CORRECTIONS HEALTH SERVICE

ANNUAL REPORT

2000-2001

VISION

Better Health – Good Health Care for people in NSW Correctional Centres.

MISSION

To improve the health of people in the NSW correctional system to an optimal level and maintain that status by provision of care that is the same standard and quality as that available to the wider community.

Corrections Health Service

13 November 2001

The Hon. Craig Knowles
Minister for Health
Governor Macquarie
1 Farrer Place
SYDNEY NSW 2000

Dear Minister

We are pleased to present the Annual Report of Corrections Health Service for the year ended 30 June 2001, for tabling in the Parliament of NSW. This report is consistent with the statutory requirements for annual reporting provided by NSW Health. It complies with the provisions of the *Accounts and Audit Determinations* for Public Health Organisations.

This year Corrections Health Service has highlighted the paramount importance of education, research and quality in the delivery of health care to persons in custody across NSW. The high point of the year came when the Service gained a two-year Accreditation from the Australian Council for Healthcare Standards. This achievement recognises our progress towards excellence in health service delivery and achieving the four goals and six attributes of the NSW Health *Strategic Statement and Plan 2000-2005*.

We are proud of the commitment of staff in meeting the challenge of service delivery within a complex environment. Thank you for your continuing support in promoting the provision of a quality health service to our patients in the NSW Correctional system.

Yours sincerely

Professor Ronald Penny AO
Chairman

Richard Matthews
Chief Executive Officer

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Better Health ***Good Health Care***

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INTRODUCTION

Corrections Health Service (CHS) is a statutory health corporation under the *NSW Health Services Act 1997,* caring for a community that is unique in NSW – almost 7,800 inmates in 25 correctional centres, ten periodic detention centres and six police/court cell complexes. This is a challenging environment, requiring a dynamic and responsive health service with a range of clinically and culturally appropriate programs. Our community is transient. Its members generally have poor health status and their health needs are far greater than those of the wider community.

Our close working partnership with the Department of Corrective Services (DCS) enables CHS staff to provide appropriate health services within the secure correctional environment. These services are offered through five major clinical programs – Drug and Alcohol, Mental Health, Population Health, Primary Health and Clinical Services. We are participants in the NSW Drug Court Program and provide mental health assessments at Parramatta and Sydney Local Courts through the Court Liaison Service.

The challenges that face CHS staff are many and include the remote location of some clinics, the high turnover and frequent relocation of patients and the need to develop and provide appropriate services for long and very short-term inmates. Key issues for Corrections Health Service include:

- A high incidence of mental illness;
- Many drug and alcohol dependent patients who require management of detoxification and relapse prevention;
- A high prevalence of hepatitis C;
- Prevention of self harm and suicide and effective management of incidents and attempts;
- Meeting the health needs of female inmates, whose numbers have increased by 45% since 1998;
- Provision of care for an increasing number of inmates over 45 years.

Corrections Health Service has four inpatient facilities:

- The 120-bed Long Bay Hospital catering for predominantly male forensic, sub-acute and acute mental health patients and medical patients.
- The six-bed Mulawa Annexe providing clinical supervision, including detoxification, for female patients.
- The seventeen-bed Detoxification and Drug Court Assessment Unit.
- A four-bed unit at Mulawa for female patients in the Drug Court Program.

Residential extended care and specialist outpatient services are provided at the Metropolitan Medical Transient Centre.

This year 1,918 patients were admitted to the Long Bay Hospital, the Mulawa Annexe and inpatient detoxification. There was an average occupancy rate at the Long Bay Hospital of 94%, an increase of 3% over 1999-2000. CHS provided almost 2 million non-admitted patient occasions of service during the year.

	1998-1999	1999-2000	2000-2001
Gross Expenditure ($000s)	**30,004**	**33,779**	**39,301**
Staff Type (Average FTE)			
Nursing	273	300	321
Medical	11	15	20
Allied Health	12	14	17
Medical Records	14	18	23
Operations	21	25	33
Commercial Services	24	24	23
Total	**355**	**396**	**437**
Inpatients			
Long Bay Hospital bed capacity	119	119	119
Mulawa Annexe bed capacity	6	6	6
Detoxification bed capacity	-	17	17
Admissions (male)	742	746	1,491[1]
Admissions (female)	342	454	427
Long Bay Hospital occupancy	94%	91%	94%
Average length of stay – male psychiatric (days)	66	88	80
Average length of stay – male medical (days)	17	20	23
Mulawa Annexe occupancy			
Average length of stay – female (days)	3	2	3
Non-Admitted patients			
Dental	8,477	8,750	8,692
Diagnostic Imaging	1,287	1,195	1,550
Medical Officers/Nursing	1,386,389	1,596,816	1,584,674
Methadone Administration	292,312	306,452	378,268
Physiotherapy	887	1,210	1,026
Total	**1,689,352**	**1,914,423**	**1,974,210**

Note:

1. Includes male patients admitted for detoxification.

HIGHLIGHTS OF THE YEAR

2000-2001 has been a landmark year for Corrections Health Service, as we achieved our first Accreditation from the Australian Council on Healthcare Standards (ACHS). Preparation for the Accreditation Survey in May 2001, involved managers and staff in a thorough examination of all aspects of our health service. In granting Accreditation for two years, the surveyors pointed out that we function in a unique and complex situation, delivering services to a community with complex health needs. They commended many aspects of our health service including, the Benchmarking Study, the use of Memoranda of Understanding between CHS and the Department of Corrective Services, health assessment of inmates at reception, the women's health program and the effective management of clinical records. There were also suggestions for improvements and CHS is developing an action plan to address the areas nominated.

At the same time, we have continued to pursue the objectives of our *Strategic Directions Statement and Plan*. The following highlights illustrate the scope of our achievements.

- The organisation met most of the targets set in its performance agreement with NSW Health for the period 1999-2001. The most significant were ACHS Accreditation, completion of the Benchmarking Study and implementation of the *Information Management and Technology Strategic Plan*.
- CHS operated within budget for the sixth consecutive year. Sound financial management is one indicator of our strong commitment to effective planning and appropriate use of resources.
- The Annual General Meeting, held on November 27th 2000, was attended by the Minister for Health, the Hon Craig Knowles. Chief Executive Officer, Dr Richard Matthews, launched the Clinical Services Plan, the Graduate Certificate in Corrections Health Nursing and the staff Orientation Program.
- The Graduate Certificate in Corrections Health Nursing accepted its first students this year. The program will develop the particular skills required to deliver health services in the correctional environment. It will enable our nursing staff to take their places, appropriately, alongside other highly skilled specialist nurses and will raise the status and professional standing of these dedicated staff.
- The inaugural Chair of Corrections Health Nursing was created by CHS in partnership with the University of Technology Sydney. This innovation recognises the unique nature of nursing in correctional centres and will encourage the educational development of our staff. At the end of this year, we welcomed the appointment of the first incumbent, Professor Mary Chiarella.
- The Shared Care Model: Correctional Centre Post Release Treatment Scheme, was initiated. The two-year project aims to improve health outcomes for released inmates who have problems with alcohol and other drugs, by linking pre and post-release drug treatment and other programs.
- Regular Leadership and Management Forums bring together clinical and administrative managers in a forum that encourages a cohesive leadership, with a strong corporate understanding. Education is a key component, aimed at fostering a culture of continuous learning and development.
- Access to information technology was significantly improved as 150 personal computers were installed in CHS sites across the State and a statewide email service was introduced.
- New clinics opened at Emu Plains and Parklea Correctional Centres. These modern facilities will provide an improved therapeutic environment for patients.
- CHS and DCS signed a Memorandum of Understanding on Capital Works.
- The 2001 Inmate Health Survey began at the end of the reporting period. When completed, it will enable us to compare significant health status indicators with those obtained in the baseline survey, conducted in 1996.

CHAIRMAN'S REPORT

The spotlight this year has been on quality of service and management, leading to Corrections Health Service's first Accreditation from the Australian Council on Healthcare Standards (ACHS). The intensive focus on clinical practice, policy and procedures, consumer involvement and best practice systems has been rewarding. Management and staff have participated enthusiastically in this process over the past two years. We have emerged, not only with a two-year Accreditation, but also with a more refined and responsive service. I would like to thank all staff for their contribution and congratulate them on achieving such a fine outcome.

On behalf of the Board, I would like to pay tribute to Professor Debora Picone, who was appointed to NSW Health as Deputy Director-General, Policy this year. Debora was an outstanding leader who made a substantial contribution as Chief Executive Officer of Corrections Health Service. The Board has been fortunate in its choice of her successor. Dr Richard Matthews already had a strong record as Director of Clinical Services, Director of Drug and Alcohol and Director of Primary Health. He has demonstrated excellent leadership qualities, both as Acting Chief Executive Officer and since his substantive appointment in November 2000. I congratulate him and look forward to a fruitful partnership.

CHS has developed a productive and harmonious working relationship with the Department of Corrective Services. The nature and extent of our respective roles and responsibilities continues to be codified through Memoranda of Understanding. This year the two services worked together to review the *Crimes (Sentencing and Administration) Act* 1999. In essence, the amended Act provides the legal framework for functions relevant to the custody of inmates and for the provision of health and other pertinent services and functions. The revised Act will emphasise, for the first time, the independence of CHS within the correctional system.

I would like to thank the Minister for Corrective Services, the Hon. John Watkins and his predecessor, the Hon. Bob Debus, for taking the time to meet with us regularly throughout the year. Their constructive interest in the health of inmates, along with regular dialogue, is important in building a positive and cooperative relationship between CHS and DCS at the most senior levels.

The Board was pleased to note that CHS met most of the goals set in its performance agreement with NSW Health for 1999-2001. Those goals were ambitious and progress was evident. A new agreement has been reached for the period 2002-2004.

Under the guidance of its new Chief Executive Officer, the organisation has affirmed and promoted its commitment to quality. This year a Quality Statement was developed and released. Based on the *Strategic Directions Statement and Plan*, the NSW Health *Quality Framework* and the ACHS *Evaluation and Quality Improvement Program*, the Statement promotes a culture of continuous quality improvement, reinforcing the long term nature of the process.

Research is a key ingredient in the development of effective clinical practice and CHS is active in research, both in its own right and in partnership with external organisations. A Research Unit established this year will foster research, ensure that findings are disseminated and discussed within CHS and that results are used appropriately in the development of key programs. The appointment of Professor Mary Chiarella to the newly created Chair of Corrections Health Nursing was a further milestone in strengthening the culture of research and education in the organisation.

More than 80% of inmates received into custody each year have a history of drug and alcohol abuse. Many require detoxification. In such an environment, research into effective means of treating withdrawal is a priority. This year we began a pilot study on the use of buprenorphine for opiate withdrawal and we have plans for a randomised trial to compare the clinical value of Naltrexone maintenance, methadone maintenance and drug free counselling.

I would like to thank my fellow Board members who have supported CHS and its activities so generously throughout the year. Their commitment to the organisation and to improving health services to inmates is absolute and their efforts to help achieve the best possible outcomes are much appreciated.

I am also grateful for the continued support of the Minister for Health, the Hon. Craig Knowles. His sincere interest in improving health outcomes for inmates is appreciated by all Board members.

Of course, none of our achievements would be possible without the hard work and dedication of CHS staff. I thank them all and congratulate them on their successful endeavours during the past two years to achieve Accreditation.

Professor Ronald Penny AO
Chairman

CHIEF EXECUTIVE OFFICER'S REPORT

This has been an exciting and challenging year, highlighted personally by my appointment as Chief Executive Officer and professionally by our two-year Accreditation from the Australian Council on Healthcare Standards. Credit for the latter achievement belongs to all CHS staff. The ACHS surveyors recognised this when they stated that: *All staff are commended for their commitment and enthusiasm in the provision of health services in this challenging environment.* I endorse those sentiments and will continue to encourage the pursuit of excellence that has characterised the service over the past few years. Prudent financial management is a vital component and I am pleased to report that CHS operated within budget for the sixth consecutive year.

The provision of timely, effective health services to inmates depends greatly on the quality of our important working partnership with the Department of Corrective Services. I would like to thank Dr Leo Keliher, Commissioner of Corrective Services, Mr Ron Woodham, Senior Assistant Commissioner, Inmate and Custodial Services and Mr Luke Grant, Assistant Commissioner, Inmate Management. These senior officers work closely with CHS to encourage a strong spirit of cooperation that extends through all levels of both services. We have continued the practice of clarifying our respective roles and responsibilities through Memoranda of Understanding in appropriate areas.

Corrections Health Service is committed to minimising the health impact of incarceration, not just on inmates, but on the whole community. Transmission of infectious diseases from inmates to the general community is an issue for correctional systems internationally. Although this is not yet a serious problem in Australia, CHS is adopting a Population Health focus for its services in an effort to prevent its emergence here. This approach to health services in the correctional environment involves research conducted on sound epidemiological principles, clinic outreach within correctional facilities and targeted programs, such as the Well Men's Clinic for indigenous inmates. It will have a major impact on the way we plan and deliver services over the next few years.

Among the most significant health needs of inmates are drug and alcohol and mental health services. CHS has begun a project to update and refine its inmate demographic data. The project will determine the number of new receptions who have a mental health or drug problem, using the National Survey of Mental Health and Well-being, to enable comparisons between the inmate population and the general community. We also prepared to implement the NSW Health *Mental Health Outcomes and Assessment Training* which will establish a comprehensive, standardised mental health assessment package.

CHS routinely collects health surveillance data, but this year we began a new Inmate Health Survey to augment our knowledge base. Screening results from 850 inmates, randomly selected across the State, will provide a snapshot of inmate health status in relation to infectious diseases, physical and mental health conditions. Results from the 2001 survey will be compared with the previous Inmate Health Survey conducted in 1996. This will provide longitudinal data to monitor and assess changes in health and sickness patterns over time. There will also be opportunities to examine more specific changes by comparing data from inmates who participated in both the 1996 and 2001 surveys. This research will be used in planning appropriate and effective health services over the next few years.

A benchmarking study, rating CHS on 68 indicators against similar organisations in Australia and New Zealand, was completed. CHS performed above the average in the areas of consumer participation, access and efficiency. We have developed an Action Plan to address the areas where we could improve our performance in relation to the other services. This reflects the organisation's strong commitment to quality improvement in all aspects of service development and delivery. The appointment in 2000-2001 of a Manager for Quality has supported existing quality activities and will ensure that we retain our focus on continuous improvement.

New clinics opened in Parklea and Emu Plains Correctional Centres and planning began for new inpatient facilities, including a forensic hospital and a facility to cater for medical patients, acute mental health assessment and inmates in need of aged and extended care.

CHS has continued to break new ground in staff education and training. We recognise the value of Distance Education for our organisation where staff are dispersed throughout the State, often working in remote areas. Attendance at education courses in city or regional centres can be difficult and inconvenient. For that reason, the staff Orientation Program and the Graduate Certificate in Corrections Health Nursing, have been designed as distance education courses. Both programs were commended by the ACHS surveyors and I would like to thank all staff members who were involved in their development. CHS greatly appreciates the role of the NSW College of Nursing in the development of the Graduate Certificate of Corrections Health Nursing.

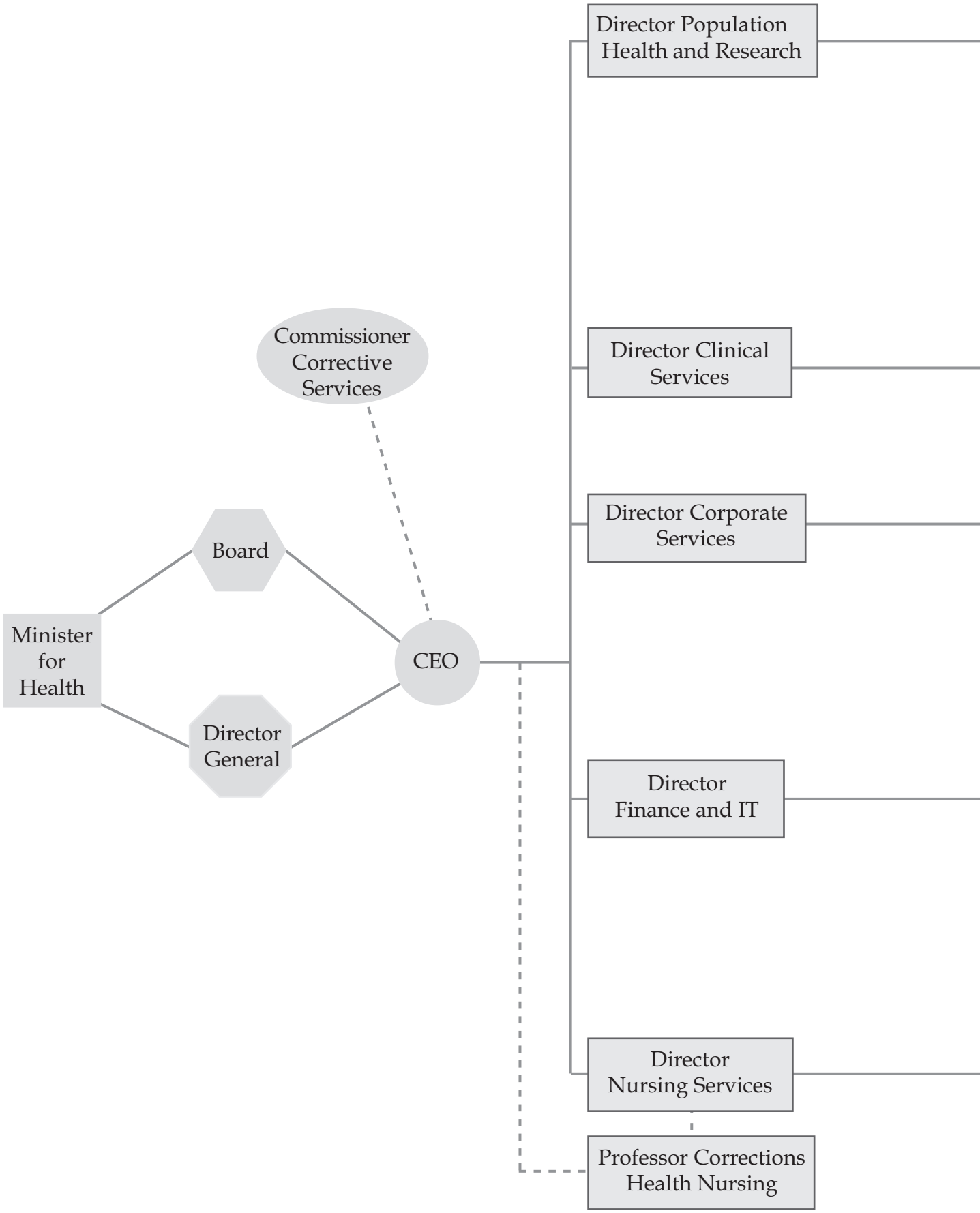
I congratulate Linda Sorrell, Acting Director of Clinical Services who has been appointed Deputy Chief Executive Officer, Illawarra Area Health Service. Ms Sorrell was a key manager during our preparation for the Accreditation survey and her efficiency and commitment to accountability and effective service provision was highly valued. I am sure she will continue to make a substantial contribution to the NSW health system in her new position. I welcome our new Director Clinical Services, Ms Christine Callaghan, who brings a wealth of expertise and experience to the position.

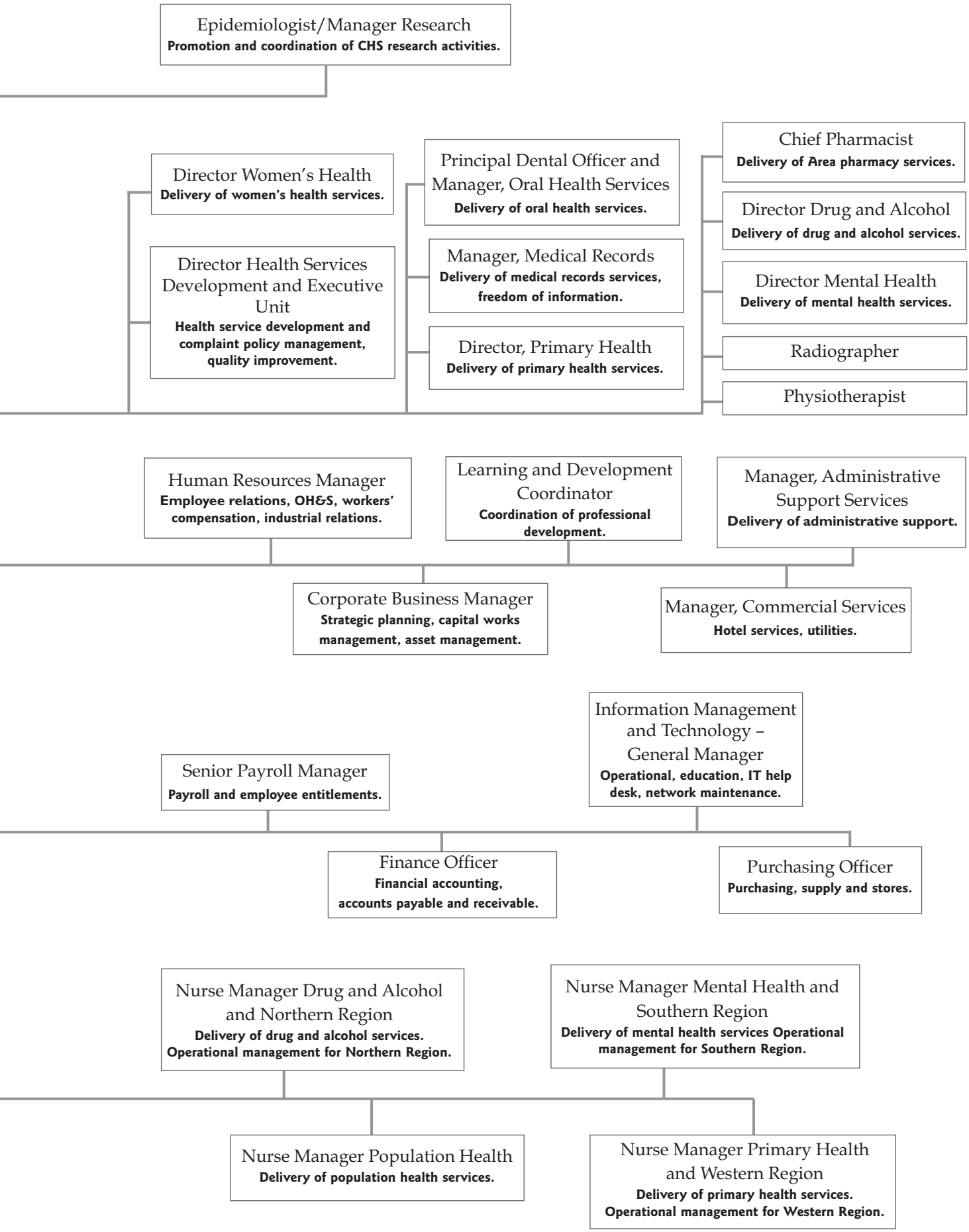
In conclusion, I would like to thank the Board members for their support over the past year. They bring a high level of skill and expertise to the organisation and contribute significantly to its good governance and development. The Chairman, Professor Ronald Penny, is expert in some of the key issues confronting CHS and its health providers. The management team is particularly grateful for his enthusiasm, support and leadership.

Richard Matthews
Chief Executive Officer

ORGANISATION CHART

As at 30 June 2001




Epidemiologist/Manager Research
Promotion and coordination of CHS research activities.
Director Women's Health
Delivery of women's health services.
Director Health Services Development and Executive Unit
Health service development and complaint policy management, quality improvement.
Principal Dental Officer and Manager, Oral Health Services
Delivery of oral health services.
Manager, Medical Records
Delivery of medical records services, freedom of information.
Director, Primary Health
Delivery of primary health services.
Chief Pharmacist
Delivery of Area pharmacy services.
Director Drug and Alcohol
Delivery of drug and alcohol services.
Director Mental Health
Delivery of mental health services.
Radiographer
Physiotherapist
Human Resources Manager
Employee relations, OH&S, workers' compensation, industrial relations.
Learning and Development Coordinator
Coordination of professional development.
Manager, Administrative Support Services
Delivery of administrative support.
Corporate Business Manager
Strategic planning, capital works management, asset management.
Manager, Commercial Services
Hotel services, utilities.
Information Management and Technology – General Manager
Operational, education, IT help desk, network maintenance.
Senior Payroll Manager
Payroll and employee entitlements.
Finance Officer
Financial accounting, accounts payable and receivable.
Purchasing Officer
Purchasing, supply and stores.
Nurse Manager Drug and Alcohol and Northern Region
Delivery of drug and alcohol services. Operational management for Northern Region.
Nurse Manager Mental Health and Southern Region
Delivery of mental health services Operational management for Southern Region.
Nurse Manager Population Health
Delivery of population health services.
Nurse Manager Primary Health and Western Region
Delivery of primary health services. Operational management for Western Region.

COMMUNITY PROFILE

Inmates in correctional centres, periodic detention centres, transitional centres and police/court cell complexes make up the health care community served by Corrections Health Service.

In 2000-2001, some 16,000 men and women were received into custody. CHS staff provided each one with a comprehensive health assessment at the time of reception. Most assessments occurred at the two main reception centres in Sydney – the Metropolitan Remand and Reception Centre for men and Mulawa Correctional Centre for women.

At the close of the reporting year, CHS was providing a range of health services to 7,779 full-time inmates. This is a 6% increase on the 7,345 inmates in custody at the beginning of the year.

In general, the health status of inmates is poor. They suffer disadvantages on a whole range of health problems associated with mental illness, drug abuse and general neglect of health. For example, more than 50% of males and 30% of females warrant mental health referral for major depression, about 80% have been incarcerated for offences related to alcohol and other drug use and 40-60% of males and 70-80% of females are hepatitis C positive.

CHS has a limited time for health interventions that might improve the health status of individuals. Around 27% of people remain in the correctional system for fewer than 8 days and only 56% stay longer than 30 days. This time frame is an important factor in how CHS delivers its services. Partnerships with local Area Health Services are crucial in achieving continuity of care for inmates who require health care after release from custody.

The Department of Corrective Services *NSW Inmate Census 2000* shows that the inmate population has the following characteristics:

- Most are aged between 25 and 34 years;
- Partly as a result of truth in sentencing, the number of inmates over 45 years has increased;
- The total number of females has increased by 100 in three years;
- The average age of full-time male inmates is 33 years;
- The average age of full-time female inmates is 30.7 years;
- The country of birth of inmates broadly reflects the general population, with 72% Australian born and 16% born overseas in a non-English speaking country. About 6% come from other English speaking countries;
- About 16% of males and 24% of females identify as Aboriginal or Torres Strait Islander;
- In the four years to June 1999, more than 38,600 people spent time in full-time custody, with 515 serving more than six episodes of incarceration.

Inmates have a substantially lower socio-economic status than found in other communities. This bears out the findings of *Essential Equity 1999* that people from lower socio-economic groups are more likely to be over represented in correctional centres than those from higher socio-economic groups.

MEETING OUR GOALS

CHS is committed to achieving its vision of *Better Health – Good Health Care* for people in NSW correctional centres. We have adopted the four goals of the *NSW Health Strategic Directions for Health, 2000-2005*.

Our progress is documented in the following section of this report.

HEALTHIER PEOPLE

Health Status is Monitored

Corrections Health Service has comprehensive programs to monitor the health status of inmates in NSW correctional centres. At reception, each individual is assessed to determine his or her general health and to note specific problems such as diabetes, asthma, drug and/or alcohol dependence, cardiovascular disease or mental health problems that may require immediate or regular health checks. In addition, there is a number of specific interventions that occur routinely or at designated intervals.

Health Surveillance

Basic health surveillance data is collected routinely from correctional centre clinics and infectious disease notifications made to Area Health Service Public Health Units.

The Notifiable Disease Database (NDD), introduced in 1998, has improved the monitoring of such diseases. There were 935 inmate notifications, including 851 hepatitis C antibody positive and 40 hepatitis B surface antigen positive notifications.

Screening for Blood Borne Viruses

The existing Voluntary Blood Borne Communicable Diseases (VBBCD) program was revised and a decision made to replace it with a targeted screening process. The aim is to identify specific risk activities and target groups and individuals most at risk in each correctional centre.

More than 6,500 inmates were introduced to the Targeted Screening Program, which incorporates harm minimisation and health promotion strategies. About 55% (3,591) agreed to be tested for blood borne and sexually transmitted diseases. Six new cases of HIV were diagnosed. Fifteen percent of participants were found to be hepatitis C antibody positive.

Mental Health, Drug and Alcohol Status

This year CHS began a new project to update and refine its inmate demographic data relating to mental health and drug and alcohol use. The project will continue next year, with inmates at several sites around the State being interviewed as they are received into custody. Inmates are assessed using the National Survey of Mental Health and Well-being to determine the number of new receptions who have health problems associated with mental illness or drug and alcohol use. Mental disorders were assessed using a modified version of the Composite International Diagnostic Interviews (CIDI), which will enable a direct comparison between the inmate population and the general community.

2001 Inmate Health Survey

A Statewide, random sample of about 1,000 inmates (850 male, 150 female) will be screened for infectious diseases, physical and mental health conditions. The survey began at the end of this reporting year. When it is completed, CHS will be able to compare significant indicators of health status for inmates in 2001 with those from the previous survey conducted in 1996.

CHS is holding discussions with the Department of Juvenile Justice with a view to extending the survey to juveniles in custody and community care.

Promoting a Healthy Physical and Social Environment

The focus on tobacco control and detection and management of disease outbreaks has continued, but new programs are being developed and implemented to target specific inmate groups. These include infection control measures, a preventative dental health program for inmates on methadone maintenance and strategies to decrease the prevalence of injuries that occur among inmates using exercise equipment.

Infection Control

The ability to control the spread of infection is vital in the correctional environment. This year, CHS appointed a Clinical Nurse Consultant in Infection Control. Since then, infection control practice has been reviewed to ensure that it complies with NSW infection control policies and a statewide review has begun.

A Best Practice in Sterilisation program, that incorporates a register, education and policy development, has been implemented. Substantial improvements made to clinical and dental infection control practice were commended by the assessors from the Australian Council on Healthcare Standards.

In addition, CHS is reviewing its clinical waste management practices to improve compliance with NSW *Waste Management Guidelines* for health care facilities.

Sleep Management Program

Inmates frequently request sedatives for insomnia. It is hoped that the Sleep Management Program will reduce inmate dependence on chemical interventions and provide health treatment alternatives for insomnia.

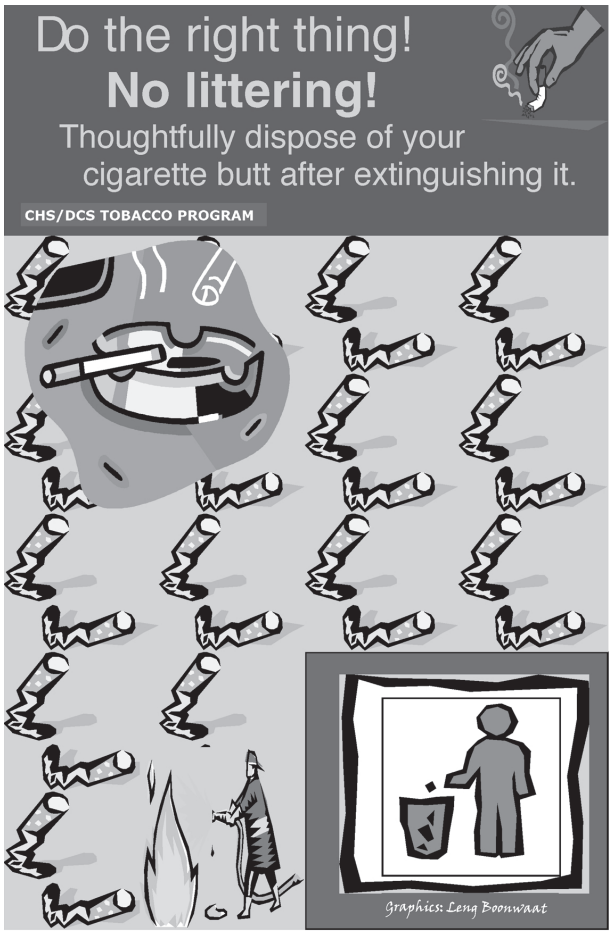
Inmates who request sedation are referred for counselling as appropriate. Health education programs in relaxation therapy, conflict resolution, personal development and anger management are offered where they are considered likely to be beneficial.

Tobacco Reduction

The correctional environment remains one of the highest tobacco-consuming areas in the community. Providing staff and inmates with real alternatives to tobacco use and exposure is one of our major challenges. CHS recognises that tobacco plays a number of roles in the correctional setting and is developing reduction strategies such as non-smoking areas.

There have been a number of initiatives this year, implemented in partnership with NSW Health:

- The nicotine patch trials at Emu Plains and Berrima were extended to Kirkconnell Correctional Centre;
- Drug and Alcohol and CHS staff attended a two-day training program, resulting in their certification as Trainers in Tobacco Control;
- Alternative accommodation options for non-smoking inmates is being planned.



Group Activities at Long Bay Hospital

Healthy Lifestyle programs may assist in improving the social environment in local areas within correctional facilities. As a result of a survey identifying a need for more structured group activities in the Hospital, a weekend Men's Group has been established. In addition, a program is being developed to focus on healthy eating and weight reduction among long-term forensic patients at Long Bay Hospital.

Managing Disease Outbreaks

Between August and September 2000, an outbreak of influenza virus occurred and was controlled within a correctional facility. This was the first documented influenza outbreak in a correctional setting.

CHS remains alert to the inherent difficulties posed by disease outbreaks in correctional communities and, to improve our response to these events when they occur, Public Health Staff were given additional training in the principles of outbreak management.

Stronger Prevention and Early Intervention

CHS continues to strengthen its programs for disease prevention and to enhance early intervention strategies.

Well Men's Clinic

The Well Men's Clinic is designed to improve health outcomes for indigenous inmates. Strategies include identifying health problems early, intervening in a timely fashion and offering individual management programs.

The program has been developed specifically to address the high incidence of serious medical illness in the Aboriginal and Torres Strait Islander population. By focusing on health, rather than illness and by promoting health education, the program aims to to encourage more indigenous inmates to participate in health programs.

Antenatal Care

About 3% of women in custody are pregnant. Most of these women have high-risk pregnancies, complicated by alcohol and drug abuse and lack of antenatal care. The shared care antenatal program involves CHS nursing and medical staff and local Area Health Service antenatal clinics, delivery facilities and specialist pregnancy services such as *Drugs in Pregnancy*. It offers screening tests and physical reviews of commensurate standard to those in the general community. There is a close working relationship with the Department of Corrective Services' *Mothers and Children's Program* and pregnant women, identified during health screening at reception, are provided with supportive counselling. Women who are continuing their pregnancy are placed on the antenatal care program.

Drug Court

The NSW Drug Court program was established in 1999 to divert eligible drug dependent offenders from custody to intensive, court-mandated, treatment programs. Twenty seven participants have graduated since the program began. Initial data analysis from the NSW Bureau of Census, Statistics and Research indicates that there has been an improvement in the health of people charged with drug-related offences and a reduction in drug-related crime.

CHS provides medical and nursing support for the program in partnership with Wentworth, Western and South Western Sydney Area Health Services. A number of non-government organisations provide residential services for participants. The CHS Clinical Nurse Consultant (CNC) is a member of the Drug Court team at Parramatta local court, involved in assessing participants and developing treatment plans in consultation with medical officers.

Offenders referred to the program are stabilised and assessed in the detoxification units at the Metropolitan Reception and Remand Centre (MRRC) or Mulawa Correctional Centre. This year a reward system was introduced. Suspended sanctions are removed for those patients who comply with their Drug Court commitments and who do not use drugs. The new system has proved successful in reducing the number of Drug Court participants entering custody.

CHS is proud of the fact that the Drug Court program won a Baxter Better Health Award this year, being recognised as a program that promotes quality health care for participants. The program was also highly commended in the Australian Council on Healthcare Standards Accreditation Survey.

Immunisation

Vaccination programs for hepatitis B and C, Influenza and Pneumonia continued successfully.

About 200 doses of hepatitis B vaccine were administered each month – a total of 2,362 for the year. There were 498 newly detected cases of hepatitis C, of which 20% occurred among female inmates. Influenza vaccine was given to 286 inmates who met the criteria.

Sexually Transmissible Infections in Women

The lifestyle of many women entering correctional centres carries a high risk of Sexually Transmissible Infection (STI). They frequently have unstable relationships, multiple sexual partners and/or engage in sex work. Women identified as being at risk, as well as those entering CHS gender-based or public health screening programs are offered STI screening.

Test results indicate a high incidence of such infections as Chlamydia, Papillomavirus and Trichomonas. Corrections Health Service has effective protocols for investigating and treating these infections. Contact tracing of STI is conducted in accordance with established community guidelines.

The Next Step

CHS has plans for a number of improvements in the coming year that will contribute to better health for inmates in the NSW correctional system.

- The Inmate Health Survey will be completed and its data analysed. It will provide a wealth of information about our clients and will form a basis for planning future health service provision.
- The focus on targeted screening for viral and bacterial infections will continue, with support strategies being further developed. This will facilitate examination of public health needs and issues related to specific inmate groups.
- The core women's health programs – pregnancy care, screening for cervical and breast cancer and sexually transmissible infection – will be extended to Grafton, Bathurst and Broken Hill correctional centres where there is accommodation for a small number of women.
- Services and clinical practices in the area of sexual health, including sexual assault, will be developed further.
- The immunisation program will be consolidated further with particular emphasis on staff accreditation.
- There will be an increased emphasis on well-coordinated continuum of care. For inmates with blood borne viruses, the program will concentrate on preventing transmission, standardising clinical service delivery, developing strategies involving DCS and other providers and implementing statewide training strategies.
- The statewide infection control audit will be completed and CHS will implement its recommendations promptly.
- A pain clinic will be established for patients suffering chronic pain conditions. At present, inmates are waiting up to three months for access to external pain management services. A CHS pain clinic will increase access to pain management for these patients, with a consequent reduction in the use of strong analgesia.
- Submissions have been made to the Commonwealth Government for funding to develop suicide prevention programs. If funds are granted, the following programs will be developed next year:
    - Improved strategies to emphasise health promoting behaviours to people entering reception centres on remand or commencing sentences from bail. This unique initiative would address a gap in existing service. Its aim is to reduce psychosocial stressors such as social isolation, feelings of hopelessness and despair and rumination about life events – all of which have been identified as high suicide risk factors.
    - Education, intervention and assertive discharge of young inmates (18-24 years) at John Morony I Correctional Centre;
    - A continuum of care approach to suicide prevention. By linking CHS and community health services, people considered at risk of suicide will be followed up on discharge and offered appropriate community based health services.
    - Enhanced education programs for CHS staff and correctional officers that will improve their capacity to identify people who are suicidal;

FAIRER ACCESS

Barriers to Access have been Reduced

Corrections Health Service is keen to identify and reduce barriers that may limit access to its services. This year we conducted a survey of inmates to determine issues related to service access. Interviews were conducted with 210 inmates selected by a cluster sample methodology. Overall, inmates felt that the level of service provided by CHS meets their needs. However, several access issues were identified and an action plan has been developed to address them.

Signage

One issue highlighted in the inmate access survey was clinic signage. As a result, all clinic signage has been renewed and standardised. The new signs clearly display clinic hours and promote a 24-hour mental health telephone counselling service for inmates, their relatives and friends. The survey identified confusion about the respective roles of CHS and DCS. It appeared that this confusion might have been a barrier to some inmates accessing health services. CHS recognised that it is important for inmates to understand that health services are independent of the custodial services provided by DCS. The new signs identify clinics as a health service, funded by NSW Health and staffed by health workers.

Court Liaison Mental Health Services

NSW Health has funded CHS to conduct pilot schemes that improve access to mental health services for mentally ill offenders and assist the courts to deal appropriately with them.

For almost two years, psychiatric consultations and assessment services have been conducted at Central and Parramatta Local Courts. This year, more than 400 assessments were conducted and reports made to the courts. Magistrates, defence lawyers, police prosecutors and correctional staff have referred offenders to the service.

The service offers mental health treatment to offenders and enables their illness to be taken into account when the case is heard. As a result, mentally ill offenders can be diverted from the custodial system, where appropriate, and directed to community mental health services.

The Court Liaison Service will be evaluated on a continuing basis. Already, there are plans to extend the service in stages until it is available across the whole of NSW.

Police and Court Cell Complexes

CHS provides health services to people in police and court holding cells at Sydney, Parramatta, Newcastle, Dubbo, Moree and Port Macquarie. Funds for this initiative were provided from the 1999 NSW Drug Summit.

During this year 22,787 people were placed in holding cells. Registered nurses assessed and referred about 4,000 patients to a drug and alcohol counsellor and 1,268 to a detoxification unit. More than 1,000 were on methadone and 2,281 were placed on withdrawal regimens.

Further Initiatives

- Self-administration of suitable medication was extended to eligible inmates at Silverwater and Mulawa Correctional Centres and to Parramatta Transitional Centre. This has given inmates a sense of ownership and responsibility for their own health. At the same time, it frees nurses for other duties. The program will be extended to some inmates in the Malabar Special Purpose Centre next year.
- The CHS pharmacy now dispenses medication to inmates in Oberon and Glen Innes through the local clinics.
- NSW Health provided $100,000 for Oral Health Service enhancements. Access has been improved by close monitoring of waiting lists, treatment demands and staff rosters. In some centres, dentures are now provided by contracted dental prosthetists. CHS has established its own dental service at Mannus Correctional Centre and has agreements with local Area Health Services to provide dental treatment to inmates in some rural areas.
- Brochures describing CHS health services are available to all inmates. They are produced in Spanish, Arabic, Mandarin, Korean and Vietnamese languages as well as in English.

Distribution of Health Resources is Fair

CHS resources are allocated to ensure that all inmates have fair access to diagnosis and treatment of illness as well as to health education and health promotion programs.

Nurse Practitioner Project

The Minister for Health recently affirmed his commitment to the Nurse Practitioner Project. Nurse practitioners are authorised by the NSW Nurses' Registration Board, after demonstrating appropriate and extensive knowledge, skills and experience to work as an expert nurse in a particular area of clinical practice. Appropriate sites for nurse practitioner services are identified and approved separately.

This is particularly important to Corrections Health Service. In rural and remote areas, CHS nurses are required to work at a high level, without the continuous support of a medical officer. This level of nursing is vital to ensuring that health resources can be fairly allocated to inmates in all correctional centres in the State. CHS has supported the overall development of the project this year by contributing to both the NSW Health policy and the Clinical Guidelines for nurse practitioners.

CHS has identified eight correctional centres where services would be enhanced by the appointment of a nurse practitioner. In September 1999, we embarked on a community consultation process to determine local support for the initiative. Communities at Mannus, Kirkconnell, Oberon and Glen Innes endorsed the proposal for a nurse practitioner in Primary Health. At Grafton and Moree, the community representatives supported proposals for a nurse practitioner in Mental Health and Mental Health/Drug and Alcohol respectively. The latter would work at the Moree Police/Court Cells.

A working party is now developing clinical guidelines for the Oberon and Kirkconnell sites, which have received approval in principle as nurse practitioner sites.

Addressing the Needs of Groups with Poor Health Status

Aboriginal Health

This year CHS has established closer links with a number of Aboriginal community controlled health organisations, including Maari Ma (Broken Hill), Bulgar Ngaru (Grafton), Durri (Kempsey), Daruk (Mt. Druitt), Winnunga Nummitijah (Canberra), the Redfern Aboriginal Medical Service and the Armidale and District Services Incorporated.

As part of our effort to improve health services for Aboriginal inmates in rural correctional centres, Commonwealth funding was obtained for projects at the Broken Hill and Goulburn clinics. At Goulburn, a medical practitioner and a trained Aboriginal Health Worker visit monthly. They examine Aboriginal inmates, initiate treatment or refer them to mainstream services as appropriate. At Broken Hill, the Maari Ma Health Service recruited a trainee Aboriginal Health Worker who will complete a Department of Rural Health training course offered by the University of Sydney. The trainee will be supervised at the CHS clinic at Broken Hill Correctional Centre.

In June 2001, CHS recruited a Manager, Aboriginal Health, whose major task will be implementation of the Aboriginal Health Strategic Plan, *Care in Context*.

Drug and Alcohol Clinics

Drug and Alcohol clinics have been established at the MRRC, Long Bay Correctional Complex and Silverwater and Mulawa Correctional Centres. They are operated by specialist drug and alcohol medical practitioners who see patients with problems associated with opiates, benzodiazepines and alcohol. These medical practitioners prescribe a range of pharmacotherapies, including methadone, buprenorphine, naltrexone and acamprosate.

Cultural Awareness

CHS recognises the cultural diversity of its clients. Our healthcare programs are based on the NSW *Charter of Principles for a Culturally Diverse Society*. We aim to ensure an appropriate level, range and equity of access to health service for all inmates, regardless of religion or cultural background or proficiency in English.

Inmates from non English-speaking background are identified at reception and, when appropriate, interpreters are used for all health interactions to ensure that they are not compromised by language barriers.

The organisation encourages its workforce to be tolerant and aware of cultural differences and issues. This is achieved through education and training and by encouraging the development of links with appropriate community organisations. The new Graduate Certificate in Corrections Health Nursing includes information on cultural awareness.

Waiting Times are Well Managed

CHS endeavours to provide a timely and effective service to all its clients. Patients are treated at clinics and referred to internal and external specialist or inpatient services as required.

This year waiting lists for medical and dental services were reviewed and benchmarked. The review showed that CHS waiting times for those services match general community standards.

Information System of Oral Health

The Information System of Oral Health (ISOH) is a NSW Health initiative to streamline oral health information and establish priorities across all Area Health Services.

CHS has established a 1800 phone number for inmates to make dental bookings. This service is designed to provide the best possible coordination of dental care, no matter where an inmate is located. It will also improve collection of management information and enable the dental service to provide reports that are better coordinated, more accurate and timely. It will be available for use early in the next reporting period and will initially cover the MRRC, MMTC and Parramatta, Silverwater and Parklea Correctional Centres.

Plans for Improved Access

Telepsychiatry

Participation in the NSW Telehealth Initiative is an important means of improving access to health services for inmates. CHS has sought funding for additional telepsychiatry services at the MRRC, Cessnock and Tamworth Correctional Centre. These new locations will link up with the existing services at Bathurst, Grafton, Goulburn and Long Bay Hospital.

Aboriginal Vascular Health Project

Cardiovascular disease is a significant cause of morbidity and mortality in the indigenous population and CHS has targeted this with the Aboriginal Vascular Health Project. Cardiovascular disease is included in screening at the reception health assessment and in the Well Men's Clinic. Indigenous inmates identified with vascular disease, or at risk of developing it, are followed up and supported to manage their illness. Arrangements are made so that appropriate health services are provided after the inmate is released.

The project is being piloted at Tamworth, Broken Hill, Grafton and Mannus Correctional Centres.

Hepatitis C Helpline

A free, confidential Hepatitis C Helpline is now available to inmates, staff and inmates' families. It is a combined initiative of the Hepatitis C Council of NSW, the Department of Corrective Services and CHS.

QUALITY HEALTH CARE

Based on Principles of Quality

Corrections Health Service is committed to providing a quality health service to inmates in NSW correctional centres. We strive to deliver a service that is safe, effective, appropriate, efficient and accessible. We are committed to consumer participation in the planning, delivery, monitoring and evaluation of our services.

That commitment is encompassed in the Quality Statement developed and released this year. The Statement, and CHS's commitment to quality service is based on *A Framework for Managing Quality in NSW* and the *Evaluation Quality Improvement Program* (EQuIP) of the Australian Council on Healthcare Standards (ACHS). Quality achievement activities are integrated into the CHS *Strategic Directions Statement and Plan*.

Safe, Appropriate and Effective Services

Accreditation

This year CHS was granted Accreditation for two years. The four-day survey was conducted in May 2001 by an eight-member team on behalf of ACHS. The survey team visited fifteen sites and spoke to others by telephone. The survey Report stated that:

Excellent processes have been implemented and are consistent across the whole health service. There was strong evidence that improvements in the standard of care have been achieved.

In general, the surveyors were impressed by the excellent services being provided across the whole health service under very difficult circumstances. A strong customer focus and commitment to the provision of a high standard of care was evident.

The surveyors commended a number of programs and individual staff members and made recommendations for improvement in some areas. CHS will now develop and implement an action plan, based on the recommendations.

Quality Improvement

CHS is committed to continuous improvement in the quality of its service and management. Achievements this year include:

- An increase in quality improvement programs from 50 in July 2000, to 227 in June 2001. Projects range from local staff orientation booklets to the development of fire drill evacuation plans to improve staff and patient safety in an emergency.
- Establishment of a Quality database.
- Promotion of local quality improvement programs through posters that include the six EQuIP functions and the EQuIP cycle. The posters have provision for individual areas to display and update registered quality improvement activities.
- Staff consultation in planning, policy development and publication of the CHS Policy Manual.
- Business Plans developed for a number of service areas.
- A Performance Management Working Party to establish strategies for effective performance management.
- Production of a handbook to provide a brief overview of CHS services for the ACHS surveyors. This proved so successful that it will be reviewed and made available to staff and to appropriate external professionals.

Clinical Services Plan

The Clinical Services Plan, jointly developed by Corrections Health Service and the Department of Corrective Services, provides a formal structure for delivery of health and welfare services by the CHS clinical streams and the DCS Inmate Development Services. This is the first time such a Plan has been written specifically for implementation in the NSW correctional system and it is a landmark in cooperation between the two services.

The Plan established objectives and priorities for effective delivery of health and welfare services to inmates. It provides a joint model of care that seeks to guarantee that every individual, regardless of entry point or location within the system, will receive the best coordinated health care.

A Comprehensive Range of Services

CHS, in partnership with the Department of Corrective Services, provides treatment and care to people in custody in 25 correctional centres, ten periodic detention centres and six police and court cell complexes.

Inpatient Services

Inpatient services are provided to male inmates at the Long Bay Hospital and to female inmates at Mulawa Correctional Centre.

Outpatient Services

The Outpatient Department at the Metropolitan Medical Transient Centre provides a range of specialist services, catering mainly for male inmates within the correctional system. The table (right) shows the number of patient seen in clinics during the past two years.

When inmates require specialist health services that are not provided in correctional centres, appointments are made at external facilities. There were 1,859 external appointments made this year.

Clinic	1999-2000	2000-2001
Dermatology	348	225
ENT	86	141
Hepatitis	204	252
Immunology	64	132
Koori Medical Officer	326	135
Minor Operations	24	31
Ophthalmology	151	157
OPSM	201	235
Optometrist	242	265
Orthopaedics	365	349
Orthotist	39	40
Physician	771	383
Psychiatrist	516	663
CMO Clinic	247	190
Surgeon	247	412
Total	**3,790**	**3,610**

Specialist Appointments

	1999-2000	2000-2001
Cardiology	10	21
Day Surgery	65	42
Dental	99	42
Ear, Nose and Throat	23	35
Eye Clinic	52	123
Neurology	70	38
Oncology	25	29
Orthopaedics	16	27
Plastics	76	112
POW Admissions	43	18
Perioperative Service	62	44
Radiotherapy	170	14
Urology	56	70
Other	307	441
Total	**1,074**	**1,056**

Diagnostic Tests

	1999-2000	2000-2001
CT Scan	242	251
Echo Lab	5	111
Hearing Clinic	31	63
Nuclear Medicine	22	24
Diagnostic Imaging	143	162
Gastroenterology	73	89
Doppler Laboratory	22	33
Neurophysiology	122	70
Total	**660**	**803**

Medical and Psychiatric Reports

The Medical Appointments Unit coordinated the preparation of medical and psychiatric reports for the courts, solicitors, the DPP, Parole Board and related bodies.

There were 207 Psychiatric reports and 59 Medical reports completed during 2000-2001. Approximately 30% of requested reports were delayed for reasons such as patient cancellation, inmate transfers, short notice and difficulties or delays in court documentation. The court-related areas were addressed this year through discussion with the Attorney-General's Department and Court Officers. As a result, the number of reports delayed or not completed is beginning to decline.

Some reports from Mulawa Correctional Centre are not included in the database. However, improvements made to the system this year will ensure that accurate statistics relating to medical and psychiatric reports completed for female inmates are reported in future.

Requested By	1999-2000	2000-2001
Court – Psychiatric	335	348
Court – Medical	12	13
Parole Board, SORC, ORB, MHRT, DPP – Psychiatric	75	83
Parole Board, SORC, ORB, SOMC – Medical	19	7
Solicitor – Psychiatric	4	7
Solicitor – Medical	49	47
Total	**494**	**505**

Note:
SORC = Serious Offenders' Review Council; ORB = Offenders' Review Board; MHRT = Mental Health Review Tribunal; DPP = Department of Public Prosecutions; SOMC = Serious Offenders' Management Committee. (Disbanded at the end of 1999-2000.)

Drug and Alcohol

About 16,000 people are received into custody each year and at least 80% of these have a history of drug and alcohol abuse. For that reason, Drug and Alcohol services are vitally important in the correctional environment. This situation is reflected in the NSW Health Department's *Drug Treatment Services Plan,* where an entire chapter is devoted to drug treatment services in the correctional system. The fundamental principles identified in this chapter are service integration, partnerships, quality and equity of service.

Because of the high demand for services to inmates, CHS received $8.4m over three years from the 1999 NSW Drug Summit for implementation of appropriate initiatives. We have completed a comprehensive review of drug and alcohol services and established new services, with an emphasis on drug and alcohol assessment and treatment, in six police and court holding cells.

Performance Indicator Reporting

A web-based Drug and Alcohol Performance Indicator Reporting System (DAPIR) is being implemented during 2001. DAPIR will monitor financial and activity outputs related to Drug Summit, Diversion and Core drug and alcohol funding programs. The new system will be maintained by NSW Health and, being web-based, can be updated easily. Summarised reports of statewide activity will also be produced from the database.

Drug Treatment Programs

At present, CHS drug treatments are based on the following care and research programs.

Detoxification

Inpatient detoxification services are provided at the MRRC and Mulawa Correctional Centre. A third detoxification unit at Parklea Correctional Centre is almost complete and new units are planned for Grafton and Bathurst in the coming year. Currently, patients received into the latter centres are provided with ambulatory detoxification services.

Methadone

The Methadone Maintenance Program has been operating in correctional facilities since 1986. It is a major program that continues to expand. On average, more than 900 inmates are on the program at any one time. This year, more than 1,200 people received into correctional centres were on methadone treatment and 1,828 patients returned to the community on methadone.

	Male	Female	Total
Receptions on Methadone	1,028	249	**1,277**
Exits to Community on Methadone	1,505	323	**1,828**
Commenced in Custody	623	139	**762**
Ceased in Custody	398	27	**425**
Waiting to Commence	617	169	**786**

CHS Drug and Alcohol staff strive to ensure continuity of care for patients on methadone, both when they enter and leave the correctional environment. This involves constant liaison between CHS staff, public and private community methadone clinics and community pharmacies across the State.

New Pharmacotherapies

There is an increasing range of pharmacotherapies available to treat patients who are dependent on opiates. CHS is involved in research programs with two of these.

- A trial has begun using buprenorphine for the treatment of opiate withdrawal. The first patients reported that the treatment reduced the unpleasant symptoms of opiate withdrawal.
- In partnership with the National Drug and Alcohol Research Centre and the Department of Corrective Services, CHS will establish a naltrexone trial. This treatment will be compared with methadone treatment and non-drug therapy in the correctional environment.

Mental Health Liaison

In partnership with the Department of Corrective Services, CHS provides comprehensive mental health services, including emergency, risk assessment, forensic, psychiatric and psychological services, disability support and welfare services.

The appointment of a Clinical Nurse Consultant – Mental Health Liaison in March 2001 has been of considerable benefit in ensuring that inmates who are identified as having a mental illness at reception are appropriately referred at the time.

This year a Joint Guarantee of Service was signed between the NSW Department of Housing and NSW Health. This initiative has the support of all Area Health Services and will ensure that when inmates are released they will have appropriate access to housing, within the AHS agreements.

Sexual Assault

CHS is often an inmate's first health contact after a sexual assault. Health staff provide both initial assessment and treatment and referral to community sexual assault specialists. A panel, comprising CHS and DCS personnel as well as clinical experts from outside the service, conducted a comprehensive review of the CHS Sexual Assault policy. As a result, the panel identified a complexity of issues surrounding the reporting and management of sexual assault in the correctional environment. Those issues will be reflected in the organisational plan to be developed in the coming year. CHS is also developing specific staff training and health promotion programs on the subject of gender based violence.

Oral Health

Routine dental services to inmates are of comparable quality and standard to those available in Area Health Service dental units. During this year, dental clinics at Emu Plains, St Heliers and Parklea Correctional Centres were refurbished. Infection Control Standards were progressively implemented in all clinics. A statewide patient satisfaction survey was conducted to determine where further service improvements can be made.

CHS Oral Health Service was commended in the ACHS Accreditation Report for its continuous review and the introduction of systems to decrease waiting times for treatment.

Hepatitis

There is a prevalence of hepatitis B and C in the correctional environment. Specialist services are provided at clinics in seven sites in metropolitan and rural NSW.

The question of liver biopsies has been the focus of specific attention this year. It has been affirmed that biopsies should be carried out before initiating complex treatment. Biopsies are conducted at Long Bay, Royal Prince Alfred, Nepean and Bathurst Base Hospitals. A survey of CHS clinic staff revealed that some inmates in rural correctional centres are reluctant to travel for biopsies. Staff members believe that improved local services in this regard would be advantageous and improve continuity of care for those patients. Several other issues have been identified for consideration.

- The importance of effective collaboration between CHS, DCS and Area Health Services. An ideal model of care has developed at Emu Plains, with hepatitis clinic staff and contract GPs well trained in referral of patients. Biopsies are performed and specialist care is provided at Nepean Hospital (Wentworth AHS). This model is working extremely well for the benefit of inmates.
- Only appropriate patients should be referred for specialist treatment. Many inmates are transferred to Long Bay for specialist referral, but only 4% are actually referred for specialist treatment. At Emu Plains with the benefit of relevant education, 56% of patients are referred to specialists.
- Local clinics, such as Lithgow, Parklea and Junee, where there are no specialist clinics, are gaining experience in managing patients who are on prolonged, complex therapeutic regimens as inmates are transferred within the correctional system.

	Client Numbers		Liver	Receiving
	1999–2000	2000–2001	Biopsies	Treatment
Hepatitis Clinic				
Long Bay Complex	56	228	6	8
Silverwater Complex (including Mulawa)	-	44	7	3
Emu Plains	14	26	16	14
Goulburn	-	49	-	2
Cessnock	-	35	-	2
Bathurst	25	17	9	13
Total	**95**	**399**	**38**	**42**

Tuberculosis

Following a review of the management of tuberculosis, clinical protocols and information resources were developed to standardise clinical practice. New referral, data collection and documentation procedures are being developed.

CHS staff contributed to a World Health Organisation document on the management of tuberculosis in correctional centres.

Pharmacy

Pharmaceutical services, information and support are available to all clinics, wards and police/court cell complexes in the NSW correctional system. Significant service improvements were made this year, as we completed implementation of the 1999 Pharmacy Review recommendations.

- Eligible inmates at two correctional centres participated in a trial of medication self-administration. As this was successful, the program has been extended to several more correctional centres.
- Data collection systems were established to monitor trends in drug usage. It is expected that wastage will be reduced through effective stock ordering and recycling.
- Pharmacy ward rounds, introduced at Long Bay Hospital, provide education and support to nursing staff.

Allied Health Services

Diagnostic Imaging

CHS provides radiography services at the Metropolitan Remand and Reception Centre (MRRC), the Metropolitan Medical Transient Centre (MMTC) and Goulburn Correctional Centre. The radiology service at Goulburn Correctional Centre is operated by a radiographer from Goulburn Base Hospital. An additional service is being developed at Parklea Correctional Centre and will be commissioned next year.

Art Therapy

The art therapy program is provided by a part-time art therapist who offers individual and group art therapy sessions at Long Bay Hospital. The program is a means of encouraging the emotional development of participants. A trial program conducted at Mulawa Correctional Centre showed that an art therapy program would benefit female inmates by promoting self discovery among a group of supportive peers. This would complement existing mental health programs at Mulawa.

Physiotherapy

The physiotherapist provides outpatient services for male inmates at the MMTC and manages inpatient treatment for patients in Long Bay Hospital. Inmates at sites where there is no physiotherapist are referred to local services or transferred to the MMTC.

In 2000-2001, recommendations from the Physiotherapy Review were implemented. The improved level of clinical documentation resulting from the review will encourage better continuity of care for physiotherapy patients.

Occupational Therapy

CHS provides Occupational Therapy services to patients in Long Bay Hospital to help create an environment where inmates can achieve greater control over their lives in a correctional setting. Programs promote self esteem and help inmates develop a sense of identity by encouraging a range of skills that will be beneficial on release.

Services for Disabled Inmates

A three-year Disability Action Plan, developed in consultation with the Department of Corrective Services, is linked to CHS strategic and business plans. We aim to improve access, community attitudes and staff training. Communication strategies will be developed to ensure that inmates are properly informed about disability services and complaint procedures.

Occasions of Service 2000-2001

As the table below shows, provision of allied health services is increasing.

	1999-2000	2000-2001
Occupational Therapy – Group Units	11,043	11,510
Physiotherapy outpatient	1,210	1026
Physiotherapy inpatient	172	366
Diagnostic Imaging – outpatient	1,195	1,550
Diagnostic Imaging – inpatient	120	122
Art Therapy – individual hours	147	151
Art Therapy – group hours	91	120
Total	**13,978**	**14,845**

Health Priorities

Five health priority areas were identified in the performance agreement between CHS and NSW Health. They have received special attention over the past year.

Diabetes

This chronic disease requires continuous management and regular follow-up so that complications can be prevented or minimised. Diabetes screening is included in the health assessment made of every inmate at reception. This year, CHS introduced best practice guidelines in the form of a protocol for diabetes management. The protocol will help clinicians identify undiagnosed diabetes and manage patients in the correctional setting. A new database will be a significant aid in monitoring patients with diabetes, as well as evaluating the effect of the new protocol.

Asthma

A protocol, based on the National Asthma Campaign's *Six Step Management Plan,* has been developed for this major health problem. As patient education is vitally important in achieving good outcomes in asthma management, the protocol contains a section on patient education and provides tools to assist the process.

In March 2001, fifteen staff attended a five-day workshop where they were trained as resource persons for allocated centres. They will provide asthma education, resources and assistance for implementation of the new protocol. This process will begin early in the coming year in three trial sites. Patients will receive appropriate education and an Asthma Action Plan to help them manage their condition.

Cancer Prevention

Breast and Cervical Cancer

CHS began its breast and cervical cancer screening programs six years ago and continues to achieve good results. Breast cancer is the most common cancer in NSW and that fact is reflected in the inmate population. Cancer of the cervix – the fourth most common cancer in women aged 25-49 – is in practice the only cancer easily preventable by screening. It has been demonstrated that the inmate population has a higher abnormal Pap test rate than the general community.

The Pap test program was highly commended by the Accreditation surveyors who noted that a higher percentage of women inmates have been screened than in the general community.

Melanoma

Melanoma, another very common cancer in NSW, predominates in the 15-39 year age group which is well represented in the correctional environment. The skin clinic at Mulawa conducts skin checks and carries out investigation and treatment of skin lesions.

Testicular Self-Examination

As testicular cancer is common among males aged 15-35 years, it is an appropriate cancer to target in the correctional environment. The Testicular Self-Examination (TSE) project was a collaborative effort between CHS, the Department of Corrective Services and the Men's Health Information and Resource Centre. Packages were developed for staff and inmates and education sessions conducted. The inmate session was given as part of the Young Offenders Program. We are now evaluating the program to determine the effect of education in changing inmate behaviour in performing TSE or discussing it with clinical staff. Further education sessions are being conducted with staff at sites where the Well Men's Clinics are held.

Injury Prevention

The purpose of this project is to increase awareness of injury prevention, reduce the number of injuries to inmates and to improve inmate morbidity. Data on the nature and number of inmate injuries was collected from Silverwater and John Morony Correctional Centres. Recommendations from the Report will be shared with DCS management with a view to collaborating in strategies to reduce injuries to inmates.

Protocols have been developed for the management of back problems, tendon repairs and sports injuries. The new guidelines will assist nursing staff to provide suitable treatment at clinics where there is no access to a physiotherapist and where an injured inmate cannot be transferred to the Metropolitan Medical Transient Centre at Long Bay.

Continually Improving Services

Policy Development

This year CHS published a new Policy Manual. This was the result of an extensive review and update of all CHS policies. The policy development framework was based on the EQuIP functions and best practice standards and clearly distinguishes between policies, procedures and guidelines. DCS staff were involved in the revision process to ensure that the contemporary practices of both organisations are aligned. The policy manual has been distributed to all clinics and administrative areas so that it is readily available to guide staff practice. A Procedure Working Party is currently engaged in a fast track review of all CHS clinical and administrative procedures.

Medication

CHS has begun a program of monitoring the use of medications in all wards and clinics. This initiative, combined with education of clinic staff, has improved stock rotation and control and reduced drug wastage. Each clinic now receives a monthly report showing the cost of medication for their clinic.

Continuity and Coordination of Care

Correctional Centre Post Release Treatment Scheme

In partnership with NSW Health, CHS is attempting to improve post release health outcomes for inmates who have problems with alcohol and other drugs. The Shared Care model: Correctional Centre Post Release Treatment Scheme is a two-year project, funded by the *Drug Summit Government Plan of Action 1999*.

Fundamental to the program is the recognition that treatment must be linked to other forms of support to reduce recidivism. Therefore, post-release treatment will be enhanced by establishing a statewide treatment service network and by achieving closer cooperation between government and non-government agencies. The establishment of clear links between pre and post-release drug treatment and other programs, should facilitate seamless continuity of care and treatment for this vulnerable group.

Electronic Patient Information

CHS is developing an electronic Patient Information System with the Department of Corrective Services. Our patients are frequently relocated between centres and some are held in custody on multiple occasions. Relocation of inmates creates high-risk situations. As inmate transfers often occur at short notice, the transfer of medical information may be delayed. Inmates with acute/complex medical, psychiatric or drug and alcohol conditions may experience life threatening episodes if medical information is not available.

The impetus for the electronic system came from a Coroner's Court recommendation that CHS implement a statewide information system that addressed delays in the transfer of medical information. Requirements for the system have been defined and agreed. They are now being analysed and appropriate systems evaluated. Implementation and training will begin next year.

Service Reviews

Corrections Health Service constantly reviews its service provision to assist in improving the quality of health care it offers clients. Five significant service reviews are outlined below.

Drug and Alcohol

An external consultant completed a review of drug and alcohol services this year. Recommendations are being used to develop existing programs and to enhance our services in police/court cell complexes, detoxification and pharmacotherapy services.

Benchmarking Study

The Benchmarking completed in November 2000 showed that CHS compares favourably with seven other similar organisations across Australia and New Zealand. Each organisation was assessed according to appropriateness of service, clinical safety, effectiveness, consumer participation, access and efficiency. In the areas of consumer participation, access and efficiency, CHS achieved best practice standards. Quality initiatives and an action plan have been developed to target safety, effectiveness and appropriateness of services, with the aim of bringing these to best practice standards.

The RAIT

The Risk Assessment and Intervention Team (RAIT) is a multidisciplinary team of CHS and DCS staff who assess and manage high-risk inmates. Suicide and self-harm rates at the MRRC appear to have reduced in the two years the team has been working. This year, external consultants conducted a review of RAIT and a report is expected early next year.

Police and Court Cell Complexes

This service has now been operational for more than a year and was reviewed to determine its initial acceptance by staff and patients. A staff satisfaction survey, including interviews with staff at all sites, was conducted to determine morale. Financial information was examined to establish the cost of the service.

Acute Psychiatric Discharge

Because of the high demand for acute psychiatric beds in the correctional system, quality discharge planning for inpatients is important to enable optimum use of available resources. As a requirement of the NSW Health Clinical Practice Improvement Program, CHS conducted an initial audit of discharge documentation to establish a baseline. A program of staff education was conducted and the documentation revised. CHS clinics were then asked to evaluate the discharge documents they receive when patients return from hospital.

The project achieved a general improvement in discharge documentation, particularly the medical discharge summary, which was found to be the most commonly used document in the post-hospital management of patients.

Future Directions

CHS recognises that Quality Improvement is a continuous process and intends to maintain the impetus provided by preparation for this year's Accreditation Survey. Projects planned for the coming year include:

- Development of a Quality Action Plan;
- Self-assessment of two ACHS EQuIP functions;
- A periodic review involving a limited organisational survey;
- Development and implementation of a Quality Manual.

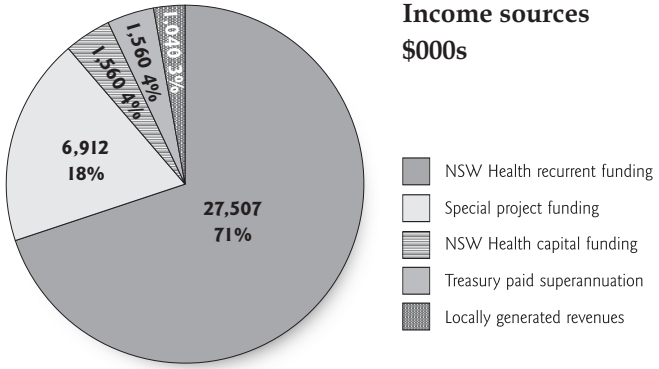
Additional projects for the 2000-2001 year include:

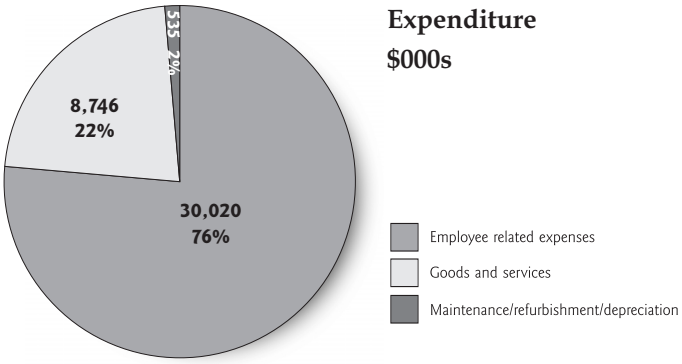
- Further development of services and clinical practice in the area of sexual health, including sexual assault.
- Development of a coordinated continuum of care for patients with blood borne viruses. There will be major emphasis on hepatitis C, including prevention of transmission, standardisation of clinical service delivery, capacity building within the CHS workforce and collaborative strategies with DCS and other service providers.
- Completion of the statewide infection control audit and implementation of it recommendations.
- Review of the MRRC to include clinic operation, pharmacy, drug and alcohol services and the intake procedure.
- Review of the Mum Shirl Unit to improve conditions for women who are admitted there. This review was recommended by the Legislative Council of NSW *Select Committee on the Increase in Prisoner Population* in its Interim Report, July 2000. The review will take place early in the 2001-2002 year.
- As a result of staff attendance at the Clinical Practice Improvement Program (Brent James Workshop) in June 2001, CHS has decided to develop a new project to target hypertension. The project will include all inmates identified as hypertensive and aims to ensure that 90% of these have achieved blood pressure readings within National Heart Foundation standards within twelve months.
- CHS has adopted the protocols of the Mental Health Outcomes and Assessment Training (MH-OAT) project. This is a NSW Centre for Mental Health project and has practice implications for all clinicians. The documentation has been adapted to suit practice in the correctional environment and staff training will begin in July 2001. The core components of MH-OAT are:
  - Standardised assessment/treatment protocols
  - Routine collection of outcome measures on entry to and exit from treatment
  - Mandatory training of mental health staff
  - Commonwealth reporting requirements
- Work will begin on the development of a new Methadone database. User requirements have been collected, a specification developed and a quote sought. As the end product will share a common database and some data entry components with the Inpatient Activity Database, data entry requirements for both will be reduced, along with the development cost of this application.

BETTER VALUE

Resources Are Used Optimally

Corrections Health Service achieved a surplus of $32,460, operating within budget for the sixth consecutive year. The Service has continued to grow, with an increase in government contribution of 14% ($32.98m to $37.5m) to meet the health needs of inmates. There was a concurrent rise in expenses from $33.8m in 1999-2000 to $39.3m this year. Efficient management of this growth has been achieved by prudent and resourceful efforts from all staff. All outstanding loans were repaid and CHS is debt free for the first time in seven years. NSW Health funding was supplemented by locally generated income as shown right.





During this year, CHS funded expanded services in police/court cell complexes, mental health initiatives, the Aboriginal Vascular Health Project, and several internal service reviews. Demountable buildings were installed at the Long Bay complex to house operational and administrative staff. The chart (left) shows CHS expenditure during 2000-2001.

Services Are Efficient

Commercial Services

Corrections Health Service supplies cleaning services for Long Bay Hospital and provides courier services to metropolitan correctional centres.

CHS has a contract with Corrective Services Industries to supply lunch and dinner for patients in Long Bay Hospital. These meals are prepared using the cook-chill method and the new contract obliges CSI to conduct customer satisfaction surveys to evaluate the quality of its meals and service.

Records Management

State Records Act 1998

Public offices have a legislative responsibility to establish and maintain a records management program that conforms to the standards and codes of best practice approved by the State Records Office. CHS is developing a Strategic Plan to include current and future strategies for medical, accounting and corporate records management. The Plan will take account of relevant NSW Health initiatives and will incorporate an appropriate communications strategy to ensure that staff understand and implement its requirements.

Medical Records

The Joint Records Centre processes more than 29,000 requests for clinical files each year and operates on a seven-day basis to ensure rapid transfer of information to correctional centres across the State. A position has been created for a Medico-Legal Coordinator to facilitate the timely release of clinical information to legal and health agencies in accordance with the *Freedom of Information Act* and other legislation.

During 2000-2001, the Department of Corrective Services' psychology files were integrated into the CHS medical records collection. A major audit was conducted to improve the quality of the psychology file supply service. As a result, the integrity of information in the psychology database was improved, misfiled files were located and duplicate files reconciled. A new information system was introduced to enable Joint Records Centre staff to track and control the psychology file system.

Information and Technology Management

This year, around 150 personal computers were installed in remote, regional and metropolitan CHS sites and basic computer training courses in Windows 98, Word and Excel were conducted for staff. This is an important step towards extending access to email, internet and other electronic information systems to staff in clinics across the State.

Audit

The CHS Audit Committee manages all audit matters including the Internal Audit Plan, reports, recommendations and adverse findings. There were three audits conducted during 2000-2001.

- NSW Audit Office – *Compliance Audit of Annual Accounts.*
  There were no adverse findings and no recommendations.
- Audit Branch, NSW Health – *Post Tax Reform Implementation.*
  There were no adverse findings. Recommendations addressed motor vehicle run sheet documentation and additional authorisation of the Business Activity Statement. These have been addressed through system improvements.
- Audit Branch, NSW Health – *Financial Reporting at CHS.*
  There were no adverse findings or recommendations.
  CHS was complimented on the level and extent of financial reporting, which was nominated as: *equal to the best in the State.*

Product Review and Evaluation

The Product Review and Evaluation Committee increased its efforts to encourage staff to recommend new products and participate in trials and evaluations of new and/or existing products. Achievements this year include standardisation of the clinic equipment list and glucometers as well as the acquisition of disposable emergency equipment. Three combined portable defibrillator/ECG machines have been purchased for trial at Long Bay Hospital, the MRRC and MMTC.

Assets are Well-Managed

Asset Strategic and Maintenance Plan

CHS has begun to review and update its Asset Strategic Plan and to develop an Asset Maintenance Plan. As the Department of Corrective Services provides most CHS accommodation facilities, these plans will be used in negotiations with DCS as well as to develop priorities for CHS expenditure on minor capital works and maintenance.

Better Facilities

New Facilities

- The new secure unit at Prince of Wales Hospital has seven inpatient beds for patients who require medical services at a higher level that can be provided at Long Bay Hospital.
- A new clinic opened this year at Emu Plains Correctional Centre. Its modern premises provide a more therapeutic environment than the old clinic, with additional patient treatment areas, a new dental suite and improved access for clients.

Upgraded Facilities

- Parklea clinic has been extensively upgraded and refurbished, with the addition of inpatient detoxification rooms and a radiology suite. The redevelopment has equipped the clinic for its expanded role as a major reception centre. Grafton Clinic is also being upgraded to provide more comprehensive detoxification services.
- As part of the refurbishment of the St Heliers Clinic, the dental facilities were upgraded and a sterile area created to meet infection control standards.
- Minor refurbishment was carried out at the Mulawa clinic.

Administrative Accommodation

This year, CHS acquired additional office space at Mulawa Correctional Centre and the Long Bay complex.

Commissioning and Evaluation of New Facilities

CHS has developed guidelines to assist managers involved with commissioning new or refurbished facilities. Each new facility will be evaluated after three month's operation and the information gathered will be used to improve planning so that we are able to ensure the best possible delivery of health services to our clients.

Planning the Future

The preliminary budget allocation for 2000–2001 includes $2m growth funding from the NSW Government. There are also increases to cover anticipated Consumer Price Index rises and wage growth. It is expected that the 2001–2002 budget will be adequate to fund CHS operations.

Facilities

- A Procurement Feasibility Plan is being prepared for new inpatient facilities and an operational building.
- The new mental health accommodation unit at the MRRC is expected to open in 2001. It will house about forty inmates with mental illness who require assessment and observation.
- New correctional centres are planned for South Windsor (200 women) and Kempsey (300 men and 50 women). CHS clinics have been designed for inclusion in those facilities, which are due for completion at the end of 2003 and 2004.
- An inpatient detoxification unit will be built to improve the care of new receptions at Bathurst Correctional Centre. At the same time, the clinic will be refurbished to improve its functionality and to cater for the additional services being provided.

Guidelines for Managing Capital Works Projects

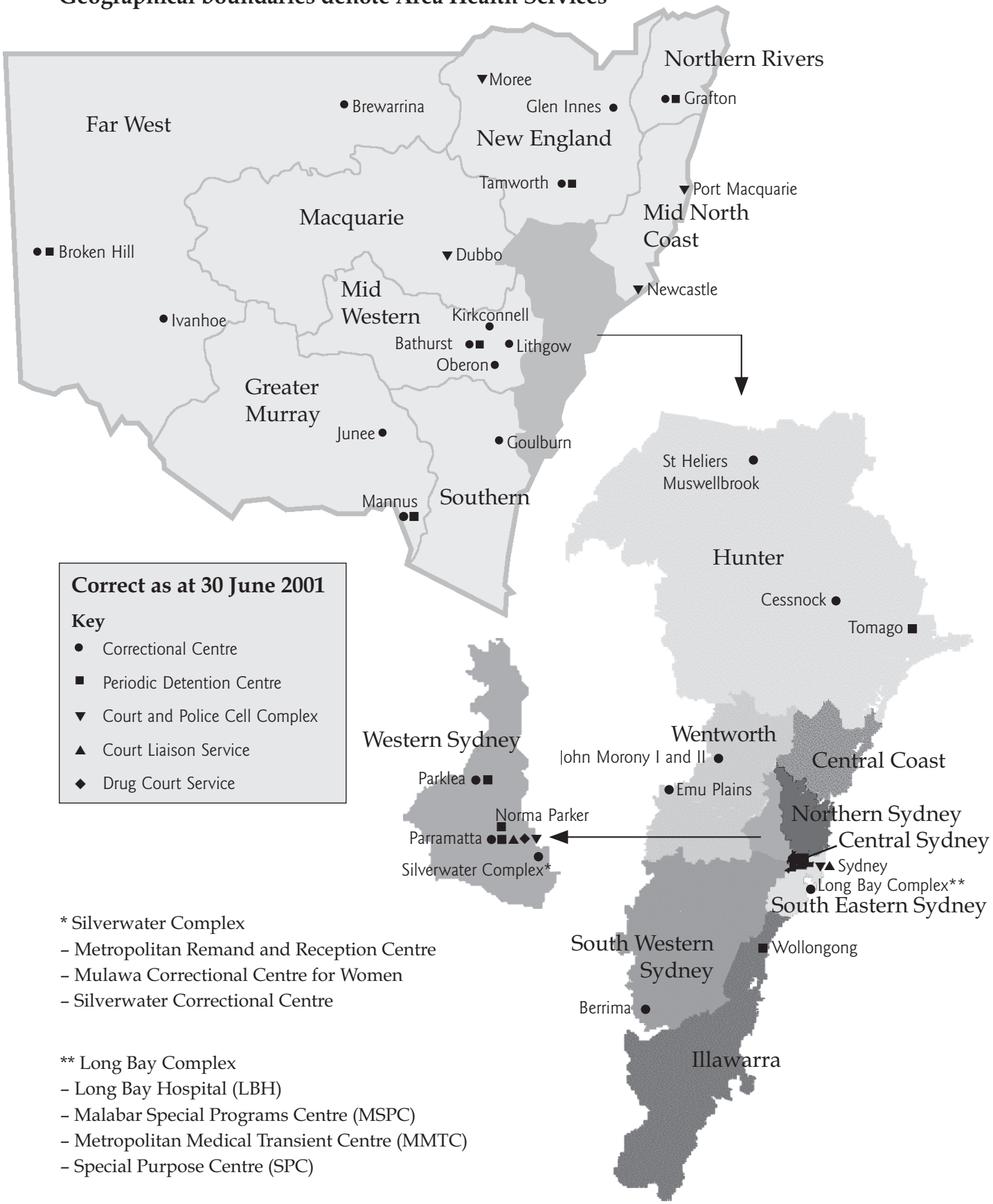
CHS is working with DCS to develop facility standards guidelines for CHS. These will assist in planning facility improvements and will be augmented by guidelines that will provide information about the project cycle.

Equipment Maintenance Plan

The asset register developed this year will be refined and mechanisms developed to ensure that preventative maintenance is carried out on equipment. Implementation of a formal maintenance plan will assist managers to ensure that equipment meets relevant standards and legislative requirements.

LOCATION OF CHS SERVICES

Geographical boundaries denote Area Health Services



Correct as at 30 June 2001

Key

- ● Correctional Centre
- ■ Periodic Detention Centre
- ▼ Court and Police Cell Complex
- ▲ Court Liaison Service
- ◆ Drug Court Service

* Silverwater Complex
– Metropolitan Remand and Reception Centre
– Mulawa Correctional Centre for Women
– Silverwater Correctional Centre

** Long Bay Complex
– Long Bay Hospital (LBH)
– Malabar Special Programs Centre (MSPC)
– Metropolitan Medical Transient Centre (MMTC)
– Special Purpose Centre (SPC)

ATTRIBUTES FOR A BETTER HEALTH SERVICE

As we carry out our Mission, CHS executive and staff aspire to achieve and foster six important attributes.

Our achievements in 2000-2001 are summarised in the following pages.

SHARING A CLEAR DIRECTION

Leadership in Health

The Board

The twelve-member Board of Corrections Health Service is appointed by the Minister for Health and is responsible for the corporate governance practices of the service. Two Board members are nominated by the Department of Corrective Services and one by the NSW Department of Health. There is one staff elected member.

The Australian Council on Healthcare Standards Accreditation Survey Report commented favourably on the Board's commitment to quality and noted that: *the Board has developed a very good governance program that has been self-evaluated.*

Board Responsibilities

The Board has implemented practices to ensure that it meets its responsibilities in relation to:

- Setting strategic direction, including processes for effective planning and delivery of health services.
- Ensuring compliance with statutory requirements.
- Monitoring organisational performance.
- Monitoring quality health services.
- Board appraisal.
- Community consultation.
- Professional development.
- Supervising and monitoring risk management.

The Board and its members have a number of sources of independent advice to assist them. These include professional advice, the Auditor General and the internal auditor who may also give advice to the Board.

Code of Ethical Behaviour

The Board has adopted a Code of Ethical Behaviour to guide Board members in carrying out their duties and responsibilities.

Performance Agreement

The Board monitors progess in achieving targets set in the CHS Performance Agreement with NSW Health. The Board also conducts regular self appraisal to review its own performance.

Board Members

Chairman: Professor Ronald Penny, AO, D.Sc., MD, FRACP, FRCPA
(Term expires 30.6.02. Attended 8/8 Board meetings.)

Professor Penny is Professor of Clinical Immunology and Director of the Centre for Immunology, St Vincent's Hospital and 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 service to medical research and education, particularly in the field of immunology.

Ms Thea Rosenbaum, LLB, ATCL, MBA, MAICD, FCIS
(Term expires 31.7.04. Attended 7/8 Board meetings.)

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

Dr Sandra Egger, B Psyc (Hons), BLegS, Ph.D.
(Term expires 31.7.04. Attended 4/8 Board meetings.)

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

Chief Executive Officer: Dr Richard Matthews, MBBS.
(Term expires 31.7.02. Attended 8/8 Board meetings.)

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 CHS 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 CHS and in 1998 Director of Clinical Services.

Dr Andrew Wilson, BMed Sci, MBBS, FRACP, FFAPHM, Ph.D.
(Term expires 31.7.04. Attended 4/8 Board meetings.)

Dr Wilson is Deputy Director-General, Public Health and Chief Health Officer in the NSW Health Department. He is the Health Department's nominee on the Board. Dr Wilson has a background in clinical epidemiology and public health medicine with research interests in the aetiology and prevention of chronic disease, particularly cardiovascular disease, evaluation of health services and pharmacoepidemiology.

Father Harry Moore
(Term expires 31.7.04. Attended 5/8 Board meetings.)

Father Moore was appointed Coordinator of Chaplaincy Services in January 1995 after working as a Correctional Service Chaplain in Goulburn. He has held pastoral care positions in Australia, Bougainville, Mexico, USA, England and Norfolk Island. Father Moore is appointed to the Board as an inmate advocate.

Ms Shireen Malamoo
(Term expires 31.7.04. Attended 5/8 Board meetings.)

Ms Malamoo is a member of the NSW Offenders Review Board. She has been involved in Aboriginal Affairs for more than 20 years and has been active 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
(Term expires 30.6.02. Attended 8/8 Board meetings.)

Mr Owens was elected to the Board as the staff representative. He has worked for Corrections Health Service as a Registered Nurse for 11 years.

Mr John Klok
(Term expires 31.7.02. Attended 5/8 Board meetings.)

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

Ms Catriona McComish, B Psych (Hons), M Psych (Clin)
(Resigned December 2000. Attended 2/3 Board meetings.)

Ms McComish is the Assistant Commissioner, Probation and Parole Service. She has been in this position since December 2000 and is responsible for pre release and community based offender management services, including Home Detention and Drug Court programs. Ms McComish was previously the Assistant Commissioner, Inmate Management and has also worked as a lecturer, trainer, management consultant and private practitioner.

Mr Neil Wykes, B Comm. FCA, ACIS
(Term expires 31.7.02. Attended 8/8 Board meetings.)

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

Ms Maria Bisogni
(Term expires 30.3.04 Attended 6/7 Board meetings.)

Maria Bisogni is a part time member of the Mental Health Review Tribunal and the Guardianship Tribunal. She began practice in criminal law in 1984 and was involved in setting up the Prisoner Legal Service for Pentridge Prison, and Fairlie Women's Prison and Juvenile Detention Centre in Victoria.

Board Committees

The Board has a number of Committees to assist in the management of the Service. A Board Director chairs most Committees and each reports regularly to the full Board. Corrections Health Service, Department of Corrective Services and external representatives sit on Committees.

Audit

Chairperson: Professor R Penny, AO

Committee: Mr B. Owens Mr N. Wykes

Observers: Mr C. Bailey Dr R. Matthews Mr G. Sohal Ms B. Chaplin

The Audit Committee met on two occasions to review audit reports and decide on the audit plan.

Finance

Chairperson: Mr N. Wykes

Committee: Mr C. Bailey Mr S. Narayan Mr R. Orr Father H. Moore
Dr R. Matthews Mr G. Schipp Ms B. Chaplin Ms C. Callaghan

The Finance Committee met on ten occasions to monitor financial performance.

Medical and Dental Appointments Advisory Committee

Chairperson: Dr A. Wilson

Committee: Dr R. Matthews Associate Professor M. Levy Associate Professor C. Quadrio
Dr A. Sefton Dr J. O'Dea Dr S. Allnutt Ms C. Callaghan

The Medical and Dental Appointments Advisory Committee met on two occasions for the recommendation of medical and dental positions.

Human Research Ethics Committee

Chairperson: Dr S. Egger

Committee: Ms S. Eyland Prof T. Campbell Sister D. Cottrell-Dormer Ms C. Dovey
Mr R. Gartrell Mr R. Orr Associate Professor M. Levy Dr R. Matthews
Ms B. Chaplin Dr A. Wodak

The Human Research Ethics Committee met on three occasions. The following research was approved:

- Pilot Study of an *Intervention to Reduce Smoking among Prison Inmates*.
- *Nursing Mentally Ill Offenders – A Survey of the Professional Roles and Needs of Nurses Providing Mental Health Care to Offenders in Australia.*
- CHS Inmate Health Survey 2001 (II).
- Exploration of *Ethical Dilemmas and Issues Faced by Nurses and Doctors Working in Female Correctional Centres in NSW.*
- Examine causes of mortality among Former Prisoners.
- Trial of Buprenorphine in Correctional Centres.
- Study of non-occupational post-exposure prophylaxis (PEP) against HIV in a NSW Correctional facility.
- A study of inmate deliberate self harm management policies and practices in NSW Correctional Settings.
- Early onset of alcohol use among female intravenous drug users.
- Survey of mental health needs for Vietnamese inmates in NSW Correctional Centres.

Quality Council

Chairperson: Ms T. Rosenbaum

Committee: Mr R. Orr Dr R. Matthews Associate Professor M. Levy Dr A. Melman Mr P. Venn
Ms M.Hatz Ms C. Callaghan Ms J. White Ms B. Chaplin Father H. Moore Mr C. Bailey
Associate Professor C. Quadrio Ms R. Halpin Ms R. Terry Mr B. Owens

The Quality Council met on five occasions to monitor and facilitate continuous improvement and promote staff learning and development and research.

Senior Staff

Chief Executive Officer	Clinical Associate Professor Debora Picone RN, BHA (UNSW), FCN (NSW) (until November 2000). Dr Richard Matthews MBBS, acting until appointed to the position November 2000.
Director, Clinical Services	*Acting Director – Linda Sorrell RN, BHSM, Grad Cert (Casemix), AFACHSE (CHE)* (until May 2001). Christine Callaghan BSc(Hons), RN, AHSM, Dip Marketing, MBA.
Director, Corporate Services	Belinda Chaplin RN, CCCert, BBus, MCN (NSW).
Director, Finance & IT	Charles Bailey BEc, MBA, CPA.
Director, Nursing Services	Roger Orr RN, BHA (UNSW), MBA (Macq.).
Director, Population Health	Associate Professor Michael Levy MBBS, MPH, FAFPHM.
Director, Health Services Development & Executive Unit	Linda Sorrell RN, BHSM, Grad Cert. (Casemix) AFACHSE (CHE). *Acting Director – Anne Doherty RN, BHA (UNSW), Grad. Cert. Forensic and Correctional Nursing.*
Manager, Human Resources	Joanne White Grad. Dip. Employment Relations, AIMM, JP.
Principal Dental Officer and Manager, Oral Health Services	Dr Peter Hill BDS(Lond), DDPH, RCS(England).
Manager, Medical Records	Marie Burke BAppSc (Health Information Management).
Director, Drug and Alcohol	Dr Richard Matthews MBBS (until March 2001) Dr Gilbert Whitton MBBS (Sydney), MComm (UNSW).
Director, Mental Health	Associate Professor Carolyn Quadrio PhD, MBBS, DPM, FRANZCP.
Clinical Director, Psychiatric Services	Dr Stephen Allnutt MBChB, FRCPC, RANZCP.
Director, Mental Health for the Western Sector	Dr Jonathan Carne, MBBS (Hons) (NSW), MPH, MCrim (SYD), FRANZP.
Manager, Aboriginal Health	Elizabeth McEntyre, BSW (Hons) Uni Newcastle.
Director, Women's Health Services	Dr Anne Sefton MBBS (Sydney).
Director, Primary Health	Dr Richard Matthews (until January 2001). Dr Paul Colbran BSc (Med) MBBS.
Manager, Administrative Support	Judy Hollo.
Corporate Business Manager	Caitlin Coote BAppSc (Economic Geography) (Hons).
Epidemiologist/Manager Research	Dr Tony Butler PhD, MSc, BSc.
Manager, Commercial Services	Geoff Smith MNIA, JP.
Information Management and Technology – General Manager	Stephen Gray BEd, BAppSc.
Quality Improvement Manager	Rhonda Halpin RN, RMRN, PRN, Cert Geriatrics (UWS), BA Adult Ed (UWS).
Nurse Manager, Drug and Alcohol and Northern Region	Maureen Hanly RN, MSc (Health Policy and Management), BHSc (Nursing), Dip. App Sc (Nursing), Cert.MH, Cert.CN, MCN (NSW) (until July 2000) *Acting Nurse Manager – Anne Walsh BA App Sc (Health Ed.) Grad Dip Employee Relations (July 2000-March 2001).* *Acting Nurse Manager – Al Scerri RN.*
Nurse Manager, Mental Health and Southern Region	Anne Doherty RN, BHA (UNSW), Grad. Cert. Forensic and Correctional Nursing. *Acting Nurse Manager - Dennise Allen RN Cert. Gen., Cert. Psych., FANZCMHN.*

Nurse Manager, Population Health	Shani Prosser RGN, RM.
Nurse Manager, Primary Health and Western Region	Chris Murphy RN, BSc(Hons), NP.Dip, PN.Cert. *(until September 2000). Acting Nurse Manager - Vicki Archer RN, BHA (until November 2000). Acting Nurse Manager – Leonie Sutcliffe EN, RN, Dip ASc, BNursing, MHSM (CSU).*
Nurse Manager, Northern Region (Operational)	R Terry RN, Grad. Dip. Forensic and Correctional Nursing.
Nurse Manager, Western Region (Operational)	J Sanggaran SRN, RNM, B Nursing, Cert Women's Health and Sexual Health.

Building a Team

Corrections Health Service encourages its staff to work together within and across disciplines, where appropriate, so that there is a holistic approach to the health care of inmates. Appropriate staff from the Department of Corrective Services are also involved in health teams where this is beneficial to inmate health and well-being.

Effective managers are vital to building a cohesive and effective team. CHS has adopted a Management Development Model to develop current leaders and identify and encourage future leaders who might contribute, not only to CHS, but also to the health system as a whole. As part of this process the Regional Meetings, Nurse Manager Forums and Manager Conferences have been replaced by Leadership and Management Forums. These quarterly meetings bring together a range of managers from all areas of the Service. They have become a key management development tool and facilitate informal networking and information exchange. The Leadership and Management Forums aim to develop skills that foster effective staff management, improve workplace productivity and develop a culture of continuous learning.

Effective team building involves the whole organisation and this year about 65% of staff participated in an Employee Opinion Survey and a Learning and Development Needs Analysis. The information gained has provided valuable guidance for learning and development within the Service.

Planning and Performance Driven by Strategic Directions for Health

CHS has a strong commitment to implementing its *Strategic Directions Statement and Plan 1999-2002*. This year the implementation plan was reviewed and updated to reflect our progress during the past two years. Further strategies were added to the implementation plan to ensure that we achieve our values and ideals, goals and attributes.

Future Directions

In the next reporting period, preparations will begin for a new corporate plan to be implemented when the current *Strategic Directions Statement and Plan* is completed in 2002. Development of the new plan will include consultation with staff to ensure that individuals throughout the organisation are aware of and contribute to our new directions.

SKILLED AND VALUED WORKFORCE

Support for a Healthy Workforce

CHS is committed to providing a safe and equitable workplace for all its employees and accepts its responsibility under the *NSW Occupational Health and Safety Act*. The Service has implemented a number of policies and programs to support this commitment.

- This year a new policy statement on Bullying, Harassment and Discrimination was issued to all staff. Behaviours covered by the policy are defined. Examples are provided so that staff understand the nature of unacceptable behaviours. The policy includes advice to employees who may experience unwelcome behaviours as well as guidance to managers on dealing with complaints. CHS clearly states its zero tolerance attitude towards bullying, harassment and discrimination.
- The Employee Assistance Program has been implemented, along with its associated strategies including the Critical Incident Stress Debriefing, Peer Debriefing, Clinical Support and Preceptorship Programs. We are now reviewing the protocols and service provision of Critical Incident and Trauma Incident debriefing programs.
- The major focus of the *Equity Management Plan 1998-2001* has been on the areas of recruitment, selection, access, learning and development. There has been a continuous monitoring process to ensure that equity principles are embedded in all human resources systems and processes.
- We recognise the importance of education for staff and managers in ensuring that individual workplace issues are addressed appropriately. An interactive training workshop was held for managers on these issues and sessions on workplace relationships were conducted at the Long Bay complex and Bathurst, Goulburn and Cessnock Correctional Centres.

Employment Strategies

Through our recruitment and selection policies and procedures we aim to attract people with appropriate skills and abilities who will meet the needs and objectives of the organisation. This year recruitment, selection and appointment procedures were extensively reviewed. A new advertising campaign was developed and CHS is now marketed with an emphasis on its unique nature as a healthcare employer.

- Corrections Health Service has adopted flexible work practices for nurses, who make up more than 70% of its workforce. There are more part-time nurses than ever before and roster patterns have been negotiated at individual sites. After a ten-hour night duty trial proved cost neutral at Long Bay Hospital, agreement in principle for ten-hour night duty shifts has been reached at five other sites.
- Employment guidelines ensure that, where there are two candidates of equal merit, a person's disability will not influence the appointment.
- To assist staff members from non English-speaking background, CHS is developing strategies to improve literacy and communication skills that will be of value in the workforce.
- Employment and career advancement opportunities for indigenous people are nurtured through the Aboriginal and Torres Strait Islanders' Employment Strategy. Our aim is to increase the number of indigenous employees and to improve career opportunities for existing staff. This year CHS sponsored an Australian College of Health Service Education Aboriginal management trainee for six months to help with further planning and development of the Strategy.
- All new staff and contractors are screened through the pre-employment criminal record check.
- The Orientation Program provides all new employees with structured information about corporate goals, standards and procedures, no matter where they enter the service. As an important means of helping new employees adapt to CHS culture and values, it focuses on establishing communication links between individual performance and organisational goals. Managers have a complementary responsibility to explain expected standards of performance and behaviour.

Equal Employment Opportunity

This year CHS collected information on the gender of staff and total staff numbers. Next yearthe organisationwill collect additional statistical information on ethnicity and disability as part of its EEO profile.

Recruitment and Retention

Human resources management strategies have enhanced our ability to select appropriate staff and have improved staff retention rates. The ACHS survey commented that the overall resignation rate decline was a commendable outcome.

The table below shows the pattern of recruitment in CHS over the last three years.

	1998-1999			1999-2000			2000-2001		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Recruitment	57	142	199	70	185	255	47	158	205
Departures (a)	56	99	155	19	81	100	25	84	109
Turnover Rate (b)	34%	28%	30%	9%	18%	15%	10%	15%	14%
Total Employees	**164**	**356**	**520**	**208**	**461**	**669**	**235**	**536**	**771**

Notes:

(a) Includes employees who either resigned or changed status between casual and permanent positions and those employed on a short-term basis (3 months or less). A number of departures related to staff changing employment status between casual and permanent positions.

(b) The turnover rate is calculated by dividing the number of departures (a) by the total employees.

The number of full time equivalent staff increased by 20.8% this year. Medical, allied health, medical records, operations and commercial areas accounted for 29.7% of new recruits, while 70.2% of all new recruits were nurses. The following table is a three-year snapshot of staff recruitment.

	1998-1999			1999-2000			2000-2001		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Registered Nurses	43	111	154	49	142	191	23	105	128
Enrolled Nurses	0	0	0	2	3	5	0	2	2
Graduate Nurses	2	6	8	2	10	12	2	10	12
Medical Officers (a)	3	1	4	7	1	8	11	4	15
Personal Care	1	2	3	0	0	0	0	0	0
Health Professional (b)	1	2	3	2	6	8	2	8	10
Managerial (c)	0	1	1	1	1	2	4	2	6
Administrative and Clerical	2	9	17	2	3	5	2	7	9
Medical Records	2	5	7	3	17	20	2	14	16
Hotel Services	3	5	8	2	2	4	1	4	5
Total	**57**	**142**	**199**	**70**	**185**	**255**	**47**	**158**	**205**

Notes:

(a) Increase due to the use of casual agency medical officers to cover staffing shortfalls.

(b) Increase due to reviews of this service and increased use of casual professional staff, particularly in the area of Dental services.

(c) Increase due to Service restructure. New appointments include Chief Executive Officer, Director Clinical Services, Director Primary Health, Director Drug and Alcohol, Locum Human Resources Manager and General Manager IM&T.

Nurse Recruitment

Recruitment and Retention of appropriately qualified registered nurses is a continuing priority for CHS.

Appropriate orientation, training and development are important attractions in both recruiting and retaining staff and our programs are achieving success. The CHS Orientation and Clinical Supervision Programs have wide acceptance and support. Students from universities are choosing CHS as a preferred placement to the point where demand now outstrips the supply of places. CHS is seen as a work environment with a positive and progressive staff learning and development culture. In particular, students are attracted to the New Graduate Program and all vacancies in this program were filled.

Nursing Study Leave

Study leave is an important element in recruiting and retaining nursing staff. Since July 1999, the requirement to improve study leave opportunities has been included in the performance agreements between NSW Health and all Area Health Services. This year CHS granted 98% of all study leave applications, with an increased staff replacement rate of 36% over last year. Courses were held at locations across the State. Some were conducted over a number of weeks to assist with staff rostering and to ensure appropriate staff coverage. As a result, there was little disruption to the daily operation of the service.

Nursing Study Leave	
Approved hours	8,117
Approved non-paid hours	72
No. of hours replaced	4,468
Other assistance	$175,524

Occupational Health, Safety and Rehabilitation; Workers' Compensation

Occupational Health and Safety

CHS has a proactive approach to Occupational Health and Safety, Workers' Compensation and Injury Management. We have conducted the required training for all members of the Occupational Health and Safety Committee,

implemented workshops focusing on the legislative responsibilities of managers and department heads and educated our staff about the code of practice for hazard management in the workplace. A new training program has been developed to address issues associated with risk management. This will assist us to meet the new requirements enshrined in the *Occupational Health and Safety Act 2000.*

The ACHS survey report commended CHS for its work with the Occupational Health and Safety Committee and noted that: *staff stated that they felt safer working in the hospital and the clinic than they did working in the general public system.*

All CHS sites have been provided with a copy of the new Critical Safe Operation and Emergency Procedure manual. This, together with updated emergency card and telephone numbers, will assist staff to respond appropriately in any type of emergency.

Injury Management and Workers' Compensation

The organisation's long-term aim is to reduce the incidence and severity of occupational illness and injury. We take a positive approach to physical and psychological Workers' Compensation claims, engaging in active injury management and return to work programs for injured staff.

The Occupational Health and Safety Action Plan includes measurable performance indicators and targets. There are established processes to reduce occupational illness and injury. One area of success has been psychological, work-related injury. Claims have more than halved this year, from eleven in 1999-2000 to five. Each has been investigated and injury management that includes early intervention and a viable return to work plan, has been implemented. There has been a progressive decline in staff hours lost, coinciding with the development of improved injury management and return to work programs.

	1998-1999		1999-2000		2000-2001	
	Injury Type	Hours Lost	Injury Type	Hours Lost	Injury Type	Hours Lost
Body Stress	1	-	7	1,112	4	140
Exposure	2	35	-	-	6	38
Fall/Slip	6	3,034	6	72	8	38
Mental Stress	3	162	11	614	5	152
Objects – Hit	14	646	8	23	9	370
Objects - Moving	2	57	2	18	-	-
Vehicle	4	944	1	167	8	13
Uknown	1	-	-	-	3	46
Other	1	-	1	-	1	418
Total	**34**	**4,878**	**36**	**2,006**	**44**	**1,215**

Source: NSW Treasury Managed Fund

Employee Assistance Program

This early intervention program began this year. It is available, through an external provider, to all employees and their families on a voluntary and strictly confidential basis. The program is designed to encourage staff who may be experiencing any of a range of concerns to seek assistance before they develop into serious problems. A marketing campaign was conducted to inform managers and staff about the program, which is accessible from any CHS site. Evaluation indicates that it has been well received by staff.

Consultation, Communication and Collaboration

CHS has mechanisms to ensure that staff are informed about health priorities and best practice in their professional areas and that they are consulted about matters concerning service delivery, development and improvement.

- Staff assisted in the development of this year's Employee Opinion Survey to ensure that it would provide useful information to management. The survey showed that employees perceive CHS to be a worthwhile and progressive workplace.

  After the survey, the Chief Executive Officer visited clinics to discuss both the results and the proposals to remedy negative issues raised. A follow-up survey indicated significant improvement in areas identified as being of concern.

- The publication of Newsletters is an important means of communicating and consulting with staff, both within and across disciplines. An organisational newsletter, *Inside News,* is published quarterly, the *Quality Times* comes out regularly and a Public Health Newsletter is in preparation and will be launched in July 2001.

- An IT Helpdesk began operating in April 2001. As a one-stop shop for computer-related problems, the Helpdesk will ensure that jobs are completed in reasonable time and provide mechanisms to advise staff of the progress of their requests. It is achieving ready acceptance, indicated by the fact that the call rate rose by 38% in its second month of operation.
- An intranet server is being developed to improve the distribution of information to CHS staff at the Long Bay site. At present it offers phone lists and IT news, but will eventually carry forms, CHS newsletters, policies and procedures and information relating to the Quality program.
- To ensure that all staff are aware of the committee structures within CHS, a booklet describing all committees and their terms of reference was distributed to work units. Staff are encouraged to participate in appropriate committees.
- CHS staff collaborated successfully to provide appropriate services to inmates during the Sydney 2000 Olympic Games. A number of staff members participated in the Games as volunteers.

Staff Skills and Achievements are Recognised

CHS participates in the NSW Health Staff Quality Service Awards. This year CHS staff members were nominated on the basis of their excellent standard of care, their commitment to the organisation, supportive and understanding attitudes and willingness to make that extra effort for patients and staff that opitimises outstanding service. We salute the following recipients: Kerry Cassells, Bill Law, Anne Troth, Debbie Little, Rob Harrop and Jean Harwood.

Congratulations also to the following members of staff for their achievements.

- David Cain, Chris Muller and Dale Owens, who received the Kevin Chidgey Award for their paper *Politics, Praxis, Polemics – Mental Health Nursing and Beyond.*

The Right Skills and Tools for the Job

CHS encourages staff to achieve appropriate skills and qualifications. Approximately 2% of the salary budget is spent on staff development and training, including projects that relate specifically to the practice of health care in the correctional environment. NSW Health provided more than $80,000 in assistance for the development and support of nursing staff, including assistance for the Graduate Certificate in Corrections Health Nursing.

Graduate Certificate in Corrections Health Nursing

The inaugural program began in April 2001. Twenty staff members enrolled to study the four Distance Education packages, covering Primary Health, Drug and Alcohol, Population Health and Mental Health. The Certificate was developed by CHS staff, in collaboration with the NSW College of Nursing and will contribute to the development of a nursing workforce with the unique skills required to provide health care to people in custody. A Nurse Educator was appointed to support nurses studying for the Graduate Certificate.

Clinical Supervision

The clinical supervision program is a supportive dialogue between practising professionals to assist in the development of professional skills. Areas such as ethical and quality practices, learning and skills updates can be addressed in a collaborative and supportive atmosphere. At present, 38 CHS Clinical Supervisors provide support to their colleagues across the State, while some staff receive supervision from external supervisors. By November 2001, we aim to involve all new graduates, new employees and one third of existing staff in the program. Clinical supervision has been integrated into the promotion process and will be written into relevant business plans. An activity audit will be conducted to facilitate program evaluation.

Academic Appointments

CHS is actively pursuing the creation of appropriate senior academic positions to promote research into learning and development within this unique nursing environment. This year a Professor of Nursing was appointed in association with the University of Technology, Sydney. This will enhance the professional standing of nursing staff, promote undergraduate and graduate study and encourage nurses to pursue appropriate academic and professional skills.

Learning and Development

The Learning and Development Calendar is distributed to all sites twice a year, providing information on educational activities offered by the clinical stream and outside facilitators. Staff participated in a range of education and development opportunities, including the following:

- Attendance by Nursing Unit Managers and Nurse Managers at an Investigation Training Course conducted by the Health Care Complaints Commission. There was a focus on procedures and strategies for investigating complaints, including coursework specifically directed to the correctional environment.
- A project to standardise the Basic Life Support Program (CPR) and to accredit nurses to carry out Venepuncture.
- Bimonthly physiotherapy in-service to nursing staff at the Long Bay and Silverwater complexes to assist them to manage patients with physical injury.
- Secondment to the wider health system, including in the AIDS/HIV unit of NSW Health, the Office of the Chief Nursing Officer and the Department of Corrective Services Alcohol and Other Drugs unit.

A Shared Strategic Direction

Corporate Plan

The *Strategic Directions Statement and Plan* identifies the major objectives for Corrections Health Service for a four-year period. Because of the close working partnership between CHS and the Department of Corrective Services, staff from both organisations were involved in developing its strategies. This ensures that the strategies, and the professional goals they embody, are shared by the people who will implement them.

The Plan recognises that CHS staff are an integral part of the NSW health system. They provide care for many people who may be in custody for a relatively short time and some, especially those with communicable diseases and drug and alcohol problems, who will continue to need health care when they leave the correctional system. We share a common purpose and commitment to *Better Health – Good Health Care*, not only with our colleagues in the correctional environment, but with health professionals throughout NSW.

Code of Conduct

CHS staff aspire to a high level of ethical conduct that underpins best practice delivery of health services. This is the basis of our Code of Conduct. Every member of staff is required to sign a declaration that they have read and understood the Code of Conduct. The Code is included in all staff orientation programs and new employees receive an abridged version so that they are fully aware of its importance in the organisational culture.

Business Plans

CHS is gradually developing business plans for its work units. These are a natural progression from the *Strategic Directions Statement and Plan* and will help implement the organisation's strategies and goals, as well as addressing issues relevant to individual work units. They are used to monitor the overall service provision of the unit and assess the progress of specific projects.

Planning the Future

Education and Training

A number of education and training programs will be developed in the coming year.

- Core Nursing Competencies will be defined for CHS nurses and a three-year action plan devised. Nurses will have individual development plans to assist in achieving core competencies not already demonstrated. Achievement of core competencies is particularly important in the correctional environment where nurses are often working in isolated clinics, without constant access to a medical officer.
- Nurses working in public and sexual health areas require advanced skills in risk assessment and pre and post-test counselling. An accreditation tool will be developed to meet this important need.
- A program of professional development for Career Medical Officers employed in primary health delivery is ready for implementation.
- From the end of June 2001, the Prostate Foundation of Australia will provide courses for CHS staff.

Communication

- A Virtual Private Network model has been developed. It will provide all sites with CHS Internet, Intranet, email and corporate data services. The project will progress further next year.
- There will be a review to determine strategies for compliance with the requirements of the *State Records Act 1998* provisions for archiving electronic documents and email.

ENGAGING THE COMMUNITY

An Involved Community

The major avenues for consumer involvement are the Inmate Development Committees (IDCs) and the formal surveys that are conducted from time to time. Information from these forums is used to improve overall services and to meet specific needs identified in individual correctional centres.

The Inmate Access Survey, conducted this year, showed that inmates were generally satisfied with the type and quality of health services. An action plan was devised to ensure that all substantive concerns are addressed appropriately.

Inmate Development Committees

The formal mechanism for involving inmates in health care planning and service implementation is the Inmate Development Committee (IDC). Committees are established in every correctional facility and, within the restrictions of the correctional environment, they provide a forum for CHS staff to discuss health needs and problems with their client community. Issues raised can be general or particular to an individual inmate. Frequently problems can be resolved with an immediate explanation, followed by a written confirmation. On other occasions, closer examination might reveal a problem that may be resolved by a service-wide enhancement or improvement.

A major issue raised by inmates has been oral health services, including waiting times for dental treatment. NSW Health provided $100,000 in 2000-2001 for service enhancement, which facilitated significant overall improvements, including an increase in staff. One innovation is a new telephone booking system to improve management of treatment requests with the aim of reducing waiting times.

All CHS management levels, from the Board and Executive to clinic staff, attend IDC meetings. This widespread and close involvement of CHS staff and management ensures that inmates are able to raise issues and expect that they will be considered appropriately and acted upon.

An Informed Community

CHS has implemented measures to inform the inmate community about health services. Patients are provided with appropriate information and counselling to assist them to make decisions about their health and health care.

- A CHS brochure describes the health services available to inmates, with information about how to gain access to them. The brochure emphasises the importance of working with the health team to achieve the best outcome. Produced in Vietnamese, Korean, Chinese and Arabic as well as in English, the brochure is given to each inmate at reception. It contains advice on how to register complaints internally and inmates are also informed about external complaint systems such as Official Visitors, the Health Care Complaints Commission and the Ombudsman.
- We are working to develop closer relationships and partnerships with Aboriginal health and community groups to assist in meeting the health and social needs of Aboriginal and Torres Strait Islander inmates.
- Treatment options are discussed with inmates and opportunities are provided for family and carers to be involved, within the limits of the correctional environment and when appropriate.

Although we provide health care to a unique community in NSW, we recognise a responsibility to inform the wider community about our activities. We do this in part through publication of our Annual Report and through participation in conferences. This year we launched a website that can be accessed by any member of the public. The site contains a profile of CHS and information about our health services. It highlights employment opportunities and contains recent publications. The site will be updated regularly to ensure that the information is accurate and current.

Freedom of Information

There were fifteen new requests for clinical information made under the *Freedom of Information Act 1989*. Of these, fourteen were processed within 21 days and one was being processed at the end of the reporting period. Appropriate fees were received by the Joint Records Office. All other requests for information were met using the provisions of NSW Health *Circular 96/81*.

The *Freedom of Information Act* allows a member of the public the right to apply for records to be amended if they are out of date, misleading, incorrect or incomplete. Individuals may apply to have CHS records amended by writing to the FOI Coordinator, CHS, PO Box 150, Matraville, NSW, 2036. There is no application fee for amendment of records.

An Active Community Member

CHS staff members are active in sharing their knowledge and expertise with a variety of health, government and community organisations. Activities conducted during 2000-2001 include:

- Infection control lecture to NSW police officers who will be sampling inmates for genetic testing;
- Presentation to Area Health Service Hepatitis Clinical Nurse Specialists;
- Participation in the NSW Anti-Discrimination Board hepatitis C inquiry;
- Presentation to the Ministerial Advisory Committee on AIDS;
- Contribution to the review of government initiatives on *Violence Against Women;*
- Presentation on issues for families and children of inmates to the New Children's Hospital Advocacy Group.

Conferences

CHS staff attended and made presentations to a number of conferences, symposia and seminars this year. The list below is not exhaustive, but illustrates the scope of participation.

- Winter Symposium, Sydney. *Rape Trauma Syndrome: A Corrections Health Perspective;*
- International Forensic Nurses' Conference (Adelaide). *RAIT: Evaluation of Management of At Risk Inmates.*
- Australian & New Zealand College of Mental Health Nurses, Gold Coast. *Introduction of Outcome Measures in a Corrections Health Facility: Does the End Justify the Means?*
- Annual Congress, Australian & New Zealand College of Psychiatrists, Adelaide. *Mental Illness in Prisons.*
- Conference on Women in Prison, Brisbane. *Mental Health Issues Specific to Women in Prison.*
- Forensic Psychiatry Section, RANZ College of Psychiatrists, Port Douglas. *Keynote Address: On Men.*
- Department of Corrective Services Conference, Sydney. *Towards Achieving a Holistic Approach to Women under the Care of DCS.*
- Fourth European Seminar on HIV and Hepatitis in Prisons, Lisbon. *Methodological Issues in Conducting Prisoner Health Research.*
- World Federation of Public Health Associations, Beijing. *Healthy Prisons.*
- The International Health Records Congress.
- Attendance at the Annual ANZ Family Therapy Conference, *Families and Prisons* Workshop; the third National Health Complaints Conference, and the Official Visitors Conference.

Publications

CHS staff are active researchers in their fields of expertise and their work is regularly published in respected journals. Following is a sample of papers published this year.

- Butler T, Donovan B, Taylor J, Cunningham A L, Mindel A, Levy M, Kaldor J, *Herpes Simplex Virus Type 2 in Prisoners, New South Wales, Australia.* International Journal of STD & AIDS 2000; 11:743-7.
- Awofeso N, Harper S A, Levy M H. *Prevalence of Exposure to Hepatitis C Virus among Prison Inmates – 1999.* Medical Journal of Australia 2000; 172: 94.
- Levy M H, Lerwitwerapong J. *Issues Facing TB Control (3.1) Tuberculosis in Prisons.* Scottish Medical Journal 2000; (Supp.1): 30-32.
- Awofeso N, Williams C. *Branded – Tattooing in Prisons.* Tropical Doctor 2000; 30:186-7.

Official Visits

CHS staff visited correctional health facilities in Australia and overseas countries, including Singapore, Switzerland, Portugal and the UK, to learn from the practice of their colleagues. Overseas visits contribute to a better understanding of international healthcare standards and priorities as well as resource allocation in the correctional setting.

NSW Corrections Health facilities hosted visits from colleagues from Australia and overseas. International guests included a delegation from the Norwegian Justice Department, the Medical Officer, Bay of Plenty, New Zealand and a delegation from Ireland, including the Minister with special responsibility for drug policy.

The Physical Environment

CHS contributes to preservation of the physical environment, using the means at our disposal.

Waste Management

Following a survey on waste generation, segregation, disposal and recycling, a working party was established to develop a CHS Waste Management Plan in line with NSW Health policy. Already, equipment and services have been allocated to meet identified needs and a Waste Management Manual is being prepared. The Manual will address segregation and disposal of waste, including clinical, pharmaceutical, cytotoxic, chemical, liquid and general waste.

Energy Management

CHS is committed to reducing energy costs in accordance with the Government's Energy Management Policy. Our efforts are directed towards the areas for which we have control and responsibility.

A Responsive Health Service

Complaints Management

CHS regards client complaints as an important quality improvement tool. Appropriate investigation of inmates' complaints can identify deficiencies in health service delivery and enable us to meet the needs of our clients more effectively. The rate of complaint has been rising over the past three years, partly because inmates have been better educated in the process of making a complaint and partly due to their improved access to CHS through clinic mailing and telephone contacts systems. Staff participation has also been enhanced by education in the CHS complaints process and by regular feedback in reports from the Quality Coordinator.

This year the CHS Complaints Office received and responded to 380 complaints from about 20% of the inmate population. Thirty-two of these complaints were unsubstantiated. The most prominent issue was medication, with 63 complaints relating to the prescription and issue of drugs including methadone, analgesia and sedatives. The table (right) shows issues that generated 10 or more complaints. There were a further 22 issues about which five or fewer complaints were made. These included: access to and accuracy/adequacy of records, assault, reports/certificates, diagnosis, hotel services, infection control, privacy/confidentiality, treatment issues and provision of information.

Complaints per 1,000 inmates	
1998-1999	27.8
1999-2000	38.4
2000-2001	**50.3**

Complaint Issues	Total	%
Administrative Services	15	4%
Attitude	10	3%
Coordination of Treatment	14	4%
Delay in Admission or treatment	38	10%
Discharge/Transfer Arrangements	20	5%
Inadequate Treatment	15	4%
Inadequate/No response to complaint	22	6%
Medication	63	17%
Referral	25	7%
Refusal to Admit or Treat	29	8%
Resources/Service Availability	21	6%
Transport	10	3%
Waiting Lists	13	3%
Wrong/Inappropriate Treatment	17	4%
Total	**380**	**100%**

Nursing Unit Managers were asked to comment on the complaint details. They identified a need to review procedures concerning medication issued at court and transport. These issues are now being addressed.

Client Satisfaction Survey

Inmates who had lodged a complaint were surveyed to determine their level of satisfaction with the CHS complaints management system. The most consistent findings were a lack of knowledge about the means of lodging a complaint and the management process for dealing with complaints. Some inmates believed that CHS and the Department of Corrective Services were a single organisation and that making a complaint may have a negative impact on other aspects of their care. To address this important issue, clinics were issued with a poster, emphasising that health care is a NSW Health service and complaints made about health services are confidential.

WORKING PARTNERSHIPS

Working Together to Improve Services

Most CHS clinics are located within Department of Corrective Services facilities and staff of both organisations work constructively together to provide the best possible health care to inmates. Some aspects of this relationship are formalised and codified by negotiating a Memorandum of Understanding (MOU). The ACHS surveyors commended CHS *for this innovative use of Memorandums of Understanding,* and stated that they: *would support the development of this approach to other areas of more direct operational application between the two services.*

Crimes (Sentencing and Administration) Act 1999

CHS and DCS collaborated in a revision of the *Crimes (Sentencing and Administration) Act* this year. CHS's task was to ensure an appropriate legal framework both for the provision of health services to people in custody and for the conduct of other relevant functions. The new legislation emphasises the independence of CHS within the correctional system. At present, the Regulations that assist interpretation of the Act are being revised.

Memoranda of Understanding

Capital Works

This is the first attempt to formalise the complex capital works process. DCS accepts responsibility for providing clinic facilities for CHS operations and these will be maintained in accordance with the relevant codes, statutory requirements and Australian Standards. CHS receives a minor capital works budget that contributes to facility improvements, often undertaken in conjunction with DCS. There will be consultation between the two organisations about CHS's local maintenance needs and these will be included in DCS maintenance plans.

NSW Police and Court Cell Complexes

This new service area requires a formal system of cooperation, especially for situations of medical or psychiatric emergency. An MOU is being developed to provide a framework for efficient and effective management of inmates in police/court cells. The MOU is aimed at improving performance and outcomes in the management of inmates with medical and psychiatric problems, where responses are required from both CHS and DCS.

Records Management

The MOU on the operation of the Joint Record Centre and Record Service is designed to improve the value of the service to both organisations. It covers both operational and financial responsibilities and is expected to be signed early in 2001-2002.

Information Management and Technology

CHS and DCS are currently negotiating IM&T issues with a view to entering a Memorandum of Understanding. The preliminary process is nearing completion and it is anticipated that an MOU will be finalised and signed in 2001-2002.

Operational Matters

An operational MOU will clarify the respective roles and responsibilities of CHS and DCS staff in the daily management and operation of correctional centres. Development of this Memorandum has begun and we hope to complete it in 2001-2002.

Facility Standards

CHS has identified minimum requirements for health facilities in correctional centres and in police and court cell complexes. We will use these standards in the planning, design and construction of new and refurbished facilities. The standards will continue to evolve as experience and changing requirements dictate.

Planning and Communication

Our relationship with the Department of Corrective Services is the most important of all CHS working partnerships and involves constant cooperation on a range of planning, development and operational matters.

- Monthly planning meetings are held between CHS and DCS on issues related to Drug & Alcohol, HIV and Health Promotion.
- CHS is represented on DCS working groups including the Food Services, Public Health Planning and Liaison Groups and the Deputy Governor's meetings. Staff have also provided advice on the DCS Aboriginal Offenders' Action Plan.
- The CHS nursing structure has been revised to mirror the administrative regions of the Department of Corrective Services, enabling closer liaison between Nurse Managers and DCS Regional Commanders. Arrangements have also been made for regular meetings between Nursing Unit Managers and Governors of correctional centres. By improving communication in this way, we hope to achieve better health care for inmates.
- Discussions are continuing on a number of important issues, including the possible creation of an Environmental Health/Food Safety Officer position, the health risks of transportation and options for the full implementation of harm minimisation strategies.

Westmead Transit Lounge

Plans for a secure area at Westmead Hospital where inmates can wait for specialist outpatient appointments have been delayed, pending a masterplan for the entire Westmead site. Funding for the transit lounge has been transferred to Western Sydney Area Health Service, whose staff will consult with CHS and DCS to ensure that all requirements are met when the facility is built.

Shared Knowledge

CHS works closely with the tertiary education sector and other education providers to promote understanding of its role and to meet the needs of its own workforce.

- The appointment of Professor Mary Chiarella, Professor of Corrections Health Nursing, is a landmark for the service. This conjoint appointment with the University of Technology Sydney will encourage academic progress for graduates of the Certificate of Corrections Health Nursing. It is a welcome addition to CHS's links with tertiary institutions.
- The Population Health clinical stream has a strong association with the Faculty of Medicine of the University of Sydney through the conjoint appointment of the Associate Professor of Public Health by CHS and the western clinical school at Westmead Hospital. Third year students from the Graduate Medical Program, who study a module on inmate health needs, visited a number of CHS facilities this year and our staff led sessions in the Community Doctor Scheme at all five clinical schools.
- CHS provides tuition for Master of Public Health and Master of International Health students in subjects such as the structure of World Health Organisation multilateral aid and the global impact of tuberculosis.
- CHS has successfully competed for a small number of Graduate Medical Program students who take their clinical elective in forensic medicine or forensic psychiatry. We have also finalised a commitment with the Australian National University to assist in training a candidate to the Master of Applied Epidemiology.
- There is a continuing relationship with the Department of Rural Health Training Unit at Broken Hill. Together with the Commonwealth Government, we fund a trainee Aboriginal Health Worker and this year we have assisted in developing a module on inmate health needs for trainee Aboriginal health workers.
- The CHS Records Service assists in training University of Sydney Health Information Management students.
- Lectures on the purpose and function of Corrections Health Service were delivered at the Corrective Services Academy and to the Australian College of Health Service Executive Management Trainee Program.

As part of its commitment to the wider health system, CHS participates in information sharing, planning and service development with NSW Health, Area Health Services and other appropriate health organisations.

- The Population Health clinical stream is developing opportunities for collaborative work with Mid-West, Wentworth, Southern and South Western Area Health Services. There is close cooperation with AHS Public Health Units, particularly in managing disease outbreaks.
- The Far West AHS provides support to the Ivanhoe clinic, an approved Nurse Practitioner site. Far West AHS has also helped develop Nurse Practitioner guidelines for CHS sites at Kirkconnell and Oberon Correctional Centres.
- In the Hunter and Goulburn regions, local sexual health services work with CHS staff to provide referral and other services and assist in nurse training.

Partnerships with Area Health Services will continue to develop, particularly in the areas of population/public health, Aboriginal Health, sexual health and hepatitis services.

CHS is participating in a statewide public health network, which met for the first time in March 2001. This group will meet twice a year to discuss public health issues, plan services and conduct education and training. An Outbreak Response Workshop, held in conjunction with the first meeting, stressed the need to identify unusual events and communicate appropriately about them.

CHS participates in a number of committees and working parties for NSW Health, including:

- Men's Health Strategy
- Gambling Reference Group
- Review of Aboriginal Partnerships
- Review of Immunisation to NSW Inmates
- Ministerial Advisory Committee on Hepatitis
- Directors of Public Health Units
- Chief Health Officer's Teleconference
- Statewide Complaints Data Collection Management Committee
- Policy development on *Harm Minimisation for Prison Inmates in NSW*
- Infection Control Practice Group
- HIV/Hepatitis Coordinators

At the Commonwealth level, CHS participates in the Sexual Health Reference Committee and the Treatment and Care Group for the Australian National Council for Hepatitis and Related Diseases.

Australasian Council of Prison Medical Services

The Council includes the heads of all correctional health services in Australia and New Zealand. CHS hosts a monthly teleconference for Australian participants who, this year, have addressed issues such as devising national standards for corrections health services. The Council is also assisting the Australian National Council for AIDS, Hepatitis and Related Diseases to develop guidelines for hepatitis control and management in the correctional setting.

Treasury Managed Fund

CHS and DCS have competed successfully for sponsorship from the Treasury Managed Fund (TMF) for a Risk Management project. The TMF will provide consultancy services for the project, which will focus on risk management processes and assessments for Occupational Health and Safety. This approach may be adapted and used to address other areas of risk.

Partnerships Enhance Strategic Direction

Government Action Plan for Health

Taken together, the Health Council and Sinclair Reports provided a comprehensive review of the NSW public health system. Key areas of the findings are being addressed through the *Government Action Plan for Health*. The Plan aims to bring health workers and organisations together as a team, working to achieve *Better Health – Good Health Care* for the NSW community.

Implementation groups have wide representation from clinicians, managers, administrators and health consumers. CHS is contributing by educating its staff about the changes occurring in the wider system and their role in the Plan. We will also:

- Improve information sharing;
- Promote best practice and evidence based models of care;
- Address issues relevant to our clients;
- Promote consumer and community participation;
- Recognise that continuity of care is an important issue with statewide impacts.

CHS has embraced the *Government Action Plan for Health* as a means of enhancing its own *Strategic Directions Statement and Plan*. Implementation of the Action Plan will help us continue to develop a sense that CHS is an integral part of the NSW Health system with shared goals for achieving better health outcomes.

INFORMED DECISION MAKING

Information for Decision Making is Accessible

CHS staff have access to a variety of information sources to help them make appropriate decisions about the health needs of their clients. There is a program of upgrading information technology to achieve widespread accessibility of current and relevant information.

Policies and procedures guide staff in their daily work with inmates. The new Policy Manual, published this year and distributed to all staff, is the result of a comprehensive review and update of all policies and procedures. Objectives and priorities for clinical services are clearly defined in the CHS Clinical Services Plan. This, too, is available to all clinical staff and provides information to assist in making appropriate clinical decisions.

An electronic patient information system is being developed so that clinicians will have timely access to complete client health records to continue or initiate treatment, even for inmates who are transferred frequently within the correctional system.

Key staff have access to internet resources, such as the Clinical Information Access Program and HealthNet. These information sources will be expanded and extended to all sites when the CHS virtual private network comes into operation.

Mental Health Information Development Program (MHIDP)

During this year CHS began implementing a strategy to contribute data to the NSW Mental Health Statewide Client Data Linkage (CDL) through an access database called FISCH (Friendly Information System of Community Health). This is a major initiative that will enable mental health nurses and clinicians to access current patient histories quickly and efficiently. It will also make a positive contribution towards improved continuity of care between the correctional system and care in the community for patients as they are released.

To date, mental health staff at ten sites, including the Long Bay and Silverwater complexes, have been trained to use the system and training for staff in other clinics will be completed over the next twelve months.

Information is Collected and Used Optimally

Data Collection

CHS monitors the health of inmates and the effectiveness of its health services. Information was collected this year through such mechanisms as routine health surveillance, health screening programs, mental health survey, access survey, client satisfaction surveys and the general complaint process. The data from these and other information sources is carefully reviewed and used by CHS managers and staff to improve the quality of the service we deliver.

Deaths in Correctional Centres

All deaths in NSW correctional centres are reviewed internally and each is the subject of a coronial investigation. Information from these inquiries assists CHS to develop health interventions to treat or prevent illness that might contribute to premature death.

During 2000-2001, sixteen people died in NSW correctional centres. All were male and five were aboriginal. Their ages ranged from 18 to 75 years. The overall rate of death in correctional centres is continuing to decline, but the rate of aboriginal deaths has been stable for the past two years.

Cause of Death	1998-1999		1999-2000		2000-2001	
	No.	%	No.	%	No.	%
Natural Causes	5	19	4[1]	19	5	31
Suicide	11	42	11	52	9	57
Overdose	4	15	3	14	1	6
Murder	6	23	3	14	1	6
Total	**26**	**100%**	**21**	**100%**	**16**	**100%**
Inmate Population[2]	7,242		7,355		7,779	
Rate/1000	**3.59**		**2.86**		**2.06**	

Notes:

1. Includes one inmate who died whilst on weekend leave.
2. Inmate population taken at Inmate Census as of 30 June (includes males and females)

The sixteen deaths this year occurred in eleven separate facilities. One death occurred in each of Bathurst, Berrima, Cessnock, Grafton, Lithgow, Parramatta and Silverwater Correctional Centres; there were two in Long Bay, Tamworth and the MRRC and three inmates died in Goulburn Correctional Centre.

Coronial Inquests

In 2000-2001, there were eighteen completed inquests concerning deaths in NSW correctional facilities. Four inquests resulted in recommendations relevant to Corrections Health Service. Action has been taken on all of these. The most substantial concerned services for inmates with mental health problems. CHS has responded by establishing a Mental Health Assessment Unit at the MRRC and has begun planning for a new stand-alone psychiatric hospital.

Indigenous Deaths

Cause of Death	1998-99	1999-00	2000-01
Natural Causes	1	2	2
Suicide	1	1	3
Overdose	1	1	-
Murder	-	1	-
Total	**3**	**5**	**5**
Indigenous Population	1,182	1,182	1,169
Rate/1000	**2.54**	**4.23**	**4.27**

Note:

1. Indigenous population as at Inmate Census 30 June 01, including males and females

Future Directions

An organisational statement will be developed to address risk management. Risk appraisals will be conducted so that we are able to anticipate and minimise risk. These measures will address five fundamental principles – safety and welfare of patients and staff, optimal use of resources, compliance with statutory requirements and relevant policy, control of financial losses and corporate governance.

EMBRACING INNOVATION

Clear Priorities for Research, Development and Innovation

This year a Research Unit was formed to foster research, both internally and in collaboration with external organisations. The unit will implement key research programs and develop an overall strategy that establishes priorities and supports innovation. A Research Forum is planned where researchers will present their findings and discuss new developments. This sharing of research information within the organisation will encourage staff to continue to develop clinical practice based on evidence and innovation.

- A pilot study is being conducted to examine the use of buprenorphine for opiate withdrawal. The five-day treatment program was administered to ten clients. The main patient advantage of buprenorphine is that it reduces withdrawal symptoms without causing sedation or intoxication. The service advantage is that it requires a single, daily dose.
- There are plans to conduct a randomised trial to compare the clinical value of naltrexone maintenance, methadone maintenance and drug free counselling.
- A research nurse has been employed to implement the Hepatitis Incidence and Transmission Study. The study is now recruiting hepatitis C negative inmates and offering re-testing on a monthly basis. An application has been made to the National Health and Medical Research Council to continue the study beyond the current year.
- A large number of inmates have disclosed risk activity for the transmission of blood borne viruses. As a result, the approval of the CHS Human Research and Ethics Committee has been sought to conduct an active follow-up of these inmates. The study subjects will be selected for post exposure prophylaxis for HIV.
- Ethics approval has been granted to examine causes of mortality among former inmates. There is evidence that overdose is common among people recently released from custody, but little is known about other causes of death. This study will cover inmates released between 1991 and 2000 and will be used to develop pre-release programs for inmates.
- CHS is continuing its collaborative research projects with the National Drug and Alcohol Research Council, including the follow-up of hair analysis tests, used to determine current drug use.
- The Nursing Health Services Consortium is conducting an evaluation of the Drug Court program.

A Responsive System

The ACHS Accreditation process has enhanced the development of an organisational culture that values new ideas and responds to innovation. In particular, we have improved efforts to educate, encourage and support inmates to assume responsibility for their own health and we have responded to information gained through surveys by implementing new processes and procedures.

CHS will continue to foster the attributes that have made it a dynamic health service, committed to improving the health of inmates in the NSW correctional system.

ANNUAL ACCOUNTS
2000-2001

BOX 12 GPO
SYDNEY NSW 2001

INDEPENDENT AUDIT REPORT

CORRECTIONS HEALTH SERVICE

To Members of the New South Wales Parliament and Members of the Board

Scope

I have audited the accounts of the Corrections Health Service for the year ended 30 June 2001. The Board is responsible for the financial report consisting of the statement of financial position, statement of financial performance, statement of cash flows and program statement - expenses and revenues, together with the notes thereto, and information contained therein. My responsibility is to express an opinion on the financial report to Members of the New South Wales Parliament and the Board based on my audit as required by sections 34 and 45F(1) of the *Public Finance and Audit Act 1983* (the Act) and the *Charitable Fundraising Act 1991*. My responsibility does not extend here to an assessment of the assumptions used in formulating budget figures disclosed in the financial report.

My audit has been conducted in accordance with the Act and Australian Auditing Standards to provide reasonable assurance whether the financial report is free of material misstatement. My procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of accounting policies and significant accounting estimates.

These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with the requirements of the Act, Accounting Standards and other mandatory professional reporting requirements, in Australia, so as to present a view which is consistent with my understanding of the Corrections Health Service's financial position, the results of its operations and its cash flows.

The audit opinion expressed in this report has been formed on the above basis.

Audit Opinion

In my opinion the financial report of the Corrections Health Service complies with section 45E of the Act and presents fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements the financial position of the Service as at 30 June 2001 and the results of its operations and its cash flows for the year then ended.

Report in accordance with section 24 of the *Charitable Fundraising Act 1991*

I report that:

i) the accounts of the Corrections Health Service show a true and fair view of the financial result of fundraising appeals for the year ended 30 June 2001;

ii) the accounts and associated records of the Corrections Health Service have been properly kept during the year in accordance with the Act;

iii) money received as a result of fundraising appeals conducted during the year has been properly accounted for and applied in accordance with the Act; and

iv) there are reasonable grounds to believe that the Corrections Health Service will be able to pay its debts as and when they fall due.

M T SPRIGGINS, CA
DIRECTOR OF AUDIT
(duly authorised by the Auditor-General of New South Wales
under section 45F(1A) of the Act)

SYDNEY
10 August 2001

CERTIFICATION OF ACCOUNTS

The attached financial statements of the Corrections Health Service for the Year ended 30 June 2001

(i) have been prepared in accordance with the requirements of applicable Australian Accounting Standards, other authoritative pronouncements of the Australian Accounting Standards Board (AASB), UIG Consensus Views, the requirements of the Public Finance & Audit Act, 1983 and its regulations, the Health Services Act, 1983 and its regulations, the Accounts & Audit Determination, and the Accounting Manual for Area Health Services, District Health Services, Public Hospitals.

Where there are inconsistencies between the above requirements, the legislative provisions have prevailed; Statements of Accounting Concepts are used as guidance in the absence of applicable Accounting Standards and other mandatory professional legislative requirements; and

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

(iii) have no circumstances which would render any particulars in the financial statements to be misleading or inaccurate.

Prof. Ronald Penny
Chairman of the Board

Dr. Richard Matthews
Chief Executive Officer

Mr. Charles Bailey
Director of Finance

23 July 2001

STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 30-6-01

	Note	ACTUAL 2001 $000	BUDGET 2001 $000	ACTUAL 2000 $000
Expenses				
Operating Expenses				
Employee Related	3	30,020	29,476	25,887
Visiting Medical Officers		1,702	1,861	1,613
Goods & Services	4	7,044	7,138	5,612
Maintenance	5	346	290	430
Depreciation	2(h,i), 6	189	240	237
Total Expenses		39,301	39,005	33,779
Revenues				
Sale of Goods & Services	7	981	660	672
Investment Income	8	47	48	42
Grants & Contributions	9	49	0	4
Other Revenue	10	2	3	3
Total Revenues		1,079	711	721
Loss on Disposal of Non-Current Assets	11	(40)	0	(12)
Net Cost of Services	26, 29	38,262	38,294	33,070
Add Government Contributions				
NSW Health Department – Recurrent Allocations	2(a)	34,419	34,419	30,303
NSW Health Department – Capital Allocations		1,560	1,616	1,226
Acceptance by the Crown Entity of Superannuation Liability	2(c)	1,560	1,560	1,320
Result for the Year from Ordinary Activities		(723)	(699)	(221)
Total Changes in Equity other than those resulting from transactions with owners as owners		(723)	(699)	(221)

The Accompanying Notes Form Part of These Financial Statements

STATEMENT OF FINANCIAL POSITION AS AT 30-6-01

	Note	ACTUAL 2001 $000	BUDGET 2001 $000	ACTUAL 2000 $000
Current Assets				
Cash	25	1,097	717	1,038
Receivables	14	664	514	613
Inventories	15	197	247	247
Total Current Assets		1,958	1,478	1,898
Non-current Assets				
Plant & Equipment	16	1,055	1,007	1,007
Total Non-Current Assets		1,055	1,007	1,007
Total Assets		3,013	2,485	2,905
Current Liabilities				
Payables	18	1,071	890	1,048
Interest Bearing Liabilities	19	0	0	24
Employee Entitlements and Other Provisions	20	3,626	3,280	3,005
Total Current Liabilities		4,697	4,170	4,077
Non-current Liabilities				
Employee Entitlements and Other Provisions	20	2,825	2,800	2,614
Total Non-Current Liabilities		2,825	2,800	2,614
Total Liabilities		7,522	6,970	6,691
Net Liabilities		(4,509)	(4,485)	(3,786)
Equity				
Accumulated (Deficiency)	21	(4,509)	(4,485)	(3,786)
Total Equity – (Deficiency)		(4,509)	(4,485)	(3,786)

The Accompanying Notes Form Part of These Financial Statements

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30/6/01

	Note	ACTUAL 2001 $000	BUDGET 2001 $000	ACTUAL 2000 $000
Cashflows from Operating Activities				
Payments				
Employee Related		(25,147)	(25,991)	(24,001)
Other		(12,070)	(12,500)	(7,188)
Total Payments		(37,217)	(38,491)	(31,189)
Receipts				
Sale of Goods and Services		1,450	800	672
Interest Received		49	45	37
Other		1,617	1,500	4
Total Receipts		3,116	2,345	713
Cash Flows From Government				
NSW Health Department Recurrent payments		32,876	34,419	30,303
NSW Health Department Capital payments		1,560	1,610	1,227
Net Cash Flows from Government		34,436	36,029	31,530
Net Cash Flows from Operating Activities	26	335	(117)	1,054
Cash Flows from Investing Activities				
Proceeds From Sale of Plant & Equipment		195	120	107
Purchases of Plant & Equipment		(471)	(300)	(325)
Other				
Net Cash Flows from Investing Activities		(276)	(180)	(218)
Cash Flows from Financing Activities				
Repayment of Borrowings		0	(24)	(100)
Net Cash Flows from Financing Activities		0	(24)	(100)
Net Increase/(Decrease) in Cash		59	(321)	736
Opening Cash and Cash Equivalents		1,038	1,036	302
Closing Cash and Cash Equivalents	25	1,097	715	1,038

The Accompanying Notes Form Part of These Financial Statements

PROGRAM STATEMENT – EXPENSES AND REVENUES FOR THE YEAR ENDED 30 JUNE 2001

AGENCY'S EXPENSES AND REVENUES	Program 1.2		Program 1.3		Program 2.2		Program 3.1		Program 5.1		Grand Total	
	2001 $000	2000 $000	2001 $000	2000 $000	2001 $000	2000 $000	2001 $000	2000 $000	2001 $000	2000 $000	2001 $000	2000 $000
Expenses												
Operating Expenses												
Employee Related	299	142	15,857	15,283	1,514	1,599	10,850	7,821	1,500	1,042	30,020	25,887
Visiting Medical Officers	65	63	765	735	21	21	830	773	21	21	1,702	1,613
Goods and Services	99	50	4,430	2,826	488	465	1,691	2,038	336	233	7,044	5,612
Maintenance	-	-	208	124	68	290	53	13	17	3	346	430
Depreciation	-	-	113	135	15	24	51	78	10	-	189	237
Total Expenses	463	255	21,373	19,103	2,106	2,399	13,475	10,723	1,884	1,299	39,301	33,779
Revenue												
Sale of Goods & Services	-	-	650	463	60	32	214	145	57	32	981	672
Investment Income	-	-	47	42	-	-	-	-	-	-	47	42
Grants & Contributions	-	-	-	-	-	-	-	-	49	4	49	4
Other Revenue	-	-	2	3	-	-	-	-	-	-	2	3
Total Revenue	-	-	699	508	60	32	214	145	106	36	1,079	721
Loss on Sale of Assets	-	-	(40)	(12)	-	-	-	-	-	-	(40)	(12)
NET COST OF SERVICE	463	255	20,714	18,607	2,046	2,367	13,261	10,578	1,778	1,263	38,262	33,070

The Accompanying Notes Form Part of These Financial Statements

The name and purpose of each Program is summarised in Note 13

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2001

1. The Corrections Health Service Reporting Entity

The Corrections Health Service comprises all the operating activities of medical clinics located within 27 NSW correctional centres, the 120 bed hospital at Long Bay, and units at various police and court cell complexes.

2. Summary of Significant Accounting Policies

The Corrections Health Service's financial statements are a general purpose financial report which has been prepared on an accrual basis in accordance with applicable Australian Accounting Standards, other authoritative pronouncements of the Australian Accounting Standards Board (AASB), 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.

Statements of Accounting Concepts are used as guidance in the absence of applicable Accounting Standards, other mandatory professional requirements and legislative requirements.

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) NSW Health Department Allocations

Payments are made by the NSW Health Department on the basis of the net allocation for Corrections Health Service as adjusted for approved supplementations mostly for salary agreements and approved enhancement projects. This allocation is included in the *Statement of Financial Performance* before arriving at the "Result for the Year from Ordinary Activities" on the basis that the allocation is earned in return for the health services provided in 2000/2001 on behalf of the Department. Corrections Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2001

b) Employee Entitlements

Wages and Salaries, Annual Leave, Long Service Leave, Sick Leave and On-Costs

Liabilities for wages and salaries, annual leave and vesting sick leave are recognised and measured as the amount unpaid at the reporting date at current pay rates in respect of employees' services up to that date.

Long service leave measurement is based on remuneration rates at year end for all employees with five or more years of service. It is considered 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.

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

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

c) Superannuation

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

The superannuation expense for the financial year is determined by using the formulae specified by the NSW Health Department. The expense for certain superannuation schemes (i.e. Basic Benefit and First State Super) is calculated as a percentage of the employee's salary. For other superannuation schemes (i.e. State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions. Corrections Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2001

d) Insurance

CHS'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.

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2001

e) Revenue Recognition

Revenue arising from the sale of goods, the provision of services and the use of Corrections Health Service's assets is recognised when:

i) Corrections Health Service has passed control of the goods or other assets to the buyer;

ii) Corrections Health Service controls a right to be compensated for services rendered;

iii) Corrections Health Service controls a right relating to the consideration payable for the provision of investment assets;

iv) It is probable that the economic benefits comprising the consideration will flow to the entity, and;

v) the amount of the revenue can be measured reliably.

Debt Forgiveness

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

Use of Hospital Facilities

No specialist doctors were granted or exercised rights of private practice nor charged a facility fee during the year ended 30 June 2001.

Use of Outside Facilities

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

f) Goods and Services Tax (GST)

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

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

g) Acquisition of Assets

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

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition. Fair value means the amount for which an asset could be charged between a knowledgeable, willing buyer and a knowledgeable, willing seller in an arm's length transaction.

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

h) Plant & Equipment

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

i) Depreciation

Depreciation is provided on a straight line basis against all depreciable assets so as to write off the depreciable amount of each asset as it is consumed over its useful life to Corrections Health Service. Details of depreciation rates for major asset categories are as follows:

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

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2001

j) Revaluation of Physical Non-Current Assets

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

k) Maintenance and Repairs

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

l) Leased Assets

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

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

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

Corrections Health Service has not entered into any finance or operating leases as at 30 June 2001.

m) Research and Development Costs

Research and development costs are charged to expenses in the year in which they are incurred.

n) Investments

Marketable securities and deposits are valued at market valuation or cost. Non- marketable securities are brought to account at cost.

Interest revenues are recognised as they accrue.

o) 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. Corrections Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2001

p) Financial Instruments

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

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

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

Cash

Accounting Policies – Cash is carried at nominal values reconcilable to monies on hand and independent bank statements. Terms and Conditions – Monies on deposit attract an effective interest rate of approximately 4.47% (1999/00 = 5.13%)

Receivables

Accounting Policies – Receivables are carried at nominal amounts due less any provision for doubtful debts. A provision for doubtful debts is recognised when collection of the full nominal amount is no longer probable. Terms and Conditions – Accounts are issued on 30 day terms.

Payables

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

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

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2001

Interest Bearing Liabilities

Accounting Policies – Loans are carried at the principal amount. Interest is charged as an expense as it accrues.

Terms and Conditions – The non-interest bearing loan reported in 1999/00 was repaid by a single repayment on 30 September 2000 in accordance with terms.

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 instruments are recognised on an accruals basis.

q) Payables

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

r) Reclassification of financial information

As a result of applying AAS1 *Statement of Financial Performance* and AAS36 *Statement of Financial Position*, the format of the *Statement of Financial Performance* (previously referred to as the Operating Statement) and the *Statement of Financial Position* has been amended. As a result of applying these Accounting Standards, a number of comparative amounts were represented or reclassified to ensure comparability with the current reporting period.

s) 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.

	2001 $000	**2000** $000
3. Employee Related Expenses		
Employee related expenses comprise the following:		
Salaries and Wages	23,656	20,774
Long Service Leave [see note 2(b)]	428	517
Annual Leave [see note 2(b)]	2,293	2,009
Redundancies	0	44
Employment Agency Payments	859	417
Workers Compensation Insurance	1,224	806
Superannuation [see note 2(c)]	1,560	1,320
	30,020	25,887

Salaries and Wages includes $107,597 paid to members of the Corrections Health Service Board consistent with the Statutory Determination by the Minister for Health which provided remuneration effective from 1 July 2000

The payments have been made within the following bands:

$ Range	Number paid
$0 to $9,999	No Directors
$10,000 to $19,999	Seven Directors
$20,000 to $30,000	One Director

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2001

	2001 $000	2000 $000
4. Goods and Services		
Computer Related Expenses	428	368
Domestic Charges	77	70
Drug Supplies	2,817	2,126
Food Supplies	336	316
General Expenses	1,013	822
Insurance	57	31
Medical & Surgical Supplies	462	432
Postal & Telephone Costs	153	114
Printing & Stationary	447	393
Special Service Departments	636	514
Staff Related Costs	343	167
Travel Related Costs	275	259
	7,044	5,612
(b) General expenses include:		
Advertising (Staff placement)	214	237
Books and Periodicals	21	19
Consultancies – Operating Activities	212	227
Consultancies – Capital Works Projects	422	140
Couriers and Freight	79	45
Auditors Remuneration – Audit of Financial Reports	13	12
Legal Expenses	46	47
Other	6	95
5. Maintenance		
Repairs and Routine Maintenance	123	52
Replacements and Additional Equipment less than $5,000	223	378
	346	430
6. Depreciation		
Depreciation of Plant and Equipment	189	237
7. Sale of Goods and Services		
Sale of Goods and Services comprise the following:		
Provision of Medical & Psychiatric Reports	37	34
Provision of Record Management Services	160	150
Care for Inmates from the A.C.T.	784	488
	981	672
8. Investment Income		
Interest Revenue	47	42

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2001

	2001 $000	2000 $000
9. Grants and Contributions		
C'Wealth Health & Aged Care – Aboriginal Health	49	0
Grant For World Tobacco Day	0	4
	49	4
10. Other Revenue		
Payroll Deduction Commissions	2	3
11. Loss on Disposal of Non Current Assets		
Plant and Equipment at Cost	235	319
Less Accumulated Depreciation	0	200
Written Down Value	235	119
Less Proceeds from Sales	(195)	(107)
Net Loss from Disposal of Non-Current Assets	40	12

12. Conditions on Contributions

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

13. Programs/Activities of the Agency

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.

	2001 $000	2000 $000
14. Receivables		
Current		
(a) Sale of Goods and Services	474	598
(b) Owed by NSW Department of Health	186	0
(c) Prepayments	4	15
Sub-Total	664	613
Less Provision for Doubtful Debts	0	0
	664	613
Bad debts written off during the year	0	0

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2001

	2001 $000	2000 $000
15. Inventories		
Current – at cost		
Drugs & Pharmaceuticals	197	247
Medical consumables, office supplies and miscellaneous goods have been written off or expensed during the period.		
16. Plant and Equipment		
Balance at start of year	1,909	1,904
Capital expenditure	472	324
Disposals	(235)	(319)
Balance at end of year – at cost	2,146	1,909
Depreciation		
Balance at start of year	902	865
Charge for the year [See Note 2(i)]	189	237
Adjustment for disposals	0	(200)
Balance at end of year – at cost	1,091	902
Carrying amount at end of year – at cost	1,055	1,007
(i) All property, plant and equipment are valued at cost.		
(ii) Plant & Equipment other than motor vehicles were valued on the basis of net depreciated replacement cost.		
17. Restricted Assets		
The Corrections Health Service's financial statements include no assets which are restricted by externally imposed conditions, eg. donor requirements.		
18. Payables		
Current		
Trade Creditors	516	650
Other Creditors		
– Capital Works	202	199
– Other/Accrued Expenses	353	199
Total Accounts Payable	1,071	1,048
19. Interest Bearing Liabilities		
Current		
Department of Health Loan, Recurrent Allocation	0	24

	2001 $000	2000 $000
20. Current/Non Current Liabilities – Employee Entitlements and Other Provisions		
Current		
Employee Annual Leave	2,690	2,167
Employee Long Service Leave	300	300
Accrued Salaries and Wages	636	538
Aggregate Employee Entitlements	3,626	3,005
Non-Current		
Employee Long Service Leave	2,825	2,614
21. Equity		
Balance at the beginning of the financial year	(3,786)	(3,565)
Changes in equity – other than transactions with owners as owners		
Movement in Accumulated Funds	(723)	(221)
Balance at the end of the financial year	(4,509)	(3,786)
22. Commitments for Expenditure		
(a) Capital Commitments		
Aggregate capital expenditure contracted for at balance sheet date but not provided for in the accounts:		
Not Later than one year	200	0
Total Capital Expenditure Commitment (including GST)	200	0
(b) Other Expenditure Commitments		
Not Later than one year	330	287
Total Other Expenditure Commitment (including GST)	330	287

The Service has entered into no operating or finance lease commitments as at 30 June 2001.

23. Charitable Fundraising Activities

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

24. Contingent Liabilities

(a) Claims on Managed Fund

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

(b) 1996/97 Workers Compensation Hindsight Adjustment

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

The calculation of hindsight adjustments has been reviewed in 2000-01 to provide an interim adjustment after three years with a final adjustment at the end of year five.

The interim hindsight adjustment has now been effected for the 1997-98 year and resulted in a decrease in expenses of $131,938 (1999-00 = $435,009).

A contingent liability/asset may now exist in respect of the 1997-98, 1998-99 1999-00 Workers Compensation Fund years.

The Treasury Managed Fund provides estimates as at 30 June each year and the latest available, viz those advised at 30 June 2000 estimate that an asset of $98,423 is applicable. This estimate however, is subject to further actuarial calculation and a better indication of quantum will not be available until the last quarter of 2001.

	2001 $000s	2000 $000s
25. Current Assets – Cash		
Cash at Bank and on hand	1,097	1,038
Cash assets recognised in the Statement of Financial Position are reconciled to cash at the end of the financial year as shown in the Statement of Cash Flows as follows:		
Cash per Statement of Cash Flows	1,097	1,038
26. Reconciliation of Net Cost of Services to Net Cash Flows from Operating Activities		
Net Cash Flows from Operating Activities	335	917
Depreciation	189	237
Crown Transaction Entity Acceptance of Superannuation Liability	1,560	1,320
Increase in Provisions	539	(158)
(Increase)/Decrease in Debtors	(229)	(159)
(Increase)/Decrease in Other Assets	50	(139)
Increase/(Decrease) in Creditors	(121)	(465)
Net Loss on Sale of Plant and Equipment	(40)	(12)
NSW Health Department Recurrent payments	34,419	30,303
NSW Health Department Capital payments	1,560	1,226
Net Cost of Services	38,262	33,070

27. Voluntary Services

It is considered impracticable to quantify the monetary value of voluntary services provided to the Corrections Health Service. These services include:

Official Visitors Under Mental Health Act	Community Organisations
Patient and Family Support Groups	Practical Support to Patients & Relatives

28. Unclaimed Moneys

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

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

29. Budget Review

Net Cost of Services

The actual net cost of services was lower than budget by $32,460. This represents less than 1/10th of 1% of the annual budget and is regarded as immaterial.

Result for the Year from Ordinary Activities

There were no material variances

Assets and Liabilities

An increase in budgeted cash was offset by increases to payables and employee entitlement provisions

Cash Flows

There were no material variances

Movements in the level of the NSW Health Department Recurrent Allocation that have occurred since the time of the initial allocation on 16 June 2000 are as follows:

	2001 $000s
Initial Allocation, 16 June 2000	31,039
Award Increases	232
Nursing Employment/Recruitment Strategies	85
Remuneration of Board Members	145
Special Projects:	
Aboriginal Health	167
Drug Court Funding	645
Drug Summit Initiatives	76
High Cost Drugs	387
C'Wealth Mental Health	1,455
Oral Health Strategy	100
Other	88
Balance as per *Statement of Financial Performance*	34,419

30 Financial Instruments

(A) Interest Rate Risk

Interest rate risk is the risk that the value of the financial instrument will fluctuate due to changes in market interest rates. Corrections Health Service's exposure to interest rate risks and the effective interest rates of financial assets and liabilities both recognised and unrecognised at 30 June 2000 are as follows:

	Floating Interest Rate		**Fixed Interest Rate**		**Non-Interest Bearing**		**Total Carrying of Financial Position**	
	2001 $000	**2000** $000	**2001** $000	**2000** $000	**2001** $000	**2000** $000	**2001** $000	**2000** $000
Financial Assets								
Cash	1095	1,036	0	0	2	2	1,097	1,038
Receivables	0	0	0	0	664	613	664	613
Total Financial Assets	1,095	1,036	0	0	666	615	1,761	1,651
Financial Liabilities								
Borrowings – DOH	0	0	0	0	0	24	0	24
Accounts Payable	0	0	0	0	1,072	1,048	1,072	1,048
Total Financial Liabilities	0	0	0	0	1,072	1,072	1,072	1,072

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2001

(B) Credit Risk

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

	Governments		Banks		Other		Total	
	2001	**2000**	**2001**	**2000**	**2001**	**2000**	**2001**	**2000**
	$000	$000	$000	$000	$000	$000	$000	$000
Financial Assets								
Cash	0	0	1,094	1,036	3	2	1,097	1,038
Receivables	648	586	6	8	10	19	664	613
Total Financial Assets	648	586	1,100	1,044	13	21	1,761	1,651

31. Post Balance Date Events

No events have occurred subsequent to the 30 June 2001 balance date which would significantly impact operations.

32. Olympic Game Expenditure

No expenditures was incurred in 2000-01 for staff made available for Olympic Games related work.

33. Financial Viability

The ability of the Corrections Health Service to maintain operations is dependent upon the continued financial support of the NSW Health Department.

End of Audited Financial Statements

APPENDICES

STATEMENT OF AFFAIRS

The *Freedom of Information Act 1989* requires a Statement of Affairs to be published every twelve months. Relevant information is included in this Annual Report and is also summarised in a separate document. A Summary of Affairs, listing all policy documents, is published every six months.

Summary of Affairs of Corrections Health Service

Freedom of Information Act 1989.
Section 14(1)(b) and (3)

The Summary of Affairs of the Corrections Health Service covers operations and clinical care provided in health centres within NSW Correctional Centres, Periodic Detention Centres, Court and Police Cell Complexes and the Long Bay Hospital.

Operations:	Executive Office, Long Bay Hospital
Medical Records:	Joint Records Centre, Silverwater
Clinics:	Bathurst, Berrima, Brewarrina, Broken Hill, Cessnock, Emu Plains, Glen Innes, Goulburn, Grafton, Ivanhoe, John Morony I and II (Windsor), Kirkconnell, Lithgow, Mannus, Malabar Special Programs Centre, Metropolitan Medical Transient Centre, Metropolitan Remand and Reception Centre, Mulawa, Oberon, Parklea, Parramatta, Silverwater, Special Purpose Centre, St Heliers, Tamworth.
Long Bay Hospital:	A, B, C, D wards.
Detention Centres:	Bathurst, Broken Hill, Grafton, Mannus, Norma Parker, Metropolitan (Parramatta), Parklea, Tamworth, Tomago, (Newcastle) Wollongong.
Police/Court Cell Complexes:	Dubbo, Moree, Newcastle, Port Macquarie, Parramatta and Sydney.

Policy Documents & Publications

The following policies and documents are produced by the Corrections Health Service and may be accessed for information:

- Governance By-laws
- Organisational structure – Clinical and Corporate
- Proceedings of committees and working parties
- Corrections Health Service Policy Manual
- *Strategic Directions Statement and Plan 1999–2002*
- CHS/NSW Health Performance Agreement 1999–2000 to 2000–2001
- Annual Reports
- Orientation Manual
- Newsletters
- Corrections Health Service *Code of Conduct and Ethics*
- Annual Accounts
- *Professional and Ethical Guidelines for Corrections Health Service Staff*
- Nursing Unit Management Manual
- *Standing Orders and Other Protocols*
- Emergency Procedure Manual – includes Emergency Disaster Plan, Emergency Riot Procedure
- Report and Recommendations from Review and Consultation on Forensic Mental Health Services for Corrections Health Service
- Aboriginal Health Strategic Plan, *Care in Context* January 2000
- *Human Resources Strategic Plan 1998–2001*
- *Dementia Plan*
- *Outline Services Strategic Plan & Preliminary Asset Strategic Plan 1999*
- *Information Management &Technology Strategic Plan*

- *Drug Treatment in Correctional Centres – A New Start, 1999*
- *Inmate Health Survey, 1997*
- *Clinical Services Plan, 2000*

Contact Arrangements

Inquiries relating to the policy documents, *Strategic Directions Statement and Plan 1999-2002*, the Corrections Health Service Annual Report and other documents listed can be made between the hours of 8.30am and 5.00pm. Interested parties should contact:

The Executive Office
Corrections Health Service
PO Box 150
Matraville NSW 2036
Phone: 9289 2977
e-mail: chsadmin@chs.health.nsw.gov.au

Freedom of Information requests or requests under NSW Health Circular No. 99/68 should be directed to:

Freedom of Information Coordinator
Joint Records Centre
Private Mail Bag 144
Silverwater NSW 1811
Phone: 9289 5011

ACCOUNTS

Payable

		($000s)			
	Total	**Current**	**0-30 days**	**30-60 days**	**> 60 days**
As at June 2001	1,071	811	260	0	0
As at June 2000	613	578	13	16	6
As at June 1999	454	429	6	6	13

Accounts in 0–30 day trading are within the agreed trading terms.

Receivable

		($000s)			
	Total	**Current**	**0-30 days**	**30-60 days**	**> 60 days**
As at June 2001	664	615	0	0	49
As at June 2000	613	578	13	16	6
As at June 1999	454	429	6	6	13

Receivables result primarily from inter-agency service provision or the transfer of intra-Health employee entitlements. The average collection period for 2000-2001 was 35 days (1999-2000 – 34 days). Accounts receivable exclude amounts owed by the NSW Department of Health.

OVERSEAS TRIPS

The Chief Executive Officer travelled to Germany. No overseas travel, other than Training, Education and Study Leave award entitlements or staff specialists was undertaken at CHS expense.

CONSULTANTS

Supplier/Consultant Funded by Capital Budget	Expense/Service	2000-2001 $	1999-2000 $
Adeptus	Facility Management, Long Bay	33,920	-
Artas	Architect Fees, ITC Clinic	-	10,850
BSR Pacific	IM&T Strategy Implementation	189,665	66,335
Com Tech Communications	IT Network Analysis	-	8,000
DMA Australia P/l	IM&T Strategy Implementation	45,143	-
Essential Equity	Census Analysis (CSP)	-	3,250
Gleeson Consulting	Clinical Services Plan	-	16,013
Independent Systems Int	IM&T Strategy Implementation	27,274	-
Lantern	IM&T Strategy Implementation	3,870	-
Leighton Irwin	Capital Program Management (PDS)	104,500	-
Roughan, K.	Design Brief – Westmead	-	5,400
T & G Consulting	IM&T Staff Training	7,505	-
Tooher Gale	Asset Strategic Plan	3,100	29,824
Willana Associates	Planning Services	3,000	-
Miscellaneous less than $2.5K	Various Projects	4,566	676
	Capital Project Funded	**422,534**	**140,348**
Funded by Recurrent Budget			
ANZ Health Management	Executive Development Workshop	7,500	-
Aust Council Healthcare Mgt	Quality Accreditation	-	54,028
Australian National University	Masters, Indigenous Health	8,000	-
Bill Godfrey & Associates	Organisational Development	-	2,585
Brian Johnstone	JJ Review, Other	10,553	19,200
David Lowe	Education, Board of Directors	-	2,520
Dept of Corrective Services	Project Security, ITC Clinic	-	23,000
Dot Yam & Associates	Conflict Management Training	2,700	-
Employee Attitude Research	Staff Survey	9,156	8,660
Geraldine Burton & Co	Leadership Development Program	11,325	-
Jill Wawn & Associates	H.R. Services	46,598	52,231
KPMG Consulting	Drug & Alcohol Review	70,582	32,500
John Kilkeary	H.R. Specialist Services	4,273	-
Practical Work Solutions	Clinical Supervision Services	-	14,957
Systems Union	Tax Reform/GST Advice	-	5,153
Tony Butler	Review Inmate Health Survey	-	8,000
Univ of Western Sydney	Research – Self-Harm	25,000	-
Winnunga Nimmityjah	Aborginal Health Services	11,943	-
Miscellaneous less than $2.5K	Various Services	4,310	4,120
	Recurrent Funded	**211,940**	**226,954**
Total Consulting Costs		**634,498**	**367,302**

CHS FACILITIES

Corrections Health Service Centre/Clinics	Contact Details	Operational Capacity**	Security Classification*	Nursing Unit Manager	Reception Assessment	GP Sessional (A – Aboriginal)	Psychiatric Sessional (A – Aboriginal)	Outpatient Services
Western Sydney Correctional Centres								
Emu Plains	Old Bathurst Rd Emu Plains NSW 2750 Tel: (02) 4735 0200 Fax: (02) 4735 6257	164	1, 2 variable security	Mrs Shirley Wyper	No	Yes A	Yes	Dental Dental Prosthetic Optometrist Obstetrician Liver Clinic Aboriginal Health Worker
Mulawa	Locked Mail Bag 130 Aust Post Business Centre (Holker St) Silverwater NSW 1811 Tel: (02) 9289 5313 Fax: (02) 9647 2628	270	1, 2, 3, 4 variable security	Ms Maxine McCarthy	Yes	Yes A	Yes	Minor Procedures Colposcopy Optometrist Dental Gastroenterologist Immunology Women' s Health/STI
Parklea	P O Box 1648 (500 Sunnyholt Rd) Blacktown NSW 2148 Tel: (02) 9626 4847 Fax: (02) 9626 5712	400	B & C	Ms Leigh Reynolds	No	Yes	Yes	Optometrist Dental
Silverwater	Locked Mail Bag 115 Aust Post Business Centre (Holker St) Silverwater NSW 1811 Tel: (02) 9289 5241 Fax: (02) 9289 5196	450	B & C	Mrs Fonda Reynolds	No	Yes A	Yes	Optometrist Dental Hepatitis C Clinic Immunology
John Morony I	Locked Mail Bag 654 (The Northern Rd) South Windsor NSW 2756 Tel: (02) 4582 2200 Fax: (02) 4582 2278	240	C	Ms Jammuna Bond	No	No	No	Dental
John Morony II	Locked Mail Bag 654 (The Northern Rd) South Windsor NSW 2756 Tel: (02) 4582 2316 Fax: (02) 4582 2351	250	B & C	Ms Jammuna Bond	No	Yes A	Yes	Optometrist Podiatrist
Metropolitan Remand and Reception Centre	Private Mail Bag 144 Silverwater NSW 1811 (Holker Street) Tel: (02) 9289 5879 Fax: (02) 9289 5988	917	A	Mr P Kemp, NUM II Ms D Little, A/NUM II	Yes	Yes A	Yes	Drug Court Cells D&A Clinic XRay Optometrist Dental RAIT Hepatitis C Clinic Detoxification Aboriginal Health Worker Psychiatrist
Parramatta	Locked Mail Bag 2 (Cnr O' Connell and Dunlop Sts) Nth Parramatta NSW 2151 Tel: (02) 9683 0211 Fax: (02) 9630 3552	328	C	Mr Wayne Hunt	No	Yes A	No	Optometrist

Corrections Health Service Centre/Clinics	Contact Details	Operational Capacity**	Security Classification*	Nursing Unit Manager	Reception Assessment	GP Sessional (A – Aboriginal)	Psychiatric Sessional (A – Aboriginal)	Outpatient Services
Long Bay Correctional Complex Long Bay Correctional Centre, Anzac Parade, PO Box 150, Malabar NSW 2036								
Hospital	Tel: (02) 9289 2977 Fax: (02) 9311 3005	119	A	A Ward – Ms Julia Shaw B Ward – Mr John Ablett C Ward – Mr Doug Johnston D Ward – Ms Olive Plunkett	No	Yes A	Yes A	Special services include Art Therapy, Occupational Therapy, Physiotherapy
Malabar Special Programs Centre								
Areas 1, 2, 4	Tel: (02) 9289 2306	380	A	Ms Christine Bolton	No	Yes A	Yes A	No
Area 3	Tel: (02) 9289 2254 Fax: (02) 9311 2602							
Areas 5, 6, 7	Tel: (02) 9289 2506 Fax: (02) 9311 3908	345	C	Ms C. Pritchard	No	Yes A	Yes	Dental
Metropolitan Medical Transient Centre	Tel: (02) 9280 2406 Fax: (02) 9311 2534	332	A	Ms Terri Sheehan	No	Yes A	Yes A	XRay Optometrist Dental Physiotherapy Special services including: Ophthalmology Dermatology Immunology ENT Orthopaedics
Special Purpose Centre	Tel: (02) 9289 2874 Fax: (02) 9289 2873	59	A	Ms Terry Sheehan	No	Yes A	Yes	No
Hunter Correctional Centres								
Cessnock	P O Box 32 (off Lindsay Street) Cessnock NSW 2325 Tel: (02) 4993 2220 Fax: (02) 4991 1872	464	A & C	Mr Noel Donnellan A/NUM	Yes	Yes	Yes	Dental Optometrist
St Heliers	P O Box 597 (McGullys Gap) Muswellbrook NSW 2333 Tel: (02) 6543 1166 Fax: (02) 6542 5815	256	C	Ms Wendy O' Shea	Yes	Yes	Yes	Dental Optometrist

Corrections Health Service Centre/Clinics	Contact Details	Operational Capacity**	Security Classification*	Nursing Unit Manager	Reception Assessment	GP Sessional (A – Aboriginal)	Psychiatric Sessional (A – Aboriginal)	Outpatient Services
Northern NSW Correctional Centres								
Glen Innes	Gwydir Highway Glen Innes NSW 2370 Tel: (02) 6733 5766 Fax: (02) 6733 5702	130	C	Ms Margaret Jones (Nurse in Charge)	No	Yes	No	No
Grafton	170 Hoof Street Grafton NSW 2460 Tel: (02) 6642 2133 Fax: (02) 6642 3122	277	B & C	Mr David Norris	Yes	Yes A	Yes A	Gynaecologist XRay Dental Chiropractor Optometrist Surgeon Physician Physiotherapy
Tamworth	P O Box 537 (Cnr Dean & Johnson Sts) Tamworth NSW 2340 Tel: (02) 6764 5315 Fax: 02) 6764 5309	64	B	Mr Tim Taylor (Nurse in Charge)	Yes	Yes	No	Dental
Southern NSW Correctional Centres								
Berrima	Argyle Street Berrima NSW 2577 Tel: (02) 4860 2507 Fax: (02) 4860 2513	70	C	Ms Rosemary Testaz (Nurse in Charge)	No	Yes	No	Dental
Goulburn	Box 264 (Maud Street) Goulburn NSW 2580 Tel: (02) 4827 2292 Fax: (02) 4827 2407	528	A & C	Mr Chris Browne	Yes	Yes	Yes	Psychiatrist Aboriginal Health Worker Dental Optometrist XRay Psychiatrist Hepatitis C Clinic
Junee *Note: Junee Correctional Centre is managed by a private company, including the provision of health care services.*	P O Box 197 (Park Lane) Junee NSW 2663 Tel: (02) 6924 3222 Fax: (02) 6924 3297	600	B & C	Mr Craig Gater	Yes	Yes	Yes	Dental XRay Optometrist Optician
Mannus	Linden Roth Drive Mannus via Tumbarumba NSW 2653 Tel: (02) 6941 0333 Fax: (02) 6948 5229	164	C	Ms Marianne Leathem	No	Yes	No	No

Corrections Health Service Centre/Clinics	Contact Details	Operational Capacity**	Security Classification*	Nursing Unit Manager	Reception Assessment	GP Sessional (A – Aboriginal)	Psychiatric Sessional (A – Aboriginal)	Outpatient Services
Western NSW Correctional Centres								
Bathurst	Box 166 (Cnr Browning St & Brookmore Ave) Bathurst NSW 2795 Tel: (02) 6338 3268 Fax: (02) 9332 1505	398	B & C	Ms Margaret Boschman (Acting)	Yes	Yes	Yes	Optometrist Dental Hepatitis C Clinic Aboriginal Nurse and Health Worker
Brewarrina	Yetta Dhinnakkal Centre PO Box 192 (Coolibah Road) Brewarrina NSW 2839 Tel: (02) 6874 4717 Fax: (02) 6874 4721	50	C	Joint recruitment of position with Far West AHS Sally Simmons (Nurse in Charge)	No	No	No	Aboriginal Health Worker
Broken Hill	109 Gossan Street Broken Hill NSW 2880 Tel: (08) 8087 3025 Fax: (08) 8087 9893	50	B	Ms Helen Connolly (Nurse in Charge)	Yes	Yes	No	Dental Optometrist Specialist Clinic
Ivanhoe	Rail Town Ivanhoe NSW 2878 Tel: (02) 6995 1133 Fax: (02) 6995 1304	30	C	Ms Katrina Stanmore (Nurse in Charge)	No	No	No	Royal Flying Doctors
Kirkconnell	P O Box 266 Bathurst NSW 2795 Tel: (02) 6337 5219 Fax: (02) 6337 5148	210	C	Ms Elizabeth Magee	No	Yes	Yes	Dental Optometrist
Lithgow	P O Box 666 (Gt Western Hwy) Lithgow NSW 2790 (Marrangoo via Lithgow) Tel: (02) 6350 2209 Fax: (02) 6353 1162	335	A	Mr Peter Adams	No	Yes	Yes	Dental
Oberon	Locked Mail Bag 2 (via Shooters Hill Rd) Oberon NSW 2787 Tel: (02) 6335 5248 Fax: (02) 6335 5281	100	C	Ms Marni Abigail (Nurse in Charge)	No	Yes	No	No

Corrections Health Service Centre/Clinics	Contact Details	Operational Capacity**	Security Classification*	Nursing Unit Manager	Reception Assessment	GP Sessional (A – Aboriginal)	Psychiatric Sessional (A – Aboriginal)	Outpatient Services
Police Cell Complexes								
Dubbo Police Cells	Brisbane Street Dubbo NSW 2830 Tel: (02) 6884 7702 Fax: (02) 6884 7703	12	A	Ms Pegge Deverall	Yes	No	No	No
Moree Police Cells	60–62 Frome St Moree NSW 2400 Tel: (02) 6751 1532 Fax: (02) 6751 1471	20	A	Ms Kerry Cassells	Yes	No	No	No
Newcastle Police Cells	Cnr Church & Watt Sts Newcastle NSW 2300 Tel: (02) 4925 2250 Fax: (02) 4925 2749	22	A	Mr Ron Wilson	Yes	No	No	No
Parramatta Police Cells	Cnr George & Marsden Sts Parramatta NSW 2150 Tel: (02) 9687 2425 Fax: (02) 9687 2481	11	A	Mr Robert Cruickshank	Yes	No	No	No
Port Macquarie Police Cells	2 Hay Street Port Macquarie NSW 2444 Tel: (02) 6583 2145 Fax: (02) 6583 2493	7	A	Ms Anna Trealor	Yes	No	No	No
Sydney Police Cells	Goulburn St Darlinghurst NSW 2010 Tel: (02) 9265 4040 Fax: (02) 9281 0622	56	A	Mr Al Scerri	Yes	No	No	No

PERIODIC DETENTION CENTRES

The table below lists the Periodic Detention Centres in NSW. CHS provides the following health care services to Periodic Detention Centres:

- methadone maintenance
- administration of supervised medication.

	Male Number of Beds	Female Number of Beds
Bathurst	30	10
Broken Hill	18	2
Grafton	32	–
Mannus	24	6
Metropolitan (Parramatta)	225	–
Metropolitan Mid-week	225	–
Norma Parker	–	60
Norma Parker Mid-week	–	60
Tamworth	18	–
Tomago	100	20
John Morony (Windsor)	80	–
Wollongong	72	10
Total	**824**	**168**
Closed during reporting period		
Campbelltown	52	–
Campbelltown Mid-week	52	–

LIST OF ABBREVIATIONS

Following is a list of abbreviations commonly used in this Report.

ACHS	Australian Council on Healthcare Standards
AHS	Area Health Service
AMS	Aboriginal Medical Service
CHS	Corrections Health Service
DCS	Department of Corrective Services
EQuIP	Evaluation and Quality Improvement Program
FOI	Freedom of Information
FTE	Full Time Equivalent (staff)
IDC	Inmate Development Committee
MMTC	Metropolitan Medical Transit Centre
MOU	Memorandum of Understanding
MRRC	Metropolitan Remand and Reception Centre
MSPC	Malabar Special Programs Centre
RAIT	Risk Assessment Intervention Team
VBBCDS	Voluntary Blood Borne Communicable Diseases Screening

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