	
Other Revenue	198	
	660	2
<b>11. Loss on Disposal of Non Current Assets</b>		
Plant and Equipment at Cost	459	431
Less Accumulated Depreciation	0	0
<b>Written Down Value</b>	459	431
Less Proceeds from Sales	(340)	(337)
<b>Net Loss from Disposal of Non-Current Assets</b>	119	94

## 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

During 2003/04, Corrections Health Service significantly increased its' commitment to research activities, including the establishment of the Centre for Health Research in Criminal Justice. As a result, expenditure on teaching and research is now reported under Program 6.2. Research expenditure was previously included in costs under Program 5.1.

### Program 1.2 – Aboriginal Health Services.

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

### Program 1.3 – Outpatient Services.

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

### Program 2.2 – Overnight Acute Inpatient Services

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

### Program 3.1 – Mental Health Services

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

### 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.

### Program 6.1 – Teaching and Research

Objective: To develop the skills and knowledge of the Corrections Health workforce and applied research aimed at improving the health and well being of persons in custody.

	2004 \$000	2003 \$000
<b>14. Receivables</b>		
<b>Current</b>		
(a) Sale of Goods and Services	442	235
(b) Other Receivables	236	515
(c) Prepayments	9	
Sub-Total	687	749
Less Provision for Doubtful Debts	(1)	(1)
	686	749
Bad debts written off during the year	0	0
<b>15. Inventories</b>		
<b>Current – at cost</b>		
Drugs & Pharmaceuticals	303	268
Medical consumables, office supplies and miscellaneous goods have been written off or expensed during the period.		
<b>16. Plant and Equipment</b>		
Balance at start of year	2,253	1,923
Capital Expenditure	1,060	761
Disposals	(459)	(431)
Balance at end of year – At Cost	2,854	2,253
<b>Depreciation</b>		
Balance at start of year	742	593
Charge for the Year [See Note 2(i)]	247	149
Adjustment for disposals	(9)	0
Balance at end of year – At Cost	980	742
Carrying Amount at end of year – At Cost	1,874	1,511

(i) All Plant and Equipment are valued at cost.

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



# Notes to and forming part of the Financial Statements

for the Year Ended 30 June 2004

	2004 \$000	2003 \$000
<b>17. Restricted Assets</b>		
The Corrections Health Service's financial statements include no assets which are restricted by externally imposed conditions, eg. donor requirements.		
<b>18. Payables</b>		
<b>Current</b>		
Accrued Salaries & Wages	15	1,113
Tax and Other Payroll Deductions	516	
Trade Creditors	1,289	1,604
Other Creditors		
– Capital Works	350	319
– Other/Accrued Expenses	524	
Total Accounts Payable	2,694	3,036
<b>19. Current/Non Current Liabilities – Employee Entitlements and Other Provisions</b>		
<b>Current</b>		
Employee Annual Leave	3,635	3,313
Employee Long Service Leave	450	340
Other		
Aggregate Employee Entitlements	4,085	3,653
<b>Non-Current</b>		
Employee Annual Leave	982	1,000
Changed accounting treatment, refer Note 2b		
Employee Long Service Leave	5,184	4,597
	6,166	5,597
<b>20. Equity</b>		
<b>Balance at the beginning of the financial year</b>	(7,519)	(6,179)
Changes in equity - other than transactions with owners as owners		
Movement in Accumulated Funds	(514)	(1,340)
<b>Balance at the end of the financial year</b>	(8,033)	(7,519)

	2004 \$000	2003 \$000
<b>21. Commitments for Expenditure</b>		
<b>(a) Capital Commitments</b>		
Aggregate capital expenditure contracted for at balance sheet date but not provided for in the accounts:		
Not Later than one year	0	0
<b>Total Capital Expenditure Commitment (including GST)</b>	<b>0</b>	<b>0</b>
<b>(b) Other Expenditure Commitments</b>		
Not Later than one year	588	538
<b>Total Other Expenditure Commitment (including GST)</b>	<b>588</b>	<b>538</b>

## 22. Charitable Fundraising Activities

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

## 23. Contingent Liabilities

### (a) Claims on Managed Fund

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

### (b) Workers Compensation Hindsight Adjustment

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

Treasury will include the following disclosure in the financial statements for the Treasury Managed Fund and the New South Wales Insurance Ministerial Corporation:

TMF normally calculates hindsight premiums each year. However in regard to workers compensation the final hindsight adjustment for the 1997/98 fund year and an interim adjustment for the 1999/2000 fund year were not calculated until 2003/04. As a result, the 1998/99 final and 2000/01 interim hindsight calculations will be paid in 2004/05.

The basis for calculating the hindsight premium is undergoing review and it is expected that the problems experienced will be rectified for future payments.

# Notes to and forming part of the Financial Statements

for the Year Ended 30 June 2004

	2004 \$000	2003 \$000
<b>24. Current Assets – Cash</b>		
Cash at Bank and on hand	2,041	2,224
Cash assets recognised in the Statement of Financial Position are reconciled to cash at the end of the financial year as shown in the Statement of Cash Flows as follows:		
Cash per Statement of Cash Flows	2,041	2,224
<b>25. Reconciliation of Net Cost of Services To Net Cash Flows from Operating Activities</b>		
Net Cash Flows from Operating Activities	(597)	(1,113)
Depreciation	247	149
Crown Transaction Entity Acceptance of Superannuation Liability	2,400	2,040
Increase in Provisions	1,001	2,024
(Increase)/Decrease in Debtors	63	(194)
(Increase)/Decrease in Other Assets	(29)	20
Increase/(Decrease) in Payables	(342)	360
Net Loss on Sale of Plant and Equipment	119	94
NSW Health Department Recurrent Allocations	56,700	45,343
NSW Health Department Capital Allocations	2,734	1,468
Expenses paid by NSW Health Department	52	1,435
<b>Net Cost of Services</b>	<b>62,348</b>	<b>51,626</b>
<b>26. Voluntary Services</b>		
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	

2004 \$000	2003 \$000
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## 27. Unclaimed Moneys

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

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

## 28. Budget Review

### Net Cost of Services

The actual net cost of services was lower than budget by \$519,020. The surplus was primarily attributable to savings on Workers Compensation Insurance Premiums, a reduction in certain salary categories and higher than anticipated revenues.

### Cash Flows

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

Movements in the level of the NSW Health Department Recurrent Allocation that have occurred since the time of the initial allocation on 30 September 2003 are as follows:

	2004 \$000s	2003 \$000s
Initial Allocation, 30 September 2003	56,573	41,524
Award Increases	749	1,259
Nursing Employment/Recruitment Strategies	141	61
Assumption of Health Services to Juvenile Justice		1,546
Minister's General Assistant Grant	415	
TeleHealth Expansion	194	
Special Projects:		
Aboriginal Health	18	94
Adult Drug Court		780
Additional Drug Summit Initiatives		116
High Cost Drugs		234
Mental Health Programs	(1,725)	832
Public Health Programs	10	154
Other	325	178
Balance as per Statement of Financial Performance	56,700	46,778

# Notes to and forming part of the Financial Statements

for the Year Ended 30 June 2004

## 29. Financial Instruments

### (A) Interest Rate Risk

Interest rate risk is the risk that the value of the financial instrument will fluctuate due to changes in market interest rates. Corrections Health Service's exposure to interest rate risks and the effective interest rates of financial assets and liabilities both recognised and unrecognised at 30 June 2004 are as follows:

	Floating Interest Rate		Fixed Interest Rate		Non-Interest Bearing		Total Carrying of Financial Position	
	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000
<b>Financial Assets</b>								
Cash	2,036	2,220	0	0	5	4	2,041	2,224
Receivables			0	0	686	749	686	749
<b>Total Financial Assets</b>	<b>2,036</b>	<b>2,220</b>	<b>0</b>	<b>0</b>	<b>691</b>	<b>753</b>	<b>2,727</b>	<b>2,973</b>
<b>Financial Liabilities</b>								
Borrowings – DOH	0	0	0	0	0	0	0	0
Accounts Payable	0	0	0	0	2,694	3,036	2,694	3,036
<b>Total Financial Liabilities</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,694</b>	<b>3,036</b>	<b>2,694</b>	<b>3,036</b>

### (B) Credit Risk

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

	Governments		Banks		Other		Total	
	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000
<b>Financial Assets</b>								
Cash		0	2,036	2,220	5	4	2,041	2,224
Receivables	651	703	10		25	46	686	749
<b>Total Financial Assets</b>	<b>651</b>	<b>703</b>	<b>2,046</b>	<b>2,220</b>	<b>30</b>	<b>50</b>	<b>2,727</b>	<b>2,973</b>

### 30. Transition to Australian equivalents to International Financial Reporting Standards (AIFRS)

#### 1. Management of Transition

Corrections Health Service will apply the Australian Equivalents to International Financial Reporting Standards (AIFRS) from the reporting period beginning 1 July 2005.

The Service is managing the transition to the new accounting standards by allocating internal resources and/or engaging consultants to analyse the pending standards and Urgent Issues Group Abstracts to identify key areas regarding policies, procedures, systems and financial impacts effected by the transition.

As a result of this exercise, Corrections Health Service has taken the following steps to manage the transition to the new standards:

- Corrections Health Service's Finance Committee is overseeing the transition. The Director of Finance is responsible for the project and reports to the Committee on progress against the plan and any changes in reporting requirements mandated by NSW Health and the NSW Treasury.
- The following phases that need to be undertaken have been identified.
  - determination of opening values as at 1 July 2004 and full year comparatives for 2004/05
  - preparation of 2005/06 accounts in accordance with AIFRS
  - determination of specific policy changes and the accounting effect thereof

Work in each of these phases will be progressed in accordance with timetables to be advised by NSW Health NSW Treasury is assisting agencies to manage the transition by developing policies, including the mandates of options; presenting training seminars to all agencies; providing a website with up-to-date information to keep agencies informed of any new developments; and establishing an IAS Agency Reference Panel to facilitate a collaborative approach to manage the change.

#### 2. Key Differences in Accounting Policies

The Corrections Health Service is aware of a number of differences in accounting policies that may arise from adopting AIFRS. Some differences arise because AIFRS requirements are different from AASB requirements. Other differences could arise from options within AIFRS. To ensure consistency at the whole of government level, the NSW Treasury has advised the options it is likely to mandate, and will confirm these during 2004/05. This disclosure reflects the likely mandates.

Corrections Health Service's accounting policies may also be effected by a proposed standard designed to harmonise accounting standards with Government Finance Statistics (GFS). This standard is likely to change the impact of AIFRS and significantly affect the presentation of the income statement. However, the impact is uncertain, because it depends on when this standard is finalised and whether it can be adopted in 2005-06.

# Notes to and forming part of the Financial Statements

for the Year Ended 30 June 2004

## 30. Transition to Australian equivalents to International Financial Reporting Standards (AIFRS) (continued)

Based on current information, the following key differences in accounting policies are expected to arise from adopting AIFRS:

AASB 1 "First-time Adoption of Australian Equivalents to International Reporting Standards" requires retrospective application of the new AIFRS from 1 July 2004, with limited exemptions. Similarly, AASB 108 "Accounting Policies, Changes in Accounting Estimates and Errors" requires voluntary changes in accounting policy and correction of errors to be accounted for retrospectively by restating comparatives and adjusting the opening balance of accumulated funds. This differs from current Australian requirements, because such changes must be recognised in the current period through profit or loss, unless a new standard mandates otherwise.

AASB 117 "Leases" requires operating lease contingent rentals to be recognised as an expense on a straight-line basis over the lease term rather than expensing in the financial year incurred.

AASB 1004 "Contributions" applies to "not-for-profit" entities only. Entities will either continue to apply the current requirements in AASB 1004 where grants are normally recognised on receipt, or alternatively apply the proposals on grants included in ED 125 "Financial Reporting by Local Governments". If the ED 125 approach is applied, revenue and/or expense recognition will be delayed until the agency supplies the related goods and services (where grants are in substance agreements for the provision of goods and services) or until conditions are satisfied.

## 31. Post Balance Date Events

No events have occurred subsequent to the 30 June 2003 balance date which would significantly impact operations. From 1 July 2004, the name Corrections Health Service was changed to Justice Health.

## 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.

Appendices



## Summary of Affairs of Corrections Health Service

### Change of Name

On the 1st July 2004, Corrections Health Service changed its name to *Justice Health – Community, Courts, Custody* in recognition of the expanding role undertaken by the Service in a variety of settings other than just in the adult correctional system. Corrections Health now provides health services to adolescents in detention, to police cells and courts, and to people released from custody and their families through community based projects.

### Freedom of Information Act 1989

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

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

Operations: Executive Office, Long Bay Hospital

Medical Records: Joint Records Centre, Silverwater

Clinics: Bathurst, Berrima, Brewarrina, Broken Hill, Cessnock, Cooma, Dillwynia, Emu Plains, Glen Innes, Goulburn, Grafton, Ivanhoe, John Morony I and II (Windsor), Kirkconnell, Lithgow, Mannus, Mid North Coast, Malabar Special Programs Centre, Metropolitan Medical Transient Centre, Metropolitan Remand and Reception Centre, Mid North Coast, Mulawa, Oberon, Parklea, Parramatta, Silverwater, Special Purpose Centre, St Heliers and Tamworth.

Long Bay Hospital: A, B, C, D wards.

Periodic Detention Centres: Bathurst, Broken Hill, Campbelltown, Grafton, Mannus, Norma Parker, Parklea, Silverwater, Tamworth, Tomago (Newcastle) and Wollongong.

Police Cells: Campbelltown, Dubbo, Moree, Newcastle, Lismore, Port Macquarie, Parramatta, Penrith, Surry Hills and Wollongong

Court Liaison: Burwood, Campbelltown, Central Sydney, Dubbo, Gosford, Lismore, Liverpool, Moree, Parramatta, Penrith, Sutherland, Tamworth & Wyong.

Pilot Correctional Centre Release Treatment Scheme: Blacktown, Redfern/Waterloo, Wellington

Juvenile Justice Centres: Acmena, Cobham, Frank Baxter, Kariong, Keelong, Orana, Reiby, Riverina, Yasmar, Youth Drug Court.

### Section 1: Policy Documents & Publications

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

- Governance By-Laws
- Proceedings of committees and working parties
- Corrections Health Service Policy Manual
- *Corrections Health Service Corporate Plan 2003 - 2008*
- CHS/NSW Health Performance Agreement 2003 – 2004
- Annual Reports
- Annual Accounts
- Newsletters
- Corrections Health Service *Code of Conduct and Ethics*
- *Professional and Ethical Guidelines for Justice Health Staff*
- Nursing Unit Management Manual
- *Standing Orders*
- *Critical Operations Standing Operations Procedure Manual*
- Methadone Policy Manual
- *CHS Sterilisation Manual*, April 2001
- *NSW Corrections Health Service Forensic Mental Health Services: Challenges and Opportunities*

- Aboriginal Health Strategic Plan *Care in Context* January 2000
- *Outline Services Strategic Plan & Preliminary Asset Strategic Plan 2002*
- *IM&T Strategic Plan*
- *Inmate Health Survey, 1997*
- *Inmate Health Survey, 2001*
- *Mental Illness Among NSW Prisoners 2003*
- *Hepatitis C – the Challenges, the Response – Strategic Directions 2003-2006*
- Clinical Services Plan 2004

## Section 2: Statement Of Affairs

Information relevant to the Statement of Affairs is included in the 2002 – 2003 Annual Report.

## Section 3: Contact Arrangements

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

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

Many of these documents are also available on the Corrections Health Service internet site:  
[www.justicehealth.nsw.gov.au](http://www.justicehealth.nsw.gov.au)

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

## SES Officers Report

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

## Freedom of Information Statistical Returns

Number of Applications	July 2003-June 2004
<b>New applications</b>	<b>31</b>
<b>Outcome of applications</b>	
Granted in full	31
Granted in part	0
Refused	10
<b>Fees</b>	
Fees received	\$699.00
Number of discounted allowed	15
<b>Processing time</b>	
0-14 days	0
15-21 days	31
Over 21 days	0
Reviews and appeals	0

**Legal Request 173 Case received \$6585 deposited to CHS Account regards these matters**

**Subpoena 205 Case received \$15963 deposited to CHS Account regards these matters**

## Deaths in NSW Corrections Centres

1st July 2003 to 30th June 2004

### Total Number of Deaths of Inmates in NSW Correctional Centres 1995/96 – 2003/04

Cause of Death	1995/96		1996/97		1997/98		1998/99		1999/00		2000/01		2001/02		2002/03		2003/04	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Natural causes	4	22	13	45	7	26	5	19	4	19	5	32	7	44	8	47	4	31
Suicide	4	22	10	35	11	41	11	42	11	52	9	56	5	31	7	41	7	54
Overdose	6	33	5	17	4	15	4	16	3	14	1	6	1	6	0	0	1	8
Murder	4	22	1	3	5	19	6	23	3	14	1	6	3	19	1	6	1	8
Accidental	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	6	0	0
<b>Total</b>	<b>18</b>	<b>100</b>	<b>29</b>	<b>100</b>	<b>27</b>	<b>100</b>	<b>26</b>	<b>100</b>	<b>21</b>	<b>100</b>	<b>16</b>	<b>100</b>	<b>16</b>	<b>100</b>	<b>17</b>	<b>100</b>	<b>13</b>	<b>100</b>
Inmate Population (27/06/04)	6267		6411		6475		7242		7330		7752		8235		8173		8659	
Rate/1000 (Annualised)	2.87		4.52		4.17		3.59		2.86		2.06		1.94		2.08		1.50	

Number of Months in this financial year 12

### Deaths of Aboriginal Inmates in NSW Correctional Centres 1995/96-2003/2004 –

Aboriginal Deaths are included in top table.

Cause of Death	1995/96	1996/97	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04									
	No.	No.	No.	No.	No.	No.	No.	No.	No.									
Natural Causes	2	0	0	1	2	2	0	1	0									
Suicide	0	2	1	1	1	3	1	1	0									
Overdose	0	1	0	1	1	0	0	0	0									
Murder	2	0	1	0	1	0	0	0	0									
Accidental	0	0	0	0	0	0	0	0	0									
<b>Total</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>0</b>									
Indigenous Population (27/06/04)	869		912		986		1182		1166		1244		1390		1480		1618	
Rate/1000 (Annualised)	4.60		3.29		2.03		2.54		4.29		4.02		0.72		1.35		0.00	

Number of Months in this financial year 12

## Correctional Centres and Periodic Detention Centres

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

## Correctional Centres and Periodic Detention Centres

Facility	Contact Details	Capacity	Security Level & Description	Nursing Manager	Reception Assessment	Patient Services
Glen Innes	Gwydir Highway Glen Innes NSW 2370 Tel: (02) 6733 5766 Fax: (02) 6733 5702	120	Minimum Forestation Camp & Farm Area	Ms Cheryl Bowen	No	Registered Nurse Mental Health Primary Health Public Health General Practice
Goulburn	PO Box 264 Maud Street Goulburn NSW 2580 Tel: (02) 4827 2292 Fax: (02) 4827 2407	568	Maximum and Minimum Regional Reception Centre	Mr Chris Browne	Yes Mental Health	Registered Nurse Drug & Alcohol Primary Health Public Health Psychiatry Oral Health General Practice Optometry Aboriginal Health
Grafton	170 Hoof Street Grafton NSW 2460 Tel: (02) 6642 2133 Fax: (02) 6642 3122	268	Medium and Minimum Reception/Remand, Industrial	Ms Helen Packwood (acting)	Yes	Registered Nurse Mental Health Drug & Alcohol Primary health Public Health Nurse Practitioner Psychiatry Oral Health General Practice Optometry
Ivanhoe	Rail Town Ivanhoe NSW 2878 Tel: (02) 6995 1133 Fax: (02) 6995 1304	70	Minimum Work Camp	Ms Katrina Stanmore	No	Registered Nurse Oral Health General Practice Optometry Physiotherapy
John Morony I	Locked Mail Bag 654 (The Northern Road) South Windsor NSW 2756 Tel: (02) 4582 2200	250	Medium Service/Industries	Ms Jammuna Bond	No	Registered Nurses Psychiatry Oral Health General Practice Optometry Podiatry
John Morony II	Locked Mail Bag 654 (The Northern Road) South Windsor NSW 2756 Tel: (02) 4582 2316 Fax: (02) 4582 2351	300	Minimum Industries	Ms Jammuna Bond	No	as above
Kirconnell	PO Box 266 Bathurst NSW 2795 Tel: (02) 6337 5219 Fax: (02) 6337 5148	210	Minimum Industries/Forestry	Ms Elizabeth Magee	No	Registered Nurse Nurse Practitioner Public Health Psychiatry Oral Health General Practice Optometry

Facility	Contact Details	Capacity	Security Level & Description	Nursing Manager	Reception Assessment	Patient Services
Lithgow	PO Box 666 (Gt Western Hwy) Lithgow NSW 2790 (Marrangoo via Lithgow) Tel: (02) 6350 2209 Fax: (02) 6353 1162	337	Maximum Industries	Ms Dianne McCarthy (acting)	No	Registered Nurse Drug and Alcohol Public Health Psychiatrist Oral Health General Practice Optometrist
Long Bay Hospital A Ward	Long Bay Correctional Centre Anzac Parade PO Box 150 Malabar NSW 2036 Tel: (02) 9289 2975 Fax: (02) 9289 2957	30	Maximum Remand & Sentenced but not guilty due to mental illness	Ms Julia Shaw	No	Registered Nurse Mental Health Psychiatry Oral Health General Practice Optometry Physiotherapy Art Therapy Occupational Therapy
Long Bay Hospital B Ward	Long Bay Correctional Centre Anzac Parade PO Box 150 Malabar NSW 2036 Tel: (02) 9289 2921 Fax: (02) 9311 7021	30	Maximum Medical and post surgical ward	Ms Fiona Wright	No	Registered Nurses Physiotherapy General Practice General Surgery Psychiatry Public Health Oral Health Optometry Day Surgery Post operative care
Long Bay Hospital C Ward	Long Bay Correctional Centre Anzac Parade PO Box 150 Malabar NSW 2036 Tel: (02) 9289 2935 Fax: (02) 9311 7865	30 beds	Maximum Sub acute psychiatric rehabilitation	Mr David Croft	No	Registered Nurse Mental Health Psychiatry Oral Health General Practice Optometry Physiotherapy
Long Bay Hospital D Ward	Long Bay Correctional Centre Anzac Parade PO Box 150 Malabar NSW 2036 Tel: (02) 9289 2992 Fax: (02) 9311 1167	30 beds	Maximum Acute psychiatric care	Ms Olive Plunkett	No	Registered Nurse Mental Health Drug & Alcohol Primary Health Psychiatry Oral Health General Practice Optometry Physiotherapy
Metropolitan Medical Transit Centre	Long Bay Correctional Centre Anzac Parade PO Box 150 Malabar NSW 2036 Tel: (02) 9289 2406 Fax: (02) 9311 3908	322	Maximum Medical Transit Centre	Ms Marian Gray		Registered Nurse Mental Health Public Health Psychiatry Oral Health General Practice Optometry Podiatry

## Correctional Centres

Facility	Contact Details	Capacity	Security Level & Description	Nursing Manager	Reception Assessment	Patient Services
Malabar Special Programs Centre	Long Bay Correctional Centre Anzac Parade PO Box 150 Malabar NSW 2036 Tel: (02) 9289 2338 Fax: (02) 9311 2362	830	Minimum and maximum	Ms Marian Grey	No	Registered Nurse Mental Health Public Health Psychiatric General Practice Aboriginal Health Optometry
Mannus	Linden Roth Drive Mannus Via Tumbarumba NSW 2653 Tel: (02) 6941 033 Fax: (02) 6948 5229	164	Minimum	Ms Marianne Leathern		Registered Nurse Primary Health General Practice
Metropolitan Reception and Remand Centre	Private Mail Bag 144 Silverwater NSW 1811 Tel: (02) 9289 5879 Fax: (02) 9289 5988	883	Maximum	Mr Gary Forest	Yes	Registered Nurse Mental Health Detox Primary Health Public Health Psychiatry Oral Health General Practice Optometry
Mulawa	Locked Mail Bag 130 Aust Post Business Centre Silverwater NSW 1811	300	Female – All Classifications. Work and Industry	Ms Rosemary Balzer (acting)	Yes	Registered Nurse Mental Health Womens Health Public Health Psychiatric Oral Health Optometry Physiotherapy
Oberon	Locked Mail Bag 2 (Via Shooters Hill Rd) Oberon NSW 2787 Tel: (02) 6335 5248 Fax: (02) 6335 5281	100	Minimum Forestation Camp Young Offenders	Ms Marni Abigail	No	Registered Nurse Public Health Oral Health General Practice Optometry
Parklea	P O Box 1648 (500 Sunnyholt Rd) Blacktown NSW 2148 Tel: (02) 9289 5241 Fax: (02) 9626 5712	469	Minimum and Maximum	Mr Wayne Hunt	No	Registered Nurse Mental Health D&A Primary Health Public Health Psychiatry Oral Health General Practice Optometry
Parramatta	Locked Mail Bag 2 (Cnr O'Connell & Dunlop Streets) North Parramatta NSW 2151 Tel: (02) 9683 0211 Fax: (02) 9630 3552	402	Minimum Transit & Remand	Ms Pauline Augustus	No	Registered Nurse Public Health Psychiatry Oral Health General Practice Optometry Aboriginal Health

Facility	Contact Details	Capacity	Security Level & Description	Nursing Manager	Reception Assessment	Patient Services
Silverwater	Locked Mail Bag 115 Aust Post Business Centre (Hoker St) Silverwater NSW 1811 Tel: (02) 9289 5241 Fax: (02) 9289 5196	350	Minimum Periodic Detention and Transit	Ms Debbie Atkins	No	Registered Nurse Primary Health Public Health Psychiatry Oral Health General Practice Optometry Public Health Aboriginal Health
St Heliers	PO Box 597 (McGullys Gap) Muswellbrook NSW 2333 Tel: (02) 6543 1166 Fax: (02) 6542 5815	256	Minimum Farm and Industries	Ms Wendy O'Shea	Yes	Registered Nurse Mental Health Primary Health Public Health Psychiatry Oral Health General Practitioner Optometry Physiotherapy
Tamworth	PO Box 537 (Cnr Dean & Johnson Sts) Tamworth NSW 2340 Tel: (02) 6764 5315 Fax: (02) 6764 5309	94	Minimum and Maximum	Ms Ros Pavey	Yes	Registered Nurse Mental Health General Practitioner Optometry Physiotherapy



## Juvenile Justice Centres

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

## Police Cell Complexes

Facility	Contact Details	Capacity	Security Level & Description	Nursing Manager	Reception Assessment	Patient Services
Dubbo Police Cells	Brisbane Street Dubbo NSW 2830 Tel: (02) 6884 7702 Fax: (02) 6884 7703	12	Maximum	Pegge Deverell	Yes	Registered Nurse
Lismore Police Cells	C/- Lismore Police Station, 36-40 Molesworth St. Lismore NSW 2480 Tel: 6622 5717		Maximum	Camille Dowling	Yes	Registered Nurse
Moree Police Cells	60-62 Frome Street Moree NSW 2400 Tel: (02) 6751 1532 Fax: (02) 6751 1471	20	Maximum	Kerry Cassells	Yes	Registered Nurse
Newcastle Police Cells	Watt Street Newcastle NSW 2300 Tel: (02) 4925 2250 Fax: (02) 4925 2749		Maximum	Ted Rak	Yes	Registered Nurse
Campbelltown Police Cells	C/- Campbelltown Police Station, 65 Queen Street Campbelltown NSW 2560.		Maximum	Hanna Thomas	Yes	Registered Nurse
Penrith Police Cells	C/- Penrith Police Station 317 High Street Penrith NSW 2750 Tel: 4721 9423		Maximum	Catherine Bebbber	Yes	Registered Nurse
Parramatta Police Cells	Cnr George & Marsden Streets Parramatta NSW 2150 Tel: (02) 9687 2425 Fax: (02) 9687 2481	11	Maximum	Bob Cruickshank	Yes	Registered Nurse
Port Macquarie Police Cells	2 Hay Street Port Macquarie NSW 2444 Tel: (02) 6583 2145 Fax: (02) 6583 2493	7	Maximum	Catherine Castleton	Yes	Registered Nurse
Sydney Police Cells	Goulburn Street Darlinghurst NSW 2010 Tel: (02) 9256 4040 Fax: (02) 9281 0622+	56	Maximum	Narelle Alison	Yes	Registered Nurse
Wollongong Police Cells	C/- Wollongong Police Station, Market Street Wollongong NSW 2500 Tel: (02) 4227 6014 Fax: (02) 4227 6015		Maximum	Matthew Layton	Yes	Registered Nurse

## Court Liaison Centres

Facility	Contact Details	Clinical Nurse Consultant	Patient Services
Burwood Court	Burleigh Street Burwood, NSW 2134 Ph/Fax 9744 3743	Cherie Vella	Mental Health Assessment
Campbelltown Court	Railway Terrace Campbelltown, NSW 2560 Ph: 4629 9775	Shane Schultz	Mental Health Assessment
Dubbo Local Court	Dubbo Court House Brisbane Street Dubbo, NSW 2830 Ph: 6885 7666	Michael Duffy	Mental Health Assessment
Gosford Local Court	Cnr Donnison Street & Henry Perry Drive Gosford, NSW 2250 Ph: 4325 6927	Lynette Kreft	Mental Health Assessment
Lismore Court	9-11 Zadlock Street Lismore, NSW 2480 Fax: 6622 8918	Bill Law	Mental Health Assessment
Liverpool Court	150 George Street Liverpool, NSW 2170 Ph: 9600 9316	John Aspill	Mental Health Assessment
Moree Local Court	Moree Court House Frome Street Moree, NSW 2400		Mental Health Assessment
Parramatta Local Court	PO Box 92 Parramatta NSW 2150	John Prior	Mental Health Assessment
Penrith Court	64-72 Henry Street Penrith, NSW 2750 Ph: 4720 1574	Pamela Allen	Mental Health Assessment
Sutherland Court	Cnr Flora & Belmont Streets Sutherland, NSW 2232. Ph: 9545 5439	Jodie Massey	Mental Health Assessment
Sydney Central Court	Central Local Court 98 Liverpool Street A909 Sydney South, NSW 2000 Ph: 9289 0131	Carolyn Dixon	Mental Health Assessment
Tamworth Local Court	Cnr Marius & Fitzroy Streets, Tamworth, NSW 2340 Ph: 6764 5747	Lesley Douglass	Mental Health Assessment
Wyong Local Court	Cnr Hely & Anzac Streets, Wyong, NSW 2259 Ph: 4353 5486	Lynette Kreft	Mental Health Assessment

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