Inspector of
Custodial Services

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Inspection of John Morony Correctional Centre 2023

Acknowledgement of Country

The Inspector of Custodial Services acknowledges the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

We pay our respects to Elders past, present and emerging and acknowledge the Aboriginal and Torres Strait Islander people that contributed to the development of this report.

We advise this resource may contain images, or names of deceased persons in photographs or historical content.

Inspector of Custodial Services

Published by the Inspector of Custodial Services

https://www.inspectorcustodial.nsw.gov.au/

First published: March 2024

ISBN/ISSN: 2207 0389

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Contents

Inspector's overview

This is the second inspection of John Morony Correctional Centre (JMCC). The first inspection took place in 2018 and informed the ICS review of Health Services in NSW correctional facilities, which was tabled in 2021.[1] Five years on from our first inspection of JMCC it was interesting to observe whether the use of an operating agreement with similar Key Performance Indicators (KPIs) to private operators had led to improvements at the centre. JMCC is the only publicly operated centre in NSW that operates under this type of agreement. We formed the view that staff understanding KPIs and the centre reporting on KPIs in a transparent way did drive culture and performance improvement, and there were many areas where the centre performed very well against other publicly operated correctional centres. It was also clear that having the right KPIs in place was necessary to ensure staff were focused on the right areas of performance.

We found staff and management to be very engaged in the inspection process and met with and observed some excellent staff. However, we also felt the role and function of JMCC needed to be better defined for management and staff. The centre is one of the few remand centres for men in near Sydney. With the closure of Dawn de Loas CC on the Silverwater Complex site, JMCC is playing a critical role and providing much needed remand accommodation in Greater Sydney.

The number of adults on remand in NSW reached the highest point on record in December 2023 at 5055 people. Remandees are unsentenced and are in custody waiting for their court matter to be finalised.[2]

The large metropolitan remand and reception centres (MRRC and Parklea CC) predominantly operate as reception centres for the Greater Sydney region. The majority of men remanded in custody are transferred from these centres to other centres including JMCC and regional centres in NSW within a very short period of time after being received into custody.

It was therefore perplexing to see that JMCC did not have a focus on providing remand services to men in custody. The inability to access legal services in a timely way was a major problem for this centre with up to a 90% remand population. This was because of a lack of AVL suites. Men were waiting up to two weeks to meet with their legal representatives. Having KPIs that correspond with the function of the centre would have drawn this to the attention of the CSNSW executive much sooner. On a positive note, we observed a very good induction process and health service. Personal and family visits are also important for people on remand and a failure to comply with legislative requirements for visits for remand inmates had also not been identified or addressed by the centre or CSNSW executive.

Providing the opportunity to work to earn some money and learn some skills and be productive rather than idle is important in correctional centres. We were pleased that JMCC was set up to provide remand inmates with an opportunity to work. In many NSW correctional centres, we have found that remand inmates can live an impoverished existence when not provided with opportunities to work in custody. This is usually because sentenced inmates are made to work and, they are given employment ahead of remand inmates who cannot be forced to work. Although it was positive to see remand inmates working, the centre had misunderstood its mission to provide remand inmates with an opportunity to work. The centre thought it was permitted to use remand inmates like a sentenced workforce and force inmates to work. Like most NSW correctional centres, providing workers for CSI industries had become the focus of the centre. Those who did not work or could not work were held in what was described as the punishment unit until they could be transferred to another centre. It was disappointing to see this occurring.

We do not believe the solution is to repurpose JMCC to a sentenced prison focusing on CSI industries. A remand facility close to Metropolitan Sydney is much needed. In addition to the logistical, legal support and cost issues associated with accommodating remandees in regional prisons who would

1 JMCC was included in a 2018 inspection of health services in NSW correctional facilities. See Inspector of Custodial Services, Health Services in NSW Correctional Facilities (Report, March 2021).

2 NSW Bureau of Crime Statistics and Research, New South Wales Custody Statistics Quarterly Update December 2023, Media Release 8 February 2024.

be better placed in the greater Sydney area, these regional placements disrupt family relationships, particularly contact visits.

We formed the view that with clarity about its role and function, the right KPIs to support the role and function, an infrastructure upgrade to support the role and function, and proper oversight by the CSNSW executive to monitor whether the centre is achieving its purpose, JMCC could become an excellent centre.

Finally, I would like to acknowledge the assistance of Neil McAllister, the former ACT Inspector of Correctional Services and our health expert Maureen Hanly during the on-site inspection and in the preparation of this report.

Fiona Rafter
Inspector of Custodial Services
March 2024

Glossary of terms and acronyms

Aboriginal	'Aboriginal' when used in this report is inclusive of Aboriginal and/or Torres Strait Islander people.
AVL	Audio-visual link
BSI	Education services provider
Buy-up	Purchase by inmate of approved items
CC	Correctional Centre
CMU	Case Management Unit
COPP	CSNSW Custodial Operations Policy and Procedures
COVID-19	Coronavirus disease 2019
CSA	Core Skills Assessment
CSI	Corrective Services Industries
CSNSW	Corrective Services NSW
FM	Functional Manager
Governor	Officer in charge of JMCC
GP	General practitioner
ICS	Inspector of Custodial Services
ICS Act	*Inspector of Custodial Services Act 2012*
IDATP	Intensive Drug and Alcohol Treatment Program
IDC	Inmate Development Committee
JH&FMHN	Justice Health and Forensic Mental Health Network
JMCC	John Morony Correctional Centre
KPI	Key Performance Indicator
MOI	Manager of Industries
MOS	Manager of Security
MOSP	Manager of Services and Programs
MRRC	Metropolitan Remand & Reception Centre (Silverwater)
NDIS	National Disability Insurance Scheme
NUM	Nursing Unit Manager
OAT	Opiate Agonist Therapy
OS&P	Offender Services and Programs
POVB	The Prison Officers Vocational Branch is a branch of the Public Service Association of NSW, formed as a dedicated union for all non-commissioned Custodial Correctional Officers

PRNA	Protection Non-Association
RAPO	Regional Aboriginal Programs Officer
Remand/ remandee	An unconvicted person on charges, held in the custody of the state
RIT	Risk Intervention Team
ROAMS	Remote Off-Site and Afterhours Medical Services
RUSH program	Real Understanding of Self-Help program
SAPO	Services and programs officer
SMAP	Special Management Area Placement - inmates who, because of their individual needs/circumstances, are vulnerable or at risk from other inmates
Sweeper	A generic title for inmates performing general support duties
Tablet	Mid-sized digital tablets - inmates have access to restricted paid and free services on the tablet, including out-going telephone calls
VET	Vocational Education and Training
WISE	Employment agency

Executive summary

This was the first full inspection of JMCC[3] conducted by the Inspector of Custodial Services (ICS). The centre accommodates sentenced and remand inmates of minimum, medium and maximum security classifications. In June 2023 remand inmates comprised about 80% of the centre's daily population of around 440. Approximately 26% of inmates are Aboriginal people.

JMCC is unique in NSW as it operates under an operating agreement which is similar to private sector prison operator contracts. This operating agreement has had good, and not so good, outcomes that are discussed in the report.

On the positive side, we found that staff and inmates generally got on well and we saw many examples of respectful interactions between them. The staff union and centre management had a good working relationship, and staff appeared to be quite committed to achieving good Key Performance Indicator (KPI) results and took pride in what they were doing.

Overall, JMCC provides a wide range of purposeful activities (education, programs, sport and so on) for inmates but as described throughout this report, many of these activities take second or third place behind the needs of Corrective Services Industries (CSI) to run its industries at the centre. This imbalance means that JMCC does not deliver the other activities to the best extent that could be achieved. As an example, we were told that education 'completion rates may seem low as standard courses do not fit a remand centre model'.

We found that the needs of remand inmates are not being met with regard to their access to lawyers and sufficient free time to work on their cases in private. In our opinion, JMCC should be regarded as a remand centre focused on the special needs of remandees, not a 'working gaol' where remandees are simply part of the CSI workforce. In summary, remandees at JMCC struggle to get the legal support they need as unconvicted people in the custody of the State.

Another concern to us was the over-representation of Aboriginal inmates in discipline-related matters and segregation orders, and their under-representation in the CSI workforce. There is only one identified Aboriginal staff position at JMCC (health worker) which was vacant at the time of the inspection. CSNSW needs to provide more Aboriginal staff in 'identified' positions to support the cultural needs of Aboriginal inmates and we have made a recommendation about this in the report.

The most frequent complaint we heard from inmates was the cost of making phone calls to family and friends. Many said they can't afford the call charges on their small wages, as little as $16 per week, and this is impacting on relationships. This was exacerbated by the CSNSW decision in June 2023 to ban, for security reasons, inmates using cheaper call charge 'Third party' services such as ENGIN. We have recommended that CSNSW review this decision.

Aside from the remand issue, we found that the JMCC induction program for new receptions was well constructed and quite innovative. Similarly, the Alternative Sanctions Program (ASP), a local initiative, was providing a therapeutic rather than disciplinary approach to inmate minor drug offences in the gaol. While the ASP 'looks good on paper' it will need external evaluation to give confidence that it is achieving useful results. One pleasing example of good practice was the provision of work opportunities in the retherm kitchen for Special Management Area Placement (SMAP) inmates who, because of their individual needs/circumstances, are vulnerable or at risk from other inmates.

There were some troublesome practices that need attention such as:

- strip searching new receptions for no apparent reason.
- inmates being issued with used underwear.
- inmates not receiving their clothing entitlements.
- inmate workers in the reception area potentially being able to read other inmate's personal

3 JMCC was included in a 2018 inspection of health services in NSW correctional facilities. See Inspector of Custodial Services, Health Services in NSW Correctional Facilities (Report, March 2021).

documents.

- inmates being served their evening meal (dinner) at about 2pm.
- a cumbersome, lengthy process for admitting inmate visitors.

There is good access to healthcare services at JMCC, with on average 12 patients seen in the primary health clinic daily. Health staff advised the health and custodial staff work well together to ensure the efficient flow of patients to and from the health centre.

We have made recommendations associated with medication management, security of transportation of medications within the centre, pharmacy room security, consistent patient identification, the introduction of dose administration aids, the provision of podiatry services at the centre, rostering of regular custodial staff to the health centre and the continued expansion of telehealth (Virtualcare) appointments for specialist outpatient services.

Finally, a serious issue came to our attention during the inspection, which is not unique to JMCC, concerning inmates being required to attend police interviews. An inmate given short notice to attend a police interview is highly unlikely to be able to exercise their *right* to consult a lawyer (usually Legal Aid) given the delays in arranging legal visits. It is important to note that correctional centres are not informed about the reasons for the police interview so cannot answer inmate questions and cannot provide legal advice to inmates about their rights at police interviews – this is a matter for lawyers. We have made a recommendation about police interviews which CSNSW needs to implement statewide.

On balance, JMCC has many attributes of a good correctional centre but with a refocus on its remand function it could become an excellent correctional centre.

Recommendations

The Inspector recommends:

1. Corrective Services NSW ensures that key performance indicators for John Morony Correctional Centre include specific indicators relevant to remand inmates such as access to lawyers and library legal materials.

2. Corrective Services NSW replaces the black plastic shower and window curtains in cells with an alternative that is properly secured to reduce hanging risks.

3. Corrective Services NSW develops a clear mission and vision statement which reflects John Morony Correctional Centre's primary role and focus as a remand centre with input from Justice Health and Forensic Mental Health Network.

4. Corrective Services NSW must reinforce that inmates being taken off contact visits and telephone calls is the option of last resort arising from disciplinary hearings and must not be regarded as a routine or normal penalty.

5. Corrective Services NSW provide additional staffing for the professional visits and courts audio-visual link function and ensure that staff are fully trained in the processes and technology.

6. Corrective Services NSW provide additional staffing for the John Morony Correctional Centre intelligence team.

7. Corrective Services NSW arrange for psychologists to be able to send messages to inmate tablets and receive messages from inmates on their tablets.

8. Corrective Services NSW provide meeting rooms for psychologists that do not allow sessions with inmates to be seen or heard by staff or inmates.

9. Corrective Services NSW to review the management of inmate workers in the reception area to ensure that they do not have access to private information about other inmates.

10. Corrective Services NSW to ensure that reception interviews of inmates are conducted out of hearing of other inmates.

11. Corrective Services NSW review the practice of strip-searching inmates arriving at John Morony Correctional Centre from other Corrective Services NSW secure correctional facilities, and record if a strip search occurs, and the reason why a strip search is occurring.

12. Corrective Services NSW ensure that inmates arriving at John Morony Correctional Centre are issued with their full clothing entitlement.

13. Corrective Services NSW cease the practice of issuing inmates with used underwear and socks.

14. Corrective Services NSW provide John Morony Correctional Centre inmates with a cold evening snack, such as sandwiches and fruit, in addition to their hot dinner meal so that inmates can eat in their cells at a time of their choosing.

15. Corrective Services NSW put in place a wages system which ensures that inmates are not financially disadvantaged by price increases in buy-up goods.

16. Corrective Services NSW must ensure that remand inmates at John Morony Correctional Centre are being offered two visit sessions per week in accordance with Corrective Services NSW policy.

17. Corrective Services NSW advise John Morony Correctional Centre inmates and their social visitors to allow an hour to be processed at the visits entry if all visitors are required to be body scanned.

18. Corrective Services NSW explore whether there are 'Third party' call management services that can provide the security needed to prevent call redirections.

19. Corrective Services NSW provide additional audio-visual link resources at John Morony Correctional Centre for professional visits, including in the Ebenezer (E) Unit by way of more audio-visual link suites or tablet linkups.

20. Corrective Services NSW increase Aboriginal inmates' access to the yarning circle.

21. Corrective Services NSW provide more identified Aboriginal staff positions at John Morony Correctional Centre with a focus on welfare, liaison support and cultural programs/services for Aboriginal inmates.

22. Corrective Services NSW to provide options for inmate workers at John Morony Correctional Centre to have flexible working hours.

23. Corrective Services NSW ensure that inmates who are to be interviewed by police or other law enforcement officers, are offered the opportunity to speak with a legal representative before the interview.

24. Justice Heath and Forensic Mental Health Network undertake a review to determine why the service provision and reporting requirement for key performance indicator 16a regarding immunisation provision differs at John Morony Correctional Centre compared to the key performance indicator definition.

25. Corrective Services NSW and Justice Heath and Forensic Mental Health Network consider including oral health, mental health care plans and notification of results to patients as key performance indicators for John Morony Correctional Centre.

26. Justice Health and Forensic Mental Health Network monitor the arrival time of the transfer patients to John Morony Correctional Centre, to ascertain if there is a requirement to modify the commencement time of the Transfer Assessment Nurse position.

27. Corrective Services NSW roster regular custodial staff to the John Morony Correctional Centre health centre to assist in improving the efficiency and smooth operation of the health service delivery.

28. Justice Heath and Forensic Mental Health Network source locks for the 'tool boxes' to transport medication to the accommodation units and Industries during medication administration.

29. Justice Heath and Forensic Mental Health Network provide podiatry services at John Morony Correctional Centre.

30. Justice Heath and Forensic Mental Health Network continues to expand the provision of eligible specialist outpatient services using telehealth (Virtualcare).

31. Justice Heath and Forensic Mental Health Network expand the use of dose administration aids, so it becomes the primary method of providing medications to patients at John Morony Correctional Centre.

32. Justice Heath and Forensic Mental Health Network remind nursing staff of the requirement to refer to patients in the correct manner.

33. Justice Heath & Forensic Mental Health Network advise John Morony Correctional Centre nursing staff of their legal responsibilities in regard to the storage of pharmaceuticals under the NSW *Poisons and Therapeutic Goods Regulation 2008.*

34. Justice Heath and Forensic Mental Health Network remind nursing staff of the requirement for patients to have their identification cards with them when they are being administered medications and if they do not, nursing staff are not to administer them their medication until the card is provided by the patient.

35. Justice Heath and Forensic Mental Health Network and Corrective Services NSW develop an agreed procedure for the administration of medication to patients at John Morony Correctional Centre when they are working in industries.

36. The Inspector recommends that this report is made public immediately upon being tabled in NSW Parliament, in accordance with section 16(2) of the *Inspector of Custodial Services Act 2012*.

Inspection process

The office of the ICS was established by the *Inspector of Custodial Services Act 2012* (the ICS Act) in October 2013. The mandate of the office is to provide independent scrutiny of the conditions, treatment and outcomes for people in custody, and to promote excellence in staff professional practice. The Inspector is required to inspect each adult custodial centre at least once every five years and report on each such inspection to the NSW Parliament with relevant advice and recommendations.[4]

Inspection provides independent information gathering and analysis concerning what is working well and which areas require improvement. Prior to, and after the onsite inspection, a range of information was obtained (through meetings and in documentary form) from CSNSW and JH&FMHN. During the onsite inspection, observations were made, documentation was obtained, and discussions were held with individual and groups of men in custody (including the Inmate Development Committee) and CSNSW and JH&FMHN staff at JMCC.

It is acknowledged that inspections capture a snapshot in time, with understanding and observations limited by time spent on site. It should be noted that inspections of custodial facilities that occurred during the COVID-19 pandemic were impacted by ICS staff and centre staff being unavailable at short notice due to illness; centre lockdowns due to COVID-19 outbreaks; and changes to routines and practices to prevent or mitigate the risk of COVID-19 transmission. Consequently, some interviews that would usually occur in-person took place virtually either before or after the onsite inspection. The length of time onsite and ability to observe all functions of a centre was also impacted, often at short notice.

The on-site inspection involved a debrief with the governor where an overview of findings addressing the strengths of the centre and areas for improvement were discussed. The Inspector informed the Commissioner CSNSW of findings at their regular scheduled meeting.

Information obtained onsite during inspection was complemented by additional data obtained on and post-inspection. CSNSW provided updated data and information to the ICS which was considered and included in the report. Conclusions are therefore drawn from the period of observation and additional data.

The inspection considered sensitive information and methodologies. In accordance with section 15 of the ICS Act, information that could prejudice the security, discipline or good order of any custodial centre, identify or allow the identification of a person who is or was detained at a youth justice centre or in custody in a juvenile correctional centre, or identify or allow the identification of a custodial centre staff member, has been removed in the public interest.

A draft report or relevant parts thereof were provided to CSNSW and JH&FMHN in accordance with section 14(2) of the ICS Act, and submissions were received from both. In accordance with section 14(1) of the ICS Act, the Inspector provided the Hon. Anoulack Chanthivong MP, Minister for Corrections, with the opportunity to make a submission in relation to the draft report. In accordance with section 14(3)(b) of the ICS Act, each submission and the Minister's response was considered before the finalisation of the report for tabling.

4 *Inspector of Custodial Services Act 2012* s 6.

1 John Morony Correctional Centre profile

JMCC is a maximum security facility for sentenced and remand male inmates. The centre is located on Dharug country, at the Francis Greenway Correctional Complex in Berkshire Park. Geoffrey Pearce CC and Dillwynia CC are co-located at this correctional complex.

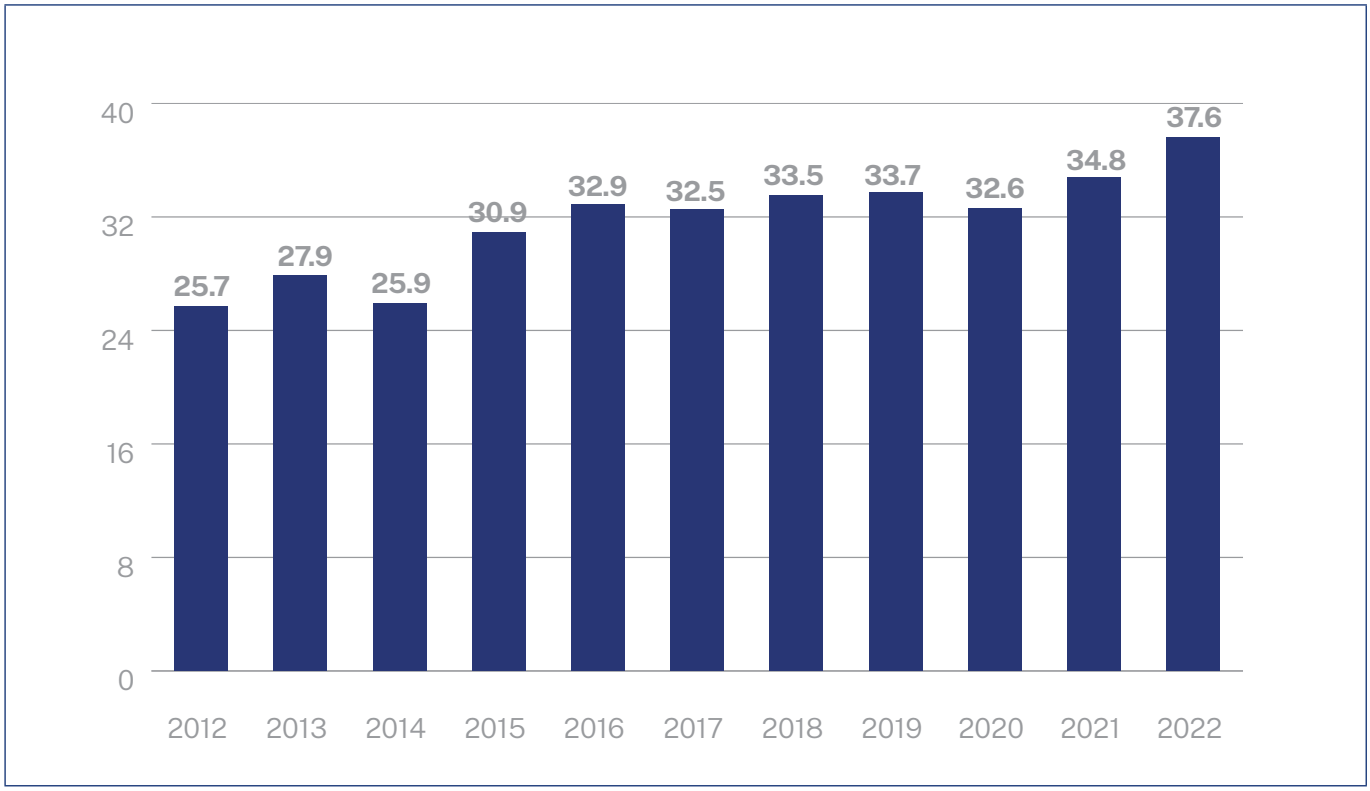
JMCC has a maximum agreed capacity of 441 inmates, accommodated in 243 cells (464 beds). As at 1 January 2023 there were 438 inmates (99.3% capacity) comprising:

- 355 on remand (81.1%)
- 76 sentenced (17.4%)
- 7 appealing (1.6%).[5]

We note that CSNSW requires JMCC to provide not less than 90% of beds (397) for remandees[6], leaving 44 beds for others (sentenced, appealing). On 1 January 2023, JMCC was accommodating 76 sentenced inmates and seven other convicted inmates appealing convictions and/or sentences. This means that the centre was down 32 remand beds.

This is anomalous given the significant increase in the NSW remand population in the last decade:

Table 1: NSW remand population[7]



As at 13 June 2023, remandees accounted for 38.5% of the NSW inmate population.[8]

The statewide increase of inmates on remand is heightened in the greater Sydney area where most of the courts, including the Supreme Court, are located. This means that inmates on remand must have reasonable in-person access to court proceedings and access to their lawyers who service those courts.[9]

5 Information provided by CSNSW 3 April 2023.
6 JMCC management agreement.
7 Australian Bureau of Statistics, *Prisoners in Australia 2022* (24 February 2023) table 15.
8 Corrective Services NSW, *Offender Population Report* (13 June 2023).
9 That is, not located in a correctional centre requiring extended transport driving hours to attend court.

1.1 JMCC operating model

The NSW government entered into an operating agreement with Manage Co (an administrative business unit of CSNSW) in 2017 to operate JMCC, similar to a private sector managed prison.[10] However unlike privately operated prisons the centre is owned,funded, staffed and managed by the State.

There has been some information published about the agreement:

> The Susan McKinnon Foundation has partnered with Prof. Gary L Sturgess to study and document the transformation of the John Morony Correctional Centre as a case study into the critical success factors driving successful service delivery reform.
>
> John Morony is widely considered to be a success story in public service reform. They have achieved substantial and sustained improvements in quality and cost, including reductions in assaults, sick leave, and operating costs, and improvements in inmate employment rates and out-of-cell hours.
>
> Five factors were critical to the successful reform at John Morony:
>
> Challenge: The right to manage the facility was contested and put out to competitive tender. The 'in-house' public sector team proposed a radical change when faced with this contest, which was the winning bid against three multinational corporations.
>
> Focus on the front-line: The reform focused on the front-line unit that delivered day-to-day services, especially the management team of this unit.
>
> Performance management: The performance management approach for John Morony was successful because it set out clear objectives and gave management certainty and space to innovate, whilst holding them accountable for results.
>
> Financial management: The management team received a predictable stream of payments in return for delivering services. They also faced meaningful incentives, including financial abatements, if they failed to meet targets.
>
> Commitment: The performance and financial management approach was captured in a quasi-contractual agreement that set out what management would deliver and how it would be measured, consequences for success and failure, what financial resources would be made available to deliver those results and over what period of time.[11]

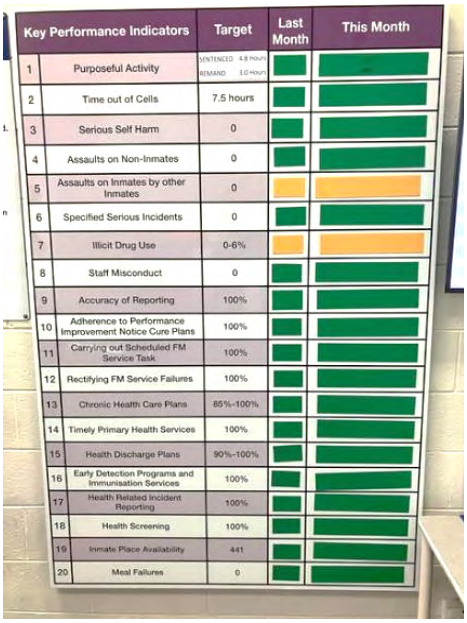
We found the agreement key performance indicators (KPI)s are well understood by staff and have driven change such as the unlock and lock-in of inmates on time. This results in more out-of-cell hours for inmates.

10 See Inspector of Custodial Services, *Health Services in NSW Correctional Facilities* (Report, March 2021) 44–5.
11 'Lessons from John Morony Correctional Centre: A NSW Success Story' *Susan McKinnon Foundation* (Web Page, 30 November 2022) <https://www.susanmckinnon.org.au/research-resources/lessons-from-john-morony-correctional-centre-a-nsw-success-story/>.

Table 2: Key Performance Indicators

Key Performance Indicator	Target	
KPI 1 – Purposeful activity	**Sentenced**	4.8 hours
	Remand	3.0 hours
KPI 2 – Time out of cells	7.5 hours	
KPI 3 – Serious self harm	0	
KPI 4 – Assaults on non-inmates	0	
KPI 5 – Assaults on inmates by other inmates	0	
KPI 6 – Specified serious incidents	0	
KPI 7 – Illicit drug use	0 – 6%	
KPI 8 – Staff misconduct	0	
KPI 9 – Accuracy of reporting	100%	
KPI 10 – Adherence to Performance Improvement Notice Cure plans	100%	
KPI 11 – Carrying out scheduled FM service task	100%	
KPI 12 – Rectifying FM service failures	100%	
KPI 13 – Chronic Health Care Plans	85% – 100%	
KPI 14 – Timely primary health services	100%	
KPI 15 – Health discharge plans	90% - 100%	
KPI 16 – Early detection programs and immunisation services	100%	
KPI 17 – Health related incident reporting	100%	
KPI 18 – Health screening	100%	
KPI 19 – Inmate place availability	441	
KPI 20 – Meal failures	0	

Key Performance Indicators displayed at staff entrance



However, the KPIs are fairly generic and could be applied to numerous prisons around Australia. Requirements that are specific to the management of the John Morony Correctional Centre are outlined in the Output Specifications of the Agreement.

In the case of JMCC, the KPIs do not cover some of the specific needs of remandees such as access to lawyers and library legal materials. A KPI review is underway, and this provides an opportunity to tailor the KPIs to the remand function of the centre.

Recommendation: CSNSW ensures that key performance indicators for JMCC include specific indicators relevant to remand inmates such as access to lawyers and library legal materials.

2 Inmate profile

2.1 Legal status and charges

On 1 January 2023, of the 438 male inmates at JMCC:

- 81.1% (355) were on remand and 17.4% (76) were sentenced (with 1.6% or seven inmates appealing).
- 345 had bail refused and one had been granted bail, but the conditions had not been met.
- 5.7% (25) were protection /Special Management Area Placement (SMAP) inmates.
- 1.1% (five) were managed by the Serious Offenders Review Council (SORC).
- 3.0% (13) were subject to Immigration Release Notification.

There was one National Security Interest (NSI) inmate and one Extreme High Security (EHS) inmate.

Table 3: Profile of most serious offences/charges for inmates at JMCC on 1 January 2023[12]

Offence/charge	Number of inmates
Acts intended to cause injury	176
Illicit drug offences	61
Sexual assault and related offences	38
Unlawful entry with intent/burglary, break and enter	35
Robbery, extortion and related offences	27
Prohibited and regulated weapons and explosives offences	19
Homicide and related offences	14
Offences against justice procedures	14
Fraud, deception and related offences	11
Abduction, harassment and other offences against the person	10
Theft and related offences	10
Dangerous or negligent acts endangering persons	10
Public order offences	4
Property damage and environmental pollution	4
Miscellaneous offences	3

12 Information provided by CSNSW 3 April 2023.

2.2 Security classifications and designations

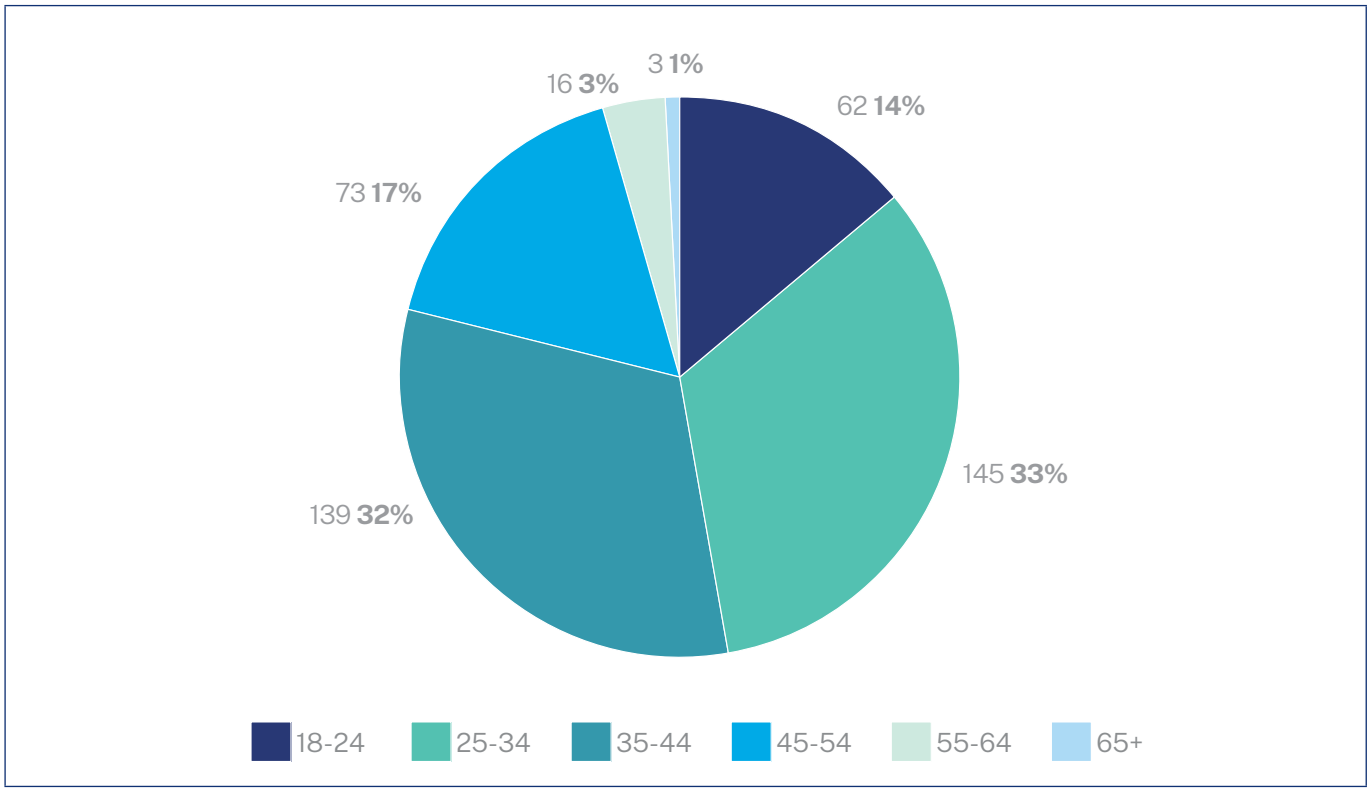
The majority of people (318 or 73%) were B classification (medium), 69 people (16%) were A classification (maximum), 30 (7%) people were C classification (minimum) and 21 (5%) were E classification (escape risk). Although the CSNSW website describes JMCC as a medium security centre, we were advised that it has had (unspecified) security upgrades to accommodate A classification inmates.

2.3 Demographic information

As at 1 January 2023, of the 438 male inmates at JMCC:

- 26.5% (115) identified as Aboriginal people.
- 68% (298) were born in Australia, followed by New Zealand (2.1% or 9) and Vietnam 2.1% or 9) and Lebanon (1.6% or 7), as well as small numbers from several other countries. Surprisingly, 12.8% (56) were listed as country 'unknown'.
- 58.2% (255) identified their cultural background as Australian, including Aboriginal people, followed by Arab (8.7% or 38), Polynesian (4.3% or 19), North African and Middle Eastern (3.4% or 15) and Mainland South-East Asia (3.4% or 15). The remainder identified as New Zealander, Chinese Asian, South-East European, British and Maritime South-East Asia.
- 78.8% (345) spoke English at home, followed by Arabic (4.1% or 18) and Vietnamese (2.3% or 10) and a small number of other languages. Ten inmates (2.3%) required an interpreter.
- 55.5% (243) reported 'no religion'. 14.4% (63) reported 'Muslim' and 10.7% (47) reported 'Catholic'.[13]

Table 4: Age profile of inmates at JMCC[14]



13 Information provided by Corrective Services NSW, 3 April 2023.
14 Information provided by Corrective Services NSW, 3 April 2023.

2.4 Segregation and separation orders

2.4.1 Segregation orders

Section 10 of the *Crimes (Administration of Sentences) Act 1999* provides that:

> 10 Segregated custody of inmates
>
> (1) The Commissioner may direct that an inmate be held in segregated custody if of the opinion that such segregation is necessary to secure—
>
> (a) the personal safety of any other person, or
>
> (b) the security of a correctional centre, or
>
> (c) good order and discipline within a correctional centre.

Table 5: Segregation by month of Aboriginal and non-Aboriginal inmates from 1 February 2022 to 31 January 2023

Commencements	No.	Total (%)
Aboriginal inmates	69	43.7
Non-Aboriginal inmates	89	56.3
Total	**158**	**100**

Note: Aboriginal inmates comprised about 27% of the JMCC population during this data period.

Aboriginal inmates were significantly over-represented in the application of segregation orders, as they were in inmate disciplinary sanctions.

2.4.2 Separation orders

Section 78A of the *Crimes (Administration of Sentences) Act 1999* (NSW) provides that:

> 78A Separation and other variations in conditions of custody of inmates
>
> (1)...
>
> (2) An inmate or group of inmates in a correctional centre may be held separately from other inmates in the correctional centre for the purposes of the care, control or management of the inmate or group of inmates.
>
> ...
>
> (4) The making of a segregated custody direction under Division 2 is not required to authorise a separation of inmates.

CSNSW policy states that '**Separation is not a form of punishment** and should only be used as a short term measure. Separated inmates are entitled to rights, privileges and amenities of inmates in normal discipline. Privileges or amenities can only be suspended for proven misconduct' (emphasis

added).[15] The policy further provides that individual or groups of inmates may be separated on the basis of:

- gender, where the correctional centre does not hold other inmates of the same gender
- health, where there is a risk to the general population from a contagious disease
- being at-risk from others, pending reclassification or relocation to a different correctional centre
- affiliation with an outlaw motorcycle gang or organised criminal network
- other reasons, with the approval of the Assistant Commissioner, Custodial Corrections.[16]

Table 6: Separation of Aboriginal and non-Aboriginal inmates from 1 February 2022 to 31 January 2023[17]

Commencements	No.	Total (%)
Aboriginal inmates	18	21.7
Non-Aboriginal inmates	65	78.3
Total	**83**	**100**

Note: Aboriginal inmates comprised about 27% of the JMCC population during this data period.

15 Corrective Services NSW, *Custodial Operations Policy and Procedures: 3.1 Separation of Inmates* (version 1.5, 13 November 2023) 4.
16 Corrective Services NSW, *Custodial Operations Policy and Procedures: 3.1 Separation of Inmates* (version 1.5, 13 November 2023) 4.
17 Information provided by CSNSW 30 May 2023.

3 Infrastructure

3.1 Layout

JMCC is located on semi-rural land located 5km south of Windsor, in Sydney. It sits on the Francis Greenway Correctional Complex (formerly the John Morony Correctional Complex).

It comprises four two-storey accommodation units, an extensive industries complex, education and programs buildings, a visits area, health clinic, all faiths' chapel, an outdoor gym (exercise equipment under rain shelters), oval and sports courts. Unit exercise equipment is basic.

Gym equipment and outdoor area

The grounds are spacious and well maintained.

3.2 Inmate accommodation

Table 7: Accommodation units by inmate profile

Unit	Cells	Beds	Category
Archerfield (A1)	24	48	Remand and sentenced
Archerfield (A2)	24	48	Remand and sentenced
Berkshire (B1)	24	48	Remand and sentenced workers
Berkshire (B2)	24	48	Remand and sentenced workers
Castlereagh (C1)	24	48	Remand and sentenced workers
Castlereagh (C2)	24	48	Remand and sentenced workers
Darruk (D1)	24	48	Remand and sentenced
Darruk (D2)	24	48	Remand and sentenced
Ebenezer (E1)	9	18	PRNA
Ebenezer (E2)	10	20	SMAP
Ebenezer (E3)	10	20	Alternative Sanctions Program
Ebenezer (E4) (cell 231 to 235)	5	5	Assessment Cells
Ebenezer (E4) (cell 236 to 240)	5	5	Remand and sentenced
Ebenezer (E5)	9	9	Segregation
Clinic	3	3	Medical Observation Cells
Totals	**243**	**464**	

Note: E Unit provides workers for the retherm kitchen.

The **Archerfield (A)** Unit is for newly received inmates going through the induction program and other inmates on the waitlist for jobs in industries.

The **Berkshire (B)** Unit accommodates workers who are not employed in buy-ups.

The **Castlereagh (C)** Unit accommodates the buy-up workers.

The **Darruk (D)** Unit accommodates inmates who can't or don't want to work and other 'problematic' inmates. Inmates dismissed from industries for theft or unacceptable behaviour are assigned to D Unit.

The **Ebenezer (E)** Unit accommodates inmates who, for various reasons, can't mix with the general inmate population.

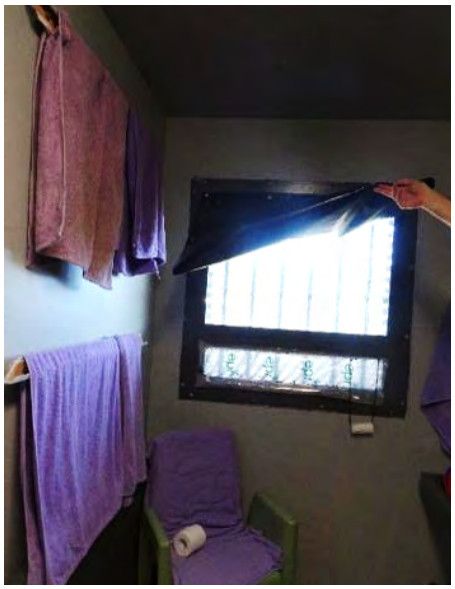
3.3 Maintenance and cleanliness

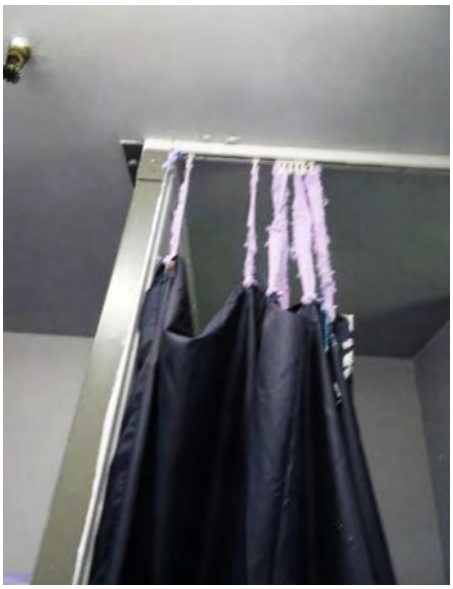
JMCC was opened in 1991. For its age, JMCC presents as clean and well maintained due to the in-house facilities team which includes licensed tradespeople and inmates who work under supervision in tasks such as painting, grounds maintenance and hygiene. Having the resources of tradespeople, particularly electrical and plumbing, means that repairs and maintenance can be undertaken with less delay compared to reliance on outside contractors, however we did not explore whether it was more cost-effective to not outsource.

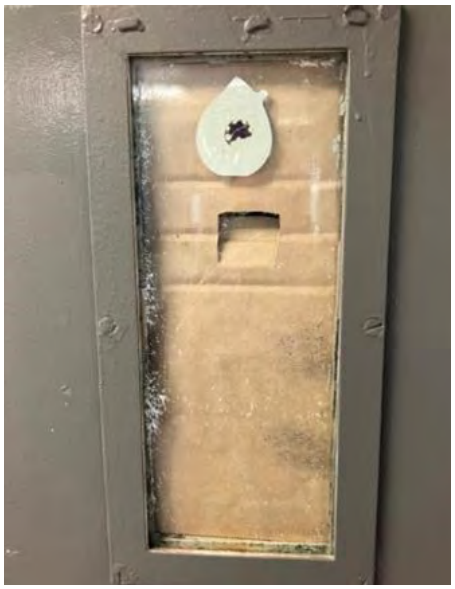
One area of concern to the inspection team was the general condition of cells in all four accommodation units which were dark and lacking natural light, partly due to CSI-made black plastic (PVC) window curtains and inmate-made cell door window covers. CSNSW have informed us that

the window covering is to protect inmates from the heat of the western sun that hits the windows of the cells. The window coverings are clipped on which allows individuals to remove as required. This solution maximises comfort and privacy to inmates while preserving linen and other property, which is traditionally used for these purposes. The window coverings are made from Protex GP, a heavy-duty reinforced PVC fabric. This product complies with fire-retardant requirements including AS2930.[18]

Examples of window coverings and a shower curtain observed during the inspection







Inmates should not be allowed to cover the small cell door windows (usually with pieces of carboard) but this is not enforced by staff. These covers prevent staff from looking into cells without opening doors. This is a security risk to staff if, for example, the inmate was armed with a weapon.

While the shower curtains provide privacy in two occupant cells, they and the window curtains are quite robust and not well-secured. This is a hanging risk which should be addressed by JMCC.

We were also concerned that the PVC shower curtains may increase the fire load in cells (combustible materials) and pose a health hazard in the event of a fire. However, CSNSW has informed us that the shower curtains are manufactured by CSI and the material is 100% flame-retardant polyester.[19]

Cells in E Unit, towards the southern end of the building, experienced water running down the internal wall (condensation damp and moisture) which impacted four cells. E Unit also has heaters on the wall, which do not work.

Recommendation: CSNSW replaces the black plastic shower and window curtains in cells with an alternative that is properly secured to reduce hanging risks.

18 Information provided by Corrective Services NSW, 13 October 2023.
19 Information provided by Corrective Services NSW, 13 October 2023.

4 Custody

4.1 Function

Most JMCC inmates and some staff (at all levels) describe JMCC as a 'working gaol', not a remand centre. JMCC offers inmates with a unique opportunity to work while on remand. Employment offers inmates purposeful activity and provides them the opportunity to earn CSI wages rather than just yard wages.[20]

The role CSI plays at JMCC is discussed elsewhere in this report, but it is clear that CSI relies on a stable workforce that it believes is more suited to long-stay sentenced inmates rather than short-stay remandees. However, there is a flaw in CSI's logic - see 'Turnover of inmates at JMCC' below.

As CSI notes: 'All sentenced inmates in full-time custody are expected to participate in CSI work programs, where eligible. Inmates on remand and who are yet to be sentenced, while not obliged to work, are encouraged to participate for their own self-development'.[21]

Some inmates told us that pressure on them to work went well beyond encouragement.

4.2 Turnover of inmates at JMCC

Data provided by CSNSW provides a consistent picture of the turnover of inmates at JMCC.[22] This is important to the understanding of service delivery for things such as completion of education courses and programs (discussed later in this report):

Table 8: Length of stay (days) of inmates who left JMCC from 1 February 2022 to 31 January 2023[23]

Legal status	Aboriginal	Non-Aboriginal
Remand	83 (mean) 59 (median)	85 (mean) 56 (median)
Sentenced	94 (mean) 58 (median)	114 (mean) 71 (median)

To summarise the data, remand inmates spent on average 56 to 59 days at JMCC and sentenced inmates, 58 to 71 days.[24]

Although there is a belief at JMCC that having a higher proportion of sentenced inmates would provide more stability for the CSI workforce, the length of stay data does not support that proposition.

Simply increasing the size of the sentenced inmate group will not make much, if any, difference to workforce stability but may likely result in the need to increase criminogenic programs, education services and case management. If the stability of the CSI workforce at JMCC is a concern for CSNSW, it could look at having a cadre of 20 to 30 inmates who are sometime away from parole eligibility or full-term end of sentence.

20 Information provided by Corrective Services NSW, 13 October 2023.
21 Corrective Services NSW, *Fact Sheet 7: Correctional Services Industries* (January 2022).
22 Information provided by Corrective Services NSW, 3 July 2023.
23 Information provided by Corrective Services NSW, 3 July 2023.
24 Median scores.

4.2.1 Some insights into inmates on remand ('remandees')

According to the Australian Law Reform Commission:

> There are key differences between those prisoners held on remand and those prisoners serving short sentences—namely, the presumption of innocence applies to prisoners held on remand … as noted in a 2016 South Australian report,
>
> > effects associated with remand in custody (particularly for those subsequently not convicted) include: increased likelihood of further offending as a consequence of contact with the prison system; increased risk of suicide and mental distress, disintegration of social supports and family ties; disruption to employment and housing that may increase likelihood of reoffending on release; limited access to supports, programs and services that might address factors underpinning the alleged offence.[25]

The *Guiding Principles for Corrections in Australia* state that: 'Remand prisoners are subject to fewer restrictions than sentenced prisoners provided the conditions under which they are managed do not adversely affect good order, security and safety'.[26]

Corrections Victoria state that:

> Remandees are unsentenced and are innocent until proven guilty. The law does not regard their confinement as punishment. Therefore, remand prisoners are given maximum flexibility within their security rating and have fewer restrictions placed on them than convicted prisoners. Remand prisoners are treated with the minimum of restrictions that still ensure prisoner safety and good order, security and management of the prison.
>
> Remand prisoners:
>
> - are held separately from convicted prisoners, when practicable
> - have increased access to visitors and telephone calls to access legal advice and representation
> - have access to legal resources including a legal library
> - are permitted to wear their own clothing if appropriate with their security rating
> - are offered the opportunity (but are not obliged) to work.[27]

4.3 Remandees at JMCC

Relevant NSW legislation[28] and CSNSW policies and procedures are largely silent on the care and management of remandees with the exception of:

> 76 Number of visits
>
> (1) An unconvicted inmate may be visited once as soon as practicable after reception into a correctional centre and afterwards at least twice weekly.[29]

25 Australian Law Reform Commission, *Pathways to Justice – Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples* (Report 133, January 2018) 287.
26 Corrective Services Administrators' Council, *Guiding Principles for Corrections in Australia* (February 2018).
27 Corrections Victoria, 'Remand', *Corrections, Prisons & Parole* (Web Page, 21 December 2023) <https://www.corrections.vic.gov.au/prisons/remand>.
28 *Crimes (Administration of Sentences) Act 1999* and *Crimes (Administration of Sentences) Regulation 2014*.
29 *Crimes (Administration of Sentences) Regulation 2014* s 76.

At the time of the inspection (June 2023) remandees were not being permitted two visit sessions per week, as discussed in the Visits section of this report.

JMCC has, for the size of the centre, a well-resourced library with 10 computers where inmates can access 'whitelisted'[30] legal sites. This is particularly important for remandees.

Legal site computer screen

Two other terminals in a restricted access area of the library are available for inmates to read legal documents provided to them by lawyers on USB flash drives.[31]

The problem is that working remandees have very limited access to the library which does not open on weekends (discussed later under Education).

Similarly, working remandees have very 'short windows of opportunity' to ring their nominated phone-listed lawyers after work and before lock-in at about 2.30pm.[32] Legal Aid advised that calls to duty lawyers[33] are only accepted 10am to noon and 2pm to 4pm. CSNSW have advised 'There are OTS phones located in the CSI workshops. Inmates can use these phones at any time while working.'[34] We note that the workshops are noisy and not appropriate places to make legal phone calls within earshot of inmates and staff.

Although inmates can make phone calls on their tablets after lock-in, there are evident privacy concerns about cell mates listening-in on legal calls. Notwithstanding this, Legal Aid advised us that since the introduction of tablet phone calls in NSW prisons the number of calls from inmates has increased significantly.

In 2023, Jane Garner (Charles Sturt University) published a paper that describes the findings of a research project conducted in six adult prisons in New South Wales, that sought to study the information needs and information seeking practices of adult Australian prisoners. Concerning legal information, she wrote:

> The legal information seeking processes of participants indicates problematic practices are undertaken by prisoners as they attempt to meet these needs. Thirty-two percent of participants sought legal information from other prisoners, while only 26% of prisoners were

30 Limits access to designated sites.
31 Flash drives are secured by the librarian when not in use.
32 NSW Legal Aid operates 9am to 5pm, Monday to Friday, except for bail hearings.
33 For inmates who don't have an assigned lawyer.
34 Information provided by Corrective Services NSW, 13 October 2023.

> able to seek legal information from a legal professional. A heavy reliance on other prisoners for legal advice suggests poor access to legal service providers such as the government-funded Legal Aid and private legal representatives. This is a proposition supported by a Law Council of Australia and The Justice Project (2018) that found there are critical gaps in the provision of legal services to prisoners in Australia, particularly in regard to legal cases other than those that resulted in the current period of incarceration, such as family, probate and civil law matters. Poor access to legal support services while in prison is likely to explain the dependence on other prisoners as sources of legal information. Martinez-Aranda (2023) uses the phrase 'precarious legal patchworking' to describe the process prisoners without strong legal support must undertake to find the legal information and assistance they need. She argues that such a process is fragile and can lead to worse legal outcomes than what might be expected had appropriate legal support been available. The provision of legal information resources to prisoners through their prison library is mandated by Principle 2.3.6 of the Guiding principles for Corrections in Australia (Corrective Services Administrators' Council, 2018) that states: 'Prisoners are provided with library services for legal, recreational and educational needs'. Improved access to legal resources through prison libraries may allow prisons to comply with this Principle more closely and may reduce prisoners' reliance on other prisoners when attempting to meet their legal information needs.[35]

Further, CSNSW does not seem to have a clear picture of JMCC as a remand centre and, instead, is focused on earning revenue from CSI industries where remandees are seen as less useful for the workforce than sentenced inmates. CSNSW advised 'John Morony Correctional Centre has a clear vision statement to "transform JMCC into a world class rehabilitation and reintegration facility that sets a new benchmark in Australian and international remand centres" and to "deliver a safe, secure and supportive environment underpinned by a person-centered approach focused on rehabilitation and reintegration outcomes, and a staff culture driven by accountability, positivity, respect and integrity". Furthermore, employment opportunities, particularly those that support employment post release, help to reduce systemic disadvantage and decreases the likelihood of recidivism.'[36] While the goals expressed by CSNSW are praiseworthy, we saw little evidence that JMCC could make any claims that it was progressing towards 'a world class rehabilitation and reintegration facility that sets a new benchmark in Australian and international remand centres'.

Recommendation: CSNSW develops a clear mission and vision statement which reflects JMCC's primary role and focus as a remand centre with input from JH&FMHN.

4.4 Safety and security

For the period 1 February 2022 to 31 January 2023, safety and security incidents at JMCC comprised:

Drugs: There were 41 drug finds, giving a rate per 100 inmates of 10.0.[37] The most common drug find was buprenorphine strips (88% or 36). The most common drugs detected (n=153) were buprenorphine-base (65% or 99) and mirtazapine (7% or 10). The other tests revealed an extensive array of illicit and other drugs in small numbers.

There were 437 urinalysis tests conducted, a rate of 107 per 100 inmates, resulting in 125 (28.6%) positive results. Random tests (246) returned a positive rate of 18.3% compared to 42.5% for 76 targeted tests.

There were 18 drug paraphernalia finds giving a rate per 100 inmates of 4.4:

- needle x 7
- syringe (gaol made) x 5

35 Jane Garner, 'The Information Needs and Practices of Australian Adult Prisoners' (2023), *Journal of Librarianship and Information Science OnlineFirst,* https://doi.org/10.1177/09610006231179521.
36 Information provided by Corrective Services NSW, 13 October 2023.
37 Average daily state of about 411 during the period.

- syringe x 3
- smoking Implement x 3.

Assaults: There were three assaults on staff by inmates. There were 66 inmate-on-inmate assaults, an average of 5.5 per month.

Segregation: There were 158 segregation commencements, an average of 13.2 per month. Average time spent on segregation per month ranged from 13 to 21 days.

Separation: There were 83 separation commencements, an average of 6.9 per month. Average time spent on separation per month ranged from 12 to 31 days.

Use of force: There were 27 use of force incidents, an average of 2.3 per month.

Self-harm: There were 15 self-harm incidents, an average of 1.3 per month.[38]

4.5 Inmate discipline

Inmates may be subject to penalties for breaches of prison rules:

Table 9: Most common institutional offences by category (top five) from 1 February 2022 to 31 January 2023.[39]

Offence	Aboriginal inmates	Non-Aboriginal inmates	Total	Aboriginal inmates (%) (Approx 27% of detainee population)
Charges against good order	108	172	280	38.6
Other drug charges	52	66	118	48.1
Fighting or assault	46	44	90	51.1
Property damage	25	51	76	32.9
Abusive behaviour	18	27	45	40.0

Table 10: Sanctions imposed for common institutional offences (top five) from 1 February 2022 to 31 January 2023[40]

Sanction	Aboriginal inmates	Non-Aboriginal inmates	Total	Aboriginal inmates (%) (Approx 27% of detainee population)
Off Buy-Ups	71	93	164	43.3
Off Television	66	61	127	52.0
Compensation*	54	107	161	33.5
Off phone calls	51	53	104	49.0
Off contact visits	48	60	108	44.4

* *Paying for damages to prison property.*

38 Information provided by CSNSW 3 April 2023.
39 Information provided by CSNSW 30 May 2023.
40 Information provided by Corrective Services NSW, 3 July 2023.

We note with concern that 'Off phone calls' and 'Off contact visits' were in the top five sanctions, notwithstanding that CSNSW policy provides that 'contact with family and friends is an integral and effective management tool. An inmate's contact visit and telephone privileges should only be withdrawn as a last resort'.[41]

Section 14.4 of the COPP prescribes a schedule of penalties for drug related offences commencing with 42 days withdrawal of privileges for a first offence. CSNSW says that phone calls are not withdrawn from inmates for drug related charges and inmates who are placed on non-contact visits still have access to tablet visits.[42]

There may be valid reasons for suspending contact visits such as a visitor or inmate being detected with drugs or other contraband, but banning an inmate from making phone calls is a harsh and pointless penalty for both inmates and their families and friends. The data (above) suggests that this penalty is not regarded 'as a last resort'. CSNSW believes that inmates who are subject to misconduct often nominate to withdraw from telephone calls or contact visits rather than withdrawal of buy-ups.

To the contrary, we observed an inmate disciplinary hearing concerning a serious misuse of another inmate's tablet where the first response of the hearing officer was the 'Off phone calls' penalty. The Aboriginal inmate pleaded that phone calls were his only contact means with his family, and he would accept any other penalty. In the end, he was taken off buy-ups for a period.

Recommendation: CSNSW must reinforce that inmates being taken off contact visits and telephone calls is the option of last resort arising from disciplinary hearings and must not be regarded as a routine or normal penalty.

As a general observation of the offences data, about 27% of JMCC inmates identified as Aboriginal people but it is disturbing that Aboriginal inmates were over-represented in all top five offence categories, ranging from 38.6% (charges against good order) to 51.1% (fighting or assault). It is not clear why this over-representation is occurring, but it should be of great concern to JMCC.

41 Corrective Services NSW, *Custodial Operations Policy and Procedures: 14.1 Inmate Discipline* (version 1.1, 12 March 2020).
42 Information provided by Corrective Services NSW, 13 October 2023.

5 Staffing

Table 11: JMCC staffing structure as at 28 February 2023

Position	Full time equivalent	Filled substantively
Governor	1	0*
Functional Manager	5	4
Senior Correctional Officers	17	12
First Class and Correctional Officers	58	51
Manager of Industries	1	1
Manager of Business Unit	2	1
Senior Overseers	5	2
Overseers	15	12
FM Scheduling Clerk (industries)	1	0
Education Services Coordinator	1	1
Assessment and Planning Officer	1	1
MOSP	1	1
Services and Programs Team Leader	1	1
Services and Programs Officer	6	4
Senior Psychologist	1	1
Psychologists	3	2
Quality Assurance Manager	1	1
Business Manager	1	0
Roster Support Officer	1	1
Finance and Accounts	1	1
Stores Clerk	1	1
Visit Bookings General Scale	1	1
Classification and Placement Officer	1	1
Sentence Administration Clerk	2	2
Total	**128**	**102**

** Position filled by Acting Governors*

It was reported that there had been three Governors at JMCC in the first half of 2023. However, despite these changes, staff continued to work well together. Throughout the week, we heard that the staff culture was collaborative.

Inmates told us that the relationships between staff and inmates were positive and that they were treated better than at other centres. However, we were told some unit officers are not amenable to requests, with two inmates stating, 'Unit officers are not helpful' and 'it is better to be at work than stay in the units as officers often have a do not disturb sign up for long periods'. CSNSW have advised us that while every effort is made to assist inmates with their requests and enquiries, staff are required to attend to many other duties.[43] Staff told us that they have to put up 'do not disturb' signs occasionally so that they can take meal breaks and deal with administrative tasks, adding that

43 Information provided by Corrective Services NSW, 13 October 2023.

most inmate requests were not urgent and could wait awhile. This feedback provides a generally positive picture of the culture of the centre and staff morale.

POVB (union) representatives met with the inspection team. From the POVB's perspective the biggest issue facing the membership is a lack of staff. The POVB are seeking additional officer positions to be created for AVL and the clinic as these are significant pressure points and they 'sometimes feel like they are sliding on ice'. Staff from B and C units are redeployed to AVL and the health clinic when inmates are at work. AVL is a busy area and on the day we met with the POVB, they reported 35 court appearances and 35 professional calls/visits. It was reported that the staffing model never anticipated conducting so many sessions. One of the POVB representatives said he had seen an inmate fax their own documents because one AVL staff member had to use the bathroom.

We were told the health clinic was also busy and was hard to keep on top of. It was stated that two or more officers in the health centre was usual at other centres. Medical escorts further stretch resources.

Visits were reported to be problematic as there is not enough time to scan everyone through for the visit, so they run shorter than the scheduled visit time. They said the COPP had recently changed, and every visitor needed to be scanned instead of the previous 50% of visitors. The POVB said JMCC had always scanned everyone anyway. The POVB view was that everyone should be scanned and that was a priority, but the logistics did not support positive outcomes.

The inspection team notes the POVB comments about delays in processing people for social visits, but we do not see that having more staff would make any difference to the scanning issue as there is only one scanner.

The inspection team formed some views around staffing. Firstly, as noted by the POVB, and observed by us, the AVL court and legal visits area is significantly understaffed and relies heavily on one particular officer to undertake multiple concurrent tasks to deliver the AVL services. This officer has an assistant(s), borrowed from other areas, but the assistants are not trained properly in the AVL systems. As discussed elsewhere in this report, AVL professional visits are likely to become the norm, replacing in-person visits for most inmates. CSNSW advise that a submission has been prepared to 'employ a Senior Correctional Officer in this role [and that] John Morony Correctional Centre is arranging AVL training for staff.' A proposal to increase other staffing will be considered subject to funding availability.[44]

Recommendation: CSNSW provide additional staffing for the professional visits and courts AVL function and ensure that staff are fully trained in the processes and technology.

Recommendation: CSNSW provide additional staffing for the JMCC intelligence team.

44 Information provided by Corrective Services NSW, 13 October 2023.

6 Psychological services

There are four positions in the psychology team, but at the time of the inspection there were just over two Full Time Equivalent (FTE) psychologists. Recruitment and remuneration issues were reported to impact on the ability to provide psychology services. CSNSW does not pay Master's level psychologists as specialists, so it is hard to compete with other employers. Conversely, CSNSW is an attractive employer of provisional psychologists (remuneration) however, they often move on once they register.[45] Registered psychologists must provide supervision for provisional psychologists, which is onerous, only to see them depart once registered. Part of the recruitment challenges is the need to maintain relationships with universities and ties to forensic programs and networks. CSNSW have provided advice that it is currently in negotiations to amend the award to reflect a modern and competitive renumeration package for psychologists. We will monitor their progress.

Psychologists play a critical role in correctional centres, but particularly in remand centres. A major part of work is responding to mental impairment (80%) or suicide/self-harm (15 - 20%). One-on-one work can also include actions like distress response, which we observed during our inspection. These types of services must be prioritised in a remand environment, where inmates are often highly stressed and anxious. For many it will be there first time in custody.

The psychology team were reported to be doing more now than they were in previous years in terms of 'output' (workload). However, inmates are not always able to benefit from the psychology services. Some of the challenges are that they see inmates who really can't engage due to either requiring medication, detoxing from drugs and/or alcohol or still using drugs. Again, this is not unusual in a remand centre.

The psychologists' priority is to deliver both one-on-one intervention and group sessions. They deliver mood management and want to deliver the RUSH program. The psychology team also complete risk assessments for pre-sentencing assessments, such as the Static 99R[46] as well as requests from the Serious Offenders Review Council (SORC) and the State Parole Authority (SPA).

The Senior Psychologist attends the multi-disciplinary team meeting with the Governor and other managers and can raise issues in open communication with management.

A Referral Guide has recently been implemented and there had been some improvements with referrals. There has been a shift to tablet referrals to psychology and E-forms, however CSNSW advise that the functionality of E-Forms is in its infancy.

If an inmate requests to see psychology, the Senior Psychologist receives the request from the FM Accommodation, but it is hard to communicate with inmates to determine what the issue is, and if they need a psychologist. Additional functionality on inmate tablets would assist the referral process.

Recommendation: CSNSW arrange for psychologists to be able to send messages to inmate tablets and receive messages from inmates on their tablets.

45 This is not unique to CSNSW. Private practice psychologists seldom take on provisional psychologists for time and cost reasons, which means that provisionals have to look for supervision in large organisations even if it is not their preferred workplace.

46 Static-99R is a ten-item actuarial assessment instrument created by R. Karl Hanson, Ph.D. and David Thornton, Ph.D. for use with adult males with a history of sexual offending who are at least 18 years of age at time of release to the community.

The available spaces for the psychology team are not fit for purpose. There are two interview rooms, near the psychology area but these can be used by other people/teams. The inspection team observed these spaces and there is a clear window in the door allowing people, including inmate workers, to see in and the sound proofing was poor. It would be preferable for psychologists to have private offices or meeting rooms to meet with inmates. CSNSW advise that 'Interview rooms have viewing windows for safety reasons. Removing these windows poses an unacceptable risk to both staff and inmates.'[47] We note that all staff are supposed to carry personal duress alarms for emergency assistance. Further, under no circumstances should inmates such as cleaners be able to see or hear an inmate partaking in a psychological interview.

Recommendation: CSNSW provide meeting rooms for psychologists that do not allow sessions with inmates to be seen or heard by staff or inmates.

47 Information provided by Corrective Services NSW, 13 October 2023.

7 Services and amenities

7.1 Reception and induction

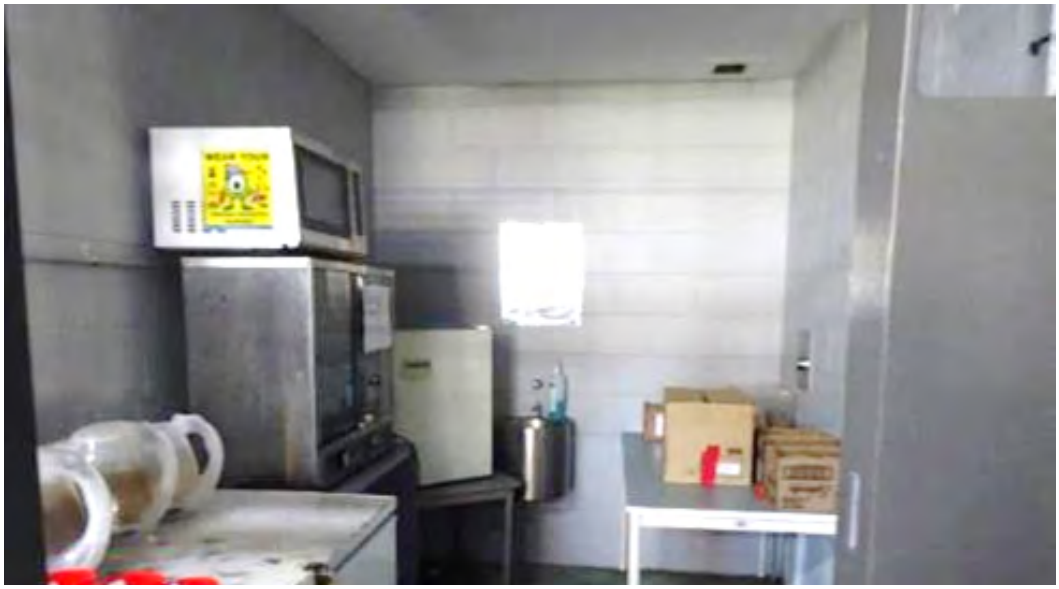
7.1.1 Arrival at JMCC

JMCC is not a from-court reception prison, which means that inmates arriving at JMCC have been transferred from another centre, often the Metropolitan Remand and Reception Centre (MRRC) at Silverwater, or Parklea CC.

Receptions generally occur in the morning (around 11am) and in the afternoon (around 2.30pm/3pm).

On average there are 10 to 12 inmate movements per day. Inmates are placed in reception holding cells (6) during that process. There is a small kitchen with an oven, fridge and hot water which allows for food and beverages to be kept for serving to inmates. This is attended to by the two inmate reception workers.

Reception kitchen



All inmates received at JMCC are interviewed by reception staff, strip searched and medically assessed by JH&FMHN staff before being moved to the induction unit. No new reception is escorted to the induction (A) unit until all inmates are processed and health assessed by JH&FMHN staff.

This means that often inmates are moved to the induction unit after supervised medication rounds in the centre which occur at 6.30/7pm. In many cases new receptions are placed in their cells in the induction unit around 8pm. This means they are sitting for five or more hours in reception holding cells with little bathroom privacy, no showers and no phone access.

The reception interview involved each inmate being taken from the holding cell and brought to the reception counter which was adjacent to the holding cell. The inmate can be seen and heard by inmates in the holding cell (if they are standing at the front of the cell). The inmate being interviewed can see the paperwork of the other inmates which contain confidential information. The two inmate workers are freely able to move around the reception area while the interview is taking place and were observed at times behind the reception counter at the filing cabinet and working around the open computer screens of reception officers.

There seemed to be no boundaries around the movements of inmate workers and little scrutiny of their ability to access and read confidential inmate material. The inspection team observed one of the

inmate workers near the reception counter where the file of a late-night reception was placed in open view. It was also observed that the reception noticeboard, which is behind the reception counter, was displaying two medical escort notices with details of the inmate's medical escort and their emergency contacts and phone numbers.

The information was in clear view of an inmate worker as they stood a metre away placing inmate paperwork in a filing cabinet. Behind the reception desk should be a restricted area and not accessible by inmates. The valuables room is also in that space and in close proximity to the filing cabinet. Whilst it was explained that inmates have no access to the valuables room, the door was observed to be left open earlier that day whilst associated work was being performed by officers. Admittedly, there were no inmates or inmate workers in reception at that time.

CSNSW have advised that 'Inmate sweepers will not be allowed to enter the officer area in any capacity and are not to enter behind the counter of the reception area. Staff will obtain items for inmates that are kept behind the counter. Fridges have been moved out of the office areas.'[48] We consider this to be an appropriate response, but it must be reflected in "local orders", and it must be enforced by staff at all levels.

None of the previous comments about the inmate workers imply that they were reading confidential information but only that they could have if they were so inclined.

Recommendation: CSNSW to review the management of inmate workers in the reception area to ensure that they do not have access to private information about other inmates.

A very blatant disregard for privacy, confidentiality and inmate safety occurred when the inspection team observed the reception officer, in order to move things faster, announcing that they would interview two inmates at a time. The interviews were conducted side by side at the reception counter with inmates standing a metre apart being asked questions:

- Do you have any concerns for your safety?
- Do you have any immediate medical requirement?
- Do you have any current thoughts of self-harm?
- Do you have current thoughts of suicide?
- Do you have any violent thoughts?
- Do you require protection?

In response to the draft report CSNSW advised 'Staff have been reminded that one inmate is to be interviewed at any time.' In our opinion a reminder is insufficient, and it should be stated as a requirement in "local orders".

Recommendation: CSNSW to ensure that reception interviews of inmates are conducted out of hearing of other inmates.

Other concerning practices were observed. The strip searching of inmates performed in a room could be viewed by everyone in the reception area on the CCTV screen. There were three women in the reception area at the time of each strip search (one senior custodial officer and two ICS inspection team officers) and inmate workers were also in the area.

Inmates asked us why they were strip searched. A fair question given that they had come from secure custody centres in secure prison transport vehicles under the control of correctional officers. Moreover, CSNSW has made a significant investment in body scanners to prevent the introduction of contraband into centres, yet there was no body scanner in the reception area. Staff told us that the reception area once had a full body scanner but when this was relocated to the visitor's entry, they had to rely on strip searching to detect contraband, especially drugs.

48 Information provided by Corrective Services NSW, 13 October 2023.

This is a flawed practice as strip searching will not detect contraband inserted in body cavities or swallowed.[49] Further, strip searching is a time consuming and unpleasant process for staff and inmates.

CSNSW advised that 'A risk assessment was completed on 15 September 2023, and it was determined that the body scanner located in the visits area can be utilised in place of strip searches of inmates entering and departing JMCC.'[50] We note the words 'can be utilised' as distinct from 'is now being utilised'. Our recommendation includes a requirement to record when and why a strip search occurs.

Recommendation: CSNSW review the practice of strip-searching inmates arriving at JMCC from other CSNSW secure correctional facilities, and record if a strip search occurs, and the reason why a strip search is occurring.

7.1.2 Induction program

The induction program is a five-day rolling program. All new inmates commence on the day they arrive until they have completed all five days. The JMCC induction is a comprehensive five-day induction covering a range of essential skills and information to support the exit upon entry for inmates. Each day is themed and includes:

- HST (health survival tips) and general info/forms, centre day.
- Nexus (reintegration) including WISE employment officer, and three compulsory modules.
- Communication skills that is a free flow day, reportedly allows for better dynamics in the centre as inmates become aware of their communication styles with staff and others.
- Justice Star day introducing the content for programs and reflective practice.
- Personal pathways plan for inmates to identify needs and issues.

At reception, newly arrived inmates receive their standard JMCC induction booklet. In addition, every Monday, SAPOs provide supplementary induction materials they designed and deemed useful for JMCC integration.

Due to the rolling five-day induction program schedule, we noted that an inmate arriving at JMCC on a Tuesday waits six days to receive the extra written material. When we asked SAPOs if they had considered providing the documents to reception staff for earlier dissemination, they said they hadn't but thought it worth pursuing this as a possible internal opportunity for improvement.

On its face, the JMCC induction program is good practice.

49 Drugs can be wrapped in condoms, gladwrap, foil and other things and passed with stools.
50 Information provided by Corrective Services NSW, 13 October 2023.

7.2 Clothing and bedding

7.2.1 Clothing

Inmates arriving at JMCC should only have the prison-issued clothing that they are wearing.[51]

This results in inmates being issued more clothing from the clothing store at JMCC reception. It should be noted that a male inmate entering CSNSW custody, for example at MRCC, is required to be issued with, as a minimum, the following items:

- T-shirt (short or long sleeved) x 4
- fleecy tracksuit top/sloppy joe x 2
- fleecy tracksuit pants x 2
- shorts x 2
- singlets x 4
- underpants x 7
- socks x 7 pairs
- shoes x 1 pair
- wash bags x 2.[52]

JMCC reception inmate workers issue clothing, linen and essentials (such as cutlery, earphones) to the new receptions. Clothing allocation included:

- T-shirt (short or long sleeved) x 2
- fleecy tracksuit top/sloppy joe x 2
- fleecy tracksuit pants x 2
- shorts x 2
- singlets x 2
- underpants x 2
- socks x 2 pairs.

Additional new clothing and runners were available for purchase from a makeshift shop.

51 Corrective Services NSW, *Custodial Operations Policy and Procedures: 1.5 Issuing Correctional Centre Clothing and Linen* (version 1.4, 22 June 2023) 4.

52 Corrective Services NSW, *Custodial Operations Policy and Procedures: 1.5 Issuing Correctional Centre Clothing and Linen* (version 1.4, 22 June 2023) 5.

Clothing storage at JMCC reception

'Pre-owned' underwear

Display of clothing available for purchase

This clothing allocation does not make sense. If an inmate arrives at JMCC without his full clothing entitlement, for example with one T-shirt, this should be topped up to four rather than giving him some arbitrary number of items like two T-shirts.

Inmate workers have responsibility for checking the condition of all inmate clothing and linen and discarding any damaged or well-worn items. However, inspection team members observed clothing bins which contained new and 'pre-owned' (laundered) underpants. Inmates in units visited by the inspection team complained about being issued with used underwear.

For the record, 'Used clothing that is in good condition, with the exception of socks and underwear, must be laundered in accordance with Australian Standards (AS/NZ 4146, 2000) and re-issued to inmates.[53] We take this to mean that inmates must not be issued with used socks and underwear.

CSNSW denied they were issuing used underwear and insisted 'Inmates are always provided with new underwear and socks. JMCC Reception maintains approximately 310 pairs of underpants and 100 pairs of socks each month. Underwear, socks and hats are all disposed of when an inmate is released.

53 Corrective Services NSW, *Custodial Operations Policy and Procedures: 1.5 Issuing Correctional Centre Clothing and Linen* (version 1.4, 22 June 2023) 4.

These items are packed in inmates' property when moving to another centre.'[54]

ICS team members observed, at close hand, and took photographic evidence of used underwear in the reception store that was clearly not new. The photograph has been published in this report. We also note that 'Inmates in units visited by the inspection team complained about being issued with used underwear'.

It is disappointing that CSNSW deny poor practice rather than accepting and addressing it.

Recommendation: CSNSW ensure that inmates arriving at JMCC are issued with their full clothing entitlement.

Recommendation: CSNSW cease the practice of issuing inmates with used underwear and socks.

7.2.2 Bedding

CSNSW policy provides:

> The minimum issue of bed linen items for each inmate at the time of reception into a correctional centre is:
>
> - 1 x pillowcases
> - 2 x sheets
> - 2 x blankets.
>
> Governors have discretion to issue bed linen in excess of these minimum entitlements depending on factors such as the climate or the inmate's health. Governors can delegate this function to the Functional Manager (FM) or another officer.
>
> Governors must have LOPs [Local Operating Procedures] and a system of controls in place to ensure linen is not freely available to inmates. This system must include a records management system to account for the linen.[55]

We also note that clause 36(2) of the *Crimes (Administration of Sentences) Regulation 2014* is an obligation to provide sufficient bedding for the climatic conditions.

Linen within the units is changed once per week. At JMCC all linen is collected, and inmates are issued with their linen allocation as a fresh set. In other centres they operate a linen exchange program, where inmates swap one for one. Blankets are only exchanged once per fortnight.

We note that there is no mention of pillows. From observations of cells, we assume it is one (hopefully new) pillow per inmate.

Other items issued to male inmates include:

> The minimum issue of personal hygiene items for each inmate at the time of reception at a correctional centre is:
>
> - soap
> - toothbrush
> - toothpaste
> - comb
> - disposable razor and shaving soap
> - 2 x towels.[56]

54 Information provided by Corrective Services NSW, 13 October 2023.
55 Corrective Services NSW, *Custodial Operations Policy and Procedures: 1.5 Issuing Correctional Centre Clothing and Linen* (version 1.4, 22 June 2023) 5.
56 Corrective Services NSW, *Custodial Operations Policy and Procedures: 1.5 Issuing Correctional Centre Clothing and Linen* (version 1.4, 22 June 2023) 7.

7.3 Food and nutrition

7.3.1 Daily meals

We met with the Overseer and inmates from E Unit employed in the retherm kitchen where frozen meals are heated.

Unopened chicken meal

There are 15 SMAP inmate positions and 13 were on duty on the day of the retherm inspection. The retherm kitchen was reported to be a seven-day operation, between 8am and 2pm. SMAP inmates seemed to rotate in and out of the kitchen if some were sick or had court.

Inmates unpack the truck that brings supplies in the morning, check the order, and temperature check food. They organise items for cold lunches by about 9.50am. Once lunch is arranged, they organise 'ration packs' for workers. At noon they start the process of retherming (heating) meals. Once all meals are in the ovens, the inmates are able to use a small oval/sports field behind the retherm kitchen for exercise. Evening meals are delivered to the units at 2pm.

CSI has a four week menu cycle which means that inmates do not receive the same lunch and dinner meals every day. There are vegetarian and 'religious friendly' options. At the time of inspection, the kitchen workers said there were 17 inmates on a special diet, and 72 inmates on religious friendly meals.

The menu notes:

'Total number of serves per day based on minimum daily amount as defined by Australian guide to healthy eating for an adult 19 years and older.'

Inmates are served:

- breakfast at about 6.30am
- lunch at about 10.30am
- dinner at about 2pm.

Breakfasts consist of a one 300ml carton of water-diluted milk per inmate (packaged by CSI as 'Lite Milk'),[57] 1 x cereal, 3 x coffee sachet, 3 x tea bags, 7 x sweetener and 1 x jam. Each inmate also receives four slices of bread (white or wholegrain or wholemeal) daily. Breakfast packs are left outside cell doors before morning unlock at about 6.30am. Inmate workers barely have time to eat before they are moved off to industries.

Lunches (Monday – Friday) are cold meals and a hot meal is served on Saturday and Sunday, for example, pies and sausage rolls. Inmates also receive a piece of fresh fruit.

Dinner is a hot meal (retherm kitchen) such as green Thai chicken curry. The meals are about the size of a 'TV dinner', which is not a lot of food for an adult male who may have been engaged in physical work for seven hours. Many inmates noted there had been a reduction in the amount of food supplied and portion sizes. The dilemma for inmates is that they can eat their dinner hot at 2pm or eat it cold later in the evening, noting that cells do not have microwaves. Not an appetising thought if you have a Thai green curry and rice meal to eat cold, several hours after it was reheated.

There is a gap of some 16 hours between dinner and breakfast the next morning. After the evening lock-in at 2.30 pm, inmates snack on buy-up food if they have any.

Meals supplied by CSI

In addition to supplied meals, units take turns having fortnightly barbeques with meat that inmates purchase at their own expense. Inmates enjoy their BBQs and look forward to them. While the inspection team was onsite a unit's BBQ was cancelled because a staff member(s) forgot to process the meat order. Inmates were told that they would have to wait until their next fortnightly turn. We thought this was unfair and that arrangements should have been made to hold the unit's BBQ on the following weekend.

Mealtimes at JMCC are not reflective of societal norms and are a direct result of custodial staff working eight-hour shifts which see the fully staffed dayshift cease work at 3pm. The following shifts do not have staff numbers to deliver meals to inmates who are locked in cells.

Recommendation: CSNSW provide JMCC inmates with a cold evening snack, such as sandwiches and fruit, in addition to their hot dinner meal so that inmates can eat in their cells at a time of their choosing.

57 Each unit is also provided with four extra 300ml cartons and two 1ltr bottles.

The inspection did not include a nutrition review. CSNSW advise that the most recent review of the menu was undertaken in November 2022, and it found that the menu meets nutritional standards.[58] From our observations, the portion sizes are small, and according to inmates, are smaller than they used to be. The concern is that if inmates are not receiving enough nutritious food, they will top-up with 'junk food' from buy-ups (see following section).

7.4 Buy-ups

Inmates may purchase a variety of goods with their own money through CSI. These buy-ups are delivered in sealed plastic bags to inmates in their accommodation units.

As an aside, inmates showed us a large buy-up trolley which was 'parked' outside the central officer's station in the main compound and would remain there overnight until buy-ups were delivered the next day. It was quite warm, and we query why heat-sensitive perishables like chocolate had to sit in the sun, when the trolley could have been delivered the next morning.

Buy-up cart

Inmates at JMCC told us that canned grocery products had become so expensive that, on their limited wages,[59] they were forced to buy cheaper, less nutritious products, like 'Two-minute noodles'.

Table 12: Buy-up price changes[60]

Items 10-20 in each category (same products)	DEC '22 price	MAR '23 price	Variation 22-23
Toiletries and hygiene	$62.85	$71.08	+$8.23
Healthier options	$29.10	$26.85	-$2.25
Culturally friendly	$28.65	$29.93	+$1.28
Confectionary, drinks and snack food	$36.90	$36.93	+$0.03
Grocery	$61.95	$67.31	+$5.36
Stationery and miscellaneous*	$32.96	$29.39	-$3.57
Sample total	**$252.41**	**$261.49**	**+$9.08 (+3.6%)**

58 Information provided by Corrective Services NSW, 13 October 2023.
59 As little as $15.81 dollars per week for non-workers.
60 Buy-ups price lists provided by JMCC.

** Less than 20 items available. Sample = 1st 10 items.*

A 3.6% increase in prices in three months is a lot considering inmates are on weekly wages as low as $15.81.

Buy-up bag

Inmates were of the view that the $100.00 cap on buy-ups should be increased. The costs of products have increased with no corresponding increase in wages or spending caps. They reported basic amenities like toothbrushes had wait times which seemed nonsensical given the buy-ups were packed onsite.

It seems self-evident that CSNSW (CSI) needs to match buy-up price inflation with regular adjustments to inmate wages rather than simply treat the gap between fixed wages they pay to inmates and higher prices as more profit for CSI.

Since the inspection the Commissioner has approved an increase to the buy-up spend which now totals $120.00. CSNSW advised that CSI review wages on a yearly basis in line with inflation and the Commissioner will approve a wage increase if appropriate.'[61]

Recommendation: CSNSW put in place a wages system which ensures that inmates are not financially disadvantaged by price increases in buy-up goods.

61 Information provided by Corrective Services NSW, 13 October 2023.

8 External contacts and communications

8.1 Visits

CSNSW advises the public that 'Inmates on remand are permitted two [family/friends] visits per week and sentenced inmates one visit per week.'[62] Visits can be in person or via video. At JMCC (June 2023) remand inmates were not being permitted two visit sessions per week.

Recommendation: CSNSW must ensure that remand inmates at JMCC are being offered two visit sessions per week in accordance with CSNSW policy.

JMCC provides three types of visits for inmates:

- contact visits (where visitors and inmates are not physically separated)
- non-contact ('box') visits where inmates and visitors are physically separated for security reasons
- audio visual link (AVL) visits are available to inmates at JMCC (see below).

The contact visits area comprises three large rooms, which allows groups of inmates to attend at the same time without mixing. For example, protection and mainstream inmates who must be kept physically separated from each other.

Contact visits are conducted on Saturday and Sunday with sessions commencing at 7.45am, 9am, 10.15am, noon and 1.15pm.

8.1.1 Visits areas

The contact visit rooms are functional but austere and not family friendly. The rooms could be made more attractive by, for example, having inmate artists paint murals on the walls or hanging their artwork. A few TVs set to kids' channels (no sound) might help occupy the time of young children.

We noted that there is an outdoor children's play area (various activity equipment) that can be accessed via rear doors in each of the visit rooms but were told by staff that it has not been used since the onset of COVID-19 (2019 or 2020) or perhaps earlier. CSNSW have advised that 'Visits children's play areas have been re-opened for some time since the cessation of COVID-19 restrictions.'[63] While this is a pleasing development the play area was not being used when we conducted our site inspection in June 2023.

Visits area

62 Corrective Services NSW, *Fact Sheet 8: Visiting an Inmate* (May 2019).
63 Information provided by Corrective Services NSW, 13 October 2023.

Inmates told us that vending machines were removed from the visits centre during the COVID-19 restrictions but had not been re-installed. This means they can't share something to eat with their children as they were able to do pre-COVID-19. This seems like a relatively easy fix for JMCC which should be addressed without delay.[64] CSNSW have advised that vending machines have been re-instated at JMCC.[65]

8.1.2 Observation of a contact visits session

We observed (from 9.55am) visitors being admitted for the 10.15am contact visits session (Sunday) until the last visitors were processed at about 10.55am, some 40 minutes after the start of the one-hour session. One visitor told us he arrived late due to transport issues, and while there may have been other late arrivals, there was quite a long queue at 9.55am. During this one-hour observation period 27 adults and 17 children[66], including a very young baby were processed. Adults were required to complete a handprint scan, have a photo taken, answer questions about carrying contraband (phones, drugs, etc.), open their mouths for checking and complete a full body scan. There is no legislative power to require visitors to submit to a mouth inspection.[67] This practice should cease immediately.

Children were not required to do the handprint scan but were otherwise required to complete the same process. Very young children, including the baby, were body scanned. One might ask how effective this was given that some of them did not stand still during the process. The baby was seated on the floor of the scanner. Further, asking three or four year-olds if they are 'carrying things'[68] seems a pointless exercise.

Concerning processing time, one visitor was sent back to remove a hoodie while a young girl was sent to a bathroom to check for an object which was detected (apparently a 5c coin). She was then rescanned and found clear. Other visitors were queried about scanner images around things such as metal buttons, zippers and so on. Some had to be re-scanned from different angles. Adding to the delays were first-time visitors to the centre who had to be added to the handprint scanner database. At a later session, which we did not observe, a visitor could not explain a scanner image of an 'object'. Rather than turn her away, the visitor was offered a non-contact visit which she accepted. This was good practice.

Overall, it took on average about 1-2 minutes to process each of the 43 visitors. This doesn't sound too long if you were 10th in the queue, but if you were 30th in the queue it translated to about 40 minutes of waiting time. This is a long time, as we observed, for parents with small children running around, including a toddler who climbed into an open locker. A play area for children would be a useful initiative.

In our opinion, JMCC needs to provide clear guidance to visitors to allow at least one hour for processing before the commencement of a visit or cease the practice of body scanning all visitors. We wish to emphasise the two officers involved in the visitors' admission process were faultlessly polite and respectful to the visitors and very attentive to the small children. Unfortunately, staff who manage the visits area inside sometimes bear the brunt of visitor and inmate frustration and unhappiness about shortened visits sessions due to the late arrival of visitors.

As an observation, it was peculiar that visitors exiting the centre from the previous session had to use the same doorway as those queuing to enter, causing a bit of jostling around and crowding (social distancing concerns) in quite a small area. A separate exit would be a sensible solution.

Recommendation: CSNSW advise JMCC inmates and their social visitors to allow an hour to be processed at the visits entry if all visitors are required to be body scanned.

64 During the inspection, the Governor told us action was underway to reinstall vending machines as soon as possible.
65 Information provided by Corrective Services NSW, 13 October 2023.
66 As best we could count given the complicated process and we may have missed some visitors being processed before we arrived. The JMCC Scheduled Visits Report listed 58 visitors booked for the session, but some may not have attended on the day.
67 *Crimes (Administration of Sentences) Regulation 2014 cl 93.*
68 Meaning contraband.

Clause 77 of the *Crimes (Administration of Sentences) Regulation 2014* provides that:

> Clause 77 Maximum number of visitors
>
> (1) Up to 4 visitors may be present with an inmate at the same time.[69]
>
> (2) The governor of a correctional centre may permit additional visitors to be present with an inmate at the same time, particularly in the case of an inmate who is dangerously ill.

Even if limited to four visitors under the Regulation, the visit tables only seat three visitors which means that staff must provide plastic chairs for the extra visitors. We were of the view that this loose furniture is a safety concern (potential weapon) if a fight were to break out between inmates or visitors or both. CSNSW does not share our safety concern and prefers the lightweight furniture that is easily stacked and stored. The possible solutions to this problem appear to be more fixed seating (difficult given the small size of tables) or providing portable soft seats made from foam rubber and fabric/vinyl.

Staff oversight of the session involved officers in the visits rooms and extensive CCTV coverage viewed constantly in the officers' station overlooking the visit room. It was pleasing to see that a verbal altercation between a female visitor and a male inmate was quickly and quietly diffused by staff without anyone else really noticing what was going on.

Inmates returning to their units after visits are subject to a full body scan at the visits area secure exit.

8.1.3 AVL social visits

Prior to the full onset of the COVID-19 pandemic in Australia in 2020, prisons across the country provided face-to-face social visits as the norm. COVID-19 was a particular risk for vulnerable populations in settings such as prisons, aged care facilities, nursing homes and hospitals where the risk of person-to-person transmission was extremely high. In prisons, a major concern was visitors carrying the virus and passing it on during contact visits. One of the protection measures adopted by all jurisdictions at various times during the pandemic was to adopt or expand AVL facilities to allow prisoners to have virtual visits.

An unexpected benefit of AVL was that some prisoners who were never able to receive in-person visits for various reasons could interact with their families rather than just talk over the phone. While COVID-19 related visit restrictions have significantly reduced in NSW prisons,[70] the demand for AVL visits remains strong. On 10 June 2023, JMCC hosted AVL visits for 72 inmates. We were advised that 70 - 75 AVL visits is normal on Saturdays and Sundays.

We would encourage CSNSW to maintain and develop AVL visits, regardless of whether living with COVID-19 becomes accepted or normal in the wider community.

8.1.4 Telephone calls

Inmates in NSW are not able to send or receive social emails (family, friends) and are therefore limited to phone calls from unit wall phones or their tablet:

> The devices provided to inmates are mid-sized digital tablets with a full-colour touchscreen and wireless internet access. Inmates have access to paid and free services on the tablet. As of July 2021, paid services only include voice calls to approved phone numbers, while free services include several applications and selected websites, such as:
>
> - Pre-approved ('white-listed') websites, including news and entertainment, education

69 Children (under 18 years of age) are not regarded as 'visitors' in this provision.
70 Visitors and inmates and visit staff were still required to wear masks during visit sessions at the time of the inspection in June 2023. See Inspector of Custodial Services, *Review of the Response to COVID-19 in NSW Custody* (November 2023) 26–30.

resources, health and wellbeing, and welfare services (read-only access)

- Entertainment (i.e., select games)
- Centre administrative information and forms
- Facility Messaging, allowing centre staff to send email-like notices directly to inmate tablets.

Inmates in both John Morony and Dillwynia Correctional Centres are given the tablets every afternoon shortly before they are locked in their cells. The phone calls feature of the tablet is available until 10pm; inmates may otherwise use the tablets freely until the morning, when they are collected by staff and placed in charging bays.[71]

During the inspection, inmates told us that they highly value their access to tablets but there were some problems such as patchy Wi-Fi connectivity which caused phone calls to drop out, but the inmate was still charged for the call.

CSNSW have advised that a new paid secure messaging feature for family and friends to send messages will be trialled in 2023 with potential ability to scale to other sites in 2024.[72] We note 'paid secure messaging facility' which will be an added cost burden on inmates who are struggling with the cost of phone calls. Detainees (inmates) at the ACT Alexander Maconochie Centre have free email services to approved contacts.

8.1.5 Cost of phone calls

The Offender Telephone System (OTS) supports inmates to maintain relationships with family and friends. It operates in a similar way to a standard pay phone, but with a range of security features.

CSNSW covers the cost of three 'local' OTS calls each week for unsentenced inmates,[73] to support contact with family and friends. Beyond this provision, personal call costs are borne by the inmate and deducted from their gaol account.

While precise call charges are not listed in available policies, a 'local' call from a correctional centre is reported to cost around $0.30. The cost of calls to mobile phones and long-distance calls are charged at higher rates and are not covered by the free call provision. Calls to mobiles are charged per minute and reportedly cost ten times a local call (around $2.60 for ten minutes).

In June 2023, CSNSW deactivated third party call management services (ENGIN and VOIP) from inmate call lists for 'security' reasons. CSNSW's memorandum stated the services are 'often' used to 'bypass safeguards' against unauthorised calls, such as contact in breach of an Apprehended Violence Order (AVO). The memorandum acknowledged the services are used legitimately to reduce call costs.

ENGIN services using traditional telecommunications systems assign users a local landline number, commonly referred to as an 'ENGIN' or 'Engine' number. When the inmate calls the number from the OTS, the service receives the call and automatically dials the number nominated by the person in the community using the standard mobile phone network. The service joins the calls as a silent third party. This means that CSNSW only has a record of the ENGIN number call, not the number 'dialled' by the ENGIN which could be an unapproved OTS number (victim, criminal associate and so on).

Voice Over Internet Protocol (VOIP) services, such as Skype, use different technology, instead converting the outgoing OTS telephone voice signal into a digital signal via the Internet (rather than through analogue systems). The recipient receives the call on an application downloaded on their phone or computer. The quality of the connection depends on the provider.

71 Julie Barkworth, Ofir Thaler & Mark Howard, 'Implementing Digital Technologies in Prisons: Inmate Uptake and Perceived Value of In-cell Digital Tablets (Research Bulletin No. 54, Corrections Research Evaluation and Statistics, Corrective Services NSW, June 2022) 4.
72 Information provided by Corrective Services NSW, 13 October 2023.
73 *Crimes (Administration of Sentences) Regulation 2014* cl 120; *Corrective Services NSW, Custodial Operations Policy and Procedures: 8.2 Inmate Telephones*.(version 1.11, 11 August 2023) 8.

Call costs are reduced because the OTS recognises the number assigned by the service as 'local' to the correctional centre. The inmate incurs a local call cost only, no matter how or where the recipient receives the call. By using systems that community members can access, callers avoid the additional OTS charges. The recipient of the call is the primary service user, paying the service for the cost of calls (at cheaper rates) as well as set up or subscription fees for the unique assigned 'local' phone number. Skype subscription fees are approximately $9 per month. Users can also avoid the need to add funds to the inmate's gaol account before a call can occur.

Staff appear to verify these personal contact numbers in the same way as for standard (non-call management service) numbers. However, call management services reportedly enable the recipient of calls (the primary service user) to request that the nominated recipient phone number change without the correctional centre's knowledge.

Opportunities to contact family and friends contribute to inmate wellbeing, reduce isolation and frustration, reduce strain on families and tensions within centres.[74]

While deactivation of the services is not a direct restriction, it indirectly reduces contact when call charges are cost prohibitive. ICS has previously identified that a lack of money for 'essentials', including phone calls can drive 'bullying and undesirable behaviour' among inmates.[75]

The NSW ICS Inspection Standards and several ICS reports comment on the impacts of restrictions on access to phones as well as costs.[76] The deactivation by CSNSW increases the cost for those who legitimately use the services. In particular, the cost impact is greater for families who are interstate or overseas. Additionally, inmates with mental health issues may require more regular contact with their families, as well as Aboriginal inmates (especially when placed 'off Country').

Without evidence that the services increase risks beyond those of a standard call or that existing strategies are not sufficient to mitigate risks, deactivation as a blunt tool may not be reasonably justified. NSW inmates make tens of thousands of phone calls each year to approved recipients. In the circumstances, we question whether the deactivation of Third-party call management services is a proportionate response.

CSNSW has taken steps to expand physical and system access to phones and calls (such as through tablets). Deactivation of services counteracts these efforts and reduces opportunities for inmates to maintain personal and social relationships.

While we appreciate the distress of people receiving unwanted phone calls via 'Third party' services, and the risk of some inmates engaging in nefarious activities, it would be preferable for CSNSW to act on individual complaints or security risks by barring the inmate concerned from accessing such services.

Recommendation: CSNSW explore whether there are 'Third party' call management services that can provide the security needed to prevent call redirections.

8.1.6 Adding phone numbers

Inmates were only able to add phone numbers once per week and told us that they did not understand the delays in adding numbers.

The inspection team is well aware that adding phone numbers is more complicated than it might appear to inmates. Personal phone contacts must be approved to ensure that the person nominated is happy to receive calls from the inmate and is a suitable person (not a criminal associate, a victim,

74 See for example, Inspector of Custodial Services, *Inspection of Macquarie Correctional Centre and Hunter Correctional Centre* (Report, November 2020) 17: Adding more phones removed a 'potential source of tension and conflict between inmates in competition for access to the telephone, and it reduced the isolation and frustration that inmates can experience when they cannot stay in contact with family'.

75 Inspector of Custodial Services, *Programs, Employment and Education Inspection* (Report, February 2020) 11.

76 For example, Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in NSW* (May 2020) standard 105. The Standards also acknowledge that those located at distance to families, such as foreign nationals, should be able to access discounted telephone charge rates. Inspector of Custodial Services, *Women on Remand* (Report, February 2020) which includes commentary in a report that CSNSW include long distance phone calls in the free call provision for unconvicted inmates.

or a child and so on). This can be a time-consuming process given the need to call each nominated person, having incorrect phone numbers, or people not answering calls, particularly during business hours when people may be at work.

8.1.7 Professional visits and technology

Professional visits are typically associated with lawyers but can also include private practice psychiatrists and psychologists[77], and other government and non-government agencies who may need to speak with an inmate in private.

Legal Aid NSW advised us that since the introduction of tablet phone calls in NSW prisons the number of calls from inmates has increased significantly.

Remandees and sentenced inmates can receive in-person legal visits seven days a week but, since the onset of COVID-19, most legal visits are now conducted via AVL. At JMCC there are only two AVL suites for professional contacts (mainly lawyers) and six booths for telephone calls[78] for up to 400 remand inmates. This equates to one AVL suite per 200 remand inmates (1:200) compared to the ratio at MRRC of 1:57.[79] JMCC would need another six AVL suites to bring it into line with MRRC. We note that there are eight non-contact ('box') visit cubicles which seems a lot given that withdrawal of contact visits should not be a common occurrence as CSNSW policy provides that:

'Contact with family and friends is an integral and effective management tool. An inmate's contact visit and telephone privileges should only be withdrawn as a last resort'.[80]

There may be scope to re-purpose some of the box visit cubicles into AVL suites.

AVL Suite and non-contact visit cubicles

Legal Aid NSW told us that there can be long delays in organising AVL visits at NSW prisons due to the high demand. Keeping in mind that Legal Aid NSW don't work on weekends or public holidays, this puts an enormous strain on AVL visits on weekdays in particular.

We were advised during the onsite inspection of JMCC that the waiting time for legal AVL visits was about two weeks. While this is frustrating for lawyers and inmates, it can also have a flow-on effect for courts if cases have to be adjourned and delayed.

77 For example, preparing pre-sentence reports for lawyers.
78 Inmates can ring their lawyers from a tablet if the lawyer is on their approved call list, but as discussed earlier in the report, there are time and privacy issues which can make this difficult.
79 Based on MRCC agreed capacity of 1,539 inmates and 27 AVL suites.
80 Corrective Services NSW, *Custodial Operations Policy and Procedures: 14.1 Inmate Discipline* (version 1.1, 12 March 2020) 15.

There was no AVL in E Unit[81] though staff advised that there was a proposal, subject to funding, to have AVL units in two smaller rooms currently used for cleaning storage.

There are simply not enough AVL terminals at JMCC to meet the demand for calls which has resulted in long delays in getting a booking. This can contribute to lengthier periods on remand and in turn an increase in the remand population.

Recommendation: CSNSW provide additional AVL resources at JMCC for professional visits, including in the Ebenezer (E) Unit by way of more AVL suites or tablet linkups.

8.2 Inmate advocacy and complaint mechanisms

8.2.1 Inmate Development Committee

JMCC's IDC has two delegates from A, B, C and D Units of the main gaol. A further two delegates come from E Unit Alternative Sanctions Program (ASP). Usually, it is the unit sweepers who are the delegates. There are no inmate delegate committee members in the SMAP area due to their protection status. Notably, we have observed that other high security centres do have SMAPs attend meetings with mainstream inmates.

We spoke with SMAPs, and they said they could not recall when they had a separate IDC meeting. Staff in E Unit said SMAPs can raise issues via the retherm kitchen overseer. However, if the E Unit SMAP inmates cannot participate in the IDC due to security reasons, they should have delegates who are able to meet with the centre's management team and raise issues. The Governor has committed to holding separate SMAP IDC meetings each month on an ongoing basis.

The IDC is meant to meet once per month. When we met with the delegates, not all were clear on when the next meeting was. IDC minutes provided prior to inspection showed closer to two months between meetings. It would be our view that two months between meetings is too long for a remand centre where there is a high turnover of inmates and issues raised may become lost.

We also noted from previous minutes that while various JMCC staff were tasked with addressing inmate issues/complaints ('Action items') there did not seem to be much (if any) follow-up reported at subsequent meetings. This can lead to frustration among inmates that IDC meetings are a waste of time. Further, the minutes don't reveal any engagement with inmates about how to improve systems and processes at JMCC which could benefit inmates and staff. This could be a standard agenda item.

We did not meet any Aboriginal inmate delegates at the IDC meeting, so we did not hear their perspectives. CSNSW informed us that the Aboriginal Inmate Delegate Committee meets every three months. At this meeting, it is discussed how to improve the outcomes for Aboriginal people within JMCC. The FM Accommodation advised that the Oz tag competition that they have started on a Saturday had come from Aboriginal delegates.

We met with the delegates in the chapel. There were representatives from C Unit (buy-ups workers), B Unit (other workers), ASP and one representative from A Unit. We believe that D Unit did not attend.

The inmates were concerned that there was only one day of visits for sentenced inmates and remandees should be getting more frequent visits, such as two per week.[82] The visits centre reportedly had ample space to increase numbers and had three large rooms that often went unused. There is also a children's play area they could not access. Two delegates said visitors had to wear masks[83] and that contact was limited at times, including hugging their children. The visits were often shortened, and this was frustrating. One inmate said his 9am visit did not start until at least 9.15am and was ended by 9.45am. Lastly, vending machines were not available, so inmates needed to

81 Inmates in E Unit may have restrictions on their movements around the centre which can make it difficult for them to be taken to the AVL suites.
82 This is correct. Remandees are entitled to receive two visits per week per *Crimes (Administration of Sentences) Regulation 2014* cl 76.
83 The was a requirement at that time due to COVID-19. See Inspector of Custodial Services, *Review of the Response to COVID-19 in NSW Custody* (November 2023) 26–30.

purchase snacks from buy-ups. This was consistent with our observation of visits, and we have made recommendations to address these issues.

8.2.2 Complaint mechanisms

An Official Visitor visits the centre on a regular basis to assist with the resolution of complaints at a local level.

Inmates can access a number of external agencies via the free telephone call system, including the NSW Ombudsman, the Health Care Complaints Commission, the Independent Commission Against Corruption (ICAC), the Law Enforcement Conduct Commission (LECC), Legal Aid NSW, and Aboriginal Legal Service.

8.3 Faith services

We were advised that:

- There is one Catholic chaplain (FTE 0.8).
- The Buddhist chaplain resigned two years ago, and no replacement has been appointed.
- The Islamic chaplain stopped attending about 12 months ago and hasn't been replaced.
- The Orthodox priest attends once every quarter.

We met with the Catholic chaplain in the chapel. The chaplain is at the centre five days a week, Monday to Thursday and one day on the weekend. The chaplain sees around 60 inmates each week. Support is provided to inmates after deaths in custody, death in family (a major concern during pandemic), general issues and funeral services. The chaplain wanted to provide funeral streaming, but the chapel did not have the necessary technology.

The chaplain generally had access to inmates depending on who was on shift of the custodial officers. He was initially unable to access inmates at industries but now ran services on weekends for the two work units (B and C). Overall 'officers were supportive' of access. The chaplain worked through inmate service requests through tablets, such as for a bible or for advice.

8.4 Access to purposeful activity

In most Australian prisons purposeful activity is described as a 'structured day' comprising (typically) of access to:

- education services, including VET and library time
- criminogenic[84] and therapeutic programs[85] for sentenced inmates
- therapeutic programs for remand inmates
- exercise and recreation
- meaningful paid work
- faith services
- access to legal services, particularly for remandees
- free time to attend to personal matters such as visits and phone calls

84 Criminogenic programs address offending behavior such as sexual offences.
85 Therapeutic programs do not specifically address actual or alleged offending behaviour.

- maximum time out of cells
- visits

Overall, JMCC provides these purposeful activities but as described throughout this report, many of the components listed above take second or third place behind the needs of CSI. This imbalance means that JMCC does not deliver the other activities to the best extent that could be achieved. As the inspection team has noted, CSNSW must decide whether JMCC is primarily a remand centre focused on the special needs of remandees or a 'working gaol' providing inmates for a CSI workforce. Some examples:

- Inmates told us that buy-ups workers got about 15 minutes in the morning and 45 minutes in the afternoon available to them – it was challenging to eat, exercise, sort enquiries during the week and prepare for lock-in.
- Inmates at MRRC and Parklea CC have in-person visits six days per week. JMCC has no visits Monday to Friday when CSI is in operation (requires workers).
- SAPOs previously attempted to run afternoon sessions for workers, but these were not well attended, given workers have limited time or can't be released early from CSI.

9 Aboriginal people in custody

9.1 Support for Aboriginal people

Aboriginal inmates comprise 25 - 27% of the JMCC population. In that regard, the following data raises serious concerns about the care and management of Aboriginal inmates at JMCC:

Table 13: Rate of Aboriginal representation across five categories[86]

Category	Reporting period	Non-Aboriginal inmates	Aboriginal inmates	Percentage of Aboriginal inmates
Self-harm	01/02/22 – 31/01/23	6	9	60% **over-represented**
Use of force	01/02/22 – 31/01/23	20	18	47% **over-represented**
Searches of an inmate	01/02/22 – 31/01/23	17	7	29.2% **over-represented**
Inmate workers	21/01/23	176	49	21.8% **under-represented**
Unemployed and non-workers	21/01/23	112	57	33.7% **over-represented**

Discipline outcomes for Aboriginal inmates

Aboriginal inmates were over-represented – see section on Inmate Discipline

9.1.1 Segregation orders

Aboriginal inmates were over-represented – see section on Segregation Orders.

9.1.2 Support for Aboriginal inmates, yarning circle and 'Koori Connect'

The program schedule shows the yarning circle is in operation. Staff said the yarning circle opened in May 2023, a smoking ceremony occurred, and the RAPO was present. The bid for the yarning circle was linked to the delivery of Koori Connect. 'Koori Connect' is a JMCC initiated group and only commenced recently. We were advised by other staff that the yarning circle was rarely (if ever used) other than for Koori Connect, and that the entry gate was locked and required access from the education area.

86 Information provided by Corrective Services NSW, 30 May 2023.

Yarning circle

It seems that while there is a yarning circle, it is not accessible. Aboriginal inmates cannot, in their spare time, get together to talk about things of importance to them without having a gate unlocked. CSNSW disputes this and claims that Aboriginal inmates who have access to the oval for daily exercise can utilise the area to connect with other inmates or for reflection.[87] This is not what we observed nor what we were told by various staff and inmates.

Recommendation: CSNSW increase Aboriginal inmates' access to the yarning circle.

Recommendation: CSNSW provide more identified Aboriginal staff positions at JMCC with a focus on welfare, liaison support and cultural programs/services for Aboriginal inmates.

87 Information provided by Corrective Services NSW, 13 October 2023.

10 Rehabilitation and preparation for release

10.1 Case planning and management

Case planning and management only applies to sentenced inmates. In general terms, it is aimed at addressing the offending behaviour of inmates and preparing them for parole hearings or end-of-sentence return to the community. As there is only a small population of sentenced inmates at JMCC[88] the inspection team did not examine the case management function in detail. We note, however, that JMCC would like to see the case management services expanded with additional staff. We don't understand the reasoning behind this view given the focus should be on remandees.

Remandees typically need a wide range of support and assistance around personal affairs such as:

- bail applications
- care of children or other relatives
- housing (paying rent and mortgages)
- personal loan repayments for cars and other things
- loss of family income in general
- family disengagement
- legal advice and representation
- care of pets (not a trivial matter for people without families)

None of these matters are related to case management.

10.2 Programs

CSNSW has two remand-specific programs that are offered at JMCC. The **Remand Addiction Intervention** is a modified version of the EQUIPS Addiction[89] program based on cognitive-behavioural therapy (CBT) principles and strategies. It aims to meet the need of inmates on remand who may benefit from a CBT-based addiction support intervention, to better understand their addiction, reduce unhelpful thinking and distress and learn new coping skills. The program comprises five modules delivered over 20 (usually two-hour) sessions.

In participating in Remand Addiction, group members do not complete the EQUIPS Addiction program, but they attend the sessions for support and guidance in relation to their addictive behaviour and receive an attendance statement. The aims are achieved by exploring the following topics:

- Understanding Change
- Urges and Cravings
- Problem Solving
- Balanced Living
- Self-Management Planning[90]

Programs staff told us that due to high turnover of remandees, most participants are not able to

88 On 1 January 2023, of the 438 male inmates at JMCC, 81.1% (355) were on remand and 17.4% (76) were sentenced.
89 Corrective Services NSW, Compendium of Offender Behaviour Change Programs (February 2021) 17–18.
90 Corrective Services NSW, Compendium of Offender Behaviour Change Programs (February 2021) 17–18.

complete 20 sessions at JMCC, but staff were of the view that attending some sessions is better than none.

The **Remand Domestic Violence Intervention** was collaboratively developed between CSNSW and Legal Aid NSW. It is a six (6) session (1 - 2 hours each) intervention that focuses on assisting inmates to understand their legal circumstances specific to domestic violence and to provide them with knowledge and skills for healthier relationships. The intervention is based on cognitive-behavioural therapy principles and strategies in the EQUIPS suite of programs.

Importantly, the intervention does not require participants to admit guilt or take responsibility for the charges for which they are currently on remand. While domestic violence is discussed, no details of the individual's charges should be disclosed. The aims are achieved by exploring the following topics:

- Coping – managing emotions
- Change – identifying abuse
- Caring – healthy lifestyle
- Communication
- Choices – action planning.[91]

We were advised that a big challenge was engaging with working inmates, but a one-week program meant attendance and completion rates could be achieved if inmates are released from industries. When trying to manage work and programs via afternoon sessions attendance was reportedly lower, probably due to the one hour or so that inmates have between finishing work and the 2.30pm lock-in.

Referrals to the program occur through induction and outreach at the units.

Aboriginal inmates - Koori Connect is a 10 session program. It was identified that there is no program called Koori Connect in the compendium of programs, it is a JMCC led initiative. When Aboriginal inmates at JMCC express interest in the program the 'Connect' SAPO talks to them about holding a session at the yarning circle and those on the list identify others who would want to join. That group is capped at 10.

JMCC also runs a local-initiative **Alternative Sanctions Program (ASP)** for sentenced and remand inmates. One of the key benefits of participants in the ASP is that the penalty ordinarily received for a drug related institutional offence is suspended. The aim is to have a more therapeutic environment than the main gaol and work on relapse prevention, by having inmates away from the main compound. The ASP allows them to relax and focus on their issues. The inmates in the ASP do the Connect program, and the Addictions program. Connect consists of 10 sessions, and Addictions consists of 20 sessions delivered over 10 weeks.

ASP inmates reside in E Unit where up to 15 inmates can be accommodated at any one time. Entry to the program is through self-referral or centre referral. Inmates are given information about the ASP in the JMCC five-day induction, and there is a promotional video.

If an inmate tests positive to drugs through urinalysis they may be referred to the ASP by the Intelligence manager. The FM Accommodation manages other referrals and speaks to the SAPO facilitator as well as the intelligence manager and senior correctional officers. There is a wait list for inmates to enter the ASP. The wait list aims to but does not purely operate using the cab rank rule, as referrals may have a pressing need identified by custodial staff or the psychologist. Inmate need may change while on the waitlist. The SAPO makes the decision, and a factor is whether inmates attend the remand addictions program in the unit to demonstrate a willingness to engage in change programs. There appears to be some issues around governance of the program that could be improved, including clarity on the referral process and related selection criteria.

The exit plan will be different for each participant. It is ideal that they do the program then leave the SAPO to provide follow-up support if requested. Some inmates will go into the IDAT program, but

91 Corrective Services NSW, Compendium of Offender Behaviour Change Programs (February 2021) 19–20.

some have to go into D Unit which is not the ideal place for them. An inmate may not complete the entire program because of the nature of remand. The inspection team was advised that some inmates ask to leave the ASP, but they could not recall anyone having to be removed from the program.

The SAPO has pro-forma letters that they issue to inmates to show at court. The SAPO also makes connections to organisations upon release. There was no formal measure for effectiveness but anecdotally, it was said that inmates were positive and usually wanted to stay in the program.

In principle, it is good practice that drug related offences in custody are being treated from a health perspective rather than a punitive approach. However, in the absence of outcome measures (not in/out process measures) it is difficult to comment on what the ASP is achieving for inmates.

10.3 Education

Table 14: Offender Education and Vocational Training (February 2022 to February 2023)[92]

Inmates	Enrolments	Completions	%
Aboriginal	59	2	3.3%
Non-Aboriginal	122	6	4.9%
Total	**181**	**8**	**4.4%**

**We note that remandees accounted for 111 (61%) of enrolments and four completions (50%).*

10.3.1 Overview

The JMCC education team has an Education Services Coordinator (ESC) and an Assessment and Planning Officer (APO). The Education Centre has a full time BSI[93] trainer. Four inmates are employed: librarian, clerk, sweeper, and a tutor.

Education's key role is the Core Skills Assessment (CSA). No formal KPI applies but the ESC adopts the 20 per week KPI which is applicable elsewhere. While these 'should have been done' prior to the inmate arriving at JMCC, they often are not or are not done with sufficient detail resulting in 'double handling'. Conducting the CSA before an inmate arrives at JMCC does not necessarily yield accurate results because people entering into custody are often experiencing stressors or are detoxing when required to complete a 50 question CSA. Inmates 'click' anything to complete it, but the CSA determines a great deal of what follows, so JMCC try to redo it properly.

Education provides a space for inmates to be engaged – attending the library, and playing music. Inmates who are not working are welcome and we observed positive and courteous interactions with inmates.

At times inmates convey that they want to do education but cannot afford not to work, particularly if they have no support on the outside (education can only pay a maximum of $27.00 a week, though this was equal to hygiene worker pay). It can be hard for an inmate to engage in work and education/programs as there is not enough time out of cell to do both. Moreover, inmates engaged in education are housed in D Unit. D Unit was described as the punishment unit by staff and inmates alike.

10.3.2 Education courses

There are three main classes that run over several weeks (approximately ten sessions): Language, Literacy and Numeracy (LLN), Digital Literacy and a 'pre-cert course' for those with very low initial scores. LLN is run by a BSI trainer with four two-hour sessions that run from Monday to Thursday. Digital literacy is one session on Friday 8.30am – 1pm. Both basic and advanced can be offered. Classes have around 8 - 10 inmates each.

92 Information provided by Corrective Services NSW, 30 May 2023.
93 BSI is a contracted education provider.

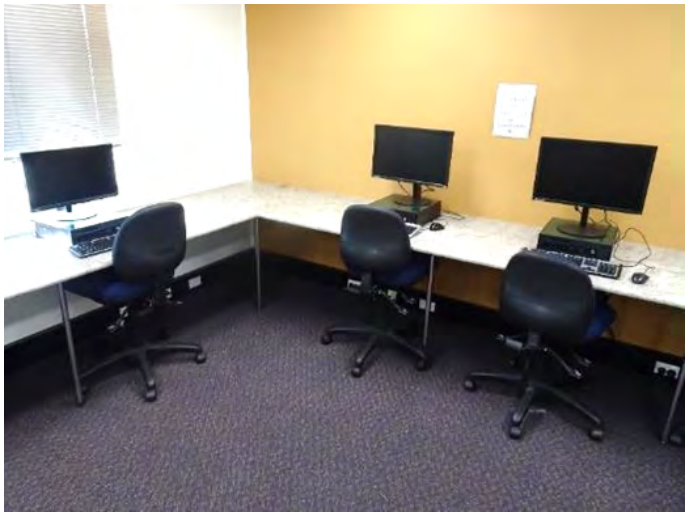
Vocational courses run sporadically. Examples are Cleaning Operations, Food Safety, Waste Management, Logistics. Running programs is subject to TAFE and JMCC logistics. Firstly, course dates are limited. For example, Food Safety was only offered two Fridays for the rest of the year. Secondly, other courses take many weeks to complete. Limited dates in advance are pretty much non-viable as JMCC has to pay for some courses (TAFE) even if not completed. If scheduled, it requires industries to release inmates and remandees may have legal appointments and court appearances that will take priority. Remandees often depart prior to completion.

Completion rates may seem low as standard courses do not fit a remand centre model and inmates are released or transferred to another centre. However, while inmates may not complete the whole course, units of competency can be attained, and inmates receive certificates that recognizes the training achieved. We note that although 'certificates' of completion may improve the self-esteem of inmates most have little practical value in the outside world.

10.3.3 Education centre building

We observed the different spaces in the education centre, located between the main gaol and the oval. The single storey building had a veranda where inmates gathered and ate lunch or had coffee. Upon entry to the building, on the left was a computer room used for digital literacy. Inmates can also request to use this room.

Computer room



Further up the hall was a room for staff with a kitchen and toilets, as well as a large classroom, where LLN is delivered by the BSI trainer. There were inmates using the space, one inmate was doing a jigsaw puzzle in the left corner, two inmates were using a computer and one was assisting the other to design NAIDOC related information. The room was observed as an inviting space for inmates to come and learn. It was a relaxed environment and inmates reportedly enjoyed a trivia related discussion where they could come and ask and find out answers to various questions.

Opposite the classroom was a large art room, where inmates can paint. There were murals on the walls which had been painted by inmates. Inmates are allowed to paint within their cells, and we were told the buy-up list is being updated to include the purchase of paints. Canvases were provided.

At the rear of the building is a large classroom which is used for training by TAFE. Within this room were two computers, and inmates can request to view their legal materials on a USB in this room.

There were guitars in the ESC office, and an inmate was able to come in and take one while we were in the office. Inmates can play in unused ESC rooms or on the veranda.

The inspection team is fully supportive of inmates engaging in music, singing, art and activities such as jigsaws, however these should not be confused with education services or courses.

10.3.4 Library

The library was small but well stocked with books and some magazines. It was clean and well organized with tables and chairs and a viewing window to the main staff office allowing communication and observation. The library is open from 6am for sweepers, from 9am for non-workers, and from 11.30am-2pm for workers.[94] Inmates can order books on their tablets which are taken to them in their units. The library does not open on weekends.

Several inmates were using the education space during the inspection. There is also a satellite library in E Unit.

Library

10.3.5 Summary

As at 1 January 2023 there were 438 inmates at JMCC. In the period 01/02/22 to 31/01/23 there were eight course completions, giving a completion rate of 4.4% (3.3% for Aboriginal inmates, 4.9% for non-Aboriginal inmates) from 181 enrolments.[95]

In essence, JMCC appears to be providing an education suite that is mainly relevant to sentenced inmates who (at 1 January 2023) formed less than 20% of the JMCC population.

10.4 Employment

'Corrective Services Industries (CSI) operates business units and service industries in correctional centres which design, manufacture and provide a diverse range of products and services to the public, DCJ, other government agencies and private sector markets. In total CSI operates 171 business units and service industries that provide inmates with work experience and vocational training across the 29 CSNSW operated correctional centres.

By providing employment opportunities to inmates, CSI:

- contributes to their training and attitudinal development and enhances their opportunity to gain and retain post-release employment
- keeps inmates occupied during their terms of imprisonment
- provides the opportunity for them to contribute to the efficiency and self-sufficiency of the correctional system'.[96]

94 It is unclear how this matches with the daily routines of workers who are in their workplaces from about 7.30am to 1.30pm.
95 Information provided by Corrective Services NSW, 3 April and 30 May 2023. Other data provided to ICS reported 183 enrolments.
96 Corrective Services NSW, *Fact Sheet 7: Correctional Services Industries* (January 2022).

‘CSI provides a system of remuneration based on individual performance in relation to productivity, quality, customer service and performance targets. Inmate weekly wages are based on a standard 5-day, 30-hour week, ranging from $24.69 to $70.29.’[97]

CSI operates three main ‘businesses’ at JMCC:[98]

10.4.1 Buy-ups

‘Supply of approved groceries and activities items for sale to inmates. Bulk purchasing and packaging of an ‘In-House’ range of products for sale, providing inmates with the opportunity to gain skills and qualifications in fulfilment, warehousing and distribution.’

Buy-ups warehouse

10.4.2 Engineering

‘Steel and sheet metal fabrication of commercial products, security fencing, screens, weld, powder coat, and wet spray.’

Engineering workshop

97 Corrective Services NSW, *Fact Sheet 7: Correctional Services Industries* (January 2022).
98 Corrective Services NSW, *Fact Sheet 7: Correctional Services Industries* (January 2022).

10.4.3 Services

'Centre hygiene, recycling and waste management, ground maintenance, community projects and other domestic activities.'

Laundry services

On working days (Monday – Friday, excluding public holidays) CSI employs about 200 JMCC inmates. For example, on 31 January 2023 there were:

- 87 in buy-ups
- 37 in engineering
- 57 in services
- 10 in education
- 169 inmates were described as 'unemployed' or 'non-workers'[99]

We were advised that buy-up workers (C Unit) are paid for a five day working week even though only about 20 - 30 work on Fridays when there is a weekly stock take. If workers are required to attend education classes, programs or AVL/phone legal visits their pay is not 'docked'. However, a worker told us that he had to make a legal call from the buy-up building wall phone but was told by an officer to 'Hurry up and get back to work'.[100]

We were advised that all inmates at JMCC receive the basic amenities allowance of about $16.00 per week regardless of whether they do or do not work (such as an inmate on segregation, inmate dismissed from employment). According to JMCC, this is apparently not the practice in other NSW correctional centres.

C Unit workers told us that they barely get time to eat their breakfast before being taken off to start work at about 6.30am.[101] The working day ends at 1 – 1.30pm when inmates return to their units prior to the evening lock-in of B and C units at 2.30pm.

For C Unit workers this translates to a 7-hour shift (including the lunch break):

- 6.30am start work
- 10.30am (approximate) 45-minute lunch break[102]
- 1.30pm end work

99 Information provided by Corrective Services NSW, 3 April 2023.
100 ICS does not, without supporting evidence, rely on anecdotal comments from inmates or staff.
101 Approximate start time confirmed by staff.
102 Disputed by a number of workers we spoke to who claimed they don't get a real lunch break.

It is important to note that up to 15 E Unit SMAP inmates work in the retherm kitchen. This is a commendable arrangement for inmates who might otherwise spend their time doing little in their unit.

The centre should be making work available to remand inmates who want to work, not compelling them to work. Most, but not all, remandees we spoke to want to work to fund their buy-up purchases and (expensive) phone calls. Their concerns are that they do not get enough time on workdays to attend to personal matters (phone calls to families and so on), exercise or engage with their lawyers.

A solution may be to provide shift options for workers. For example, buy-up workers could opt for half-day shifts or no shifts on some days. This would open up employment opportunities for inmates who are on the CSI waiting list (unemployed workers).

It was reported that some medium security inmates are held back at JMCC. We were told that minimum security (C) inmates are sent to another centre commensurate with their classification and are only at the centre whilst awaiting transfer. Medium security (B) classified inmates are 'the ones we hold back' for industries, meaning their placement is to support CSI operations.

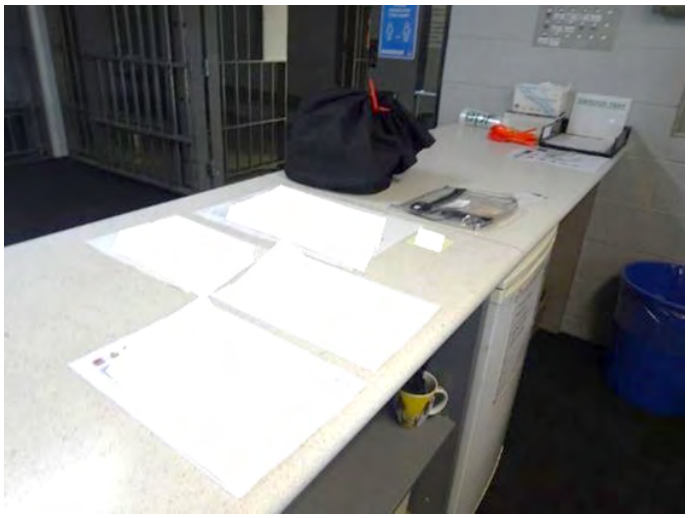
Discussions with inmates throughout the inspection affirmed that minimum security (C) inmates do not remain at the centre, but medium security (B) inmates are retained at the location to support industries.

Recommendation: CSNSW to provide options for inmate workers at JMCC to have flexible working hours.

10.5 Release from custody

We observed an inmate being released to parole. It was observed that reception staff had all his personal belongings ready (valuables bag, property bag and associated paperwork) displayed on the reception bench.

Personal belongings and associated paperwork



The inmate was seen by JH&FMHN for a pre-release medical consult prior to being brought to the reception area.

The discharge process was performed well by an experienced officer who was polite and engaging and checked a couple of times whether the inmate understood what was being said to him, particularly around his reporting conditions. It was observed that the discharge documentation had been pre-signed by the discharge officer (this is not good practice as they are affirming actions that have not yet occurred). The centre claimed this was a new state-wide process however it is more likely to be a misguided attempt to be efficient. We have observed this poor practice in other inspections over several years and believe it is a training issue.

The inmate was asked to sign the forms after being read the documentation. Apart from one other reception officer, there were no other persons/ inmates in reception at the time of discharge which meant the process was not conducted in the presence of the reception inmate workers.

The inmate was given his personal clothing that he came in with and was asked to change into his clothes and shoes. His property and personal items were checked and placed in a clear bag (under his supervision), and he was escorted to the main gate where documentation was again checked, and he was given his money ($14.00) from his prison account. The vehicle door (sally port) was opened, and he was shown where his parents were parked. Whether this means of exit was dignified for the inmate is debatable from a human rights perspective.

The releasing officer spoke briefly with his parents and explained he was expected to report the next day and advised of the appointment place and time. This is an example of good practice by staff.

11 Other matters

11.1 Inmate interviews with police and other law enforcement agencies

Section 25 of the *Crimes (Administration of Sentences) Act 1999* makes provision for an inmate to attend an interview with police or a law enforcement agency:

> '25 Local leave orders
>
> (1) The Commissioner may make an order (a 'local leave order') requiring an inmate to be taken from a correctional centre to any place in the State…
>
> (a) enabling an inmate to be interviewed by a police officer, or by an officer of a law enforcement agency, in connection with the commission of an offence in a correctional centre, whether or not the offence was committed or is suspected of having been committed by the inmate,
>
> (b) enabling an inmate to assist in the administration of justice.'

Section 123 of the *Law Enforcement (Powers and Responsibilities) Act 2002* (NSW) concerning police powers provides that:

> 123 Right to communicate with friend, relative, guardian or independent person and Australian legal practitioner
>
> (1) Before any investigative procedure in which a detained person or protected suspect is to participate starts, the custody manager for the person must inform the person orally and in writing that he or she may—
>
> (a) communicate, or attempt to communicate, with a friend, relative, guardian or independent person—
>
> (i) to inform that person of the detained person's or protected suspect's whereabouts, and
>
> (ii) if the detained person or protected suspect wishes to do so, to ask the person communicated with to attend at the place where the person is being detained to enable the detained person or protected suspect to consult with the person communicated with, and
>
> (b) **communicate, or attempt to communicate, with an Australian legal practitioner of the person's choice and ask that Australian legal practitioner** to do either or both of the following -
>
> (i) attend at the place where the person is being detained to enable the person to consult with the Australian legal practitioner,
>
> (ii) be present during any such investigative procedure…' (emphasis added)

CSNSW policy states that 'an inmate must not refuse to meet with a visitor who is on official police/ government agency business. However, they may refuse to participate in the interview. **The inmate must be given the opportunity to seek legal advice before the interview takes place**.'[103] (emphasis added)

11.1.1 Process for arranging police interviews at JMCC

When police require an inmate to attend an interview a JMCC staff member raises a 'Section 25' transfer order that results in the booking of a secure escort vehicle on a date to allow the inmate to attend the interview. It seems that it is not the practice at JMCC to advise the inmate that he is to attend a police interview until on or just before the interview date even though police appear to give reasonable notice to JMCC.[104]

An inmate given short notice to attend a police interview is highly unlikely to be able to consult a lawyer (usually Legal Aid NSW) given the delays in arranging AVL legal visits, which was about two weeks at the time of the inspection. It is important to note that JMCC is not informed about the reasons for the police interview so cannot answer inmate questions and cannot provide legal advice to inmates about their rights at police interviews – this is a matter for lawyers.

As a case in point, we observed an inmate security classification review on 13 June where it was mentioned in passing that the inmate was due to attend a police interview in early July. The inmate had not been informed of this interview and became visibly distressed and started asking numerous questions about why he had to attend, what it was about and so on. The classifications officers could not answer any of his questions and decided to abort the interview and called a JMCC psychologist in to speak to the inmate in private. We understand that the inmate was later told that JMCC would facilitate a telephone call or AVL with Legal Aid NSW as soon as possible.

This 'Section 25' process at JMCC is unacceptable and must be rectified as a matter of urgency.

Recommendation: CSNSW ensure that inmates who are to be interviewed by police or other law enforcement officers, are offered the opportunity to speak with a legal representative before the interview.

103 Corrective Services NSW, Custodial Operations Policy and Procedures: *19.5 Police and Other Law Enforcement Escorts* (version 1.3, 11 August 2023) 5.

104 We saw one example of a police request with about one-months' notice to attend but this may not be typical.

12 Healthcare

12.1 Introduction

Unlike other publicly operated NSW correctional centres, JH&FMHN has entered into a services agreement with CSNSW which sets out the health service delivery expectations including KPIs and a payment mechanism. As the provider of health services at the centre JH&FMHN is required to deliver services and meet identified KPIs according to service specifications in the agreement. CSNSW may withhold payment where KPI targets are not met.[105]

Health services at the centre include primary health, drug and alcohol (D&A), population health, oral health, mental health, Aboriginal health and allied health which are provided either 'in person' or via telehealth. Patients who require specialist services are referred to Prince of Wales Hospital (POWH) for outpatient services either in person or via telehealth. Emergency and inpatient care is predominantly provided at Hawkesbury and Nepean Hospitals.

The health workforce consists of primary health nurses (PHN), general practitionesr (GP), specialist nurses and medical staff in population health, Drug and Alcohol (D&A), and mental health, NDIS worker, dentists, physiotherapist and administrative staff. The workforce is led by a number of nursing and service management positions and clinical directors for primary health, mental health, Aboriginal Health, drug and alcohol and population health.

Table 15: JMCC health staffing

Position	Full time equivalent	Filled substantively
Nursing Unit Manager	1	0
Registered Nurses	6.12	6.12
Endorsed Enrolled Nurses	1.4	1.4
Population Health (CNS)	0.2	0.4
Drug and Alcohol (CNS)	0.8	0.6
Mental Health	0.8	0.8
Clinical Support Officer	1	1
Clerk	1	1
Aboriginal Health Worker	1	0
Clinical Nurse Educator	0.2	0.2

12.2 Provisions of health services under the management agreement

12.2.1 What is different at JMCC?

All of the centre's service providers are required to work to the service specifications and KPIs contained in the services agreement, which is not required in the other publicly operated correctional centres. The Nursing Unit Manager (NUM) reported that because of these particular requirements there is a commitment within teams of service providers at JMCC to work cohesively and collaboratively to ensure the KPIs are met.

105 Information provided by Justice Health and Forensic Mental Health Network 22 February 2024.

The NUM advised that because the centre works under a different set of service specifications and KPIs to the other JH&FMHN facilities, their approach to health care delivery has to be different. The NUM believed there is a greater level of accountability at JMCC to meet the KPIs as these are reported on and scrutinised each month by CSNSW.

The focus of the health centre is on the achievement of the KPIs and all health staff are aware of the requirement to meet the KPIs and work with the NUM to ensure they are achieved. The NUM did report there is a 'feeling' of pressure among the health team to ensure the KPIs are met at the centre.

The health team viewpoint is that patient care is actioned quicker at the centre because of better access to patients and the requirement to meet the KPIs, especially in regard to priority one and priority two waiting times for patient access to services. The NUM also reported that some of the service levels were higher at the centre, compared to the patient population in other NSW correctional centres, such as twice weekly GP sessions, weekly oral health services and weekly onsite and telehealth psychiatry, to assist in the achievement of the KPIs.

The Clinical Support Officer at JMCC is responsible for monitoring the achievement of the KPIs on a daily basis and where it appears a KPI may not be met they will work with the NUM and health staff to ensure the service is provided within the specified timeframe. For example, a patient's appointment with the GP may be moved forward if the priority wait time will not be met or resources may be redirected and/or added to ensure Early detection program (EDP) screening occurs.

12.2.2 Report requirements

The Health Service Plan was initially developed when the agreement-based health services commenced in 2017 and is updated annually. The yearly review addresses what was planned to occur, what actually did occur and what is planned to occur in the next 12 months. The annual review of the Health Service Plan used to be submitted via the Commissioning Unit within JH&FMHN, but it is now submitted via the Regional Nurse Manager for JMCC. The JH&FMHN Pharmacy Department provide the Pharmacy Expenditure Report each month.

Previously there were regular meetings with the local CSNSW management team regarding the KPIs, which were suspended during COVID-19. The NUM advised that the new Governor has recommenced the meetings with the first held in June 2023. The NUM also advised they work closely with the CSNSW Manager Quality Assurance and Performance for KPI reporting requirements.

12.2.3 Achievement of KPIs

The NUM advised every effort is made to achieve the KPIs each month which may include re-allocating and/or adding additional resources to accomplish this. If there are any breaches of the KPIs, an assessment is undertaken to determine the reason and a corrective action plan is put in place. The NUM reported the following in regard to the health related KPIs:

KPI 3 - Serious self-harm	Whilst this is a CSNSW KPI, JH&FMHN is responsible for providing a report detailing the treatment provided to the patient and the location of the treatment (health centre at JMCC, clinical observation bed in the health centre or an external hospital). The NUM advised this KPI requirement is consistently met.
KPI 13 - Chronic healthcare plans	On average this KPI is met on 100% of patients who meet the criteria.

KPI 14 - Timely primary health services	The requirement for Priority One patients to be seen within 72 hours is met 100% of the time. Priority Two patients, which must be seen within 14 days is 100% met by specialties such as Alcohol and other drug (AOD), mental health, population health. Primary health nursing clinics in most cases meet the timeframe requirements and GP clinics for the majority of occasions meet the requirements. In the two weeks prior to the inspection, the twice-weekly GP clinics had been cancelled resulting in the Priority Two waiting time for GP clinics not being met. The NUM also advised that the achievement of this KPI for some of the Allied Health services such as physiotherapy for Priority Two patients, was also difficult.
KPI 15 - Health discharge plans	85% of the population at the centre are remand inmates, so there is a need to closely monitor when patients are released at short notice, for example, from court/video court and/or receive bail to ensure they can complete the discharge summary for the patient and meet the KPI, which occurs for the majority of the time. Sentenced patients have a much more planned discharge and as such, the centre achieves the KPI for those who are sentenced 100% of the time.
KPI 16 - Early detection program and immunisation services	The centre finds it challenging to achieve 100% for the provision of EDP to patients who meet the criteria. The main challenge is staff availability to undertake the EDP screening, due to other pressing commitments. KPI 16 also includes the requirement for eligible patients to be offered catch up childhood vaccinations, hepatitis B and influenza vaccinations. The health service advised that they were not aware that catch-up childhood vaccinations were a requirement of KPI 16; they thought it only included hepatitis B and Influenza vaccinations. The centre advised they have never reported childhood vaccination rates for eligible patients within this KPI. When JH&FMHN was asked regarding the absence of childhood vaccinations being reported they advised only hepatitis B vaccinations are reported.
KPI 17 - Health related incident reporting	This KPI was met 100% of the time.
KPI 18 - Health screening	The KPI requirement for transfer patients to be seen by health staff within twenty-four (24) hours of arrival at the centre as well as being reviewed within twenty-four (24) hours of returning from hospital are achieved 100% of the time. As part of the review monthly reporting data for health services at JMCC was requested for the period August 2022 to January 2023 from JH&FMHN. The review of the data confirmed for the nominated period all of the KPIs for health services were reported to have been met within the approved targets.

12.2.4 Non-compliance with KPI 16 - Early detection and immunisation services

We note that requirements of the KPI 16 - Early detection program and Immunisation Services are not being fully complied with. In the John Morony Operating Agreement, Schedule 17 - Performance Regime, KPI 16 - Early Detection and Immunisation Services, under the section Definitions it states, 'Immunisations means immunisations in accordance with the Services Specification.'

In the Service Specifications for JMCC Immunisation Services, it states:

> 1. Immunisation services are delivered in accordance with the current edition of the Australian Immunisation Handbook.
>
> 2. All Custodial Patients received into custody at the Correctional centre from the community are screened for their immunisation status, including for immunisations that would normally occur during childhood. Those who have not been vaccinated against all vaccine preventable diseases listed in the Australian Immunisation Handbook must be offered vaccination against the relevant vaccine preventable diseases.

JH&FMHN was asked to confirm if childhood vaccinations were included within the KPI 16a vaccination reporting at JMCC and provided the following response:

> KPI 16 for John Morony CC is split into two reportable measures and does not include childhood vaccinations. KPI 16 covers:
>
> 16a: Proportion of eligible patients provided hepatitis B vaccinations
>
> 16b: Proportion of eligible high-risk patients screened for sexually transmitted infections (such as hepatitis, HIV) through the Early Detection Program.

JH&FMHN's understanding of which type of vaccinations are reported as part of KPI 16a does not match the definition, which includes childhood vaccinations.

JH&FMHN did advise that primary care nursing staff screen and assess the immunisation history and status of every patient arriving at JMCC as part of the transfer-in assessment and any patient with outstanding vaccinations for which they are eligible are offered to them. They advised that patients who are identified as having missed childhood vaccinations are referred to the population health team for assessment and provision of the required vaccinations.

Interestingly, during the inspection the health team at JMCC advised they were not aware of the requirement to screen for childhood vaccinations and provide catch up vaccinations to the patient population as part of KPI 16. They also advised they do not provide the service and as such do not report on this as part of the KPI reporting.

ICS is aware that privately operated correctional centres in NSW are required to include childhood vaccinations in their KPI 16 service provision and reporting requirements.

Recommendation: JH&FMHN undertake a review to determine why the service provision and reporting requirement for KPI 16a regarding immunisation provision differs at JMCC compared to the KPI definition.

12.2.5 Health services at JMCC compared against the service specifications

As part of the inspection, health services provided at JMCC were compared to the agreement *Schedule 3 - Output Specification, Part C5: Services Specification - Health Services*. For the majority of the requirements contained within *Part C5 health services specifications*, it was confirmed they are provided for the patient population at JMCC.

Discharge medications

One exception is the provision of discharge medication to patients who are on remand. The health service advised that due to the short notice of the release of remand patients it was frequently not possible for patients to be provided with up to seven days of discharge medications. It was explained some patients are provided with one day's supply of medication and others none and instead they are advised to attend a community GP and have them contact JH&FMHN to obtain the patient's medication history. This is not an ideal arrangement and does not support the patient to continue their medication upon release.

Health service providers in other jurisdictions have a similar KPI for discharge medications when patients leave custody and are able to achieve this for remand and sentenced patients because they have their medications prepared as dose administration aids (DAAs). By having the patient's routine medication dispensed by a pharmacist it allows nursing staff to be able to issue the patient with up to one week's supply of their medication when they are released/discharged. For JMCC to meet this service specification requirement for remand patients, consideration could be given to having their medication dispensed in DAAs. See section *Medication Management - Dose Administration Aids* for more information on the benefits of introducing DAAs at JMCC.

Clinical pharmacy reviews

Some of the requirements of the service specifications are somewhat vague and lack content regarding the level and type of service to be provided. For example, the requirement for clinical pharmacist medication reviews does not define the requirements succinctly.

Specifications matching the performance regime

For completeness it would be better if the service specifications and the performance regime definitions and descriptions matched and ideally with the optimal level of service provision afforded to the patient.

12.2.6 Impact of COVID-19 on KPIs and health service delivery

The health service was asked about the impact of the COVID-19 pandemic on the delivery of health services and achievement of KPIs. They advised the management of COVID-19 had been extremely challenging for staff, referring to the period as being 'horrible'. The health service also reported it was difficult to maintain all the required health services and meet KPIs from March 2020 to March 2023.

Some of the challenges included trying to maintain health service delivery to patients who were in isolation due to being COVID-19 positive or in quarantine because they had been in contact with a COVID-19 positive patient or were a new transfer. The health service said it was very difficult trying to provide health care in the accommodation units, especially administering Schedule 8 medications. In addition to attempting to maintain as many of the routine health services, there was also the requirement to undertake daily clinical checks of COVID-19 positive patients. The period had additional demands because Buvidal (slow release injectable Buprenorphine) was introduced at the centre during COVID-19.

There were also significant health and custodial staff shortages during the period due to them contracting COVID-19, being a close contact of someone who was COVID-19 positive or having to care for COVID-19 positive family, which placed significant pressure on being able to maintain an acceptable level of health service delivery.

The health service stated that because of the demands on health services and staff shortages during COVID-19 not all of the KPIs were achieved. KPIs 13 (Chronic Healthcare Plans), 15 (Health Discharge Plans), 17 (Health Related Incident Reporting) and 18 (Health Screening) were achieved during COVID-19 however, KPI 14 (Timely Primary Health Services) and KPI 16 Early Detection Program and Immunisation Services were not achieved during the COVID-19 pandemic. The health service advised some 'relief' was given to the achievement of the KPIs during COVID-19.

Now that the correctional environment is in the 'living with COVID-19' stage, there is an expectation that business will return to normal at the centre and the KPIs will be achieved. The health service advised that providing health care at the centre is less pressured now without the COVID-19 pandemic management requirements however, there are new issues which challenge the continued achievement of the KPIs. These include the change in some of the inmate population profile to those who are on non-association, SMAP or segregation and changes to the structured day, where previously services commenced at 6.30am and now they start at 7.30am.

12.2.7 Benefits and disadvantages of KPI focused health service delivery

Feeling of pressure

The health staff did report there is a feeling of 'pressure' to achieve the KPIs each month. To assist with the achievement of the KPIs, the centre is well resourced with primary health, mental health, D&A and population health services, considering the population size of JMCC. It seemed that within the team, everyone was exceedingly aware of the requirement to achieve the KPIs and worked hard to meet the requirements.

It was reported the change of the type/mix of the inmate population can place added 'pressure' on the health staff to achieve their KPIs. For example, the change of a percentage of the population from normal discipline to segregation, non-association and SMAP inmates has added 'pressure' on the health staff to achieve the EDP KPI due to nursing resources having been reallocated to meet the health service requirements for these patient cohorts in the morning when the EDP screening is usually undertaken. The NUM is required to closely monitor the EDP screening wait times to ensure the KPI is met.

This feeling of pressure to achieve the KPIs within the health team is quite common in KPI driven health services, including within correctional environments. Whilst output focused reporting does require a different level of responsibility and accountability within a service provider team, it should not be the only driver of the provision of quality and safe health care to a patient population.

Quality of healthcare

Achievement of KPIs does not always guarantee the provision of safe, quality health care. For example, a patient's transfer assessment might be undertaken within the KPI timeframe, but the quality of the information documented by the nurse might be unacceptable or the manner in which the patient is spoken to by the nurse may be abrupt and rude. A chronic disease screen was completed on a patient within the specified timeframe however, the content was brief, the patient was not encouraged to be involved in the process, and clinical monitoring of identified health issues were not undertaken.

As with any health service provision, the auditing and monitoring of the quality of health care is essential from a patient safety perspective and also to ensure the continuous improvement of health care. The success of a services agreement based health service provider arrangement is to ensure the quality of the health care provided is just as important as the achievement of KPIs. For this to occur there must be robust auditing and monitoring systems in place which evaluate the quality of the health care provided, scrutinise critical incidents, KPIs and other reports as well. In addition, the audit and monitoring team should develop an effective and highly functional relationship with the health service provider so as to encourage open and transparent dialogue between the parties about the quality of health care provided and any barriers which could influence the achievement of this.

Flexibility in health care delivery and/or changes to the model of service delivery

It was reported that due to the need to meet the KPI requirements in regard to health service delivery, it does not allow for flexibility in changing aspects of the model of health service delivery. For example, during the inspection, the issue of low numbers of patients on the self-medication program at JMCC was discussed with the NUM. They advised there was a desire within the health team to increase the number of patients on the self-medication program however, the health staff resources required to achieve this would need to be reallocated from KPI related services which could result in KPIs not being met.

Providing healthcare within an services agreement based output focused reporting environment should not be so rigid, perceived or actual, that it precludes opportunities for improvement or innovation within health service delivery. Achievement of KPIs should not be at the detriment of implementing changes that improve the quality and safety of health service delivery.

Benchmarking with other JH&FMHN facilities

Currently, JH&FMHN reports to NSW Health in its publicly operated services on 44 indicators, which were developed by JH&FMHN and NSW Health. JMCC reports on the six health related KPIs contained within the services agreement, which were developed by CSNSW with some input from NSW Health.

Benchmarking of health services between JMCC and other JH&FMHN facilities does not occur due to the different reporting requirements. The absence of benchmarking with the health services provided by JH&FMHN across publicly and privately operated correctional centres was also identified in the NSW Audit Office report, *Access to health services in custody*.[106]

Current KPIs

ICS considered the current six KPIs reported for health services and believe that none of them should change as they are relevant to health service provision at JMCC, address a number of high risk areas relating to health service delivery in a correctional environment including completion of transfer assessments and review of patients returning from hospital within 24 hours, chronic disease screening for high risk patients and all Aboriginal patients, EDP screening for blood-borne virus (BBV) and sexually transmitted infections (STI) and discharge planning to ensure continuity of care for patients when they return to the community.

The KPIs are appropriate for remand and sentenced patients because regardless of their custodial status, patients have health issues which must be identified, assessed, stabilised and/or managed when they are in custody. Although JMCC is predominantly a remand facility and many of the patient population have a short length of stay, the KPIs are still relevant and appropriate for the centre. For remand patients the focus is on assessing and addressing their immediate health needs and when released linking them to ongoing health care in the community. These requirements are pertinent to the majority of the health related KPIs.

Notification of results

In regard to the notification of results to a patient, within the service specifications there is a requirement that at either the request of a patient or if the results are clinically significant, health staff are to inform patients of their results within 10 days of the results being received. This also includes ensuring patients who are transferred to another correctional centre are informed of their results. Results could include pathology, medical imaging and outcomes of specialist appointments.

To ensure the timely and appropriate provision of health care to patients, it is important for patients to be advised of any abnormal results and for them to be acted on by health staff as clinically indicated. The risk to a patient of not acting upon abnormal results could be significant and result in catastrophic consequences to their health and quality of life.

106 Audit Office NSW, *Access to health services in custody*, September 2021.

Because reviewing and actioning test results is an important requirement for the effective monitoring of patients' health status, and a strong indicator used within health to identify a deteriorating patient, consideration should be given to including the notification of results to a patient and acting upon them as a reportable KPI at JMCC.

Mental Health Care Plans

The requirement for the development and review of mental health care plans (MHCPs) is contained within the service specifications however the MHCPs are not reported as a KPI. It is well documented that there are a significant number of patients within the correctional environment with a diagnosed serious mental illness and, to assist with their treatment and recovery, it is important they have a MHCP developed and reviewed every three months by a mental health professional. Due to the importance of the MHCP development and review process for a patient, consideration should be given to including this as a reportable KPI at JMCC.

The development and review of MHCPs is included as a KPI reporting requirement for JH&FMHN service providers in other jurisdictions.

Oral health services

People in custody often have poor oral health due to diet, lifestyle, poor dental hygiene and non-attendance at the dentist. Because of this the demand for oral health services in a correctional environment is quite significant. JH&FMHN has to be acknowledged for their commitment to meeting the oral health needs of the patient population and have over many years invested significant infrastructure and human resources to the service.

Currently none of the KPIs at JMCC directly relate to the provision of dental services to the patient population. Because oral health services are an important component of health service delivery, consideration should be given to including a KPI for oral health services. Oral health services at JH&FMHN use a triage and patient waitlist information management system which is used in all public dental facilities within NSW, so there is the capacity to be able to provide accurate reporting for oral health services.

Recommendation: CSNSW and JH&FMHN consider including oral health, mental health care plans and notification of results to patients as key performance indicators for JMCC.

12.3 Summary of health service delivery

12.3.1 Example of excellence - transfer assessments

The NUM was asked what they considered to be an example of excellence in health care at JMCC which they advised was their approach to the assessment of patients who transfer to JMCC and commencing their health care journey with the local health team.

From the time that the Transfer Assessment is undertaken with the patient, the nursing staff engage with the patient and explain to them how health services can be accessed at the centre. Time is taken to undertake a thorough assessment of the patient's health information and the patient is referred to services as clinically indicated. A detailed clinical assessment is undertaken of the patient and if any concerns are identified, the patient's care and management are escalated to the appropriate clinical service.

The health service is of the view because they undertake an intensive consultation with the patient when they arrive at JMCC they are able to establish an effective rapport with the patients, resulting in better engagement with the health service.

JMCC does not receive patients who are new receptions (new to custody) and most are transferred to the centre after they have been at another correctional centre for approximately two weeks. The

majority of patients are transferred from the Metropolitan Remand and Reception centre (MRRC) and Parklea Correctional Centre, although the health service did advise they could receive transfers from across the state. The transport vehicles can arrive at any time in the day. The average number of transfers in on one day is 15 - 20 but can range from 7 - 40 transfers.[107]

The nurse, who can be a registered nurse (RN) or enrolled nurse (EN), rostered to conduct the Transfer Assessment commences at 1pm and does not usually commence receptions until after the 2pm Safety Huddle (Clinical Handover) in the health centre.

There is an interview/clinic room within the Reception Area that is used by the nursing staff to undertake the transfer assessments. The Transfer Assessment Form is completed on all patients with the specified 24-hour period. This KPI is always met by the centre.

The electronic health record (EMR) is reviewed, and any appointments scheduled and wait lists in the Patient Administration System (PAS) for patients are transferred across to JMCC. The patient's prescribed medications are reviewed, and it is explained to the patient how they access their medications. The patient has a set of clinical observations recorded as well as other clinical measurements such as weight, height, body mass index (BMI) and blood glucose level (BGL).

Patients are referred to any health services as clinically indicated. If there are any concerns identified with a patient, they are transferred to an Emergency Department for further assessment.

During the inspection it was noted that a transport vehicle arrived at 10am one day and the patients were not reviewed by nursing staff until 3pm. The NUM was asked about this and advised any receptions/transfer that arrive prior to 1pm are required to wait until they are seen by this Transfer Assessment nurse. We asked if a morning shift nurse could see the earlier arrival reception/ transfers, so the patients do not have to wait for their transfer assessment and were advised this was not possible due to the other staff commitments in the morning relating to KPI related health service delivery. The health service advised that if notice is given about a transport vehicle arriving earlier in the day, they arrange, where possible to have the Transfer Assessment nurse commence earlier.

Recommendation: JH&FMHN monitor the arrival time of the transfer patients to JMCC, to ascertain if there is a requirement to modify the commencement time of the Transfer Assessment Nurse Position.

12.3.2 Return from hospital reviews

Patients who are sent out to hospital are reviewed by nursing staff as soon as they return from hospital and are reviewed again 24 hours after they return from hospital. The health service advised this part of the Transfer Assessment KPI is always achieved. The hospital discharge plan is reviewed and if there are any follow up requirements with the hospital, these are arranged. If there are concerns about the patient on their return to JMCC the ROAMS GP is contacted, and advice is sought. If clinically indicated the patient may also be referred to the next GP clinic for review.

When a patient is admitted into an external hospital the daily updates on the status of the patient are undertaken and forwarded to the after-hours Nurse Manager as detailed in the Service Specifications.

12.3.3 Access to health care - numbers of patients seen

The health service advised on average 12 patients were seen in the Primary Nurse Clinic daily and on occasions there have been 18 - 20 patients seen in one day. This is a reported higher number of patients seen per PHN clinic compared to feedback from other correctional centres inspected by ICS.

The health service advised that to ensure the Priority One and Priority Two patients were seen within the specified timeframes it was essential to have these large numbers of patients scheduled into the primary nurse clinics each day.

107 The inspection team did not ask for data on arrivals/departures. Team members were told different numbers by various staff members.

The health centre hours of operation are 6am to 10pm, seven days a week After JH&FMHN service hours at JMCC, the custodial staff can access the RN on night duty at Dillwynia CC for advice on patient care. This position provides overnight health service coverage for the three correctional centres on the Complex.[108]

One correctional officer is rostered to the health centre for the entire morning shift and an additional correctional officer is rostered at the health centre 8.30am to noon.

Direct patient health services operate from 6.30 am to 11 am and 12.30pm to 2.30pm each day. This equates to six and a half hours of patient access each day.

Patients on insulin are always the first to access the health centre each day from 6.30am, then Opiate Agonist Therapy (OAT) is administered. Supervised medications occur after patients are administered OAT. Patients on insulin also attend the health centre at noon and 5pm.

Visiting specialty stream clinics usually run from 8am until 4.30pm with a break in the middle of the day. The clinical support officer (CSO) prepares a schedule of the clinics for the day and which patients are booked to attend. The custodial staff use the schedule to page patients to the health centre to attend the relevant clinic.

Within the health centre there are three consultation rooms and one interview room, which all have telehealth capability. On average four clinics are scheduled each day, which could include PHN clinic, mental health nurse, Population Health, D&A, Chronic Care and GP.

The local Management Service Agreement (MSA) between CSNSW and JH&FMHN, permits up to five patients in the health centre at one time (excluding the Clinical Observation Beds). When there are unplanned lockdowns the clinic lists are triaged to identify which patients must still attend their appointment and every effort is undertaken to maintain specialist clinics. For planned lockdowns, the clinic schedule is rearranged to work around the reduced access to patients.

Satellite clinic - Ebenezer (E) unit

There is a satellite clinic (one room) in the Ebenezer (E) Unit. Nursing staff undertake a daily PHN clinic and administer medications from the satellite clinic. If an E Unit patient requires a clinical review/assessment this is undertaken in the satellite clinic. The satellite clinic also has telehealth facilities, which facilitates access to specialist services. Patients in the E Unit who are on OAT are required to attend the health centre to have this administered to them because it is a Schedule 8 medication. Patients from E Unit are brought to the main health centre when services like dental treatment cannot be provided to them in the satellite clinic.

Patient self-referrals

Previously patients did not complete self-referral forms when they wished to access healthcare and instead attended the health centre as ‘walk-ins’. The introduction of self-referrals at JMCC commenced during the COVID-19 pandemic.

When the self-referrals are received by nursing staff, they are reviewed, triaged and processed (patient placed on a waiting list or booked into a service clinic). The appointment/waitlist is entered into, and a progress note made, in the JH&FMHN PAS and a progress note made in the EMR.

12.3.4 Primary health services

There are daily PHN clinics seven days a week, which are conducted by an RN or EN. There are two on-site GP clinics each week at the centre, which is higher hours of GP services when comparing the centre’s population size to other JH&FMHN locations. If GP clinics are cancelled, the NUM liaises to have an additional clinic provided on site if possible or a telehealth clinic may be arranged. For more urgent matters, the centre contacts the ROAMS service to obtain GP services.

108 The Francis Greenway Correctional Complex, incorporating JMCC, Geoffrey Pearce Correctional Centre and Dillwynia Correctional Centre.

During the site inspection, the health service advised they had not had a GP clinic for two weeks due to staff absences and this was affecting the achievement of having Priority Two patients for GP clinics seen within the timeframes. It was reported the centre achieves their Priority Three (within three months) and Priority Four (within 12 months) appointments for primary health without any difficulty.

12.3.5 Medication management - preparation, administration, signing of charts, e-meds, OATP, prn medication

There are two ways a patient can receive their medication at JMCC. The first method is medication provided from Imprest Stock and placed in plastic bags, which have the patient's name on the bag to identify them. This is referred to as *delayed administration* and requires the nurse who prepares the medication to administer the medication.

Patients can either be provided 24 hours supply of their medication which they self-administer or if they are on 'supervised' medication, which is usually restricted/accountable (Schedule 8 and 4D) drugs and/or drugs which are tradable in a correctional environment (antidepressants, antipsychotics, certain pain relief) they are required to take the medication under the supervision of nursing staff.

The second method is medication provided as part of the self-medication program which is where patients who are selected for the program or request to be part of the program, have a risk assessment undertaken and if considered suitable for the program, receive a month's supply of their medication, dispensed by the JH&FMHN Pharmacy Service and the patient self-administers their medication.

On the day of the Inspection, approximately 5% of the patient population on prescribed medication, who were mostly in E Unit, were on the self-medication program and 95% were receiving their medication from nursing staff. The low number of patients on the self-medication program was discussed with the health service. They advised that for some of the Units (Archerfield, Berkshire and Castlereagh) the patients are not suitable for the program both because they are new, and their health/medication needs are being determined or because they are short stay remands and are often released after a short period in custody.

The patients in Darruk Unit were identified as a group who would be suitable for the self-medication program however, it was explained that to commence a patient on the self-medication program it takes time and staff resources, and this would place added pressure on the achievement of the KPIs if resources were re-directed to assess patients for the self-medication program.

Dose administration aids (DAAs) referred to as 'sachet packs' that are prepared by the JH&FMHN Pharmacy using an automated medication dispensing system, were not available at the centre. The health staff were supportive of the introduction of sachet packs at JMCC as they could see the benefits for the patients and health staff.

Either the GP or nursing staff provide patients with education on their medication when they are first commenced on a medication. The GP schedules the patient for medication reviews as clinically indicated or when they are reordering medications for patients.

At the time of inspection, an e-prescribing system (e-Meds) was scheduled to be rolled out across JH&FMHN. The system allows for electronic prescribing by approved prescribers and the administration of medication by nursing staff. JH&FMHN have confirmed the e-Meds roll out to all JH&FMHN sites was completed in November 2023.[109]

109 Information provided by Justice Health and Forensic Mental Health Network 22 February 2024.

12.3.6 Medication administration procedures

Insulin, OAT and supervised medications

Supervised medication is administered in the health centre in the morning and afternoon. OAT is meant to be administered after 7.30am in the health centre, once the patients on insulin have been managed, however this does not always commence on time.

We were not able to observe the administration of insulin, OAT or supervised medication administration in the health centre during the inspection, so we are unable to comment on whether the correct procedures were undertaken.

Medication preparation

We were unable to observe the preparation of medication for delayed administration during the visit. The staff advised that the nursing staff who prepare the medications are the ones who administer it. We did note that the medication plastic bags did have the patient's name and MIN (personal ID) on them for identification.

Medication administration

We attended the administration of medication in the accommodation units and Industries with the EN. Nursing staff transport the medications for delayed administration in a plastic toolbox, which was not locked, and they were escorted to and from each accommodation unit by a correctional officer from the health centre.

Upon entering the accommodation unit, the unit correctional officer announced on the PA system that medications were being administered. For all occasions of medication administration, the patients lined up in an orderly fashion. Nursing staff administered the medications through an open hatch in the window of the Officer's Station. The custodial officer escorting the nurse remained in close proximity of the nurse during the administration procedure.

Within the accommodation unit, the patients attended for medication administration with their identification (ID) card and, if they did not have the ID card the nurse asked them to retrieve it otherwise, they would not administer the medication to them. This was consistently undertaken by the EN and the majority of the patients had their ID card with them, which suggests there is compliance with this ID requirement. The EN checked the patients name and MIN[110] on the ID card against the information written on the medication bag.

The health service advised that medication charts are signed after the administration of medication to patients, which complies with JH&FMHN policy. This could not be verified at the time of the inspection, as medication preparation was not observed.

Pro Re Nata (PRN) medication: preparation and administration

Pro Re Nata (as the circumstance arises) known as PRN medication, is medication prescribed for a patient not to have on a routine basis but to have as and when they require it. Patients are informed on transfer to JMCC in the health service information leaflet and when they are charted for PRNs, that they must inform the correctional officers in the accommodation units/Industries if they wish to have PRN that day by 8.50am. The correctional officers from the accommodation units/industries contact the health centre correctional officers who completes a PRN list, which includes the patient's name, MIN and their accommodation unit.

By 9am the correctional officers provide the PRN list to the nurses rostered to prepare the delayed administration medications to the patients. The nursing staff check the patient's medication charts and prepare the PRN medication. The PRN medication is then administered to the patients during the

110 Inmate ID number.

routine medication administration round. The nurse who prepares the PRN medication is the one who administers the medication to the patient.

This method of medication preparation and administration does comply with JH&FMHN policy requirements however, it does not meet the true purpose of PRN medication, which is to take it when it is required. For example, a patient who is prescribed PRN paracetamol for pain should not have to pre-empt when they need the medication, nor should they have to wait several hours to obtain the medication.

Nurse initiated medication

Nursing staff do not routinely carry paracetamol and/or ibuprofen pain relief medications with them when they are administering morning and evening medications. If a patient complains of pain and requests pain relief, they are required to attend the health centre to be clinically assessed by nursing staff and the assessment documented in the patient's EMR, prior to being administered the medication.

The rationale for this is because there had been occasions where patients were being administered paracetamol and/or ibuprofen as a Nurse Initiated Medication and this was not always being documented on the medication chart and within the EMR. The nursing staff have found by undertaking this new practice, there is better clinical documentation of the administration of pain relief to patients. The decision of JH&FMHN to take this step in regard to better documentation and monitoring the administration to patients is understood and considered a sensible approach.

12.3.7 Chronic disease management

Patients who are identified as requiring a chronic disease screen (CDS) have it conducted during their transfer assessment. The health service was asked if this was a suitable time to conduct the CDS, considering this is the first day the patient has arrived at the centre, and they stated they had never received any negative feedback from the patients about the timing of the CDS.

Any bloods or other tests, identified during the completion of the CDS, are arranged to be undertaken shortly after transfer. Patients may also initially require clinical observations to be undertake more frequently if there are any irregularities and then on an ongoing basis as clinically indicated.

The Multidisciplinary Care Plan (MDCP) is required to be completed within 72 hours of the CDS being undertaken and is required to be reviewed at least annually. The health service advised the patient is encouraged to be involved in the completion of the CDS and the development and review of the MDCP.

Aboriginal patients are referred to the Aboriginal Chronic Care Nurse to have their chronic disease plans developed. The position, which works across the Complex, was vacant for six months however, it has recently been filled and the person will be commencing shortly.

12.3.8 Drug and alcohol services

The centre's D&A service consists of a 0.6 FTE D&A Clinical Nurse Specialist, Level 2 (CNS 2), who provides services three days a week predominantly on site, occasionally via telehealth and a D&A Staff Specialist, who previously attended one day a fortnight however, due to an increased demand for OAT services the service has increased to one day a week onsite. This is a very good D&A service considering the size of the centre.

Very few patients are transferred to JMCC from other centres withdrawing from AODs. The majority of the patients who are new to custody withdraw at another centre. The centre does have patients on occasion who withdraw from drugs whilst they are at JMCC due to using illicit substances in custody.

Patients who come into custody on OAT remain on the therapy. Patients who request to commence on OAT are assessed by a D&A CNS and D&A Staff Specialist and if considered suitable go on a waiting list to commence treatment. The preferred OAT in correctional centres in NSW is Buvidal,

which is an injectable depot (long acting) version of Buprenorphine. Buvidal injections are undertaken by the Primary Health nursing staff, after the initial dose is administered by a D&A CNS. Patients on Buvidal are clinically managed by the D&A team.

Patients being released on Buvidal have their discharge planning undertaken with the patient by the D&A State coordination unit who coordinate the linking of the patient with a provider in the community for post release care.

At the time of the inspection the number of patients on OAT in JMCC consisted of 30 patients on OAT, (Methadone) and 59 patients on OAT (Buvidal Depot).

12.3.9 BBV/STI management and immunisation/outbreak management

The centre has a 0.4 FTE Population Health Nurse position, which provide services onsite, two days a week and is responsible for the preparatory clinical work to commence a patient on hepatitis treatment, which is then prescribed by a hepatitis Nurse Practitioner or a hepatitis Specialist doctor via telehealth. At the time of the Review, there were 15 patients on hepatitis C and two on hepatitis B treatment at JMCC.

The majority of patients are provided with one month's supply of their hepatitis medication and self-manage the administration. The Population Health nurse assesses the patient when they first commence their hepatitis treatment in regard to their ability to self-manage their medication. If they are not considered suitable for being provided with one month's supply, they will be provided a smaller supply and supported in developing their ability to self-manage their medication. Patients are also provided with hepatitis medication when discharged/released from custody, which is usually the remaining supply of the medication for the month.

The centre undertakes a promotional campaign each year for the Winter Influenza Immunisation Program, which includes promotional posters being displayed in the health centre and throughout JMCC and patients being advised of the Program upon transfer to the centre. At the time of the inspection, only 20% of the population had accepted the Influenza vaccination and the health team intended to promote it more within the patient population to increase vaccination rates.

The health service reported the attitude and interest within the patient population to the Influenza and COVID-19 vaccinations was similar to the community. For example, the patients were experiencing 'vaccination fatigue' due to the number of COVID-19 vaccinations required in the last three years and many patients have declined the fifth COVID-19 vaccination/ third booster. Also, many of the patient population do not see the need for the Influenza vaccination as they have not contracted the illness in the last three years.

The management of public health/communicable disease outbreaks are managed well within the centre, which is coordinated by the NUM. Advice on the management of an outbreak is provided by the Population Health Directorate and any advice, which needs to be given to CSNSW via a Health Problem Notification Form (HPNF).

12.3.10 Self-harm management

Self-harm management was reported by the health service as being effective at the centre with health, custodial and SAPO teams working collaboratively in the management of a person at risk of self-harm. Usually there is consensus on how a person should be managed. If a patient on a RIT has a known mental health issue, they will also be referred to the mental health nurse for review.

The PHNs are responsible for the assessment and management of patients at risk of self-harm or suicide at the centre. Only PHNs who have undertaken the *At Risk of Self-Harm or Suicide Training* are permitted to undertake at risk assessments, review patients at risk of self-harm or suicide and participate in Risk Intervention Team (RIT) Meetings.

JH&FMHN staff are aware that whichever staff member identifies a patient at risk of self-harm or suicide they are required to complete a HPNF and notify relevant health and custodial staff. When

the correctional staff advise JH&FMHN that a patient is on an ISP or RIT, the nursing team see them the following day, which is prior to the RIT Review meeting and then each day until the patient is removed from a RIT. Any recommendations regarding placement by the primary health nurse is documented and communicated to CSNSW on the Health Problem Notification Form (HPNF).

There are five 'safe cells' located in the E Unit where patients may be placed whilst on a RIT. The RIT meetings occur daily and there can be anywhere from zero to five patients on a RIT at one time. There can sometimes be a delay ceasing a patient's RIT due to a delay in the patient being reviewed by a speciality such as mental health, in which case they are required to remain on the RIT until the next mental health clinic.

12.3.11 Mental health services

Mental health services to patients in JH&FMHN are delineated into two levels: Level A – these are patients with anxiety disorders and depression on low dose antidepressants and are managed by primary health GPs and the Mental Health Liaison Service; and Level B. These are patients with a diagnosed serious mental illness, are on antipsychotics and are managed by psychiatrists/psychiatric registrars, Mental Health Nurse Practitioners (MHNPs) and Mental Health Nurse MHNs.

At JMCC the mental health service consists of a 0.8 FTE MHN providing onsite services four days a week and a psychiatrist 10 hours a week, which consists of eight hours on site and two hours via telehealth. An MHNP covers the psychiatrist when they are on leave and was onsite on the day of the inspection. In addition, a fortnightly mental health liaison service is provided to patients at JMCC via telehealth. This is a very good mental health service for the population size of the centre and assists in the centre consistently achieving its KPI for priority one and two mental health patients.

The Mental Health Liaison Service in consultation with the GP manage the category A patients and the MHN and psychiatrist manage the category B patients. Mental health services include commencement and/or review of medication, continuation of treatment and monitoring of the patients with serious mental illness; sleep hygiene clinics and referral to other services, such as psychology, as considered clinically indicated.

MHCPs are developed by the MHN with the patient and documented in the progress notes in JHeHS. The MHCP is reviewed every three months by the MHN with the patient.

PHNs undertake the depot (long acting) injections for the mental health patients who are prescribed these medications.

Discharge planning is undertaken on all patients with a diagnosed mental illness. The MHN staff refer patients to the NSW Health state-wide 1800 mental health referral line, which is used by all public mental health service providers. The referral details the patient's home address and from this the referral is forwarded to the respective Local Health District (LHD) community mental health team. A copy of the patient's discharge summary is sent to the Referral Service.

Bed-based mental health services

When a patient becomes mentally unwell at JMCC and requires a higher level of observation and intervention, they are transferred to the Mental Health Screening Unit (MHSU) at MRRC in Sydney. It was reported patients can wait days to several weeks to be transferred to the MHSU, with the average wait time being two weeks. The MHN participates on the weekly Mental Health Bed Demand meeting and will advise of any patients where their condition may be deteriorating to increase their priority for a mental health bed. Whilst the patient is waiting for a MHSU bed, they will be placed either in a safe cell or in a normal cell, depending on their clinical presentation and perceived level of risk to self or others.

When patients from JMCC require involuntary treatment under the *Mental Health and Cognitive Impairment Forensic Provisions Act 2020* they are moved to the Mental Health Unit (MHU), Long Bay Hospital (LBH), which is a declared mental health facility under the Act.

12.3.12 Provision of healthcare to Aboriginal patients

The provision of health services to Aboriginal people in custody is a challenge to health providers in all jurisdictions. Whilst there may be a commitment to recruit to identified Aboriginal health positions, it is commonly difficult to employ and retain staff in these roles.

Currently at JMCC there is an Aboriginal Chronic Care Nurse position that works across the Francis Greenway complex and provides hours of service at each correctional centre based on demand. The position is responsible for working with Aboriginal patients in the development, implementation and review of their Chronic Disease Plans (CDPs). The position had been vacant for some time however, a new person will commence shortly. JMCC also has an Aboriginal Health Worker position, however, despite ongoing recruitment, the position has never been filled.

It was reported Aboriginal patients frequently request access to Oral Health and D&A services compared to other health services.

JH&FMHN provides no specific health promotion programs to Aboriginal patients. The health centre has health promotional material, such as chronic disease, immunisation, hepatitis testing and treatment, specifically developed for Aboriginal people, with some specifically for Aboriginal people in custody.

Local Aboriginal Community Controlled Health Organisations (ACCHOs) do not provide regular in-reach services to the centre. When patients are being discharged, the health staff ask if they wish to be referred to a local ACCHO with some patients agreeing and other declining.

JH&FMHN staff undertake cultural awareness and cultural competency training *('Respecting the Difference'*) as part of their orientation and on an ongoing basis to develop staff skill and confidence as well as gain a greater understanding on how to engage with Aboriginal people, so they feel confident and comfortable to access healthcare. It is important for health services to be delivered in a culturally safe way.

Closing The Gap Day celebrations

The Closing The Gap Day celebration was undertaken at JMCC on 24 March 2023, which had 62 Aboriginal patients attend from the centre. The event was open to any of the population who wished to attend. JH&FMHN and CSNSW staff attended, however no staff in identified Aboriginal positions from either agency were able to attend the celebrations. The JH&FMHN staff who attended included the Population Health Team, D&A nurses, MHNs, PHNs, oral health and the NUM. The local ACCHO, Western Sydney Aboriginal Health Service was invited to attend, but were not available.

The celebration occurred within the chapel where health checks/health education/health promotion initiatives were undertaken including primary health checks, blood pressure (BP) checks, weight checks, diabetes reviews, D&A education, population health education in STIs, BBVs and oral health checks.

Patients were waitlisted for follow up appointments with health services if any health issues were identified during the screening and health promotion exercises. A feedback survey was undertaken with the attendees after the celebration, which was positive. The health service advised because the Closing The Gap Day celebration was so positively received it was their intention to undertake a similar event during NAIDOC week in July 2023.

12.3.13 Oral health

The health service believed the centre had good access to oral health services, with a dental clinic at least weekly and on occasions; they can have up to three sessions a week. ICS notes this is a very good oral health service for the size of the centre, compared to other JH&FMHN locations. An average of six to eight patients are seen during a dental session and on a very productive day, 10 patients are seen.

The JH&FMHN Oral Health Service has a telephone referral service, which is accessed by patients. If the health staff have concerns about a patient, they are able to escalate them on the waiting list by contacting the Oral Health Unit. Also, if a patient develops an infection due to a dental issue, the health staff will contact the ROAMS GP service to obtain a telephone order for antibiotics and pain relief and the patient will be prioritised for a dental appointment.

12.3.14 Diet and nutrition

Patients must provide proof that they have a requirement for a special diet, that is, it must be documented in the health record, or if they are a new reception it is confirmed from their previous community health provider. Therapeutic diets are provided at the centre as well as pureed diets for patients with fractured jaws and bowel prep diets for patients who are scheduled for colonoscopies.

The health staff were of the view that weight gain is not a significant issue at the centre. Due to JMCC being a working correctional centre, the patients are active, and they also have regular access to the oval and the gym to exercise.[111]

Patients that are overweight are provided with weight loss education and encouraged to use a food diary, so their eating habits can be reviewed with the health staff. The mental health nurse as part of the metabolic monitoring of patients on new generation psychotropic medications, addresses any weight gain issues patients may have due to being prescribed these medications.

12.3.15 Health related emergency response

When there is a health related emergency at the centre during health service operating times, at least two of the nurses from the health centre respond. On night duty the health related emergency response is provided by the night duty RN from Dillwynia. The nursing staff responding to health related emergencies can also access the ROAMS on call GP for advice. All officers are trained in first aid and will initiate resuscitation prior to nursing staff attending an emergency. There is an Automated External Defibrillator (AED) in the health centre, and one located at the front gate.

The health staff reported there can sometimes be a delay in the NSW Ambulance (Ambulance) attending the centre. If this occurs, the centre contacts the Ambulance and requests an estimated time of arrival (ETA). When patients are transferred to an Emergency Department of a hospital, they can be taken by the Ambulance to either Hawkesbury or Nepean Hospitals.

12.3.16 Discharge planning

The health team reported having a predominantly remand population at the centre meant more unplanned than planned discharges/releases from JMCC. This resulted in some challenges with undertaking adequate discharge/release planning for the patient population. The health centre monitor closely when patients are booked for AVL or in person court attendance and undertake some of the preparation for release/discharge planning in advance of the court date.

The discharge summary contains the current medications the patient is prescribed, immunisation information, health diagnoses and the details of the patient's last community GP if they had one.

For the patients that are released/discharged at short notice, the patients tend to contact the health centre after discharge/release and advise the health staff of their community health provider. The health staff will then send a copy of the medication chart/s to the community provider through a Request for Information (ROI).

Planned releases/discharges are managed better because the date of release/discharge is known. Primary health and the relevant specialty stream are notified of a patient's pending release/discharge and a team approach is undertaken with the release/discharge planning. The discharge summary is prepared for the patient with input from all the relevant clinical specialities and is provided to them when released/discharged.

111 Notwithstanding this view, we note in the body of the report that the buy-up list is replete with confectionary and other 'junk food'.

For some patients, appointments will also be made with community health providers. The D&A State-wide Team coordinate the release/discharge requirements for patients on OAT. For those remand patients on OAT who are due to attend court they are provided with a card, which details what they need to do when they are discharged/released at short notice. The card has contact details for JH&FMHN D&A Services and can be provided to them at the health centre as well as the courts. The D&A Team also provide high-risk patients with education on the use of Naloxone nasal spray when they are released/discharged, should they have an opiate overdose.

Patients with chronic diseases are referred to the Integrated Care Service for ongoing support and assistance post release. The Integrated Care Team arrange ongoing appointments for the patients and with their permission also send a copy of the patient's Discharge Summary to the community health provider.

All patients who are released/discharged from JMCC are walked through the health centre and are provided with a copy of their discharge summary and prescribed medication.

Discharge Medications

Patients who have planned releases/discharges and are on prescribed medications have their release/discharge prepared by the JH&FMHN Pharmacy Department. For unplanned releases/discharges, it is not always possible to provide discharge medication to them. Sometimes patients may be provided with a 24 hour supply of the medication or alternatively, the patients are advised to see their GP/a GP in the community and ask them to contact JH&FMHN to obtain information on their current medications via a ROI request.

12.3.17 Health centre atmosphere and team culture

The health team advised that historically the centre has had a positive workplace culture. The NUM stated the health team at JMCC is highly motivated, work respectfully with each other and are positive and productive. The staff reported they enjoyed working at JMCC because there was a good team who helped and supported each other. We found the health staff friendly and pleasant, and they appeared to work well as a team. The NUM advised there was a fairly stable health workforce with little turnover. By July 2023 when a new RN commences at JMCC they will only have a 0.2 FTE vacant nursing position.

Relationship with CSNSW

We met with the Governor during the site visit. The Governor was complimentary of the health staff and found them a good team to work with. The Governor was also of the view that the custodial and health staff worked well together. We also observed a fairly respectful and productive interaction between the health and custodial staff within the health centre and the accommodation units.

The Governor advised they undertake a monthly meeting with the NUM and the JH&FMHN Regional Manager for JMCC and the NUM attends the centre Management Meeting. The NUM reported that there was a very functional and effective relationship with CSNSW, and they worked well with the senior management team.

12.3.18 Orientation, induction and ongoing professional development

The NUMs on the Complex are each responsible for organising and coordinating the onboarding of all new staff within their centre, which includes the security training and the online training that is required to be completed as part of orientation. The Complex also has a 1.0 FTE Clinical Nurse Educator (CNE) position that works across the complex and is responsible for the mandatory induction clinical training at the three centres.

All nursing staff are provided six supernumerary days in various roles such as medication administration, evening shifts and clinics. Health centre administration staff undertake supernumery days with other administration staff located in the other complex health centres.

All health staff undergo corporate orientation as well as training in all of the patient information and reporting systems such as PAS, JHeHS and IMMS. All clinical staff have mandatory online training through Health Education and Training Institute (HETI) and in person training requirements, which they must complete annually.

JH&FMHN is supportive of ongoing professional development for staff and run ongoing professional development programs. JH&FMHN organise an annual conference, with state, national and international presenters.

12.3.19 Cleaning of the health centre

The health centre and E Unit satellite clinic have a regular cleaner, who is an inmate sweeper. It was reported there is some turnover of inmates in the sweeper role (10 times in the last 10 months). On the day of the inspection, the health centre looked quite clean in the patient areas, consultation and treatment rooms and the clinical observation beds as well as in the non-patient areas.

12.4 Summary of issues

12.4.1 Access to healthcare

Whilst there is reasonably good access to patients, the health team advised health services do not always commence at the agreed times and this places pressure on the health staff to complete the required work each day to achieve the KPIs.

The health service also advised that regular custodial staff are not rostered to the health centre and this impacts on the efficient operation of the health centre. Previously, there were custodial staff regularly rostered to the health centre for a six-month period and this had a positive impact on the operation of the health centre. This ceased during COVID-19 and was never recommenced.

It was reported that some of the custodial staff do not like to be rostered to the health centre, because it is quite busy and requires a lot of coordination of patient movements by the custodial staff due to the number of services occurring concurrently. It was also reported there is a tendency to have custodial staff rostered at the health centre that are new to JMCC often from the Training Academy. If there are any issues with access to patients the NUM escalates this to one of the Functional Managers and the matter is resolved.

Recommendation: CSNSW roster regular custodial staff to the JMCC health centre to assist in improving the efficiency and smooth operation of the health service delivery.

12.4.2 Confidentiality of self-referrals

The health service reported patients complete paper-based self-referral forms and either hand deliver them to nursing staff during medication administration or when attending the health centre or, give them to correctional staff in the accommodation units who either provide then to nursing staff during medication administration or place them in a pigeon hole in the administration building for the nursing staff to retrieve them.

The methods of delivery of the self-referral forms to health staff was raised with the NUM during the inspection as it was highlighted that patient confidentiality and privacy of health information could not be guaranteed. We asked why there were no locked boxes in each of the accommodation units for the patients to place their self-referral forms to be retrieved by the nursing staff when they attend for medication administration twice daily. The health service advised the locked boxes had never been a consideration at the centre and agreed it was a better method for patients to provide their self-referrals to the health service.

It was recommended during the inspection that the NUM discuss with their line manager the introduction of the locked boxes. The issue of the locked boxes for self-referral forms was also raised

with the Governor, who agreed they needed to be installed. The NUM confirmed shortly after the inspection that CSNSW had ordered the locked boxes and upon arrival they would be installed in the accommodation units.

12.4.3 Change in patient population profile

It was reported that in May 2022, the profile of the centre changed with more non-association, SMAP and segregation inmates. This required some of the health centre's operations to change to meet health service demand and created challenges in meeting the health related KPIs.

For example, patients in E Unit are required to be brought to the main health centre to have their OAT (Methadone or Buvidal injection) because they are Schedule 8 medications and are only stored in the main health centre. This takes additional time to administer OAT each day and can impact on the scheduling of other clinics.

Non-association and SMAP patients often have more chronic and/or complex health issues than normal population patients, which increases the demand on health services. In addition, patients on segregation are required to be reviewed each day by nursing staff, which needs to be documented in PAS and JHeHS. Nursing resources have had to be reallocated from other health service functions to undertake these requirements.

The health team advised these operational changes have placed pressure on the health centre to meet their KPIs, especially the EDP as staff time previously allocated to the pathology collection requirement for the EDP are now being used to provide health services to the non-association, SMAP and segregation patients.

12.4.4 Medication security

At the time of the inspection, nursing staff were transporting medication to the accommodation units and industries in a plastic "tool box" which was not locked. Whilst the nursing staff are escorted during medication administration by custodial staff, there are periods of time when the medication box is left closed and unlocked or open in the accommodation unit's officer's station whilst the nursing staff are administering medication to the patients.

At all times medication is meant to be kept secure and should be safely and securely transported within a correctional centre. A 3-digit lock was procured for the tool boxes and has been in use since July 2023.[112]

Recommendation: JH&FMHN source locks for the 'tool boxes' to transport medication to the accommodation units and Industries during medication administration.

12.4 .5 Special needs / priority groups

The provision of healthcare to patients from priority groups by JH&FMHN has some 'way to go' to demonstrate a focused approach to health care delivery for these groups of patients.

Younger Men (18-25 years)

The health team was of the view that health service delivery should not be any different for the younger patients. It was reported when undertaking the Transfer Assessment and explaining how to access health services at JMCC, nursing staff spend additional time with younger patients, providing them with some support and guidance on how to access health services, how to raise issues if they are frightened or if there are problems with other inmates.

Health promotional information about risk taking behaviours, BBV and STI screening, access to condoms, sleep hygiene and so on, are provided to a younger patient as indicated. If a patient has

112 Information provided by Justice Health and Forensic Mental Health Network 22 February 2024.

come from a Youth Justice centre their EMR is accessible to JMCC staff and the health staff are able to obtain some background health information on the patient.

If there are any concerns about a young person's welfare and/or their coping with their incarceration, health staff raise this with CSNSW verbally and formally communicate this using the HPNF. The HPNF is also used by the health staff to recommend a young person be housed in an accommodation unit with other young people. No specific health promotion programs are provided to younger patients at JMCC.

Older Men (55+ years)

The health team advised there are a large number of older men housed at JMCC with the oldest being 72. Older people with chronic diseases are managed under the chronic disease program and have plans developed for their ongoing care and treatment. Clinical observation monitoring is undertaken on older patients as clinically indicated. Older patients are targeted for the Winter Influenza Vaccination Program and COVID-19 booster programs.

The centre cannot accommodate patients requiring wheelchairs and/or those who would be considered frail (at risk of falls).

No specific health promotion programs are provided to older patients at JMCC.

Access to Interpreter Services

The health team advised patients are provided with interpreter services when needed. Health staff also use Google Translate for some basic translation.

JH&FMHN has introduced an initiative where 'business cards' are available in multiple languages which states, 'I need an Interpreter' or 'I need to see a nurse'. These are provided to patients in their language to assist them to access healthcare. This is a good initiative by JH&FMHN and it is hoped will increase patients accessing healthcare.

Health Information Pamphlets have been developed by JH&FMHN in commonly spoken languages within the correctional system and are accessible to patients.

People with a Disability

The centre is not wheelchair accessible, which precludes some patients with physical disabilities being placed there. Patients with a disability who are on the NDIS program are re-linked to the Scheme and referred to the Integrated Care Service within JH&FMHN.

JH&FMHN has two specialist statewide roles supporting people with disability in custody - a Manager Disability Strategy and Inclusion, who is responsible for monitoring and aiding statewide operational arrangements that improve patient access to disability supports, including NDIS training and advice for staff; and a temporary NDIS Mental Health Officer, who works with the Custodial Mental Health service on patients' psychosocial needs.

All health staff provide care to inmates with disability, including those with mental illness, physical disability or cognitive impairment, and can assist in facilitating access to required supports in custody and in preparation for release, in collaboration with CSNSW. Examples include flagging patients who would benefit from NDIS supports, notifying relevant clinical and custodial teams of patients with disability, confirming if a patient is on NDIS, and providing health-related information in evidence letters to support NDIS applications and discharge planning.[113]

The NUM advised patients with a physical disability are able to access mobility aids, for short-term use and other medical aids. Patients who have sleep apnoea when they come into custody retain their sleep apnoea (CPAP) machine and those who are diagnosed with sleep apnoea whilst in custody, have

113 Information provided by Justice Health and Forensic Mental Health Network 22 February 2024.

a CPAP machine purchased for them by JH&FMHN, which moves with them around the correctional system, and they take it with them when they are released/discharged.

No specific health promotion programs are provided to patients with a physical and/or intellectual disability at JMCC.

LGTBQI+ people

The health team advised there are no specific services and or health promotion programs provided to patients who are LGTBQI+. It was reported it is rare that a transgender patient is placed at JMCC.

12.4.6 Podiatry

There are a number of drivers for the increase in demand for podiatry services in Australia, which include an increasing population, the ageing population and the increasing burden of chronic diseases such as diabetes, rheumatoid arthritis and obesity. Aboriginal populations are more likely to need podiatry services due to a higher prevalence of diabetes.[114]

People from lower socio-economic backgrounds are less likely to access private podiatry services due to cost and health literacy and the availability of private podiatry services impacts on local public service demand. Public system podiatry services are becoming increasingly focused on high-acuity and high-risk cases, reducing service access for low acuity and care maintenance services. Currently, patients are only able to access podiatry services at JMCC via the public health podiatry service provided by the Prince of Wales Hospital.

The waiting time for these services is quite long and priority is given to higher acuity patients. With the high rates of chronic diseases, especially diabetes within the patient population, the large Aboriginal population as well as elderly patients in the centre, there is a demand for regular podiatry service at JMCC.

JH&FMHN should provide regular scheduled podiatry clinics at JMCC to meet the podiatry needs of the patient population identified as requiring these services. Public podiatry services cannot be relied upon to meet the service needs at JMCC as their focus is on high acuity/high risk patients, not routine podiatry care for patients with chronic diseases, those who are elderly or are Aboriginal. In some jurisdictions to meet the service need, health providers have contracted services through private podiatry providers on a sessional basis, usually monthly or bimonthly, depending on the demand for the service.

Recommendation: JH&FMHN provide podiatry services at JMCC.

12.4.7 Health promotion

Health promotion and health education is predominantly provided to patients using a one-to-one approach by health staff. There are no formal group based health promotion programs provided on a routine basis at the centre.

Health promotion brochures are provided in the health centre on a variety of subjects including, STIs, BBVs, chronic diseases such as asthma, diabetes and sleep hygiene. Many of them are provided in the commonly spoken languages in a correctional environment and some are designed specifically for Aboriginal patients.

The service specification for JMCC regarding health promotion is nebulous as to the definition of the provision of health promotion to the patient population. Nowhere in the specifications does it state that evidence based health promotion group based programs are to be provided to the patient population. The demographic data for the patient population at JMCC states approximately 14% are 24 years and younger and 32% are 25 - 34 years of age. This equates to nearly half the population, which strongly supports the benefits for the provision of evidence-based health promotion programs to this population.

114 Ministry of Health, NSW Health Podiatry Factsheet, NSW Health Website, Accessed April 2023.

12.4.8 Specialist outpatient appointments

The majority of external specialist appointments for patients at JMCC are undertaken in person at POWH in Randwick. It was reported only a few of the specialist appointments at JMCC were undertaken using telehealth (VirtualCare). Data provided by JH&FMHN revealed for the period 1 February 2022 to 21 January 2023 no outpatient appointments from POWH and 2% by other hospitals were delivered by VirtualCare to patients from the MRRC and the Francis Greenway Complex.

The Metropolitan Medical Escort Unit (MMEU) custodial staff undertake the external medical appointment escorts, which continues to be a positive initiative. The MMEU undertakes all medical appointments for men and women in metropolitan Sydney, resulting in a significant demand on the service that can impact on the number of appointments a centre is able to schedule a day.

There are often occasions where the Escort Team are delayed at a previous patient appointment, which can impact on an appointment for a patient at JMCC. In addition, it is quite a distance and time between JMCC and POWH in Randwick and traffic can impact on arrival times for patients. Because of these issues, there have been instances where patients have arrived late to a specialist service appointment, and because they tend to be time-scheduled appointments, the patient's appointment has to be rebooked, which further delays their access to specialist care.

The JH&FMHN Medical Appointments Unit (MAU) determines the priority list for the external patient appointments. If there are concerns about a patient deteriorating the NUM contacts the MAU and the patient is escalated on the priority list.

As part of the inspection inquiries were made with JH&FMHN regarding the expansion of VirtualCare for specialist outpatient services. They advised the use of VirtualCare continues to increase across the Network which is being aided by state-wide rollout of the *myVirtualCare* platform, testing and procurement of enabling resources, as well as ongoing training and user support by the VirtualCare team to JH&FMHN staff and external healthcare providers.

JH&FMHN advised they have the established VirtualCare collaborations for outpatient specialist clinics with POWH and hospitals in Hunter New England Local Health District. To promote further uptake, delivery by VirtualCare is requested for all referrals to external specialist outpatient units, if clinically appropriate. Patient suitability forVirtualCare outpatient appointments is determined by the external specialist treating team based on clinical appropriateness and safety.

JH&FMHN must be congratulated for establishing VirtualCare outpatient services and it is hoped the services will continue to expand. Undertaking more appointments remotely decreases the costs in escorting patients to 'in person' appointments and decreases the number of cancelled and rescheduled appointments due to escort delays. Other jurisdictions have successfully introduced telehealth specialist appointments between public hospitals and correctional centres, which has resulted in a significant reduction in the number of 'in person' appointments being scheduled. Patients have timelier access to specialist services, costs are reduced, and the patients have minimal disruption to their structured day.

Recommendation: JH&FMHN continues to expand the provision of eligible specialist outpatient services using telehealth (VirtualCare).

12.4.9 Stable leadership – Acting Nursing Unit Manager (NUM)

The A/NUM has worked at the centre from commencing at JH&FMHN as a Graduate Nurse over four years ago. In their opinion the most significant issue for the centre has been stable leadership for the health team.

The previous NUM, who had been in the role for a number of years left in October 2021, and a new NUM was permanently appointed in the role in December 2021 but did not commence officially in the role until March 2022. The appointed NUM commenced in the role in March 2022, but went on secondment to another role in June 2022. The current A/NUM was appointed in the role in June 2022

and had been advised they will remain in the role until at least December 2023.

The role of the NUM at JMCC is somewhat different and has additional responsibilities compared to other JH&FMHN locations due to the requirements of providing health services within the JMCC operating framework. Stable leadership and support from the local NUM for the health team is essential to the successful implementation of this model of health service provision which the State has chosen to implement at JMCC.

12.5 Opportunities for improvement

12.5.1 Medication management - use of dose administration aids

Currently, of the medication prepared by nursing staff, 95% is undertaken using the delayed medication administration process. This means thousands of medications are prepared by nursing staff each week, where it is highly likely medication errors are made and not always identified.

Significant research has demonstrated medication error rates when preparing/packaging multiple patients' medications at once occur less when using robots/machines instead of humans. Less time spent by nursing staff preparing medication would allow more time to assess patients for their suitability for the self-medication program.

Currently, access to dose administration aids ('sachet packs') is not available to JMCC. The introduction of sachet packs would have many advantages. It would save nursing time preparing medications; result in less medication dispensing/preparation errors; provide patients with greater visibility of what medications they are receiving as the sachet packs would contain patient identification and medication information on each sachet and, assist custodial staff to know if a patient is meant to have certain medications in their possession or not.

There are cost and resource implications to introducing sachet packs across correctional centres, which it is assumed have already been identified by JH&FMHN. Medication ordering, preparation and/or dispensing operational systems and processes would also need to be reengineered to ensure the sachets packs were used efficiently and resulted in the least amount of waste due to changing of medication orders. However, it is the view of ICS that the benefits of the introduction of sachet packs outweigh any negative aspects.

In recent years, a number of public and private custodial health providers, in numerous jurisdictions, have introduced a type of DAA, mostly sachets packs, as the principal method of medication preparation as they saw it as a safer way to prepare medication, resulting in increased nursing time to provide more direct patient care. The other advantage of using DAAs is that they can be administered/issued to patients by other staff such as assistants in nursing, pharmacy technicians and custodial staff.

There are a number of innovative, efficient and cost effective pharmacy providers across Australia who could provide the DAA/sachet pack services to JH&FMHN, instead of undertaking it 'in-house'.

Recommendation: JH&FMHN expand the use of dose administration aids, so it becomes the primary method of providing medications to patients at JMCC.

12.5.2 Reference to patients

By way of positive feedback, for the majority of the time we heard staff refer to a patient they used the person's full name or their first name or adding 'Mr' at the front of their last name. On occasion, we observed a health staff member referring to a patient with another health staff member or correctional officer, using the patient's last name only. It was also noted that on white boards in the health centre where patients' names were listed, only their last name was used.

Any use of a patient's last name only is not a respectful and appropriate way to refer to patients. Patients should be afforded respect and dignity at all times and in all healthcare settings and if their

full name is not known, they should be referred to as Mr [surname or family name]. Whist it appears to not occur often, there is no reason or excuse for a patient to be referred to by their last name and/or patient identification number.

Recommendation: JH&FMHN remind nursing staff of the requirement to refer to patients in the correct manner.

12.5.3 Pharmacy door security

There was signage on the pharmacy room door, which stated 'Door must be kept locked at all times'. During the inspection, it was noted that the pharmacy room door was never locked, whether staff were inside the room or not. There were also a number of occasions where staff were not in the vicinity of the pharmacy room, and it was not locked. The issue of the continuously unlocked pharmacy room was raised with the NUM during the inspection.

The *NSW Poisons and Therapeutic Goods Regulation 2008, Division 2 Storage Section 29 -Storage Generally, Clause 29 (a)* states *'A dealer who has possession of any restricted substance must keep the substance in a room or enclosure which does not have public access'. Section 30 - Storage of prescribed restricted substances in hospital wards, Clause 30 (1) 'states prescribed restricted substance in a hospital ward must be stored apart from all other goods (other than drugs or addiction or propofol) in a separate room, safe, cupboard or other receptacle securely attached to a part of the premises and kept securely locked when not in immediate use.'*

The pharmacy room in the health centre has open shelving to store medications. The shelving cannot be secured, which means the only way Clauses 29 and 30 of the Regulation can be adhered to is to keep the pharmacy room door locked at all times, including when staff are inside the room. Without keeping the pharmacy room secure at all times there is a risk that it may be accessed by non-authorised people and/or medication may be lost.

The NUM of the centre is responsible for ensuring nursing staff adhere to the legal requirements for the safe and secure storage of pharmaceuticals at John Morony CC. Nursing staff need to be formally reminded that to keep the pharmacy room door locked at all times is a legal requirement under the *NSW Poisons and Therapeutic Goods Regulation 2008.*

Recommendation: JH&FMHN advise JMCC nursing staff of their legal responsibilities in regard to the storage of pharmaceuticals under the *NSW Poisons and Therapeutic Goods Regulation 2008*.

12.5.4 Medication - identification of the patient

Whilst it appears there is good compliance with the correct identification of patients using their ID cards when administering medications in the accommodation units, this does not occur when administering medications to patients who are working in Industries.

When inmates attend Industries, they are required to hand their ID card to custodial staff which are placed in the 'Muster Book'. This means when nursing staff attended Industries to administer medications, the patients do not have their ID cards in their possession.

We witnessed the nurse administer medications to patients in the first Industries Unit, without access to the ID cards, instead asking each patient for their name and identification number which was checked against the pre-prepared bag of medication. We discussed the incorrect practice with the nurse after they had completed administering medication to patients in the first area in industries. The EN agreed that it was not the correct practice but stated the ID cards were not accessible.

The escorting correctional officer advised the nurse that they could access the Muster Book containing the ID cards for each Industries area which would mean the nurse could identify the patients correctly. This process was undertaken for the administration of the remaining medications within the Industries area, which guaranteed compliance with medication administration requirements.

We were surprised the issue of lack of access to patient ID cards when administering medications in Industries had not been identified previously by nursing staff as an issue and escalated to the NUM. As registered health professionals, nursing staff must be aware of their responsibilities in regard to the safe management of medications in a correctional centre and when they must escalate to management matters of real or potential risk to medication safety. This issue of patient identification was raised with the NUM during the inspection.

On each occasion when the nursing staff administer medication to a patient without them providing their ID card, they are incorrectly undertaking the procedure and are not complying with the JH&FMHN Medication Guidelines. In addition, the NSW Health Policy Directive, PD2022_032 *Medication Handling, Section 6.6 Principles of Safe Medication Administration*, refers to the five 'Rights' of medication administration, which are right patient, right drug, right dose, right time and right route.

As per the 'Rights' of correct medication administration, nursing staff must identify they have the correct patient to whom they are administering medication. Administering medication to a patient without identifying them correctly does not comply with policy or legislative requirements and there is a risk the wrong patient may receive a medication.

Using the Muster Book in Industries to access the patients' ID cards when administering medication is a sensible solution to ensure compliance with legislative and policy requirements regarding identification of patients.

Recommendation: JH&FMHN remind nursing staff of the requirement for patients to have their identification cards with them when they are being administered medications and if they do not, nursing staff are not to administer them their medication until the card is provided by the patient.

Recommendation: JH&FMHN and CSNSW develop an agreed procedure for the administration of medication to patients at JMCC when they are working in Industries.

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