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Our Network 2018 is a showcase of, and report on, the Justice Health and Forensic Mental Health Network’s efforts to return healthier patients to their communities.

Our staff change lives every day through their expertise, care, and commitment to our patients. They are the lifeblood of our organisation.

The Network continues to be challenged by changes to its patient population and wider system reforms that impact the role and resources of our organisation. We have worked closely with Corrective Services NSW, which opened 1044 new beds during the year.

All this has required the Network to be continuously agile and innovative.

To put these challenges into context, in NSW over the past six financial years (from 2012-13):
- The adult custodial population has increased by 37%
- The number of aged people in custody has increased by 55%
- The forensic patient population has increased by 23%
- The number of young people in custody has decreased by 19%
- The number of adult correctional facilities has increased by 33%
- The number of juvenile detention centres has decreased by 40%.

For the Network this has meant the need to grow our workforce, design new models of care to meet the needs of our most complex and unwell forensic patients; and expand our statutory monitoring function over the health services of private operators.

Led by the Board and Executive Team, the Network developed and executed two key strategies in 2017-18 to guide our delivery of the right care and support to patients and staff over the next five years. They are:
- Strategic Plan 2018-2022
- Towards Success – the Network’s people and culture strategy.

In partnership with our key stakeholders, the Network continues to explore and implement initiatives that improve the safety and quality of our care. Some of these initiatives feature in this publication, including the expanded use of telehealth services, the trial of an automated medication packing machine in the pharmacy department; and the virtual elimination of hepatitis C in six correctional centres.

Despite the increasing demand on resources, the Network operated within budget in 2017-18.

The Network’s achievements this year are a credit to all staff.

On behalf of the Network Board and Executive Team, we sincerely thank them for their professionalism, compassion and hard work.

Chris Puplick AM
Board Chair

Gary Forrest
Chief Executive
The Network provides health care to adults and young people in contact with the forensic mental health and criminal justice systems in NSW.

Our Vision

To return healthier patients to their communities

Our Values

Care
Respect
Clear
Communication
Honesty
Professionalism

Our staff care for more than 30,000 patients per year in correctional centres, courts, police cells, juvenile justice centres, inpatient settings, and in the community.

The Network provides multidisciplinary health services covering primary care, drug and alcohol, mental health, population health, women’s and midwifery services, oral health, Aboriginal health, youth health, and a range of allied health services.

The Network forms a vital part of the NSW public health system, supporting a highly vulnerable patient population whose health needs are often more complex than the wider community.

The Network is a Specialty Network Governed Statutory Health Corporation constituted under the Health Services Act 1997 (NSW). As part of NSW Health, the Network reports to the Minister for Health through the Network Board and the Secretary, NSW Health.
19,427 health screening assessments were completed on those entering custody.

27,042 GP appointments were delivered to custodial and forensic mental health patients.

17,915 patients were assessed for withdrawal management on entering a correctional centre.

5820 patients received an influenza vaccination.

2899 adults and young people with mental illness were diverted from custody to community-based care.

1274 patients (on average) per day received Opioid Substitution Treatment (OST).

1998 patients participated in the self-medication program each month.

1127 patients were treated for hepatitis C.

1465 patients received their first dose of hepatitis B vaccines; a 15% increase on last year.

738 adult custodial patients with drug and alcohol problems were assessed and supported through the Network’s Connections Program.

486 young people with mental health and drug and alcohol histories were supported on release from custody by the Community Integration Team.

155,200 pathology results were finalised.

100% of young people entering custody received a health assessment, including Body Mass Index (BMI) measurements, and health education on individual exercise and diet programs.

1317 Aboriginal patients were engaged in health promotion and health literacy initiatives, 45 Close the Gap events held across the Network.

98% of patients with chronic and complex disease were linked by the Integrated Care Service to health services in the community on release.

1086 patients accessed the Network’s Aboriginal Chronic Care Program.

15,837 health conditions were added to the Network’s electronic health system.
Silverwater Complex
Medium Secure Forensic Unit operated by
Kestrel Unit, Hunter New England LHD
Macquarie Unit, Western NSW LHD
Bunya Unit, Western Sydney LHD

Long Bay Complex
Long Bay Hospital
Long Bay Hospital 2
Metropolitan Special Programs Centre Areas 1, 2, 3 and 4
Special Purpose Centre

Malabar
The Forensic Hospital

Parklea Complex
Parklea Correctional Centre
Compulsory Drug Treatment Program Centre

Windsor Complex
John Morony
Outer Metropolitan Multipurpose Centre
Dilwynia

Cessnock Complex
Cessnock Correctional Centre (min)
Shortland Correctional Centre (max)
Hunter Correctional Centre
When compared with the broader Australian population, the health status of our custodial patients is marked by higher rates of drug and alcohol misuse, mental illness, smoking, kidney and heart disease, and an attempted suicide rate approximately ten times higher than the community. Many of those in custody have had minimal contact with mainstream health services, and some are accessing health services for the first time. While those in custody overall experience higher levels of health disadvantage, Aboriginal patients are characterised by even greater degrees of ill health and disease.

“I especially want to thank the nurse who stayed with me for 42 minutes, you kept me alive, your eyes kept me present, and as calm as I could be you kept me believing and breathing. Thank you, I sincerely mean this, and to all the staff thanks.” Patient thank you letter, January 2018
Adult Custodial Patient Profile

Patients in custody experience significant social disadvantage, and high rates of communicable and chronic disease risk factors resulting in greater health needs than the rest of the community.

Adult population in custody in NSW: 2008-09 to 2017-18

Total Incarcerated Population last 10 years
Source: Australian Bureau of Statistics, Corrective Services, June Quarters 2008/09 – 2017/18
**Adult Custodial Patient Profile**

**ABORIGINAL PATIENTS IN CUSTODY**

- 25% of adults in custody identify as Aboriginal (compared to 2.9% in the wider community)

**EXPERIENCE OF TRAUMATIC EVENTS**

- 65% have experienced or witnessed at least one type of traumatic event

**SUICIDE ATTEMPTS**

- 18% have previously attempted suicide (10x higher than in the community)

**SUBSTANCE ABUSE**

- 2/3 had a daily substance abuse problem
- 67% reported consuming alcohol in a quantity and pattern that was deemed hazardous (likely to result in harm)
- 67% used methamphetamine

**INTERGENERATIONAL INCARCERATION**

- 1/5 reported one or both parents incarcerated during their childhood

**HIGHEST SCHOOLING COMPLETED**

- 8% Year 12
- 14% Year 11
- 19% Year 10
- 35% Year 9
- 36% Year 6 or below

**PHYSICAL HEALTH**

- Source: 2015 Network Patient Health Survey
- *JHeHS patient records 2017-18 FY
- **Australian Bureau of Statistics, Prisoners in Australia December 2017 and June 2018

- Top 5 chronic physical conditions:
  - Asthma
  - Hypertension
  - Hepatitis C
  - Diabetes Type 2
  - Epilepsy

- 27% of patients reported three or more physical health conditions

**MENTAL ILLNESS**

- 63% have received a diagnosis for a mental illness at some stage in their life
- 38% suffering from depression

**INTELLECTUAL FUNCTIONING**

- 17% have an IQ in the extremely low (intellectual disability) range
- 56% expelled from school

- 72% of patients were born in Australia
- 10% had no fixed accommodation in the six months prior to incarceration
Adolescent Custodial Patient Profile

Young people in custody experience multiple health problems and commonly report experiences of neglect and abuse prior to their detention. One of the challenges of providing health care to this population is their short length of stay and related access to the Network’s services.

Young people in custody in NSW: 2008-09 to 2017-18

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>Population</th>
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<tbody>
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<td>2008-09</td>
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<td>2016-17</td>
<td>273</td>
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<tr>
<td>2017-18</td>
<td>283</td>
</tr>
</tbody>
</table>

Average daily number of young people in custody.
DJJ BA. Effective date 2 July 2019.
Adolescent Custodial Patient Profile

**JUVENILE DETENTION**
- 84% have previously been in juvenile detention

**OBESITY RATES**
- 46% have a Body Mass Index (BMI) in overweight or obese ranges
- 40% have increased cardio-metabolic risk

**PLACED IN CARE**
- 21% were placed in care for some period before the age of 16
- 13% had unstable accommodation in the month before custody

**SUBSTANCE ABUSE**
- 4/5 had a weekly use of illicit drugs
- 98% reported risky drinking

**AGE**
- 10-12 – 2.5%
- 13-15 – 43%
- 16-18 – 54%
- 19-20 – 0.5%

**PSYCHOLOGICAL DISORDERS**
- 83% have a psychological disorder
- 25% suffered a head injury resulting in loss of consciousness

**ABORIGINAL PATIENTS IN CUSTODY**
- 51% of adolescents in custody identify as Aboriginal (compared to 5% in the wider community)

**BEHAVIOURAL DISORDERS**
- 59% have an attention and/or behavioural disorder
- 25% have some form of anxiety disorder

**INTERGENERATIONAL INCARCERATION**
- 54% reported one or both parents had been incarcerated

**ABUSE**
- 68% have an experience of childhood abuse or neglect

**INTELLECTUAL FUNCTIONING**
- 17% have an IQ in the Extremely Low (intellectual disability) range
- 56% expelled from school

Source:
2015 Young People in Custody Health Survey
** Client Information Management Systems (CIMS) Report 2016/17, Juvenile Justice NSW
Forensic Mental Health Patients

The majority of forensic patients are people who have been found not guilty by reason of mental illness or who have been found unfit to be tried. In accordance with the Mental Health (Forensic Provisions) Act 1990, forensic patients are ordered by the Mental Health Review Tribunal to be detained in a mental health facility, correctional centre or other place, or released from custody, subject to conditions. The ongoing care of those in forensic inpatient settings remains a shared role between the Network and Local Health Districts.

Forensic patients progress through the system at a different rate than the general mental health system, with admission length being measured in months and years rather than days or weeks. After treatment in the high secure setting of the Forensic Hospital, forensic patients progress to a medium secure forensic unit. From the medium secure units, forensic patients usually transfer to another inpatient setting or the community. Community care is then provided by community mental health teams for forensic patients living in supported community or independent accommodation.

The Network’s Community Forensic Mental Health Service provides ongoing assessment of forensic patients in the community, as well as training and support to local health district clinicians.
Forensic Patient Profile

ABORIGINAL FORENSIC PATIENTS

11%

of forensic patients in the Network’s care are Aboriginal, (compared to 2.9% in the wider community in NSW)*

SUBSTANCE ABUSE**

80%

reported ever using illicit drugs or misusing pharmaceuticals

EXPERIENCE OF TRAUMATIC EVENTS

70%

have experienced or witnessed at least one type of traumatic event

23%  have experienced sexual assault

21%  have been physically attacked

FORENSIC PATIENTS SETTINGS ACROSS NSW*

35%  Community
50%  Hospital
15%  Custody

SUICIDE ATTEMPTS

46%

have previously attempted suicide**

63%  reported past suicidal thoughts

53%

have a history of head injury**

GENDER SPLIT

89%  Male
11%  Female

AGE

55+  22%
45 - 54  30%
35 - 44  30%
25 - 34  15%
<25  3%

Average Age* 44

SUBSTANCE ABUSE**

reported ever using illicit drugs or misusing pharmaceuticals

PRIMARY DIAGNOSIS

88%  Schizophrenia
5%  Affective disorders, including bipolar disorder
3%  Developmental disorders, intellectual disability
2%  Organic disorders
1%  Personality disorder

COUNTRY OF BIRTH

71%  were born in Australia**

INTELLECTUAL FUNCTIONING

27%  have an IQ in the Extremely Low (intellectual disability) range**

Sources:
* 2017-18 Network data reported to NSW Ministry of Health
** 2016 Network Forensic Patient Health Survey
Art therapy has played an important role in the Forensic Hospital since the early days of its opening. Our Art Therapists work with the hospital’s patients across the acute, sub-acute and rehabilitation units. To meet the dynamic needs of the patients, they provide individual, centralised and ward-based art therapy groups. Both Art Therapists are also part of the multidisciplinary treating teams and contribute to patient treatment plans, risk assessments and reports to the Mental Health Review Tribunal (MHRT); promoting a psychodynamic view of the patient.

Art therapy enables patients to begin connecting with staff and other patients, and material exhibiting delusional content or hallucinations is often explored in sessions. In order to recover from their mental illness, patients need support to tolerate the confusing and conflicting information of their experience and the reality of the hospital. Past trauma and understanding the circumstances surrounding their unlawful act is often expressed and explored in the therapy as well.

As art therapy is predominately a non-verbal mode of practice, it allows for social inclusion of Aboriginal patients, as well as those from Culturally and Linguistically Diverse (CALD) backgrounds. The program can help patients connect with their cultures and develop a sense of self as they journey through their recovery in the hospital and into the community.

Two centralised groups, the Free Range Art Therapy group and the Show Us Your Stuff group, aim for patient agency, hope and understanding their sense of self.

The Free Range Art Therapy group is a weekly, open group that allows patients to utilise any medium available to them in the art room and to express themselves in their art making.

The Show Us Your Stuff group is a closed group, facilitated once a year for a period of 16 weeks. Patients engage in art making to create a final art work that is exhibited as part of the Recovery in Art exhibition at NSW Parliament House.

The Forensic Hospital has contributed to this exhibition for the last five years, with patients gaining a high sense of achievement from their work’s integration into the whole-of-community initiative. Through this program, patients further develop their own recovery understanding.
Caring for pregnant women with substance use issues

The number of pregnant women entering the NSW correctional system is increasing annually. 122 women entered custody pregnant in 2017-18. Internal data collected by the Network’s Drug and Alcohol (D&A) team reveals almost 80 per cent of pregnant women entering custody have substance use issues and nearly 50 per cent are Indigenous. Many of these women are not attending health care services prior to custody, and this, combined with their significant substance use issues, increases the risk of poor pregnancy outcomes.

Use of alcohol, illicit drugs and other psychoactive substances during pregnancy can lead to multiple health and social problems. Adverse outcomes can include spontaneous abortion, stillbirth, low birth weight, prematurity, Foetal Alcohol Spectrum Disorder and birth defects.

The D&A team established a dedicated Substance Use in Pregnancy Service to better support pregnant women in custody. The multidisciplinary service concentrates on early identification of substance-using pregnant women entering custody; ensuring close monitoring, withdrawal management, and commencement on Opioid Substitution Treatment where it is clinically indicated.

The team also identified the processes and pathways needed to ensure ongoing good clinical care in custody, and continuity of care for these women on release. A dedicated Care Coordinator role was established as a key position in the ongoing development of the service.

To enhance the engagement process, the D&A team also developed strong internal collaboration with the Network’s Primary Care and Mental Health services, and has established strong partnerships with relevant external agencies across government and non-government sectors.

For women in custody who have babies taken into care after birth, the Network’s Midwifery team works closely with the NSW Department of Family and Community Services to provide family education support to these women. For pregnant women leaving custody, D&A has also developed a Pregnancy Support Information Pack to support them in the community.

The Substance Use in Pregnancy Service supports positive birth and parenting outcomes for pregnant women with substance use issues through early engagement, integrated multidisciplinary team care, assertive follow-up and community linkages. The service is assisting in returning healthier pregnant women and their babies to their communities.
Bridging the gap and extending the reach

With the record high custodial population, waiting list numbers for the Network’s General Practitioner (GP) services increased by 38 per cent in 2017 (from 1540 to 2130 patients). As a result, the Network’s Primary Care team found innovative ways to deliver high levels of clinical activity while maintaining quality care.

To improve access to care and complement face-to-face GP services, the team trialled and implemented a telehealth GP service, with doctors providing remote assessment and care via video link from a central location. Regular telehealth consultations were introduced in metro and rural areas for suitable patients who did not require face-to-face GP review. As a result, monthly GP consultations have increased by 31 per cent.

The telehealth clinics have proved to be a more efficient and effective use of resources, resulting in reduced wait times for patients to see a GP. This includes a 74 per cent reduction in the average wait time for urgent patients. The expansion of GP telehealth services in the Network has also improved access to care for patients in rural areas. In just six months, telehealth consultations to rural sites had reduced the need for outpatient appointments at local hospitals by 25 per cent.

The telehealth consultations have also facilitated more efficient pathology requests, and prompted further investigations and referrals to specialist services. Patients presenting with pain, medication reviews, sleep issues, return from hospital reviews, mental health concerns and request for information reviews, have all been seen via telehealth consultations.

In February 2018, the Network signed a Memorandum of Understanding with Hunter New England Local Health District (the District), to support delivery of care to patients from Shortland Correctional Centre in Cessnock. Patients have been seen via telehealth for a range of conditions, including neurology, ophthalmic, maxillary facial, fractures, cardiology, gastroenterology and pre-surgical consultations, since March 2018.

The Network is working to further integrate telehealth into its services, in collaboration with external health providers.
Living the values of patient-centred care

The Network is a leader in custodial and forensic mental health care because of the extraordinary people that make up our workforce. They are passionate, dedicated and skilled. Every day our staff strive to achieve the best possible health outcomes for our patients.

The Network recognises outstanding initiatives, teams and individuals through its annual Recognition and Awards program. In 2018, Jo Burton, Nurse Practitioner Primary Care (shown at right), was named Network Employee of the Year for her contribution as a clinician, leader and someone who espouses the Network’s values in everything she does.

“We deliver great work in a really challenging environment, but as long as we centre ourselves in the delivery of care at all times, this is all we need to be doing,” Jo said.

Since joining the Network in 2003, Jo has consistently displayed the Network’s values in her work and engagement with others. As a Nurse Practitioner Primary Care, she applies advanced practice nursing skills to assess, diagnose, prescribe treatment, and directly refer patients to other health professionals. Jo inspires others by showing compassion and understanding.

“The Network has supported my growth and allowed me to flourish, not only as a nurse, but as a health leader.”

Her strong leadership and passion for nursing has motivated her to contribute to a range of initiatives and clinical practice improvement activities to support improved delivery of patient-centred and culturally safe care.

Jo is an outstanding support and role model for other nurses. She supervises and mentors nurses transitioning to practice, develops and delivers primary care education to nurses across the Network, and was a founding member of the Network’s Nurse Practitioner Professional Council. Outside work, she is an influencer through her membership in the NSW Health Nurse Practitioner Reference Committee, the Australian College of Nurse Practitioners, and the NSW Health Chronic Care Network.

“The fact that nurses are acknowledged as leaders in our Network is incredibly important to me. I am very proud to be a nurse,” she said.

Jo is considered an expert in primary care nursing in the Network and the wider nursing community. On her mission to provide best quality care, supervision and mentorship she is committed to ongoing self-improvement. She completed a Master Nurse Practitioner and Master of Indigenous Health in 2017, has Graduate Certificates in Indigenous Trauma Recovery and Advanced Clinical Practice, and completed the NSW Health Clinical Excellence Commission’s Clinical Leadership Program. Jo teaches Nurse Practitioner courses on Primary Health Assessment, Nurse Practitioner Scope of Practice and Indigenous Trauma Recovery at University of Sydney.

It is the professionalism, expertise and commitment of staff like Jo who are driving the successful implementation of the Network’s vision of returning healthier patients to their communities.
A mission to improve patient experience

The Network treated 1127 patients for hepatitis C in 2017-18.

Our Population Health team’s outstanding provision of specialised services and efforts to ensure our patients never feel lost in the crowd, led them to being named the 2018 Network Team of the Year. Patient feedback forms an integral part of the team’s service planning and evaluation, and drives changes in their healthcare delivery.

Their service includes screening, management and treatment of bloodborne viruses and sexually transmissible infections, coordination of specialist hepatitis and immunology services, health promotion and health protection.

The team’s public health functions include surveillance, infection control, immunisation, communicable diseases outbreak prevention and management, and environmental health. In partnership with the NSW Ministry of Health and the Network’s Operations and Nursing and Pharmacy teams, they delivered a highly successful Influenza Vaccination Program to help reduce the spread of flu; protecting patients and staff, and their families.

Great results were also achieved in the Network’s statewide Hepatitis In Prisons Elimination (HiPE) program. Six correctional centres achieved virtual hepatitis C elimination, which involved broad screening, targeted treatment, reinfection education and ongoing review of new patient admissions. The success of the HiPE program was recognised by the NSW Minister for Health and Minister for Medical Research, the Hon Brad Hazzard MP, who provided additional funding to accelerate the program’s rollout to other correctional centres. The team also completed a project through the Agency for Clinical Innovation Centre for Healthcare Redesign in 2018, to enhance patient access to new curative hepatitis C medications across NSW custodial settings.

Throughout the year, the team also hosted a wide range of health literacy projects and health promotion initiatives for men and women in custody. For each initiative, they give careful consideration to the patients’ knowledge, values, beliefs and cultural backgrounds to support their active participation in all care programs.

Our Population Health team’s outstanding provision of specialised services and efforts to ensure our patients never feel lost in the crowd, led them to being named the 2018 Network Team of the Year.
Growing future healthcare talent

In less than 12 months, the Network’s Interprofessional Student Program supported 903 students and coordinated more than 11,430 student placement days across seven disciplines.

A new approach to supporting our next generation of clinicians is having a big impact on recruitment and retention. Students are reporting improved engagement, high levels of satisfaction and strong interest in seeking employment or another placement with the Network.

Providing all medical, nursing, dental and allied health students with high quality training prior to gaining professional registration has always been important. But in response to the growing numbers of students, the Network established a dedicated Interprofessional Student Program team in 2018, to coordinate and manage all multidisciplinary student placements. The team has stimulated greater connectivity and inclusiveness among students, and has welcomed a growing number of students working across the organisation and throughout NSW.

Well managed and coordinated student clinical training activities have supported better care for the Network’s patients by championing modern best practice knowledge and influencing the Network’s existing practices.

The program has resulted in greater awareness of patient needs, and improved the students’ professional practice and research skills. This has positively impacted the recruitment and retention of talent and has harnessed the expertise and knowledge of staff across the Network.

What our students are saying

98% felt well supported by Network staff
99% of students felt safe
95% of students agreed that learning objectives were met
87% of students would consider future employment with the Network
81% said the program was outstanding

“I have thoroughly enjoyed this placement. It has probably been my favourite of all years! Great to see lots of different areas of medicine and the use of a multidisciplinary team. It has shaped my nursing career in more ways than I could have imagined. A wonderful experience. Thank you.”

Recent student feedback
The Network hosted its first external Custodial Health Conference in May 2018, exploring the niche and complex fields of forensic mental health and custodial health care.

The four-day event brought together an international program of speakers and presentations. More than 250 delegates, 30 expert speakers and facilitators, and 28 abstract presenters shared knowledge on a range of topics linked to core themes of innovation, future directions and advances in patient care.

It was an outstanding platform to share the experiences, contribution and expertise of those who already work, and those seeking to move into, this unique field. The conference also showcased the incredible and diverse work of Network teams and their dedication to returning healthier patients to their communities.

The conference will be hosted by the Network annually, with the 2019 event entitled, Health Care in Secure Settings.

“We created a program that showcased cutting-edge practice for those providing health care to some of our community’s most vulnerable patients.”

Gary Forrest, Chief Executive, Justice Health and Forensic Mental Health Network
Tapping into our strengths for a great workplace culture

The Network is applying a strengths-based approach to the way we lead and deliver care. With support from the Organisational Development Unit (ODU) and Workforce team, the Network is building the capability of its workforce - growing their skills, knowledge and confidence - to help them achieve their best and positively contribute to their team and wider organisational goals.

The Network engaged Gallup, a performance-management consulting company, to help develop the Network’s people and culture strategy Towards Success.

The strategy is founded on strengths-based leadership. That is, leaders who know their strengths, understand and invest in others’ strengths, and get people with the right strengths on their team. It aims to improve all stages of the employee experience, from how we attract and retain talent, to how we orientate people to the Network and grow and develop our staff. Towards Success also acknowledges that positive changes in culture take time and reaching goals, however small, should be celebrated.

In 2017-18, the Network assessed the strengths of its staff in senior and middle management. Training sessions were delivered to help them improve their strengths-based leadership skills to better support and grow Network talent. This has set the foundation for the Network to engage teams across the organisation in this new approach.
The Network builds strong partnerships with a number of health organisations, and community and advocacy groups, to support the delivery of coordinated, timely and high quality health care. The vast majority of health care to our patients is delivered by the Network within custodial and forensic mental health settings. The Network provided more than 6.3 million occasions of service in the 2017-18 financial year. This equates to 17,261 treatment events per day.

Patients who require emergency, specialist or diagnostic treatment above what is provided by the Network are transferred for care in local hospitals. The Network coordinates a large number of planned external appointments through services in the South Eastern Sydney Local Health District (the District); primarily Prince of Wales Hospital at Randwick.

Prince of Wales Hospital operates the only secure inpatient unit in NSW outside of the custodial and forensic mental health settings, and its geographical proximity to the Forensic Hospital and the Long Bay Correctional Complex, supports the coordination of patient care.

The Network has developed close working relationships with the District and their affiliated organisations to facilitate a full mix of inpatient, outpatient and ambulatory care, as well as other support services.

The Network and the District also work together to develop effective care plans for patients who present particular clinical challenges due to physical, mental health and behavioural factors.

Regular communication keeps parties well informed, and strengthens awareness of our settings and the unique needs of the Network’s patients. Both agencies also consult and collaborate on their respective clinical services, plans and policies that may affect service provision to the Network’s patients.
Better outcomes for Aboriginal women in custody

With almost 35 per cent of all women in custody in NSW identifying as Aboriginal, the Network partners with the South Coast Women’s Health and Welfare Aboriginal Corporation, Waminda, to provide a dedicated Aboriginal Wellbeing Liaison Officer to better support Aboriginal women in custody and on their release.

The Officer provides regular in-reach case management to Aboriginal women in contact with the criminal justice system, and those incarcerated in Dillwynia, Silverwater Women’s and Emu Plains Correctional Centres. More than 300 Aboriginal women accessed the service in 2017-18.

A vital aspect of the Waminda partnership is ensuring that Aboriginal adult female patients receive culturally safe support that allows them to make the best possible decisions about their health and wellbeing. This is achieved through holistic strengths-based case management practices, including crisis intervention, safety planning, case planning and ongoing education. It can also include advocacy for patient transfer from a correctional centre to residential rehabilitation facility.

The service is delivered through regular patient consultations to gather feedback and establish patient perceptions, educate patients about the processes involved and their treatment, to relieve unnecessary stress. The Officer also works with patients’ families and other parties involved, ensuring culturally safe case management.

Working closely with Waminda has enabled development of culturally safe post-release plans for Aboriginal women to improve their wellbeing and support their successful community re-engagement.
When the NSW Government announced its intention to market test the health and custodial services at John Morony Correctional Centre (the Centre), the Network’s Contestability and Commissioning Unit partnered with Corrective Services NSW to develop an ‘in-house bid’. This first of its kind joint public sector bid identified opportunities to improve efficiency and performance, develop bid documentation and present the proposal to the State.

The bid clearly outlined the Network’s current models of care, and a number of service innovations designed to support increased patient access to safe and high quality health care. Close interagency bid collaboration also facilitated improved rehabilitation and reintegration strategies.

Following a competitive tender process, the joint public sector bid was announced as the preferred operator. The two agencies entered into an agreement with the State to become the operator of the Centre, and have since successfully transitioned to the new operating model.

Under the new agreement, both agencies implemented operational changes, with a holistic view around the daily regimes. New programs and interventions have been implemented to improve health and access to health care, and to reduce recidivism, through successful rehabilitation and reintegration post-custody.

Winning the competitive tender process confirmed that the public system can compete with private operators, and that both agencies have the capabilities to deliver the right balance between safe and high quality healthcare to patients and value for money.

The Network’s Contestability and Commissioning Unit monitors the bid implementation at the Centre and has found that overall the process is effective, safe and patient-centred.

The new agreement to operate John Morony Correctional Centre means the Network is able to continue to improve the lives of some of the most marginalised members of our community through safe, patient-centred and high quality health care.
Driving research in forensic mental health

Dr Yin-Lan Soon, Senior Registrar in the Network’s Forensic Hospital, was awarded the prestigious 2018 Medlicott Award for her research paper on court diversion for offenders with a mental illness.

The award, from the Royal Australian and New Zealand College of Psychiatrists, encourages achievements and excellence in forensic psychiatry research.

Dr Soon’s research found that diversion away from the criminal justice system into mental health treatment is an effective strategy for addressing the burden of mental illness suffered by many people presenting to court.

Dr Soon’s paper is already making an impact in the Network. This paper has formed part of an evaluation of court diversion services in the Network, and will help guide service development in this crucial area. The Network is working to enhance outcomes for those diverted from custody, including further reductions in re-offending rates.

Dr Soon joined the Network in 2016, on a Higher Education Training Institute (HETI) Fellowship Award in Psychiatry and Mental Health. She was based in the Network’s Forensic Mental Health Research team while undertaking her research, and worked in collaboration with the Network’s Statewide Community and Court Liaison Service.
Patients as research partners

Results from the Network’s Patient Experience and Perceptions Study (the study), show that while patients are having positive experiences of our services, accessing care can be difficult for some.

The study collaborates with patients as research participants, to help the Network better understand their experiences of health care in custody. The Network’s Research Unit analysed data from 30 focus group interviews with adult custodial patients across 15 metropolitan and rural correctional centres.

Study results showed patients felt they were treated respectfully by healthcare professionals. Many patients who had not accessed health care in the community said that being in prison gave them an opportunity to access and improve their health.

Patients also told us that accessing health services, particularly in terms of wait times and access to some medications, remain challenging. In particular, access can be more difficult for some patient cohorts than others. Patients who work, those serving shorter sentences, patients held in large metropolitan prisons, and those in maximum security prisons, reported more difficulty accessing care.

Overall, patients recognised that the lack of autonomy resulting from incarceration has an impact on their ability to maintain and manage their health.

Results from the study will inform collaboration with key stakeholders who influence patient access to health care, identify areas of improvement in our health services, and inform future policy and service development initiatives.

The study will also help the Network develop an instrument to measure patient satisfaction that is specifically designed and adapted for the correctional environment and population.
Using research to improve patient screening for mental illness

The Network’s Forensic Mental Health Research team is testing the predictive validity of our current screening tool for identifying mental illness among those entering custody. The work is part of the team’s Prison Mental Health Screening Project, which also includes testing of a new tool designed to improve the effectiveness of screening.

The Network will use the new screening instrument to identify individuals with severe mental illness at the time of reception to facilitate early planning of the prison-to-community transition.

Preliminary data from the project indicates high rates of serious mental disorders in men and women entering custody.

Approximately 30 per cent of men and 42 per cent of women entering custody have a lifetime diagnosis of a psychotic disorder, with a large proportion experiencing symptoms at the time of reception. Even higher rates were observed for major depressive and bipolar disorders.

The team was also successful in securing funding from the NSW Health Translational Research Grant Scheme to support development and trial of a ‘critical time intervention’ that will support continuity of care for patients leaving custody.

The project will focus on early contact with community mental health services, development of individualised care plans, and post-release follow-up with patients and their treating community mental health team.

The funding is a significant achievement for the team. It allows the Network to carry out important research in the area of custodial mental health, and contribute to the evidence that will drive safety, quality, and innovation in this field.
## PATIENT POPULATION

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW adult custodial population (June quarter daily average)</td>
<td>12,657</td>
<td>13,146</td>
<td>13,733</td>
<td>9%</td>
<td>Australian Bureau of Statistics, Corrective Services Australia (June Quarter 2016, 2017, 2018)</td>
</tr>
<tr>
<td>NSW Aboriginal adult custodial population (daily average %)</td>
<td>24.3%</td>
<td>24.6%</td>
<td>24.9%</td>
<td>0.3%</td>
<td>Australian Bureau of Statistics, Corrective Services Australia (June Quarter 2016, 2017, 2018)</td>
</tr>
<tr>
<td>NSW forensic patient population (at 30 June)</td>
<td>403</td>
<td>424</td>
<td>446</td>
<td>11%</td>
<td>Mental Health Review Tribunal Monthly Reports 2016, 2017, 2018</td>
</tr>
<tr>
<td>NSW Aboriginal adolescent custodial population (daily average %)</td>
<td>52.4%</td>
<td>51%</td>
<td>46%</td>
<td>6%</td>
<td>CIMS Admissions Report (Weekly reports 2016, 2017, 2018)</td>
</tr>
</tbody>
</table>

## THROUGHPUT AND ACTIVITY

<table>
<thead>
<tr>
<th>Activity</th>
<th>2015–16</th>
<th>2016–17</th>
<th>2017–18</th>
<th>2 year Difference (%)</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of admissions into NSW adult correctional centresi</td>
<td>17,946</td>
<td>18,824</td>
<td>18,686</td>
<td>4%</td>
<td>NSW Bureau of Crime Statistics and Research (BOCSAR) NSW Custody Statistics (Adults receptions and discharges as at June 2016,2017, 2018)</td>
</tr>
<tr>
<td>Number of discharges from NSW adult correctional centres</td>
<td>17,113</td>
<td>18,284</td>
<td>18,160</td>
<td>6%</td>
<td>BOCSAR NSW Custody Statistics (Adults receptions and discharges as at June 2016,2017, 2018)</td>
</tr>
<tr>
<td>Number of adolescent receptions into custody in NSW</td>
<td>3,026</td>
<td>3,004</td>
<td>3,189</td>
<td>5%</td>
<td>BOCSAR NSW Custody Statistics (Juvenile receptions and discharges as at June 2016,2017, 2018)</td>
</tr>
<tr>
<td>Number of adolescent discharges from custody in NSW</td>
<td>3,049</td>
<td>2,999</td>
<td>3,184</td>
<td>4%</td>
<td>BOCSAR NSW Custody Statistics (Juvenile receptions and discharges as at June 2016,2017, 2018)</td>
</tr>
<tr>
<td>Number of attended appointments</td>
<td>579,734</td>
<td>614,597</td>
<td>649,220</td>
<td>12%</td>
<td>Network Patient Administration System (PAS)</td>
</tr>
<tr>
<td>Non-Admitted Patient Occasions of Service (NAPOOS)</td>
<td>6,134,348</td>
<td>6,196,375</td>
<td>6,300,102</td>
<td>3%</td>
<td>WebDohHRS as at 30 June 2018</td>
</tr>
</tbody>
</table>

## WORKFORCE

<table>
<thead>
<tr>
<th>Category</th>
<th>2015–16</th>
<th>2016–17</th>
<th>2017–18</th>
<th>2 year Difference (%)</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Full Time Employees (FTE) (at 30 June) *</td>
<td>1,242.37</td>
<td>1,242.91</td>
<td>1,303.7</td>
<td>5%</td>
<td>Network Annual Corporate Report June 2018</td>
</tr>
<tr>
<td>Visiting Medical Officer (VMO)/ Visiting Dental Officer (VDO) contractsii</td>
<td>86</td>
<td>66</td>
<td>75</td>
<td>13%</td>
<td>Network Medical Administration</td>
</tr>
</tbody>
</table>

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i High, medium secure inpatients and community based forensic patients

ii In 2017-18, there were nearly 35,000 adult offenders received into full time custody. Of these, nearly 16,000 were received and released from police or court cell complexes and approximately 18,700 were received into adult correctional centres. Source: Corrections Research, Evaluation and Statistics (CRES), CSNSW Population Trends 2017/18 (unpublished)

iii In 2016, the Network reviewed its medical workforce and converted a number of VMO positions to full and part time staff specialist roles

* FTE excludes overtime
New health centres opened
The Network opened two new health centres in new and expanded correctional facilities in 2017-18. This included the new 400-bed Macquarie Correctional Centre at Wellington, the 400-bed Hunter Correctional Centre, and the 200-bed expansion at Parklea Correctional Centre. The expansions are part of the NSW Government’s $3.8 billion Prison Bed Capacity Strategy.

Parenting and sexual health education
1998 young people in custody participated in parenting and sexual health education sessions throughout 2017-18. Almost half (47 per cent) of the participants identified as Aboriginal or Torres Strait Islander. The program, delivered by the Network’s Aboriginal Sexual Health Education Officer and Antenatal Parenting and Population Health Coordinator, improves the health literacy of those involved in the areas of parenting, reproductive health and sexual health. Topics include: drug use in pregnancy, men’s health, how to care for a newborn, anatomy, safe sex and contraception; as well as respectful relationships. This is an important initiative to address domestic and family violence issues among young people in custody.

A new contract and monitoring role at John Morony Correctional Centre
The Network’s role delivering and monitoring health services under the new contract for John Morony Correctional Centre commenced on 27 November 2017. Performance reporting to date found the services were effective, safe and patient-centred; and had achieved identified Key Performance Indicators.

Connecting with culture and country in the Forensic Hospital
The Forensic Hospital partnered with local Aboriginal organisation First Hand Solutions, to deliver bush tucker and native gardening workshops to Aboriginal patients in the hospital. The program provides an experiential and occupation-based avenue for the patients to build skills within a culturally safe and trauma-informed model that also supports connection to country.

Managing those with opioid dependence
3178 adult custodial patients with opioid dependence received Opioid Substitution Therapy (OST) in 2017-18. The Network is the largest public provider of OST services in Australia.

New Network Strategic Plan 2018-2022
The Network launched a new Strategic Plan in December 2017, setting its vision and key priorities for the coming five years. Of the 77 actions and initiatives identified for completion in year one, nine per cent were complete, and a further 89 per cent were on-track at 30 June 2018.

Upgrade of medical imaging suite
Long Bay Hospital’s medical imaging suite was upgraded with state-of-the-art digital radiography imaging equipment and fitted out with a modern treatment room. The unit is the central hub for eight metropolitan and regional custodial radiology facilities, and provides digital radiography and ultrasound services for patients at Long Bay as well as other metropolitan and regional correctional centres. The upgrades have enhanced operational capability and provided a safer environment for staff and patients, including improved access to the treatment room for aged and immobile patients.

Diverting those with cognitive impairment
The Network commenced the two-year pilot Cognitive Impairment Diversion Program in 2017-18. As a result of the service, 86 per cent of referred individuals were diverted from custody to community-based treatment.

Mobile breast screening comes to the north
Female patients aged 40 years and over at Mid North Coast and Grafton Correctional Centres can now access a mobile breast screening service at the centres. The initiative has eliminated the need to transfer patients to the local outpatient service or Sydney metropolitan area for breast screening.

Investigating FIT HEARTs in young people
The Network’s Research team successfully obtained funding from the NSW Health Translational Research Grant Scheme (TRGS) to
undertake a two-year study investigating the Feasibility of an Intervention Targeting Health through Exergaming as an Alternative to Routine Treatment (FIT HEART). The study will promote physical activity among patients in locked mental health facilities, to address the adverse impact of mental health medications on a person’s metabolism. The study is a joint initiative with the Sydney Children’s Hospitals Network.

**Expansion of professional supervision in the Network**

The Network established a Reflective Outcomes program of professional supervision for clinical and non-clinical staff. The program supports the health, safety and wellbeing of Network staff and students, with 21 staff now trained to deliver reflective outcomes supervision and coaching to others in the organisation. The Network is working to ensure all staff have access to professional supervision.

**Vocational education in the Forensic Hospital**

23 patients in the Forensic Hospital participated in horticulture and literacy vocational education programs during the year. The programs are coordinated by the hospital’s allied health staff, in partnership with TAFE NSW. They support patient recovery by reducing the impact of occupational deprivation in the secure setting.

**Get Healthy at Work**

The Network launched the NSW Government’s Get Healthy at Work program offering staff free and confidential health checks, as well as ongoing online health coaching. The program targets the prevention of chronic disease, and also provides resources to support the good health of staff in and out of work settings. The initiative was launched in conjunction with the staff influenza vaccination program in June 2018. The number of staff taking up the free vaccination increased by 30 per cent from last year.

**Occupational interventions in secure settings**

Occupational therapists in the Forensic Hospital and Community Forensic Mental Health Service began a research project to measure the impact of occupation-focussed interventions in a restricted setting. The project gathers data from occupational therapists, patients and their multidisciplinary treating team, and will inform future co-design of occupational therapy services in the forensic setting.

**Leadership and Management Forum**

The Network’s 2018 Leadership and Management Forum brought together 240 clinical and corporate managers and staff from across the organisation. The insightful event signalled a transformative shift in the Network’s ‘language of healthcare’ to one driven by compassion, love, dignity and lore.

**New electronic pathology system**

The Network implemented a new end-to-end electronic ordering system for pathology tests. The system enables tracking of pathology orders and results, and removes risks of human error associated with paper-based ordering.

**Love bites**

The Network delivered the Love Bites prevention and education program in Riverina Juvenile Justice Centre in 2018, in partnership with Juvenile Justice NSW. The interactive program of education and creative workshops explores issues of domestic and family violence and sexual assault. It aims to change attitudes on violence, assault, and gender stereotypes, while also promoting respectful relationships. The program, which was developed by the National Association for Prevention of Child Abuse and Neglect, is also being run in Cobham and Acmena Juvenile Justice Centres.

**Assessing protective factors**

56 staff across our allied health, nursing and medical workforce received training in the Structured Assessment of Protective Factors. The training supports our forensic mental health clinicians to identify and manage health-related risk factors that impact offending behaviour. A number of staff also completed a train the trainer workshop, and a community of practice was established to build the capability of our wider workforce.
2017–18 Key Financial Highlights

Staff across the organisation have enabled the Network to operate within budget for the 2017-18 financial year. This comes despite demand on Network resources from unprecedented increases in the adult custodial population.

With a Net Cost of Service (expenses less revenue) budget of $219 million in 2017-18, the Network finished the year $0.4 million, or 0.2 per cent favourable, to budget. The end of year position was assisted by innovative service improvements, and a favourable Treasury Managed Fund hindsight adjustment of $0.7 million for the Network’s effective return to work program.

With service demand growing at a higher rate than budget increases, our staff improved efficiencies through a range of initiatives, including a new shared model of care, staff immunisation program, Information and Communication Technology contracts, and an automated medication dispensing machine.

Expenses of $292 million represent a 14 per cent increase from 2016-17. Of this increase, $17 million relates to the Direct Acting Antiviral medications used in the hepatitis C treatment program. The remainder was primarily associated with employee-related costs of health service delivery to the Network’s increasing patient population.

The Network’s own source revenue of $75 million represents an increase of 32 per cent from the previous year, and includes $68 million for the Commonwealth-funded hepatitis C treatment program. The unique nature of the Network’s operations limits our ability to raise external funding sources, such as donations and bequests, in contrast to Local Health Districts and other Specialty Health Networks.

83 per cent of the Network’s total Net Cost of Service was directed to its clinical operations.

The Network has maintained its record of on-time payments for all suppliers in 2017-18 through effective financial management, and despite challenges in managing the working capital requirements of the significantly expanded hepatitis C treatment program.
Our Board

Role and function of the Board

The Network Board carries out its functions, responsibilities and obligations in accordance with the Health Services Act 1997 (NSW) and determinations of the NSW Minister for Health.

The Board’s Charter outlines its primary governing responsibilities, including:

- Setting the strategic direction for the organisation and its services
- Monitoring financial and service delivery performance
- Ensuring clinical governance responsibilities are clearly allocated and understood
- Maintaining high standards of professional and ethical conduct
- Involving stakeholders in decisions that affect them
- Establishing sound audit and risk management practices.

Membership

The Board consists of an independent Chair, nine independent members, two non-independent members and five invited attendees including the Chief Executive.

The Board met on six occasions in 2017-18, and also participated in an education day.

Board Subcommittees

The Board’s operations are supported by the following committees, subcommittees and councils:

- Finance and Performance Committee
- Quality Council
- Audit and Risk Committee
- Community Reference Group
- Medical and Dental Appointments Advisory Committee
- Research Advisory Committee
- Clinical Council.

Our governance framework supports the Network’s operations and helps us deliver on our strategy. It provides the structure through which our strategy and business objectives are set, our performance is monitored, and the risks we face are managed. This framework guides decision-making and accountability across our business, including the standards of behaviour we expect of our staff.
Board priorities

The Network Board identified the below three areas of focused activity and influence during the year. Each Board member serves on at least one of the working groups, and is working with the Network Executive to address each issue. The Board refined its priority areas in 2018 to highlight issues facing women and young people.

The Board provided strategic oversight over the following initiatives in 2017-18:

**Contestability**
- Performance Monitoring Assurance Framework, to support good governance over contestability and commissioning processes.
- Planning and establishment of services at new and expanded correctional centres.
- Collaboration with private operators of custodial health services in NSW to support health service planning and delivery, including transition planning for Parklea Correctional Centre.
- Implementation of new contract for delivery of health services at John Morony Correctional Centre.

**Courts - increasing diversion**
- Contributed to the Australian Law Reform Commission Inquiry into incarceration rates of Aboriginal and Torres Strait Islander Peoples. Australian Law Reform Commissioner, His Honour Judge Matthew Myers AM, also presented on the drivers of Aboriginal incarceration at the Network’s 2017 Aboriginal Health symposium *Healthy Inside and Out*. The Symposium focused on diversion, custodial health and continuity of care for young Aboriginal people in contact with the justice system.
- Mapped existing court diversion services across NSW to identify opportunities for increased health-based diversion options.
- Extended pilot Aboriginal Court Diversion and Bail Support Program at Campbelltown Local Court to 2018-19.
- Met with representatives of the NSW Law Society, NSW Mental Health Commission, NSW Legal Aid and Aboriginal Legal Service to consider mental health support for Aboriginal and Torres Strait Islander people in the forensic and correctional system, including diversion options.

**Community Integration**
- Review of the Network’s Community Reference Group structure to enhance consumer engagement and participation.
- Oversight of an extensive review and planning of the Network’s integrated care services and interface with Primary Health Networks in the community.
Our governance updates

New Quality Audit Reporting System

The Network implemented the Clinical Excellence Commission’s Quality Audit Reporting System (known as QARS) in 2017-18. The web-based audit platform provides tools to help the Network undertake quality audits, evaluate performance and initiate relevant action plans. More than 9000 audits have already been completed across the Network. The system also ensures compliance with policy and National Safety and Quality Health Service Standards.

Improved patient enquiry system

The Network implemented a revised patient enquiry system in custodial settings. Patients can now contact Network staff directly through their auto-dial phone system and have their enquiry managed at the local level. Developed in collaboration with the Health Care Complaints Commission, the new approach has improved the management and timeliness of responses to patient concerns and enquiries.

Open disclosure training

25 staff are now trained as open disclosure team leaders after the latest group of clinical managers and senior staff were trained in January 2018. These staff are now able to confidently lead open disclosure teams and meetings.

FRAUDSEC

The Network implemented FRAUDSEC, a secure web-based platform that allows a person to anonymously report a fraud or other concern to the organisation, while still enabling two-way communication between the individual and the Network. FRAUDSEC is being rolled-out as part of a wider public interest disclosure education and awareness program that will strengthen the safety and reporting culture in the Network.

Audit and Risk

Internal Audit

The Network’s internal audit and risk management processes are aligned to, and compliant with, the NSW Ministry of Health’s Internal Audit Policy requirements. This includes the constitution and operation of the Network’s Audit and Risk Committee, which comprises three independent members. The Committee met on five occasions in 2017-18.

Internal audit provides an independent and objective review and advisory service to provide assurance to the Chief Executive, the Board and the Audit and Risk Committee. This ensures the organisation’s financial and operational controls, which aim to manage risk and achieve the entity’s objectives are operating in an efficient, effective and ethical manner and help improve the Network’s performance.

The Network utilised an outsourced internal audit model in 2017-18, delivered by Ernst & Young. The focus of internal audit in this period covered:

- District and Network returns
- Travel and expense claims
- Overtime by nursing and medical staff
- Metabolic monitoring of mental health patients.

2017-18 Statutory Audit Report by the NSW Audit Office

The Statutory Audit Report provides reasonable assurance that our financial statements are free from material misstatement. The audit of the Network’s 2017-18 financial statements concluded there were no significant matters requiring modification. The Audit Office commended the Network on its compliance with the timeframes and the quality of its financial statements.