



Dear 

DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by Canberra Health Services (CHS) on **Friday 1 December 2023**.

This application requested access to:

'The 2022 KPMG audit report of Justice Health Services referenced on page 92 of the ACT Inspector of Correctional Services 2022 Healthy Prison Review.'

I am an Information Officer appointed by the Chief Executive Officer of Canberra Health Services (CHS) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. CHS was required to provide a decision on your access application by **Tuesday 13 February 2024**.

I have identified one document holding the information within scope of your access application.

Decisions

I have decided to grant partial access to one document.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as Attachment A to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request;
- The views of relevant third parties; and
- The *Human Rights Act 2004*.

The document is partially comprised of information that may be used to reveal details of security risks and vulnerabilities that may undermine the security, safety, and good order of the ACT Government correctional centres. The release of this information is contrary to public interest to release as per Schedule 1, 1.14(g) and 1.14(i):

1.14 Law enforcement or public safety information

(1) Information the disclosure of which would, or could reasonably be expected to—

- (g) prejudice the maintenance or enforcement of a lawful method or procedure for protecting public safety; or
- (i) prejudice a system or procedure for the protection of people, property or the environment.

The document is also partially comprised of information containing personal details of non-ACT Government employees.

Public Interest Factors Favouring Disclosure

The following factors were considered relevant in favour of the disclosure of the documents:

- Schedule 2, 2.1 (a)(i) promote open discussion of public affairs and enhance the government's accountability; and
- Schedule 2, 2.1 (a)(ii) contribute to positive and informed debate on important issues or matters of public interest.

Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2, 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the *Human Rights Act 2004*.

On balance, the factors favouring disclosure did not outweigh the factor favouring non-disclosure as the redacted information contains the names and contact details of non-ACT Government employees. Therefore, I determined the information identified is contrary to the public interest and I have decided not to disclose this information.

Charges

Processing charges are not applicable to this request.

Disclosure Log

Under section 28 of the FOI Act, CHS maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman

GPO Box 442

CANBERRA ACT 2601

Via email: ACTFOI@ombudsman.gov.au

Website: ombudsman.act.gov.au

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Allara House
15 Constitution Avenue
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
<http://www.acat.act.gov.au/>

Further assistance

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email HealthFOI@act.gov.au.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'K. McKenzie', written in a cursive style.

Katie McKenzie
Executive Director
Mental Health Justice Health Alcohol and Drug Services
Canberra Health Services

24 January 2024

Review of Justice Health

Internal Audit Final Report

Canberra Health Services

June 2022
kpmg.com.au

How
you
grow
matters



Table of Contents

Executive Summary	3
Findings and Recommendations	8
Appendix A – Physical Environment and Staffing & Scheduling Challenges	19
Appendix B – Justice Health Services Governance Arrangements	22
Appendix C – Approach	23
Appendix D – Categorisation of Findings	25
Timing and Reporting	27
Disclaimer	27
Contacts	28

Executive Summary

Background

The key priorities for Canberra Health Services (CHS) are ensuring that people's health needs are met in a timely fashion and that care is integrated across hospital, community and residential support services. This includes providing health assessments and care for people detained in corrective facilities and ensuring timely access to emergency mental health care.

ACT Corrective Services (ACTCS) has committed to ensuring that detainees are provided with quality health care to a standard equivalent to that available in the community. Community equivalence dictates that detainees should be able to access services from a GP to the same degree as they could in the community.

All detainees are considered clients of Justice Health Services (JHS) on admission to a correctional centre and are entitled to health care services including, but not limited to:

- A full health assessment on admission to a correctional centre;
- Regular health checks;
- Timely or urgent treatment as required; and
- Specialist health services as appropriate.

CHS helps provide detainees access to a community-equivalent standard of health care through JHS so that the health care needs of all detainees are identified, and timely support is provided. CHS provides two main justice health services to adult and youth correctional facilities across the ACT: Forensic Mental Health Service; and the Primary Health Service.

The Forensic Mental Health Service is a specialist service based in the court, custodial, youth detention and community settings. It provides assessment and intervention for people with a mental illness who have or are at risk of committing a criminal offence.

Justice Health Primary Health Services provides general health management, including GP services, Alcohol & Drug support, Population Health and Chronic Care Complex teams, as well as tertiary specialist services. Services include assessment, treatment, emergency and referral services for detainees and young people at the Alexander Maconochie Centre (AMC) and Bimberi Youth Justice Centre (BYJC).

Detainees who require emergency, inpatient or specialist health care, will be transferred to a health facility in accordance with the recommendation of a JHS professional.

Objective

The objective of this internal audit was to review the Primary Health Service of JHS in terms of community-equivalence provided to detainees, to determine whether any significant variances or potential operating efficiencies exist in relation to levels of access to health care services.

This internal audit provides recommendations for Management's consideration to address any matters noted by Internal Audit under the above objective, to assist in mitigating business risks and achieving business objectives.

Scope

Internal Audit considered the following:

- Governance, monitoring, and oversight framework, including policies and procedures, and key roles, responsibilities, and accountabilities. This also included consideration of the structures and communication in place with different agencies / directorates.
- Walked through the health services of the Primary Health Service, including the target access / service levels for these services provided to detainees and considered at a high level the physical environment and infrastructure in which care is delivered.
- Communication and escalation protocols with regards to accessing primary health services including the tertiary specialist services (in and out of hour operations) and the information provided to detainees.
- Monitoring and reporting over the use of these services, including the use of data collected to inform practice change, decision making and continuous improvement.

Due to the data being unavailable, Internal Audit was unable to undertake data analysis over the following areas of interest:

- The demand for specialist services, for e.g., the number of specialist appointments that are provided to detainees for each Diagnosis Related Group (DRG) (i.e., dental, cardiology or orthopaedics).
- Access to tertiary specialist services, for example:
 - The dependence on Corrections Officers to escort detainees to their specialist appointments.
 - Current wait times for detainees compared to those in the community.
- Admitted bed days of detainees in hospital.

The Forensic Mental Health Service provided by CHS was not within the scope of this internal audit.

Where relevant and available, insights, learnings and good practices from other health services have been noted, related to justice health and custodial primary health services.

Overall Summary

Overall, Internal Audit found that JHS is unable to evidence that it is providing community equivalent care to detainees. With the absence of a definition and / or baseline standard of what community equivalent care is, combined with improvements required to systems, data quality, and monitoring and reporting processes, CHS is not able to analyse whether the primary health services it provides to detainees is of a community equivalent standard.

Continuous improvement is fundamental to providing quality care, and this review has noted several opportunities to gain operating efficiencies in relation to providing access to health care services. Most importantly, CHS should develop a Model of Care that guides service delivery and enables JHS to strategically plan for its current and future service delivery demands. Given the current limitations in the operating environment supporting primary health services, a Model of Care is important to help provide clarity over the services and service levels, and consequently the level of staffing and resources likely to be required by agencies and directorates involved to deliver community equivalent care.

Creation of supporting documentation, including on governance arrangements, defined roles and responsibilities of each stakeholder, the relationship between the stakeholders, and expectations required to hold each agency / directorate accountable for the delivery of the services will assist with clarity of accountability and the ability to deliver quality care to detainees.

Positive Observations

Internal Audit noted numerous positive observations through conducting this review, including the following:

- Previously there was no formal process to review clients on the waitlist for external medical appointments. The implementation of the Medical Escort Liaison Nurse has JHS to better understand the number of referrals from JHS to GPs, specialists, outpatient clinics, medical imaging and surgical bookings each month. A number of processes have been implemented as a result, including but not limited to: weekly review of referral status and appointment bookings; and weekly discussions by the JHS Clinical Team for complex clients with upcoming or recent external appointments. This will assist in reducing waiting lists and alleviating some of the staffing capacity issues.
- New JHS staff indicated they are undertaking a review of primary health services at AMC and BYJC, with the aim to develop updated supporting documentation.
- JHS has established good operational level working relationships both internally and with key contacts at ACTCS.

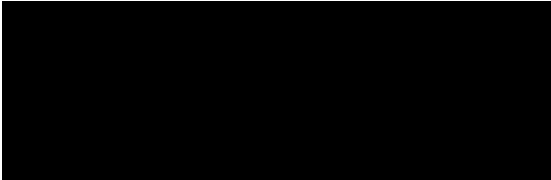
Recommendations Summary

The following recommendations have been raised within this report. Refer to the **Findings and Recommendations** section for our detailed findings. Refer to **Appendix 3 - Categorisation of findings** for further detail on the rating classification.

#	Rating	Recommendation
1	Medium	<p>Develop a Model of Care for delivery of primary health services in both AMC and the BYJC</p> <p>Canberra Health Services should, with the support of the ACT Health Directorate, develop a Model of Care for the delivery of primary health care services in both the AMC and the BYJC. Considerations should include:</p> <ul style="list-style-type: none"> • Developing the Model of Care in partnership with the relevant stakeholders. • Both current and future service delivery (e.g. consideration of the health care needs for the aging population). • Taking into account the issues raised in relation to the physical environment and staffing and scheduling. • What is required to meet the service delivery standards under the definition of community equivalent care (as per SA #4). • Undertaking activities to ensure key stakeholders are aware of the changes in service delivery. • Exploring opportunities to fund ACTCS limitations (e.g. CHS to fund an extra vehicle which is only used for medical escorts, correctional staff that are dedicated to medical escorts/facilitating the delivery of health services (security etc)). • Exploring opportunities to improve access to primary health care services, such as bringing external services into the prison(s), as outreach programs, where the physical space allows for it and cost effectiveness has been considered.

#	Rating	Recommendation
2	Medium	<p>Develop and document a more detailed governance structure for Justice Health Services</p> <p>Develop and document a more detailed governance structure for JHS. Considerations should include:</p> <ul style="list-style-type: none"> • A detailed JHS governance, roles and responsibilities and committee structure including all key stakeholders involved into the overarching framework (Health Directorate; JACS, ACTCS, Winnunga). • Clearly documented lines of reporting to support communication and escalation protocols between governance groups. • Undertaking activities to communicate JHS structure and role, to front line services within CHS.
3	Medium	<p>Develop and document the shared care arrangements for detainees</p> <p>CHS should work with ACTCS to jointly develop and document the shared care arrangements for detainees in a Service Level Agreement or MoU. The document should define the services delivered by each stakeholder and how the delivery of these services will be measured. It should include key performance indicators that provide clarity over how to monitor service delivery.</p>
4	Medium	<p>Define an 'equivalent standard of health care'</p> <p>Define what an 'equivalent standard of health care to that available to other people in the ACT' means in practice.</p>
5	Medium	<p>Develop meaningful KPIs and / or accountability indicators and decide on governance arrangements to monitor and report against these KPIs</p> <p>Develop meaningful KPI's and / or accountability indicators that allow CHS to measure whether they are meeting an equivalent standard of health care.</p> <p>Decide on governance arrangements to monitor and report against these KPI's.</p>
6	Low	<p>Work with the EPIC project team to ensure the DHR provides functionality to extract key information</p> <p>JHS should work with the EPIC project team to communicate the requirements of the new DHR system to provide the functionality to extract key information, such as demographic and service need data, that supports effective resource planning.</p>
7	Low	<p>Identify gaps / missing documentation and develop these documents</p> <p>Identify gaps / missing documentation that should be developed to support the operating procedures of the JHS Branch. This could include, but is not limited to:</p> <ul style="list-style-type: none"> • Ministerial Complaints and Feedback Procedure. • ADON operational procedures. • Medical escort Nurse operational procedures for scheduling. <p>The Policy Tracker should be finalised and maintained to ensure that all supporting documentation is reviewed and updated within a reasonable timeframe.</p>

Sign Off



KPMG

Katie McKenzie, Audit Sponsor
Acting Executive Director, Mental Health
Justice Health and Alcohol & Drug Services
Canberra Health Services



Findings and Recommendations

Finding 1 – Justice Health Model of Care

Background

It is considered better practice in other justice health services to develop a Model of Care for the health services and service levels to detainees. A Model of Care should be appropriate in the context of the operating environment and needs of the detainee population. It should detail the services provided, service levels and how services will be delivered. A Model of Care should outline the current and future service needs to allow responsible agencies and/or directorates to collegiately plan service delivery.

Observations and Findings

There is no Model of Care (noted that this may also be referred to as a Clinical Services Plan) or other documentation that establishes and guides the delivery of primary health care services available to detainees at both AMC and BYJC. As a result, common goals and objectives of the responsible agencies for service delivery do not appear to have been established and agreed.

There are currently several limitations in relation to both the physical environment and the staffing model supporting primary health services, which directly affects JHS ability to deliver community equivalent care, refer to **Appendix A** for more detail on these limitations.

As there is no agreed Model of Care or up-to-date Memorandum of Understanding (MOU) with ACTCS (refer to **finding 2** in relation to the MoU), JHS is able to discuss and negotiate solutions to issues but does not have any decision-making authority over the physical environment or ACTCS staffing model supporting primary health services.

It is important that JHS has a clear Model of Care that informs both current and future service needs to meet changing requirements.

Implications

Without a Model of Care, JHS cannot adequately plan for the delivery of its services to detainees.

The absence of shared objectives and clear priorities established between all key stakeholders can lead to misalignment in service delivery and makes it difficult for JHS to establish performance indicators to monitor and report upon their service delivery.

Community equivalent care is unable to be provided to detainees as JHS’s ability to deliver community equivalent care is currently determined by ACTCS’s ability to provide sufficient physical environment and staffing models to support service delivery.

Recommendations

Recommendation 1: Develop a Model of Care for delivery of primary health services in both AMC and the BYJC	Medium
<p>Canberra Health Services should, with the support of the ACT Health Directorate, develop a Model of Care for the delivery of primary health care services in both the AMC and the BYJC. Considerations should include:</p> <ul style="list-style-type: none"> Developing the Model of Care in partnership with the relevant stakeholders. Both current and future service delivery (e.g. consideration of the health care needs for the aging population). Taking into account the issues raised in relation to the physical environment and staffing and scheduling. 	

Recommendation 1: Develop a Model of Care for delivery of primary health services in both AMC and the BYJC

Medium

- What is required to meet the service delivery standards under the definition of community equivalent care (as per SA #4).
- Undertaking activities to ensure key stakeholders are aware of the changes in service delivery.
- Exploring opportunities to fund ACTCS limitations (e.g. CHS to fund an extra vehicle which is only used for medical escorts, correctional staff that are dedicated to medical escorts/facilitating the delivery of health services (security etc)).
- Exploring opportunities to improve access to primary health care services, such as bringing external services into the prison(s), as outreach programs, where the physical space allows for it and cost effectiveness has been considered.

Management Comments: Agree

It is recognised there is a need to identify and document current and future health and wellbeing outcomes for the delivery of health care services in both the AMC and BYJC. Canberra Health Services (CHS) will lead the development of a Justice Health Strategy, in collaboration with Justice and Community Safety (JACS) Directorate, ACT Health Directorate (ACTHD) and Winnunga Nimmityjah Aboriginal Health and Community Service with anticipated finalisation by December 2022. Following the strategy, CHS will develop a CSP and models of care (MoC). A separate MoC will be required for AMC and BYJC

Responsible Officer: Katie McKenzie, Acting Executive Director, Mental Health Justice Health and Alcohol & Drug Services

Completion Required By: 30 June 2023

Finding 2 – Governance Structure and Communication Pathways

Background

JHS has experienced high levels of staff turnover and have a large number of acting positions. JHS governance documentation includes an organisational chart and a JHS Business Plan. Refer to **Appendix B** for a diagram of the governance arrangements as documented by Internal Audit.

A prior arrangement between Justice and Community Safety Directorate (JACS) and ACT Health was developed for the delivery of health services for detainees, to guide the treatment of detainees and their access to health care services¹. When ACT Health was split into two entities, CHS took over responsibility for Justice Health (October 2018).

Winnunga is a key stakeholder in the delivery of primary health services to Aboriginal and Torres Strait Islander detainees at the AMC. There is a Memorandum of Understanding (MoU) and three associated schedules for the delivery of coordinated health care services to Aboriginal and Torres Strait Islander detainees in the AMC to oversee the relationship between Winnunga and ACT Government agencies (December 2018). The MoU guides the delivery of services by Winnunga.

Observations and Findings

The governance structure arrangements for JHS are unclear and supported by limited documentation. There is currently no documentation that provides details around key roles and responsibilities, what oversight and management committees are involved, the linkages between the external agencies and directorates and external stakeholders and formal mechanisms or pathways for them to interact with each other. Due to high staff turnover and acting arrangements, with limited documentation, it was difficult for staff to articulate this.

Additionally, within the broader CHS, JHS noted that communication with front line services could be improved (e.g. they appear to be unaware that JHS is a part of CHS). There is a lack of understanding within CHS around the restrictions on JHS and ACTCS, and reasons for the current scheduled appointments being underutilised. This results in JHS experiencing difficulties to reschedule and catch up on backlogs of specialist appointments. For example: JHS is experiencing an MRI backlog, CHS refused JHS's request for an additional appointment block because it does not fully utilise its current appointment block.

Since 2018, there has been no updated and formal MoU or Service Level Agreement (SLA) or informal documented arrangement between CHS and ACTCS relating to the delivery of health services for detainees.

There is only the described MoU between ACTCS, CHS and Winnunga. This MoU focusses on Winnunga and does not provide sufficient detail as to what/how health services CHS is required to provide. Consultations confirmed that the service has evolved, and the MoU has not been updated to accurately reflect what is currently happening in practice.

Additionally, CHS does not have oversight or a shared care arrangement with Winnunga to validate whether services are being delivered as required.

¹ Internal Audit were not provided with this document.

Implications

Unclear and temporary governance structures creates a risk of a lack of accountability and staff may not be invested in decision making / not able to set out a clear JHS framework.

With multiple stakeholders involved there is a need for clear communication channels and reporting between the different agencies / directorates, without this there is a risk that information sharing and escalation of important issues does not occur (or does not occur in a timely manner).

There is nothing that clearly defines the services to be provided by each stakeholder, the relationship between the stakeholders, and expectations required to hold each agency / directorate accountable for the delivery of the services.

Recommendations

Recommendation 2: Develop and document a more detailed governance structure for Justice Health Services	Medium
<p>Develop and document a more detailed governance structure for JHS. Considerations should include:</p> <ul style="list-style-type: none"> A detailed JHS governance, roles and responsibilities and committee structure including all key stakeholders involved into the overarching framework (Health Directorate; JACS, ACTCS, Winnunga). Clearly documented lines of reporting to support communication and escalation protocols between governance groups. Undertaking activities to communicate JHS structure and role, to front line services within CHS. 	
<p>Management Comments: Agree</p> <p>CHS recognises the need to strengthen governance of health service delivery within Justice Health Services (JHS). It is important to note that the AMC is a JACS facility and BYJC is a CSD facility.</p> <p>Within the AMC, the Health Advisory Group’s function and purpose will be reinvigorated. The membership will be updated to ensure adequate representation from service providers with whom it has agreements, communication linkages between governance groups will be established and the Terms of Reference (TOR) will be updated to reflect these changes. The re-established Health Advisory Group will initially concentrate on establishing roles and responsibilities within the AMC with a focus on clarity between clinical and non-clinical roles.</p> <p>The Arrangements between JACS and CHS is currently being updated. Both agencies have verbally agreed to develop an additional schedule to the Arrangements that will articulate the lines of reporting to support communication and escalation protocols. Anticipated timeframe for finalised of the Arrangements document is imminent, however the development of further schedules will be finalised by 30 June 2022.</p> <p>Within BYJC, CHS is committed to reviewing current governance structures for the delivery of health care services and working collaboratively with CSD to strengthen these linkages.</p> <p>Responsible Officer: Katie McKenzie, Acting Executive Director, Mental Health Justice Health and Alcohol & Drug Services</p> <p>Completion Required By: 30 June 2023</p>	



Recommendation 3: Develop and document the shared care arrangements for detainees

Medium

CHS should work with ACTCS to jointly develop and document the shared care arrangements for detainees in a Service Level Agreement or MoU. The document should define the services delivered by each stakeholder and how the delivery of these services will be measured. It should include key performance indicators that provide clarity over how to monitor service delivery.

Management Comments: Agree

The JACS and CHS Arrangements document is currently being updated. The shared care arrangements will be included as part of the Arrangements schedule.

Responsible Officer: Katie McKenzie, Acting Executive Director, Mental Health Justice Health and Alcohol & Drug Services

Completion Required By: 31 December 2022

Finding 3 – Ability to Report on Access to Community Equivalent Services

Background

Section 53 (1) of the *Corrections Management Act 2007*, states that “the director-general must ensure that detainees have a standard of health care equivalent to that available to other people in the ACT”.

JHS has deemed this concept to be called community equivalence, and has had difficulty defining the community standard because the concept is changeable and hard to determine.

JHS currently collects data on a monthly basis for the Key Performance Indicators (KPIs) and Accountability Indicators. JHS has developed a list of KPI’s with performance targets, which relate to the following areas:

- Custodial Health – Alcohol and Other Drug
- Custodial Health – Medical Officers and Nursing Clinics
- Custodial Health – Population Health
- Custodial Health – Women’s Health
- Custodial Mental Health
- Oral Health Services – AMC Dental
- Telehealth

There are three accountability indicators related to primary health services:

- 1.2.e – Proportion of detainees at the AMC with a completed health care assessment within 24hrs of detention;
- 1.2.f – Proportion of detainees in BYJC with a completed health care assessment within 24hrs of detention; and
- 1.2.g – Custodial Health Occasions of Service (Medication; Dental; Community Contact Mental Health Services; and Community Contract Primary Health Services).

JHS is also collecting data on the number of prisoners receiving Opioid replacement therapy at the AMC.

The collection and use of data for the purpose of planning for service delivery has been constrained by the systems used by JHS for the management of clinical records for detainees. JHS collects data from operating systems such as ACTPAS, MAJICER, Titanium, EMM, iDose, PRD and DSS.

Observations and Findings

Community Equivalence

Whilst the concept of community equivalence is understood, there is no definition or base line that has been established. This has made the target of equivalent health care ambiguous, and JHS is currently unable to establish whether this standard is being met. Notwithstanding this, a number of factors have been identified that indicate detainees are not receiving community equivalent care (or an adequate standard of care):

- Due to limited access to specialist appointments some services such as allied health, physiotherapy, podiatry, optometry, and cognitive impairment care have waiting lists with greater than twelve months for an appointment.

- ACTCS and Justice Health have had to develop an internal triaging process to prioritise urgent appointments. Some of these urgent appointments are at a critical point of needing to be held.
- High numbers of appointments are moved, cancelled or not attended due to ACTCS operational impacts. For example, if ACTCS is short of staff or the vehicle is being used for court escorts, medical escorts are generally cancelled as staff are required in the accommodation areas and for court transfers.
- Due to limited appointment availability missed appointments, depending on speciality rebooking can often be up to 3-6 month wait.

Monitoring and Reporting

The current KPIs and Accountability Indicators do not appear to assist JHS to measure whether they are meeting an equivalent standard of health care, and are outdated. The JHS Governance Meeting indicated JHS staff were to discuss these KPIs and Accountability Indicators.

Performance data is not being regularly reported and monitored by established governance arrangements. The KPIs were reported to the Minister for Justice Health in May 2021, but there has been no reporting since. It was noted that the results indicated the majority of KPIs were not being met.

The Accountability Indicators are distributed and tabled at the Physical Health Steering Committee. There is a lack of transparency around where this information is distributed and/or reported beyond the Physical Health Steering Committee.

Data Quality

JHS has poor data collection processes that have hindered its ability to monitor and report on its delivery of services. It requires a manual collection process from systems where data is not easily extracted, making the data hard to analyse and interpret. Additionally, Internal Audit noted examples where the data appeared to have accuracy issues. As a result, Internal Audit were unable to undertake data analysis over the following areas of interest:

- The demand for specialist services;
- Access to tertiary specialist services; and
- Admitted bed days of detainees in hospital.

Implications

CHS is unable to demonstrate that the requirements of section 53 of the Corrections Management Act 2007, to deliver community equivalent care, are being met.

CHS needs more meaningful data to help improve service delivery. Without a clear definition of 'community equivalence' and the absence of a Model of Care it is difficult for JHS to develop useful performance indicators. Additionally, the challenges in extracting data are resulting in ineffective monitoring and reporting to inform practice change, decision making and drive continuous improvement.

Better record keeping practices and systems would allow JHS to gather sufficient data to more effectively plan for ongoing and changing resource requirements. For example, the ability to extract data that would allow JHS to identify areas where they are over or under servicing and reallocate resources to where they are most required.

Recommendations

Recommendation 4: Define an 'equivalent standard of health care'	Medium
<p>Define what an 'equivalent standard of health care to that available to other people in the ACT' means in practice.</p>	
<p>Management Comments: Agree</p> <p>CHS acknowledges the importance of defining equivalency of health care standards to that available to other people in the ACT. This will be explored under the guidance of the Health Advisory Group and documented in the Arrangement between CHS and JACS. It should be noted, 'equivalency is mentioned in the Corrections Management Act 2007 and only applies to AMC. As a result, CHS and JACS will work collaboratively to consider how equivalency in health care for detainees can be expressed, measured, and monitored.</p> <p>Responsible Officer: Katie McKenzie, Acting Executive Director, Mental Health Justice Health and Alcohol & Drug Services</p> <p>Completion Required By: 30 June 2023</p>	
Recommendation 5: Develop meaningful KPIs and / or accountability indicators and decide on governance arrangements to monitor and report against these KPIs	Medium
<p>Develop meaningful KPI's and / or accountability indicators that allow CHS to measure whether they are meeting an equivalent standard of health care.</p> <p>Decide on governance arrangements to monitor and report against these KPI's.</p>	
<p>Management Comments: Agree</p> <p>It is acknowledged development of further KPIs would strengthen the safety and quality of health services within Justice Health Services, and additionally provide accurate information regarding service demand, resource requirements and whether CHS are meeting an equivalent standard of health care.</p> <p>Within the AMC, the Health Advisory Group would be best placed to develop and monitor these additional KPIs.</p> <p>Responsible Officer: Katie McKenzie, Acting Executive Director, Mental Health Justice Health and Alcohol & Drug Services</p> <p>Completion Required By: 30 June 2023</p>	

Recommendation 6: Work with the EPIC project team to ensure the DHR provides functionality to extract key information

Low

JHS should work with the EPIC project team to communicate the requirements of the new DHR system to provide the functionality to extract key information, such as demographic and service need data, that supports effective resource planning.

Management Comments: Agree

With the planned Go-Live of the CHS DHR in November 2022, it is imperative that Justice Health Services work with the EPIC project team to communication their service requirements. MHJHADS have a dedicated project officer to assist with the DHR roll-out. The MHJHADS DHR project officer and the JHS' operational director will work collaboratively to engage with the EPIC project team. It should be noted, this may require additional support from CHS Chief Information Officer, however this will be supported by the Executive Director of MHJHADS.

Responsible Officer: Operational Director, Justice Health Services

Completion Required By: 30 September 2022

Finding 4 – Supporting Documentation

Background

Internal Audit noted the following relevant documents:

- **Memorandum of Understanding** - there is a Memorandum of Understanding (MOU) and three associated schedules for the delivery of coordinated health care services to Aboriginal and Torres Strait Islander detainees in the AMC to oversee the relationship between Winnunga and ACT Government agencies (December 2018). Refer to Finding 2 for more detail.
- **Justice Health Services Business Plan** - CHS has developed a Business Plan for the MHJHADS division and the JHS branch. The Business Plan outlines the strategic priorities for July 2021 – June 2022 and includes physical health KPIs which apply to all program areas. The Business Plan sets out how JHS will deliver and measure their performance against each of the strategic priorities.
- **Policies, procedures and operational guidelines** - the previous Operational Director, JHS recently developed a Policy Tracker to better manage and oversee the Justice Health Service Framework and available documentation. The Policy Tracker is still in draft but progress to date indicates that there are twenty-three current policies/procedures; 2 that require review; and twenty in draft, 3 of which are in draft with no content.

CHS and ACTCS have developed procedures that support the justice health services provided, including but not limited to procedures in relation to:

- Access, Triage and Health Induction Assessment – JHS.
- Urgent and Non-urgent Transfer of Physical Care to the Emergency Department (AMC & BYJC).
- Health management of clients subject to health segregation/separate confinement.

Observations and Findings

Consultations with key stakeholders advised that there is a lack of useful operating procedures to support the delivery of primary health services within both the AMC and BYJC. The gaps in supporting documentation are particularly noted, given the level of staff turnover, key dependency on certain staff and the staffing level pressures ACTCS faces currently.

As an example, there is no policy that states that nurses are required to have support from a corrections officer during consultations, appointments, and treatments. This has resulted in ambiguity around the process which affects the schedule, as some nurses will proceed without a corrections officer being present and others will refuse.

It is unclear what documents are in currently circulation and whether they have been made available to all relevant stakeholders. The Policy Tracker should assist with this.

Operating procedures that are not available that would support the delivery of primary health services include, but are not limited to:

1. Ministerial Complaints and Feedback Procedure – the ADON indicated they spend a large proportion of their time responding to these and there is no guidance available.
2. ADON operational procedures – there is currently a key person dependency on this role, which requires a significant number of responsibilities and activities. These are not documented.

3. Medical escort Nurse operational procedures for scheduling – this comprises a large part of the job and is important for detainees to be able to access services.

Other key documents which are required have been discussed above, including:

- Model of Care (see **finding 1, recommendation 1**).
- Governance Framework (see **finding 2, recommendation 2**).
- Service Level Agreement for both AMC and BYJC (see **finding 2, recommendation 3**).

Implications

By having insufficient supporting documentation to support the delivery of primary health services there is a risk that staff will lack understanding of their role in the delivery services. This may result in inconsistent approaches to the delivery of care to detainees.

With the level of staff turnover and the number of staff in acting positions there is also a risk of key person dependency and that they are not retaining crucial operational knowledge.

Recommendations

Recommendation 7: Identify gaps / missing documentation and develop these documents	Low
<p>Identify gaps / missing documentation that should be developed to support the operating procedures of the JHS Branch. This could include, but is not limited to:</p> <ul style="list-style-type: none"> • Ministerial Complaints and Feedback Procedure. • ADON operational procedures. • Medical Escort Nurse operational procedures for scheduling. <p>The Policy Tracker should be finalised and maintained to ensure that all supporting documentation is reviewed and updated within a reasonable timeframe.</p>	
<p>Management Comments: Agree</p> <p>CHS acknowledge additional documentation and information is beneficial for Justice Health Services staff. MHJHADS will arrange for the relevant training and education to be provided that is focused on ministerial complaints and feedback processes.</p> <p>Further supporting documentation, such as an ADON Operational Procedure will be developed to support and orientate ADONs in the Justice Health Services space. MHJHADS recommends this item be led by the ADON, under the guidance of the Operational Director for Justice Health Services.</p> <p>It is anticipated the Medical Escort Nurse operational procedures could be developed in conjunction with JACS.</p> <p>Responsible Officer: Operational Director, Justice Health Services</p> <p>Completion Required By: 30 June 2023</p>	



Appendix A – Physical Environment and Staffing & Scheduling Challenges

Physical Environment

Physical environment limitations include:

- JHS is hindered by the limited physical space on-site to support Primary Health Care. Within the Hume Health Centre (HHC) at AMC, there are seven specialities, including general practitioners (2), treatment, dental, forensic mental health, Winnunga and dosing. This is a major bottleneck as there is limited physical space to accommodate all of these services.
- The telehealth room in AMC HHC has recently been taken away and converted into an additional holding cell, creating greater bottlenecks in health services with more detainees waiting but less room to deliver health care services. Currently, there is no alternative location to relocate telehealth to so this service will likely be reduced. Justice Health was not consulted in the decision to change the telehealth room into a holding cell. It is noted that prior to the COVID-19 pandemic, there were alternate plans and budget to convert the telehealth room into an additional treatment room. This is no longer available.
- Telehealth is currently not an option at BYJC. Consultations confirmed that a telehealth service would be a beneficial service to BYJC as it would reduce the demand for external escorts and increase the ease of access to other healthcare services that are currently not being provided. There is physical capacity to have telehealth services at BYJC.
- At the AMC there is insufficient space for staff to congregate for handover meetings. Meetings are currently being held in a treatment room and as a result, are frequently cancelled and/or postponed when detainees need to use the room.
- The size and layout of AMC directly impacts the schedule and can result in extended wait times, as it can take 10 minutes or more to get from HHC to some areas within AMC. This is due to the way that the doors are controlled by security to ensure safety, e.g. some detainees cannot walk past each other; and ensure that detainees do not access areas they should not.
- To utilise space, AMC is using satellite clinics / dosing rooms to provide medication and hold small consultations. There are workplace health and safety issues associated with the dosing rooms as they are cramped, with little to no air flow, and cigarette smoke filters in.

- At the time of fieldwork (April to May 2022), at AMC there was no active personal duress system for the safety of the staff (only radios). The updated duress system was due to be implemented in November 2021, but delays have meant implementation has been revised to late May/early June 2022.
- Due to a recent incident, ACTCS now has only one vehicle for both court transport and medical escorts. As a result of limited transport available, ACTCS can only facilitate one medical escort at a time. There is a sedan type vehicle that can be used as last resort for low security risk detainees.
- There is currently no plan to expand or adapt the AMC and BYJC. The current infrastructure, whilst challenging, can accommodate for the current accommodation demands, however, there is growing concern over the impact of a surge within the justice system; AMC and BYJC are not able to expand capacity for increased health services demand. This is further amplified with the aging population being the largest growing population within the Australian prison system generally.

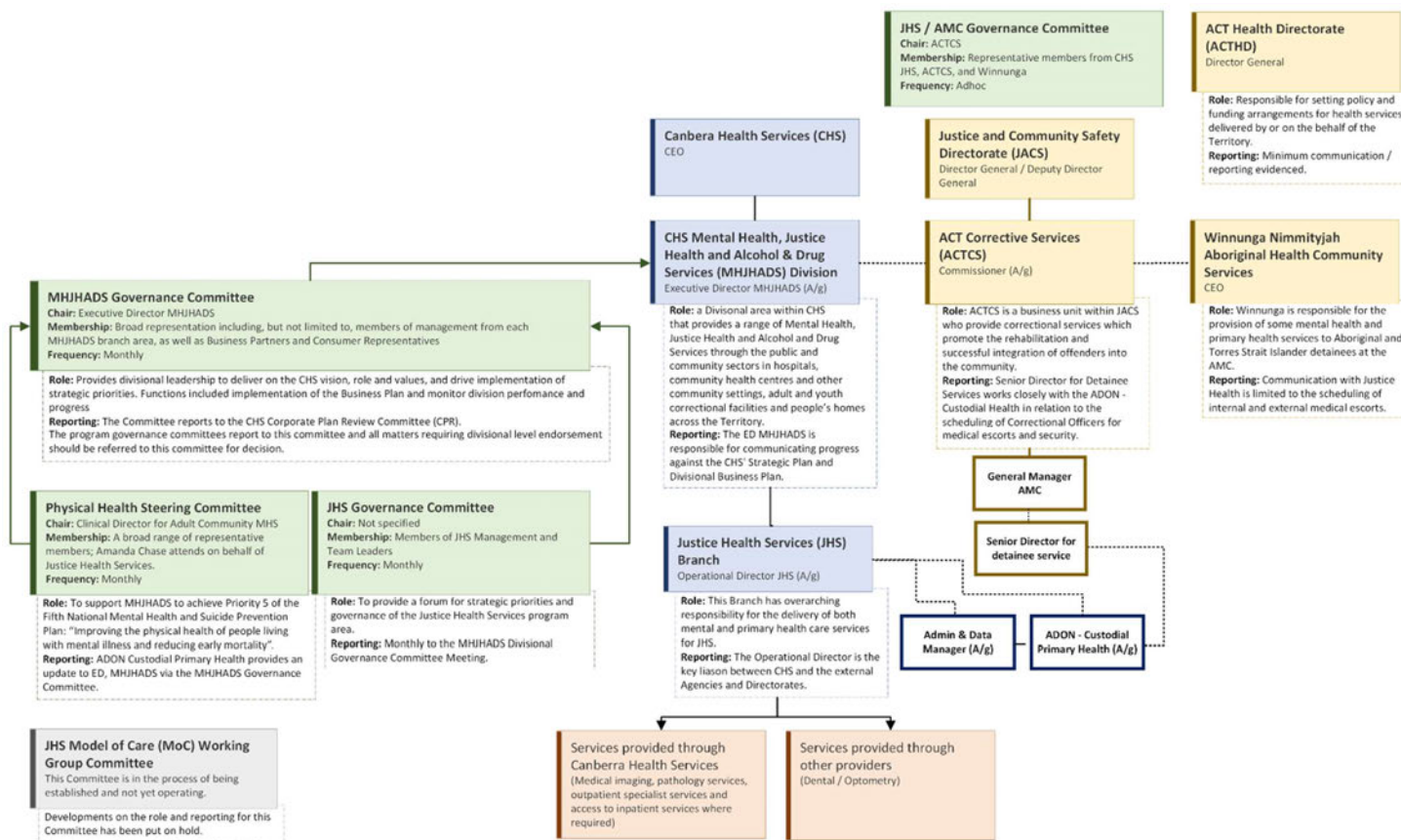
Staffing and Scheduling challenges

Staffing limitations include:

- There is significant pressure on custodial health staffing. ACTCS is often operating on staffing levels that make the scheduling of medical escorts for both internal and external appointments challenging. To ensure safety, Medical escorts may be more likely to be cancelled when ACTCS is short staffed. Examples include:
 - JHS has access to only 15 external appointments each week (three per day) which is aligned with the number of corrections officers rostered to be escorts each week. For each external escort [REDACTED] Correctional officer escorts are regularly cancelled due to staff shortages, and as a result, there are currently 360 detainees waiting for external appointments.
 - The AMC is a multi-security classification prison which means that the schedule has to be coordinated by the detainee's security classification. Depending on security classification, detainees can either walk themselves to the HHC, or require one or two corrections officers to be present. Availability of corrections officers impacts how the schedule is managed and can result in extended wait times, delays and cancelled appointments.
 - Patient flow is also an issue at BYJC. Due to the small detainee numbers, multi-security classification and restrictions with who detainees can associate with, it is difficult to manage the movement of detainees around BYJC to visit the health centre.

- The staffing ratios is significantly better at BYJC than AMC due to the lower holding capacity of detainees. However, as a result there is less urgency and structure which impacts JHS's ability to facilitate healthcare services. Whilst healthcare is viewed as a high priority amongst youth detention workers, there are still issues in prioritising health related actions (as security takes precedent).
- Medical escorts can also be cancelled due to the behaviour of detainees. As detainees are not notified of the time for their appointment (for security reasons), they sometimes will refuse to go as they are not physically or emotionally prepared or they have scheduled a visit for that time. This further impacts the wait list and ability to proceed with appointments.
- Following cancellations, JHS must reschedule appointments with health providers. Due to demand, the next available appointment time could be over a month away.
- Insufficient operating systems mean that medical escorts are managed via a shared outlook calendar with ACTCS.
- The current staffing model means that there is only one corrections officer rostered to work in the HHC at any given time. Consultations advised that this is not sufficient to provide an appropriate level of oversight given the physical size of the HHC. Whilst there are CCTV cameras, we have been informed that they do not capture all areas in the HHC, and the CCTV monitors are located in the control centre, therefore if the corrections officer is patrolling or dealing with an incident, the cameras may not be monitored.
- The JHS ADON in Custodial Primary Health has been acting in that role for a long period of time (approximately 2.5 years), and the Clinical Nurse Manager position below has been vacant for this period. This has resulted in the team being understaffed and a significant amount of work for this person. Further, addressing Ministerial complaints and feedback in relation to healthcare services is taking a lot of time from the ADON – Custodial Health. Consultations indicated that there is a need for an additional resource to manage this process to better allocate the time spent on this task.
- Some areas such as the AMC Women's Centre are situated in remote and isolated locations which can cause concerns to nurses. As a result, many nurses will refuse to sit and deliver care to detainees independently without oversight from a corrections officer. This impacts how the schedule is managed and whether appointments go ahead on time.
- There are inefficient communication processes in place with the Oral and Dental team which is negatively impacting the dental wait list and schedule. As a result, it often takes until midday for JHS to be notified that the dentist will not be onsite which makes it difficult to make alternative arrangements and efficiently manage the schedule.
- At BYJC staffing requirements around the administration of vaccinations or medications create scheduling restrictions. The ADON – Custodial Health generally arranges for an additional staff member from AMC to visit BYJC for this purpose, however, these appointments are often cancelled or delayed due to security or behavioural issues.

Appendix B – Justice Health Services Governance Arrangements



Appendix C – Approach

The following approach was undertaken for this engagement:

Planning and familiarisation

- Held an entry meeting with the Audit Sponsor and key stakeholders to confirm the objective, scope and approach of this internal audit.
- Drafted and circulated an internal audit Assignment Plan for consideration and approval by the Audit Sponsor and the Audit & Risk Management Committee (ARMC).
- Shared the proposed Assignment Plan with the ARMC for noting and endorsement.
- Discussed and obtained guidance, policies, procedures and frameworks relevant to Justice Health Primary Health Services.
- Gained a high-level understanding of systems and processes relevant to Justice Health Primary Health Services.

Fieldwork

- Held a fieldwork entry meeting with the Audit Sponsor and key stakeholders to confirm the objective, scope and approach of this internal audit, and identify key points of contact, documents and data.
- Reviewed key documentation available in relation to Justice Health Primary Health Services.
- Reviewed governance, oversight and monitoring arrangements including consideration of the structures and communication in place with different agencies / directorates.
- Held discussions with key stakeholders and conducted a walkthrough of the internal processes and controls related to Justice Health Primary Health Services.
- Gained an understanding and reviewed how detainees gain access to Justice Health Primary Health Services, including the communication and escalation protocols.
- Reviewed the monitoring and reporting over the use of these services.
- Conducted discussions over the availability of data to determine whether data analysis in relation to the identified areas of interest in the scope was possible.
- Obtained information on justice health models operating in other jurisdictions to identify relevant insights, learnings and good practises which could be used to inform Justice Health Primary Health Services.
- Held further discussions with key stakeholders to understand outcomes of the audit activities.
- Provided CHS with improvement opportunities and high-level guidance, related to policies and procedures, and performance measurement activities.
- Facilitated status reports with CHS key stakeholders to report work-in-progress, significant issues, preliminary findings and improvement opportunities. Sought further information and requested feedback and input.

Reporting

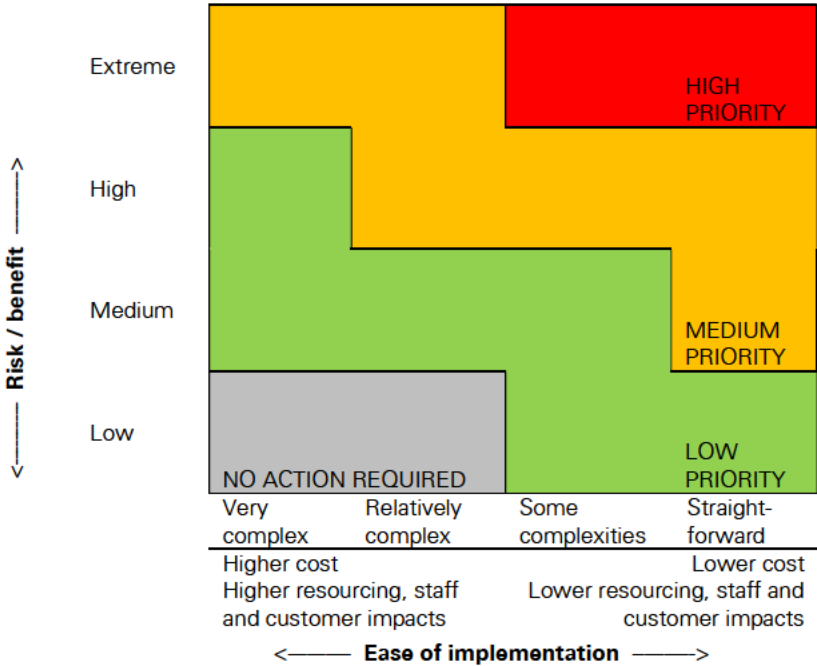
- Provided a verbal briefing to the Audit Sponsor, stakeholders and CHS Internal Audit Contract Officer on matters identified at the completion of fieldwork.

- Where significant matters were identified, provided a verbal briefing to the Audit Sponsor as soon as practicable.
- Provided a draft report with recommendations for improvement and circulate to the Audit Sponsors and relevant stakeholders.
- Conducted a Summary of Findings meeting with the Audit Sponsor and stakeholders, and sought agreements on the findings, and discussed the appropriateness of drafted recommendations, and potential management agreement to the recommendations.
- Prepared and circulated a final report incorporating management comments (provided through the Audit Sponsor following the Summary of Findings meeting) to the Audit Sponsor for approval.
- Final report to the Audit & Risk Management Committee for noting and acceptance.

Appendix D – Categorisation of Findings

Assigning a category to an internal audit recommendation is one of professional judgment. There are various factors that will be considered when an internal auditor assigns a priority classification.

Under the rating system recommendations are considered, and subsequently rated based on the benefit the organisation would receive should the recommendation be implemented and the relative ease of implementation as depicted in the picture below. It is important to note that an internal auditor will assign a category classification with the best interests of the 'organisation as a whole' in mind.



High Priority	Medium Priority	Low Priority
High priority suggested actions require immediate attention. (0 – 3 months) Where the issue noted is a breakdown of a critical control and if the agreed action will take time to resolve, consideration must be given to suitable interim safeguards. Oversight is expected to be at the Deputy CEO level.	Medium priority suggested actions should be addressed as soon as practicable. (3 – 6 months) Where the issue noted is a breakdown of an important control and if the agreed action will take time to resolve, consideration must be given to suitable interim safeguards. Oversight is expected to be at Deputy CEO or Director Level.	Low priority suggested actions should be addressed when resources permit. (6 – 24 months) Oversight is expected to be at Director or Senior Manager level.
Business Improvement Recommendation (BIR)		
Arises where the internal auditor considers that the recommendation, if implemented, would result in a benefit accruing to the organisation (for example, through more efficient and/or cost-effective processes, a reduction of expenditure or an increase in revenue).		



Risk/Benefit

Assessed in accordance with the Australian Capital Territory Insurance Agency's (ACTIA's) ACT Government Risk Matrix (last update 8 January 2019).

Likelihood	Consequence					Risk Rating
	Insignificant	Minor	Moderate	Major	Catastrophic	
Almost Certain	M	H	H	E	E	L = Low M = Medium H = High risk E = Extreme
Likely	M	M	H	H	E	
Possible	L	M	M	H	E	
Unlikely	L	M	M	H	H	
Rare	L	L	M	M	H	

Ease of Implementation

Very Complex

- Expensive – potentially outside the Agency's current budget and may require supplemental funding.
- Difficult – multiple interdependencies.

Something you would put in the 'too hard' basket.

Relatively Complex

- Expensive and would require resources to be reallocated from other tasks.
- Would require specific scoping and investigation.

Achievable with significant effort.

Some Complexities

- Moderately expensive and may require resources to be reallocated from other tasks.
- Not overly complex, but requires a level of additional scoping and investigation.
- Achievable but not without a degree of effort.

Straightforward

- Inexpensive.
- A potential 'quick win'.

Likelihood

Almost certain: Is expected to occur in most circumstances (once a quarter or more)

Likely: Will probably occur (once a year or more)

Possible: Might occur at some time in the future (once every 1 – 5 years)

Unlikely: Could occur but doubtful (once every 5 – 20 years)

Rare: May occur but only in exceptional circumstances (once every 20 – 100 years)

Timing and Reporting

Milestone	Date
Assignment Plan Approval	1 March 2022
Fieldwork	March – April 2022
Summary of Findings Meeting	18 May 2022
Draft Report	01 June 2022
Final Report issued with Management Comments	17 June 2022
Final Report to Audit & Risk Management Committee	27 July 2022

Disclaimer

Inherent Limitations of Internal Audit

This report has been prepared as outlined in the objective and scope section and in accordance with the internal audit work order dated 24 April 2020 with KPMG and Canberra Health Services (CHS). The services provided in connection with this engagement comprise an advisory engagement, which is not subject to assurance or other standards issued by the Australian Auditing and Assurance Standards Board and, consequently no opinions or conclusions intended to convey assurance have been expressed.

No warranty of completeness, accuracy or reliability is given in relation to the statements and representations made by, and the information and documentation provided by, Canberra Health Services' management and stakeholders consulted as part of the process.

KPMG have indicated within this report the sources of the information provided. We have not sought to independently verify those sources unless otherwise noted within the report.

KPMG is under no obligation in any circumstance to update this report, in either oral or written form, for events occurring after the report has been issued in final form.

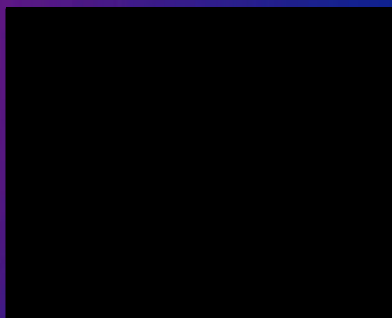
Due to the inherent limitations of any internal control structure, it is possible that fraud, error or non-compliance with laws and regulations may occur and not be detected. Further, the internal control structure, within which the control procedures that have been subject to the procedures we performed operate, has not been reviewed in its entirety and, therefore, no opinion or view is expressed as to its effectiveness of the greater internal control structure. The procedures performed were not designed to detect all weaknesses in control procedures as they are not performed continuously throughout the period and the tests performed on the control procedures are on sample basis. Any projection of the evaluation of control procedures to future periods is subject to the risk that the procedures may become inadequate because of changes in conditions, or that the degree of compliance with them may deteriorate.

Third Party Reliance

This report is solely for the purpose set out in the objective and scope section and for Canberra Health Services information, and is not to be used for any purpose not contemplated in the internal audit work order or to be distributed to any third party without KPMG's prior written consent.

This report has been prepared at the request of Canberra Health Services in accordance with the terms of KPMG's internal audit work order dated 24 April 2020. Other than our responsibility to Canberra Health Services, neither KPMG nor any member or employee of KPMG undertakes responsibility arising in any way from reliance placed by a third party on this report. Any reliance placed is that party's sole responsibility.

Contacts



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