Our Network 2019

Health
Justice Health and Forensic Mental Health Network
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Our Network 2019 showcases Justice Health and Forensic Mental Health Network’s continuing efforts to return healthier patients to their communities. These stories provide a glimpse into our patients’ needs and the exceptional care, expertise and innovation of our staff, who are leaders in the delivery of health care in secure settings.

The Network continues to be challenged by system changes and sustained service demand. This includes the coordination of health services for 1042 new correctional beds opened in 2018-19, with a further 1975 expected in the coming year; as well as the transfer of Parklea Correctional Centre from public to private operation.

Some of the initiatives addressing these challenges feature in this publication, including the continued expansion of the Network’s telehealth capacity and changing models of care, which resulted in a 335 per cent increase in the number of GP telehealth appointments across public correctional centres and a more than 20 per cent reduction in the average waiting list time.

The Network has also focused strongly on increasing consumer engagement in service planning and delivery. Highlights include completing phase one of the Patients’ Experiences and Perceptions Study (PEaPS), and patient co-design of a wall mural in the Forensic Hospital and a heart health program for women in custody, in partnership with the Heart Foundation.

Our long term commitment to patient welfare will be enhanced as we take forward our plans for a new mental health intensive care unit within the high-secure Forensic Hospital.

The Network’s response to ongoing, new and emerging challenges is guided by its Strategic Plan 2018-22. Led by the Board and Executive team, the Network has to date commenced more than 70 initiatives. Working closely with our key partners and stakeholders, 24 are continuing in 2019-20, and a further 60 will be launched in the coming year.

In light of the increasing demand on resources, the Network achieved a remarkable result to finish the year only $1.9 million, or 0.8 per cent, unfavourable to budget.

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 care, professionalism and hard work.

"The Network has focused strongly on increasing consumer engagement in service planning and delivery."
About Us

Justice Health and Forensic Mental Health Network (the Network) provides health care to adults and young people in contact with the forensic mental health and criminal justice systems in NSW.

Each year, the Network’s staff care for more than 30,000 patients in correctional centres, courts, police cells, youth justice centres, inpatient settings, and in the community.

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

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.

Our Vision and Values

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Operating in:

- 42 Correctional Centres
- 7 Police Cell Complexes
- 6 Youth Justice Centres
- 37 Local and Children’s Courts
- 2 Transitional Centres
- 2 Hospitals
- 11 Sites by the Community Integration Team
- + Other local health district and community locations (Community Forensic Mental Health Service and Connections team)
- 50+ partner agencies from the health sector, government agencies, research partners and non-government organisations
2018-19 Highlights

- **13,665 patients** in custody received HIV, STI and hepatitis C and B screening; 31% of these patients were Aboriginal.
- **7176 patients** in custody received an influenza vaccination.
- **2757 patients** accessed the Aboriginal Chronic Care Program.
- **2593 adults and 747 young people** with mental illness were diverted from custody into community-based treatment.
- **2206 adult patients** in custody received the first dose of the hepatitis B vaccine; 29% of these patients were Aboriginal.
- **1659 patients** were managed on the self-medication program.
- **1452 patients** in custody received hepatitis C treatment; 45% of these patients were Aboriginal.
- **680 young people** were newly engaged with the Community Integration Team; 56% of whom were Aboriginal.
- **662 patients** in custody were initiated on Opioid Substitution Treatment.
- **100%** of eligible and consenting women had cervical screening.
- **79 pregnant women** had a drug and alcohol treatment plan developed within 14 days of entering custody.
- **100%** of eligible and consenting women had a breast screen.
- **47 Close the Gap health promotion events** were held across the Network.
- **43 research papers** were published.
- **335% increase** in GP telehealth appointments.
- **20% reduction** in average time patients spent on waiting lists.
Our Organisation

Minister for Health

Network Board

Secretary, NSW Health

Chief Executive

Corporate Services
Executive Director
Corporate Services
• Contracts and Procurement
• Corporate Operations
• Education and Training
• Finance
• Information and Communications Technology
• Information Management
• Organisational Development
• Research
• Workforce

Medical Administration
Executive Medical Director
• Medical Appointment and Compliance
• Medical Education and Training
• Medical Leadership
• Expert advice on Medical Policy

Performance and Planning
Executive Director
Performance and Planning
• Aboriginal Strategy and Culture
• Clinical and Corporate Governance
• Commissioning
• Communications
• Performance and Strategy

Clinical Operations
Executive Director
Clinical Operations
• Allied Health
  • Clinical Leadership
• Clinical Business Unit
  • Business Flow and Analysis
  • Data Coordination
  • New Projects, Initiatives and Operations Support
  • Performance and Service Integration
  • Research Integration
• Forensic Mental Health
  • Community Forensic Mental Health Service
  • Forensic Hospital
  • Forensic Mental Health Network Coordination Team
  • Forensic Mental Health Research
  • Statewide Community and Court Liaison Service
• Operations and Nursing
  • Adult and Adolescent Custodial Health Centres
  • Integrated Care Services
  • Long Bay Hospital
  • Police Cells
• Service and Programs
  • Adolescent Mental Health
  • Custodial Mental Health
  • Drug and Alcohol
  • Population Health
  • Primary Care
  • Transitional Programs

Our Network 2019

Our Network Executive Team comprises:
• Chief Executive
• Executive Directors
• Chief Financial Officer
• Co-Director Forensic Mental Health (Clinical)
• Director Aboriginal Strategy and Culture
• Director Allied Health
• Director Clinical and Corporate Governance
• Director Communications
• Director Workforce
• Network Director of Nursing and Midwifery Services
Our Locations

New South Wales

Metropolitan

* Silverwater Correctional Complex
  Metropolitan Remand and Reception Centre (MRRRC)
  Silverwater Women’s Correctional Centre
  Mental Health Screening Units at MRRRC and SWCC
  Deen de Loes Correctional Centre
  Adult Drug Court program Assessment Unit

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

*** Parklea Complex
  Parklea Correctional Centre (Private)
  Compulsory Drug Treatment Program Centre

**** Windsor Complex
  John Morony Correctional Centre
  Outer Metropolitan Multipurpose Centre
  Dillwynia Correction Centre

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Connections Program
Correctional Centre
Transitional Centre
Forensic Hospital
Statewide Community and Court Liaison Service
Adolescent Court and Community Team
Court and Police Complex
Drug Court Service
Adolescent Community Integration Team
Privately operated health services

Medium Secure Forensic Mental Health Unit operated by:
Hunter New England LHD (Kestral Unit)
Western Sydney LHD (Bunya Unit)
Western NSW LHD (Macquarie Unit)
Adults and young people in contact with the NSW forensic mental health and criminal justice systems are treated by a multidisciplinary team of Network clinicians. These patients, when compared with the broader Australian population, have significantly higher rates of substance misuse and mental illness.

Nearly two thirds of adults in custody report experiencing or witnessing a traumatic event in their lifetime, while one in five adults in custody report intergenerational incarceration.

Two thirds of young people in custody have an experience of childhood abuse or neglect, and one in five young people in custody were placed in care for some period before the age of 16.

The following pages outline the health profiles of adults and young people in high secure settings.

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### Our Patients

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Two thirds of young people in custody have an experience of childhood abuse or neglect, and one in five young people in custody were placed in care for some period before the age of 16.

The following pages outline the health profiles of adults and young people in high secure settings.
## Adult 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)

### Physical Health

#### Top 5 chronic physical conditions
- back problems, hepatitis C, asthma, allergies, hypertension

#### Substance Abuse

- 67% of drinkers reported consuming alcohol in a quantity and pattern that was deemed hazardous (likely to result in harm)
- 27% of patients were born in Australia

#### Intergenerational Incarceration

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

#### Highest Schooling Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Year of Schooling</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 - 24</td>
<td>Y8</td>
<td>44%</td>
</tr>
<tr>
<td>25 - 34</td>
<td>Y9</td>
<td>43%</td>
</tr>
<tr>
<td>35 - 44</td>
<td>Y10</td>
<td>38%</td>
</tr>
<tr>
<td>45 - 54</td>
<td>Y11</td>
<td>18%</td>
</tr>
<tr>
<td>55+</td>
<td>Y12</td>
<td>15%</td>
</tr>
</tbody>
</table>

#### Mental Illness

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

#### A Place to Call Home

- 38% suffering from depression
- 81% of patients were born in Australia
- 6% had no fixed accommodation in the six months prior to incarceration

### Source:

- 2015 Network Patient Health Survey
- Australian Bureau of Statistics, NSW Bureau of Crime Statistics and Research Custody Data Table June 2019 (1 August 2019)
## Adolescent Custodial Patient Profile

### Juvenile Detention

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>84%</td>
<td>have previously been in juvenile detention</td>
</tr>
</tbody>
</table>

### Psychological Disorders

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>83%</td>
<td>have a psychological disorder</td>
</tr>
</tbody>
</table>

### Aboriginal Patients In Custody

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>55%</td>
<td>of adolescents in custody identify as Aboriginal (compared to 5% in the wider community)</td>
</tr>
</tbody>
</table>

### Obesity Rates

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>46%</td>
<td>have a Body Mass Index (BMI) in overweight or obese ranges</td>
</tr>
<tr>
<td>40%</td>
<td>have increased cardio-metabolic risk</td>
</tr>
</tbody>
</table>

### Placed In Care

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>21%</td>
<td>were placed in care for some period before the age of 16</td>
</tr>
<tr>
<td>13%</td>
<td>had unstable accommodation in the month before custody</td>
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</table>

### Substance Abuse

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/5</td>
<td>had a weekly use of illicit drugs in the year before custody</td>
</tr>
<tr>
<td>96%</td>
<td>of young people 18 years who had consumed alcohol in the year before custody were drinking at hazardous and harmful levels</td>
</tr>
</tbody>
</table>

### Age**

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

### Intergenerational Incarceration

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>54%</td>
<td>reported one or both parents had been incarcerated</td>
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</tbody>
</table>

### Behavioural Disorders

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>59%</td>
<td>have an attention and/or behavioural disorder</td>
</tr>
<tr>
<td>24%</td>
<td>have some form of anxiety disorder</td>
</tr>
</tbody>
</table>

### Aboriginal Patients In Custody

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5%</td>
<td>have previously been in juvenile detention</td>
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</tbody>
</table>

### Abuse

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>68%</td>
<td>have an experience of childhood abuse or neglect</td>
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</table>

### Intellectual Functioning

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>17%</td>
<td>have an IQ in the Extremely Low (intellectual disability) range</td>
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</table>

### Expulsion

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>56%</td>
<td>had been expelled from school</td>
</tr>
</tbody>
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Source:
- 2015 Young People in Custody Health Survey
- Client Information Management System (CIMS) Report 2016/17, Juvenile Justice NSW
When Network staff at the Forensic Hospital first met 35-year-old Tom* in 2015, he was one of their most challenging patients to date.

Tom demonstrated prolonged and severe emotional dysregulation (inability to control emotional responses). He was prone to self-harm, seizures and outbursts of violence, to himself and others. Tom had a personal and transgenerational history of trauma, including a significant history with juvenile detention and sexual assault at age 12. He also had cognitive deficits related to head injuries, petrol sniffing and other substance misuse. For Tom’s own safety and for others around him, his behaviours had resulted in his seclusion and restraint on multiple occasions throughout the years.

Tom’s case had been one that had challenged the team over a period of years and treatment options were often a point of contention. Despite coming up against numerous clinical and systemic challenges, the Network’s allied health staff remained committed to finding an approach that would address the complexities Tom faced. After ongoing investigation and rigorous discussion, they were able to find a culturally-appropriate program that met his needs - and the results have been significant.

Tom started in-reach sessions with an Aboriginal not-for-profit community organisation that facilitates groups in a framework encompassing western therapeutic models and Indigenous wisdom traditions, including Northern Territory Daly River ‘Dadirri’ (deep listening). After some months, a strong connection between Tom and this non-profit organisation was established and Tom began attending the community-based groups.

A holistic team approach was adopted to help Tom in moving forward. Initially, a Positive Behaviour Support Program developed by the psychologist, as well as a medication plan was part of his treatment approach. The Occupational Therapist and Diversional Therapist also developed a therapeutic activity timetable to encourage engagement in meaningful activities and occupations.

With ongoing support from the clinicians, Tom has now attended 21 sessions of therapeutic leave, including 18 with the Aboriginal non-profit organisation.

The change in his behaviour and health has been remarkable, with no major incidents over 11 months. This approach has also promoted an individualised culturally safe therapeutic approach to care, resulting in a huge reduction in violence and aggression.

This program has crossed the boundary from a high-secure facility to the community setting, evidencing a truly patient need-driven integration.

Tom’s case was the first time therapeutic leave was used for a cultural program. The Network has since adapted this policy to incorporate the access to external cultural program that support patients in their recovery.

*Name changed for privacy reasons.
John*, a proud Wiradjuri man, grew up in Central West NSW. As a young man, John found himself on the wrong side of the law and ended up in custody, disconnected and disillusioned.

While in custody, with the support of Network staff, John began to focus on self-care and his wellbeing. During this time, John also reacquainted himself with creating art, in particular painting. Through this artistic expression, John was able to reconnect with his cultural heritage. Art became a key aspect of his rehabilitation.

John’s paintings were featured in the Boom Gate Gallery at Long Bay Correctional Complex, which features inmate artworks. This exposure led to their sale and created an unexpected way for John to earn money and start rebuilding his life; supporting his return to the community.

After such a positive personal experience with his own art, John saw an opportunity to mentor young people in custody and share his craft. Reflecting on his own life, John felt that had he discovered his passion for art at a younger age, his life story may be very different. Working with young people, he was able to connect them with culture and heritage as well as open up possibilities for future income.

John was recently commissioned by the Network to create an original artwork that expresses Aboriginal patients’ experiences of health and wellbeing with the Network. Now completed (left), this painting will be used in the Network as part of its visual branding.

Aboriginal Health

“This painting is about getting Aboriginal people, both male and female, to go and seek out health services that are available inside the correctional centres in NSW.

The centre piece represents both mental and physical health and female and male patients speaking up about health issues.

The blues are waterways.

The brown is the land and the footprints are the journeys of the patients as there are so many different tribes in custody.

The spirits are watching over the patients on their journeys.

The symbols both male and female are in different colours to show that there are many tribes who need to speak up and ask for help.”

- A description of the artwork from the artist

*Name changed for privacy reasons.
Our Patients
From Custody to Motherhood

When speaking about her daughter, Marni’s * love is obvious. Her journey to motherhood was not an easy one, but with a range of ongoing support from the Network and other services, Marni is now turning her life around.

“I love being a mother. Bonding with her, spending time with her. The way that she looks at me. It’s beautiful”, shares Marni while affectionately holding her baby girl.

Marni spent time in custody, battling both physical and mental health issues. Despite ongoing type 2 diabetes and substance misuse issues, Marni was sceptical of health care services and had a history of refusing treatment. But that all changed for Marni, with this pregnancy being a wake-up call to make changes to her own health so she could be there for her baby.

Realising she needed to get motivated, Marni accepted support and began to take action.

Staff from the Network worked with the local health district and partner agencies to support Marni to care for her child on release from custody, and for both to be healthy and happy together. This was a better outcome than Marni’s daughter being placed in care.

The team spent a lot of time exploring different places in the community and appropriate services with linkages to Marni’s community and cultural identity. They were able to secure supported accommodation for Marni and other wrap-around supports. Finally, Marni’s overwhelming health concerns were being addressed.

Marni explains the importance of having these helping hands and support services along with transport and stability to live in the community.

“That’s what it takes to adjust back into mainstream. Like coming from jail. Coming from drugs. And then to get your wellbeing in place. Your emotional, mental, physical and spiritual”, says Marni.

“I’d rather wake up to this little girl every day, than to wake up to the life I have had in the past.”

*Name changed for privacy reasons

The Network supports positive birth experiences through early engagement, multidisciplinary care, assertive follow-up and links to care in the community.

80 per cent of pregnant women in custody have substance abuse issues which increases the risk of poor pregnancy outcomes.
Our People
Staff details at a glance

1580
staff (head count)

1306
full-time equivalent staff

1155
women; 73% of the overall workforce

425
men; 27% of the overall workforce

46
Aboriginal staff; 3% of the overall workforce with an increase of 9.5% from June 2018

216
staff from diverse racial, ethnic or ethno-religious backgrounds; 14% of the overall workforce

365
staff speak a language other than English; 23% of the overall workforce

Supporting Staff Wellbeing

Sympathy is a nurse in the Forensic Hospital. She is also a mum and a wife. Keeping the balance between these very different roles is a challenge Sympathy deals with daily.

Working in the Forensic Hospital can at times be confrontational. For Sympathy, dealing with the everyday stress of her job was part of life and she felt she was coping well. It wasn’t until she had a ‘lightbulb moment’ and realised how she was truly feeling. When explaining her struggles, the honesty and earnestness in Sympathy’s voice is easily felt.

“One day I realised I had stopped thinking about me. I couldn’t hear my family trying to talk to me, trying to tell me things had changed. I was no longer outgoing. I was numb,” she shares.

After this shocking realisation, Sympathy sought help and joined the Network’s Vicarious Trauma Program, which provides supervision and support to help staff manage the impact of vicarious trauma.

Sympathy describes her first supervision session as deeply emotional. Finally admitting that even she, a caregiver, needed to care for herself, was not easy. Taking time to reflect, Sympathy was able to pinpoint an incident with a particularly complex patient that she now sees as a catalyst.

“This patient had been in long-term seclusion and had a severe trauma background. The patient asked for an extra slice of bread but the kitchen was closed and so I said no. Immediately the patient became really verbally abusive and began self-harming. It was so violent and confronting I felt it in my chest,” explained Sympathy.

Through the Vicarious Trauma Program, Sympathy realised that she needed a break from the patient and time to recalibrate. With the full support of managers, Sympathy was able to have a five month break from the patient, and continued with her supervision sessions; taking through different strategies for dealing with her trauma. For Sympathy, the need to separate work and her home-life was key; and these sessions helped her find a way to do this.

“When I am at work, I am a health care professional. My job is to make these patients’ lives better. But when I leave each day, I remind myself I am Sympathy. I am a mum. I am a wife. I am going home to be a wife and mum.”

Now that Sympathy has completed her sessions, she wants to share her story as much as possible to encourage others to seek help if they need to.

“You have to put in a lot of work for self-care. But it helps when someone is listening. The heaviness on my chest and on my shoulders is gone and my family are changed. For that I am so grateful.”
When describing her job, Joanna is full of passion, chuckles and honesty. As a clinician in the Community Integration Team, she speaks candidly about the values of her team and loving what she does.

This passion for her work has not always been easy though, with the team only recently overcoming engagement and morale issues. Jo recalls feelings of angst in the team and lots of challenges - and she was determined to make a change.

After seeking support from the Network’s Organisational Development team, Jo and another colleague were invited to participate in the Essentials of Care program. This program is a framework to support the development and ongoing evaluation of nursing and midwifery practice and patient care. It is underpinned by the principles of transformational practice development. According to Jo, the program proved to be just what they needed.

“The whole process left us feeling well looked after and invested in. I enjoyed the coaching support throughout and working with my colleagues to put things into practice,” explained Jo.

The Essentials of Care program uses a systematic and robust approach to local engagement and ownership in reflection, quality improvement and evaluation. Jo recalls an early session on creating agreed shared values for her team and how valuable this exercise was.

Everyone had a voice. Even though we don’t get face-to-face time like other teams because of our different locations across the state, as clinicians we were all on the same page,” said Jo.

The highlight of the program for Jo was being enabled to make changes that have a positive impact on the team and ultimately for their clients. After undertaking a survey of the team to pinpoint key issues, it was revealed that the case review process was a pain point.

“By working together we were able to devise a new template and this informed a new approach to case reviews. Once this was agreed to, we were able to run with it. The flow-on effect of this one change was big.”

After introducing the new template, the team was more confident and it was felt that case review discussions were more focused. The process itself was also reduced drastically, enabling more face-to-face time with clients.

“This one change brought our whole team together. Case reviews were again focused on the client and their needs, enabling constructive input and ideas from the team to get the best outcome.”

As with any change, being involved in the Essentials of Care program wasn’t without its challenges. There was initial resistance from within the team; some members were worried about repercussions of speaking up and advocating for change.

“Once they understood we do have a voice, it was a big success. The support from senior managers to take the time to chat once a week and have these open and honest conversations, and to capture insights from the group, was really important.”
Our People

Health Care in Secure Settings

The Health Care in Secure Settings conference was hosted by the Network in May 2019, bringing together an international program of speakers and presentations from the niche fields of health care in custodial and forensic mental health settings. The event is designed for and by health professionals working in these highly specialised environments, with improving patient health at the core.

Held at the state-of-the-art ICC Sydney, more than 200 delegates from organisations across Australia and New Zealand attended. The conference provided a great platform for learning and collaborating on key issues, innovations, reforms, and best practice care in these complex and challenging settings. This event offers an excellent networking and professional development opportunity for attendees and is also an opportunity to raise the profile of the Network and the work we do.

Next year’s conference, in May 2020, will build on the success of the 2019 event by providing further opportunities to share clinical experiences and expertise, and establish the Network as an industry leader of health care delivery in secure settings.

Delegate feedback from the 2019 conference

“Well done on a very successful and seamlessly flowing, highly professional and high standard two day conference – much appreciated.”

“It’s only day 1, but I can already say it’s one of the best conferences I’ve been to.”

“I’d forgotten how many great talks there were! No wonder I was tired! Very high quality conference.”

“Everything was great. Great MC, single stream presentations, good variety.”

“A notch up from last year - well done.”

“Presentations were of a very high standard - good variety and engaging presenters.”
Our Network offers a range of education and training courses, and student and graduate placements, to support the career development of health workers in a unique environment.

Chad is a self-confessed lover of learning with an analytical mind. It was no surprise to those who know him that after years working as a radiographer and with two Masters degrees, he was still keen to learn more and found himself applying for a Health Management Internship with the Australasian College of Health Service Management.

When explaining how he ended up in the program, Chad’s focus remains on the experience of front-line staff.

“I really wanted to use my health management skills in a different context,” explains Chad.

Always ready for a challenge, when looking for a placement after completing his first year, Chad read about the Network and the work it does resonated with him.

“I like the idea of having the complexities of a whole health system delivered to a specific cohort. There’s potential to make a difference to their health. There’s also potential to change their lives, and of course, the flow-on for the greater good.”

By July 2019, Chad was six months into his placement and had completed two rotations. Taking each opportunity to learn as they came, Chad’s biggest surprise has been a pleasant one.

“The investment in organisational culture and wellbeing at the Network has been so different to my previous workplace,” he says.

“Everyone has been really generous with their time and I have found everyone to be really authentic in their offers to help.”

When reflecting on challenges, Chad’s thirst for understanding shines through, citing trying to understand the stakeholders, their roles and co-dependencies, and how they all interact.

“I want to really understand the landscape of the organisation and these health care settings so I can maximise my work within,” says Chad.

“I loved site visits and having the chance to meet with the staff and start to build a picture of how the Network operates. I was really impressed by the teams and their culture.”

“I like that this is such a unique place to learn from so many people with different strengths and the potential to make a difference for people in our care.”

“The investment in organisational culture and wellbeing at the Network has been so different to my previous workplace.”
Huge health improvements for patients in custody have been achieved through the Hepatitis in Prison Elimination (HIPE) program, which has been successfully rolled out across 12 correctional centres in NSW. The hepatitis C virus causes inflammation of the liver and affects up to 25 per cent of people in prison; a patient group often socially disadvantaged and who may find it difficult to access and navigate health care in the community. This increased risk of infection in prison is associated with sharing unsterile injecting equipment.

HIPE is a small part of the Network’s routine approach to hepatitis C treatment. All people in custody have access to testing and treatment for hepatitis C; the key difference is the intensiveness and acceleration of delivery through HIPE.

This successful program is facilitated through a strong partnership between the Network, Corrective Services NSW, and government and non-government organisations such as NSW Users and AIDS Association (NUAA) and Hepatitis NSW.

Steve’s* story

“I take hepatitis C really seriously and I hope my poster makes other people think hard about what it actually is like to have Hep C. Maybe some people don’t get symptoms but for my mate, it was hell. I enjoyed going to the HIPE forum and learning more about hepatitis. Not only was it valuable info to have, I’m the type of person who likes learning anything and everything. I have five different degrees and I’m learning different skills in here as well – everything from building to horticulture. I’m a doer - I just can’t be stagnant, it’s not in my nature.

I’ve been tested for hep C and I’m healthy as. I’m getting out in about 10 months and I want to make sure I go home healthy and fit. It’s a lot harder doing the time when you have a family on the outside but it’s also a good motivator for staying healthy. You don’t want to take hep C home to them.

I’m lucky, I had a good upbringing and I know how to stay healthy. There’s only a certain amount the clinic can do. You have to do your own thinking. You have to decide what’s important to you. And if it’s your family, well, you can’t be selfish; you have to take steps to make sure that you go home healthy so that you are keeping them healthy and safe.

My family are my lifeline at the moment. I need to repay them by going back to them having learned some important lessons and being fit and healthy so I’m of maximum use to them. Learning what’s important to me has been a really hard lesson. I mean, I’ve been really selfish and that got me here.”

*Name changed for privacy reasons.

• NSW was the first jurisdiction in Australia to achieve virtual elimination of hepatitis C in a correctional setting.
• More than 1000 people in NSW prisons have been tested for hepatitis C through the HIPE program. HIPE testing found that 25% of patients have had hepatitis C at one point in their life. 11% of patients tested were currently living with hepatitis C and needed treatment. 46% of these people identified as Aboriginal or Torres Strait Islander.
• In 2018, one in four people treated for hepatitis C in NSW began their treatment in prison.

Tom said there were a number of challenges posed by the geographic location of some centres and the availability of local pathology and other services.

“On one occasion, we were so restricted time-wise to get samples to pathology that we weren’t able to test everyone in a single day,” said Tom.

*Network Clinical Nurse Consultant, Fiona, coordinated with the Royal Flying Doctor Service to be able to go back and ensure everyone was included in testing. Her commitment to the patients was huge and she sacrificed a lot of time with her own family to ensure we were successful.”

Harm Reduction Project Officer, Tom, explains how the Network was able to achieve virtual hepatitis C elimination in the correctional centres by implementing HIPE.

“We saw an opportunity with the availability of new treatments to offer treatment to all patients at a centre at one time, therefore significantly reducing the risk of further transmission of the virus at the centre,” said Tom.

Tom believes that strong partnerships and commitment from senior leaders to dedicate resources and funds to the project has been critical to its success.

The program was run in metro and regional correctional centres, with the team going above and beyond to ensure patients in remote areas were included.
The Network, together with the Heart Foundation and Corrective Services NSW, has implemented an Australian-first program to tackle the high rates of lifestyle-related risk factors for heart disease and diabetes among women in custody, particularly Aboriginal women.

The Healthy Hearts for Women in Custody project raises awareness of heart disease, and identifies ways for women in custody to improve their health and wellbeing.

Shani, Manager Health Advancement, explains how the project is an example of powerful, cost effective and innovative health promotion, underpinned by a strong collaboration that involved women in custody as partners in the process.

“We were able to use women’s ideas and artwork to create information resources focused on raising awareness of heart disease and promoting behavioural change,” explained Shani.

This resulted in a suite of Treat the Beat health literacy resources, including a film, wallet card, postcards and posters.

The Treat the Beat film, featuring women in custody and Network educators, identifies simple steps to reduce the risk of heart disease. The film was piloted with more than 100 women through a group screening, and also as part of the inmate orientation program at one centre. Evaluation showed the program was successful, with women indicating the film had significantly increased their knowledge of heart disease and strategies to reduce their risk.

“Prison is a prime setting in which to tackle health inequalities, lifestyle risk factors and health literacy,” said Shani.

The Network is working with Corrective Services NSW towards statewide access to the film, which will also be loaded onto the inmate TV channel. Information resources will be available at all women’s centres and pathways to healthy heart checks are being explored.

A suitable approach to addressing similar risk factors for men in custody is also being explored. Heart Foundation Manager, Women and Heart Disease, Angela, said the partnership with the Network and Corrective Services NSW was a great opportunity to reach this population.

“This project was successful because it engaged with the women at its centre right from the start. We learned a lot from the women – they are a great source of positivity and practical advice”, said Angela.

She continued, “The sense of community was strong among them. The skill of the teams was evident, as was their commitment to the integrity of the project and the resources produced.”

Network Research Improving Patient Outcomes

A recent Network research study found that asking prisoners the question “How would you rate your physical health?” may help in the early identification of patients in need of further physical health assessment.

The research study, Prevalence and correlates of low self-reported physical health status among prisoners in New South Wales, Australia, involved a cross-sectional random sample of 1098 adult male and female prisoners, interviewed as part of the 2015 Network Patient Health Survey.

Almost a quarter of participants in the survey rated their health as poor or fair. Among prisoners, there is generally an over-representation of socially disadvantaged minority groups, who also experience poorer health and less frequent access to health care in the community than the broader population.

Joanne, Senior Research Officer at the Network, said this research can be used to inform practice and improve health outcomes.

“Ultimately, our goal is to have improved health outcomes for patients. By including a question in clinical assessments, the usefulness of the question could be further assessed in the context of more detailed health information,” said Joanne.

The Network uses research evidence and patient experiences of care to inform delivery of best practice healthcare and support services for people in contact with the NSW forensic mental health and criminal justice systems. The work of the Research Unit provides an evidence base specific to the complex needs of the Network’s patients, staff and practice.

Network Research Improving Patient Outcomes

A notable minority of patients interviewed for this study reported difficulties in reading and writing and the authors note that this should be borne in mind when developing interventions to improve the health of this vulnerable group.

According to researchers, the next step to inform practice would be to add a screening question in clinical assessments, to assist with the early identification of potential health issues among patients.

Network Research Improving Patient Outcomes

Among prisoners, there is generally an over-representation of socially disadvantaged minority groups, who also experience poorer health and less frequent access to health care in the community than the broader population.

24% of participants rated their physical health as poor or fair (low physical health status).

34% of participants of low physical health status were obese (based on BMI).

31% were not very physically active in the 12 months before prison.

46% of participants of low physical health status also rated their mental health as poor or fair.

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Our Governance

Role and function of the Board

The Network Board has governing responsibilities including:

• Setting the strategic direction for the Network 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.

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.

Membership

The Board consists of an independent Chair, 12 members, of whom 10 are independent, and five invited attendees, including the Chief Executive.

The Board met on six occasions in 2018-19. Additionally, the Board held two education days and a planning session.

Board subcommittees and councils

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

• Finance and Performance Committee
• Health Care Quality Committee
• Audit and Risk Committee
• Medical and Dental Appointments Advisory Committee
• Research Advisory Committee
• Clinical Council
• Medical Staff 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 targeted the below three areas for focused activity and influence during the year:

• Aboriginal justice and health
• Aged care and community reintegration
• Commissioning.

Working groups were established for each focus area, with each Board member serving on at least one group, and working with the Network Executive and staff to address each issue.

Across these focus areas, the Board provided strategic oversight of the following:

• Exploring partnerships and engagement with Aboriginal community controlled health organisations, local health districts, and other representative bodies, to support in-reach and transition of care for Aboriginal patients; and grow the Network’s Aboriginal workforce.
• Network input on a NSW Government submission to the Royal Commission of Inquiry into Aged Care, and developing a sub-acute model of care for aged custodial patients.
• Network input on a NSW Government submission to the Royal Commission of Inquiry into Aged Care, and developing a sub-acute model of care for aged custodial patients.
• Transition of Parklea Correctional Centre health care operations to a new provider.

Governance updates

Health, safety and wellbeing

The Network has launched a five-year Strong Safety Culture Strategy to improve safety culture across the Network. Key initiatives include Executive WalkAounds, Leader Rounding and critical conversations, as well as a Supervision Program for Support Staff promoting reflective practices, and a wellbeing platform through the Employee Assistance Program.

Transforming health through data insights

The Network implemented a waiting list application to drive improvements in data management, analytics and reporting, using the business intelligence platform QlikView. It was designed to better support clinical staff in managing and monitoring their patient waiting lists in real time through visualisations, and is now the most frequently used QlikView application in the Network.

Managing risk

The Network introduced Protecht. ERM, a web-based, single platform system to support clinical and corporate risk management, incident management, compliance and internal audit recommendations.

Audit and Risk

Internal audit

The Network’s internal audit and risk management processes are aligned to, and compliant with, the 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 four occasions in 2018-19.

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 used an outsourced internal audit model in 2018-19, delivered by Ernst & Young. The focus of internal audit in this period covered:

• Procurement: Controls Self-Assessment
• Health Services: Aged Care
• Forensic Hospital Patient Escort Review

The Network also carried out the annual audit of the District and Network Return.

2018-19 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 2018-19 financial statements concluded there were no significant matters requiring modification. The Audit Office acknowledged Network staff for their courtesy and assistance.
Our Network 2019

2018-19 Actual Expenses by Category

2018-19 Actual Employee-Related Expenses

2018-19 Actual Net Cost of Service (NCoS) – Expenses less own source revenue

Our Financials
2018-19 Key Highlights

The Network has continued to manage a significant increase in the demand on services, with 1700 new beds opening over the last two financial years. As well as managing this significant increase in demand, the Network has also reduced the average waiting list times by 20 per cent - thanks to improved efficiencies from a range of initiatives and changing models of care.

With a Net Cost of Service (expenses less own source revenue) budget of $236 million in 2018-19, the Network finished the year $1.9 million or 0.8 per cent unfavourable to budget. Contributing to this was the demand on services growing at a rate higher than budget increases, a further $0.9 million in unbudgeted funds being used to dispose of assets at a former site, and patient fee impairment.

Of this Net Cost of Service, 81 per cent was directed towards the Network's clinical operations. The Network’s own source revenue of $64 million was a decrease of 15 per cent from the previous year. This includes an $11 million reduction for the Commonwealth-funded direct acting hepatitis C treatment, partially due to price reduction.

The Network’s total expenses of $301 million represent a three per cent increase from the 2017-18 financial year. Of this increase, there was an additional $15 million from employee-related costs of health service delivery and $4 million for pathology tests charged to the Network for the first time by NSW Pathology.

The Network has maintained its record of on-time payments for all suppliers in 2018-19 through effective financial management.