

**Portfolio Committee No. 4 - Legal Affairs**  
**Parklea Correctional Centre and other Operational Issues**  
**28 September 2018 Hearing**

[Mr DAVID SHOEBRIDGE] —

**QUESTION 1**

The Hon. TREVOR KHAN: It was put to you that the nurse was 15 minutes away. Is it your evidence that from notification to being at the patient was 15 minutes?

Mr FORREST: That is my understanding.

Mr DAVID SHOEBRIDGE: I thought your evidence was to the gatehouse.

Mr FORREST: Well, the gatehouse and then shortly after to the patient. It does not take much—

Mr DAVID SHOEBRIDGE: Yes, but from notification to the gatehouse was 15 minutes?

Mr FORREST: That is correct.

Mr DAVID SHOEBRIDGE: You did not give a precise time for being at the patient.

Mr FORREST: No.

Mr DAVID SHOEBRIDGE: Could you give that on notice?

**ANSWER**

The attending nurse took 15 minutes to arrive at the patient's location.

[Mr DAVID SHOEBRIDGE] —

**QUESTION 2**

The Hon. LYNDA VOLTZ: Yes, but I think the question was whether he had medication on his person at the time that he could access. As part of the review that has been undertaken, was it ascertained that he had access to his medication?

Mr FORREST: That is correct from my understanding. As part of any death in custody Justice Health undertakes a root cause analysis. We would look at the information in detail and absolutely be certain that the asthma management plan was followed, that the patient had access to both a preventer and a symptom reliever, which is part of a usual asthma management plan—and at this early stage I am advised that that was present—and whether there was anything further that should have been done or could have been done in order to either prevent the incident from occurring or to prevent the outcome from being a death.

Mr DAVID SHOEBRIDGE: If you could provide us with any further details on notice, that would be appreciated.

Mr FORREST: I will need to take that on notice because root cause analysis findings are normally privileged documents. I would need to get some advice from the ministry about whether I can furnish that.

Mr DAVID SHOEBRIDGE: You can take it on notice.

**ANSWER**

Further details cannot be provided at this time, as the matter is still under investigation.

[Mr DAVID SHOEBRIDGE] —

**QUESTION 3**

Mr DAVID SHOEBRIDGE: Was the patient complaining of chest pains?

Mr FORREST: I do not have that information, I am sorry.

Mr DAVID SHOEBRIDGE: Again, it would assist if you could provide it on notice.

**ANSWER**

Further details cannot be provided at this time, as the matter is still under investigation.

[The Hon. LYNDA VOLTZ] —

**QUESTION 4**

The Hon. LYNDA VOLTZ: Can you recall—you can take this on notice—whether the Inspector of Custodial Service has ever requested any documentation from Justice Health?

Mr FORREST: In relation to deaths in custody in particular?

The Hon. LYNDA VOLTZ: With regard to Corrective Services at all.

**ANSWER**

The Inspector of Custodial Services has requested and received feedback and information on Network activity, policies, procedures, and population information across a range of custodial settings.

The Network provides periodic updates to the Inspector on implementation of applicable recommendations pertaining to the delivery of health care to custodial patients.

In accordance with the Inspector's powers, Network staff are also available and called upon to provide information during the Inspector's site inspections. This may be followed up by a formal request to me for further advice.

[Mr DAVID SHOEBRIDGE] —

**QUESTION 5**

Mr FORREST: ...I would be happy to have a look at whether the 61 overdoses ended up getting a serious incident review undertaken.

Mr DAVID SHOEBRIDGE: Yes, and whether or not any of that picked up concerns about intentional self-harm.

Mr FORREST: Sure.

The Hon. LYNDA VOLTZ: Or, more, importantly whether it had the capacity to pick up whether they were self-harming.

### **ANSWER**

Of 61 cases of overdose or intoxication at Parklea Correctional Centre between 17 November 2011 and August 2018, one related to a deliberate act of self-harm. The patient received joint management through a Risk Intervention Team and mental health care from the Network, in accordance with protocols for mandatory notification and management of self-harm in NSW correctional settings.

[Mr DAVID SHOEBRIDGE] —

### **QUESTION 6**

Mr DAVID SHOEBRIDGE: Can you provide us on notice with the number of patients held in correctional facilities who have been receiving involuntary treatment over the past 12 months?

Mr DAVID SHOEBRIDGE: Please give us some historical data over the past five years.

### **ANSWER**

All involuntary treatment in the NSW correctional setting is provided in the Mental Health Unit of Long Bay Hospital.

149 patients received involuntary treatment in the 2017-18 financial year.

491 patients received involuntary treatment in the five years from 1 July 2013 to 30 June 2018.

[Mr DAVID SHOEBRIDGE] —

### **QUESTION 7**

Mr DAVID SHOEBRIDGE: In your answers on notice, could you provide what proportion of forensic mental health detainees in the custodial setting are Aboriginal or Torres Strait Islander?

### **ANSWER**

17 per cent of forensic patients in the custodial setting identified as Aboriginal or Torres Strait Islander, as of 1 October 2018.