2012/13
Year in Review
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter to the Minister</td>
<td>1</td>
</tr>
<tr>
<td>Chief Executive’s 2012/13 Year in Review</td>
<td>2</td>
</tr>
<tr>
<td>Overview of our Network</td>
<td>4</td>
</tr>
<tr>
<td>Organisational Chart NSW Health System</td>
<td>6</td>
</tr>
<tr>
<td>Health Care Locations</td>
<td>7</td>
</tr>
<tr>
<td>Our Board</td>
<td>8</td>
</tr>
<tr>
<td>Role &amp; Function of the Board</td>
<td>8</td>
</tr>
<tr>
<td>Membership</td>
<td>8</td>
</tr>
<tr>
<td>Date of Appointment</td>
<td>18</td>
</tr>
<tr>
<td>2012/13 Board Attendance</td>
<td>19</td>
</tr>
<tr>
<td>Board Committee Structure</td>
<td>20</td>
</tr>
<tr>
<td>Our Board Committees</td>
<td>20</td>
</tr>
<tr>
<td>Quality Council</td>
<td>21</td>
</tr>
<tr>
<td>Community Reference Group</td>
<td>22</td>
</tr>
<tr>
<td>Finance and Performance Committee</td>
<td>23</td>
</tr>
<tr>
<td>Audit and Risk Management Committee</td>
<td>24</td>
</tr>
<tr>
<td>Medical &amp; Dental Appointments Advisory Committee</td>
<td>25</td>
</tr>
<tr>
<td>Human Research Ethics Committee</td>
<td>26</td>
</tr>
<tr>
<td>Our Executive</td>
<td>29</td>
</tr>
<tr>
<td>Internal Organisational Structure</td>
<td>31</td>
</tr>
<tr>
<td>Our Services</td>
<td>32</td>
</tr>
<tr>
<td>Clinical Operations (Custodial Health)</td>
<td>34</td>
</tr>
<tr>
<td>Clinical Operations (Forensic Health)</td>
<td>37</td>
</tr>
<tr>
<td>Governance &amp; Commercial Services</td>
<td>39</td>
</tr>
<tr>
<td>Medical Administration</td>
<td>42</td>
</tr>
<tr>
<td>Strategic Development &amp; Performance</td>
<td>43</td>
</tr>
<tr>
<td>Centre for Health Research in Criminal Justice</td>
<td>43</td>
</tr>
<tr>
<td>Our Patients</td>
<td>46</td>
</tr>
<tr>
<td>Adult Inmate Profile</td>
<td>46</td>
</tr>
<tr>
<td>Adolescent Offender Profile</td>
<td>48</td>
</tr>
<tr>
<td>Forensic Patient Profile</td>
<td>49</td>
</tr>
<tr>
<td>Our Stakeholders</td>
<td>50</td>
</tr>
<tr>
<td>Our Partnerships</td>
<td>52</td>
</tr>
<tr>
<td>2012/13 Key Highlights</td>
<td>54</td>
</tr>
<tr>
<td>2013-2017 Strategic Plan</td>
<td>68</td>
</tr>
</tbody>
</table>
Treasury Expenditure Review

Focusing on Care & 2013 Staff Pulse Survey
Organisational Culture in Action
2013 Staff Pulse Survey – Headline Results for JH&FMHN

Patient Journey & Staff Experiences
Patient Journey
Community – Pre Custody
  Adolescent Court & Community Team
  Sobering Up Centre Trial
Custody
  Chronic Care
Hepatitis C – Nurse Led Model of Care
Pregnant Women in Custody
Aboriginal Chronic Care Program
Oral Health

Inpatient
  Long Bay Hospital
    Mental Health Unit
    Haemodialysis Service
    Aged Care & Rehabilitation Unit
    Delta Therapy Dogs Australia
    Domestic Services
  Forensic Mental Health Network
  Forensic Hospital

Community – Post Custody
  Connections Program
  Community Forensic Mental Health Service
  Adolescent Community Integration Team

Our Staff

Training & Professional Development

Financial Performance

Complaints Management

Disability Action Plan

Multicultural Policies & Services Plan

Government Information (Public Access) Act 2009

Abbreviations
Dear Minister,

I have pleasure in submitting the Justice Health & Forensic Mental Health Network (JH&FMHN) 2012/13 Year in Review. This year has been a particularly challenging one for this Network as we face a continuing rise in the adult prison population (although a pleasing decline and stabilisation of the juvenile incarceration rate) with consequent pressures on our service.

With your continuing support, which I acknowledge with gratitude, and that of the Ministry, I am confident that we will be able to meet this challenge.

Throughout the year I am delighted to report that we have been successful in strengthening a number of our key partnerships, especially with the Corrective Services NSW and Juvenile Justice NSW; with those other Local Health Districts with whom we work most closely on aspects of patient care and with a variety of non-government organisations. I believe we have more to do to strengthen partnerships with key players in the field of Indigenous health and this will be a priority for us in the year ahead.

At the end of the year, our financial result and our achievement of the commitments in our Service Agreement with the Ministry have been met, and exceeded, thanks to the dedicated work of our Chief Executive, her senior management team, all the employees of the Network and my colleagues on the Board.

The launch of our new 2013-2017 Strategic Plan was a highlight of the year and provides us with a comprehensive blueprint and set of directions for even higher achievements as we face the many challenges which confront this unique part of the NSW Health service.

Yours sincerely

Mr Christopher Puplick AM
Chair, Justice Health & Forensic Mental Health Network Board

25 November 2013
Chief Executive’s 2012/13 Year in Review

It is with great pleasure that I present the JH&FMHN 2012/13 Year in Review.

The 2012/13 Year in Review not only reflects on the outstanding achievements over the last 12 months but takes you on a journey through the specialty network by sharing both staff and patient experiences.

Over the last 12 months there has been considerable improvements made in the health status of those who came in contact with the forensic mental health and criminal justice systems across community, inpatient and custodial settings.

The past year has also seen a strong focus on improving the efficiency of services and improving the care and experiences for our patients.

During 2012/13 the adult population increased from the previous year while the adolescent population slightly decreased and stabilised.

The incidence of chronic diseases and co-morbidities continue to increase reflecting the poorer health status of people entering custody and creating new challenges for JH&FMHN. These challenges have provided opportunities to develop new innovative models of care and to enhance partnerships with our key stakeholders Corrective Services NSW and Juvenile Justice NSW, to improve access to patients and ensure the provision of world-class healthcare to our unique and vulnerable populations.

In collaboration with the Ministry of Health and Local Health Districts (LHD’s), JH&FMHN continued the development of the Forensic Mental Health Network. Continued efforts focused on the development of clinical governance arrangements, an accountability framework and improvements in patient flow systems.

Service Level Agreements were established with Western Sydney, Western NSW and Hunter New England Local Health Districts regarding Forensic Patients in Medium Secure Units. A second Service Level Agreement is being negotiated in relation to Forensic Patients under the care of General Mental Health Inpatient Units and Community Teams; and high risk civil patients.

The Network marked a significant organisational milestone through the development and launch of a clear and quality 2013-2017 Strategic Plan following extensive consultation with the Board, all parts of the Network, LHDs, Ministers and our partners. This consultation has attributed to positive promotion and increased awareness of the role and priorities of the Network in achieving excellence and expertise in health care for people in contact with the forensic mental health and criminal justice systems across community, inpatient and custodial settings.
Some of our specific achievements of 2012/13 have included:

- The appointment of Christopher Puplick, AM as new Chair of the JH&FMHN Board effective 1 September 2012 by the Minister for Health, Minister for Medical Research.
- Launch of the 2013-2017 Strategic Plan on 22 April 2013 by the Chair, JH&FMHN Board.
- A favourable budget result and excellent performance against key Ministry of Health performance indicators.
- The Connections Program won joint first prize in the 2013 National Drug & Alcohol Awards in the Category of Excellence in Treatment & Support Services. To win the Award was a great achievement as Connections is only the second NSW health based service to be a recipient of the Award.
- Received the Injury Management Award at the 2012 Treasury Managed Funds Awards for Excellence for The Power of One – Achieving Better Outcomes in Injury Management. The Program focused on reducing our injury footprint and improving outcomes for employees.
- 951 patients accessed the Aboriginal Chronic Care Program throughout 2012/13.
- 1,743 adults were diverted to community mental health services by the Statewide Community & Court Liaison Service.
- 500 adolescent patients with mental illness were diverted from court into treatment by the Adolescent Court & Community Team.
- In 2012/13 there was a 44% increase in the number of participants supported by Connections Program. 87% of these total number of participants (n=685) were successfully engaged with relevant community based services post release. The Connections Program aims to improve continuity of care for patients with drug and alcohol issues.
- Continued the implementation of the Culture Improvement Project: Focusing on Care through local action plans.
- In July 2012, the Expenditure Review Committee (ERC) of Cabinet requested an expenditure review of health services in the correctional system be undertaken. The review was undertaken by NSW Treasury and Pricewaterhouse Coopers (PwC) to identify efficiency and effectiveness opportunities in the provision of health services in the correctional system, with recommendations submitted to ERC in June 2013.

The continued high quality of care provided to our patients is a credit to all staff and I wish to convey my appreciation to all for their hard work and dedication.

I would like to thank both the Board and the Network Executive Team for their leadership and commitment in setting the strategic direction and priorities of the organisation throughout 2012-2013 and into the future.

I would also like to extend my appreciation to our key partner agencies, Corrective Services NSW and Juvenile Justice NSW.

Yours sincerely

Julie Babineau
Chief Executive
Justice Health & Forensic Mental Health Network

25 November 2013
Overview of our Network

Justice Health & Forensic Mental Health Network

Vision
Excellence & Expertise
Achieving the best health outcomes for people in contact with the forensic mental health and criminal justice systems across community, inpatient and custodial settings

Strategic Directions
Strategic Direction 1
Provide a values based, innovative model of care

Strategic Direction 2
Engage effectively with community and key stakeholders through strong partnerships and alliances

Strategic Direction 3
Strengthen the decision-making systems that enable best health outcomes

Strategic Direction 4
Attract, grow and retain a talented workforce and foster a safe working environment

Values
Care  Clear Communication  Honesty  Professionalism  Respect

Who we are
A Specialty Network Governed Statutory Health Corporation constituted under the 2011 amendment of the Health Services Act 1997

What we do
We are responsible for providing comprehensive health services in a wide variety of settings and facilities.

We provide health care in a complex environment to people in adult correctional centres, to those in courts and police cells, juvenile detainees and those within the NSW forensic mental health system and in the community.

We care for over 30,000 patients annually, a health community that is unique in NSW.

Our Services
We provide services at facilities across the State of NSW:

<table>
<thead>
<tr>
<th>Custody</th>
<th>Community</th>
<th>Inpatient</th>
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<tr>
<td>30 Correctional Centres</td>
<td>11 Juvenile Justice NSW Community Offices</td>
<td>The Forensic Hospital</td>
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<tr>
<td>10 Police Cells</td>
<td>20 Local Courts</td>
<td>The Long Bay Hospital</td>
</tr>
<tr>
<td>9 Juvenile Justice NSW Centres</td>
<td>14 Children’s Courts</td>
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<tr>
<td>1 Juvenile Correctional Centre</td>
<td>Sobering Up Centre</td>
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<td></td>
<td>Other community settings such as Community Integration Team &amp; Community Forensic Mental Health Service</td>
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Support Services
Support Services including: executive support, planning, performance, communication and media, medical administration, finance, clinical and corporate governance, administration, research, training and education and corporate services which provides support across both custodial and forensic mental health components of the Network.
Justice Health & Forensic Mental Health Network 2012/13 Year in Review
Organisational Chart
NSW Health System

Cluster Ministers
Director General
Ministry of Health/Health Administration Corporation

Minister for Health appoints Boards and meets regularly with Council of Board Chairs

Service Compacts*

Service Agreement
Price | Volume | Performance

Ambulance Service of NSW**
NSW Health Pathology
Health Protection NSW

Shared Services
HealthShare NSW
eHealth NSW
Health Infrastructure

Local Health Districts (15) and Specialty Health Networks (3)

Service Level Agreements / Contracts
Clinical Support Services

Pillars
Agency for Clinical Innovation
Clinical Excellence Commission
Health Education and Training Institute
NSW Kids and Families
Bureau of Health Information
Cancer Institute NSW

* Service Compact – Instrument of engagement detailing service responsibilities and accountabilities
** No Service Compact between Ministry of Health and Ambulance Service of NSW

As at 9 April 2013 - NSW Ministry of Health
Health Care Locations

* Silverwater Complex
  Metropolitan Remand & Reception Centre
  Silverwater Women's Correctional Centre
  Mental Health Screening Units at MRRC and SWCC
  Dawn de Loas Correctional Centre

** Long Bay Complex
  Long Bay Hospital
  Metropolitan Special Programs Centre Area 2 & 3
  Metropolitan Medical Transitional Centre
  Special Purpose Centre

*** Malabar
  The Forensic Hospital
Role & Function of the Board

The JH&FMHN Board carries out functions, responsibilities and obligations in accordance with the Health Services Act 1997 and the determination of function for the organisation as approved by the Minister for Health.

The Board has in place practices that ensure that the primary governing responsibilities of the Board are fulfilled in relation to:

- 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; and
- establishing sound audit and risk management practices.

Membership

The JH&FMHN Board consists of a Chair, eleven members appointed by the Minister for Health and Minister for Medical Research and five invited attendees including the Chief Executive, JH&FMHN.
JH&FMHN Board

Back Row: Michelle Eason, Ian Gillespie, Ken Barker, PSM, Alison Churchill and Stuart Loveday
Front Row: Professor Terry Campbell, AM, Julie Babineau, Christopher Puplick, AM and Shireen Malamoo
Absent: Professor James Ogloff, Magistrate John Pascoe, AO CVO (Resigned on 30 April 2012) and Peter Dwyer.
Christopher Puplick, AM
BA (Hons), MA, JP

- Chair, Justice Health and Forensic Mental Health Network Board.
- Principal, Issus Solutions Pty Ltd.
- Former NSW Senator and Shadow Minister.
- Former President of the NSW Anti-Discrimination Board and NSW Privacy Commissioner.
- Former Chair of the Australian National Council on AIDS, Hepatitis C and Related Diseases and the AIDS Trust of Australia.
- Chair, JH&FMHN Quality Council.
- Chair, JH&FMHN Community Reference Group.
- Member, JH&FMHN Finance & Performance Committee.

Shireen Malamoo

- Involved in Aboriginal Affairs for more than 20 years, particularly in Northern Queensland.
- Former Chairperson of the Aboriginal Media Association, Aboriginal Legal Service, and the Aboriginal Medical Service (Townsville), as well as being Commissioner of Queensland’s Aboriginal and Torres Strait Island Commission from 1990 to 1993.
- Previously a member of the NSW Parole Board and Juvenile Justice NSW Parole Board and the Aboriginal Medical Service (Redfern).
- Member, JH&FMHN Human Research Ethics Committee.
Our Board

Professor Terry Campbell, AM  
BSc (Med), MB BS MD (UNSW), DPhil (Oxon), FRACP, FACC

- Head of Department of Medicine at St Vincent’s Hospital, University of New South Wales, and Deputy Dean of Medicine at UNSW.
- Clinical cardiologist, spent 10 years as Director of the Coronary Care Unit at St Vincent’s Hospital Sydney (1990-99).
- Past President of the Cardiac Society of Australia and New Zealand (2000-2), and served as the Chair of the Therapeutics Advisory Committee of the Royal Australian College of Physicians from 1996 to 2000.
- Served 10 years as a Director of the New South Wales Division of the National Heart Foundation, and Honorary Secretary/Treasurer of the 14th World Congress of Cardiology in 2002.
- Member of the Pharmaceutical Benefits Advisory Committee since 2001.
- Extensive research work encompassing both basic laboratory research in cardiac pharmacology and clinical cardiological research, and has published well over 100 peer-reviewed papers in these fields.
- Awarded the Order of Australia in 2003.

Ken Barker, PSM  
FI PA, GAICD

- Director, Ken Barker Consulting Pty Ltd.
- Deputy Chair, Justice Health and Forensic Mental Health Network Board.
- 42 years of experience in public sector management and finance across four large NSW Government agencies.
- Extensive knowledge, practical experience and expertise in public sector finance and risk management.
- For more than two decades was the senior NSW Health public sector financial advisor, managing the large NSW Health budget and providing expert financial advice to assist the negotiations for numerous Commonwealth and State Health funding agreements.
- Recognised NSW leader in the development of successful policy and risk management strategies for insurable risks under the NSW Treasury Managed Fund.
- Retired from Health in July 2009 after 24 years working at a senior executive level in financial management and strategy, including 22 years as the Chief Financial Officer.
Alison Churchill  
BA (Hons) Social Policy & Administration (First Class) & CQSW  
- Chief Executive Officer of the Community Restorative Centre.  
- Member of the Premiers Council on Homelessness.  
- Qualified Social Worker and Counsellor in both England and Australia in the field of Probation and Parole, women's services, child protection, child sexual assault, alcohol and other drugs, and the treatment of child sex offenders.  
- Member, JH&FMHN Community Reference Group.  
- Recipient of the 2013 Justice Medal, sponsored by the Law and Justice Foundation of NSW.

Ian Gillespie  
FCPA, FAIM, MAICD  
- Extensive background in senior financial and administrative management positions spanning both the public and private sectors.  
- Former Director of Finance & Administration for the Department of Education & Training (now known as Department of Education & Communities).  
- Former General Manager, Finance for the NSW TAFE Commission.  
- Former Director, Strategic Planning for the Ministry of Education and Youth Affairs.  
- Former Chief Accountant for the NSW Department of Motor Transport.  
- Mr Gillespie holds the senior status of Fellow with CPA Australia.  
- Fellow of the Australian Institute of Management.  
- Member of the Australian Institute of Company Directors.  
- Member, JH&FMHN Audit & Risk Management Committee.
Our Board

Stuart Loveday
B. Com
- Chief Executive Officer of Hepatitis NSW.
- Former President and founder executive member of Hepatitis Australia.
- Community representative to the NSW Ministry of Health Advisory Committee on Hepatitis.
- Contributes extensively to advocacy for evidence based harm reduction policy and practice in illicit drug settings, for improved access to treatment and better management of viral hepatitis in Australia and for reduced hepatitis C related stigma and discrimination.

Michelle Eason
BSc (Nursing), MN (Mental Health)
- Director of Nursing, Forensic Hospital.
- Worked in many different mental health contexts including several forensic mental health settings.
- Has been engaged in practice development activities both internally and externally to JH&FMHN since 2004.
- Involved in facilitating Clinical Leadership Programs through the Clinical Excellence Commission and the International Practice Development School.
- Special interest in Forensic Mental Health and developing Forensic Mental Health Nursing practice that supports the patients recovery journey.
- Conjoint lecturer at UNSW for the Masters in Forensic Mental Health.
Professor James Ogloff
B.A., M.A (Clin. Psyc.), Juris Doctor, Ph.D., FAPS

- Foundation Professor and Director, Centre for Forensic Behavioural Science and Legal Studies, Swinburne University of Technology & Forensicare.
- Director of Psychological Services, Forensicare.
- Clinical forensic psychologist with more than 30 years experience in clinical and forensic settings.
- Registered psychologist in Australia with specialist endorsement in Clinical Psychology and Forensic Psychology and 30 years experience.
- Past President of the Australian and New Zealand Association of Psychiatry, Psychology, and Law; Past President of the Canadian Psychological Association; Past Chair of the APS College of Forensic Psychologists.
- Recipient of the national awards for distinguished contributions in forensic psychology in Australia and Canada.
- Author of more than 300 articles, book chapters and books which are cited more than 500 times annually.

Dr. Stephen Allnut
M.B.Ch., FRCPC, FRANZCP

- Trained in Medicine at Stellenbosch University in South Africa, Psychiatry at McMaster University and Forensic Psychiatry at Ottawa University in Canada.
- Consultant Forensic Psychiatrist at the Mason Clinic and then Deputy Director at the Mason Clinic (Forensic Mental Health Services) in Auckland.
- Following a move to Australia, Dr Allnut has worked within the Network for the past 13 years in various roles – Clinical Director of Long Bay Hospital, Consultant Forensic Psychiatrist in the Court Liaison Services, and since 2004 Clinical Director, Community Forensic Mental Health Services.
- Dr Allnut is a Conjoint Senior lecturer at UNSW and convener of the Violence Module for the Masters in Forensic Psychiatry.
Peter Dwyer
Barrister

- Barrister (admitted 1978); Mediator (Nationally accredited); with prior qualifications and practice, in Pharmacy.
- Chairperson, NSW Pharmacy Tribunal; Deputy Chairperson of nine other NSW health professional disciplinary Tribunals – appointed pursuant to the Health Practitioner Regulation National Law (NSW).
- Bar practice has included Law / Litigation relevant to Health Professions, Hospitals and other health care institutions; Pharmaceuticals & Drug Regulation; Health, generally; Coronial Inquests, including appearances as Counsel Assisting the Coroner.
- Master of Science & Society (UNSW) which included a research project entitled: Scientific Fraud & Misconduct – Is Trust alone, enough?
- Legal Member (1984-2009): Human Research Ethics Committee and former Member, Scientific Conduct Committee – St. Vincent’s Hospital, Sydney.
- Adjunct Associate Professor & Convenor of the Law & Ethics courses, in the Postgraduate Studies Program in Pharmaceutical Medicine & Drug Development, School of Medical Sciences, University of NSW (1996-2013).
- Immediate Past-President, Australian Academy of Forensic Sciences; Honorary Fellow, Australian College of Legal Medicine; Honorary Life Member, Medico-Legal Society of NSW.
- Appointed to the Board on 1 July 2013.
Julie Babineau  
BSc, MSW, MAICD  

- Chief Executive, Justice Health and Forensic Mental Health Network.  
- Extensive international, Commonwealth and State Senior Executive management experience, including senior management positions at Veterans Affairs Canada. During this time Ms Babineau worked on an interchange project with Commonwealth Department of Veteran’s Affairs before making a permanent move to Australia in 2000.  
- Ms Babineau was later appointed to the role of Assistant Director of the Drug Programs Bureau at NSW Health, before beginning work with Corrections Health Service where she oversaw the organisation’s transition to Justice Health and later Justice Health and Forensic Mental Health Network.  
- Ms Babineau has worked for Justice Health (then Corrections Health Service) since April 2002 and was appointed as Chief Executive of the Justice Health and Forensic Mental Health Network in 2008.  
- Ms Babineau was instrumental in supporting the health service in its planning and commissioning activities for a new 135-bed forensic hospital and an 85-bed prison hospital at Sydney’s Long Bay Complex. Her commitment to the health of inmates and forensic patients is highlighted by her ongoing support for research and advocacy for resources to improve the health of these disadvantaged populations.  
- Alongside her senior executive roles Ms Babineau has a wide variety of interests. She has undertaken volunteer roles to support disadvantaged groups including through the Big Brother Big Sister Program and programs that support the mentally ill re-integrate into the community.  
- Ms Babineau has also been an active member of Boards in a diverse range of areas including amateur sport and association groups.

Peter Severin  
BSW, MPA  

- Commissioner, Corrective Services New South Wales since September 2012.  
- Prior to this appointment Commissioner Severin was the Chief Executive of the Department for Correctional Services in South Australia from July 2003 and worked with the Department of Corrective Services in Queensland, for almost 15 years. Commissioner Severin’s last position was Deputy Director-General.  
- Commissioner Severin started his corrections career in Germany in 1980.  
- Commissioner Severin has a strong background in corrections operation, in particular offender management and intervention.  
- Extensive experience in prison management and policy formulation.  
- Commissioner Severin also presided over significant prison infrastructure design, construction and commissioning and has particular expertise in the development of service standards for the delivery of correctional services by the private sector and contract management.
Our Board

Valda Rusis
B. A Arts, MA (Counselling) and EMPA
• Chief Executive, Juvenile Justice NSW.
• Ms Rusis has been in the public sector since 1981 when she commenced as Probation and Parole Officer with the Department of Corrective Services.
• Since that time Ms Rusis worked in a variety of roles including policy development, corporate support, Departmental Liaison Officer and Regional Director.
• Ms Rusis remained with Corrective Services NSW until 2007 when she joined Juvenile Justice NSW as a Regional Director. She commenced as Deputy Chief Executive (Operations) in 2008, and has recently been appointed the Chief Executive of Juvenile Justice NSW.

Dr. Kerry Chant
MBBS, FAFPHM, MHA, MPH
• Public Health physician who is currently the Deputy Director-General, Population Health and Chief Health Officer.
• Prior to this Dr Chant was Director, Health Protection and Deputy Chief Health Officer.
• Dr Chant has extensive public health experience in NSW, having held a range of senior positions in NSW public health units since 1991.
• Dr Chant has a particular interest in blood borne virus infections, communicable diseases prevention and control, and Indigenous health.

Associate Professor John Allan
MBBS, FRANZCP, PhD
• NSW Health Chief Psychiatrist and Associate Professor at the University of New South Wales.
• The Chief Psychiatrist provides high level policy advice on mental health matters and clinical leadership to the State’s Mental Health Services.
• A/Prof Allan’s many clinical interests include the mental health of Aboriginal and Torres Strait Islander People and care for those with serious mental illness.
• A/Prof Allan’s clinical work is at Manly Hospital.
• A/Prof Allan’s current research and policy interests are in seclusion and restraint reduction, insight into schizophrenia, rural and remote mental health, clinical service standards, carer and consumer involvement and smoking reduction strategies.
# Date of Appointment

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<th>Board Members</th>
<th>Date of Appointment</th>
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<tr>
<td>Christopher Puplick, AM (Chair)</td>
<td>Appointed 1 April 2012</td>
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<td>Appointed Board Chair 1 September 2012</td>
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<td>Shireen Malamoo</td>
<td>Reappointed Board member 1 April 2012</td>
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<tr>
<td>Michelle Eason</td>
<td>Reappointed Board member 1 April 2012</td>
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<td></td>
<td>Reappointed Board member 1 July 2013</td>
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<tr>
<td>Ken Barker, PSM</td>
<td>Reappointed Board member 1 April 2012</td>
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<td>Reappointed Board member 1 July 2013</td>
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<tr>
<td>Professor Terry Campbell, AM</td>
<td>Reappointed Board member 1 April 2012</td>
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<td>Reappointed Board member 1 July 2013</td>
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<td>Dr Stephen Allnut</td>
<td>Appointed 1 April 2012</td>
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<td>Alison Churchill</td>
<td>Appointed 1 April 2012</td>
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<td>Reappointed Board member 1 July 2013</td>
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<td>Ian Gillespie</td>
<td>Appointed 1 April 2012</td>
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<td>Stuart Loveday</td>
<td>Appointed 1 April 2012</td>
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<tr>
<td>Professor James Ogloff</td>
<td>Appointed 1 April 2012</td>
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<td></td>
<td>Reappointed Board member 1 July 2013</td>
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<tr>
<td>Magistrate John Pascoe, AO CVO</td>
<td>Appointed 1 April 2012</td>
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<td>Resigned 30 April 2012</td>
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<tr>
<th>Invited Attendees</th>
<th>Date of Appointment</th>
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<tr>
<td>Julie Babineau</td>
<td>Board member 1 July 2011 to 31 March 2012</td>
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<td>Appointed invited attendee 1 April 2012</td>
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<tr>
<td>A/Professor John Allan</td>
<td>Appointed invited attendee 1 April 2012</td>
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<tr>
<td>Dr Kerry Chant</td>
<td>Board member 1 July 2011 to 31 March 2012</td>
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<td>Appointed invited attendee 1 April 2012</td>
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<td>Luke Grant</td>
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<tr>
<td>Valda Rusis</td>
<td>Appointed invited attendee representing JJ NSW</td>
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<td>1 April 2012</td>
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<td>Peter Severin</td>
<td>Appointed invited attendee representing CS NSW</td>
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<td>1 April 2012</td>
</tr>
</tbody>
</table>
# 2012/13 Board Attendance

The following table illustrates the Board Attendance from **1 July 2012 to 30 June 2013**.

<table>
<thead>
<tr>
<th>Members</th>
<th>Board Attendance</th>
<th>Invited attendees</th>
<th>Board Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christopher Puplick, AM (Chair)</td>
<td>6/6</td>
<td>Julie Babineau</td>
<td>6/6</td>
</tr>
<tr>
<td>Shireen Malamoo</td>
<td>6/6</td>
<td>A/Professor John Allan</td>
<td>3/6</td>
</tr>
<tr>
<td>Michelle Eason</td>
<td>6/6</td>
<td>Dr Kerry Chant</td>
<td>1/6</td>
</tr>
<tr>
<td>Ken Barker, PSM</td>
<td>6/6</td>
<td>Luke Grant</td>
<td>1/2</td>
</tr>
<tr>
<td>Professor Terry Campbell, AM</td>
<td>6/6</td>
<td>Peter Severin</td>
<td>4/4</td>
</tr>
<tr>
<td>Dr Stephen Allnut</td>
<td>4/6</td>
<td>Valda Rusis</td>
<td>5/6</td>
</tr>
<tr>
<td>Alison Churchill</td>
<td>5/6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ian Gillespie</td>
<td>5/6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stuart Loveday</td>
<td>6/6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professor James Ogloff</td>
<td>4/6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Magistrate John Pascoe, AO CVO</td>
<td>4/5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Justice Health & Forensic Mental Health Network 2012/13 Year in Review
Our Board Committees

Board Committee Structure

The JH&FMHN Board has a committee structure in accordance with the Model By-Laws. These committees meet regularly and are chaired by the Board members.

The JH&FMHN Board committees include:

- Quality Council
- Community Reference Group
- Finance and Performance Committee
- Audit and Risk Management Committee
- Medical and Dental Appointments Advisory Committee
- Human Research Ethics Committee (Independent Committee – not a Board Committee).

2012/13 Key Highlights

- In depth involvement by Board members in the development of our 2013-2017 Strategic Plan.
- Careful oversight of our activities and financial performance ensuring that our Network retained the highest rating from the Ministry on all performance measures.
- Presentation of regular case studies at the commencement of each Board meeting so that members acquire greater familiarity with the "coal face" work of the Network.
- Development of a close and valuable Board-level partnership with the Commissioner of Corrective Services NSW and the Chief Executive, Juvenile Justice NSW.
- Regular review of our achievements against our Service Agreement with the Ministry and preparation for the development of a more relevant and balanced Agreement.
- Monitoring our outstanding progress in the areas of work health and safety, workers’ compensation and incident management.
- Ensuring the closest co-operation between the Board and Senior Management with all our joint efforts focussing on improving patient health and welfare and staff safety and development.
The Quality Council and the Community Reference Group are important mechanisms whereby the Board is kept advised and updated on significant issues of quality care and management and the participation of consumers in policy development. In both instances terms of reference have been revised recently to ensure a wide remit for their work and wide scope for their activities.

**Quality Council**

The Quality Council provides leadership on patient safety and quality of care. The Committee meets quarterly and reports to the JH&FMHN Board.

The Quality Council is chaired by the Board Chair, Chris Puplick with Board Member Stuart Loveday participating. Its membership has recently been extended to include a member from the Medical Staff Council.

**2012/13 Key Achievements**

- Provided oversight and advice in preparation of the Organisation Wide Accreditation and the Mental Health in Depth Review in 2013 against the National Safety and Quality Health Service Standards.
- Monitored the outcomes of quality auditing processes including National Hand Hygiene Initiative, Quality Systems Assessment and Internal Audits.
- Reviewed aggregated quality and safety data to identify emerging clinical risks.

**Member Attendance**

The following table illustrates member attendance from 1 July 2012 to 30 June 2013

<table>
<thead>
<tr>
<th>Members</th>
<th>Board Committee Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christopher Puplick, AM – JH&amp;FMHN Board Chair and Chair Quality Council</td>
<td>4/4</td>
</tr>
<tr>
<td>Stuart Loveday – Chief Executive Hepatitis NSW and Board Member</td>
<td>4/4</td>
</tr>
<tr>
<td>Julie Babineau – Chief Executive</td>
<td>4/4</td>
</tr>
<tr>
<td>Rajiv Anand – Executive Director Governance and Commercial Services</td>
<td>4/4</td>
</tr>
<tr>
<td>Professor Karin Lines – Executive Director Clinical Operations (Forensic Health)</td>
<td>4/4</td>
</tr>
<tr>
<td>Gary Forrest – Executive Director Clinical Operations (Custodial Health)</td>
<td>4/4</td>
</tr>
<tr>
<td>Dr Stephen Hampton – Executive Medical Director</td>
<td>2/3</td>
</tr>
<tr>
<td>Dr Leigh Haysom – Clinical Director Adolescent Health</td>
<td>1/2</td>
</tr>
<tr>
<td>Bronwyn Cowan – Director Clinical and Corporate Governance</td>
<td>4/4</td>
</tr>
<tr>
<td>Dr Martin McNamara – Executive Director Strategic Development and Performance</td>
<td>1/1</td>
</tr>
</tbody>
</table>
Community Reference Group

The role of the JH&FMHN Community Reference Group (CRG) is to facilitate input to the Justice Health and Forensic Mental Health Network Board.

The CRG provides a community and consumer perspective on the operations of JH&FMHN. The committee meets quarterly and reports to the JH&FMHN Board.

When issues arise that concern the whole of the NSW custodial population, the CRG may be relied on as a means of seeking statewide consultation and participation in decision-making. Consultation with the CRG may be by way of presentations and/or discussion papers provided for consideration.

The CRG is chaired by Board Chair Chris Puplick with Board Member Alison Churchill participating.

2012/13 Key Achievements

- Participated in a panel discussion about active consumer participation in care planning in the Forensic Mental health setting.
- Invited Dr Karen Luxford, Director Patient Based Care, Clinical Excellence Commissions to discuss ideas and current initiatives for implementation of National Safety and Quality Health Service Standard 2 – Partnering with Consumers.
- Provided comment on new policies from a consumer perspective including Advanced Care Directives and Release Transfer of Care Policy.

Member Attendance

The following table illustrates member attendance from 1 July 2012 to 30 June 2013

<table>
<thead>
<tr>
<th>Members</th>
<th>Board Committee Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christopher Puplick, AM</td>
<td>4/4</td>
</tr>
<tr>
<td>– Board Chair and Chair Community Reference Group</td>
<td></td>
</tr>
<tr>
<td>Alison Churchill – Chief Executive Officer Community Restorative Centre and Board member</td>
<td>3/4</td>
</tr>
<tr>
<td>Julie Babineau – Chief Executive</td>
<td>4/4</td>
</tr>
<tr>
<td>Bronwyn Cowan – Director Clinical and Corporate Governance</td>
<td>4/4</td>
</tr>
<tr>
<td>Kat Armstrong – WIPAN</td>
<td>2/4</td>
</tr>
<tr>
<td>Nioka Bill – Prisoner Throughcare Manager</td>
<td>2/4</td>
</tr>
<tr>
<td>Fungisai Foto – Hepatitis NSW</td>
<td>3/4</td>
</tr>
<tr>
<td>Solange Frost – NCOSS</td>
<td>3/4</td>
</tr>
<tr>
<td>Gloria Larman – Chief Executive, Shine for Kids</td>
<td>1/4</td>
</tr>
<tr>
<td>Mindy Sotiri – Community Restorative Centre</td>
<td>2/4</td>
</tr>
<tr>
<td>Jeffrey Wegener – NSW Users and Aids Association</td>
<td>1/4</td>
</tr>
<tr>
<td>Ka Ki Ng – NSW CAG</td>
<td>3/4</td>
</tr>
<tr>
<td>Corinne Henderson – Mental Health Coordinating Council</td>
<td>4/4</td>
</tr>
<tr>
<td>Rod Moore – Chaplain, Corrective Services NSW</td>
<td>3/4</td>
</tr>
</tbody>
</table>
Our Board Committees

Finance and Performance Committee

The Finance and Performance Committee meets on a monthly basis to assist the Board and Chief Executive to ensure:

- Operating funds, capital works funds and service output required of the organisation by NSW Ministry of Health are being managed in an appropriate and efficient manner.
- Sufficient corrective actions are taken in the event the organisation’s expenditures are projected to exceed its budgetary allocations.
- The Service’s financial controls are adequate and that financial reporting is comprehensive, timely and accurate.
- Statutory obligations under the Public Health Act 1997, the Accounts and Audit Determination for Public Health Organisations 1995, the Public Finance and Audit Act 1983 are applicable. Australian Accounting Standards are met.

The Finance & Performance Committee is Chaired by the Board Deputy Chair, Ken Barker with the Board Chair, Chris Puplick participating.

2012/13 Key Achievements

- Kept the Board informed of the financial and activity performance of JH&FMHN.
- Provided advice to management in developing solutions to areas which were under performing.
- Nurture and maintain good working relationships with the NSW Ministry for Health, NSW Treasury and the Audit Office of NSW.

Member Attendance

The following table illustrates member attendance from 1 July 2012 to 30 June 2013

<table>
<thead>
<tr>
<th>Members</th>
<th>Board Committee Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patricia Staunton – Chair and Board Member (Resigned August 2012)</td>
<td>2/2</td>
</tr>
<tr>
<td>Ken Barker, PSM – Chair and Board Member (Appointed August 2012)</td>
<td>11/12</td>
</tr>
<tr>
<td>Christopher Puplick, AM – Board Chair and Member (Appointed August 2012)</td>
<td>10/12</td>
</tr>
<tr>
<td>Julie Babineau – Chief Executive</td>
<td>10/12</td>
</tr>
<tr>
<td>Rajiv Anand – Executive Director Governance and Commercial Services</td>
<td>10/12</td>
</tr>
<tr>
<td>Professor Karin Lines – Executive Director Clinical Operations (Forensic Health)</td>
<td>10/12</td>
</tr>
<tr>
<td>Gary Forrest – Executive Director Clinical Operations (Custodial Health)</td>
<td>12/12</td>
</tr>
<tr>
<td>Ing Yu – Chief Financial Officer</td>
<td>12/12</td>
</tr>
<tr>
<td>Marcin Pasternak – Manager Information Management</td>
<td>6/12</td>
</tr>
<tr>
<td>Judith Neville – Director Workforce</td>
<td>10/12</td>
</tr>
<tr>
<td>Lou Sartori, Executive Director Finance, Corrective Services NSW (Resigned June 2013)</td>
<td>3/12</td>
</tr>
</tbody>
</table>
Audit and Risk Management Committee

The objective of the Audit & Risk Management Committee is to provide independent oversight and assistance to the JH&FMHN Board on the organisation’s risk, control and compliance framework and external accountability responsibilities in order to promote best practice in governance, excellence in delivery of clinical services and operational performance and cost effectiveness.

2012/13 Key Achievements

- Ensured management has in place a current and comprehensive risk management framework and associated procedures for effective identification and management of JH&FMHN business risks including fraud and clinical risks.
- Provided oversight of the internal audit function by reviewing management’s responses to the issues raised by KPMG in their reports and, monitoring the outstanding action plans to clear the points raised during audits and provided advice to the Board on significant issues identified in audit reports and action on issues raised including identification and dissemination of good practice.
- Independently reviewed the financial information to ensure it accurately reflects JH&FMHN financial condition, results of operations, plans and long-term commitments and contingencies.

Member Attendance

The following table illustrates member attendance from 1 July 2012 to 30 June 2013

<table>
<thead>
<tr>
<th>Members</th>
<th>Board Committee Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neil Wykes – Chair</td>
<td>4/4</td>
</tr>
<tr>
<td>Tim Holden (Independent Member)</td>
<td>3/4</td>
</tr>
<tr>
<td>Ian Gillespie – Board Member</td>
<td>3/4</td>
</tr>
<tr>
<td>Julie Babineau – Chief Executive</td>
<td>3/4</td>
</tr>
<tr>
<td>Michelle Eason – Board Member and Director of Nursing, Forensic Hospital</td>
<td>3/4</td>
</tr>
<tr>
<td>Rajiv Anand – Executive Director Governance and Commercial Services (Attendee)</td>
<td>3/3</td>
</tr>
<tr>
<td>Ing Yu – Chief Financial Officer (Attendee)</td>
<td>4/4</td>
</tr>
<tr>
<td>Renee Meimaroglou – Audit Office of NSW (Attendee)</td>
<td>2/3</td>
</tr>
<tr>
<td>Ross Tilly – KPMG, Contracted Internal Auditor (Attendee)</td>
<td>4/4</td>
</tr>
<tr>
<td>Bronwyn Cowan – Director Clinical and Corporate Governance (Attendee)</td>
<td>3/3</td>
</tr>
</tbody>
</table>
Medical & Dental Appointments Advisory Committee

The Medical and Dental Appointments Advisory Committee (MADAAC) is a committee of the JH&FMHN Board. It provides advice and where appropriate, makes recommendations to the Chief Executive, under delegation of the Board, on any matter relating to the appointment of visiting medical and dental practitioners and staff specialists and their clinical privileges.

The MADAAC is chaired by Board Member Professor Terry Campbell with Board Member Professor James Ogloff participating.

2012/13 Key Achievements

- Protocol created around the Identification & Management of Medical Practitioners in Compliance with Registration Conditions – October 2012.
- Review of all JH&FMHN Clinical Privileges – Feb 2013 ongoing.
- Protocol created for Senior Medical Officer Vacancies – advertisement, recruitment, and credentialing procedures – June 2013.

Member Attendance

The following table illustrates member attendance from 1 July 2012 to 30 June 2013

<table>
<thead>
<tr>
<th>Members</th>
<th>Board Committee Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor Terry Campbell, AM</td>
<td>6/6</td>
</tr>
<tr>
<td>Professor James Ogloff</td>
<td>3/6</td>
</tr>
<tr>
<td>Julie Babineau</td>
<td>5/6</td>
</tr>
<tr>
<td>Dr Stephen Hampton</td>
<td>4/6</td>
</tr>
<tr>
<td>Dr Roy Donnelly</td>
<td>2/2</td>
</tr>
<tr>
<td>Dr Suresh Badami</td>
<td>4/6</td>
</tr>
<tr>
<td>Dr Tobias McKinnon</td>
<td>2/3</td>
</tr>
<tr>
<td>Dr Adrian Keller</td>
<td>4/6</td>
</tr>
<tr>
<td>Dr Keith Heap</td>
<td>5/6</td>
</tr>
<tr>
<td>Gary Forrest</td>
<td>5/6</td>
</tr>
<tr>
<td>Bronwyn Cowan</td>
<td>5/6</td>
</tr>
</tbody>
</table>
Human Research Ethics Committee

The JH&FMHN Human Research Ethics Committee (HREC) is an independent Committee accredited by the National Health & Medical Research Council (NH&MRC). It is not a Board Committee although represented in this section.

The HREC operates in accordance with the National Statement on Ethical Conduct in Human Research, 2007 (which was developed jointly by the NHMRC, Australian Research Council and the Australian Vice-Chancellors Committee), and in accordance with relevant New South Wales Ministry of Health policy directives and guidelines, specifically, the NSW Health Policy Directive PD2010_055 Ethical and scientific review of human research in NSW Public Health Organisations, and Operations Manual: Human Research Ethics Committee Guideline document GL2010_013.

Professor Jo-anne Brien has been the Chair since 2012. In accordance with the National Statement, membership of the HREC includes: members who are lay people who have no affiliation with the Health Service, and are not currently involved in medical, scientific, or legal work; a member with knowledge of, and current experience in the areas of research that are regularly considered by the HREC; a member with knowledge of, and current experience in, the professional care, counselling or treatment of people; at least one member who is a minister of religion, or a person who performs a similar role in the community such as an Aboriginal elder; and at least one member who is a lawyer.

2012/13 Key Achievements

• A review of the HREC Terms of Reference and operations has been undertaken to confirm alignment with national and state jurisdictional policy and guidelines.
• A number of members of the Committee joined during 2012. They included: Ms Alison Milne, Mr Owen Torpy, Chief Magistrate Mr John Pascoe and Dr Richard Matthews.
• Between June 2012 and July 2013, 15 applications were reviewed and approved.
Member Attendance

The following table illustrates member attendance from 1 July 2012 to 30 June 2013

<table>
<thead>
<tr>
<th>Members</th>
<th>Board Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor Jo-anne Brien</td>
<td>6/6</td>
</tr>
<tr>
<td>Julie Babineau</td>
<td>5/6</td>
</tr>
<tr>
<td>Dr. Bronwen Ross</td>
<td>4/6</td>
</tr>
<tr>
<td>Rhonda Booby</td>
<td>1/2</td>
</tr>
<tr>
<td>Shireen Malamoo</td>
<td>2/6</td>
</tr>
<tr>
<td>Shiree Smit</td>
<td>3/6</td>
</tr>
<tr>
<td>Owen Torpy</td>
<td>6/6</td>
</tr>
<tr>
<td>Dr. Richard Matthews</td>
<td>2/6</td>
</tr>
<tr>
<td>Alison Milne</td>
<td>5/6</td>
</tr>
<tr>
<td>John Pascoe</td>
<td>2/6</td>
</tr>
</tbody>
</table>

It is with sadness the Committee notes the passing of the former HREC Chair Associate Professor Sandra Egger on 20 April 2013.

A/Professor Sandra Egger had chaired the Human Research Ethics Committee from 1995 until early 2012 and will be remembered as a tireless advocate for social justice.
The Chief Executive (CE) is responsible for the day to day management of Justice Health & Forensic Mental Health Network. The CE directs and manages all facets of the Network’s operations and goals, policies, procedures and organisational initiatives. The CE is responsible for administering the Network’s vision through the implementation of the Strategic Plan and supported business.

Executive Directors

Prof Karin Lines
Executive Director Clinical Operations (Forensic Health)

Dr Stephen Hampton
Executive Medical Director

Gary Forrest
Executive Director Clinical Operations (Custodial Health)

Justice Health & Forensic Mental Health

The Forensic Mental Health directorate (FMHD) is responsible for planning, coordination, setting the strategic direction and the delivery of services in the areas of adolescent health and forensic mental health. The directorate consists of the following service areas:

- Chair, Forensic Mental Health
- Masters of Forensic Mental Health
- Research Agenda
- Forensic Mental Health including:
  - Custodial Mental Health Service
  - Community Forensic Mental Health Service
  - Statewide Community & Court Liaison Service
- The Forensic Hospital
- On 1 July 2011 the NSW Government announced the formation of the Forensic Mental Health Network (FMHN). The FMHD has the oversight for the ongoing development, coordination and governance of the FMHN.

Clinical Operations (Custodial Health)

The Clinical Operations (Custodial Health) directorate provides a range of clinical, strategic and operational services mostly to adult patients across the custodial environment in NSW. The directorate consists of the following service areas which are led by senior managers and clinicians who undertake service planning; and determine and deliver clinical service requirements for the whole network:

- Primary and Women’s Health
- Drug and Alcohol
- Population Health
- Aboriginal Health
- Long Bay Hospital
- Practice Development Unit
- Operations & Nursing
- Service Development & Quality

Custodial Mental Health Services are also provided by the other clinical arm of the organisation – Clinical Operations (Forensic Health) - in partnership with Clinical Operations (Custodial Health).

Medical Administration

The Directorate of Medical Administration provides medical leadership and medical governance within JH&FMHN. This includes representing clinical care at the executive level and providing high level medical advice to the executive when required. The Directorate of Medical Administration also provides assistance with recruitment, management and quality activities for medical staff. It aims to ensure the delivery of quality and safe medical services to our patients.

Services include:

- Support for managing Medical Staff
- Governance of Medical Staff
- Clinical representation on Executive
- Clinical input into operations

Service Descriptions
Our Executive

Network Executive

clinical and enabling plans. The CE interfaces between the Board and employees and between the Network and various stakeholders, working in close partnership with key agencies including Corrective Services NSW, Juvenile Justice NSW, public health organisations and non-government organisations.

Dr Martin McNamara
Executive Director
Strategic Development & Performance

Rajiv Anand
Executive Director
Governance & Commercial Services

Strategic Development & Performance

The Strategic Development & Performance Unit provides a range of services to assist and support the Chief Executive (CE) and the organisation. This includes managing whole-of-organisation planning, performance, and communication functions, in addition to managing and responding to sector-wide health reform activities. The unit is the primary liaison with the Ministry of Health, other government agencies and relevant Ministers and coordinates preparation of ministerials and high level briefings.

Functions include:
- Executive Support
- Ministerials
- Healthcare Redesign & Innovation
- Communications & Media
- Health Reform & Policy
- Performance Monitoring
- Strategic Planning
- Centre for Health Research in Criminal Justice

Governance & Commercial Services

The Governance & Commercial Services directorate provides a range of strategic, operational and transitional services and support to frontline staff and senior managers. The Directorate incorporates a variety of corporate and clinical governance functions. The Directorate has strong working relationships with all Directorates, Ministry of Health, HealthShare and other parts of NSW Health as well as partner agencies within the Justice sector.

The Governance & Commercial Services includes:
- Corporate Services
- Finance
- Information Communications & Technology (ICT)
- Information management
- Workforce
- Clinical & Corporate Governance
Our range of programs, services and levels of expertise allow us to improve the health and wellbeing of people in contact with the forensic mental health and criminal justice systems across community, inpatient and custodial settings.

The endeavours of JH&FMHN are assisted by a comprehensive service structure made up of the following areas:

- Clinical Operations (Custodial Health)
- Clinical Operations (Forensic Health)
- Governance & Commercial Services
- Medical Administration
- Strategic Development & Performance; including the
- Centre for Health Research in Criminal Justice.

This section provides an overview of the directorates and our key achievements for 2012/13.
Clinical Operations (Custodial Health)

The Clinical Operations (Custodial Health) directorate provides a range of clinical, strategic and operational services mostly to adult patients across the custodial environment in NSW. The directorate consists of the following service areas which are led by senior managers and clinicians who undertake service planning and determine clinical service requirements:

- Primary and Women’s Health
- Drug and Alcohol
- Population Health
- Aboriginal Health
- Long Bay Hospital
- Practice Development Unit
- Operations & Nursing; and
- Service Development & Quality.

Custodial Mental Health Services are also provided by the other clinical arm of the organisation – Clinical Operations (Forensic Health) – in partnership with Clinical Operations (Custodial Health).

Additionally Primary and Women’s Health, Drug and Alcohol, Population Health, Aboriginal Health and Practice Development Unit Services are also provided to the whole of the Network.

2012/13 Key Achievements

Primary and Women’s Health

- Employment of the first General Practitioner Registrar.
- As at 30 June 2013, 4,373 patients have been risk assessed for inclusion in the Self-Medication Program with 1,008 patients currently participating in the Program. This represents an increase of 1,007 patients risk assessed for the Program since June 2012.
- In 2012 the evaluation of the implementation of the self-medication program was completed with a number of recommendations from the evaluation currently in the process of reconciliation.
- A collaborative partnership between JH&FMHN and the University of Sydney Dental Faculty commenced in May 2013. Two final year Bachelor of Oral Health students completed a two week placement in the Forensic Hospital which resulted in the development of a Healthy Smiles Package for patients.
- Four JH&FMHN dental assistant staff successfully completed the Open Training and Education Network (OTEN) TAFE Certificate 1V in Dental Assisting. This has increased JH&FMHN capability in providing oral health promotion.
- Two Primary Health Nurse Practitioners were recruited and are now conducting their own Primary Health clinics and working in collaboration with the General Practitioners.
- An Eligible Midwife has been recruited to manage pregnant women in custody. During 2012/13, 100 pregnant women entered custody. The Eligible Midwife provides continuity of midwifery care during the antenatal and postnatal period including antenatal education.
- The Women’s Health Nurse Practitioner is now endorsed with the Australian Health Practitioners Regulation Agency (APHRA).
- The Picture Archiving Communication System / Radiology Information System (PACS/RIS) was implemented statewide in JH&FMHN to enable clinicians to access both images and reports on their computers. This is a great move forward in supporting the electronic medical record and enables a quicker turnaround in treating patient conditions where medical imaging is the primary diagnostic tool.
- An online claiming to Medicare for Highly Specialised Drugs (HSD) has been introduced nationally and JH&FMHN have been included in this initiative. JH&FMHN have upgraded iPharmacy which will support online claiming functionality for HSD.
Drug & Alcohol

- Opioid Substitution Treatment (OST) Services continue to be closely monitored to ensure that all clinical risks for this Program are identified and managed early and that organisational capacity for this Program is managed safely.
- The Drug & Alcohol workforce has been further developed via clinical mentoring / clinical supervision support to the multidisciplinary team members.
- The first annual Drug & Alcohol Symposium was held in June 2013 and was positively received by all team members.
- The third Drug Court opened in February 2012 at the Downing Centre.
- The successful recruitment of the first Drug and Alcohol Nurse Practitioner position.

- Drug & Alcohol Services have been successful in progressing the submission Managing the Risks of the Opioid Substitution Treatment Program within the NSW Correctional System in the category of Enterprise Risk Management for the 2013 Treasury Managed Funds Awards for Excellence.
- The Connections Program won joint first prize in the 2013 National Drug and Alcohol Awards in the category of Excellence in Treatment & Support Services. To win the award was a great achievement as Connections is only the second NSW Health based service to be a recipient of the award.
- The Connections Program was invited by the Institute of Public Administration Australia (IPAA) to showcase the program with a poster presentation at the recent IPAA NSW State Conference at Sydney Convention and Exhibition Centre. The invitation was as a result of being a Finalist in the 2012 Premier’s Public Sector Awards in the category of Delivering Quality Customer Services.

Population Health

- A final evaluation of the Lithgow Smoke Free Building Pilot was completed.
- Planning is underway with Corrective Services NSW for the implementation of a clean air (smoke free) environment across all custodial settings.
- The Nurse Led Model of Care continues to expand and increase the numbers of patients commencing on hepatitis C treatment.
- Public Health initiatives have seen increasing numbers of patients screened as part of the Early Detection Program and vaccinated as part of the Winter Immunisation Program.
- Continuation of Irregular Maritime Arrival screening to identify Tuberculosis.
- Successful Love Your Liver Day workshop held at the Compulsory Drug Treatment Correctional Centre involving Hepatitis C education and information, fibro screening of patients and cooking lessons to make healthy meals using items that can be purchased via the CS NSW buy-ups system.

Aboriginal Health

- Appointment of Manager, Aboriginal Health to provide strategic leadership across the Network.
- Commenced work on the development of an Aboriginal Health Strategic Plan to support an agreed strategic approach to managing Aboriginal Health across the Network.
- Commenced strengthening the governance arrangements of Aboriginal Health within JH&FMHN through providing higher quality six monthly reporting to the JH&FMHN Board and Executive.
- Staff from Emu Plains Correctional Centre celebrated National Close the Gap Day on 25 March 2013 by holding a health check day where health education sessions were provided on the importance of healthy eating. Aboriginal patients were also encouraged to undergo a thorough physical assessment.
- Engaged with external partner Mirri Mirri to deliver the Respecting the Difference: Cultural Awareness Training.

Long Bay Hospital

- No multi-resistant organism infections were acquired in the Long Bay Hospital (LBH).
- The evaluation of the Falls Reduction Program in the Aged Care and Rehabilitation Unit (ACRU) shows a significant reduction of falls.
- 100% of patients who required haemodialysis had this treatment in LBH.
- Haemodialysis Services completed its second full year of operations with 85% occupancy for this service over 320 occasions of service.
- Manager Domestic Services invited to present to Health Roundtable members on health service cleaning innovations.
- Domestic Services achieved re-certification from the NSW Food Authority.
- Domestic Services implemented and evaluated an innovative cleaning model designed to reduce water and chemical usage, improve removal of surface microbial counts and decrease work, health and safety incidents for staff.
Practice Development Unit

- Led the design and implementation of the Health Workforce Australia Clinical Training Reform project across JH&FMHN. This project achieved an increase of 300% from 500 in 2010 to 1,905 nursing student placement days in 2012. The Network also increased capacity for primary, community and transition to practice clinical placements, including 20 new clinical training sites across metropolitan, rural and regional areas.
- Improved equity and quality of clinical education and networking of educational resources through the installation of tele-health facilities within the Learning & Development Unit, the distribution of 25 laptops, projectors and screens to health centres and services and the hosting of quarterly Nurse Education Network practice development forums.
- Developed the Essentials of Care Integrated Governance Model, designed to guide the alignment of the program with the Network’s Strategic Plan and to support staff as the Program is embedded into core business as a method for progressing the Focusing on Care Local Action Plans.
- Led innovation and research: Strengthening Local Nursing Leadership Project was completed and the publication Evaluation of a support and challenge framework for nursing managers in correctional and forensic health accepted by peer-reviewed International Journal Journal of Nursing Management. Showcased JH&FMHN: three papers presented at the International Practice Development Conference; Enhancing Practice 2012; one paper presented Agency for Clinical innovation: Network to Network Conference 2012; two articles published in NSW Ministry of Health Cultures that Care publication.
- Provided executive sponsorship of the Clinical Excellence Commission Clinical Leadership Statewide Program, supporting six participants in 2012 and 10 participants in 2013 to develop the capabilities required to lead the clinical governance agenda locally.

Operations & Nursing

- Launch of a non-alcohol based hand rub in all health centres and hospitals across the network including in all correctional facilities. This will support the implementation and auditing of the Five Moments hand hygiene policy.
- Completion of the Nursing Unit Manager and Nurse Manager Review and implementation of the recommendations.
- The development and recruitment of the Clinical Resource Nurse Manager role which is responsible for managing the clinical products and procurement of equipment across JH&FMHN.
- Successful closure and transferring of patients and staff of the Metropolitan Special Programs Centre Area 1 (MSPC1) with no voluntary redundancies.
- The Metropolitan Remand and Reception Centre (MRRC) and Parklea undertook an initiative focussing on providing a Chronic Health Review to all patients newly received into custody with an identified chronic health condition. To date 100% of new receptions have been reviewed; have had their Comprehensive Health Assessment and Plan (CHAP) attended; and where appropriate referred to the Care Navigation and Support Program (CNSP).
- Goulburn Health Centre was involved in a project aimed at improving patient satisfaction and access to services. A marked increase in the number of patients accessing the Health Centre was evident on completion of the project.
- Successful opening of the new Cessnock Maximum Health Centre on the 6 February 2013.
- Drug and Alcohol nursing services commenced in Goulburn and Cooma providing better patient outcomes for the population.

Service Development & Quality

Care Navigation Support Program

- During 2012/13 over 46% of CNSP patients were referred / linked to community health care on release.
- As at June 2013 over 11% (~ over 250) of the adult Aboriginal population were enrolled on the CNSP.
- Approximately 88% of the patients referred to CNSP team met the eligibility criteria and were accepted on the program.
- The translation of CNSP patient brochures into five languages (Arabic, Chinese, Spanish, Indonesian and Vietnamese).
- Development of Release Planning and Transfer of Care Policy following wide stakeholder consultation.
Our Services

Sobering Up Centre

- Recruitment to Project Officer, Clinical Nurse Specialist and Registered Nurse positions.
- Development of Sobering Up Centre Policy, procedures and risk assessment.
- Fit out of Sobering Up Centre with clinical equipment.
- Memorandum of Understanding developed between JH&FMHN and NSW Police.
- JH&FMHN participation as a panel member on the selection of the Non-Government Organisations to manage the non-accredited Sobering Up Centres.

Clinical Operations (Forensic Health)

The Forensic Mental Health directorate is responsible for planning, coordination and setting the strategic direction in the areas of adolescent health and forensic mental health. Included in the directorate is the newly established position of Chair, Forensic Mental Health, a conjoint appointment between the Network and UNSW. The directorate consists of the following service areas:

- Chair, Forensic Mental Health
  - Coordination of the Masters Program in Forensic Mental Health
  - Research agenda for Forensic Mental Health
- Adolescent Health Service
- Forensic Mental Health including:
  - Custodial Mental Health Service
  - Community Forensic Mental Health Service
  - Statewide Community & Court Liaison Service
- The Forensic Hospital

On 1 July 2011 the NSW Government announced the formation of the Forensic Mental Health Network (FMHN). The FMHN has the oversight for the ongoing development, coordination and governance of the FMHN throughout NSW.

2012/13 Key Achievements

Forensic Mental Health Network

The Forensic Mental Health Network’s primary focus is to strengthen the clinical governance which is done through the Network’s Clinical Governance Council and to facilitate the patients movements through the Statewide Patient Flow Committee.

- The first Service Level Agreement (SLA) established between JH&FMHN and Hunter New England, Western Sydney and Western NSW Local Health Districts in relation to the care of forensic patients in the three medium secure units – Kestrel Unit at Morisset Hospital, Macquarie Unit at Bloomfield Hospital in Orange and Bunya Unit at Cumberland Hospital in Parramatta, was completed and signed off by all LHD’s.
- A second SLA will clarify the roles and responsibilities regarding the provision of mental health services to forensic patients in LHD inpatient beds, forensic patients on conditional release in the community, and high risk civil patients.
- A training needs analysis has been undertaken to inform the training needs of staff across the FMHN. JH&FMHN has commenced delivering education to the medium secure units to support clinical staff professional development. A State Training Plan Working Group has been formed and is chaired by the Statewide Clinical Director Forensic Mental Health.
Adolescent Health Service

Adolescent Health provides nursing, general practitioner, mental health, drug and alcohol, dental and optometry services to all Juvenile Justice Centres and the Juvenile Correctional Centre at Karinga. The service also provides care beyond the boundaries of Juvenile Justice Centres. This is accomplished via community based diversion and continuity of care programs such as the Adolescent Court and Community Team (ACCT), the School-Link Initiative, and the Community Integration Team (CIT).

- The Adolescent Court and Community Team (ACCT) have expanded to 4 additional Courts including Raymond Terrace (Hunter New England), Milton (South Coast), Grafton (North Coast) and Broadmeadow (Newcastle). The ACCT is now operational at 14 Courts across NSW.
- In 2012/13 the ACCT diverted 500 young people from court into treatment in the community. 34% of all young people assessed by ACCT identified as Aboriginal or Torres Strait Islander, compared with 23% for the previous year.
- Adolescent Health received HETI funding to provide adolescent specific, violence and risk assessment and management training to child and adolescent mental health service (CAMHS) clinicians across all Local Health Districts (LHD's). To date this training has been provided at Wagga Wagga, Orange, Newcastle and Gosford.
- In 2012/13 the Community Integration Team (CIT) provided a service to 475 young people, of these 296 (62%) were Aboriginal young people. 86% of all young people referred to the CIT had a mental health concern and 52% had co – morbid mental health and drug & alcohol concerns.
- Adolescent Health received special project funding from Mental Health Kids (MH-Kids) to undertake a two year pilot Antenatal Care Coordination Program. This program commenced in November 2012 providing antenatal care, parenting and sexual health education to young men and women custody in targeted Juvenile Justice NSW Centres (JJC’s). This project is supported by Juvenile Justice NSW and has been included in the Department of Education and Communities school syllabus at the participating Juvenile Justice NSW Centre's. Initial feedback and evaluation of this program indicates that participants have found it both educational and interesting.

Community Forensic Mental Health Service

- In 2012/13 the Community Forensic Mental Health Service completed 188 forensic mental health risk management reports for forensic patients who have been either conditionally released to the community, or are seeking conditional release to the community.
- Comprehensively assessed and provided risk management reports for 62 high-risk civil patients referred from LHD's across NSW.
- Continued to provide specialist supervision to Community Mental Health Teams in Sydney LHD and South Western Sydney LHD, and additionally commenced specialist supervision with Northern NSW LHD. A total of 26 specialist supervision and training sessions were provided. Two Service Level Agreements between JH&FMHN and the respective LHD’s were also established in relation to the specialist supervision process.

Statewide Community & Court Liaison Service

- The Statewide Community & Court Liaison Service (SCCLS) operates in 20 Local Courts across NSW. The aim of the SCCLS is the diversion of mentally ill persons from the criminal justice system into community mental health services. This aim is achieved by identifying and assessing mentally ill people appearing at a Local Court and providing recommendations for treatment to the Magistrates under the provisions of the Mental Health (Forensic Provisions) Act 1990.
- In 2012/13 the SCCLS screened 12,439 people. Of those, 2,154 people (85%) were assessed as having a mental illness. 1,743 (81%) of these individuals were recommended for community mental health treatment and were subsequently diverted from court.
Custodial Mental Health Service

A total of 7,808 patients were seen by Custodial Mental Health Service in 2012/13. The highlights of the year include:

- 470 people were admitted to the Mental Health Screening Units.
- A total of 5,875 of outcome measures were collected in FY2012/13 in the ambulatory settings, which was 665 more than the previous year or an increase of 13%.
- 678 outcome measures were collected from inpatients, which was an increase of 419 or 162% over the previous year.
- An increase in the collection of MH-COPES, a consumer satisfaction measure, with 28 responses from the ambulatory areas and 55 from the Mental Health Screening Units.
- 119 mentally ill people were diverted from correctional centres to treatment in the community via Audio Visual Link (AVL) appearances at court, including 87 patients from the Mental Health Screening Units.

The Forensic Hospital

- Improved access to psychological treatment with the development and delivery of a hospital wide therapeutic group program.
- Increased the number of forensic patients accessing distance learning through TAFE.
- Addressing cultural needs by establishing an Aboriginal and Indigenous support group – The Yarning Group.
- Empowering patients to express themselves by collaborating on a new patient led magazine, The Grapevine.
- Introduction of new therapeutic group interventions – Adapted Dialectical Behaviour Therapy and Social Cognition and Interaction Therapy.
- Collaboration with NSW Consumer Advisory Group, with patient art projects being exhibited at the Recovery in Art exhibition as part of NSW Mental Health Month 2012.
- Improved collaboration with patients by establishing the Patient User Forum, allowing patient representatives from each ward to address hospital wide issues with the Service Director on a monthly basis.
- Continued a program of facilities improvements including making Digital TV available to patients, and safety related improvements to the kiosk and seclusion rooms.
- Development and implementation of the first mental health new graduate transition program in the Forensic Hospital.
- Implementation of nursing student placements in the Forensic Hospital.
- Increasing numbers of advanced trainees in forensic psychiatry, with a number of trainees and consultants completing the RANZCP Advanced Certificate in Forensic Psychiatry as well as the Masters in Forensic Mental Health Program at UNSW.
- Collaboration with the Mental Health Review Tribunal to develop the Forensic Hearing Guidelines and improve the process of conducting Tribunal hearings within the Forensic Hospital.
- The facilities management of the Forensic Hospital is jointly managed by the Network and PPP Solutions Inc. under a Private Public Partnership. From 2012/13, work has led to a reduction of the energy costs by improving the monitoring based on the implementation of smart technology. Through excellent relationships between the Network and PPP Solutions – although not required in the contract – both organisations have benefitted financially from this initiative.

Governance & Commercial Services

The Governance & Commercial Services directorate provides a range of strategic, operational and transitional services and support to frontline staff and senior managers. The directorate incorporates a variety of corporate and clinical governance functions. The directorate has strong working relationships with all directorates, Ministry of Health, HealthShare and other parts of NSW Health as well as partner agencies within the Justice sector.

The Governance & Commercial Services Directorate provides services through the following groups:

Corporate Services

Corporate Services consists of the Records Management Unit (RMU), facilities and logistics management division and administrative services group.

It is responsible for managing the facility planning process, managing assets and capital works projects, overseeing the administration services functions and ensuring compliance with the State Records Act, 1998.
Finance
The Finance department assists management to prepare submissions to secure resources and assets from funding agencies.

The Finance team prepares plans or budgets to allocate the available financial resources to JH&FMHN activities and reports on how allocated resources were used in comparison with the original plans. Finance also makes assessments of the net financial effects of proposed new activities or plans.

The Finance team prepares the statutory returns to bodies such as the Australian Tax Office, and plans for the financial governance of JH&FMHN in accordance with NSW Health policy and procedures.

Information Communications and Technology (ICT)
The ICT department provides strategic planning and management of all ICT systems and services, including forward planning for corporate and clinical information systems. The ICT department also works closely with clinicians in all clinical application development.

Operational support services include, helpdesk, services, desktop, laptop and printer support, remote access services, internal access support of IP phones, all data communication services and server back office functions. Server and back office functions include email, Citrix, file shares, backup services. Disaster recovery, database and application services, risk and security management, including end user accounts.

The ICT department is also responsible for the configuration of Patient Administration System (PAS), user access, clinic configuration and training services. ICT is responsible for delivering the Clinical Application Strategy, including the Justice Health eHealth System (JHeHS) electronic medical record project.

Information Management
The Information Management Unit was established in July 2006 to provide leadership in the development, management, utilisation and reporting of corporate and clinical information. This includes overseeing the coordination, development and reporting of JH&FMHN data, with the aim to support strategic and operational planning and decision making and compliance with NSW Ministry of Health mandatory reporting requirements. The Unit also provides health records management and medico-legal services to all JH&FMHN sites statewide. Work is currently underway to establish a Court Report Coordination Unit.

Workforce
Workforce covers the full range of staff functions including:
- Human Resources
- Employee Relations
- Employee Services (Payroll & Recruitment)
- ProAct Administration
- Workforce Planning and Design
- Work Health & Safety
- Injury Management; and
- Learning and Development

Clinical and Corporate Governance
The Clinical and Corporate Governance Unit incorporates a variety of clinical and corporate governance functions and provides support for frontline staff, senior management and the JH&FMHN Board. Major functions of the Governance Unit include client liaison and complaints management, quality improvement including ongoing involvement in the accreditation cycle, patient safety and clinical risk management, legal advice and coordination, support of Board and Peak Governance Committee activities, coordination of internal audit and support for the Medical and Dental Appointments and Advisory Committee (MADAAC).
2012/13 Key Achievements

Finance
- Budget favourability achieved in 2012/13 financial year.
- Improved the financial management skills of staff through delivery of a Financial Management Education Program across the Network.
- Staff Profiles for the 2012/13 budget were reviewed and approved by the Network Executive.
- Completed an interim audit of 2012/13 financial statements with no material internal control deficiencies being identified.
- Successful completion of the 2011/12 Financial Statements Audit Program.

Information Communications & Technology
- Digital Regions Initiative (DRI) was completed. This included network upgrades in mostly all rural and remote sites.
- JHeHS project workshops were successfully held. The workshops have led to the development of formal business requirements with the vendor that will inform the final system build.
- The Helpdesk logged 16,381 support calls during the year, with 16,137 calls being closed. This represents an average of 1,344 calls being closed per month.
- Desktop video conferencing pilots in the Southern Cluster were successful. Working on scoping statewide implementation.
- Completion of the Standard Operating Environment project, which included upgrade/replacement of the entire desktop fleet and upgrade of Microsoft Windows and Office to the latest version.

Corporate Services
- Establishment of an Accommodation Working Group, including the establishment of a database recording profiles of all workstations and offices outside of correctional or juvenile detention centres, maintenance of an accommodation request/issues log and commencement of an area wide accommodation long term strategy document.
- Establishment of a waste reduction strategy and develop trending reports to allow Nursing Unit Managers and Service Managers to more effectively manage waste costs.
- Finalised a Service Level Agreement with Ecomed Technical for all medical and gas equipment statewide. This will ensure uniformity of all servicing requirements in all JH&FMHN Health Centres. Ecomed is to provide a comprehensive database of all JH&FMHN equipment and reports enabling strategic planning of equipment purchases.
- Entered into an agreement with Wormald to provide fire training at JH&FMHN’s Administration Centre and Ermington Office.

Information Management
- Patient waiting list workshops held to develop a triage tool that provides standards and guidance to clinicians about accurately segregating the patients into five categories based on the priority to treat their health condition.
- The process for ordering health forms and clinical forms is transitioning to an electronic ordering system.
- Court Report Coordination Unit workshops held to provide strategic advice relevant to the establishment of a Unit, including input into operational guidelines and policy development.
- FujiXerox and JRC worked closely together to set up the system for health record and clinical forms. The online (electronic) ordering system replaces a paper-based manual system by improving the management and distribution of health record and clinical forms to all health centres across JH&FMHN.
Workforce

- Received the Injury Management Award at the TMF Awards for Excellence for *The Power of One – Achieving Better Outcomes in Injury Management Program*. Success was measured by a reduction in premium and also in the number of claims.
- Testing of first eLearning program for JH&FMHN on CPR. This included testing infrastructure performance at rural and metro sites.
- Testing of Learning Management System (LMS) from Health Education & Training Institute (HETI) to assess suitability for JH&FMHN.
- Successfully transitioned to StaffLink, a new payroll system.
- Renewal of SmartSalary contract to provide salary packaging advice.
- Developed an effective relationship with HETI and appointed a relationship manager.
- More than 4,000 days of internal training and development was conducted with an expenditure of approximately $3million.

Clinical & Corporate Governance

- JH&FMHN participated in the annual Clinical Excellence Commissions (CEC) Quality Systems Assessment (QSA) on-line questionnaire and continues to achieve a 100% response rate.
- A team of external QSA Assessors conducted an on-site survey to verify the accuracy of a sample of self-assessment ratings from the 2012 QSA questionnaire. The QSA Assessors also reviewed supporting evidence, determined areas requiring improvement and reviewed the progress of the QSA Improvement Plan. JH&FMHN was commended for the:
  - Joint review of prisoners at risk of self-harm with CS NSW
  - Long Bay Hospital – Falls Prevention Project
- JH&FMHN contracted the Australian Council on Healthcare Standards (ACHS) to undertake its accreditation program using the 10 National Safety and Quality Health Service Standards Organisational Wide Survey and Mental Health in Depth Review.

Medical Administration

The Directorate of Medical Administration provides medical leadership and medical governance within JH&FMHN. This includes representing clinical care at the executive level and providing high level medical advice to the executive when required as well as representing clinicians on the development of clinical applications committees. The directorate also provides assistance with recruitment, management and quality activities for medical staff. It aims to ensure the delivery of quality and safe medical services to our patients.

2012/13 Highlights

- The formation of the directorate of Medical Administration with its own location and cost code. This now consists of an Executive Medical Director, Director of Medical Programs, Coordinator of Medical and Dental Programs and an Administration Officer.
- Introduction of a protocol for Remote Offsite Afterhours Medical Services (ROAMS) for ensuring consistent and safe practices when calling medical officers remotely.
- The review of processes surrounding credentialing and appointment of medical staff to ensure they are correct and as efficient as possible.
- The introduction of clinical items and clinical cases to the executive agenda which aids management in maintaining a clinical focus.
- The staging a successful 2012 Australasian Custodial Health Medical Officers Conference which provided opportunities for education and networking of medical staff working for JH&FMHN.
Strategic Development & Performance

The Strategic Development & Performance Unit provides a range of services to assist and support the Chief Executive and the organisation. This includes managing whole-of-organisation planning, performance, and communication functions, in addition to managing and responding to sector-wide health reform activities. The Unit is the primary liaison with the Ministry of Health, other government agencies and relevant Ministers and coordinates preparation of ministerials and high level briefings.

Functions include:

- Executive Support
- Communications/Media
- Clinical Re-design
- Health Reform & Policy
- Performance Monitoring
- Strategic Planning; including the
- Centre for Health Research in Criminal Justice.

2012/13 Key Achievements

- Development of the JH&FMHN 2013-2017 Strategic Plan through extensive internal and external consultation with keys stakeholders.
- Development of internal Media & Communications (External) Policy.
- Continued the delivery of Performance Packages for all management tiers in the organisation to help promote a continuous improvement feedback loop where reports on activity and performance provide important information to allow for the best possible decision-making.
- Continued reporting against Focusing on Care: Action Plan monitoring framework and coordinating development of Focusing on Care Local Action Plans across the Network.
- Improved the structure and operation of the Network Executive Team meetings and Senior Leadership Forum to ensure organisational efficiency and accountability.
- Implementation of a clinical and corporate redesign and innovation function to improve organisational efficiency and clinical effectiveness by delivering and providing specialist and technical assistance to a range of redesign activities across the organisation.
- Implementation and monitoring of the 2013 Communications Action Plan.
- Intake/Appointment of Australasian College of Health Service Management Trainee.

Centre for Health Research in Criminal Justice

The Centre for Health Research in Criminal Justice (CHRCJ) was formed in 2003 and arose out of the need to establish a centre of excellence to conduct and support research into prisoner health issues and health matters connected with the criminal justice system in general.

In 2012, a review of JH&FMHN’s research governance was independently conducted. The findings highlighted the opportunities that exist to enhance the use of research within the Network as well as contribute to national and international understanding and best practice in custodial and forensic mental health.

A transition process has been implemented to ensure the CHRCJ responds to the Research Governance Review in addition to aligning to the JH&FMHN Strategic Plan, clinical and organisational priorities and the recent Treasury Review. Since January 2013 a review of all CHRCJ commitments, and identification of priority actions, has been completed.
2012/13 Key Achievements

- Completion of the Lithgow Correctional Centre Clean Air Policy Evaluation, and ongoing data collection and reporting of the Care Navigation and Support Program Evaluation.
- Completion of data collection for the NSW Prison Entrant Follow-up Study.
- Continued participation in existing projects including Hepatitis C Incidence and Transmission Study (HITS) and Justice Health Women and Smoking project.
- Co-authorship of 11 journal articles in published in peer reviewed national and international journals; a further 7 articles are currently under review.
- Co-ordination of Research Seminar Series involving external and internal presentations.
- Provision of evaluation planning and survey development support and expertise to JH&FMHN teams.
Our Services
Our Patients

Adult Inmate Profile

People in custody represent a highly vulnerable patient population with greater and more complex health needs than the wider community. JH&FMHN fulfils a valuable role in improving the health status of this group while also minimising the health consequences of incarceration on individuals, their families and the general community.

The NSW Inmate Census 2012 describes the population for whom JH&FMHN provides health care as:

- 93.1% Male
- 6.9% Female
- 75.5% Australian born
- 23.2% Aboriginal and/or Torres Strait Islander; and
- 1.3% Unknown.

Providing health care in the correctional environment is challenging as the window of opportunity for JH&FMHN is often unpredictable and may be brief. According to the NSW Inmate Census 2012, length of inmate stay was described as:

- 25.7% un-sentenced
- 24.6% Less than 2 years
- 18.5% 2 to less than 5 years
- 25.4% 5 to less than 20 years
- 3.8% 20 years +
- 1.8% Life/Forensic Patient; and
- 0.2% Periodic Detention.

In addition, inmates rarely complete their entire sentence within the same correctional centre adding to the challenges of ensuring continuity of care. In 2012/13 CS NSW reported close to 147,500 inmate movements between correctional centres, police cells and courts. (Source: CS NSW).

Patients in custody are characterised by greater physical and mental health needs than the wider community as well as a higher prevalence of communicable chronic disease risk factors.

- 28% of men and 51% of women are Hepatitis C positive compared to 1.4% in the community
- 40% of men and 52% of women have ever injected illicit drugs compared to 2.3% of men and 1.2% of women in the community.
- 47% of men and 54% of women have been treated for an emotional or mental health problem.
- 51% of women in custody suffer from depression compared to 7% in the community.
- 76% of inmates are current tobacco smokers compared to 17% in the community.

Sources: 2009 Inmate Health Survey; Australian Institute of Health and Welfare.
The 2009 NSW Inmate Health Survey: Key Findings Report shows that the inmate population has the following characteristics:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>% not finished year 10</td>
<td>49</td>
<td>39</td>
</tr>
<tr>
<td>% unemployed in the six months prior to incarceration</td>
<td>50</td>
<td>67</td>
</tr>
<tr>
<td>% had a parent in prison</td>
<td>18</td>
<td>17</td>
</tr>
<tr>
<td>% history of juvenile detention</td>
<td>42</td>
<td>21</td>
</tr>
<tr>
<td>% previously incarcerated</td>
<td>64</td>
<td>46</td>
</tr>
<tr>
<td>% ever had asthma</td>
<td>26</td>
<td>40</td>
</tr>
<tr>
<td>% ever had heart problems</td>
<td>19</td>
<td>24</td>
</tr>
<tr>
<td>% current smokers</td>
<td>75</td>
<td>79</td>
</tr>
<tr>
<td>% drank alcohol at risky levels in the year before prison</td>
<td>62</td>
<td>38</td>
</tr>
<tr>
<td>% ever had used drugs</td>
<td>86</td>
<td>78</td>
</tr>
<tr>
<td>% ever had injected drugs</td>
<td>40</td>
<td>50</td>
</tr>
<tr>
<td>% Hepatitis C positive</td>
<td>28</td>
<td>45</td>
</tr>
<tr>
<td>% ever had mental health treatment</td>
<td>47</td>
<td>54</td>
</tr>
<tr>
<td>% ever had depression</td>
<td>33</td>
<td>45</td>
</tr>
<tr>
<td>% ever attempted suicide</td>
<td>19</td>
<td>27</td>
</tr>
</tbody>
</table>

Source: 2009 NSW Inmate Health Survey: Key Findings Report
Adolescent Offender Profile

In 2012/13, JH&FMHN provided healthcare to a daily average of approximately 351 young people across NSW in Juvenile Justice NSW Centres including the Juvenile Correctional Centre at Kariong. There were 5,475 new admissions to Juvenile Justice NSW Centres over 2012/13. (Source: Number of Young Offenders in Custody Report 2012/13; Client Information System (CIMS))

Adolescent offenders are predominantly aged between 10 and 17. Depending on the length of sentence, security and risk level of the young person, they can be transferred into the adult correctional system when they turn 18 years old. While adolescents in custody experience multiple health problems, provision of health care is challenging with the average length of stay on remand approximately 14 days.

The 2009 Young People in Custody Health Survey Report identifies that young people in custody have the following characteristics:

- Identify as Aboriginal and/or Torres Strait Islander in custody (48% compared to 4% in the community)
- IQ as extremely low or borderline (IQ 79 and under) (46%)
- Childhood abuse and trauma (60%)
- Parent ever in prison (45%)
- Ever placed in care before the age of 16 years (27%)
- Average age left school (14.4 years)

Adolescent offenders commonly report experiences of neglect, physical, emotional or sexual abuse prior to contact with the criminal justice system. This is particularly the case with young women. Many adolescent offenders report experiences of significant relationship problems in their families, commonly leading to periods of homelessness. Due to their educational deficits and poor self-esteem, most have limited employment choices and report feeling powerless and socially isolated with many abusing alcohol and drugs. Poorer health and risk-taking behaviours lead to an increased risk of chronic diseases.

Health of Young People in Custody

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least one psychological disorder</td>
<td>87</td>
</tr>
<tr>
<td>Two or more psychological disorders</td>
<td>73</td>
</tr>
<tr>
<td>Ever smoked cigarettes</td>
<td>94</td>
</tr>
<tr>
<td>Overweight or obese</td>
<td>42</td>
</tr>
<tr>
<td>Drinking alcohol at risky levels prior to detention</td>
<td>78</td>
</tr>
<tr>
<td>Ever used illicit drugs</td>
<td>89</td>
</tr>
<tr>
<td>Hearing loss in at least one ear</td>
<td>18</td>
</tr>
</tbody>
</table>

Source: 2009 NSW Young People in Custody Health Survey: Full Report
Forensic Patient Profile

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.

Forensic patients are ordered to be detained in a mental health facility, correctional centre or other place, or released from custody subject to conditions. The forensic patient population in New South Wales has increased steadily since the proclamation of the Mental Health (Forensic Provisions) Act 1990.

As at June 2013, there were 370 forensic patients in NSW in a variety of settings:

- 62% were in hospitals
- 10% were in correctional centres, and
- 28% were in the community.

LHD’s are a key stakeholder in the care of forensic patients in NSW with 56% of forensic patients under their care in the Medium Secure Units, General Mental Health Units or under the care of general mental health teams in the Community.

Number of Forensic Patients in NSW (1990 – 2013)

Source: MHRT Annual Report Data
In all environments, the work of JH&FMHN requires collaboration with a variety of other organisations. Partnerships are therefore essential for the delivery of quality health services and the achievement of JH&FMHN’s vision and values.

Our stakeholders include patients in contact with the criminal justice system, forensic patients, the Minister for Health and Minister for Medical Research, the Minister for Mental Health, NSW Ministry of Health, CS NSW, JJ NSW, Department of Attorney General and Justice NSW, LHD’s and Speciality Networks, Six Pillars, Mental Health Review Tribunal, Mental Health Commissions (State & Commonwealth) and Non-Government Organisations are the foremost among those organisations whose partnerships we appreciate and strive to foster.
Health service delivery in custodial settings is influenced by a range of factors, many of which are outside the control of the health sector. There is an acknowledged need for custodial systems that ensure safety and security of the inmate population and respective staff.

The model of health service delivery to patients/inmates in NSW involves two separate organisations with responsibility for security and health care respectively. There is growing recognition nationally and internally that this model provides the best outcomes for patient care.

Services are provided in line with the United Nations (1990) Basic Principles for the Treatment of Prisoners and the World Health Organisation’s Declaration on Prison Health as a Part of Public Health. In NSW, JH&FMHN has established effective working relationships with CS NSW and JJ NSW at all levels of the organisation to ensure delivery of safe and effective health care.

Health service delivery for forensic patients in NSW involves JH&FMHN and LHD’s working in partnership.

Continued development of forensic mental health services in NSW will involve JH&FMHN and LHD’s further developing clinical governance arrangements, an accountability framework, patient flow systems, resource management, and training that will underpin high quality services to all forensic patients.
Strategic Direction 1:
Provide a values-based, innovative model of care

Adolescent Court and Community Team (ACCT)
The ACCT assesses young people at court with suspected mental health and/or drug and alcohol presentations for diversion options through a court diversion and liaison service. The ACCT also support existing community services in managing high risk young people with existing or emerging mental health presentations through the Community Consultation Liaison Service.

In 2012/13 the ACCT expanded to Grafton, Raymond Terrace and Milton making it operational in 14 Courts across NSW.

Percentage of adolescent patients diverted into community based services

- Of the 568 assessments conducted by the ACCT, 500 (88%) were diverted into community based services
Nurse-led Model of Care for Hepatitis C Treatment

The Nurse-led Model of Hepatitis C Treatment provides decentralised care for patients made feasible by protocol-driven structured assessment and management of antiviral therapy by skilled Clinical Nurse Consultants overseen by specialist hepatologists, with treatment outcomes consistent with community standards.

- An increased number of patients are accessing treatment since the development of the Nurse-led Model of Care in 2009.
- 23% of patients who accessed treatment in 2012/13 were Aboriginal or Torres Strait Islander.
Pregnant Women in Custody

Pregnant women in custody are provided with antenatal education and care by a JH&FMHN Eligible Midwife. Over the last year a total of 100 pregnant women entered custody of which 30% gave birth whilst in custody.

Aboriginal Chronic Care Program

The Aboriginal Chronic Care Program is a culturally effective approach to health service delivery with the aim of closing the gap in chronic conditions for Aboriginal and Torres Strait Islander people who are in contact with the criminal justice system. The focus of the program is to:

- facilitate increased access to screening for early detection of chronic conditions
- implement individual management plans and support Aboriginal people who are at risk of developing a chronic condition
- document patients at risk for further review and follow up by the appropriate health care provider.
The number of patients accessing the Aboriginal Chronic Care Program increased each quarter, with year on year comparisons indicating a 37% increase in the number of patients accessing the ACCP from 2011/12 to 2012/13.
**Disease prevention**

- Women in custody are provided with the same access to breast and cervical screening as women in the community.

**Percentage of eligible women who underwent breast screening**

![Chart showing breast screening percentages by quarter]

- Q1: 60%
- Q2: 70%
- Q3: 80%
- Q4: 90%

**Percentage of eligible women who had a mammogram undertaken**

![Chart showing mammogram percentages by quarter]

- Q1: 100%
- Q2: 100%
- Q3: 100%
- Q4: 100%
All patients have access to smoking cessation programs, including Nicotine Replacement Therapy (NRT).

Patients accessing NRT in custodial settings

JH&FMHN recognises the very high rates and adverse effects of tobacco smoking on the health status of the custodial population and continues to work closely with CS NSW to reduce the harm associated with smoking within correctional facilities. In contrast to the 14.8% of adults who identify as smokers in the broader NSW population, approximately 76% of adults in custody in NSW identify as current smokers. Of note however, is that of those smokers in custody, 85% expressed a desire to quit (2009 Inmate Health Survey). As a result, the Network has implemented a number of strategies to help patients reduce or stop smoking, including 2,543 patients supported to make a quit attempt using Nicotine Replacement Therapy (NRT) in 2012/13.
• The Early Detection Program enables early intervention for patients with increased risk of Sexually Transmitted Infections (STI) or Blood Borne Viruses (BBV), resulting in harm minimisation and improved health outcomes.

Percentage of patients tested as part of the Early Detection Program

Self Medication Program
Over 4,343 patients have been risk assessed for inclusion in the Self-Medication Program with 1,008 patients participating in the program. This program represents one of the Network’s strategies to promote person centred health care options.
2012/13 Key Highlights
Strategic Direction 2: Engage effectively with the community and key stakeholders through strong partnerships and alliances

Sobering up Centre Trial

The Intoxicated Persons (Sobering Up Centres Trial) Act 2013 provides a trial scheme authorising the detention or care (or both) of certain intoxicated persons for a temporary period at Sobering Up Centres to enable those persons to return to a state of sobriety. The centre is police-run and aims to curb alcohol related violence by detaining individuals who are acting in a disorderly manner and pose a risk to themselves or others.

The role of the Network is to provide clinical assessment services and ongoing monitoring for the intoxicated persons detained in the Sobering Up Centre. The Health Assessment Officer then provides Police with advice on the suitability of the individual to remain in the centre from a health perspective.

JH&FMHN have collaborated closely with the Ministry of Health, NSW Police and Family and Community Services (FACS) to ensure safe and secure conditions within the centre for staff and detained individuals, as well as ensuring all criteria that are required for an effective trial is met. An evaluation at the end of the trial will be conducted by FACS.

Long Bay Hospital

Staff from JH&FMHN and CS NSW are engaging in fortnightly joint staff training sessions in order to improve collaboration between the two organisations which results in better patient outcomes. The training sessions cover a range of topics which are relevant to both maintaining security and the provision of optimal healthcare to patients.

In May 2013 a Simulated Medical Emergency Training (SMET) exercise was conducted in the Mental Health Unit (MHU) and in the Medical Subacute Unit (MSU) for both CS NSW and JH&FMHN staff. The staff were not aware that the training was taking place and had to respond to the emergency scenarios as real life emergencies. The CS NSW and JH&FMHN staff work closely together in LBH and in an emergency situation this team work is especially important. All staff who attended the training enjoyed the experience, and the constructive feedback provided by Clinical Nurse Educators ensured it was a valuable learning exercise.

“I personally found performing the SMET training to be very rewarding and challenging. It proved that when needed, staff from both JH&FMHN and CS NSW can pull together as one in times of crisis. The feedback from both parties was very positive and future joint training in emergency scenarios would be worthwhile.”

Phil
Clinical Nurse Educator
Long Bay Hospital

“I found that the SMET training was valuable and proved that the partnership between JH&FMHN and CS NSW was on solid ground. The training also proved that in an emergency that the 2 parties can pull together when the need arises.”

Mark, Senior Correctional Officer
Long Bay Hospital
Corrective Services NSW
Adolescent Heath

Culturally appropriate services are important in ensuring Aboriginal people have access to health care that is tailored to the needs of Aboriginal people to ensure consistent quality care.

Number of adolescent centres with sustainable services from Aboriginal Community Controlled Health Services & Aboriginal Health Services

![Bar chart showing the number of adolescent centres with sustainable services from Q1 to Q4. The target is not met for Q1, Q2, and Q3, but is met for Q4.]

Forensic Mental Health Network

On 4 September 2012, the Ministry of Health published Policy Directive PD2012_050 Forensic Mental Health Services and the associated Guidelines for Forensic & Correctional Patient Ground Access, Leave, Handover, Transfer and Release. The policy and guidelines were developed by JH&FMHN following extensive consultation with stakeholders and LHD’s across NSW. The policy requires JH&FMHN and relevant LHD’s to establish a coordinated approach to patient transfers across forensic mental health services and the clinical governance of forensic facilities and mental health services that provide care and treatment of forensic and/or correctional patients.

Clean Air Project (Smoke Free)

Since the completion of the Clean Air Prison pilot, the smoke free policy remains at Lithgow Correctional Centre and an adapted model was been implemented at the new Cessnock Correctional Centre. Following agreement between the Commissioner CS NSW and the Network, detailed planning commenced for a statewide Clean Air (Completely Smoke Free) Workplace Strategy in the NSW custodial setting.
Strategic Direction 3: Strengthen the decision-making systems that enables the best health outcomes

Accreditation

- The Australian Commission on Safety and Quality in Health Care developed the National Safety and Quality Health Service Standards to drive the implementation of safety and quality systems and to improve the quality of health care in Australia.
- In 2012/13 the Network planned to participate in the Australian Council on Healthcare Standards (ACHS) accreditation program, consisting of an Organisation Wide Survey and Mental Health In-Depth Review. In preparation for the survey, the Governance Unit prepared a plan and engaged with the Clinical Excellence Commission, ACHS and each directorate across the Network.

Expenditure Review of Health Services in the Correctional System

- In 2013, NSW Treasury completed an Expenditure Review of Health Services in the Correctional System which indicated the Network’s services support NSW 2021 plan goals and outlined potential gains in the efficiency and effectiveness of health service delivery, primarily through improved ways of working and interfaces between the Network and partner agencies in the Justice sector.

Performance Packages

- Planning and reporting are an integral part of the ongoing operations and decision making within the Network. Quarterly performance packages continue to be developed for managers to promote a continuous improvement feedback loop where reports on activity and performance provide important information to allow for the best possible decision making.

Health Centre Cost Modelling

- The Network continued the internal benchmarking of sites under the Non-Admitted Cost Modelling Project which provides comparative data for staff to identify and isolate the root cause of performance variations, develop local efficiency plans and drive appropriate responses.
- NSW Health standard costing tool PPM2 has been implemented.

The Forensic Mental Health Network

- JH&FMHN is working closely with the NSW Ministry of Health and LHD’s to continue the development of the new Forensic Mental Health Network. Continued efforts will focus on further development of clinical governance arrangements, an accountability framework, patient flow systems, resource management, and training and that will underpin the operation of the Network.

Ethical and Efficient Management of Resources

- The Network progressed a range of initiatives under the Efficiency Improvement Plan. Significant efficiencies have been achieved including:
  - The reconfiguration of Grafton Correctional Centre
  - The generic procurement of Olanzapine and Quetiapine
  - Annual savings of $245k across the Forensic Hospital and Long Bay Hospital
  - Savings of 90,000 kilowatt hours of energy per annum
  - An equivalent reduction in CO2 emissions of over 99 tonnes per year.
2012/13 Financial Activity
Year to date revenue matched to budget

Year to date expenditure matched to budget
Strategic Direction 4:
Attract, grow and retain a talented workforce and foster a supportive working environment

Workforce Plan

• In line with the 2013-2017 Strategic Plan the Network continued to develop the Workforce Plan, 2013-2017 which sets out the issues, evidence and strategies required to deliver a sustainable JH&FMHN workforce through 2013 to 2017 capable of continuing to deliver high quality health care to those in contact with the criminal justice system.
• The Network implemented the Health Workforce Australia Clinical Training Reform project which achieved a 300% increase in nursing student placement days in 2012. The Network also increased capacity for primary, community and transition to practice clinical placements, including 20 new clinical training sites across metro, rural and regional areas.

Network Executive Structure

• A review was undertaken of the respective roles and responsibilities of the Network Executive Team. An outcome of the review included a reduction in the number of senior Executive and substantial revision to existing responsibilities. The Executive structure now ensures the organisation is well positioned to meet challenges in key areas of patient safety, finance and performance. Successful recruitment to the following positions was completed in 2012/13:
  – Executive Director, Clinical Operations (Custodial Health)
  – Executive Director, Clinical Operations (Forensic Health)
  – Executive Medical Director
  – Executive Director, Governance & Commercial Services
  – Executive Director, Strategic Development & Performance.

Building Workforce Capability for Oral Health Promotion within JH&FMHN

• Four JH&FMHN Dental Assistants staff have successfully completed the Open Training and Education Network (OTEN) TAFE Certificate IV in Dental Assisting.

The Forensic Hospital

• In 2012/13 The Forensic Hospital developed and implemented the first New Graduate Transition Program as well as commenced placements for student nurses.

Culture Improvement

• Focusing on Care: Culture Improvement Project continued to be implemented through Local Action Plans which aim to build the capacity of staff across the organisation to positively influence organisational culture and increase the engagement of clinical leaders in policy, program development and decision making.
Work Health & Safety

- The Network received the Injury Management Award at the TMF Awards for *The Power of One – Achieving Better Outcomes in Injury Management* as a result of improvements to injury management through increased collaboration internally, and between the claims manager and external providers.

**Workplace injuries as a % of total workforce**

![Bar chart showing workplace injuries as a % of total workforce for Q1, Q2, Q3, and Q4. Target is < 4%.]
The JH&FMHN 2013-2017 Strategic Plan was officially launched on Monday 22 April 2013 by the Chair, JH&FMHN Board and is the culmination of extensive consultation across all areas of the organisation and with our key partners. The Plan details our vision *Excellence and Expertise – Achieving the best health care outcomes for people in contact with the forensic mental health and criminal justice systems across community, inpatient and custodial settings.* It also outlines the direction and key priorities for the Network over the next five years and has been developed through extensive analysis of emerging trends within the health sector as well as the unique contexts of the criminal justice and forensic mental health systems.

The strategic directions and actions outlined in the Plan will guide JH&FMHN’s continued delivery of health care to this highly vulnerable patient population; a group whose health needs are commonly greater and more complex than those of the wider community.

This 5-year strategic plan outlines the direction we want the organisation to go, ensuring we are all working toward common goals. This is our Plan and our vision – one that we will all be responsible for implementing.

Key contributions to its development have helped us as an organisation to define our shared vision, identify the key areas of focus; and outline the steps we will take to achieve them.
In 2012, NSW Treasury commenced a six month review to identify efficiency and effectiveness opportunities in the provision of health services in the correctional system.

The review analysed custodial health services from a strategic, business model and operational perspective which included:

- **Strategic**: Validating services to ensure they align with priorities and goals of the NSW Health sector as well as *NSW 2021: A Plan to Make NSW Number One (NSW 2021)*.
- **Business Model**: Validating whether the optimum operating model is in place to effectively deliver services by:
  - benchmarking the cost of services against other jurisdictions; and
  - considering the existing service delivery model as well as potential alternative models.
- **Operational**: Validating opportunities to deliver services more efficiently by analysing the day to day operations at a health centre level and the performance of custodial health services.

During the course of the review, NSW Treasury as well as the external consultants engaged to assist in the review were provided with a considerable amount of information from the organisation including:

- patient activity and financial data at both an aggregate and health centre level
- evaluation reports about particular health services or service delivery units
- data from Inmate Health Surveys which assisted in linking the overall increasing burden of disease amongst the patient population with investment in health service delivery since 1994; and
- day to day operational matters, including site visits at adult correctional centres as well as a Juvenile Justice NSW centre.

Findings of the review indicated all JH&FMHN services support *NSW 2021* plan goals with recommendations indicating gains are attainable in the efficiency and effectiveness of service delivery primarily through the way we work with our partner agencies. Additionally, the review recommended further opportunities for the Ministry of Health to benchmark services, focusing on identifying and measuring patient quality and outcome indicators.

Implementation of the review’s recommendations will take place in 2013/14 and 2014/15 under the oversight of an interagency steering committee jointly chaired by the Chief Executive, JH&FMHN as well as the Commissioner, CS NSW.
Organisational Culture in Action

JH&FMHN’s *Focusing on Care* journey began in 2010, in response to results from the Network’s 2009 staff survey. Since that time, the Network has implemented a number of organisational and locally-led *Focusing on Care* initiatives including:

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Establishment of JH&amp;FMHN values</strong></td>
<td>Developed through staff feedback from 104 consultation sessions across the State.</td>
</tr>
<tr>
<td><strong>Climate Survey Action Team</strong></td>
<td>A representative group of staff from varying roles and locations across the organisation responsible for leading the direction of <em>Focusing on Care</em>.</td>
</tr>
<tr>
<td><strong>Focusing on Care: Action Plan</strong></td>
<td>Designed to improve organisational systems and processes. Of 69 recommendations, 54 are now complete and 14 are underway.</td>
</tr>
<tr>
<td><strong>Staff Pulse Surveys</strong></td>
<td>Tracking our progress against culture indicators.</td>
</tr>
<tr>
<td><strong>Local Action Plans</strong></td>
<td>Promoting local action in <em>Focusing on Care</em> and improving staff and patient satisfaction, with 88 LAPs developed across the Network.</td>
</tr>
</tbody>
</table>
2013 Staff Pulse Survey – Headline Results for JH&FMHN

From 17 May to 17 June 2013, JH&FMHN conducted its biennial Staff Pulse Survey to assess staff perceptions on where we are doing well and where further effort is required. The survey sought staff feedback on engagement, leadership and values and behaviours. Across the Network, we had a 67% response rate, continuing our record of high staff participation.

Best Practice Australia (BPA), the independent researchers conducting the survey, analysed the data and headline results for the Network are outlined below. Changing workplace culture takes time. We’ve seen measurable improvements in our 2013 results, but there is more work to be done.

Values in Action

Results on JH&FMHN values in action indicate efforts to model and embed the values across the Network are having a positive impact. The following graph shows the significant improvement in staff perceptions of JH&FMHN values in action in their workplace.

<table>
<thead>
<tr>
<th>JH&amp;FMHN Values</th>
<th>% agrees</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>The people I work with put into practice the value: RESPECT</td>
<td>48%</td>
<td>58%</td>
</tr>
<tr>
<td>The people I work with put into practice the value: PROFESSIONALISM</td>
<td>57%</td>
<td>63%</td>
</tr>
<tr>
<td>The people I work with put into practice the value: CLEAR COMMUNICATION</td>
<td>44%</td>
<td>57%</td>
</tr>
<tr>
<td>The people I work with put into practice the value: HONESTY</td>
<td>51%</td>
<td>59%</td>
</tr>
<tr>
<td>The people I work with put into practice the value: CARE</td>
<td>56%</td>
<td>64%</td>
</tr>
</tbody>
</table>

Striving for greatness

In 2013, 50% of staff indicated JH&FMHN was ‘Truly GREAT™. JH&FMHN results for this question have increased steadily since the question was first put to staff in 2004, when 41% of staff agreed with the statement.

Staff perspectives on what makes it ‘Truly GREAT™…

“The people, the patients, the education and opportunities.”

“Good working environment, very cooperative managers and opportunity to grow.”

“Having the opportunity to work with professionals who are dedicated to providing care to our vulnerable patient population.”

*Truly GREAT is a trademark of Best Practice Australia Pty Ltd.*
JH&FMHN Engagement Cycle

JH&FMHN measures staff engagement as an important indicator of workplace culture. Engagement encompasses more than participation in organisational activity, it considers staff connection to the Network’s values and commitment to the good of the organisation and support for their co-workers.

The chart above shows the percentage (%) of respondents in each Engagement cycle. Column totals may not equal 100% due to rounding to one decimal place.

Since the first BPA staff survey in 2004, JH&FMHN’s staff engagement has fluctuated. 2013 results show a decrease in staff engagement, from 34.4% in 2011 to 30.5% in 2013. The largest proportion of staff (44.3%) falls into the ‘Swinging Voter’ cycle, who are neither fully engaged nor disengaged.

Monitoring staff engagement over time helps JH&FMHN to better understand how it can support staff in their roles. A supportive workplace culture positively influences staff wellbeing and performance. Ultimately, it is culture that attracts and retains our workforce, and it is engagement that will enable us to achieve our shared vision of improved health outcomes for our patients.
Patient Journey

Each patient journey through the Network is unique and managed using a person centred approach to meet their individual health needs.

Our patients are a vulnerable population group, encompassing adults and adolescents in contact with the criminal justice and forensic mental health systems. Due to the variation and complexity of each patient’s health needs and fluctuations in their health status, a range of services are provided to ensure continuity of care that is tailored to the individual and effectively prepares patients for their entry back into the community.

Health care within JH&FMHN is provided across three key domains: community, custody and inpatient services.

The following section features some of the notable programs and services across these domains that have supported our patients in 2012/13.

### Pre-Custody

Statewide Community & Court Liaison Service
Adolescent Court & Community Team

### Entry into Custody

**Reception Triage Assessment**

**Key Custodial Services & Programs**

**Forensic Mental Health**
- Mental Health Screening Unit

**Population Health**
- Hepatitis B & C Services
- Early Detection Program
- Influenza Vaccination

**Drug & Alcohol**
- Opioid Substitution Treatment

**Primary and Women’s Health**
- Pharmacy, Physiotherapy
- Oral Health, Optometry, Radiology
- Breast & Cervical Screening

**Adolescent Health**

**Aboriginal Health**
- Aboriginal Chronic Care Program

**Comprehensive Health Assessment & Plan (CHAP)**

**Care Navigation Support Plan (CNSP)**
Inpatient Services

Forensic Hospital

Long Bay Hospital

Post Release

Connections Program
Community Forensic Mental Health Services
Community Integration Team

Key Custodial Services & Programs

Forensic Mental Health
- Mental Health Screening Unit

Population Health
- Hepatitis B & C Services
- Early Detection Program
- Influenza Vaccination

Drug & Alcohol
- Opioid Substitution Treatment

Primary and Women’s Health
- Pharmacy, Physiotherapy
- Oral Health, Optometry, Radiology
- Breast & Cervical Screening

Adolescent Health

Aboriginal Health
- Aboriginal Chronic Care Program

Justice Health & Forensic Mental Health Network 2012/13 Year in Review
Adolescent Court & Community Team

The JH&FMHN Adolescent Court and Community Team (ACCT) has two main components:

Adolescent Court Liaison Service

This service is operational across 14 Children’s Court sites in Sydney and Regional NSW. This service provides prompt access to a mental health assessment for young people coming before the NSW Children’s Courts, with a view to the identification of mental health disorders and where possible, diversion to appropriate services in the community. The relevant legislation is the Mental Health (Forensic Provisions) Act 1990.

Community Consultation Service

This service is provided for young people already in contact with mental health services who have contact or are at risk of contact with the criminal justice system. This is a statewide service that provides forensic risk assessments and specialist management advice to treating teams in the community to assist them to continue to provide services to young people who may present a risk of violence to others.

2012/13 Key Achievements

ACCT Court Liaison Service

- In 2012/13 the ACCT has expanded to Grafton (North Coast), Raymond Terrace (Hunter New England) Milton (South Coast) and Broadmeadow (Newcastle). The ACCT is now operational at 14 Courts across NSW.
- 500 young people were diverted into community based services.
- This year 34% of the young people assessed by ACCT identified as Aboriginal or Torres Strait Islander, compared with 23% for the previous year.

ACCT Community Consultation Service

- Adolescent Health received HETI funding to provide adolescent specific, violence and risk assessment and management training to Child and Adolescent Mental Health Service (CAMHS) clinicians across all the Local Health Districts (LHD’s). To date this training has been provided at Wagga Wagga, Orange, Newcastle and Gosford.
- In 2012/13 the ACCT Community Consultation Service completed 12 forensic risk assessments and management recommendations for Child and Adolescent Mental Health Service across LHD’s.
Sobering Up Centre Trial

Following the introduction of the Intoxicated Persons (Sobering up Centres Trial) Act 2013, JH&FMHN agreed to participate in a fresh approach to try and reduce alcohol related incidents in the CBD. The NSW Government has already trialled a number of approaches to tackle the problem behaviours that come with excessive drinking and antisocial behaviour. The trial of Sobering Up Centres is the newest of these initiatives.

Plans were developed to create three Sobering Up Centres. The Centres provide a place for those who are intoxicated and failing to comply with a police issued “move on” order to sober up and get some advice about how to manage their drinking behaviour. Two of the centres will be operated by NGO’s and will admit people on a voluntary basis. The other will be a mandatory centre and will include clinical assessment services provided by JH&FMHN.

The Sydney City Sobering Up centre will be run by the NSW Police who will have the power to detain intoxicated people for up to four hours, and will not exceed eight hours. The Centre will operate from the Central Local Court Cells on Friday and Saturday nights and selected Public Holidays. Two JH&FMHN nurses will conduct assessments and advise the Police about the suitability of people to be detained and released. The Nurses will provide ongoing monitoring and a discharge assessment. They will also take the opportunity to provide brief Drug & Alcohol health intervention and assistance to the detainees of the service.

The trial will commence in July 2013 and run for twelve months. The Centres will be evaluated to see if they have an impact on the level of violence and misbehaviour on our streets and whether or not the Centres are cost effective.

Protocols and memorandums of understanding between NSW Police and JH&FMHN have been signed and JH&FMHN have developed relevant policies and procedures to ensure both staff and patient safety and appropriate patient assessment.
Chronic Care

2012/13 saw a major focus on Chronic Care Assessment and Management. Over the past 3 years the recording of alerts in the Patient Administration System (PAS) for chronic disease, to identify these to health care workers, has almost doubled. In order to manage the patients with chronic disease a number of strategies have been implemented:

- The Chronic and Complex Clinical Nurse Consultant (CC CNC) position was permanently recruited.
- Special funding was provided at the Metropolitan Remand and Reception Centre (MRRC) and Parklea Correctional Centre, which are major reception goals in the Sydney metropolitan region, for chronic care nurses. This allowed for a full time chronic care nurse at the MRRC and part time one at Parklea to screen all patients identified with a chronic illness, or at risk of a chronic illness, within 24–48 hours of their admission. The patients identified with a chronic illness are then referred to the General Practitioner, Nurse Practitioner or other specialist service as soon as possible for ongoing care.
- The Comprehensive Health Assessment and Plan (CHAP) is undergoing review. This involves monitoring patients either with a chronic illness or the potential for chronic illness. Patients over the age of 50 years and Aboriginal patients who are 40 years old and over are included in this group.

A small budget has been allocated to JH&FMHN for the supply of equipment within the guidelines of EnableNSW. Once the equipment is supplied it becomes the property of the patient and they are able to take it home with them. The CC CNC works with both the Health Centres and CS NSW to ensure that all equipment is placed on the patient’s property list so it remains with the patient. Once the patient is released there is follow-up in the community by EnableNSW for ongoing services to the patient.

Non-prescription reading glasses are being made available for eligible patients. This is not a replacement for eye testing and disease monitoring, but a temporary measure for patients that do not have their reading glasses or have developed a need while in custody.
Hepatitis C – Nurse Led Model of Care

Hepatitis C Virus infection (HCV) is common amongst NSW prisoners with 44% prevalence. The large numbers of patients with chronic HCV represents a challenge for treatment in the prison setting. Historically, the model of service delivery for hepatitis treatment in JH&FMHN comprised specialist Visiting Medical Officers and Nurses with advanced skills in assessment and treatment of patients with chronic HCV. Preliminary diagnostic assessments were completed by nurses; however, all patients suitable for treatment were then assessed by a visiting hepatologist for further investigations, commencing treatment, and to monitor progress during treatment.

This medical model of service was largely centralised to the Sydney metropolitan region and therefore frequently necessitated transfer of patients to Sydney resulting in a strong disincentive for patients wishing to access treatment as well as substantive delays for treatment.

In 2008, a project team including nursing staff and specialist VMOs from JH&FMHN was established to develop the pilot phase of the Nurse Led Model of Care (NLMC) incorporating detailed evaluation components to inform subsequent expansion of the Model. The Model was initially piloted in three correctional centres – the Long Bay Correctional Complex, Lithgow and Goulburn Correctional Centres, and has since expanded to an additional 11 correctional centres across the state.

The NLMC is based on specifically-trained Clinical Nurse Consultants (CNCs) who undertake clinical and laboratory assessments of patients with HCV infection to triage and identify suitability for local treatment within their gaol of classification (the majority) or for further assessment by the specialist. The CNC’s initiate and supervise treatment, including careful surveillance for and management of adverse events.
“Everything about providing Hepatitis C treatment in prison is rewarding. The patients who are asking for and receiving treatment are always grateful to have the opportunity to address this serious health concern whilst in prison. It is professionally satisfying and rewarding to be a part of this new and innovative model of Nursing Care, and it’s good to be teaching the patients about improving their health and the staff about quality evidence based care for people with Hepatitis C.”

Fran
Clinical Nurse Consultant (Population Health)

HCV Treatment numbers in NSW prisons
Patient Quote

“I want to thank you for encouraging me with the treatment. Since the treatment and being cleared of the virus, I feel 10 years younger. I didn’t think the virus was having any effect on me until I had the treatment and noticed how much better I felt. I really wanted to thank you.”

2012/13 Key Achievements

- In 2012 there were 95 patients commenced on Hepatitis C treatment via the NLMC.
- 88% of patients who commenced on treatment were males with a mean age of 37 years.
- 23% of patients who commenced on treatment were of Indigenous background.
- 34 patients were commenced on triple therapy for genotype 1 infection – treatment included the newly approved antiviral boceprevir.
- With the current infrastructure the projected number of patients anticipated to receive treatment in 2013 via the NLMC is 130 (plus an addition 30 patients treated via the traditional model).
Pregnant Women in Custody

Pregnancy, labour, birth and parenting are normal, significant and meaningful life events and women have the right to access quality safe maternity care whilst in custody. JH&FMHN aim to follow best practice guidelines to assist in providing pregnant women with appropriate care.

Continuity of midwifery care and antenatal education is provided by the JH&FMHN Eligible Midwife, for all pregnant women in custody. The same midwife provides the care regardless of the Correctional Centre the women are placed. Pregnant women in custody are usually placed in Silverwater Women’s Correctional Centre, Dillwynia Correctional Centre or Emu Plains Correctional Centre.

JH&FMHN promotes and supports breastfeeding and/or expressing breast milk depending on the individual woman’s circumstances. The women who have their babies with them on the Mother and Babies program at Emu Plains Correctional Centre are encouraged and supported to breastfeed.

Over the last year a total of 100 pregnant women entered custody of which 30% birthed their babies while in custody.

2012/13 Key Achievements

- A collaborative project between Hunter New England Local Health District (HNELHD) and JH&FMHN has commenced and comprises of information sharing and clinical handover between the two health services of the pregnant women coming into or leaving custody in the HNELHD area. This ensures comprehensive handover of relevant information pertaining to the women’s care.

- The JH&FMHN Eligible Midwife continues to be involved in the JH&FMHN and Nepean Public Hospital collaborative arrangement that provides a High Risk Pregnancy Clinic (HRPC) at Dillwynia Correctional Centre. This service includes a visiting obstetrician and social worker. Pregnant women from Emu Plains and Dillwynia Correctional Centres attend this clinic.

- Work on the Drugs & Pregnancy project is currently underway. This project is a multi-disciplinary approach to care for pregnant women in custody with Drug and Alcohol addiction issues and has a strong focus on discharge planning and follow-up in the community.
**Patient Journey & Staff Experiences**

**Custody**

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**Patient story**

Miss K, a 25 year old Aboriginal woman is in custody pregnant with her fifth child. She is well known to JH&FMHN as she has had multiple incarcerations over her life including with the Juvenile Justice NSW system. This is the third time Miss K has been pregnant whilst in custody. All of her children have been placed in the care of the children’s grandmother and Miss K has never raised any of her children herself. With extensive work with CS NSW, Family and Community Service (FaCS) and the JH&FMHN midwife it was decided that this woman required assistance in changing her life and, as she is in custody for 2 years, she was a candidate to be accepted into the Mothers and Children’s program at Emu Plains Correctional Centre with her baby. The placement after many months of negotiations with the services involved in her care was successful and as a result Miss K is caring for her baby and is a wonderful mother.

Miss K said that she “is so happy that she came to custody as this was her best chance of changing her life and it put her in a position that FaCS would give her a chance to be with her baby.”

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**Staff quote**

“Over the past year my role with JH&FMHN has evolved dramatically. My position is now full time and I am employed as an Eligible Midwife. The Eligible Midwife is the new registration board’s midwife equivalent of Nurse Practitioner. For JH&FMHN to recognise my registration as Eligible Midwife is something I feel incredibly privileged to be a part of. Pregnant women coming into custody are often very scared and for these women being ‘pregnant and in prison’ is as bad as it gets. To be able to meet a woman at reception and follow her through her time in custody and see her settle and focus on the health of her unborn baby and start to make plans for the future is incredibly rewarding”.

Jacqueline
Eligible Midwife
Primary & Women’s Health

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Justice Health & Forensic Mental Health Network 2012/13 Year in Review
Aboriginal Chronic Care Program

The Aboriginal Chronic Care Program (ACCP) strategically operates in correctional centres that have significant numbers of incarcerated Aboriginal people so that a larger proportion of the Aboriginal population are able to access this innovative approach to chronic care services. The ACCP operates in correctional centres and provides culturally appropriate care to Indigenous patients.

The main aim of the ACCP is on the early detection and intervention for chronic conditions in Aboriginal people. This covers:

- systematic screening and follow up
- health education
- health promotion related to tobacco control
- strategies for chronic condition self-management; and
- referrals.

2012-2013 data

<table>
<thead>
<tr>
<th></th>
<th>First Quarter</th>
<th>Second Quarter</th>
<th>Third Quarter</th>
<th>Fourth Quarter</th>
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<tr>
<td>Number of Aboriginal patients accessing the program</td>
<td>168</td>
<td>180</td>
<td>287</td>
<td>314</td>
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<tr>
<td>Number of chronic conditions found</td>
<td>96</td>
<td>117</td>
<td>162</td>
<td>175</td>
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</table>

100% of Aboriginal patients with an identified chronic condition were referred on to the General Practitioner for further assessment and management.

“I find my position to be very rewarding and fulfilling. I enjoy working with the patients and helping them to understand their chronic health care issues. This culturally appropriate program enables clear communication between the health and custodial environment. As a nurse, the program makes me feel I have made a little difference to the patient’s health and understanding about their health needs. Working as an Aboriginal Chronic Care nurse has enhanced my clinical practice and I now also have a better understanding of the Aboriginal community.”

Karen
Endorsed Enrolled Nurse & Aboriginal Chronic Care Nurse
John Morony
Staff Quote

“I am very proud to be involved in the Aboriginal Chronic Care Program at Emu Plains. The Aboriginal women have responded positively to all activities, particularly during days of significance such as Closing the Gap and NAIDOC. These days have offered us the opportunity to do health promotion and to also involve staff in the Aboriginal Chronic Care Program.”

Kelly
Endorsed Enrolled Nurse
Emu Plains

Patient Quote

“Yeah the program is really good. I’ve cut down to 3 cigarettes a day from 30.”

Aboriginal Chronic Care Patient
John Morony
Oral Health

Oral Health promotion in the Forensic Hospital

The inaugural collaborative partnership between JH&FMHN and the University of Sydney Dental Faculty commenced in May 2013. Two final year Bachelor of Oral Health (BOH) students completed a two week placement in the Forensic Hospital. During this placement, the students initially undertook a needs analysis of the Forensic Hospital patients by conducting voluntary face to face interviews. They also surveyed the staff about their knowledge of oral health promotion. This data allowed the BOH students to develop a specific oral health program tailored for the patients and staff. This resulted in the development of the Healthy Smiles for Forensic Hospital patients package. This comprehensive package included a staff presentation, delivery of oral health resources and an inpatient presentation about effective tooth brushing with fluoride toothpaste and eating a healthy diet.

The Healthy Smiles for patients package was well received and appreciated by everyone in the Forensic Hospital. It is expected the outcome of the project will be sustainable oral health awareness by both patients and staff in the Forensic Hospital.

Building workforce capability for oral health promotion within JH&FMHN

Four JH&FMHN dental assistant staff have successfully completed the Open Training and Education Network (OTEN) TAFE Certificate IV in Dental Assisting. This has increased JH&FMHN capability in providing oral health promotion within the custodial and forensic setting as well as during NAIDOC and Dental Health weeks.
Patient Journey & Staff Experiences
Custody
Patient Journey & Staff Experiences
Inpatient – Long Bay Hospital

Long Bay Hospital

The Long Bay Hospital (LBH) is a prison hospital which enables JH&FMHN and CS NSW to respond effectively to the complex health needs of the inmate population of NSW and to provide international best practice health care for those in custody.

The design of the facility caters for both male and female inpatients and is accessible to all adults throughout the NSW correctional system. Health care services for patients are provided by a multidisciplinary team of clinicians and include specialist medical officers, 24/7 nursing care and a range of allied health consultations. The clinical staff work closely with employees of CS NSW who ensure good order and security but who also participate with the care and rehabilitation of patients where appropriate.

LBH has three distinct Units and has the capacity to care for up to 85 patients:

**Mental Health Unit – 40 beds**
- Treatment of patients with severe mental illness – average occupancy greater than 90%

**Medical Subacute Unit – 29 beds + 1 dialysis suite**
- Medical and surgical rehabilitation for patients including haemodialysis services – average occupancy greater than 65%

**Aged Care and Rehabilitation Unit – 15 beds**
- For patients with chronic complex conditions that have a decreased level of day-to-day functioning requiring comprehensive physical and cognitive assessment by a multidisciplinary team – average occupancy greater than 85%.
2012/13 Key Achievements

- There were no Multi-Resistant Organism Infections acquired in LBH.
- LBH has participated in ‘5 Moments of Hand Hygiene’.
- The Evaluation of the Falls Reduction Program in the Aged Care and Rehabilitation Unit (ACRU) shows a significant reduction of 34% in falls.
- The ACRU has also been involved in improving health delivery for patients with Dementia. The Dementia Project aims to develop a tool or tools to assist nursing staff to assess, identify and manage patients with Dementia in the correctional setting.
- The Acute Crisis Management Unit and Personality Behavioural Unit have also been added to LBH2.
Mental Health Unit

The Mental Health Unit has 40 beds for patients suffering from severe mental illness.

Activities Program

In 2011 a joint JH&FMHN and CS NSW initiative commenced within the Mental Health Unit to increase the diversional activities for patients being cared for in this unit. This initiative was developed following the results of the 2010 Mental Health Consumer Perception and Experiences of Services (MHCOPES) Survey and Long Bay Hospital 6 monthly Patient Safety Report. It was clear from the responses that the patients lacked stimulation and as a result there were frequent incidents of aggression and self-harm. In late 2011 this initiative was further progressed with the establishment of a CS NSW Programs Liaison Officer position. As a result new activities were initiated and the working relationship between JH&FMHN and CS NSW was strengthened.

The Activities Program has developed significantly during 2012/13 with the program designed to achieve two clear aims: to decrease the incidence of aggression and self-harm within the unit and to decrease the risk of metabolic syndrome with the patient population.

Visits to the oval adjacent to Long Bay Hospital are now a regular part of the program. This has been a great success with the patients, JH&FMHN and CS NSW staff interacting together in team sports.

Staff Quotes

“The introduction of activities on the unit has, for most patients, been a positive move. The patients engage with staff and their peers to a greater degree. We have had various activities introduced such as guitar lessons, sports, visits to the oval, pet therapy and recently the nursing staff have begun to conduct groups with the patients on E and F wards. These have ranged from newspaper group to discussion and education surrounding depression. These have been very well received by the patients. CS NSW officers and nursing staff are also attending which is increasing the knowledge and understanding of everyone in the unit.”

Terri
A/Nursing Unit Manager, Mental Health Unit
Long Bay Hospital

“The Activities Program has continued to have a direct positive impact on the patients within Long Bay Hospital. The program offers patients the opportunity to engage in physical, sports and leisure activities which has a positive effect on their overall general health and wellbeing. The enthusiasm displayed by the patients to undertake the activities is a true testament to the success of the program. The program has also fostered the opportunity for CS NSW staff to collaborate with JH&FMHN staff in the areas of mental health. As a result this collaboration has strengthened our partner relationships along the way.”

Danny
Senior Correctional Officer & Programs Liaison Officer
Long Bay Hospital, Corrective Services NSW
2012/13 Key Achievement

- Continued the success of the Activities Program in 2012/13, with 19% of patients involved in the activities recording a weight loss of between 1-2 kgs.
Haemodialysis Service

The haemodialysis service at LBH is a great success. Four patients over the past year continue to receive their dialysis treatment on site. The haemodialysis service enables patients to receive their dialysis treatment on the campus of the correctional centre without having to be transferred out to the nearest public hospital. Patients feel that this is a great service as it significantly reduces their travel time. They are also able to build a strong therapeutic relationship with the nurses. This is also a great outcome for our partner agency, CS NSW.

2012/13 Key Achievements

- 100% of patients who required haemodialysis had this treatment in LBH.
- Haemodialysis Services completed its second full year of operations with 85% occupancy for this service, and over 320 occasions of service.
Aged Care & Rehabilitation Unit

The ACRU continues to be fully occupied, predominately with long stay patients that are aged, frail, diagnosed with Dementia and other debilitating illnesses and cannot be housed in the ambulatory setting; or forensic patients following a Mental Health Review Tribunal order.

The predominant challenge faced by staff in the unit has been to reduce the number of patient falls. Education sessions were conducted where all staff working in LBH attended to give them a better understanding of the elderly population.

Age appropriate furniture and equipment was purchased and the unit redesigned where possible.

Consultation with specialist allied health staff resulted in the introduction of the Traffic Light System where patients are assigned a risk level which involves assessing patients and categorising the level of assistance required.

Each patient had an appropriate colour displayed in and outside of their room, attached to walking aids, on CS NSW state board and nursing handover forms as follows:

- **Green = No assistance**
- **Amber = Some assistance**
- **Red = Full assistance**

As the ACRU is in a maximum security prison hospital, the most important change was being able to open room doors when the patients were locked in their rooms as part of the usual prison security routine. This allowed JH&FMHN staff to enter to assist the patients instead of interacting through the door hatch preventing patients having to get up from their bed or chair to collect medications or balance hot meals on a tray and return to the table. This also prevented patients becoming dizzy with quick movement, slip or trip, resulting in a fall.

The evaluation of the Falls Reduction Program in the Aged Care and Rehabilitation Unit (ACRU) shows a significant reduction in falls. In 2011, there were 41 falls recorded and this reduced by 34% to 27 falls in 2012 as a result of the Program.
Delta Therapy Dogs Australia

Delta Therapy Dogs Australia visit the Mental Health Unit, the Aged Care Rehabilitation Unit and the Forensic Hospital each week to interact with the patients.

Patients look forward to the dogs visiting as it gives the patients an opportunity to interact with a dog, some for the first time ever, others to talk about the dogs they have had or left behind.

The dogs, a Dachshund and Border Collie clearly enjoy the attention as they both hurry to the units without being led and make themselves right at home.

Domestic Services

Domestic Services and JH&FMHN Stores have now amalgamated under the management of Domestic Services Manager at LBH. With staff recruitment and new processes in place, services have been streamlined and can now offer a 7 day a week service. This has considerably reduced the cost of external couriers in the Metropolitan area.

2012/13 Achievement

- The Domestic Services Team was the recipient of the Health Roundtable Innovative Award: Innovative Cleaning System in Healthcare, and the recipient of the Certificate of Excellence, Diversity: Implementing World Best Guidelines in Cleaning and Infection Prevention.
Patient Journey & Staff Experiences
Inpatient – Long Bay Hospital
Forensic Mental Health Network

The Forensic Mental Health Network (FMHN), established in May 2011, is now an integral part of the organisation and the principal service provider and coordinating agency for forensic mental health services in NSW. The purpose of bringing together the services provided to forensic patients into the FMHN is to improve patient flow through the forensic system while providing high quality assessment, care, treatment and other services to people with mental illness who are, or have been, in contact with the criminal justice system. This is supported by training and research activities.

The Network includes:

- The Forensic Hospital, Malabar
- The Mental Health Unit, Long Bay Hospital
- Statewide Community & Court Liaison Service
- Community Forensic Mental Health Service
- Adolescent Court and Community Team
- Adolescent Community Integration Team
- Mental Health Screening Unit, MRRC and Silverwater Women’s Correctional Centre
- Custodial Mental Health Service
- Adolescent Health Service.

Medium Secure Units provided by LHD’s:

- Bunya Unit at Cumberland Hospital, Western Sydney LHD
- Kestrel Unit at Morisset Hospital, Hunter New England LHD
- Macquarie Unit at Bloomfield Hospital, Western NSW LHD.

Implementation strategies have included establishment of the Statewide Forensic Patient Flow Committee which is accountable for the utilisation of resources in the forensic mental health system with primary responsibility to manage the flow of patients within the forensic mental health system; and the FMHN Clinical Council which responsible for ensuring a high quality of mental health services provided to correctional and forensic patients by undertaking systemic reviews following adverse incidents, identifying systemic deficiencies and recommending systemic changes, setting practice standards, auditing the system and reporting. The FMHN has also taken up a learning and development role to ensure clinicians who provide care, treatment, or other services to forensic or correctional patients have appropriate training in the prevention and management of violence and aggression.

JH&FMHN is working closely with the NSW Ministry of Health and LHD’s to continue the development of the new Network. Continued efforts will focus on further development of clinical governance arrangements, an accountability framework, patient flow systems, resource management, and training and that will underpin the operation of the Network.

Forensic Patient Pathways

The usual pathway for forensic patients is from the courts to either the correctional system or to the Forensic Hospital. The movement of forensic patients is under the jurisdiction of the Mental Health Review Tribunal.

Forensic mental health admissions tend to be lengthy and progress through the system much slower than the general mental health system with admissions lengths being months or years rather than days or weeks.
After treatment in the high secure setting of the Forensic Hospital, forensic patients then flow through to the medium secure forensic units. From the medium secure units, forensic patients then usually transfer to general mental health inpatient units which are operated by LHD’s, or to conditional release in the community. Community care is then provided by LHD’s general community mental health teams for forensic patients living in supported community or independent accommodation.

LHD’s are a major stakeholder in the care of forensic patients in NSW as 56% of forensic patients are under the care of the LHD’s in their hospitals or in the community under the care of the general mental health teams.

JH&FMHN strategies to improve pathways for forensic patients include:

- Collaboration with the Mental Health Review Tribunal and the Courts about appropriate placements for forensic patients i.e. not all forensic patients require high secure care in the Forensic Hospital.
- The two Service Level Agreements (the first SLA with Hunter New England LHD, Western Sydney LHD and Western NSW LHD in relation to the medium secure units and the draft second SLA with all LHD’s) have been designed to establish a coordinated approach to care, create additional pathways and improve patient flow for forensic patients in NSW.
Forensic Hospital

The Forensic Hospital is an integral part of the JH&FMHN which commenced operation in November 2008.

The Forensic Hospital is a stand-alone high secure mental health facility located in Malabar and is the first of its kind in NSW. A private consortium, PPP Solutions Inc., in partnership with JH&FMHN and NSW Ministry of Health constructed The Forensic Hospital. All clinical services are provided by JH&FMHN through a multi-disciplinary team of medical, nursing and allied health professionals. All facilities management and ancillary services are provided by Public Private Partnerships Solutions Inc.

The Forensic Hospital provides specialist mental health care for mentally ill patients who have been in contact with the criminal justice system and high risk civil patients. The patient demographic consists of those found not guilty by reason of mental illness, those unfit to plead, mentally disordered offenders or those at risk of offending.

The Units in the hospital cater for adults and young people, both male and female:

<table>
<thead>
<tr>
<th>Unit</th>
<th>Bedding Size</th>
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<tbody>
<tr>
<td>Austinmer Women’s</td>
<td>(17 bed Acute Female Unit)</td>
</tr>
<tr>
<td>Austinmer Adolescent</td>
<td>(6 bed Acute Adolescent Unit)</td>
</tr>
<tr>
<td>Bronte Male Admission</td>
<td>(33 bed Acute Male Admission Unit)</td>
</tr>
<tr>
<td>Clovelly</td>
<td>(27 bed Extended care Unit)</td>
</tr>
<tr>
<td>Dee Why</td>
<td>(32 bed Long stay Unit)</td>
</tr>
<tr>
<td>Elouera</td>
<td>(20 bed Rehabilitation Unit)</td>
</tr>
</tbody>
</table>
Patient Journey & Staff Experiences
Inpatient – Forensic Hospital
Patient Journey through the Forensic Hospital

The patient’s journey through the Forensic Hospital begins in one of three admission units – Austinmer Women’s, Austinmer Adolescents or Bronte Male Admission Unit. Patients undergo a period of intensive assessment and development of an individualised treatment plan and a focus on risk management. With the provision of a recovery-focussed model of care, patients engage in a therapeutic program designed to meet the individual needs of each patient by treating illness and managing risk. The multidisciplinary team (psychiatrists, nurses and allied health) conduct regular individualised clinical reviews and decide when each patient is able to move from the admission units through to the longer stay and rehabilitation focussed units of Clovelly, Dee Why and Elouera in preparation for transfer to the more open environment of medium secure care.

Art Therapy

Art Therapy is provided as part of the Forensic Hospital Therapeutic Program, as it addresses the psychological needs of a range of patients in the Forensic Hospital by using art media as its primary mode of communication. Patients who are referred to an art therapist need not be skilled artists and the therapist is not primarily concerned with making an aesthetically pleasing artwork. Art therapists are psychodynamically trained to enable a patient to effect change and growth on a personal level through the use of art materials in a safe and facilitating environment. It might be particularly helpful for those that feel distanced from their feelings or find it too upsetting to talk about painful experiences, and may find it difficult to engage in talking therapies, such as counselling or psychotherapy.

Patient Quote

“Art Therapy has helped me understand myself and who I am. It’s helped me a lot, just progression as far as understanding where I’m going in life. I feel like I can reach out into other things, I feel like I can enjoy it which is a big thing. You don’t have to be a good artist but to understand yourself more.”
Understanding Growth – Forensic Hospital Patient Artwork

Meaning of the artwork
(Written in a poetic sense)

“Trees in the forest look so beautiful today, Oh how I wish I lived her okay.
Tomorrow is a new day, the sun is rising now, How I love the bush and the surroundings now.
The centre of the artwork stands out cause of its re-growth from a broken stump.
Why can’t we all be strong and tall just like the trees?”

2012/13 Key Achievements

• The Forensic Hospital has been a ‘clean-air environment’ since opening in 2008. An evaluation of the smoke free environment has demonstrated positive health outcomes for patients and staff and overall has been well received by both patients and staff.

• Establishment of a Forensic Hospital mixed gender Yarning Group exclusively for Aboriginal and Torres Strait Islander patients.

• Establishment of the Centralised (hospital wide) Group Therapy Program which includes both treatment and leisure, closed and open rehabilitation groups.

• Participation by Forensic Hospital patients in the community exhibition Recovery in Art held at the Wayside Chapel.
Patient Journey & Staff Experiences
Community – Post Custody

Connections Program

Overview of Program
The Connections program is a linkage model program that aims to link patients with relevant health and welfare service providers post release. Participation on the Connections program is voluntary.

Most of the patients who participate have extensive criminal histories with multiple incarcerations. They have complex medical and social circumstances which together with their drug dependence and commonly mental health problems contribute to historical lower engagement with community based services. This often results in multiple hospital presentations and ultimately returning to custody.

Program Pathway
All participants undergo a comprehensive assessment approximately four weeks prior to release. A release plan is then completed with the patient to address their identified needs. All participants are assertively followed up in the community for a period of four weeks and have their needs addressed. Some patients require minimal assistance, while others require more intensive support e.g. attending appointments with them in order to advocate or support, especially at initial appointments, crisis intervention etc. All participants are assisted in accessing a case manager in the community, as appropriate and a handover of care is arranged prior to ceasing engagement with Connections. In order to ensure a consistent high standard of care is provided to participants there is a review of all assessments, release plans and completed files.

A patient’s journey
An Aboriginal male patient in his late thirties had returned to custody. The patient had multiple incarcerations which had commenced as a juvenile. On release from custody he was returning to live with his partner and young children in rural NSW. The patient had a long history of illicit substance use and was receiving Opioid Substitution Treatment (OST) in custody. He had a long history of mental illness with episodes of self-harm and was diagnosed with depression. The patient also had a high number of violent deaths within his family and had difficulties managing grief. On release he continued OST and engaged with D&A counselling, blood borne virus services, community mental health services, a psychologist and a general practitioner. The patient was also assisted in obtaining a birth certificate, Medicare card and engaging with Centrelink as well as with a mentor. Prior to disengaging the patient, Connections had assisted his partner in accessing mental health services, the children in accessing specialist health services and arranging mediation for the couple to work through relationship issues.

2012/13 Key Achievements

• Connections have arranged post release treatment for 945 patients with 784 (83%) agreeing to participate in the program post release. When released to the community 682 (87%) of patients engaged with Connections and treatment services as planned.

• Connections was a Finalist in the Premier’s Public Sector Awards in the category Delivering Quality Customer Services and was a Joint Winner in the National Drug and Alcohol Awards in the category Excellence in Treatment and Support.
Community Forensic Mental Health Service

The Community Forensic Mental Health Service (CFMHS) is a state wide consultation and liaison service. The CFMHS provides support to local mental health teams across LHD’s to assist them in the delivery of safe treatment and care to forensic and high-risk civil patients. As patients transition through their rehabilitation, the prospect of reintegration into the community increases.

The CFMHS engages with patients at the point at which discharge to the community is proposed, and provides advice on the most safe and effective care plans for patients so that unnecessary readmissions to hospital, or re-engagement with the criminal justice system, is avoided.

The CFMHS is a dynamic team of specialist trained mental health staff. They share a strong commitment to assisting LHD’s to deliver appropriate and timely support to patients with forensic needs, so that these patients are given the best opportunity to further their recovery. This commitment is best observed in the comprehensive clinical practice offered by the team, as well as in its initiative to deliver supervision and specialist training to local mental health staff.
Adolescent Community Integration Team

The Adolescent Community Integration Team (CIT) is a statewide service that assists young people who have mental health and/or drug and alcohol problems to access community health services on release from custody. The aim of CIT is to coordinate integrated, ongoing care for young people, to aid successful reintegration into the community. Care is coordinated prior to and during the critical post release period with links made to appropriate specialist and generalist community services. CIT is located at 11 sites across NSW in rural, remote and urban regions.

The CIT is based at the following sites and clinicians are able to meet with young people who are eligible for CIT in custody at a Juvenile Justice NSW Centre that is in close proximity to the CIT site. For example: Dubbo CIT engages with young people in Orana Juvenile Justice NSW Centre and Grafton CIT engages with young people in Orana Juvenile Justice NSW Centre and Grafton.

North/Western Sector NSW:
- Broken Hill
- Dubbo
- Grafton
- Kempsey
- Wagga Wagga

Eastern Sector NSW:
- Fairfield
- Gosford
- Newcastle
- Penrith
- Sydney Metro
- Wollongong

Patient Quote

“Chris (CIT Wagga Wagga) helped me with my medication and mental health appointments when I was released from “juvi” (juvenile justice centre), which I couldn’t have done on my own. He also helped me to get to a doctor when I was sick.”
Patient Journey & Staff Experiences
Community – Post Custody

Staff Quote

“CIT provides me the opportunity to work with young people in a wide variety of settings and with many different agencies. The main collaboration a CIT clinician has with another agency is with Juvenile Justice NSW – Juvenile Justice NSW Officers and management in the community offices. This relationship is unique and I greatly enjoy working with these dedicated client focused professionals. The CIT role is a balance of building rapport with the young people and carers, educating them about MH and AOD, advocating for the young people with agencies and providing information to specialist services to allow them to develop the most effective treatment plans.”

Chris
CIT Clinician, Wagga Wagga

Feedback from partner agency, Juvenile Justice NSW:

“Without CIT, many young people may continue to slip through the mental health and disability net and potentially return to custody more frequently, as their special needs and health issues would remain unsupported or undetected. Since the introduction of CIT more detainees have stabilised upon discharge through ongoing support via CIT and earlier diagnosis of community JJ NSW clients (especially short remand clients) with various health issues that have contributed in some way to their offending.”

JJ NSW Worker

2012/13 Key Achievements

• 452 CIT referrals were received from JH&FMHN and JJ NSW staff.
• Of these referrals 62% were for Aboriginal young people.
• 86% of referrals had mental health concerns and 52% had comorbid mental health and drug & alcohol concerns.
• Introduction of the MH-CoPES (Mental Health Consumer Patient Experience Survey). 78% respondents found CIT service to be either very good or excellent.
There are over 1,366 employees (1,167.5 FTE) working at over 90 locations in metropolitan and regional NSW. Nursing staff, general practitioners, psychiatrists, dentists, medical specialists, allied health professionals, researchers, trainers, administrative and support staff work together to deliver quality health services.

**Number of Full Time Staff (FTE) employed as at 30 June 2013**

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<tr>
<td><strong>Total</strong></td>
<td>744</td>
<td>792</td>
<td>980</td>
<td>1,056</td>
<td>1,068.3</td>
<td>1,130.78</td>
<td>1,134.19</td>
</tr>
</tbody>
</table>

Medical, nursing allied health, other health professional & oral health practitioners as a proportion of all staff: 76.9% 75.1% 73% 76% 80% 75.5% 74.5%

**Hotel Services** includes employees who provide non-medical services that include food services, cleaning, transport (drivers), car parking, security, linen, waste management and retail services.

The above figures don’t include 95 VMO contracts equal to 16.98 FTE.
JH&FMHN is committed to creating a culture of organisational learning and professional development for all staff. The internal education calendar for the organisation provides staff with the opportunity to participate in training programs and initiatives that develop their skills, knowledge and workplace competence in their area of expertise.

The table below demonstrates that we have spent 1.9% of our expense budget on internal training. The 1.9% includes the time and cost of staff attending Learning & Development organised training and excludes any cost of backfilling.

**Total Cost of Training and Development conducted internally**

<table>
<thead>
<tr>
<th>Directorate</th>
<th>2012/13 Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Custodial Health</td>
<td>$1,313,981</td>
</tr>
<tr>
<td>Total Forensic Health</td>
<td>$1,758,212</td>
</tr>
<tr>
<td>Total other</td>
<td>$235,888</td>
</tr>
<tr>
<td><strong>Grand total JH&amp;FMHN</strong></td>
<td><strong>$3,308,081</strong></td>
</tr>
</tbody>
</table>

**Internal Learning & Development**

- Nursing 75%
- Medical 4%
- Oral Health 1%
- Hotel Services 1%
- Other Prof. 1%
- Allied Health 4%
- Corporate 14%
### Self-Reported MH Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>33.1%</td>
<td>44.8%</td>
<td>35.4%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>22.3%</td>
<td>33.9%</td>
<td>24.1%</td>
</tr>
<tr>
<td>Substance Use</td>
<td>10.0%</td>
<td>15.3%</td>
<td>12.6%</td>
</tr>
<tr>
<td>Other</td>
<td>45.6%</td>
<td>8.9%</td>
<td>12.6%</td>
</tr>
</tbody>
</table>

---

Justice Health & Forensic Mental Health Network 2012/13 Year in Review

109
Breakdown of Number of Staff who participated in face-to-face Orientation program throughout 2012-13:

- State Wide Orientation: 134
- Forensic Hospital Orientation: 119

Number of Undergraduate Nursing Placements 2012/13

For the financial year 2012/13, 473 nursing students attended a total of 4,193 clinical placement days at 71 locations, including The Forensic Hospital. This represented a 300% increase on the previous years figure of 1,430.

<table>
<thead>
<tr>
<th>University</th>
<th>Nursing Student Numbers</th>
<th>Total Placement Weeks</th>
<th>Total Placement Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Catholic University</td>
<td>22</td>
<td>61</td>
<td>305</td>
</tr>
<tr>
<td>Charles Sturt University</td>
<td>21</td>
<td>40.4</td>
<td>202</td>
</tr>
<tr>
<td>University of Notre Dame</td>
<td>19</td>
<td>46.2</td>
<td>231</td>
</tr>
<tr>
<td>University of New England</td>
<td>6</td>
<td>16</td>
<td>80</td>
</tr>
<tr>
<td>University of Wollongong</td>
<td>144</td>
<td>240</td>
<td>1,200</td>
</tr>
<tr>
<td>University of Sydney</td>
<td>4</td>
<td>8</td>
<td>40</td>
</tr>
<tr>
<td>University Technology Sydney</td>
<td>99</td>
<td>163</td>
<td>815</td>
</tr>
<tr>
<td>University of Tasmania</td>
<td>7</td>
<td>28</td>
<td>140</td>
</tr>
<tr>
<td>University Western Sydney</td>
<td>149</td>
<td>228</td>
<td>1,140</td>
</tr>
<tr>
<td>University of Newcastle</td>
<td>2</td>
<td>8</td>
<td>40</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>473</strong></td>
<td><strong>838.6</strong></td>
<td><strong>4,193</strong></td>
</tr>
</tbody>
</table>

Number of Medical students by University and Subject for 2012/13 (in days)

<table>
<thead>
<tr>
<th>University</th>
<th>Medical Student Numbers</th>
<th>Total Placement Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>University New South Wales Psychiatry 48</td>
<td>56</td>
<td>1,056</td>
</tr>
<tr>
<td>University Western Sydney General Practice 14</td>
<td>14</td>
<td>140</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>70</strong></td>
<td><strong>1,196</strong></td>
</tr>
</tbody>
</table>
Training & Professional Development

2012/13 Key Achievements:

Health Workforce Australia (HWA) funding
Funding was received for the installation of teleconferencing facilities in the Learning & Development centre, the development of a multimedia resource for Student Orientation, and 25 education packs (laptop, data projector and screen) for health centres providing student placement to enhance the quality and delivery of education to staff and students.

Engagement with Health Education & Training Institute (HETI)
HETI supports and promotes coordinated education and training across NSW Health. HETI's mission is to pursue excellence in health education and training and workforce capability to improve the health of patients and the working lives of NSW Health staff. The Network has partnered with HETI in the delivery of the following:

- Active participation in the Inter-disciplinary Clinical Training Network (ICTN) representation on all eight advisory committees and membership on the Statewide Advisory Group (CTAG).
- Rollout of ClinConnect – a cutting-edge new centralised database for advertising, booking and managing student clinical placements in a way that radically improves transparency and coordination.
- 40 managers participated in the 11 week blended Financial Management Education Program. Another 80 cost centre managers are scheduled to complete the program in coming months.
- 47 managers commenced the People Management Skills program and 5 senior managers participated in the local support team workshops conducted by HETI.
- Working with HealthShare (HS) and HETI to implement the HETI on line Learning Management System (LMS).
- An educational relationship has commenced for our rural nursing and medical staff to be able to access education and training through the Sister Alison Bush Mobile Simulation Centre.

Engagement with the Agency for Clinical Innovation (ACI)
The Agency to Clinical Innovation is the lead agency in NSW for promoting innovation, engaging clinicians and implementing new models of care.

- JH&FMHN participated in the ACI Clinician Connect Forums. The purpose of these was for LHDs/SN and clinicians to contribute to the direction of the Agency.
- JH&FMHN was involved in the ACI Innovation Awards.
- JH&FMHN is assisting in the review and development of an Agency website which will serve as a resource for LHD/SN and clinicians.

Initiatives for Managers

- 12 staff were awarded the Diploma of Management- BSB51107 as part of the Management Development Program.
- 80 Managers participated in a two day Planning Forum Action through Partnership in March 2013.
- 66 Managers participated in a 2 day workshop Crucial Conversations from April – June 2013. This workshop gave participants the skills and knowledge to engage in conversations. Some feedback received from participants was –
  - “Worthwhile – provides useful tools to address those difficult conversations.”
  - “The course is very worthwhile, it provides you with skills that improves the quality of the dialogue you engage in with others and steps you through the process on how to have those critical conversations.”

Transition to Professional Practice Programs

- 11 nurses commenced the State wide Transition Program for newly graduated nurses.
- 13 nurses commenced in the Mental Health Transition Program in the Forensic Hospital.
Training & Professional Development

Education opportunities funded by the Strategic Skills Program (SSP)

The following qualifications were completed in partnership with NSW Health RTO, TAFE and Australian Institute Management (AIM):

<table>
<thead>
<tr>
<th>Qualification Awarded</th>
<th>No of Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificate IV Project Management training (BSB41507)</td>
<td>25</td>
</tr>
<tr>
<td>Certificate IV Dental Assisting (HLT43007)</td>
<td>4</td>
</tr>
<tr>
<td>Certificate IV Training &amp; Assessment (TAE40110)</td>
<td>18</td>
</tr>
<tr>
<td>Statement of Attainment in Training &amp; Assessment</td>
<td>17</td>
</tr>
<tr>
<td>(Clinical Assessors Course)#</td>
<td></td>
</tr>
<tr>
<td>Diploma of Management (BSB51107)</td>
<td>12</td>
</tr>
</tbody>
</table>

#The JH&FMHN Clinical Assessors Course commenced in 2011 and provides a framework for clinicians undertaking training and assessment activities in the workplace. This provides consistency in clinical assessment practice.

Provision of Education Resources

- An additional 14 training Automated External Defibrillators (AEDs), 5 Basic Life Support mannequins, 8 venepuncture arms and 14 venepuncture hands and 20 Physical Assessment Resource Manuals and DVD’s have been purchased for JH&FMHN Health Centres and Hospitals.
- Copies of the NSW Health Eye Emergency Manual and educational DVD’s have been distributed to all health centres, hospital wards and police cells.
JH&FMHN Net Cost of Service (expenses less revenue) result for 2012/13 was $168.389M or $5.293M favourable to budget. This is a 3% variance to budget and is largely as a result of:

- the Forensic Hospital available and occupied bed days not risen as expected in the first half of 2012/13 mainly due to recruitment challenges;
- various cost savings and efficiency strategies implemented and fully achieved;
- interest earned on higher bank deposit balances and patient fee income.

Full year labour related expenses are $1.12M favourable and favourability in non-labour related expenses were $2.55M.

**Budget v Actual Performance (YTD $000)**
Expenditure & Revenue Budget v Actual (YTD $000)

NCoS (YTD $000)
Financial Performance

YTD Expense – Actual by Category

- Employee Related 74%
- VMO Payments 4%
- Drugs 4%
- PPP Expenses 9%
- Goods & Services 2%
- R & M and Renewals 1%
- Dep and Amort 2%
- Other Expenses 4%

Actual Expenditure

- 2011/12 51%
- 2012/13 49%
Total number of complaints received by JH&FMHN throughout 2012/13 was 838. This included:

- 188 from the NSW Ombudsman office
- 285 from Health Care Complaints Commission; and
- 41 from the CS NSW Official Visitors.

The total number of complaints also included those received directly from the patient, patient relatives, carers and others.

The NSW Ministry of Health benchmark for acknowledgement of complaints within five days is 100%. This was achieved by JH&FMHN.

The NSW Ministry of Health key performance indicator requires that 80% of complaints received are responded to within 35 (calendar days). JH&FMHN consistently meets and exceeds this indicator.

<table>
<thead>
<tr>
<th>Complaint Incidents by issue*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>433</td>
</tr>
<tr>
<td>Communication</td>
<td>17</td>
</tr>
<tr>
<td>Corporate Services</td>
<td>3</td>
</tr>
<tr>
<td>Grievances</td>
<td>5</td>
</tr>
<tr>
<td>Privacy Discrimination</td>
<td>6</td>
</tr>
<tr>
<td>Treatment</td>
<td>391</td>
</tr>
<tr>
<td>Consent</td>
<td>2</td>
</tr>
</tbody>
</table>

*The issue is logged from the patients perspective of the complaint and not the outcome of the complaint.
Disability Action Plan

The JH&FMHN Disability Action Plan focuses on six key priority areas, reflecting the NSW Government’s Disability priorities and policy on health care for people with disabilities and major gaps in service provision identified for people with disabilities.

- **Improve Health Care to People with Disabilities** – JH&FMHN ensure that all reviews and evaluations of service delivery include addressing the needs and requirements for people with disabilities. Additionally, all new service planning specifically address the needs of people with disabilities.

- **Improving Health Care and physical environment for Aged patients** – JH&FMHN works with CS NSW to support quality health care and physical needs of the growing aged population within the prison system. Initiatives have been introduced to reduce physical constraints within the prison environment and increase access to physical aides through the Enable Program so that patients with disabilities have the same access to equipment as patients in the community. Both agencies are working together to ensure appropriate care and safety is available for the elderly patients in the Aged Care and Rehabilitation Unit, LBH such as agreed variation of routine and processes to increase patient interaction and reduce injuries. Purchasing of aged appropriate equipment continues with consultation from allied health stakeholders. The Aged Care Bed Demand Committee is a forum for staff to discuss patients in their care who may need special care and/or placement.

- **Improve identification and assessment of people with disabilities** – All young people and adults in custody are assessed for disability. Improved identification supports improved health treatment and education programs catering for special needs of young people with disability. Young people identified as having an intellectual disability are connected to appropriate community support where possible on release from custody. This is often the first time young people have connected with disability services.

- **Strengthen inter-departmental cooperation and collaboration to meet the needs of people with disabilities** – JH&FMHN works closely with Government and community services through several interagency and high level meetings to improve the coordination of disability services, regular communication and facilitate clear policy. Working in collaboration with State Disability Services allows both services to ensure patients with disabilities are appropriately placed in a safe environment and have access to health care.

- **Strengthen professional skills development in disability awareness** – This priority is currently a work in progress for JH&FMHN.

- **Employment participation of people with a disability** – JH&FMHN regularly review Human Resource policies, procedures and guidelines to ensure employment participation of people with a disability. Information on workplace services available for people with a disability includes identification of workplace adjustment needs.
JH&FMHN implemented strategies to improve access to services for all patients. Initiatives implemented against the Multicultural Policies and Services Plan throughout 2012/13 included:

- The translation of Care Navigation Support Program patient brochures into the five languages commonly spoken by our patient population (Arabic, Chinese, Spanish, Indonesian & Vietnamese). The brochures have been distributed to more than 30 JH&FMHN health centres across the State. The brochures were designed specifically for our patients with the aim to better engage people from culturally and linguistically diverse communities with chronic and complex conditions to assist and improve self-management.

- The identification and inclusion of culturally and linguistically diverse people as a priority group in the JH&FMHN Hepatitis C Strategic Plan.

- The Forensic Hospital is in the process of developing a multicultural service which currently includes a literacy and numeracy program for culturally and linguistically diverse patients including a Teaching English to Speakers of Other Languages course. Culturally and linguistically diverse patients receive transcultural mental health assessments, the celebration of religious festivals of different cultures, specific culturally appropriate dietary provision and access for culturally and linguistically diverse patients to specific religious ministers.
The object of the *Government Information (Public Access) Act 2009* (the *GIPA Act*) is to open government information by:

- Authorising and encouraging the proactive release of government information by agencies.
- Giving members of the public an enforceable right to access government information.
- Providing that access to government information is only restricted when there is an overriding public interest against disclosure.

Under section 7(1) agencies are authorised to make government information publicly available unless there is an overriding public interest against disclosure of the information. JH&FMHN’s program for proactively releasing information involves reviewing information held, determining whether there is an overriding public interest against disclosure and determining whether it should be made available free of charge on our website.

As a result of this review, JH&FMHN continued to proactively release the following documents:

| 1.010 Access to Patients – Medical Emergencies | 1.407 Transport of Forensic Patients from MRRC and SWCC |
| 1.020 Medication Management | 1.410 Transgender Patients – Management of |
| 1.025 Clinical Observation Beds in Health Centres | 1.422 Tuberculosis – Surveillance and Management of |
| 1.100 Plastic Surgery and Tattoo Removal | Confirmed and Suspected Cases |
| 1.141 Release Planning and Transfer of Care Policy – Adult Ambulatory Setting | 1.423 Unfit to Attend Court – Health Related Reasons |
| 1.170 Early Release for Health Related Reasons | 2.021 Courier and Postal Services |
| 1.180 Enforced Medication & Rapid Tranquilisation – The Forensic Hospital & Long Bay Hospital Mental Health Unit | 2.022 Delegations Authority |
| 1.230 Health Care and Interpreter Services – Culturally and Linguistically Diverse Patients | 2.123 Patient Fees – The Forensic Hospital |
| 1.250 Hunger Strikes | 2.137 Practice Improvement Projects |
| 1.264 Medical Appointments (External and Internal) – Referrals Bookings and Cancellations | 2.150 Purchasing |
| 1.300 After Medical and On Call Services | 3.043 Dress Code |
| 1.302 Prescribed Opioid Analgesics – Clinical Management of Patients | 3.045 Employee Assistance Program |
| 1.322 Recognition and Management of Patients who are clinically deteriorating | 3.050 Equity in the Workplace |
| 1.331 Referrals between CS NSW and JH&FMHN | 3.080 Grading Regrading and Reclassification of Positions |
| 1.350 Aggression, Seclusion Practices in Psychiatric Facilities – Long Bay Hospital, Mental Health Unit | 3.100 Harassment Bullying and/or Discrimination |
| 1.351 Aggression Seclusion & Restraint in Mental Health Facilities – The Forensic Hospital | 3.105 Health Manager Salary |
| 1.360 Segregated Custody | 3.140 Sick Leave Management |
| 1.362 Self-Referral for Health Assessment – Ambulatory Setting (Adults) | 4.014 Electronic Information Systems – Alerts |
| 1.363 Early Detection Program for Blood Borne Viruses and Sexually Transmissible Infections | 5.005 Alarm, Pager & Two-Way Radio Use and Management – FH |
| 1.395 Transfer and Transport of Patients | 5.011 Assaults Involving Patients |
| 1.407 Transport of Forensic Patients from MRRC and SWCC | 5.016 Patient Correspondence – Forensic Hospital |
| 1.410 Transgender Patients – Management of | 5.040 First Aid |
| 1.422 Tuberculosis – Surveillance and Management of Confirmed and Suspected Cases | 5.065 Home Visits |
| 1.423 Unfit to Attend Court – Health Related Reasons | 5.110 Work Health and Safety |
| 2.021 Courier and Postal Services | 5.115 Occupational Health and Safety Hazard Management |
| 2.022 Delegations Authority | 5.130 Security and Disposal of Needles and Syringes – Department of Corrective Services Centres |
| 2.123 Patient Fees – The Forensic Hospital | 5.140 Sexual Assault Management |

During the reporting period 1 July 2012 to 30 June 2013, JH&FMHN received 28 formal access applications, including withdrawn applications but not including invalid applications. Of these, 23 have been completed within the reporting period and 5 have been withdrawn. No applications requested the disclosure of information referred to in Schedule 1 of the *GIPA Act*. 


Information, as set out in the required form under Schedule 2 of the Government Information (Public Access) Regulation 2009, relating to the access applications made to JH&FMHN during the reporting period is provided below.

### Table A: Number of applications by type of applicant and outcome*

<table>
<thead>
<tr>
<th></th>
<th>Access granted in full</th>
<th>Access granted in part</th>
<th>Access refused in full</th>
<th>Information not held</th>
<th>Information already available</th>
<th>Refuse to deal with application</th>
<th>Refuse to confirm/deny whether information is held</th>
<th>Application withdrawn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Members of Parliament</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Private sector business</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Not for profit organisations or community groups</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Members of the public (application by legal representative)</td>
<td>12</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Members of the public (other)</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

*More than one decision can be made in respect of a particular access application. If so, a recording must be made in relation to each such decision. This also applies to Table B.

### Table B: Number of applications by type of application and outcome

<table>
<thead>
<tr>
<th></th>
<th>Access granted in full</th>
<th>Access granted in part</th>
<th>Access refused in full</th>
<th>Information not held</th>
<th>Information already available</th>
<th>Refuse to deal with application</th>
<th>Refuse to confirm/deny whether information is held</th>
<th>Application withdrawn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal information applications*</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Access applications (other than personal information applications)</td>
<td>17</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Access applications that are partly personal information applications and partly other</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*A personal information application is an access application for personal information (as defined in clause 4 of Schedule 4 to the Act) about the applicant (the applicant being an individual).*
Table C: Invalid applications

<table>
<thead>
<tr>
<th>Reason for invalidity</th>
<th>Number of applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application does not comply with formal requirements (section 41 of the Act)</td>
<td>7</td>
</tr>
<tr>
<td>Application is for excluded information of the agency (section 43 of the Act)</td>
<td>0</td>
</tr>
<tr>
<td>Application contravenes restraint order (section 110 of the Act)</td>
<td>0</td>
</tr>
<tr>
<td>Total number of invalid applications received</td>
<td>7</td>
</tr>
<tr>
<td>Invalid applications that subsequently became valid applications</td>
<td>2</td>
</tr>
</tbody>
</table>

Table D: Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 of the Act

<table>
<thead>
<tr>
<th>Reason for invalidity</th>
<th>Number of times consideration used*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overriding secrecy laws</td>
<td>0</td>
</tr>
<tr>
<td>Cabinet information</td>
<td>0</td>
</tr>
<tr>
<td>Executive Council information</td>
<td>0</td>
</tr>
<tr>
<td>Contempt</td>
<td>0</td>
</tr>
<tr>
<td>Legal professional privilege</td>
<td>0</td>
</tr>
<tr>
<td>Excluded information</td>
<td>0</td>
</tr>
<tr>
<td>Documents affecting law enforcement and public safety</td>
<td>0</td>
</tr>
<tr>
<td>Transport safety</td>
<td>0</td>
</tr>
<tr>
<td>Adoption</td>
<td>0</td>
</tr>
<tr>
<td>Care and protection of children</td>
<td>0</td>
</tr>
<tr>
<td>Ministerial code of conduct</td>
<td>0</td>
</tr>
<tr>
<td>Aboriginal and environmental heritage</td>
<td>0</td>
</tr>
</tbody>
</table>

*More than one public interest consideration may apply in relation to a particular access application and, if so, each such consideration is to be recorded (but only once per application). This also applies in relation to Table E.
Table E: Other public interest considerations against disclosure: matters listed in table to section 14 of the Act

<table>
<thead>
<tr>
<th>Number of occasions when application not successful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible and effective government</td>
</tr>
<tr>
<td>Law enforcement and security</td>
</tr>
<tr>
<td>Individual rights, judicial processes and natural justice</td>
</tr>
<tr>
<td>Business interests of agencies and other persons</td>
</tr>
<tr>
<td>Environment, culture, economy and general matters</td>
</tr>
<tr>
<td>Secrecy provisions</td>
</tr>
<tr>
<td>Exempt documents under interstate Freedom of Information legislation</td>
</tr>
</tbody>
</table>

Table F: Timeliness

<table>
<thead>
<tr>
<th>Number of applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decided within the statutory timeframe (20 days plus any extensions)</td>
</tr>
<tr>
<td>Decided after 35 days (by agreement with applicant)</td>
</tr>
<tr>
<td>Not decided within time (deemed refusal)</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Table G: Number of applications reviewed under Part 5 of the Act (by type of review and outcome)

<table>
<thead>
<tr>
<th>Decision varied</th>
<th>Decision upheld</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal review</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Review by Information Commissioner*</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Internal review following recommendation under section 93 of Act</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Review by ADT</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

*The Information Commissioner does not have the authority to vary decisions, but can make recommendation to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made.

Table H: Applications for review under Part 5 of the Act (by type of applicant)

<table>
<thead>
<tr>
<th>Number of applications for review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applications by access applicants</td>
</tr>
<tr>
<td>Applications by persons to whom information the subject of access application relates (see section 54 of the Act)</td>
</tr>
</tbody>
</table>
Below is a list of abbreviations used across JH&FMHN.

<table>
<thead>
<tr>
<th>A</th>
<th>J</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABF</td>
<td>ABF Activity Based Funding</td>
</tr>
<tr>
<td>ACCP</td>
<td>Aboriginal Chronic Care Program</td>
</tr>
<tr>
<td>ACCT</td>
<td>Adolescent Court &amp; Community Team</td>
</tr>
<tr>
<td>ACI</td>
<td>Agency for Clinical Innovation</td>
</tr>
<tr>
<td>B</td>
<td>LBH</td>
</tr>
<tr>
<td>BBV</td>
<td>Blood Borne Viruses</td>
</tr>
<tr>
<td>BPA</td>
<td>Best Practice Australia Pty Ltd</td>
</tr>
<tr>
<td>C</td>
<td>MB</td>
</tr>
<tr>
<td>CALD</td>
<td>Culturally and Linguistically Diverse</td>
</tr>
<tr>
<td>CE</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>CEC</td>
<td>Clinical Excellence Commission</td>
</tr>
<tr>
<td>CHRCJ</td>
<td>Centre for Health Research in Criminal Justice</td>
</tr>
<tr>
<td>CIT</td>
<td>Community Integration Team</td>
</tr>
<tr>
<td>CNC</td>
<td>Clinical Nurse Consultant</td>
</tr>
<tr>
<td>CNSP</td>
<td>Care Navigation Support Program</td>
</tr>
<tr>
<td>CO</td>
<td>Clinical Operations</td>
</tr>
<tr>
<td>CO (CH)</td>
<td>Clinical Operations (Custodial Health)</td>
</tr>
<tr>
<td>CS NSW</td>
<td>Corrective Services NSW</td>
</tr>
<tr>
<td>D</td>
<td>SCCLS</td>
</tr>
<tr>
<td>DMA</td>
<td>Directorate of Medical Administration</td>
</tr>
<tr>
<td>D&amp;A</td>
<td>Drug and Alcohol</td>
</tr>
<tr>
<td>E</td>
<td>EEN</td>
</tr>
<tr>
<td>EOC</td>
<td>Essentials of Care</td>
</tr>
<tr>
<td>F</td>
<td>FH</td>
</tr>
<tr>
<td>FMM</td>
<td>Forensic Mental Health Network</td>
</tr>
<tr>
<td>FTE</td>
<td>Full-Time Equivalent</td>
</tr>
<tr>
<td>FoC</td>
<td>Focusing on Care</td>
</tr>
<tr>
<td>G</td>
<td>G&amp;CS</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>H</td>
<td>HETI</td>
</tr>
<tr>
<td>I</td>
<td>IHS</td>
</tr>
<tr>
<td>IDC</td>
<td>Inmate Development Committee</td>
</tr>
<tr>
<td>IIIMS</td>
<td>Incident Information Management System</td>
</tr>
</tbody>
</table>