Justice Health

COMMUNITY - COURTS - CUSTODY

Annual Report 2004-2005

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28 November, 2005

The Hon. John Hatzistergos
Minister for Health
Governor Macquarie Tower
1 Farrer Place
SYDNEY NSW 2000

Dear Minister,

We are pleased to present the Annual Report of Justice Health for the year ended 30 June 2005, for tabling in the Parliament of NSW. This report is consistent with the statutory requirements for annual reporting and complies with the provisions of the Accounts and Audit Determinations for Public Health Organisations.

The year was the first in which the Service operated under our new name of Justice Health. Our title now reflects the evolution of our role to serve and improve the health needs of those who come into contact with the criminal justice system. In recent years this has extended to include juvenile detainees, recently released inmates and their families and the mentally ill in both forensic and community settings. In addition to this we have strengthened our research role to provide information to effectively inform our future service planning.

While all of these exciting changes have taken place, our dedicated and highly skilled staff has continued to provide high quality health services within a growing and challenging environment.

Thank you for your continuing support in aiding us to care for our patients in the NSW Correctional, Juvenile Justice and Forensic Mental Health Systems.

Yours sincerely

Professor Ronald Penny AO
Chairman

Dr Richard Matthews
Chief Executive

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Chief Executive & Chairman's Year in Review

2004 / 2005 marked the first year in which Justice Health operated under our new name. The name change was made to better reflect our identity as a provider of health services to those who come into contact with the criminal justice system in NSW. This role extends beyond those serving custodial sentences to include people with mental illness in the forensic and community setting, adolescent detainees, those recently released from custody and their families.

From an organisational perspective the year saw Justice Health complete changes to our structure in several areas. The restructure of our Clinical Services and Nursing Directorate was successfully achieved and the Deputy CE position and Executive Support role were established. We also established and commenced the operation of the Governance Unit, formed as a part of the Patient Safety & Clinical Quality Programme across NSW. The role of the unit is to support all aspects of governance within the whole organisation, in partnership with our Board of management. This encompasses corporate and clinical governance, the Board of Directors, risk management, quality programs, complaints and incident reporting.

During the year, the NSW Government approved funding to construct the new Forensic and Prison Hospitals, to be built at the Long Bay site in Sydney. This important project will greatly improve care for the mentally ill in NSW, as it will provide a non custodial setting for the treatment of forensic patients and will also significantly increase the bed capacity for mentally ill patients in the criminal justice system. Processes to select the preferred proponent for the project continued throughout the year, as did the formation of operational procedures, workforce planning, service models and structures for the management of the new hospitals.

An important achievement during the year was the gaining of accreditation from the Australian Council of Health Services (ACHS), following an Organisation Wide Survey in May 2005. As a result of the survey, it was recommended to the ACHS Council that Justice Health receive the Full Accreditation Status for a four (4) year period. This outstanding achievement reflects the ongoing commitment of all Justice Health staff to service improvement and quality outcomes.

The Statewide Forensic Mental Health Directorate turned one year old in March 2005. During 2004 / 2005 the Directorate expanded its services to include Community Forensic Mental Health and also increased by four the number of sites at which Court Liaison Services are provided. The Directorate continued to play a key role in the planning processes for the new Prison and Forensic Hospitals.

Successful research endeavours continued to be carried out during the year, by our Centre for Health Research in Criminal Justice, with eleven (11) publications and 24 projects underway. In February 2005 the second Prisoner Health Research Symposium was held at the Garvan Institute in Sydney. The symposium showcased completed, current and proposed projects to researchers and other professionals associated with the field of criminal justice. The event was extremely successful, with over 240 participants in attendance. The National Prison Entrant's Bloodborne Virus Survey Report was launched at the Symposium.

Financially, the organisation again performed exceptionally well. For the eleventh consecutive year Justice Health operated within budgetary allocation, achieving a positive variance to the net cost of services of $491,000 for the 2004 / 05 year.

The reporting period was a time in which all of our staff had to assist with several initiatives not necessarily associated with direct patient care. Examples of this include the preparations for ACHS accreditation, the roll out of patient information systems such as the PAS / UPI project and also the significant structural changes to the organisation. We would like to take this opportunity to thank all Justice Health staff for their efforts during the year, not only for performing their routine duties but also for helping to achieve the organisation wide challenges and changes throughout the year. Appreciation must also be extended to the Justice Health Board, who continued to provide expert direction and advice to Justice Health, and to the hardworking members of the Justice Health Executive who as always displayed their versatility of talents and dedication to the Service throughout the year.

Professor Ronald Penny AO
Chairman

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Chief Executive

Highlights

- Extensive planning continued for the construction of the Forensic and Prison Hospitals at the Long Bay site
- Justice Health attained full four year accreditation from the Australian Council of Health Services (ACHS)
- The organisational restructure of the Executive and the Clinical and Nursing Services directorate was achieved
- The Justice Health Governance Unit was successfully established and commenced operations
- The Justice Health Board continued to oversee the management of the Service, meeting nine times during 2004/2005
- The Justice Health Board reviewed the current Risk Management Plan and identified emerging organisational risks. The Board approved the updated Plan and organisational risk management framework
- The second Prisoner Health Research Symposium was successfully held, with over 240 attendees
- The Adult Community Forensic Mental Health Project commenced operation and planning began for expansion into Adolescent Community Forensic Mental Health
- Significant progress was made in the establishment of Long Term Health Planning for inmates. The target for the reporting period was exceeded with 26% of eligible patients receiving a Long Term Health Plan
- The roll out of computerised radiology commenced, with services established at the Long Bay Complex and planning commenced for the roll out to all metropolitan sites
- The Aboriginal Strategic Plan was reviewed and a new plan drafted
- Mental health services to adolescent detainees were significantly increased
- For the eleventh consecutive year Justice Health operated within its budgetary allocation, achieving a favourable net cost of services of $491K for the 2004/05 year
- The Patient Administration System and Incident Information Management System were successfully implemented across adult Justice Health Sites

Health Service Profile

Organisational Overview

Justice Health is a statutory health corporation constituted under the *NSW Health Services Act 1997*, responsible for the health care provided to all inmates and detainees in the NSW criminal justice system. Justice Health is responsible for the health of over 21,500 inmates (annual throughput), in addition to a daily average of approximately 9150 adult inmates and 300 adolescent detainees in the criminal justice system.

A statewide service, Justice Health employs over 900 staff (717 FTEs in 2004/05) working at 80 locations in metropolitan and regional NSW. The main group of employees are (often specialist) nursing staff who are supported by a wide range of clinical professionals including general practitioners, psychiatrists, dentists, clinical specialists, allied health and operational staff.

Not confined to the provision of healthcare to people within the custodial environment, Justice Health has increasingly extended the spectrum of care to include those within court, community and post release settings. This includes drug & alcohol treatment and social service provision to recently released inmates under our Correctional Centre Release Treatment Scheme, mental health diversion services to courts and community based mental health treatment and monitoring services. In recent years Justice Health has been focusing on the health status of Aboriginal inmates, adolescent detainees, the female inmate population and the aging adult inmate population.

Justice Health has an established research role and in February 2004 we consolidated these resources to form the Centre for Health Research in Criminal Justice (CHRCJ). The Centre undertakes research on the health needs of the adult inmate and juvenile detainee population, often in collaboration with other agencies, universities and other State jurisdiction. The information provided by this research provides a solid platform for informing the policy development, planning and delivery of health services by Justice Health.

Adult Inmate and Adolescent Detainee Profile

Adult Inmate Profile

Adult Inmates generally have poor health status characterised by general neglect, substance abuse and mental illness. Their health needs are far greater than those of the wider community and their entry into the criminal justice system is often the only window in which these health issues can be addressed.

At the end of June 2005, Justice Health was providing a range of health services to a daily average of 9,158 full-time inmates. Of these only around 7% (approx 650) are female. The average daily number of inmates reflects an ongoing annual increase of around 5.5% per annum over the last five years.

The window of opportunity for Justice Health to provide healthcare to individuals is usually brief, with only 10% serving a sentence longer than six months. In addition, inmates rarely spend their entire sentence within the same correctional centre. There are approximately 250,000 movements between correctional centres, police cells and the court system annually, further interrupting continuity of healthcare provision.

The adult inmate population has the following key characteristics.

- Most are aged between 25 and 34 years
- The number of inmates aged over 45 years is continuing to increase
- The daily average number of females has increased by 100 in the past three years
- The average age of male inmates is 33 years
- The average age of female inmates is 31 years
- 18% of male inmates and 27% of females inmates are Aboriginal and/or Torres Strait Islander, compared with 2% of the general community. The incarceration rate of indigenous offenders is ten times higher than for non-indigenous people
- 50% of males and 30% of females warrant mental health referral for major depression
- 40-60% of males and 70-80% of females are Hepatitis C positive

Adolescent Detainee Profile

The Adolescent Health Directorate of Justice Health provides healthcare to a daily average of 300 young people in juvenile justice and a juvenile correction centre in NSW. There are approximately 3,500 receptions a year (1,800 individuals) and the population is highly transient with 65% of young people in custody having a length of stay up to one week, with only 2.5% staying longer than six months. The average length of stay in detention is 23 days. Over 90% of young people in custody are male and there is a significant over-representation of Aboriginal detainees, representing over 40% of the detainee population.

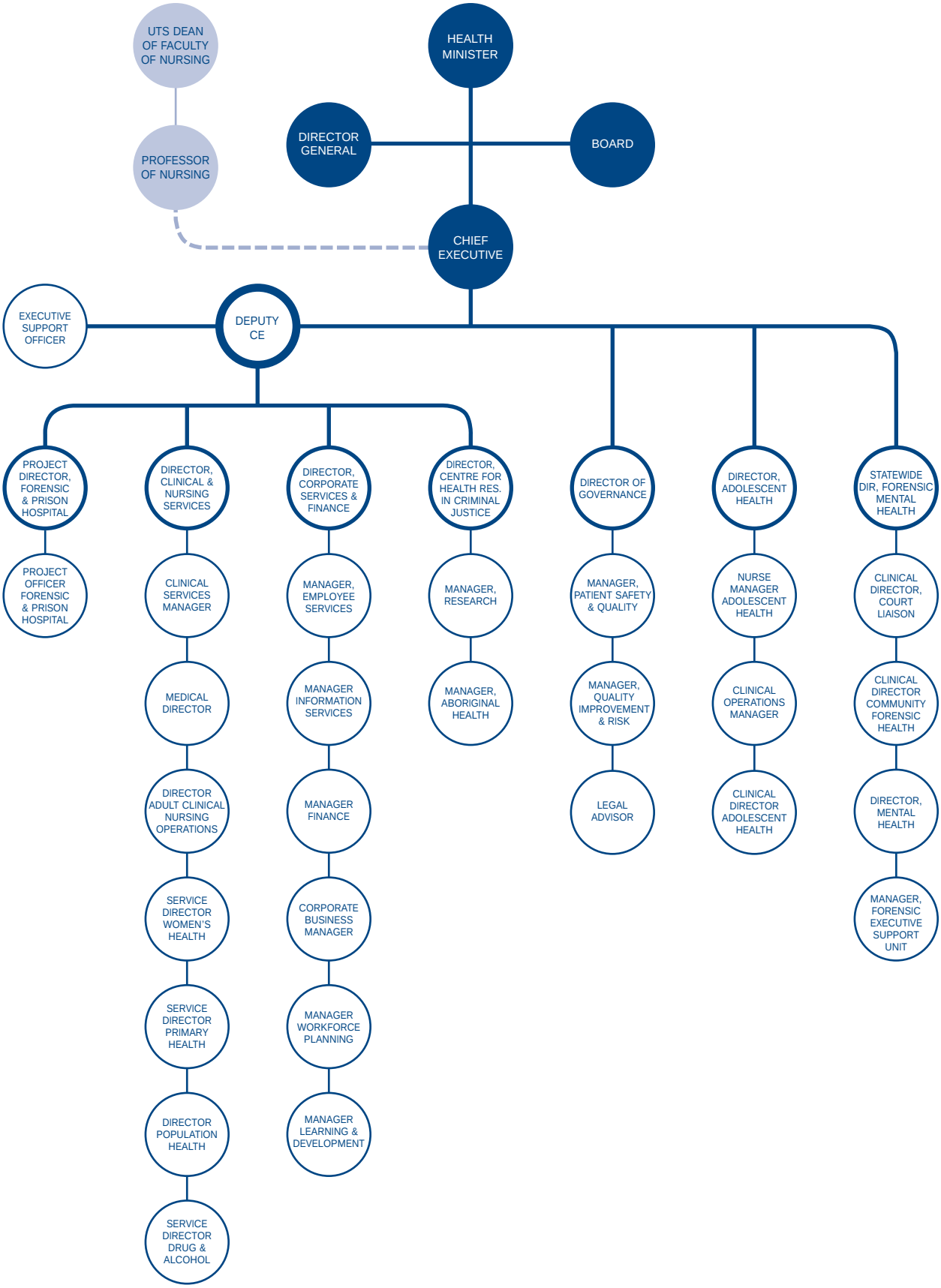
Adolescent clients commonly report experiences of neglect, and physical, emotional or sexual abuse. This is particularly the case with young women. Many young people in custody report that they have experienced significant relationship problems in their families, leading to periods of homelessness and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

Young offenders are predominantly aged between 10 and 17. Depending on the security and risk level of a detainee, they can be transferred into the adult correctional system when they turn 18 years old.

Table 1: Total Number of Young People in Juvenile Justice Centres as at Midnight 30 June 2005

	Number	% of population
Total number in custody	286	100%
Total number of males	269	94.1%
Total number of females	17	5.9%
Total number of Aboriginal or Torres Strait Islander	124	43.3%

Source: Department of Juvenile Justice, CIMS Standard Statistical Reporting Database, extracted 14 September 2005. Figures do not include young people in custody at Kariong Juvenile Correctional Centre under the administration of the Department of Corrective Services.


UTS DEAN OF FACULTY OF NURSING
PROFESSOR OF NURSING
HEALTH MINISTER
DIRECTOR GENERAL
BOARD
CHIEF EXECUTIVE
EXECUTIVE SUPPORT OFFICER
DEPUTY CE
PROJECT DIRECTOR, FORENSIC & PRISON HOSPITAL
PROJECT OFFICER FORENSIC & PRISON HOSPITAL
DIRECTOR, CLINICAL & NURSING SERVICES
CLINICAL SERVICES MANAGER
MEDICAL DIRECTOR
DIRECTOR ADULT CLINICAL NURSING OPERATIONS
SERVICE DIRECTOR WOMEN'S HEALTH
SERVICE DIRECTOR PRIMARY HEALTH
DIRECTOR POPULATION HEALTH
SERVICE DIRECTOR DRUG & ALCOHOL
DIRECTOR, CORPORATE SERVICES & FINANCE
MANAGER, EMPLOYEE SERVICES
MANAGER INFORMATION SERVICES
MANAGER FINANCE
CORPORATE BUSINESS MANAGER
MANAGER WORKFORCE PLANNING
MANAGER LEARNING & DEVELOPMENT
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MANAGER, RESEARCH
MANAGER, ABORIGINAL HEALTH
DIRECTOR OF GOVERNANCE
MANAGER, PATIENT SAFETY & QUALITY
MANAGER, QUALITY IMPROVEMENT & RISK
LEGAL ADVISOR
DIRECTOR, ADOLESCENT HEALTH
NURSE MANAGER ADOLESCENT HEALTH
CLINICAL OPERATIONS MANAGER
CLINICAL DIRECTOR ADOLESCENT HEALTH
STATEWIDE DIR, FORENSIC MENTAL HEALTH
CLINICAL DIRECTOR, COURT LIAISON
CLINICAL DIRECTOR COMMUNITY FORENSIC HEALTH
DIRECTOR, MENTAL HEALTH
MANAGER, FORENSIC EXECUTIVE SUPPORT UNIT

Mission

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

Goals

- *Keep people healthy*
- *Identify the health care needs of our client group*
- *Provide high quality, clinically appropriate services, informed by best practice and applied research*
- *Make health care part of the rehabilitative endeavour*
- *Facilitate appropriate continuity of care to the community*
- *Develop an organisational culture that supports service delivery*
- *Promote fair access to health services*
- *Manage health services well*
- *Provide strong corporate and clinical governance*

Values

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

Goals and Achievements 2004/2005

Goal	Major Achievements / Progress	Future initiatives
To Keep People Healthy	Long Term Health Plans developed for 26% of inmates serving a sentence over six months.	Increase the percentage of eligible inmates who have a Long Term Health Plan developed.
	Targeted Screening for blood borne viruses and sexually transmitted diseases reached 57% of all adult receptions.	Expand screening activities and resolve access issues.
	100% of females aged 14+ are offered pregnancy tests within 24 hours of reception.	Maintain level of testing.
	The Aboriginal Vascular Health Program operated at eight (8) adult correctional facilities.	Continue to operate the program in conjunction with long term health planning.
	A reporting system was developed to evaluate the outcomes being achieved by the Aboriginal Vascular Health Program.	Use the reporting system to assess the resource requirements to ensure the long-term sustainability of the Aboriginal Vascular Health Program.
	Meet the demand of patients attempting detoxification under drug summit funded programs.	Continue to meet the demand.
	Ambulatory mental health contacts increased by 75%.	Continue to increase mental health contacts with the mentally ill population need.
	Mental health FTE staffing levels increased by 20%.	Continue to meet increasing needs.
	Phase one of the computerised radiography project was successfully implemented at 3 sites within the Sydney Metropolitan region.	Complete the second phase of the project, rolling out computerised radiology to all metropolitan sites.
To Provide the Health Care that People Need	There was a significant reduction in the number of outpatient cancellations caused by Justice Health.	A review of medical appointments and the associated escorts will commence in late 2005. The results of this review will be used to inform strategies to further reduce cancellations.
	Waiting times decreased for internal appointments in ENT, Orthopaedic and Surgery.	The medical appointment review will also look at establishing systems to better monitor waiting times and the rebooking of appointments.
	Engagement of Aboriginal Medical Services to provide culturally specific healthcare results in 67% of male and 95% of female adult inmates having access to this care.	Increase the percentage of male inmates able to access culturally specific healthcare.
To Deliver High Quality Health Services	The (pro rata) number of complaints against the service was reduced in all categories.	Continue an annual rate of reduction and an improved analysis of trends.
	Regular consumer consultation was undertaken through the Consumer & Community Group and local Inmate Development Committees.	Continue a process of consumer consultation through these forums.
	The Patient & Health Service Information Brochure for inmates and detainees was updated to provide more relevant information to our clients about the health services provided by Justice Health.	Ensure that the Patient & Health Service Information Brochure is made available to all inmates and detainees.

Goals and Achievements 2004/2005 (continued)

Goal	Major Achievements / Progress	Future initiatives
To Deliver High Quality Health Services (cont'd)	Undertake clinical supervision for staff.	Increase numbers of staff undertaking clinical supervision through the clinical supervision program and the supervision program for training psychiatric registrars.
	Justice Health achieved full four year ACHS Accreditation.	Develop the combined Quality Action Plan 2005-2007 to ensure Justice Health meets the ongoing requirements for accreditation.
	The Incident Information Management System roll out was completed and an ongoing support program established.	Provide ongoing support to users. Use outcomes of IIMS information to inform service improvement practices.
	Phase 1 of the electronic Patient Administration System (PAS) and Unique Patient Identifier (UPI) were implemented	Implement Phase 2 into the Adolescent Health sites.
	The appointment of a Medical Director.	
To Manage Health Services Well	Justice Health operated within budgetary allocation for the 11th consecutive year.	Continue to operate within the allocated general fund and capital works budgets.
	Creditors over 38 day were kept at a minimum (0 as at 30 July 2005).	Continue to meet benchmark.
Workforce Recruitment & Retention	Manager, Workforce Planning position has been established and appointed.	Drive the implementation of the Justice Health Workforce Plan.
	Work commenced on staffing models for the new Forensic and Prison Hospitals.	Complete staffing models for the new hospitals.
	The initial draft of the Justice Health Workforce Plan has been completed.	Approval and commencement of implementation of the Justice Health Workforce Plan.
	Staff Survey completed and the results distributed.	Address issues identified in the Staff Survey.
	Overtime and agency nursing costs have been reduced from 10% of total nursing hours worked to 4%.	Maintain or reduce this level of agency nursing costs.
	The permanent staff separation rate was reduced.	Maintain or reduce level of permanent staff separation.
Strong Corporate and Clinical Governance	The Justice Health Governance Unit was established to manage the corporate and clinical governance of Justice Health. The structure of the unit was established and an updated operational plan submitted to NSW Health.	Develop and commence the implementation of the Unit's Strategic Plan.
	The Justice Health Board and its Committees monitored risk and governance operations throughout the year.	The Board and its Committees will continue to supervise the risk and governance operations of Justice Health.

Goal	Major Achievements / Progress	Future initiatives
Continuation of the Forensic & Prison Hospitals project	The NSW Government agreed to build two new hospitals at the Long Bay Site as a Private Public Partnership.	Negotiation and planning for operation to continue. Contracts to be signed and construction work to commence.
	The Request for Detailed Proposals was issued in September 2004 and closed on December 2004. Evaluation occurred during Jan-March 2005. In June 2005 a conditional preferred proponent was selected.	
	Ongoing work was carried out to develop a body of policies and procedures for the project.	Policies and procedure for the hospitals are to be complete.
Integration of Post Release Services	Drug and Alcohol Services provide integrated post release care services for clients on pharmacotherapies such as methadone or buprenorphine. In 2004-2005, 1,423 Justice Health clients on pharmacotherapies were released from correctional centres with post release care arrangements in place.	Continue to provide pharmacotherapy post release care arrangements for all eligible inmates.
	The Inreach Project and the Correctional Centre Release Treatment Scheme (CCRTS) project have managed 745 clients during 2004-2005 in their acute post release stage and assisted in their engagement community based health & welfare services post release.	Two new CCRTS sites in Kempsey and Cessnock will increase participation rates in post care services.
Expansion of the Statewide Forensic Mental Health Directorate	Members of the first community mental health team were appointed and preparations for a second team commenced, in partnership with DCS community services.	Expand the service to include a second Community Forensic Mental Health Team. Develop a Community Forensic Child & Adolescent Mental Health Services and a Forensic in Child and Adolescent Inpatient Service.
	The Court Liaison Service employed staff in an additional five sites, bringing the Statewide total to nineteen.	Consult with the NSW Chief Magistrate to consider future expansion of the Court Liaison Service, including the provision of telepsychiatry services to some courts.
	The mental health assessment and documentation tool – MHOAT CA was introduced to adolescent centres in partnership with the Department of Juvenile Justice.	Continue to use MHOAT to inform service improvement practices.

Selected Activity Levels

Table 2: Selected Data for the Year ended June 2005

Inpatient beds	Bed capacity	Separations	Total bed days	Average length of stay	Daily Average
Long Bay Hospital	119	342	42,105	67.1	115.27
Detoxification beds/Mulawa	33	1,445	6,923	4.8	19
Total	**152**	**1,787**	**49,028**	**–**	**134.27**

Table 3: Non-admitted patient occasions of service

2,040,698

Table 4: Bed Occupancy in Long Bay Hospital

Ward	Available bed days	Occupied bed days	Occupied bed days rate (%)
A Ward	10950	10917	99.70%
B Ward	6570	5547	84.43%
B Ward East	3285	3126	95.16%
C Ward	10950	10872	99.10%
D Ward	10585	10572	99.88%
Total	42340	41013	96.87%

Table 5: Outpatient Appointments provided by Justice Health

Appointments	2001 – 2002	2002 – 2003	2003 – 2004	2004-05
MMTC Appointments (internal)	2420	2611	2171	2471
Diagnostic Testing (all external)	937	925	860	839
Specialist Appointments	1040	1297	1083	906
Total	**4397**	**4833**	**4114**	**4216**

Combined Services Achievements

These achievements were the result of collaborative efforts from various directorates of Justice Health.

Achievement of Full Accreditation

Much of the non-core activity of the Clinical Services Directorate during 2004-2005 was directed towards the achievement of full accreditation from the Australian Council on Healthcare Standards (ACHS). Following the survey, high priority recommendations were made in three of the nineteen essential criteria. Justice Health had 90 days to address the criteria of the recommendations in order to achieve full accreditation.

After further hard work from staff to achieve the criteria of the three recommendations, Justice Health was successful in receiving the Full Accreditation Status for a four (4) year period. This outstanding achievement reflects the ongoing commitment of all Justice Health staff to service improvement and quality outcomes

Patient Administration System & Unique Patient Identifier

Phase I of the electronic Patient Administration System (PAS) and Unique Patient Identifier (UPI) were successfully implemented during 2004-05, providing the Service with an integrated electronic patient administration system across 72 adult sites. The implementation of this project was a major step forward for Justice Health, which has historically managed patient movements and appointments registration through multiple and disparate manual and electronic means. Justice Health is now in line with statewide technology initiatives for the health system and has created the initial infrastructure for future enhancements to patient care management.

Significant work was invested by a wide variety of clinical and non-clinical staff members in the planning and implementation of the Patient Administration System (PAS), including the electronic scheduling of medical appointments and the electronic labelling of medical records across the State. This initial investment of substantial clinical time will yield improvements in scheduling and information provision and a reduction in missed appointments.

The next phase of the project planned for 2005 / 2006 is to introduce the system into the Adolescent Health sites.

Mental Health Screening Units at Silverwater Complex

Planning continued this year for the operation of our new Mental Health Screening Units (MHSU), These are two assessment facilities which will be located at the Mulawa Correctional Centre for women (10 beds) and the Metropolitan Remand and Reception Centre, Silverwater (40 male beds). These two combined units will provide the structure to screen over 1,000 inmates a year for mental illness. These facilities are state of the art and the model of operation will be equal to the best of international registered practice. During the year building commenced on the Mental Health Screening Unit for Women at Mulawa Correctional Centre, with expected completion to occur in early 2006. Work has been completed on the Silverwater unit and preparations for it's opening are ongoing with the Department of Corrective Services.

IIMS Implementation

The statewide Incident Information Management System (IIMS) was implemented in 2004-05. This system captures safety related incidents (both clinical and non clinical) and establishes a framework for the service to assign Severity Assessment Code ratings, conduct investigations and identify trends and issues in establishing safe practices and environment. Additionally the system fulfils Justice Health's obligation to report incidents through a shared platform to NSW Health in order for all incidents throughout the State to be monitored and evaluated.

Computerised Radiology

Phase one of the computerised radiography project was successfully implemented at three (3) sites within the Sydney Metropolitan region. This project installed the technical infrastructure to capture diagnostic images digitally to allow more efficient movement of these images. Justice Health relies on external clinical specialists such as radiologists to read and interpret diagnostic images. By implementing the CR project the service is able to deliver the images to the diagnosing clinician much more rapidly, which has resulted in reduced reporting times.

Governance Report

Governance Unit

As part of the enhancement of the NSW Health Patient Safety and Clinical Quality Programme, each Health Service received funding to establish a Clinical Governance Unit. Justice Health decided that both Clinical and Corporate Governance functions would form the Governance Unit (GU). The Justice Health Governance Unit was established in January 2005 and incorporated some of the existing functions of the Executive Support Unit. This includes client liaison, quality activities, coordination of Internal Audit and support of Board activities. Additional GU functions were also established, such as oversight of the Root Cause Analysis system, the implementation of the Incident Information Management System, and the management of all policies and procedures related to clinical governance. A legal officer was recruited for the service and is located in the GU.

During the year the Board and Audit Committees endorsed the Risk Management Framework, incorporating the governance structures relating to the NSW Patient Safety and Clinical Quality Programme. The Board and Executive reviewed the organisational risk management plan at workshops conducted in February 2005 and the identified risks will inform the Risk Management Plan for 2005 / 2007.

Quality

In May 2006 Justice Health commenced its second Evaluation Quality Improvement Program (EQuIP) cycle with the Organisational Wide Survey (OWS). The survey team from the Australian Council on Health Care Standards (ACHS) were extremely impressed with the ongoing commitment for improvement evident during the Survey.

The survey team have recommended to the ACHS Council that Justice Health receive the Full Accreditation Status for four Years.

The recommendations resulting from the OWS will be incorporated into the Combined Quality Action Plan 2005 – 2007 to ensure Justice Health meets the requirements for accreditation following the Periodic Review in 2007.

The 2004 Inmate Access Survey won the Minister's Encouragement Award and a Director General Highly Commended Award at the NSW Health Baxter Awards held in October 2004.

During 2004-05 a total of 440 complaints were referred to the Client Liaison Officer. The collection of complaints data was transferred to the Incident Information Management System (IIMS) on 1st February 2005. IIMS allows for the rating of complaints according to the Severity Assessment Code and can also provide a graphical overview of complaints trends. IIMS also allows local managers to generate complaints reports, which can assist them in identifying complaint trends and systemic problems.

Governance Unit Future initiatives

- Continue the implementation of the Risk Management Framework
- Expansion of the Patient Safety and Clinical Quality Programme
- Facilitate Organisational Practice Improvement Projects

Clinical Governance Directions Statement

Background

The NSW Patient Safety and Clinical Quality Program was implemented in 2004 to improve clinical governance by providing staff with the support they need to deliver safer, better quality care.

Under the Program, Justice Health was required to implement the clinical governance functions from the Implementation Plan that commenced in June 2005.

This is to be achieved through the establishment of the Governance Unit. The Unit provides the roles of support, performance and conformance to develop and monitor policies and procedures for improving systems of care. This includes the designation of a Senior Complaints Officer to receive and manage serious complaints.

Program Reporting

Justice Health Clinical Governance program performance reports were lodged with NSW Health in October 2004 and June 2005.Three of the four Clinical Governance performance measures due by June 2005 were implemented.

The reported variation can be attributed to a delay in the appointment of tier three staff. In achieving this result, Justice Health is satisfied that it has implemented the required clinical governance functions.

Corporate Governance Statement

In contrast to the amalgamated Area Health Services in NSW, Justice Health has retained a Board of Directors to oversee management and provide advisory services to the organisation.

The Board is responsible for the corporate governance practices of Justice Health. This statement sets out the main corporate governance practices in operation throughout the financial year, except where indicated.

The Health Service Board

The Board carries out all its functions, responsibilities and obligations in accordance with the *Health Services Act 1997*.

The Board is committed to better practices contained in the *Guide on Corporate Governance*, issued jointly by the Health Services Association and the NSW Department of Health.

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

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

- setting strategic direction
- ensuring compliance with statutory requirements
- monitoring the quality of health service
- monitoring the financial situation of the health service
- board appraisal
- community consultation
- professional development

Resources available to the Board

The Board and its members have available to it various sources of independent advice. This includes advice of the External Auditor (the Auditor General or the nominee of that office), the Internal Auditor (contracted) who is free to give advice direct to the Board and Chairman.

The engagement of independent professional advice to the Board is subject to the approval of the Board or of a committee of the Board.

Strategic direction

The Board has in place processes for the effective planning and delivery of health service to the communities and patients serviced by the Health Service. This process includes setting of a strategic direction for both the organisation and for the health service it provides. There is in place a Justice Health 2003-2008 Corporate Plan which embraces the Board's strategic directions.

Code of Ethical Behaviour

As part of the Board's commitment to the highest standard of conduct, the Board has adopted a Code of Ethical Behaviour to guide Board members in carrying out their duties and responsibilities. The Code covers such matters as: responsibilities to the community, compliance with laws and regulations, and ethical responsibilities.

The Board has also endorsed the Code of Conduct that applies to the management and other employees of the Health Service.

Performance appraisal

The Board has ensured that there are processes in place to:

- monitor progress of the matters contained within the Performance Agreement between the Board and the Director-General of the NSW Department of Health
- regularly review the performance of the Board through a process of Board self appraisal.

Risk Management

The Board is responsible for supervising and monitoring risk management by the Health service, including the Service's system of internal controls. The Board has mechanisms for monitoring the operations and financial performance of the Service.

The Board receives and considers all reports of the Service's External and Internal Auditors and, through the Audit Committee, ensures that audit recommendations are implemented.

There is in place a risk management plan for the Health Service.

Board Members

Board Appointments (August 2004).

Mr David Farrell, Regional Commander, Remand Facilities & Special Programs Command.

Chairman

Professor Ronald Penny, AO, D.Sc., MD, FRACP, FRCPA (Attended 7/9).

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

Chief Executive (Attended 9/9)

Dr Richard Matthews, MBBS.

Dr Matthews has extensive experience in general practice with a special interest in drug and alcohol. He has worked for many years at Rankin Court Methadone Maintenance Unit and began his association with Justice Health (formerly Corrections Health Service) in 1992 when he assumed responsibility for administration of the Methadone Maintenance Program. In 1993, he was appointed Director of Drug and Alcohol Services for Corrections Health Service and Director of Clinical Services in 1998. Dr Matthews was appointed as CEO of Justice Health (formerly Corrections Health Service) in November 2000. In November 2003, Dr Matthews was seconded to NSW Health in the role of Acting Deputy-Director General Strategic Development and presently performs both roles.

Ms Thea Rosenbaum, LLB, ATCL, MBA, MAICD, FCIS (Attended 9/9)

Ms Rosenbaum is the Company Secretary of the Australian Prudential Regulation Authority and has had extensive experience in the public sector. Her professional interest is in quality risk management and she has both an academic interest in and practical experience of outsourcing of professional services. Ms Rosenbaum is the Chair of the Justice Health Quality Council.

Dr Sandra Egger, B Psyc (Hons), BLegS, Ph.D. (Attended 6/9)

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

Ms Shireen Malamoo (Attended 9/9)

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

Mr Brian Owens, RN (Attended 9/9)

Mr Owens is elected to the Board as the staff representative. He has worked for Justice Health as a Registered Nurse for 14 years. He is the State Secretary of the Justice Health Sub-Branch of the NSW Nurses Association and chairs the Consumer and Community Group under the auspices of the Quality Council.

Mr Ron Woodham, Commissioner, Department of Corrective Services (Attended 2/9)

Commissioner Woodham has extensive Senior Executive experience in correctional administration, having a career spanning 37 years with the Department of Corrective Services. Prior to his appointment as Commissioner in January 2002, Mr Woodham held the position of Senior Assistant Commissioner, Inmate and Custodial Services, from 1997. Mr Woodham has been a Justice Health Board Member since 2001, and resigned from the Board in June 2005.

Mr Neil Wykes, B Comm. FCA, ACIS (Attended 8/9)

Mr Wykes is a Senior Partner with Ernst & Young. He has served as Audit Partner and Advisor to a number of public and private health care groups for the last twenty-two (22) years. Mr Wykes is Vice President of the Accounting Foundation at Sydney University. He chairs the Finance Committee.

Mr Michael Taylor (Attended 7/9)

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

Mr David Sherlock (Attended 2/9)

Mr Sherlock was appointed Director General of the NSW Department of Juvenile Justice in November 2000. He has experience as a Probation and Parole Officer, and in a number of management roles in juvenile detention centres, and over the past 20 years has held many senior management and executive positions in the NSW Department of Community Services and the NSW Department of Corrective Services. In all these roles he has worked closely with both government and non-government agencies in policy development and service provision. Mr Sherlock resigned from the Board in June 2005.

Ms Naomi Steer – B.A. (Hons. – Political Science), LLB – (Attended 7/9)

Ms Steer is the National Director of Australia for UNHCR, the national association for the UN Refugee

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

Mr David Farrell – Appointed 31st August 2004 (Attended 6/8)

Mr Farrell is the Regional Commander for Remand Facilities and the Special Programs Command. He has over thirty years government experience, with over half this time operating at a senior management level with the Department of Corrective Services. Mr Farrell leads over fifteen key directional committees and community consultation groups in the region and leads a management team that has established and modernised inmate management techniques resulting in world best practice. Mr Farrell has been highly decorated for performance and bravery.

Committee structure

The Board meets at regular intervals and has in place mechanisms for the conduct of special meetings. The Board has a committee structure in place to enhance its corporate governance role. These committees meet regularly and are chaired by Board members.

Quality Council

The Board has in place systems and activities for measuring and routinely reporting on the safety and quality of care provided to the community. These systems and activities reflect the principles, performance and reporting guidelines as detailed in the Framework for Managing the Quality of Health Services in NSW documentation. The Quality Committee is chaired by Ms. Thea Rosenbaum and consists of only one other Board member, Mr. Brian Owen. The Chief Executive is Ex-Officio on the Quality Council. The Committee meets six times a year.

Audit Committee

The Board has established an Audit Committee. This committee is chaired by Ms Naomi Steer and consists of the following Board members: Professor Ron Penny, Mr Neil Wykes and Mr David Farrell as well as the Chief Executive as Ex-Officio.

The Audit Committee meets 4 times per year. The Terms of Reference for the Audit Committee are to:

- maintain an effective internal control framework
- review and ensure the reliability and integrity of management and financial information systems
- review and ensure the effectiveness of the internal and external audit functions.
- The Audit Committee has also taken a role in supervising the risk management functions of the organisation.

Finance Committee

The Board has established a Finance Committee. This Committee is chaired by Mr Neil Wykes and consists of no other Board members apart from the Chief Executive as Ex-Officio. The Finance Committee meets 12 times per year. The Terms of Reference for the Finance Committee are to:

- examine budget allocations
- monitors overall financial performance in accordance with budget targets
- develop and maintain an efficient, cost effective finance function and information systems
- ensure appropriate delegated financial controls

The Board complies with the provision of the Accounts and Audit Determination for Health Services.

Consumer and Community Group

The Consumer & Community Group provides information to, and feedback from our consumers on any issues associated with health service provision by Justice Health. A male and female inmate representative regularly attends the Group meetings. Additionally, the Group obtains feedback from local Inmate Development Committees statewide by providing them with information following each Group meeting and seeking their feedback on local issues of concern. A significant achievement of the Group in 2004-2005 was the redevelopment of the Patient & Health Service Information Brochure to provide more relevant information to inmates and detainees about health services provided by Justice Health.

Mr Brian Owen chairs this group.

Human Resources and Ethics Committee

This Committee is established as the Institutional Ethics Committee of Justice Health and is bound by the guidelines of the National Health and Medical Research Statement of Human Experimentation and Supplementary Notes.

The function of the committee is to:

- consider the methodological and ethical implications of all proposed research projects
- advise applicants of approval, rejection or recommendations for changes to research submissions
- maintain surveillance of approved research
- maintain a register of projects

This Committee is chaired by Ms Sandra Eggar.

Healthcare Service Planning

At Justice Health all clinical streams, and the services within these streams, have strategic and operational plans. Regular reporting occurs to the Justice Health Board on progress against the priorities outlined in the Clinical Services Plan, Corporate Plan, Quality Action Plan and Performance Agreement.

During 2004-2005, a statewide Nursing Services Business Plan was developed following planning days held in March 2005. The plan was developed in collaboration with the service directors of the clinical streams and the managers of Corporate Services & Finance. This facilitated the alignment of the Nursing Services Business Plan with individual clinical stream business plans and the organisation-wide Corporate and Clinical Services Plans.

Health Facilities

A full list of Justice Health facilities can be found in the Appendices.

Major Hospital Facilities

The 120-bed Long Bay Hospital facility caters for male and female forensic, sub-acute and acute mental health patients and a limited number of medical / surgical patients. During the reporting period the average occupancy rate of the Long Bay Hospital was 96.87%. Other Justice Health inpatient facilities include: a six (6) bed Annex at Mulawa Correctional Centre providing detoxification for female patients; a seventeen (17) bed Detoxification and Drug Court Assessment Unit at the Silverwater complex; and a two (2) bed unit at Mulawa Correctional Centre, Silverwater complex, for female patients in the Drug Court Program.

Forensic and Prison Hospital Project

Extensive planning occurred in 2004-2005 for the construction and operation of the new Forensic and Prison Hospitals to be located at the Long Bay site. These hospitals will replace the existing Long Bay Hospital.

The Forensic Hospital will be a one hundred and thirty five (135) bed high secure hospital managed by NSW Health through Justice Health and will cater for adult males and females as well as young people. It will principally focus on mentally ill patients within the criminal justice system, but it will also have capacity for mental health patients from around the State whose management requires a high level of security and a high clinician to patient ratio.

The prison hospital will be operated by the Department of Corrective Services (DCS), with the clinical services provided by Justice Health. The hospital will cater for aged and infirm inmates with physical and mental illness, adult male and female inmates with surgical or medical treatment needs, in addition to forty beds for mentally ill inmates who require care and are compliant with treatment. The total number of beds will be eighty-five (85), comprising of thirty (30) medical / surgical beds, fifteen (15) aged care / rehabilitation beds and forty (40) mental health step down beds.

These two new hospitals represent an increase to a total of 220 beds at the Long Bay Campus. Of these 175 will be dedicated to mentally ill patients.

During the year, work continued on planning for the operation of these hospitals including the review of potential models of care, staffing requirements, the organisational structure, casemix and role delineation and benchmarking with comparative hospitals in the State. The operational planning process has been informed by best practices in Victoria (Thomas Embling Forensic Hospital), New Zealand (Mason Clinic) and other similar facilities in Canada and the United Kingdom. Of great importance in the planning process for the prison hospital is the strengthening of links and working relationships with Prince of Wales Hospital, which currently treats many of our acute and planned inpatient cases.

Clinical & Nursing Services

Clinical service provision at Justice Health falls under the Clinical & Nursing Services Directorate. During the reporting period, Clinical & Nursing Services was responsible for the following organisational functions within Justice Health.

- Leadership in clinical direction and service delivery within the adult correctional system
- Development of clinical service strategies to achieve organisational goals
- Coordination of the development of annual business plans for clinical and nursing service units and the monitoring of KPI and targets
- Provision of advice to managers and staff regarding clinical systems and health service management
- Advising the CE and D / CE on clinical governance
- Quality improvement strategies and systems
- Health system reform strategies and clinical professional issues
- Ensuring effective professional leadership for clinical staff across medical, nursing and allied health disciplines
- The development of new procedures and data systems to monitor patient transfers to hospital and to improve statewide bed management.

The reporting period saw significant changes occur within Clinical & Nursing Services, primarily associated with the organisational restructure of the Directorate. In addition

to the recruitment of the substantive positions associated with the revised structure, the newly created position of Medical Director was established. This role will facilitate the improved governance of medical services and provide strong medical leadership within the Service.

Nursing Services

Recruitment and Retention

Justice Health was an exhibitor at Nursing Careers Expos in Sydney, Bathurst and Brisbane during 2004-2005. The Nursing Resource Utilisation Project established a nursing services pool to assist managers in reducing excess annual leave and to provide adequate coverage for the major sites throughout the State.

Nursing Staff Council

The Nursing Staff Council was established during 2004-2005. In addition to Justice Health staff representation at all levels and from all geographical areas, two external senior nursing advisors were appointed to this committee.

Nursing Career Pathways

The application procedure for clinical nurse specialist positions was revised during this year, creating a more streamlined process approved by the Justice Health Executive.

An Enrolled Nurse Working Party was established to determine working arrangements for enrolled nurses at Justice Health including the development of practice guidelines, credentialing for medication administration, and promotion of the role throughout the organisation.

Safe Practice

Patient Safety and Professional Issues Meetings were established for nursing services in 2004-2005. These groups meet monthly to discuss incident reports in addition to professional issues such as credentialing.

The Justice Health Major Incident Plan was developed during this year, with each site having a plan for responding to major incidents.

Primary Health

Long Term Health Plan

Significant progress was made during the year in the establishment of Long Term Health Planning for eligible inmates. This system of identifying ongoing health needs facilitates the effective planning of care and results in significant improvements in health. The Primary Health stream was able to exceed the statewide target of 20% of the eligible inmate population, with 26% of the eligible sentenced population having a Long Term Health Plan completed.

Medical Services

This financial year saw success in the Justice Health internal Locum Scheme for rural centres, enabling expansion of medical services to the Mid North Coast Correctional Centre. This service is expected to continue to expand over the coming year.

Chronic Care

Justice Health was successful in obtaining funding through the Chronic Care Collaborative for the purchase of spirometry devices to screen and diagnose Chronic Obstructive Pulmonary Disease (COPD). This funding also enabled Primary Health to employ a Clinical Nurse Consultant in Chronic Care and to implement key initiatives in chronic disease management.

There was considerable focus on the management of chronic disease and planning to meet the needs of the ageing population. A pilot of the Physical Activity Program at Lithgow Correctional Centre demonstrated the beneficial impact of a coordinated approach to the screening, identification and management of chronic disease on quality of life measures.

In collaboration with Prince of Wales Hospital, Primary Health established a Diabetes Clinic at the MMTC, enabling the assessment and ongoing management of diabetics in custody.

Emergency Management

The assessment and management of emergency presentations by Registered Nurses underwent a major review during the year focusing on the use of Emergency Standing Orders. Emergency Response Flipcharts were developed for both adult and adolescent sites within Justice Health, providing key information to ensure best practice occurs when treating emergency presentations. A hospital admissions database was developed to track and monitor admissions and discharges from external hospitals to assist in the provision of continuity of care.

Allied Heath

Radiology

During the 2004-2005 financial year, planning took place for the introduction of digital x-ray, computerised radiology and electronic archiving into metropolitan centres. This electronic system will improve access to high-quality images and decrease reporting times.

X-ray services within the Metropolitan region were expanded, and Ultrasound Services were introduced at the Long Bay site, reducing waiting lists from 150 to zero over a six month period. Radiology services were established at the new Mid North Coast Correctional Centre and plans commenced for the provision of radiology services to Mulawa and Mid-West (Wellington) Correctional Centres in 2005 / 2006.

Physiotherapy

Physiotherapy continued to provide a specialised service to the Long Bay site and commenced developing a needs

analysis for the provision of services to inmates at other centres, including the new prison hospital. A software program was acquired which provides illustrated exercise handouts tailored for individual patient needs to facilitate best practice in the management of musculoskeletal problems and to reduce injuries.

Pharmacy

This year saw the completion of the Medication Administration Re-engineering Project (MARP) to streamline the supply of medications to clinics within Justice health. This was achieved through the introduction of direct delivery and electronic ordering of medications by clinics and an imprest system for medication stock statewide.

All medication policies and procedures were consolidated into a single comprehensive manual this year. Procedures were introduced for monitoring medication administration, with regular medication chart and clinic audits by Nurse Unit Managers or Nurse Managers at each Justice Health location.

Medical Records

There were major developments in Medical Records at Justice Health in 2004-2005 to both improve patient care and empower clinical staff. The implementation of a new medical records format took place following a thorough consultation process. The project involved reviewing, sorting and reorganising more than 9000 files for current patients to ensure compliance with the State Records Act. An archiving project reduced the number of files kept in the Joint Records Centre, enabling closure of the secondary storage site at Mulawa Correctional Centre. A medicolegal database was developed, along with revised procedures to improve compliance with the Freedom of Information Act.

Medical Appointments

The results of an earlier trial of a centralised medical appointment system informed a significant change business practices during 2004-2005. This included the expansion of the centralised appointments service to include the coordination of medical appointments for women in Berrima and Emu Plains Correctional Centres and for women attending non-urgent x-ray appointments at the MRRC. The result has been a reduction in the backlog of referrals, an improved level of service for external medical appointments and the development of internal and external networks to facilitate service delivery.

Oral Health

In February 2005, Justice Health was successful in obtaining funding to implement the Rural Clinical Locum Program (RCLP) over a four-year period. The program provides clinical relief for dentists in rural and remote areas across NSW for professional development and recreational leave. The RCLP assisted with the provision of additional dental sessions for rural correctional centres and additional clinical and administrative staff for Oral Health.

During the year a review of Adolescent Oral Health services was carried out and a new model of care developed. As a result, a full time dental therapist was recruited to provide and enhance clinical services and ensure that oral health education and promotion for juvenile detainees is given high priority. Refurbishments to the dental surgery in Reiby Juvenile Justice Centre were completed during this year and the new clinic at Juniperina Juvenile Justice Centre was equipped with a dental surgery. All Adolescent centres with on site dental clinics now have detainee information entered into an electronic information system (ISOH). This will ensure full assessments and dental care treatment is being provided for young people in custody.

Population Health

A network of Public / Sexual Health Nurses provides services relating to blood-borne viruses and sexually transmissible infections to all centres across the State. These nurses undertake a core skills accreditation program developed by Population Health and accredited by the University of Technology Sydney. At the end of 2004 / 2005 twenty-one nurses had completed the program, while fourteen (14) were currently awaiting accreditation.

Specialist medical hepatitis services are provided by Visiting Medical Officers at nine sites. During the year a comprehensive review of hepatitis services was conducted, refining the models of care. As a result, specialist hepatitis nursing positions were established in two Justice Health Centres.

As a strategy to improve the Justice Health response to sexual assault, the NSW Health Education Centre Against Violence was commissioned to develop and deliver a two-day program on sexual assault in the NSW correctional environment. The course was aimed at Justice Health clinicians and was such a success that another will be held in late 2005.

Justice Health clinical staff are supported by specialist medical staff from the Sydney Sexual Health Service when dealing with victims of sexual assault. This service includes the provision of on site clinics and support to assist with the management of sexual assault victims. Discussions with NSW Health have commenced to form a policy directive outlining the service relationship between Justice Health and sexual assault services across NSW.

Public Health and Health Protection

Infection Control

Over the course of the year, staff at 18 sites received education on infection control and sterilising, including a review of clinic cleaning practices. The rollout of infection control audits during the year included assessments of all juvenile justice centre clinics.

Environmental Health

At the beginning of the reporting period, a strategic planning process involving key stakeholders from Justice Health, the Department of Corrective Services and other key external agencies was held to identify environmental health priorities. The result was the carrying out of environmental health audits at seven sites at rural and metropolitan locations to identify environmental health risks to staff and inmates.

Comprehensive programs to monitor private water supplies for compliance with the Australian Drinking Water Guidelines and water cooling / warm water systems for the causative agent of Legionnaires' disease were also introduced. Environmental Health risk assessments on electromagnetic radiation and air quality were conducted for the Department of Corrective Services.

Surveillance

The following data reflects notifiable detected diseases and the Targeted Screening Program for the reporting period.

Table 6: Notifiable Detected Diseases for period July 2004-June 2005

Notifiable Condition	No. of inmate notifications
HIV antibody positive	0
Hepatitis B surface antigen positive	55
Hepatitis C antibody positive	618
Syphilis marker(s) positive	7
Chlamydia	87
Gonorrhoea	4
Pertussis (Whooping cough)	2
Hepatitis D antibody positive	2
Influenza	3
Invasive pneumococcus	0
Q fever	0
Adverse reaction to immunisation	1
Cryptosporidiosis	0
Respiratory tuberculosis	1
Atypical mycobacterial chest infection	0
Salmonella	2
Legionnaire's disease	1
Total	**783**

Table 7: Targeted Screening Program and Hepatitis B vaccination profiles – July to December 2004 (January to June 2005 figures take six months to validate)

Number of inmates introduced to TSP	7693
Total number tested as part of TSP	5176
Total newly detected hepatitis B positive inmates	47
Total newly detected hepatitis C positive inmates as % of total tested	298 (6%)
Percentage of newly detected HIV inmates with IVDU as primary risk factor	88%
Total number of hepatitis B vaccinations administered (including juvenile detainees)	2404
Number/proportion of hepatitis B vaccinations administered to Aboriginal inmates	445 (18%)
Proportion, and percentage, of inmates commenced on hepatitis B vaccination in the July – September 2004 cohort that completed three primary doses by 31 March 2005	109/166 (66%)
Proportion, and percentage, of inmates commenced on hepatitis B vaccination in the October – December 2004 cohort that completed three primary doses by 30 June 2005	136/214 (64%)

Communicable Disease Prevention and Management

Aside from the commonplace local outbreaks of influenza, chickenpox and gastroenteritis across the State, there were two significant disease outbreaks during 2004 / 2005.

A significant influenza outbreak occurred at the Long Bay complex involving approximately twenty-five (25) inmates. The outbreak was successfully managed by Justice Health collaboratively with the Department of Corrective Services, and was able to be contained at one site on the complex.

Additionally, fourteen (14) inmates at the Silverwater complex were affected by scombroid toxicity. The inmates required medical care and hospital assessment. Scombroid is not an infectious disease but a rare allergic reaction to toxins in food. Despite an exhaustive investigation involving the NSW Food Authority and the Department of Corrective Services, the cause of the event was not identified.

Capacity to respond to epidemics

As part of the process of implementing the NSW SARS Taskforce Recommendations, a comprehensive joint

survey of all Justice Health clinics, Correctional Centres and Juvenile Justice Detention Centres was undertaken by Justice Health, the Department of Corrective Services and the Department of Juvenile Justice early in 2005. The aim of the survey was to assess each correctional and detention centre's capacity to respond to a potential statewide pandemic such as influenza, SARS or other evolving disease, and in particular the ability to provide isolation and quarantine accommodation areas. The process highlighted areas for action to improve Justice Health's capacity to respond to epidemics and the information will inform both the Justice Health Disaster Plan and the Infectious Diseases Emergency Plan.

Immunisation

A review of the Justice Health hepatitis B immunisation program and policy was conducted, with the outcome being the identification of new ways of improving schedule completion rates and data collection within the adult and juvenile populations. Improved data collection systems were also developed to improve evaluation of the Winter Immunisation program (Influenza and Pneumococcal vaccination).

Health Promotion Scoping Project

A significant initiative undertaken by Population Health during the year was the Health Promotion in NSW Prisons and Juvenile Detention Centres Scoping Project. The aim of the project was to identify how to best promote and protect the health of the prison population in NSW over the immediate and longer term. This was a collaborative venture supported by several Area Health Services, the Department of Corrective Service, the Department of Juvenile Justice and key experts in health promotion and associated fields. A consultancy was engaged to conduct the project and as a result a comprehensive document identifying and prioritising areas for action was produced and will be implemented in 2005/06.

Tobacco Strategy

In December 2004 Justice Health facilitated a one-day interagency tobacco forum, with participants from Area Health Service Health Promotion Units, NSW Health, DCS and Justice Health. The forum identified the need to progress a comprehensive tobacco strategy to respond to tobacco use by inmates, juvenile detainees and employees in NSW Correctional and Juvenile Justice centres in NSW. The forum will help to inform employee and inmate tobacco cessation programs, and will reflect the draft NSW Tobacco Action Plan 2005-2008 identifying prison inmates as a target population.

Drug & Alcohol

The 2004/2005 financial year saw a substantial increase in clinical activity for drug & alcohol services, with an expansion in the number of sites where drug & alcohol specialist medical services are available as well as an increase in the services provided at existing sites. The opioid treatment program continues to be the major source of activity for Justice Health since it was introduced in 1986.

Drug Summit funding provides clinical drug & alcohol services at a large number of Justice Health sites. The activity figures in Table 8 reflect the reduced availability of heroin on the streets, changing patterns of drug use by the general population and the greater proportion of clients entering the justice system already on pharmacotherapy treatment.

Table 8: Drug Summit Funded Activity

Average number of inmates on methadone in 2004/2005	1,120	9% increase from previous year
Average number of inmates on buprenorphine in 2004/2005	137	17% increase from previous year
Number of inmates commenced on methadone in 2004/2005	658	25% reduction from previous year
Number of inmates commenced on bupren-orphine in 2004/2005	97	15% reduction from previous year
Number of inmates who ceased methadone in 2004/2005	408	21% increase from previous year
Number of inmates who ceased buprenorphine in 2004/2005	62	42% reduction from previous year
Withdrawal Management Services		
Number of inmates assessed	9,576	4.5% reduction from previous year
Number of ambulatory withdrawal	2,307	20% decrease from previous year
Number of inpatient withdrawal	1,441	29% increase from previous year
Total number of inmates on a pharmacotherapy program on release.	1,478	17% decrease from previous year

Clinical Standards

In January 2005 the Drug & Alcohol Procedures manual was revised in conjunction with National and State clinical guidelines and distributed to all sites across Justice Health. This manual outlines the clinical standards expected from clinicians when managing any drug & alcohol concerns within correctional centres and police cells in NSW.

A total of 84 Justice Health staff attended a series of drug & alcohol core skills workshops in 2004/2005. These workshops equip staff with the clinical skills and knowledge base required to manage the drug & alcohol health needs of clients in a correctional environment. The workshops received positive feedback from participants who described it as being very practical and useful.

Patient Safety and Clinical Quality

During the year Drug & Alcohol services directed considerable resources into the development of the Patient Safety and Clinical Quality Program. The major clinical risks for patient safety were identified and clinical audit processes is currently in development for monitoring and managing these risks. A process was also developed by which adverse events concerning drug & alcohol treatment are routinely reviewed and investigated, to ensure that systems and performance issues are addressed.

Adult Drug Court Program

Justice Health participates in the Drug Court initiative, which places into treatment those drug dependent offenders who would otherwise be likely to serve a custodial sentence. Drug Court Units are located in the Metropolitan Remand and Reception Centre and Mulawa Correctional Centres at the Silverwater complex. In 2004-2005, Justice Health restructured this project, appointing a manager to the inpatient unit based at the MRRC, to closely review the operational processes and improve the quality and safety of this program.

Correctional Centre Release Treatment Scheme (CCRTS)

The CCRTS provides assessment services for the post release needs of inmates, including the development of a post release care plan. This process involves co-ordination between correctional centre services and community based health and welfare services and also provides support for the re-integration of released clients back into their family network where appropriate. In 2004/05 the CCRTS Project provided services across three geographical locations: Wellington-Dubbo, Sydney South West (Central sector, Aboriginal inmates only) and Sydney Western Area. During the year 140 inmates participated in the program, of which 80, or 60% were Aboriginal. The Drug Summit Initiative has ensured funding for the Correctional Centre Release Treatment Scheme (CCRTS) until June 2007.

In-Reach Project

The In-Reach Project aims to achieve optimal post-release outcomes for inmates through the facilitation of transfer to opioid pharmacotherapy in the community. This is achieved through nine In-Reach Project workers based in Area Health Services across the State. In 2004/05 the In-Reach workers managed 553 releases of clients on pharmacotherapy treatments. Many factors underpin the success of the project, particularly maintaining low numbers of unexpected releases to enable a post-release plan to be developed before the client leaves custody. The role of staff at all clinics is critical in identifying these clients in a timely manner and referring them to project staff.

Women's Health

During the year a major review of services at Mulawa Correctional Centre occurred in consultation with Department of Corrective Services staff. As a result an action plan was developed for the implementation of new models of care in the coming financial year. In addition to this, regular cross-agency meetings on Women's Issues were established with the Department of Corrective Services and the service also established a consistent involvement with the statewide women's health meetings. Significant cross-agency collaboration also occurred to develop guidelines on the care of pregnant women in custody and for residents of transitional centres to access Justice Health services.

Aboriginal Health

The Aboriginal Health Unit of Justice Health is committed to improving the health and cultural well being of Aboriginal people in custody in NSW Adult Correctional and juvenile justice centres.
The Unit is committed to the following goals

- The delivery of designated Aboriginal Health Services through Aboriginal Community Controlled Health Services
- A workforce that is committed to the health needs of Aboriginal inmates
- The development and delivery of a range of health programs that are proactive in caring for Aboriginal inmates
- A working environment that is cultural sensitive and supportive of Aboriginal people

The Aboriginal Strategic Plan – "Care in Context" was reviewed and the recommendations from the review have provided the foundation for the drafting new Aboriginal Strategic Plan –"The Whole Being".

During the year culturally appropriate health services continued to be made available through arrangements with Aboriginal Community Controlled Health Organisations. The number of Juvenile Justice Centres at which these services are available increased from three (3) to six (6) during 2004 / 2005.

The Aboriginal Vascular Health Project continued to operate in 8 locations. A new reporting system has been introduced to evaluate the outcomes being achieved and assess the resource requirements to ensure the long-term sustainability of the program. The introduction of the Long Term Health Plan now means that all new inmates undertake a number of health assessments upon reception. This includes the identification of risk factors relating to vascular health.

Future Directions – Clinical Services and Nursing

- A Compulsory Drug Treatment Program will commence operation in the first half of 2006. This is a court-mandated program with an abstinence based treatment approach
- From July 2005, the Correctional Centre Release Treatment Scheme will commence service provision at two additional sites at Kempsey and Cessnock
- The roll out of the computerised radiology system will occur to all Justice Health locations in metropolitan Sydney
- Further expansion of Radiology services is planned, with the provision of ultrasound services to rural and remote locations
- An evaluation will occur of the needs analysis undertaken on the provision of physiotherapy services to inmates at centres other than Long Bay
- Completion of the ISOH roll out to all centres in NSW and the upgrading of ISOH to version five
- The development of guidelines for medical officers on the prescription of medications
- The ongoing review of the provision of medical record support and planning for the expansion of medical records services
- Completion of the new Aboriginal Strategic Plan – "The Whole Being ".

Adolescent Health

Research has identified that the younger a person is when first coming in contact with the courts the more likely they are to re-offend. In addition, virtually all indigenous males and a large majority of indigenous females that appear before the courts as juveniles will re-offend. To reduce recidivism rates amongst juvenile offenders requires that Justice Health intervene when offenders first come into contact with the criminal justice system. There is also a dedicated focus on issues related to young Aboriginal people.

Justice Health provides nursing, general practitioner, psychiatric, dental and optometry services to all adolescent sites. Whilst the nurses work autonomously in the clinics, they are members of a multidisciplinary team, including staff from the Department of Juvenile Justice (DJJ) and the Department of Education and Training (DET). Planning and delivery of services is conducted collaboratively with the DJJ through the development of a joint clinical services plans and through participation in joint Mental Health and Drug and Alcohol Committees. Adolescent Health works very closely with the major streams of Justice Health.

Justice Health clinics in each juvenile facility provide health services seven days a week. The registered nurses provide an initial risk assessment for all young people in custody within twenty-four hours of reception, focusing on mental health, drug and alcohol and sexual health issues. A further comprehensive health assessment is then conducted within five days of reception. Clinicians provide ongoing primary health care, including sexual health, immunisation, mental health and drug and alcohol services and health education on a variety of topics via individual counselling sessions, group work and structured health education modules. If a specific health care service is not available within a centre, care is sought from the local Area Health Service.

Justice Health also provides services to the Youth Drug & Alcohol Court (YDAC) program, established in 2000. This program aims to reduce re-offending by young people who have become entrenched in the criminal justice system by helping them overcome their drug or alcohol problem. Services have recently expanded to include Cobham, Liverpool and Bidura (Glebe) courts. Young People coming before the courts are comprehensively assessed as to their suitability to enter into the YDAC programme. The role of Justice Health is to provide health assessments and ongoing clinical care, working closely with DJJ, Department of Community Services and Department of Education and Training.

Service Enhancements During the 2004/2005 Reporting Period

Adolescent Health is an expanding area of Justice Health and in 2004/05 the following enhancements to our service were achieved:

- The appointment of a Drug and Alcohol Staff Specialist (0.5FTE)
- Two additional staff were employed at the Youth Drug and Alcohol Court
- Doubling of the time that the psychiatrist attends Cobham juvenile justice centre
- Introduction of MHOAT-CA assessments to improve mental health screening and assessment
- Engagement of Aboriginal Medical Services to provide culturally appropriate care at all centres
- Commencement of the development of joint Clinical Services Plan in partnership with the Department of Juvenile Justice.
- Development of an appropriate model of care for the provision of dental services to detainees
- Rollout of standardised health education modules across all centres
- Improved hepatitis B surveillance
- Refurbishment of the clinic at Reiby and the construction of the new clinic at Juniperina.

Future Directions – Adolescent Health

- Justice Health is developing an Adolescent Community Forensic Mental Health Service for young people who have an emerging mental illness and/or drug and alcohol problems. The service will comprise four main components: community based assessments and linking to appropriate community services; court liaison and diversion; discharge planning for young people in custody and for some young people occupying mental health inpatient beds; and case management of a small number of clients.
- Dental services to Cobham Juvenile Justice Centre will be extended and dental services at the new Juniperina juvenile justice centre is planned to commence.
- Adolescent Health will be piloting a Juvenile Justice Centre Release Treatment Scheme. This project will involve assessing the individual's post release needs prior to release from custody and developing a post release care plan to assist with co-ordination between custodial care and community based health and welfare services. The aim of this programme is to support young people to stay in the community for longer, encourage the re-integration back into their family network and to enhance support to individuals with drug problems post release.
- DJJ and Justice Health will be working together to produce a comprehensive report resulting from the Young People in Custody Health Survey.

Statewide Forensic Mental Health Directorate

Mental health services at Justice Health are provided by the Statewide Forensic Mental Health Directorate. This unit is managed by Justice Health and is responsible for leading the development and management of an integrated forensic mental health service across NSW. This service comprises of a number of units and programs in both custodial and non-custodial settings that co-ordinate mental health care for those who come into contact with the criminal justice system.

Early intervention allied to the concept of diversion from the prison system is crucial to the philosophy of the Statewide Forensic Mental Health Directorate. At several points of an offender's pathway into the correctional system Justice Health is able to offer diversion to appropriate care for the mentally ill.

Forensic Executive Support Unit

The core business of the Forensic Executive Support Unit (FESU) is to process recommendations from the Mental Health Review Tribunal concerning forensic patients within the meaning of the Mental Health Act 1990. These recommendations go to the NSW Minister for Health, the Governor of NSW and the Executive Council of the NSW Parliament.

The role and function of the FESU expanded in 2004/2005 to include improving forensic services and standards of professional service delivery within the wider NSW Health system. As a result, there have been significant improvements in compliance with requirements of the Mental Health Act 1990 with regard to forensic patients.

Other functions of the Unit include:

- Maintain an accurate forensic patient victims register and liaise with this group.
- Work in conjunction with Justice Health staff and managers of Area Health Service mental health teams to ensure compliance with the *Mental Health Act* and the *Mental Health Criminal Procedures Act* in the management of forensic patients in custody.
- Provide information to the Courts on the appropriate documentation associated with legislation.
- Work with Area Service Mental Health teams to improve the standard of assesment and reporting.

Ambulatory Correctional Services

Ambulatory Mental Health services are provided to one third of the correctional centres in NSW and to all juvenile detention centres. Justice Health employs specialist mental health medical and nursing staff at all of these centres. The main correctional centres in the metropolitan area where mental health assessment takes place are the Metropolitan Reception and Remand Centre and Mulawa Correctional Centre (both located at Silverwater), the Metropolitan Medical Transit Centre and the Malabar Special Purposes Centre (both located at the Long Bay Complex).

Inpatient services – Long Bay Hospital

At present there are ninety-eight (98) high security mental health beds provided at Long Bay Hospital. These are within a complex gazetted as both a prison and a hospital and run jointly by the Department of Corrective Services (DCS) and Justice Health.

Statewide Community Court Liaison Service

The Service provides mentally ill offenders with court-based diversion options from the criminal justice system towards treatment in mental health facilities. Clinical Nurse Consultants and forensic psychiatrists assist magistrates, solicitors, police prosecutors and other staff at local courts with diversion of people with mental health problems and disorders by referring clients to appropriate mental health services out of custody in the community and hospital settings. Where this is not possible, clients will be referred to appropriate mental health services within the prison system. The service also provides an education and advisory function to all hospitals, community mental health services and other service providers. In total there are 19 Court Liaison Sites, and Justice Health staff provide services to 16 of them. The remaining 3 sites are staffed by professionals from local Area Health Services.

In June 2004 the Statewide Community Court Liaison Service was allocated an additional $500,000 by NSW Health for a further five courts at Manly, Coffs Harbour, Nowra, Blacktown and Wagga Wagga. Recruitment for four out of the five courts was successful with the exception being Wagga Wagga. Recruitment of a temporary position for the Wagga Wagga site will occur in 2005/2006.

During the year the Service undertook a research project on recidivism of clients diverted from the judicial system under the community option of Section 32 (Criminal Procedure) Mental Health Act. The result of the study suggests that in the New England area, mentally ill defendants dealt with by Section 32 orders reoffend at similar rates to matched non-mentally ill offenders dealt with by good behaviour bonds over a six month period. At a 90% level of confidence there was evidence of a modest (1-25%) reduction in reoffending compared with the controls. Improvements in relationships with family and reduced severity of substance misuse were observed in a majority of cases by case managers over the study period. Other anecdotal Improvements identified include in improved employment and accommodation status in a smaller number of cases.

A Customer Satisfaction Survey was also conducted by the Court Liaison Service during the year, designed as a quality-improvement initiative to assess the levels of

Table 9: Court Liaison Activity

	2003/2004		2004/2005	
	Number	Percentage	Number	Percentage
Clients Screened	18,902	100	18,059	100
Numbers referred for assessment	1,945	10.2	2,177	12
Numbers assessed who were identified with a serious mental illness	1,413	72.6	1,794	82.4
Numbers with mental illness diverted to hospital	204	14.4	249	13.9
Numbers with mental illness diverted to community care	701	49.7	880	49
Numbers with mental illness referred to custodial mental health care	507	35.9	665	37

satisfaction among a proportion of stakeholders. The stakeholders were specifically those court-based staff who provide the bulk of referrals to court diversion services including; Magistrates, Police Prosecutors, Legal Aid Attorneys and the staff from the Department of Corrective Services. Overall there were high levels of satisfaction with the Service among the stakeholders providing referrals. A number of areas with scope for improvement were identified by the survey. These issues raised were discussed during a series of multidisciplinary team meetings in order to identify solutions used to further improve the Service in 2005 / 2006.

Community Forensic Mental Health Service

The Community Forensic Mental Health Service (CFMHS) was established in November 2004 with the aim of providing specialist forensic assessments and advice for individuals with a serious mental illness presenting to the criminal justice system, in addition to mentally ill individuals at risk of offending who were being managed in non forensic environments. The aim is to support the work of existing mental health area teams through the provision of specialist advice and in very difficult cases to take on case manage responsibilities for limited periods.

The focus of the CFMHS in 2004 / 2005 has been to concentrate on the thorough assessment of all high-risk community based forensic patients across New South Wales (65 patients), in order to identify possible risks, to enhance the care provided to these patients and to establish a baseline to inform future service development. The review involves an in depth assessment that includes a thorough review of each patient's clinical history. This will be completed by March 2006. The service will then be in a position to take new referrals, and to begin an intensive consultation / liaison service with Justice Health Adolescent Mental Health Service.

The service employed two Clinical Nurse Consultants (CNCs), one registrar, and a clinical director in 2004 / 2005. This will rise to five CNCs, an occupational therapist, two registrars, two staff specialists, and a clinical director in 2005, supported by an operations manager and administration officer.

Court Report Unit

The Court Report Unit provides reports to Magistrates to assist with the diversion of patients from the Criminal Justice System. The court reports are completed by consultant Forensic Psychiatrists. Justice Health provides approximately 500 Court Reports annually to the magistrate's courts.

Future Directions – Statewide Directorate Forensic Mental Health

- There are plans to open in late 2005 two new Mental Health Screening Units. These units are assessment facilities at the Silverwater complex capable of screening over 1000 inmates a year for mental illness. These facilities are state of the art and will operate in accordance with internationally registered best practice
- Justice Health ambulatory mental health services will create a Mental Health Precinct at the Metropolitan Reception and Remand Centre to enable better access to patients for the provision of services
- A second community mental health team will commence operations in 2006 and will be working closely with the Department of Corrective Services Parole and Probation unit
- A Community Forensic Child & Adolescent Mental health Service and a Forensic in Child and Adolescent Inpatient Service will be developed
- Consultation has begun with the NSW Chief Magistrate to consider future expansion of the Statewide Community & Court Liaison Service. The expansion of proposed courts will be dependent upon a needs analysis and the availability of funding.

Corporate Services and Finance

The Corporate Services & Finance directorate provides Justice Health with a full range of corporate support services. This includes:

Human Resources (Employee Services, Payroll),

Learning & Development,

Workforce Planning,

Finance (Finance, Purchasing and Supply),

Information Services (Information Management and Technology – IMAT),

Business Services (Capital Works, Administrative Services, Commercial Services and Hotel Services).

Corporate Services & Finance have a strong service focus with the aim of delivering quality support services to the clinical, executive and governance functions of Justice Health.

The significant challenge for the directorate in 2004/2005 was to continue to provide the level of support required. As Justice Health has been growing, so too has the demand for corporate support, while at the same time Justice Health has been participating in planning for changes resulting from NSW Health's initiative to develop a Shared Corporate Services model. This model is known as Health Support and is aimed at streamlining corporate support across the health sector. The great challenge for Justice Health is supporting this initiative despite the increasing demands on the limited support service infrastructure that we possess.

Major Goals and Outcomes

During the reporting period the health service established the position of Manager Workforce Planning, to plan and coordinate the workforce needs of all Justice Health staff. Most health services function in an environment of staff scarcity, resulting in an intensified need for focused recruitment and retention strategies. Additionally, Justice Health is planning for the commissioning of new facilities (the Forensic and Prison Hospitals at the Long Bay complex) which will require a significant increase in staff who possess specific skills. Efforts to develop a formal plan that will articulate strategies to meet the current and future workforce needs were underway at the end of the reporting period.

In 2004 the health service conducted a staff survey involving all staff including casuals and Visiting Medical Officers. The data from the survey will be used to inform training needs and workforce planning for both existing staff and the workforce required for the new health service facilities.

Justice Health has a highly successful Employee Assistance Program, which provides high quality staff support and is widely accessed by our employees. In 2004-05 we renewed the contract with the existing provider WorkWise.

Over 400 staff received IT training in 2004-05 and the training plan continues to raise IT literacy rates within the organisation. Use of IT resources within the organisation continues to grow, with the monthly average help desk calls logged increasing by approximately 25% over the year.

The statewide Incident Information Management System (IIMS) was implemented in 2004-05. This system captures safety related incidents (both clinical and non clinical) and establishes a framework for the service to assign Severity Assessment Code (SAC) ratings, conduct investigations and identify trends and issues in establishing safe practices and environment.

Phase one of the computerised radiography project was successfully implemented at 3 sites within the Sydney Metropolitan region. This project installed the technical infrastructure to capture diagnostic images digitally to allow more efficient movement of these images. Justice Health relies on external clinical specialists such as radiologists to read and interpret diagnostic images. By implementing the CR project the service is able to deliver the images to the diagnosing clinician much more rapidly, which results in reduced reporting times.

Capital Works Program

The capital and minor capital works programs continue to develop new facilities and upgrade clinics providing staff and patients with modern health care facilities. The new facilities at Mid North Coast and Dillwynia were commissioned in conjunction with DCS in 2004-05. In addition, major renovations were underway at Goulburn and Kirkconnell and the Service provided new or enhanced dental equipment at Kirkconnell and Parklea Correctional Centres and at Cobham Juvenile Justice Centre. Further expansion into commercial office accommodation has occurred to support the Governance Unit and the new adult and adolescent community forensic mental health teams.

Future Direction Corporate Services and Finance

- Justice Health is highly focused on improving its corporate infrastructure in anticipation of the growth in employment and general administrative complexity associated with the commissioning of the new hospitals. As a result all corporate systems are being reviewed and priorities for improvement identified.

- The health service is implementing enhancements to its system of financial management and reporting. Financial Reporting Units (FRUs) have been identified in line with the service's stream-based approach to management. Completion of this project will provide a financial reporting framework that will enable the health service to fully devolve budgets providing directors and managers with appropriate financial management accountabilities.
- Improvements to the service's IT infrastructure have been identified and outlined in the Information Management and Technology Strategic Plan for 2005-2008. There is a need to continue to develop the IT infrastructure to ensure its is robust, secure and able to meet existing and future needs. Enhancements to the system are planned for the next financial year to meet these needs and include as a priority the rebuilding of the "Citrix" network server system in order to improve the performance and reliability of all users regardless of location. These enhancements are being planned and implemented in conjunction with initiatives underway to develop a Technology Shared Services (TSS) program at NSW Health. All decisions with regard to technology and its implementation are made in consultation with NSW Health so that integration with TSS can be considered.
- Justice Health has undertaken a project to review how information is collected, managed and used throughout the service, and reported outside the service. This project will result in recommendations for an overall management system of information throughout the organisation.
- The service will complete drafting the formal Workforce Plan and review it with the intent to establish an approved framework for workforce management. Implementation will commence in 2005-06. This detailed plan will address the whole of service workforce needs and focus on retention of existing staff, recruitment to existing staffing needs and development and recruitment of the workforce needed to staff the new Forensic and Prison Hospitals.

Research

Research activities at Justice Health are coordinated and provided by the Centre for Health Research in Criminal Justice. The Centre was formally integrated in 2003 and arose out of the need to establish a centre of excellence to research prisoner health issues and health matters connected with the criminal justice system in general. Whilst the Centre is fully funded by Justice Health, it works under the strategic directions set by an independent Board.

The Centre continues to be acknowledged as a national authority on prisoner health studies. Importantly, the Centre has over 50 research affiliates and it's work is recognised both at the national and international level.

During the reporting year the Centre continued to develop along four streams of business:

- The analysis and reporting of existing data sets (e.g. 2001 Inmate Health Survey, 2002 Mental Health Survey, 2003 Young People in Custody Health Survey)
- Increasing the research capacity of Justice Health through encouragement of staff to engage in quantitative research
- The submission of grant applications (e.g. National Health Medical Research Council, industry funding agencies)
- Teaching, including nursing and medical, undergraduate, graduate and postgraduate courses.

Highlights for the Centre in the 2004/2005 reporting period were:

- The 2nd Prisoner Health Research Symposium was successfully held and attended by 240 participants
- The publication of the Centre's 2004-2006 Research Plan
- The first Research Paper was published during the reporting period – *The National Prison Entrants' Bloodborne Virus Survey, 2004*
- Three National Health & Medical Research Committee Grants were attained
- The level of staffing at the Centre grew from 4.5 FTE to 6.5 during the year
- The Centre produced eleven (11) research publications.

A list of all the current research project and funding submissions can be found in the Appendices section of this report.

Employee Services

Justice Health is committed to maintaining a framework of human resources practices that provide staff with modern, equitable, safe and healthy workplaces. The existing human resource framework of Justice Health consists of employee services, occupational health and safety, staff injury management, learning & development, workforce planning, an employee assistance program, and effective industrial relations.

The establishment of the position Manager Workforce Planning is a significant achievement in the area of workforce management for Justice Health and has allowed us to progress the development of a formal Workforce Plan. The Justice Health Workforce Plan is consistent with NSW Health guidelines, and will have the following seven key objectives:

- Achieve self-sufficiency in workforce supply
- Ensure workforce distribution matches community needs
- Become an industry employer of choice through effective leadership and governance
- Develop innovative approaches to health, education and training
- Develop flexible approaches to the way in which care is delivered
- Employ best practice in workforce assessment and planning
- Work collaboratively at the local, state, national and international level.

Staff Profile as at 30 June 2005

Table 10: FTE Staff by Professional Category

Staff Group	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005
Medical	21	17	23	23	26
Nursing	324	361	430	437	506
Dental	Note 1	Note 1	Note 1	Note 1	10
Corporate Administration	63	43	44	56	65.3
Allied Health Professional	17	20	25	29	13
Hospital employees (administrative, technical & ancillary staff)	3	36	49	50	69.7
Hotel Services	1	20	20	19	20
Other	0	0	0	0	7
TOTAL:	**445**	**497**	**591**	**614**	**717**

Note 1 = In previous reports Dental staff have been included under Allied Health Professional

Equal Employment Opportunity

Employee equity is facilitated at all levels within the Service through a range of functions including the Justice Health policy framework, Code of Conduct and Ethics, management structures and staff meetings. Justice Health complies with all NSW Health and public sector management practices.

Significant equal employment outcomes achieved during 2004 / 2005 include:

- The ongoing review of human resource policies in the areas of corruption prevention & fraud control; equity in the workplace and harassment, bullying & discrimination
- The conduct and analysis of a staff survey
- The introduction of the Zero Tolerance to Violence in the Workplace policy and continuation of the Zero Tolerance to Violence training program
- Allocataton of 2% of salary budget to staff training & education
- Ongoing development of the service wide risk management framework to improve workplace health & safety

Table 11: Equal Employment Opportunity Data

	Total Staff 2004/2005	Respondents	Men	Women	Aboriginal People & Torres Strait Islanders	People from Racial, Ethnic, Ethno-religious Minority Groups	People whose language first spoken as a child was not English	People with a disability	People with a disability requiring work-related adjustment
Perm/Temp	698	519	198	500	9	71	78	40	13
		74.4%	28.4%	71.6%	1.7%	13.7%	15%	7.7%	2.5%
Casual	178	125	32	146	2	11	19	4	0
		70.2%	18%	82%	1.6%	8.8%	15.2%	3.2%	
Totals	**876**	**644**	**230**	**646**	**11**	**82**	**97**	**44**	**13**
		73.5%	**26.3%**	**73.7%**	**1.7%**	**12.7%**	**15.1%**	**6.8%**	**2%**

Occupational Health & Safety

Justice Health is committed to providing a safe and healthy work environment for all employees, visitors, patients and contractors. The health and safety of all persons employed within Justice Health and those visiting our workplaces are considered to be of the utmost importance. Justice Health is continually reviewing and improving its occupational health and safety systems to prevent work related injuries and illness.

During 2004 / 2005 there were no prosecutions against Justice Health under the Occupational Health & Safety Act.

Table 12: Staff Injury by Type and Hours Lost

Injury	**2001/2002**		**2002/2003**		**2003/2004**		**2004/2005**	
	Injury Type	Hours Lost	Injury Type	Hours Lost	Injury Type	Hours Lost	Injury Type	Hours Lost
Body Stress	8	1,112	13	861	6	844	15	1229
Exposure	3	0	11	8	11	0	9	0
Fall/Slip	6	233	11	2127	6	149	19	1507
Mental Stress	10	1,462	5	1902	11	659	9	108
Objects – Hit	7	467	3	1064	4	199	2	820
Objects – Moving	1	0	6	40	1	8	1	16
Vehicle	7	920	3	0	8	78	7	32
Unknown	2	0	0	0	0	0	0	0
Other	0	0	5	54	3	390	3	34
TOTAL	**44**	**4,194**	**57**	**6056**	**50**	**2327**	**65**	**3746**

SOURCE: NSW Treasury Managed Fund

With an average of 9.4 reported claims per 100 employees as at June 2005, Justice Health is marginally above the NSW Health average of 8.0. The average cost incurred per employee is $551.00, which is again marginally above the NSW Health average.

There has been a substantial increase in the number of claims this year, especially in the areas of body stress and slips / falls. This has resulted in an increase in overall time lost. In line with previous years, there were a number of psychological injury claims, however through good management the time lost has been kept very low, with an average of 12 hours per claim.

The most significant contributing factor for the increases in claims is the continued increase in staffing levels.

Teaching and Training Initiatives

The Learning & Development Centre coordinates and delivers a range of education and training activities for the Service. The development of a bi-annual activities calendar has enabled the health service to improve the coordination of training and training resource allocation.

During 2004 / 2005, staffing numbers for the Learning & Development Centre were increased to meet the teaching and training demands of an expanding health service.

Justice Health continued to provide nursing under-graduate placements opportunities in the areas of primary health, women's health, drug and alcohol management, community health and mental health placements.

The New Graduate Program continued to perform well during the year, with approximately 80% of participants being retained by the health service. This program is a finalist in the 2005 Baxter Awards and it is hoped that the program will continue to grow in 2005 / 2006.

The Zero Tolerance to Violence in the Workplace training follows an initiative implemented throughout the health system and has been a significant project providing training to new staff, managers and existing staff.

Executive Officer Reports

Dr Richard Matthews, Chief Executive

Appointed:
November 2000

Key responsibilities:
Setting the strategic direction for the organisation. The Chief Executive also holds the position of Deputy Director General, Strategic Development at the Department of Health

Significant Achievements in reporting year

- Met budget
- Significant service expansion as adult inmate and juvenile detainee numbers rose sharply
- Expansion of some services eg Court Liaison, and creation of new services eg Community Forensic Mental Health Services, to provide alternative strategies to incarceration for mentally disordered offenders in the justice system and community.

Julie Babineau, Deputy Chief Executive

Appointed:
Director of Corporate Services and Finance until 1 February 2005 when appointed Deputy Chief Executive.

Key responsibilities:
Overall responsibility for clinical and non-clinical operational functions in the adult correctional environment. In addition, the Deputy Chief Executive is responsible for the Centre for Health Research in Criminal Justice, and media and public relations for the Service. This position also provides the key leadership role in all the planning activities involved in the construction and functional requirements for the two new hospitals.

Significant Achievements in reporting year

- Oversaw the procurement processes and the organisational requirements for the forensic and prison hospitals project
- Ensured the release of the Request for Detailed Proposal (RDP) to three short listed proponents in accordance with an agreed program
- Established health services in two new sites at Mid North Coast Correctional Centre and Dillwynia Correctional Centre and was an active participant in planning exercises for over 1000 new correctional centre beds
- Project Sponsor for the successful implementation of PAS/UPI
- Established the Executive Support Unit
- Justice Health representative on DCS Board of Management committees for IT, Capital works and co-chaired Justice Health / DCS Liaison Committee.

Dr John V Basson, Director Statewide Forensic Mental Health

Appointed:
March 2004

Key Responsibilities:
The development and implementation of statewide strategies for the provision of Forensic Mental Health services for mentally disordered offenders in the Justice system and community. Directs the Forensic Executive Support Unit in the provision of specialist advice to the Minister of Health and the Mental Health Review Tribunal in the management of mentally disordered offenders.

Directs the provision of high quality advice to Area Mental Health Services on services to mentally disordered offenders.

Significant Achievements in Reporting Year:

- Development of Forensic Community Mental Health Service.
- Moving and successfully establishing the Forensic Executive Support Unit from the NSW Department of Health to Justice Health premises in Kent Street, Sydney.
- Developing a strategy with Adolescent Health for the future provision of Forensic Community Child and Adolescent Health Services and Inpatient Services.
- Coordinating the operating procedure and plans for opening the Mental Health Screening Unit at Silverwater to open in late 2005.
- Overseeing the risk assessment of Forensic civilian patients in Morisset and Long Bay.

Belinda Chaplin Director Adolescent Health

Appointed:
February 2003

Key responsibilities:
Managing the Adolescent Health Service to ensure the effective provision of health services to young people in juvenile justice and juvenile correctional centres and the Youth Drug and Alcohol Court.

Significant achievements in reporting year

- Review and development of a new reception assessment and comprehensive assessment process
- Commenced the development of a joint Clinical Services Plan with Department of juvenile Justice
- Development of new systems and a clinical governance framework for the Youth Drug and Alcohol Court
- Introduction of MHOATCA
- Prepare Adolescent Health for its first ACHS accreditation
- Conducted a review of custodial health service for adults and young people in South Australia.

Associate Professor Michael Levy, Acting Director, Centre for Health Research in Criminal Justice

Appointed:
Acting in role since 23 February 2004

Key Responsibilities:
Responsible for the development of the research enterprises of Justice Health through the management of the Centre for Health Research in Criminal Justice.

Significant achievements in reporting year:

- provides institutional support for the Justice Health Human Research and Ethics Committee, co-ordinates the Monash University Custodial Medicine Unit (Diploma of Forensic Medicine),
- Program (Community and Doctor Theme).
- Is a member of the Ministerial Advisory Committee on Hepatitis.
- Council of Prison Health Services.
- Assisted the Inspector of Custodial Services (Western Australia) in the review of medical services in that state.
- Supervised 16 students in Custodial Medicine (Monash University).

John Hubby, Director Corporate Services and Finance

Appointed:
1 June 2005. (Acting in role from 14 March 2005).

Key Responsibilities:
Responsible for providing executive level support to the Board, Deputy CE and CE, including sound strategic management and leadership in areas of human resource and workforce management, payroll, finance, information technology, learning and development, business services and capital works.

Significant Achievement for the 2004/2005 Year

- Successful implementation of PAS/UPI across 72 adult sites providing the organisation for the first time with a fully automated patient administration system
- Over 400 staff received IT training during 2004/05, resulting in substantially improved technology literacy across the organisation
- Completion of organisation wide Information Management & Technology strategic plan for the period 2005-2008 providing direction for future technology initiatives
- Expanded undergraduate nursing placements and retained 80% of participants in the New Graduate nursing Program
- Oversaw the policy process redesign project.

Maureen Hanly, Director Clinical Service & Nursing

Appointed:
1 June 2005 (Acting in role from November 2004)

Key Responsibilities:
The Director of Clinical and Nursing Services is responsible for the overall senior level management, strategic planning, coordinating, and reviewing of all clinical services provided within the directorate. Services provided include drug and alcohol, primary health, oral health, Aboriginal health, allied health, women's health, population health and nursing services within adult ambulatory facilities.

Significant Achievement for the 2004/2005 Year

- Reduced nursing overtime and agency usage from 10% to 4%.
- Developed and implemented a Nursing Services Quality Audit Tool.
- Rolled-out Emergency Management Flip Charts.
- Participated in Chronic Care Collaborative.
- Oversaw Pharmacy Re-Engineering Project, which resulted in a change from a 'medication dispatch' function to a proper clinical pharmacology service.
- Completed Clinical and Nursing Services Restructure including establishment of a Medical Director position, which has improved medical leadership and governance structure.

Community Participation

Consumer participation within Justice Health is provided primarily through the Consumer & Community Group and through local Inmate Development Committees at individual correctional centres

The Consumer & Community Group

The Consumer & Community Group is a sub-committee of the Justice Health Quality Council and is responsible for:

- The provision of information to consumers about health services and issues
- Informing consumers by promoting awareness and education on issues, which affect health care provision
- Obtaining information and feedback from consumers on health services and issues
- Engaging consumers through collaboration to encourage and facilitate meaningful discussion to ensure positive consumer outcomes
- Seeking quality improvement in the provision of health services.

In 2004-2005, male and female inmates representative regularly attended the Consumer & Community Group meetings. The group also sought to obtain feedback from Inmate Development Committees Statewide by providing them with information following each Group meeting and seeking their feedback on local issues of concern.

A significant achievement of the Group during the reporting period was the redevelopment of the Patient & Health Service Information Brochure for inmates and detainees. This was updated to provide more relevant information to our clients about the health services provided by Justice Health.

Inmate Development Committees

Inmate Development Committees are held at all adult correctional centres. Attendees include inmate representatives, the General Manager / Governor of the facility, senior Justice Health nursing staff and depending on the facility, other Department of Corrective Services senior representatives. The committees provide a forum to discuss and resolve local issues relating to the treatment and care of inmates. Justice Health representative on the committee is responsible for the follow up on outcomes arising from issues raised.

Client Liaison

The Client Liaison Officer is the point of contact for an inmate, relative, government and non-government organisations when wanting to make a complaint about health services. The responses to these complaints range from informal to formal, depending on the severity of the complaint and the implications to the Service. The nature of a complaint is analysed to identify any systemic and / or resource deficiency in order to improve and plan health services according to the health needs of inmates.

During the 2004 / 2005 year a total of 440 complaints were made against Justice Health. Of these, an average of 94% were resolved within a 35 day period.

The table of complaints for 2004 / 2005 can be found in Appendices of this report.

2004 Inmate Access Survey

In September 2004 Justice Health launched the findings of our 2004 Inmate Access Survey. This survey provides insight into the perceptions of the NSW inmate populations on healthcare services and their level of access to these services while incarcerated. The survey was able to compare the results against the baseline information from the 2000 / 2001 Inmate Access Survey. Some of the key results from the survey were;

- Participant's satisfaction ratings have risen to be on par or above their perceived satisfaction levels of health services provided in the community
- There was a collective 10% increase in inmate satisfaction in the good and excellent ranges since the 2001 survey
- 70% of inmates indicated that they wished to be involved in treatment decisions. 61% of inmates were given this option, a 50% increase from the results of the 2001 survey
- Medical Services both internally and externally thought that correctional Aboriginal Medical Services were either good or excellent when compared to community services

The information from the survey is being used to inform service provision and address any issues that inmates may have. An example of this occurred when the 2004 Survey identified a drop in the number of inmates who were given information about health services available upon reception. As a result the patient information brochure was updated and reprinted, with copies sent to all clinics for distribution to all inmates.

Freedom of Information

The Joint Records Department has undergone one internal review and two ombudsman reviews, and has implemented a new Freedom of Information (FOI) procedure for the management of requests for information. There has been a marked reduction in the processing time for 2004-2005, as well as a significant increase in the number of legal and subpoena requests.

Table 13: Statistical Returns

Number of Applications	Jul 03-Jun 04	Jul 04-Jun 05
New applications	31	39
Outcome of Applications		
Granted in full	31	22
Granted in part	0	9
Refused	10	7
Fees		
Fees received	$699	$915
Number of discounted allowed	15	13
Processing time		
0-14 days	0	20
15-21 days	31	18
Over 21 days	0	0
Reviews and Appeals	0	1
Legal Requests**	173 cases received $6585*	339 cases received $13631*
Subpoena	205 cases received $15963*	261 cases received $21685*

* Deposited to Justice Health Account

** Of the total legal requests received, approximately a third are from solicitors applying under the FOI Act. These are refused under Section 25(1)(b) of the FOI Act and processed through privacy legislation in accordance with the NSW Health Privacy Manual.

Executive Summary

The audited financial statements presented for Justice Health for the 2004/2005 financial year report a Net Cost of Services budget of $69.2 million, against which the audited actuals of $68.7 million represents a variation of $491K, or 0.71% This was the eleventh consecutive year that Justice Health operated within its budget allocation.

In achieving the above result Justice Health is satisfied that it has operated within allocated government cash payments and managed its operating costs to the budget available. It has also ensured that general creditors are managed such that at any given month end there are no creditors outside the parameters agreed with the NSW Department of Health.

Operating expenditure for the year totalled $71 million, an increase of $7 million when compared with 2003/04 expenditure of $64 million. A major component of the increase in expenditure is staff costs with full time equivalent staff numbers increasing from 614 in June 2004 to 717 in June 2005.

Additional funding was provided during the 2004/05 for:

- Mental Health Services
- Award salary increases for all staff
- Rural Clinical Oral Health Program
- Tele-health
- Youth Alcohol and Drug Court
- Adult Drug Court
- Nursing Strategy

Justice Health's overall asset base increased by $5.2 million when compared to 2003/04 assets. The increase was due to capital expenditure on the PAS/UPI project, the Prison/ Forensic hospitals project, leasehold improvements and increased cash holdings.

Justice Health's liabilities also increased due to the impact of award increases in employee leave provision accounts and an increase in general accounts payable. The impact of these factors resulted in an increase in liabilities of $3.1 million when compared to 2003/04.

Overall the movements in assets and liabilities resulted in an increase in Justice Health's equity of $2.1 million.

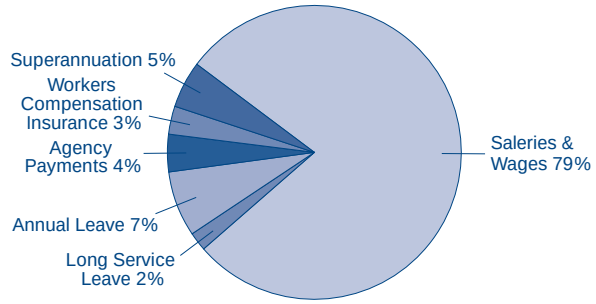
Table 14: Comparisons of actual performance

	2004/2005	2003/2004	Movement	
	$000	$000	$000	%
Employee Related Expenses	54,097	48,476	5,621	11.6%
Visiting Medical Officers	3,851	3,510	341	9.7%
Goods & Services	12,503	11,078	1,425	12.9%
Maintenance	262	714	(452)	(63.3)%
Depreciation & Amortisation	305	247	58	23.5%
Grants & Subsidies	0	0	0	0.0%
Borrowing Costs	0	0	0	0.0%
Payments to Affiliated Health Organisations	0	0	0	0.0%
Other Expenses				
Total Expenses	**71,018**	**64,025**	**6,993**	**10.9%**
Sale of Goods & Services	1,123	980	143	14.6%
Investment Income	168	69	99	143.5%
Grants & Contributions	166	87	79	90.8%
Other Revenue	990	660	330	50.0%
Total Revenues	2,447	1,796	651	36.2%
Gain /(Loss) on Disposal of Non Current Asset	(92)	(119)	27	(22.4)%
Net Cost of Services	**68,663**	**62,348**	**6,315**	**10.1%**

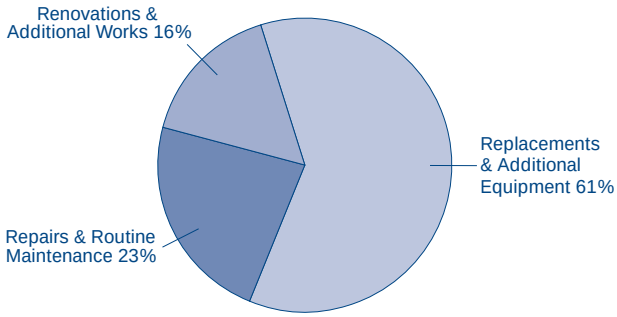
Program Reporting

Justice Health program reporting is consistent with the ten programs of health care delivery utilised across NSW Health and satisfies the methodology for apportionment advised by the NSW Department of Health.

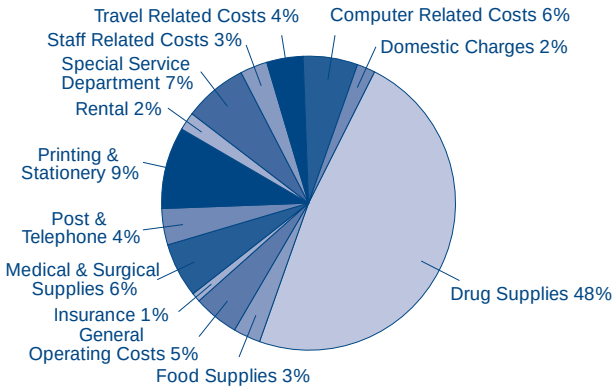
Employee Related Expenses 2004-05



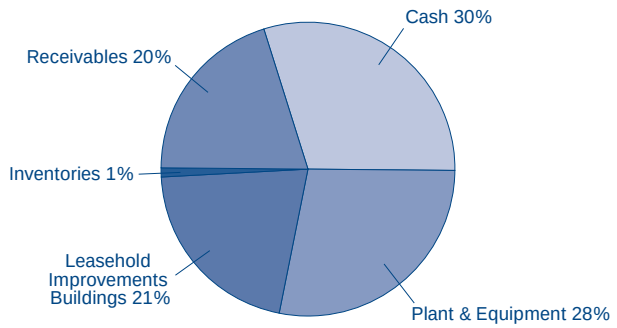
Repairs Maintenance Replacements 2004-05



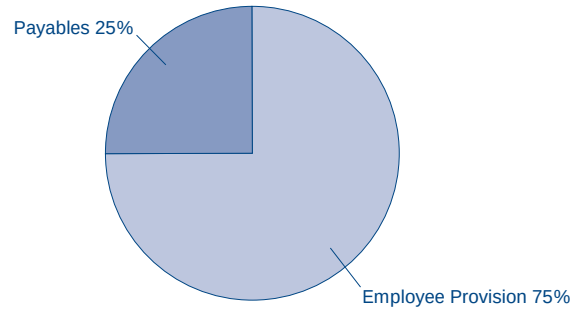
Goods and Services Expenditure 2004-05

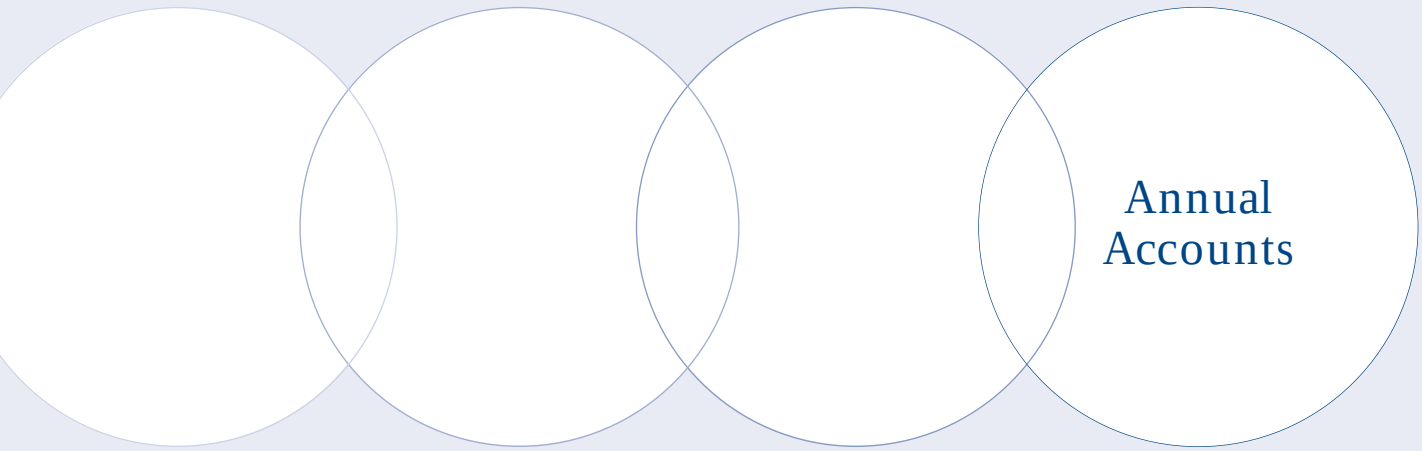


Assets 2004-05



Liabilities 2004-05





Annual Accounts

GPO BOX 12
SYDNEY NSW 2001

INDEPENDENT AUDIT REPORT

Justice Health

To Members of the NSW South Wales Parliament

Audit Opinion

In my opinion, the financial report of Justice Health:

a) presents fairly Justice Health's financial position as at 30 June 2005 and its financial performance and cash flows for the year ended on that date, in accordance with applicable Accounting Standards and other mandatory professional reporting requirements in Australia, and

b) complies with section 45E of the *Public Finance and Audit Act 1983* (the Act).

My opinion should be read in conjunction with the rest of this report.

The Board's Role

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

The Auditor's Role and the Audit Scope

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

My Audit accorded with Australian Auditing and assurance standards and statutory requirements, and I:

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

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

My opinion does not provide assurance:

- about the future viability of Justice Health
- that Justice Health has carried out its activities effectively, efficiently and economically, or
- about the effectiveness of its internal controls.

Audit Independence

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

- providing that only Parliament and not the executive government can remove an Auditor-General, and
- mandating the Auditor-General as auditor of public sector agencies but precluding the provision of non-audit services, thus ensuring the Auditor-General and the Audit Office are not compromised in their role by the possibility of losing clients or income.

P K Brown FCPA
Director, Financial Audit Services
SYDNEY
12 September 2005

Certification of Accounts

6 September 2005

The attached financial statements of Justice Health for the year ended 20 June 2005

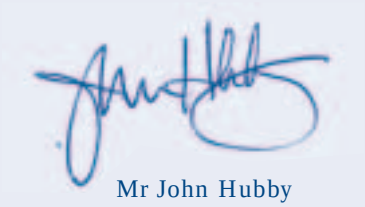
(i) have been prepared in accordance with applicable Australian Accounting Standards and other mandatory professional reporting requirements, the requirements of the Public Finance & Audit Act 1983 and its regulations, the Health Services Act 1997 and its regulations, the Accounts & Audit Determination, and the Accounting Manual for Area Health Services, District Health Services and Public Hospitals and,

(ii) present fairly the financial position and transactions of Justice Health; and

(iii) have no circumstances which would render any particularly in the accounts to be misleading or inaccurate.

Prof. Ronald Penny
Chairman of the Board

Dr. Richard Matthews
Chief Executive



Mr John Hubby
Director Corporate Services
& Finance

Statement of Financial Position

as at 30 June 2005	Notes	Actual 2005 $000	Budget 2005 $000	Actual 2004 $000
ASSETS				
Current Assets				
Cash	14	2,968	1,029	2,041
Receivables	15	2,003	1,485	686
Inventories	16	133	303	303
Other	18	11	9	9
Total Current Assets		5,115	2,826	3,039
Non-Current Assets				
Property, Plant and Equipment				
– Leasehold Improvements and Buildings	17	2,135	–	–
– Plant and Equipment	17	2,881	5,265	1,874
Total Property, Plant and Equipment		5,016	5,265	1,874
Total Non-Current Assets		5,016	5,265	1,874
Total Assets		10,131	8,091	4,913
LIABILITIES				
Current Liabilities				
Payables	19	3,954	3,893	2,694
Provisions	20	4,984	4,170	4,085
Other	21	144	–	–
Total Current Liabilities		9,082	8,063	6,779
Non-Current Liabilities				
Provisions	20	7,008	6,478	6,166
Total Non-Current Liabilities		7,008	6,478	6,166
Total Liabilities		16,090	14,541	12,945
Net Assets		(5,959)	(6,450)	(8,032)
EQUITY				
Accumulated Funds	22	(5,959)	(6,450)	(8,032)
Total Equity		(5,959)	(6,450)	(8,032)

The accompanying notes form part of these Financial Statements

Statement of Financial Performance

for the year ended 30 June 2005	Notes	Actual 2005 $000	Budget 2005 $000	Actual 2004 $000
Expenses				
Operating Expenses				
Employee Related	3	54,097	53,878	48,476
Visiting Medical Officers		3,851	3,722	3,510
Goods and Services	4	12,503	11,839	11,078
Maintenance	5	262	497	714
Depreciation	2(i), 6	305	360	247
Total Expenses		71,018	70,296	64,025
Revenues				
Sale of Goods and Services	7	1,123	918	980
Investment Income	8	168	61	69
Grants and Contributions	9	166	40	87
Other Revenue	10	990	3	660
Total Revenues		2,447	1,022	1,796
Gain / (Loss) on Disposal of Non Current Assets	11	(92)	120	(119)
Net Cost of Services	25	68,663	69,154	62,348
Government Contributions				
NSW Health Department Recurrent Allocations	2(d)	65,435	65,435	56,700
NSW Health Department Capital Allocations	2(d)	2,853	2,853	2,734
Acceptance by the Crown Entity of employee superannuation benefits	2(a)	2,448	2,448	2,400
Total Government Contributions		70,736	70,736	61,834
RESULT FOR THE YEAR FROM ORDINARY ACTIVITIES	22	2,073	1,582	(514)
TOTAL CHANGES IN EQUITY OTHER THAN THOSE RESULTING FROM TRANSACTIONS WITH OWNERS AS OWNERS	22	2,073	1,582	(514)

The accompanying notes form part of these Financial Statements

Statement of Cash Flows

for the year ended 30 June 2005	Note	Actual 2005 $000	Budget 2005 $000	Actual 2004 $000
CASH FLOWS FROM OPERATING ACTIVITIES				
Payments				
Employee Related		(49,596)	(55,152)	(35,212)
Other		(17,954)	(10,488)	(29,208)
Total Payments		(67,550)	(65,640)	(64,420)
Receipts				
Sale of Goods and Services		342	122	2,431
Interest Received		168	61	67
Other		3,219	–	3,085
Total Receipts		3,729	183	5,583
Cash Flows From Government				
NSW Health Department Recurrent Allocations		65,435	65,435	56,700
NSW Health Department Capital Allocations		2,853	2,853	2,734
Net Cash Flows from Government		68,288	68,288	59,434
NET CASH FLOWS FROM OPERATING ACTIVITIES	25	4,467	2,831	597
CASH FLOWS FROM INVESTING ACTIVITIES				
Proceeds from Sale of Land and Buildings, Plant and Equipment and Infrastructure Systems		411	–	340
Purchases of Leasehold Improvements, Buildings and Plant and Equipment		(3,951)	(3,883)	(1,120)
NET CASH FLOWS FROM INVESTING ACTIVITIES		(3,540)	(3,883)	(780)
NET INCREASE / (DECREASE) IN CASH		927	(1,052)	(183)
Opening Cash and Cash Equivalents		2,041	1,541	2,224
CLOSING CASH AND CASH EQUIVALENTS	14	2,968	489	2,041

The accompanying notes form part of these Financial Statements

Expenses and Revenues for the year ended 30 June 2005

Service's Expenses and Revenues	Program 1.1*		Program 1.2*		Program 1.3*		Program 2.2*		Program 3.1*		Program 5.1*		Program 6.1*		Total	
	2005 $000	2004 $000	2005 $000	2004 $000	2005 $000	2004 $000	2005 $000	2004 $000	2005 $000	2004 $000	2005 $000	2004 $000	2005 $000	2004 $000	2005 $000	2004 $000
Expenses																
Operating Expenses																
Employee Related	3,836	–	355	289	30,241	28,026	2,000	1,724	15,343	15,968	1,996	2,098	326	371	54,097	48,476
Visiting Medical Officers	259	–	58	24	689	1,028	17	–	2,679	2,307	149	151	–	–	3,851	3,510
Goods and Services	806	–	198	224	5,693	6,645	626	200	4,149	3,365	971	513	60	131	12,503	11,078
Maintenance	14	–	1	11	22	400	11	28	198	214	15	53	1	8	262	714
Depreciation	–	–	13	4	182	138	5		94	87	11	18	–	–	305	247
Total Expenses	4,915	–	625	552	36,827	36,237	2,659	1,952	22,463	21,941	3,142	2,833	387	510	71,018	64,025
Revenue																
Sale of Goods &Services	–	–	–	–	677	653	–	–	440	327	–	–	6	–	1,123	980
Investment Income	–	–	–	–	103	69	–	–	65	–	–	–	–	–	168	69
Grants &Contributions	–	–	–	–	39	44	36	–	1	33	–	–	90	10	166	87
Other Revenue	67	–	8	–	518	474	40	–	309	–	43	186	5	–	990	660
Total Revenue	67	–	8	–	1,337	1,240	76	–	815	360	43	186	101	10	2,447	1,796
Gain / (Loss) on Disposal of Non Current Assets	–	–	–	–	(92)	(119)	–	–	–	–	–	–	–	–	(92)	(119)
Net Cost of Services	4,848	0	617	552	35,582	35,116	2,583	1,952	21,648	21,581	3,099	2,647	286	500	68,663	62,348

* The name and purpose of each program is summarised in Note 13. The program statement uses statistical data to 31 December 2004 to allocate the current year's financial information to each program. No changes have occurred during the period between 1 January 2005 and 30 June 2005 which would materially impact this allocation for the entire year.

The Accompanying Notes Form Part of These Financial Statements

1 The Health Service Reporting Entity

The Health Service, as a reporting entity, comprises all the operating activities of the Health Service facilities and the Centres under its control.

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

2 Summary of Significant Accounting Policies

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

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

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

The financial statements are prepared in accordance with the historical cost convention. All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

Other significant accounting policies used in the preparation of these financial statements are as follows:

a) Employee Benefits and Other Provisions

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

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

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

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

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

ii) Long Service Leave and Superannuation

Long Service Leave is measured on a short hand basis at an escalated rate of 17% above the salary rates immediately payable at 30 June 2005 for all employees with five or more years of service. Actuarial assessment has found that this measurement technique produces results not materially different from the estimate determined by using the present value basis of measurement.

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

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

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

iii) Other Provisions

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

b) Insurance

The Health Service's insurance activities are conducted through the NSW Treasury Managed

Fund Scheme of self insurance for Government Agencies. The expense (premium) is determined by the Fund Manager based on past experience.

c) Borrowing Costs

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

d) Revenue Recognition

Revenue is recognised when the Health Service has control of the good or right to receive, it is probable that the economic benefits will flow to the Health Service and the amounts of revenue can be measured reliably. Additional comments regarding the accounting policies for the recognition of revenue are discussed below.

Sale of Goods and Services

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

Investment Income

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

Debt Forgiveness

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

Grants and Contributions

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

NSW Health Department Allocations

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

Use of Hospital Facilities

No specialist doctors were granted or exercised rights of private practice nor charged a facility fee during the year ended 30 June 2005.

Use of Outside facilities

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

e) Goods & Services Tax (GST)

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

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

f) Receivables

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

g) Acquisition of Assets

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

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

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

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

Land and Buildings which are owned by the Health Administration Corporation or the State and administered by the Health Service are deemed to be controlled by the Health Service and are reflected as such in the financial statements.

h) Plant and Equipment

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

i) Depreciation

Depreciation is provided for on a straight line basis for all depreciable assets so as to write off the depreciable amount of each asset as it is consumed over its useful life to the Health Service.

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

Motor vehicles	10.0%
Electro Medical Equipment	20.0%
Computer Equipment	25.0%
Computer Software (Health Service to nominate)	33.0%
Office Equipment	10.0% – 20%
Plant and Machinery	10.0% – 20%
Furniture, Fittings and Furnishings	10.0% – 20%

j) Revaluation of Physical Non-Current Assets

Physical non-current assets are valued in accordance with the NSW Health Department's "Guidelines for the Valuation of Physical Non-Current Assets at Fair Value". This policy adopts fair value in accordance with AASB 1041 from financial years beginning 1 July 2002. There is no substantive difference between the fair value valuation methodology and the previous valuation methodology adopted by the Health Service.

Where available, fair value is determined having regard to the highest and best use of the asset on the basis of current market selling prices for the same or similar assets. Where market selling price is not available, the asset's fair value is measured as its market buying price ie the replacement cost of the asset's remaining service potential. The Health Service is a not for profit entity with no cash generating operations.

Non-specialised generalised assets with short useful lives are measured at depreciated historical cost, as a surrogate for fair value.

When revaluing non-current assets by reference to current prices for assets newer than those being revalued (adjusted to reflect the present condition of the assets), the gross amount and the related accumulated depreciation is separately restated.

Otherwise, any balances of accumulated depreciation existing at the revaluation date in respect of those assets are credited to the asset accounts to which they relate. The net asset accounts are then increased or decreased by the revaluation increments or decrements.

Revaluation increments are credited directly to the asset revaluation reserve, except that, to the extent that an increment reverses a revaluation decrement in respect of that class of asset previously recognised as an expense in the Result for the Year from Ordinary Activities, the increment is recognised immediately as revenue in the Result for the Year from Ordinary Activities.

Revaluation decrements are recognised immediately as expenses in the Result for the Year from Ordinary Activities, except that, to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of assets, they are debited directly to the asset revaluation reserve.

Revaluation increments and decrements are offset against one another within a class of non-current assets, but not otherwise.

Where an asset that has previously been revalued is disposed of, any balance remaining in the asset revaluation reserve in respect of that asset is transferred to accumulated funds.

k) Maintenance and Repairs

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

l) Leased Assets

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

Where a non-current asset is acquired by means of a finance lease, the asset is recognised at its fair value

at the inception of the lease. The corresponding liability is established at the same amount. Lease payments are allocated between the principal component and the interest expense.

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

m) Inventories

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

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

n) Equity Transfers

The transfer of net assets between agencies as a result of an administrative restructure, transfers of programs / functions and parts thereof between NSW public sector agencies is designated as a contribution by owners and is recognised as an adjustment to "Accumulated Funds". This treatment is consistent with Urgent Issues Group Abstract UIG 38 "Contributions by Owners Made to Wholly Owned Public Sector Entities".

Transfers arising from an administrative restructure between Health Services / government departments are recognised at the amount at which the asset was recognised by the transferor Health Service / government Department immediately prior to the restructure. In most instances this will approximate fair value. All other equity transfers are recognised at fair value.

o) Financial Instruments

Financial instruments give rise to positions that are a financial asset of either Justice Health Service or its counter party and a financial liability (or equity instrument) of the other party. For Justice Health Service these include cash at bank, receivables and payables.

In accordance with Australian Accounting Standard AAS33, "Presentation and Disclosure of Financial Instruments", information is disclosed in Note 28 in respect of the credit risk and interest rate risk of financial instruments. All such amounts are carried in the accounts at net fair value. The specific accounting policy in respect of each class of such financial instrument is stated hereunder.

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

Cash

Accounting Policies – Cash is carried at nominal values reconcilable to monies on hand and independent bank statements.

Terms and Conditions – Monies on deposit attract an effective interest rate of approximately 5.0%.

Receivables

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

Payables

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

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

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

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

p) Payables

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

q) Budgeted Amounts

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

r) Impact of Adopting Australian Equivalents to International Financial Reporting Standards

Justice Health will apply the Australian Equivalents to International Financial Reporting Standards (AEIFRS) from 2005-06.

The ramifications of changes in accounting standards have been assessed throughout 2004-05 and Justice Health's assessment has been based on issue papers prepared by both the NSW Treasury and the NSW Health Department, together with

due consideration by the Service of the applicability of each standard.

Justice Health has determined the key areas where changes in accounting policies are likely to impact the financial report. Some of these impacts arise because AEIFRS requirements are different from existing AASB requirements (AGAAP). Other impacts are likely to arise from options in AEIFRS. To ensure consistency at the whole of Government level, NSW Treasury has advised agencies of options it is likely to mandate for the NSW Public Sector. The impacts disclosed below reflect Treasury's likely mandates (referred to as "indicative mandates").

Shown below are management's best estimates as at the date of preparing the 30 June 2005 financial report of the estimated financial impacts of AEIFRS on Justice Health's equity and profit / loss. Justice Health does not anticipate any material impacts on its cash flows. The actual effects of the transition may differ from the estimated figures below because of pending changes to the AEIFRS, including the UIG interpretations and / or emerging accepted practice in their interpretation and application. Justice Health's accounting policies may also be affected by a proposed standard to harmonise accounting standards with Government Financial Statistics (GFS). However, the impact is uncertain because it depends on when this standard is finalised and whether it can be adopted in 2005-06.

(i) Reconciliation of key Aggregates

Reconciliation of equity under existing Standards (AGAAP) to equity under AEIFRS

	Notes	30-Jun-05**	1-Jul-04*
Total equity under AGAAP		(5,959)	(8,032)
Effect of discounting long-term annual leave	1	140	58
Total equity under AEIFRS		(5,819)	(7,974)

* adjustments as at the date of transition

** cumulative adjustments as at date of transition plus the year ended 30 June 2005

Result from Operating Activities

	Notes	30-Jun-05**	1-Jul-04*
Year ended 30 June 2005		2,073	(514)
Long Term Annual Leave	1	140	58
Results from Operating Activities		2,213	(456)

Notes

1. AASB 119 Employee Benefits requires present value measurement for all long-term employee benefits. Current AGAAP provides that wages, salaries, annual leave and sick leave are measured at nominal value in all circumstances. Justice Health has long term annual leave benefits and accordingly will measure these benefits at present value, rather than nominal value, thereby decreasing the employee benefits liability and changing the quantum of the annual leave expense.

b) Financial Instruments

In accord with NSW Treasury's indicative mandates, Justice Health will apply the exemption provided in AASB 1 First time Adoption of Australian Equivalents to International Financial Reporting Standards not to apply the requirements of AASB 132 Financial Instruments; Presentation and Disclosures and AASB 139 Financial Instruments; Recognition and Measurement for the financial year ended 30 June 2005. These standards will apply from 1 July 2005, None of the information provided above includes any impacts for financial instruments. However, when these Standards are applied, they are likely to impact on retained earnings (on first adoption) and the amount and volatility of profit / loss. Further, the impact of these Standards will in part depend on whether the fair value option can or will be mandated consistent with Government Finance Statistics.

c) Grant recognition for not-for-profit entities

Justice Health will apply the requirements in AASB 1004 Contributions regarding contribution of assets (including grants) and forgiveness of liabilities. There are no differences in the recognition requirements between the new AASB 1004 and the current AASB 1004. However, the new AASB 1004 may be amended by proposals in Exposure Draft (ED) 125 Financial Reporting by local Governments. If the ED 125 approach is applied, revenue and / or expense recognition will not occur until either Justice Health supplies the related goods and services (where grants are in-substance agreements for the provision of goods and services) or until conditions are satisfied. ED 125 may therefore delay revenue recognition compared with AASB 1004, where grants are recognised when controlled. However, at this stage, the timing and dollar impact of these amendments is uncertain.

	2005 $000	2004 $000
3. Employee Related		
Employee related expenses comprise the following:		
Salaries and Wages	40,898	36,677
Enterprise Agreements / Awards	1,355	–
Long Service Leave [see note 2(a)]	1,043	1,167
Annual Leave [see note 2(a)]	3,761	3,753
Sick Leave and Other Leave	1,036	1,032
Redundancies	–	104
Nursing Agency Payments	1,352	1,766
Other Agency Payments	844	306
Workers Compensation Insurance	1,361	1,273
Superannuation [see note 2(a)]	2,447	2,398
	54,097	48,476

Salaries and Wages includes $125,977 paid to members of the Health Service Board consistent with the Statutory Determination by the Minister for Health which provided remuneration effective from 1 July 2000.

The payments have been made within the following bands –

$ range	Number paid
$0 to $15,000	9
$15,000 to $30,000	1

4. Goods and Services		
Computer Related Expenses	782	928
Domestic Charges	151	128
Drug Supplies	6,026	4,700
Food Supplies	385	391
General Expenses (a)	668	1,365
Insurance	90	41
Medical and Surgical Supplies	803	911
Postal and Telephone Costs	482	351
Printing and Stationery	1,074	640
Rental	234	118
Special Service Departments	854	709
Staff Related Costs	425	326
Travel Related Costs	529	470
	12,503	11,078

		2005 $000	2004 $000
4.	(a) General Expenses include:		
	Advertising	178	156
	Books and Magazines	73	40
	Consultancies		
	– Operating Activities	114	196
	– Capital Works	0	572
	Courier and Freight	144	117
	Auditor's Remuneration – Audit of financial reports	26	25
	Auditor's Remuneration – Other	26	–
	Legal Expenses	15	189
	Motor Vehicle	50	32
	Other	42	38
		668	1,365
5.	**Maintenance**		
	Repairs and Routine Maintenance	60	71
	Other		
	Renovations and Additional Works	42	145
	Replacements and Additional Equipment less than $5,000	160	498
		262	714
6.	**Depreciation**		
	Depreciation – Plant and Equipment	305	247
		305	247
7.	**Sale of Goods and Services**		
	Sale of Goods and Services comprise the following:		
	Fees for Medical Records	208	226
	Services Provided to Non NSW Health Organisations	872	718
	Other	43	36
		1,123	980
8.	**Investment Income**		
	Interest	168	69
		168	69
9.	**Grants and Contributions**		
	Research grants	126	32
	Other grants	40	55
		166	87

	2005 $000	2004 $000
10. Other Revenue		
Other Revenue comprises the following:		
Commissions	3	3
Treasury Managed Fund Hindsight Adjustment	912	459
Other	75	198
	990	660
11. Gain/(Loss) on Disposal of Non Current Assets		
Property Plant and Equipment	595	459
Less Accumulated Depreciation	92	–
Written Down Value	503	459
Less Proceeds from Disposal	411	340
Gain / (Loss) on Disposal of Non-Current Assets	(92)	(119)

12. Conditions on Contributions

No conditions for expenditure have been placed on any revenues recognised in the current financial year.

13. Programs/Activities of the Health Service

Program 1.1 Primary and Community Based Services

Objective: To improve, maintain or restore health through health promotion, early intervention, assessment, therapy and treatment services for clients in a home or community setting.

Program 1.2 Aboriginal Health Services

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

Program 1.3 Outpatient Services

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

Program 2.2 Overnight Acute Inpatient Services

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

Program 3.1 Mental Health Services

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

Program 5.1 Population Health Services

Objective: To promote health and reduce the incidence of preventable disease and disability by improving access to opportunities and prerequisites for good health.

Program 6.1 Teaching and Research

Objective: To develop the skills and knowledge of the health workforce to support patient care and population health. To extend knowledge through scientific enquiry and applied research aimed at improving the health and well being of the people of New South Wales.

	2005 $000	2004 $000
14. Current Assets – Cash		
Cash at bank and on hand	2,968	2,041
	2,968	2,041
Cash assets recognised in the Statement of Financial Position are reconciled to cash at the end of the financial year as shown in the Statement of Cash Flows as follows:		
Cash (per Statement of Financial Position)	2,968	2,041
Closing Cash and Cash Equivalents (per Statement of Cash Flows)	2,968	2,041
15. Current/Non Current Receivables		
Current		
Sale of Goods and Services	230	306
Goods and Services Tax	414	236
Leave Mobility	306	145
NSW Health Department	806	–
Other Debtors	248	–
Sub Total	2,004	687
Less Provision for Doubtful Debts	(1)	(1)
	2,003	686
16. Inventories		
Current – at cost		
Drugs	133	303
	133	303
17. Property, Plant and Equipment		
Leasehold Improvements and Buildings		
At Fair Value	2,135	–
Less Accumulated Depreciation	–	–
	2,135	–
Plant and Equipment		
At Fair Value	4,076	2,854
Less Accumulated Depreciation	1,195	980
	2,881	1,874
Total Property, Plant and Equipment		
At Net Book Value	5,016	1,874

Reconciliations

	Leasehold Improvements $000	Work in Progress $000	Plant & Equipment $000	Total $000
2005				
Carrying amount at start of year	–	–	1,874	1,874
Additions	648	1,487	1,815	3,950
Disposals	–	–	(503)	(503)
Depreciation expense	–	–	(305)	(305)
Carrying amount at end of year	648	1,487	2,881	5,016

	2005 $000	2004 $000
18. Current Assets – Other		
Current		
Prepayments	11	9
	11	9
19. Payables		
Current		
Accrued Salaries and Wages	1,052	15
PAYG and Other Payroll Deductions	590	516
Creditors	1,778	1,755
Other Creditors		
– Capital Works	341	350
– Other	193	58
	3,954	2,694
20. Current/Non Current Liabilities – Provisions		
Current		
Employee Annual Leave	4,414	3,635
Employee Long Service Leave	570	450
Total Current Provisions	4,984	4,085
Non Current		
Employee Annual Leave	975	982
Employee Long Service Leave	6,033	5,184
Total Non Current Provisions	7,008	6,166
Aggregate Employee Benefits and Related On-costs		
Provisions – current	4,984	4,085
Provisions – non current	7,008	6,166
Accrued Salaries and Wages and on costs (Note 19)	1,052	15
	13,044	10,266
21. Other Liabilities		
Current		
Income in Advance	144	–
	144	–
Income in advance represents funds received in advance for research to be undertaken.		
22. Equity		
Balance at the beginning of the financial year	(8,032)	(7,518)
Result for the Year	2,073	(514)
Balance at the end of the financial year	(5,959)	(8,032)

	2005 $000	2004 $000

23. Commitments for Expenditure

(a) Capital Commitments

Aggregate capital expenditure contracted for at balance date but not provided for in the accounts:		
Not later than one year	1,310	–
Total Capital Expenditure Commitments (including GST)	1,310	–

(b) Other Expenditure Commitments

Not Later than one year	–	588
Total Other Expenditure Commitments (including GST)	–	588

(c) Contingent Assets related to committments for Expenditure

The total of "Commitments for Expenditure"above includes input tax credits of $93K that are expected to be recovered from the Australian Taxation Office

24. Contingent Liabilities

a) Claims on Managed Fund

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

b) Workers Compensation Hindsight Adjustment

Treasury Managed Fund normally calculates hindsight premiums each year. In regard to workers compensation the final hindsight adjustment for the 1998 / 99 fund year and an interim adjustment for the 2000 / 2001 fund year were not calculated until 2004 / 05. As a result, the 1999 / 2000 final and 2001 / 02 interim hindsight calculations will be paid in 2005 / 06.

25. Reconciliation of Net Cost of Services to Net Cash Flows from Operating Activities

Net Cash Flows from Operating Activities	4,467	597
Depreciation	(305)	(247)
Acceptance by the Crown Entity of Employee Superannuation Benefits	(2,448)	(2,400)
(Increase) / Decrease in Provisions	(1,741)	(1,001)
Increase / (Decrease) in Prepayments and Other Assets	1,150	(34)
(Increase) / Decrease in Creditors	(1,406)	342
Net Gain / (Loss) on Disposal of Property, Plant and Equipment	(92)	(119)
(NSW Health Department Recurrent Allocations)	(65,435)	(56,700)
(NSW Health Department Capital Allocations)	(2,853)	(2,734)
Expenses paid by NSW Health Department	–	(52)
Net Cost of Services	(68,663)	(62,348)

	2005 $000	2004 $000

26. Unclaimed Moneys

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

All money and personal effects of patients which are left in the custody of Health Services by any patient who is discharged or dies in the hospital and which are not claimed by the person lawfully entitled thereto within a period of twelve months are recognised as the property of health services.

All such money and the proceeds of the realisation of any personal effects are lodged to the credit of the Samaritan Fund which is used specifically for the benefit of necessitous patients or necessitous outgoing patients

27. Budget Review

Net Cost of Services

The actual Net Cost of Services was lower than budget by $491K. The variance was primarily due to an increase in revenue due to a hindsight premium adjustment offset by an increase in operating items including employee related costs.

Assets and Liabilities

Current assets are greater than budgeted due to higher than budgeted cash received during the year. Non current assets are less than budgeted due to lower than expected expenditure on the Forensic Hospital. Current liabilities are greater than budget due to an increase in leave provisions as a result of the award increases during the year. The increase in provisions due to the award increases has also resulted in Non Current liabilities being greater than budget.

Cash Flows

Cash flows from operating activities are $1,636K higher than budget. The variance is mainly due to the settlement of creditors offset by increased cash flows from revenues. Cash flows from investing activities are $343K less than budget due to lower than expected levels of capital expenditure.

Movements in the level of the NSW Health Department Recurrent Allocation that have occurred since the time of the initial allocation on 16 July 2004 are as follows:

	'$000
Initial Allocation	61,523
Award Increases	1,355
Special Projects	
Youth Drug court	449
Adult Drug Court	834
Other	0
TMF Benchmark adjustment	216
Mental Health Services	420
Nursing strategy allocation	170
Rural Clinical Locum Program	199
High Cost Drugs	253
Other	16
Balance as per Statement of Financial Performance	65,435

28. Financial Instruments

a) Interest Rate Risk

Interest rate risk, is the risk that the value of the financial instrument will fluctuate due to changes in market interest rates. Justice Health Service's exposure to interest rate risks and the effective interest rates of financial assets and liabilities, both recognised and unrecognised, at the Statement of Financial Position date are as follows:

Financial Instruments	Floating interest rate		1 year or less		Fixed interest rate maturing in Over 1 to 5 years		More than 5 years		Non-interest bearing		Total carrying amount as per the Statement of Financial Position	
	2005 $000	2004 $000	2005 $000	2004 $000	2005 $000	2004 $000	2005 $000	2004 $000	2005 $000	2004 $000	2005 $000	2004 $000
Financial Assets												
Cash	2,961	2,036	–	–	–	–	–	–	7	5	2,968	2,041
Receivables	–	–	–	–	–	–	–	–	2,003	686	2,003	686
Total Financial Assets	2,961	2,036	–	–	–	–	–	–	2,010	691	4,971	2,727
Financial Liabilities												
Payables	–	–	–	–	–	–	–	–	3,954	2,694	3,954	2,694
Total Financial Liabilities	–	–	–	–	–	–	–	–	3,954	2,694	3,954	2,694

b) Credit Risk

Credit risk is the risk of financial loss arising from another party to a contract / or financial position failing to discharge a financial obligation thereunder.

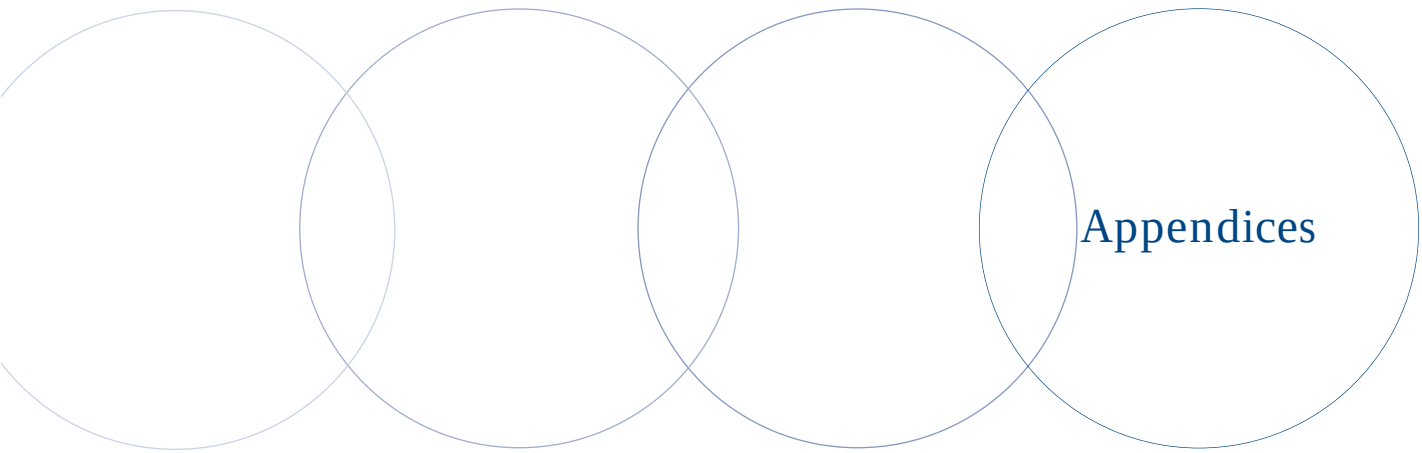
The Justice Health Service's maximum exposure to credit risk is represented by the carrying amounts of the financial assets included in the consolidated Statement of Financial Position.

Credit Risk by classification of counterparty.

	Governments		Banks		Other		Total	
	2005 $000	2004 $000	2005 $000	2004 $000	2005 $000	2004 $000	2005 $000	2004 $000
Financial Assets								
Cash	–	–	2,961	2,036	7	5	2,968	2,041
Receivables	1,508	651	–	10	495	25	2,003	686
Total Financial Assets	1,508	651	2,961	2,046	502	30	4,971	2,727

c) Net Fair Value

As stated in Note 2(o) financial instruments are carried at cost. The resultant values are reported in the Statement of Financial Position and are deemed to constitute net fair value.



Appendices

Current Research Projects

Project Title	Partners	Researchers	Status
Causes of mortality among ex-prisoners using data linkage	CHRCJ National Centre HIV Epidemiology & Clinical Research (NCHECR) DCS	Azar Kariminia Tony Butler Matthew Law John Kaldor Simon Corben Michael Levy	First paper accepted by ANZJPH. Second paper to be submitted to International Journal of Epidemiology. NHMRC $65,000 per year for 3 years (2003-2005).
A partnership approach to the identification and management of prisoners with head injuries.	CHRCJ Hunter New England Area Health Service (HNEAHS) Bureau of Crime Statistics and Research (BOCSAR)	Peter Schofield Tony Butler Stephanie Hollis Nadine Smith	Inmate and community data collection complete. Validation of information completed. Two papers in preparation. Re-offending data on inmates with un-resolved side effects of head injury & who were released within 45 days of interview currently being collected through OMS. CHS provided $90,000 start-up funding in 2002. Continued funding from Justice Health in 2003 & 2004. $50,000 received from Ian Potter Foundation in October 2004.
Smoking cessation using bupropion (Zyban) and cognitive behavioural therapy	UNSW St Vincent's CHRCJ	Robyn Richmond Alex Wodak Tony Butler Kay Wilhelm	Pilot study completed. Paper submitted to European Addiction Research. Study funded by National Heart Foundation. In-kind support from Justice Health.
Smoking cessation using nortryptyline and cognitive behavioural therapy	UNSW CHRCJ St Vincent's DCS (Queensland) WA Department of Justice	Robyn Richmond Tony Butler Alex Wodak Kay Wilhelm	Planning underway for main study in NSW, QLD & WA. Ethics obtained from JH & UNSW. DCS ethics pending. Currently recruiting project officer. Preliminary meeting with JH clinical staff held. NMHRC application submitted – $541,000 over 3 years – successful. WA arm of study to be funded by WA Dept Health.
Sexual Health and Attitudes of Australian Prisoners (SHAAP)	CHRCJ UNSW Sydney Sexual Health Centre (SSHC) LaTrobe Uni DCS (Queensland) DCS (NSW)	Tony Butler Juliet Richters Basil Donovan Anthony Smith Luke Grant	Planning underway. Ethics obtained from JH & UNSW. Conditional approval from DCS. One project officer recruited. Another yet to be recruited. NHMRC grant application submitted 2004. $611,000 over three years – successful.

Project Title	Partners	Researchers	Status
The health status of the NSW prisoner population	CHRCJ	Tony Butler Lucas Milner	Report completed. Funding received from AIDS/ID Branch to mine infectious diseases data. One paper published, one paper submitted. Three in process. Survey funded by JH & NSW Health. $90,000 received from AIDS/Infectious Diseases Branch for data mining project.
Psychiatric illness among sentenced and reception prisoners in Australia	CHRCJ Justice Health	Tony Butler Steve Allnutt	Report completed. Survey funded by JH & NSW Health. Received $20,000 from Janssen-Cilag Pharmaceuticals (June 2004). $21,000 sought from Aboriginal Health Branch (May /2004).
Health survey of young people in detention	DJJ CHRCJ Sydney University	Belinda Chaplin Michael Levy Peter Muir Grant Mistler	Summary report completed. Project officer recruited to write detailed report. Supported by DJJ & JH $52,000 received from DJJ to write detailed report.
Health survey of young offenders in the community	Sydney University DJJ CHRCJ Justice Health	Dianna Kenny Chris Lennings Mark Allerton Tony Butler Una Champion	Ongoing recruitment of sample. 150 subjects recruited so far. ARC Linkage Grant awarded in 2002; $1.3 million over 3 years. JH providing $60,000 cash and $60,000 in-kind per year.
National Prisoner Health Indicator Project	CHRCJ Australian Institute of Health & Welfare (AIHW) Australian Bureau of Statistics (ABS) Steering Committee for Aboriginal and Torres Strait Islander Health (SCATSIH)	Tony Butler Michael Levy Richard Matthews Mike Taylor	Start-up meeting August 2004. Co-hosted by CHRCJ and AIHW. National group formed. Project officer currently being recruited. NSW co-ordinating national work.
NSW Prison Injury Surveillance System	CHRCJ UNSW	Tony Butler Azar Kariminia Jammuna Bond Lee Trevathan	Pilot phase completed. Paper published in Aust. J. of Health Promotion. Implemented in July 2004 at 15 centres. Over 1000 injuries recorded.

Project Title	Partners	Researchers	Status
National Prison BBV survey of Australian prison entrants	CHRCJ NCHECR QLD Corrections WA Corrections TAS Corrections	Tony Butler Sue Hailstone Leng Boonwaat Greg Dore Tony Falconer Vanessa Reid Trish Ginley	Completed in June 2004. Report launched at research symposium Feb 2005. Planned as biannual project. $70,000 awarded from NSW Health, AIDS / Infectious Diseases Branch – 2003. Ongoing funding to be sought for project following pilot study evaluation.
Australian trial in acute hepatitis C (ATAHC)	NCHECR UNSW USyd CHRCJ	Greg Dore Andrew Lloyd Paul Haber Michael Levy	Partial ethics approval. NIH finding of multicentered trial.
Hepatitis C clinical outcomes review	JH Hepatitis Group CHRCJ	Andrew Lloyd Michael Levy Leng Boonwaat Paul Haber	Ongoing. UNSW / CHRCJ funding.
Health related quality of life indicators in prisoner with hepatitis C	CHRCJ NCHECR	Rosie Thein Greg Dore Tony Butler	Analysis concluded. Paper submitted.
Regulating Hepatitis C: Rights & Duties	La Trobe University CHRCJ	Meredith Temple Anthony Smith Michael Levy	Funded by AHMAC 2004-2008.
Post traumatic stress and personality disorders among prisoners	Newcastle University CHRCJ Tony Butler	Anna Egressey Steve Allnutt	Writing up thesis and preparing paper for publication.
Correctional Centre Release and Treatment Scheme (CCRTS)	CHRCJ JH	Vicki Archer Michael Levy Gavin Lackey	Research officer recruited.
JJCRTS	CHRCJ DJJ	Gavin Lackey Belinda Chaplin Michael Levy Vicki Archer	
Staff Attitudes to Methadone survey	CHRCJ Sydney University UNSW	Tony Butler John Capelhorn Linn Gjersing	Thesis submitted. Paper in process.
Natural history of chlamydia in men	Sydney Sexual Health Centre CHRCJ	Basil Donovan Tony Butler	Data set prepared. Waiting for JJ to give criminographic data.
Graduate Diploma in Forensic Medicine	Monash University CHRCJ	David Wells Michael Levy	Ongoing delivery. $500 per student per year.

Project Title	Partners	Researchers	Status
"Sex Drugs and Stigmatisation"– Researching Marginalised Groups	CHRCJ	Tony Butler	Course successfully delivered in November 2004. Ongoing delivery every two years.
Reducing impulsive behaviour in repeat violent offenders using a selective serotonin reuptake inhibitor (SSRI)	CHRCJ HNEAHS University of Newcastle Sydney University UNSW JH BOCSAR	Tony Butler Peter Schofield Vaughan Carr Catherine D'Este Robyn Tate Phil Mitchell Steve Allnutt Don Weatherburn	$770,000 sought from NHMRC for intervention study. Response to NHMRC review panels submitted July. Decision due in November.

Publications

Health Services

Levy M. Prisoner health care provision: reflections from Australia. International Journal of Prisoner Health 2005; 1:65-73.

Infectious Diseases

Butler T, Kariminia A, Levy M & Kaldor J. Prisoners are at risk for hepatitis C transmission. European Journal of Epidemiology. 2004;19:1119-1122.

Butler T, Boonwaat L & Hailstone S. National Prison Entrants Bloodborne Virus Survey Report, 2004. CHRCJ & NCHECR, 2005.

Young LC, Dwyer DE, Harris M, Guse Z, Noel V, Levy MH. Summer outbreak of respiratory disease in an Australian prison due to an influenza A/Fujian/411/2002 (H3N2) – like virus. Epidemiology and Infection 2005;133: 107-112.

Injury

Butler T, Kariminia A, Trevathan L & Bond J. Injury surveillance in the New South Wales prison system. Health Promotion Journal of Australia. 2004;15:146-149.

Mental Health

Butler T, Allnutt S, Cain D, Owens D & Muller C Mental disorder in the New South Wales prisoner population. Australian and New Zealand Journal of Psychiatry. 2005;39:407-413

Physical Health & Wellbeing

Murray N, LePage E & Butler T. Hearing health of New South Wales prison inmates. Australian & NZ Journal of Public Health. 2004; 28:537-541

Butler T, Kariminia A, Levy M & Murphy M. The self-reported health status of prisoners in New South Wales. Australian & NZ Journal of Public Health. 2004;28:344-350

Quilty S, Levy MH, Howard K, Barratt A & Butler T. Children of prisoners: a growing public health problem. Australian & NZ Journal of Public Health. 2004;28:339-343

Chapter on prisoner health in Chief Health Officer Report

Public Health Division, The Health of the people of New South Wales Report of the Chief Health Officer. Sydney: NSW Department of Health Available at: http://www.health.nsw.gov.au/public-health/chorep

Chapter in prisoner health in Australia's Health 2004

Australian Institute of Health and Welfare 2004. Australia.s health 2004. Canberra: AIHW.

Total Number of Young People in Juvenile Justice Centres as at Midnight 30 June 2005

	Number	% of population
Total number in custody	286	100%
Total number on remand	106	37.1%
Total number on control – s10	1	0.3%
Total number on control order	101	35.3%
Total number on control order – s19	58	20.3%
Total number on appeal	7	2.4%
Total number on appeal – s19	12	4.2%
Legal status uncoded	1	0.3%
Total number of males	269	94.1%
Total number of females	17	5.9%
Total number of Aboriginal or Torres Strait Islander	124	43.3%
Total number of Neither Aboriginal nor Torres Strait Islander	155	54.2%
Indigenous status uncoded	7	2.4%
Total number of Australian, including Aboriginal, background	229	80.1%
Total number of East Asian background	18	6.3%
Total number of Middle Eastern background	21	7.3%
Total number of NZ and Maori background	7	2.4%
Total number of South American background	4	1.4%
Total number of Central Asian background	1	0.3%
Total number of African background	3	1.0%
Total number of South /Central Asian background	1	0.3%
Total number of UK/Ireland background	1	0.3%
Enthnic background uncoded	1	0.3%
Total number aged 12	3	1.0%
Total number aged 13	9	3.1%
Total number aged 14	28	9.8%
Total number aged 15	31	10.8%
Total number aged 16	55	19.2%
Total number aged 17	88	30.8%
Total number aged 18	49	17.1%
Total number aged 19	18	6.3%
Total number aged 20	5	1.7%

Source: Department of Juvenile Justice, CIMS Standard Statistical Reporting Database, extracted 14 September 2005. Figures do not include young people in custody at Kariong Juvenile Correctional Centre under the administration of the Department of Corrective Services.

Official Overseas Travel for Health Service Staff

Name	Destination	Purpose of Visit	Date	Expenses ($Aus)
M Levy	United Kingdom	Attended "Moral Maze" conference at the centre for Health Innovation, London	July 2004	9,156
M Levy	Portugal/Burma	Attended the Campbell Collaborative meeting, Lisbon. Attended the Red Cross International Committee on Prison Health Systems.	February & March 2005	11,393
A Kennedy	New Zealand/ United Kingdom/ Austria	3rd Annual Aust/NZ Adolescent Health Conference, NZ. UK Prison Medical Services, UK. Visit UN Commission on Drugs and Crime, Vienna. Visit International Drug & Alcohol Program, Vienna	2005	14,719
C Silsbury	United Kingdom / Europe	International Conference on Prisoner Health. Visit to UN and goal in Vienna	2005	5,659

Total Number of Deaths of Inmates in NSW Correctional Centres 1995/96 – 2004/05

Cause of Death	1995/96		1996/97		1997/98		1998/99		1999/00		2000/01		2001/02		2002/03		2003/04		2004/05	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Natural causes	4	22	13	45	7	26	5	19	4	19	5	32	7	44	8	47	4	31	8	50
Suicide	4	22	10	35	11	41	11	42	11	52	9	56	5	31	7	41	7	54	8	50
Overdose	6	33	5	17	4	15	4	16	3	14	1	6	1	6	0	0	1	8	0	0
Murder	4	22	1	3	5	19	6	23	3	14	1	6	3	19	1	6	1	8	0	0
Accidental	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	6	0	0	0	0
Total	**18**	**100**	**29**	**100**	**27**	**100**	**26**	**100**	**21**	**100**	**16**	**100**	**16**	**100**	**17**	**100**	**13**	**100**	**16**	**100**
Inmate Population (27/06/04)	6267		6411		6475		7242		7330		7752		8235		8173		8659		9084	
Rate/1000 (Annualised)	2.87		4.52		4.17		3.59		2.86		2.06		1.94		2.08		1.50		1.92	

Deaths of Aboriginal Inmates in NSW Correctional Centres 1995/96-2004/2005 –

Aboriginal Deaths are included in top table.

Cause of Death	1995/96	1996/97	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Natural Causes	2	0	0	1	2	2	0	1	0	1
Suicide	0	2	1	1	1	3	1	1	0	3
Overdose	0	1	0	1	1	0	0	0	0	0
Murder	2	0	1	0	1	0	0	0	0	0
Accidental	0	0	0	0	0	0	0	0	0	0
Total	**4**	**3**	**2**	**3**	**5**	**5**	**1**	**2**	**0**	**4**
Indigenous Population (27/06/04)	869	912	986	1182	1166	1244	1390	1480	1618	1736
Rate/1000 (Annualised)	4.60	3.29	2.03	2.54	4.29	4.02	0.72	1.35	0.00	2.51

Complaints Report

Element	Access July-end Jan	IIMS Feb-end June	Total	%
Medication	53	34	87	19.8%
Inadequate treatment	43	32	75	17.0%
Delay in admission or treatment	36	24	60	13.6%
Resources/Service availability	22	17	39	8.9%
Waiting lists	22	10	32	7.3%
Coordination of treatment	7	13	20	4.5%
Certificates/Reports	14	3	17	3.9%
Attitude	4	12	16	3.6%
Diagnosis	10	5	15	3.4%
Discharge or Transfer Arrangements	6	5	11	2.5%
Refusal to admit or treat	6	3	9	2.0%
Transport	5	2	7	1.6%
Other	4	2	6	1.4%
Hotel services	3	1	4	0.9%
Administrative services		3	3	0.7%
Inadequate information		3	3	0.7%
Medical records	2	1	3	0.7%
Referral	1	2	3	0.7%
Billing Practices	1	1	2	0.5%
Hygiene/Environmental standards	1	1	2	0.5%
Inadequate/No response to complaint	2		2	0.5%
Infection Control	2		2	0.5%
Information on costs	1	1	2	0.5%
Involuntary admission	2		2	0.5%
Negligent treatment	1	1	2	0.5%
Privacy/confidentiality		2	2	0.5%
Withdrawal/Denial of Treatment	2		2	0.5%
Wrong/inappropriate treatment	1	1	2	0.5%
Access to records		1	1	0.2%
Accuracy/inadequate records		1	1	0.2%
Assault	1		1	0.2%
Competence		1	1	0.2%
Consent invalid	1		1	0.2%
Illegal practices		1	1	0.2%
Inconsiderate Service	1		1	0.2%
Lost Property		1	1	0.2%
Overcharging	1		1	0.2%
Wrong/misleading information		1	1	0.2%
			440	100%

Correctional Centres

Facility	Contact Details	Capacity	Security Level & Description	Reception Assessment	Patient Services
Bathurst	PO Box 166 (Cnr Browning St & Brookmore Ave) Bathurst NSW 2795 Tel: (02) 6338 3268 Fax: (02) 9332 1505	464	Medium and Minimum	Yes	Mental Health Drug & Alcohol Public Health Psychiatry Oral Health General Practice Optometry Aboriginal Health
Berrima	Argyle Street Berrima NSW 2577 Tel: (02) 4860 2507 Fax: (02) 4860 2513	75	Female Industry	No	Public Health Oral Health General Practice Optometry
Broken Hill	109 Gossan Street Broken Hill NSW 2880 Tel: (08) 8087 3025 Fax: (08) 8087 9893	63	Minimum and Medium. Females, Periodic Detention, Cultural Link Program.	No	Drug & Alcohol Primary Health Public Health Oral Health General Practice Optometry
Brewarrina	Yetta Dhinnakkal Centre PO Box 192 (Coolibah Road) Brewarrina NSW 2839 Tel: (02) 6874 4717 Fax: (02) 6874 4721	50	Minimum Training, skills based work centre	No	Registered Nurse *Far West Health* *Service Provides:* Mental Health Sexual Health Physiotherapy Accident & Emergency
Cooma	Locked Mail Bag 7 (1 Vale Street) Cooma NSW 2630	140	Minimum Special Protection, Witness Protection	No	Registered Nurse Public Health Psychiatry Oral Health General Practice Optometry
Cessnock	PO Box 32 (Off Lindsay Street) Cessnock NSW 2325 Tel: (02) 4993 2220 Fax: (02) 4991 1872	451	Maximum and minimum	Yes	Registered Nurse Mental Health Drug & Alcohol Primary Health Oral Health General Practice Optometry
Dillwynia	Locked Mail Bag 654 The Northern Rd South Windsor NSW 2756 Tel: (02) 4582 2552 Fax: (02) 4582 2532	170	Minimum	No	Registered Nurse Women's Health Public Health Psychiatry Oral Health General Practice Optometry

Facility	Contact Details	Capacity	Security Level & Description	Reception Assessment	Patient Services
Emu Plains	Old Bathurst Rd Emu Plains NSW 2750 Tel: (02) 4735 0200 Fax: (02) 4735 6257	216	Minimum Female, farm & camp	No	Registered Nurse Women's Health Public Health Psychiatry Oral Health General Practice Optometry Liver Clinic
Glen Innes	Gwydir Highway Glen Innes NSW 2370 Tel: (02) 6733 5766 Fax: (02) 6733 5702	126	Minimum Forestation Camp & Farm Area	No	Registered Nurse Mental Health Primary Health Public Health General Practice
Goulburn	PO Box 264 Maud Street Goulburn NSW 2580 Tel: (02 4827 2292 Fax: (02) 4827 2407	568	Maximum and Minimum Regional Reception Centre	Yes	Registered Nurse Mental Health Drug & Alcohol Primary Health Public Health Psychiatry Oral Health General Practice Optometry Aboriginal Health
Grafton	170 Hoof Street Grafton NSW 2460 Tel: (02) 6642 2133 Fax: (02) 6642 3122	268	Medium and Minimum Reception / Remand, Industrial	Yes	Registered Nurse Mental Health Drug & Alcohol Primary Health Public Health Nurse Practitioner Psychiatry Oral Health General Practice Optometry
Ivanhoe	Rail Town Ivanhoe NSW 2878 Tel: (02) 6995 1133 Fax: (02) 6995 1304	70	Minimum Work Camp	No	Registered Nurse Oral Health General Practice Optometry Physiotherapy
John Morony I	Locked Mail Bag 654 (The Northern Road) South Windsor NSW 2756 Tel: (02) 4582 2200	250	Medium Service / Industries	No	Registered Nurses Psychiatry Oral Health General Practice Optometry Podiatry
John Morony II	Locked Mail Bag 654 (The Northern Road) South Windsor NSW 2756 Tel: (02) 4582 2316 Fax: (02) 4582 2351	300	Minimum Industries	No	as above

Facility	Contact Details	Capacity	Security Level & Description	Reception Assessment	Patient Services
Kirkconnell	PO Box 266 Bathurst NSW 2795 Tel: (02) 6337 5219 Fax: (02) 6337 5148	210	Minimum Industries / Forestry	No	Registered Nurse Nurse Practitioner Public Health Psychiatry Oral Health General Practice Optometry
Lithgow	PO Box 666 (Gt Western Hwy) Lithgow NSW 2790 (Marrangoo via Lithgow) Tel: (02) 6350 2209 Fax: (02) 6353 1162	337	Maximum Industries	No	Registered Nurse Drug and Alcohol Public Health Psychiatrist Oral Health General Practice Optometrist
Long Bay Hospital A Ward	Long Bay Correctional Centre Anzac Parade PO Box 150 Malabar NSW 2036 Tel: (02) 9289 2975 Fax: (02) 9289 2957	30	Maximum Remand & Sentenced but not guilty due to mental illness	No	Registered Nurse Mental Health Psychiatry Oral Health General Practice Optometry Physiotherapy Art Therapy Occupational Therapy
Long Bay Hospital B Ward	Long Bay Correctional Centre Anzac Parade PO Box 150 Malabar NSW 2036 Tel: (02) 9289 2921 Fax: (02) 9311 7021	30	Maximum Medical and post surgical ward	No	Registered Nurses Physiotherapy General Practice General Surgery Psychiatry Public Health Oral Health Optometry Day Surgery Post operative care
Long Bay Hospital C Ward	Long Bay Correctional Centre Anzac Parade PO Box 150 Malabar NSW 2036 Tel: (02) 9289 2935 Fax: (02) 9311 7865	30 beds	Maximum Sub acute psychiatric rehabilitation	No	Registered Nurse Mental Health Psychiatry Oral Health General Practice Optometry Physiotherapy
Long Bay Hospital D Ward	Long Bay Correctional Centre Anzac Parade PO Box 150 Malabar NSW 2036 Tel: (02) 9289 2992 Fax: (02) 9311 1167	30 beds	Maximum Acute psychiatric care	No	Registered Nurse Mental Health Drug & Alcohol Primary Health Psychiatry Oral Health General Practice Optometry Physiotherapy

Facility	Contact Details	Capacity	Security Level & Description	Reception Assessment	Patient Services
Metropolitan Medical Transit Centre	Long Bay Correctional Centre Anzac Parade PO Box 150 Malabar NSW 2036 Tel: (02) 9289 2406 Fax: (02) 9311 3908	332	Maximum Medical Transit Centre	No	Registered Nurse Mental Health Public Health Psychiatry Oral Health General Practice Optometry Podiatry
Malabar Special Programs Centre	Long Bay Correctional Centre Anzac Parade PO Box 150 Malabar NSW 2036 Tel: (02) 9289 2338 Fax: (02) 9311 2362	751	Minimum and maximum	No	Registered Nurse Mental Health Public Health Psychiatric General Practice Aboriginal Health Optometry
Mannus	Linden Roth Drive Mannus Via Tumbarumba NSW 2653 Tel: (02) 6941 033 Fax: (02) 6948 5229	164	Minimum	No	Registered Nurse Primary Health General Practice
Metropolitan Reception and Remand Centre	Private Mail Bag 144 Silverwater NSW 1811 Tel: (02) 9289 5879 Fax: (02) 9289 5988	915	Maximum	Yes	Registered Nurse Mental Health Detox Primary Health Public Health Psychiatry Oral Health General Practice Optometry
Mid North Coast Correctional Centre	P O Box 567 West Kempsey NSW 2440 Tel: (02) 6560 2709 Fax: (02) 6560 2747	465	Medium and Maximum	No	Registered Nurse Public Health Psychiatry Oral Health General Practice Optometry Aboriginal Health
Mulawa	Locked Mail Bag 130 Aust Post Business Centre Silverwater NSW 1811	170	Female – All Classifications. Work and Industry	Yes	Registered Nurse Mental Health Womens Health Public Health Psychiatric Oral Health Optometry Physiotherapy
Oberon	Locked Mail Bag 2 (Via Shooters Hill Rd) Oberon NSW 2787 Tel: (02) 6335 5248 Fax: (02) 6335 5281	130	Minimum Forestation Camp Young Offenders	No	Registered Nurse Public Health Oral Health General Practice Optometry

Facility	Contact Details	Capacity	Security Level & Description	Reception Assessment	Patient Services
Parklea	P O Box 1648 (500 Sunnyholt Rd) Blacktown NSW 2148 Tel: (02) 9289 5241) Fax: (02) 9626 5712	688	Minimum and Maximum	Yes	Registered Nurse Mental Health D&A Primary Health Public Health Psychiatry Oral Health General Practice Optometry
Parramatta	Locked Mail Bag 2 (Cnr O'Connell & Dunlop Streets) North Parramatta NSW 2151 Tel: (02) 9683 0211 Fax: (02) 9630 3552	490	Minimum Transit & Remand	No	Registered Nurse Public Health Psychiatry Oral Health General Practice Optometry Aboriginal Health
Silverwater	Locked Mail Bag 115 Aust Post Business Centre (Hoker St) Silverwater NSW 1811 Tel: (02) 9289 5241 Fax: (02) 9289 5196	350	Minimum Periodic Detention and Transit	No	Registered Nurse Primary Health Public Health Psychiatry Oral Health General Practice Optometry Public Health Aboriginal Health
St Heliers	PO Box 597 (McGullys Gap) Muswellbrook NSW 2333 Tel: (02) 6543 1166 Fax: (02) 6542 5815	256	Minimum Farm and Industries	Yes	Registered Nurse Mental Health Primary Health Public Health Psychiatry Oral Health General Practitioner Optometry Physiotherapy
Tamworth	PO Box 537 (Cnr Dean & Johnson Sts) Tamworth NSW 2340 Tel: (02) 6764 5315 Fax: (02) 6764 5309	94	Minimum and Maximum	Yes	Registered Nurse Mental Health General Practitioner Optometry Physiotherapy

Juvenile Correctional Centre

Facility	Contact Details	Capacity	Security Level & Description	Reception Assessment	Patient Services
Kariong	Pacific Highway Kariong NSW 2250	48	Maximum Serious or violent offenders	Yes	Registered Nurse Psychiatry Oral Health General Practice Optometry

Juvenile Justice Centres

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

Police Cell Complexes

Facility	Contact Details	Security Level & Description	Reception Assessment	Patient Services
Dubbo Police Cells	Brisbane Street Dubbo NSW 2830 Tel: (02) 6884 7702 Fax: (02) 6884 7703	Maximum	Yes	Registered Nurse
Lismore Police Cells	C/- Lismore Police Station, 36-40 Molesworth Street Lismore NSW 2480 Tel: 6622 5717	Maximum	Yes	Registered Nurse
Moree Police Cells	60-62 Frome Street Moree NSW 2400 Tel: (02) 6751 1532 Fax: (02) 6751 1471	Maximum	Yes	Registered Nurse
Newcastle Police Cells	Watt Street Newcastle NSW 2300 Tel: (02) 4925 2250 Fax: (02) 4925 2749	Maximum	Yes	Registered Nurse
Campbelltown Police Cells	C/- Campbelltown Police Station, 65 Queen Street Campbelltown NSW 2560	Maximum	Yes	Registered Nurse
Penrith Police Cells	C/- Penrith Police Station 317 High Street Penrith NSW 2750 Tel: 4721 9423	Maximum	Yes	Registered Nurse
Parramatta Police Cells	Cnr George & Marsden Streets Parramatta NSW 2150 Tel: (02) 9687 2425 Fax: (02) 9687 2481	Maximum	Yes	Registered Nurse
Port Macquarie Police Cells	2 Hay Street Port Macquarie NSW 2444 Tel: (02) 6583 2145 Fax: (02) 6583 2493	Maximum	Yes	Registered Nurse
Wollongong Police Cells	C/- Wollongong Police Station Market Street Wollongong NSW 2500 Tel: (02) 4227 6014 Fax: (02) 4227 6015	Maximum	Yes	Registered Nurse
Sydney Police Cells	Goulburn Street Darlinghurst NSW 2010 Tel: (02) 9256 4040 Fax: (02) 9281 0622+	Maximum	Yes	Registered Nurse

Court Liaison Sites

Facility	Contact Details	Patient Services
Blacktown Local Court	Blacktown Court House 1 Kilcare Road, Blacktown, NSW 2148 Ph / Fax: 9672 2647	Mental Health Assessment
Burwood Court	Burleigh Street, Burwood, NSW 2134 Ph: 9744 4186 Fax: 9744 4190	Mental Health Assessment
Campbelltown Court	Railway Terrace, Campbelltown, NSW 2560 Ph: 4629 9775	Mental Health Assessment
Coffs Harbour	Coffs Harbour Court House Moonee Street, Coffs Harbour NSW 2450 Ph / Fax: 6650 0351	Mental Health Assessment
Dubbo Local Court	Dubbo Court House Brisbane Street, Dubbo, NSW 2830 Ph: 6885 7675 Fax: 6885 3403	Mental Health Assessment
Gosford Local Court	Cnr Donnison Street & Henry Perry Drive Gosford, NSW 2250 Ph: 4304 6930	Mental Health Assessment
Lismore Court	9-11 Zadlock Street, Lismore, NSW 2480 Ph / Fax: 6622 8918	Mental Health Assessment
Liverpool Court	150 George Street, Liverpool, NSW 2170 Ph: 9600 9316	Mental Health Assessment
Manly Local Court	Manly Court House 2 Belgrave Street, Manly 2095	Mental Health Assessment
Nowra Local Court	Nowra Court House Plunkett Street, Nowra 2540 Ph / Fax: 4421 4361	Mental Health Assessment
Parramatta Local Court	Parramatta Court House PO Box 92, Parramatta, NSW 2150 Ph: 9895 4218 Fax: 9687 1468	Mental Health Assessment
Penrith Court	Penrith Court House 64-72 Henry Street, Penrith, NSW 2750 Ph / Fax: 4720 1574	Mental Health Assessment
Sutherland Court	Sutherland Court House Cnr Flora & Belmont Streets, Sutherland, NSW 2232. Ph / Fax: 9545 5439	Mental Health Assessment
Sydney Central Court	Central Local Court 98 Liverpool Street, A909 Sydney South, NSW 2000 Ph: 9289 0131 Fax: 9287 0155	Mental Health Assessment
Tamworth Local Court	Tamworth Court House Cnr Marius & Fitzroy Streets, Tamworth, NSW 2340 Ph: 6764 5747	Mental Health Assessment
Wyong Local Court	Wyong Court House Cnr Hely & Anzac Streets, Wyong, NSW 2259 Ph / Fax: 4353 5486	Mental Health Assessment

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* Wellington due to open 2006

** Silverwater Complex
Metropolitan Remand & Reception Centre
Mulawa correctional Centre for women
Silverwater Correctional Centre

*** Long Bay Complex
Long Bay Hospital
Malabar Special Programs Centre
Metropolitan Medical Transitional Centre
Special Purpose Centre

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