

# **PORTFOLIO COMMITTEE NO. 5 - REGIONAL NSW AND STRONGER COMMUNITIES**

**Monday 7 March 2022**

**Examination of proposed expenditure for the portfolio area**

## **CORRECTIONS**

**UNCORRECTED**

**The Committee met at 9:45.**

## **MEMBERS**

Mr David Shoebridge(Acting Chair)

The Hon. Lou Amato  
The Hon. Scott Barrett  
The Hon. Tara Moriarty  
The Hon. Shaoquett Moselmane

## **PRESENT VIA VIDEOCONFERENCE**

The Hon. Adam Searle

## **PRESENT**

**The Hon. Geoff Lee, *Minister for Corrections***

\* Please note:

[inaudible] is used when audio words cannot be deciphered.

[audio malfunction] is used when words are lost due to a technical malfunction.

[disorder] is used when members or witnesses speak over one another.



## **CORRECTIONS TO TRANSCRIPT OF COMMITTEE PROCEEDINGS**

**Corrections should be marked on a photocopy of the proof and forwarded to:**

**Budget Estimates secretariat  
Room 812  
Parliament House  
Macquarie Street  
SYDNEY NSW 2000**



**The ACTING CHAIR:** Welcome to the additional public hearing for the inquiry into budget estimates 2021-22 for Portfolio Committee No. 5. Before I commence, I acknowledge the Gadigal people, who are the traditional owners of the land on which we are gathered here today and pay our collective respects to Elders past, present and emerging and all those First Nations persons present in the room today. I also welcome Minister Geoff Lee and accompanying officials to this hearing. Today the Committee will examine the proposed expenditure for the portfolio of Corrections.

I would like to make some brief comments about the procedures for today's hearing. Today's proceedings are being broadcast live from the Parliament's website and a transcript will be placed on the Committee's website as soon as it becomes available. In accordance with broadcasting guidelines, media representatives are reminded to take responsibility for what they publish and all witnesses in budget estimates have a right to procedural fairness according to a resolution of the House in 2018. There may be some questions that a witness can only answer if they have some additional time or some additional records to hand, in which case witnesses are advised they can take the question on notice and provide an answer within 21 days. If witnesses wish to hand up documents, please do so through the Committee secretariat staff.

Minister, I remind you and the officers accompanying you that you are free to pass notes and refer directly to your advisers seated at the table behind you. Could I also ask everybody to turn their mobile phones on silent for the duration of the hearing. All witnesses will be sworn prior to giving evidence. Minister, I remind you that you do not need to be sworn as you continue to be under your oath as a member of Parliament.

**Mr BRENDAN THOMAS**, Deputy Secretary, Department of Communities and Justice, on former oath

**Mr MICHAEL TIDBALL**, Secretary, Department of Communities and Justice, on former oath

**Mr KEVIN CORCORAN**, Commissioner, Corrective Services NSW, Department of Communities and Justice, on former oath

**Ms SANDRA CRAWFORD**, Assistant Commissioner, Corrective Services NSW, Department of Communities and Justice, on former affirmation

**Mr LUKE GRANT**, Deputy Commissioner, Corrective Services NSW, Department of Communities and Justice, on former affirmation

**Mr CARLO SCASSERRA**, Assistant Commissioner, Corrective Services NSW, Department of Communities and Justice, affirmed and examined

**The ACTING CHAIR:** Today's hearing will be from 9.45 a.m. until 12.45 p.m. We will have a 15-minute break at approximately 11.00 a.m. We will be joined by you, Minister, in the morning. In the afternoon we will be hearing from departmental witnesses from 2.00 p.m. to 5.15 p.m. The questioning will alternate between Opposition and crossbench, with the Government having 15 minutes at the end of each session, if they wish to tidy anything up. With that, I will hand over to the Opposition to commence questioning.

**The Hon. TARA MORIARTY:** Good morning, everybody. We have got a whole bunch of new faces here since the last time. Congratulations, Commissioner. I do not think I have seen you since you were officially appointed. Obviously it is no news to say that prisons are dangerous places. I want to start today with some questions about how dangerous they are for the people who work in them and what is happening to protect them. Minister, on 20 February we heard a pretty horrendous report of a female officer being held hostage at St Heliers Correctional Centre by an inmate. Can you give us information about what happened?

**Dr GEOFF LEE:** Can I first acknowledge all our officers right throughout our 36 correctional centres around New South Wales for the work that they have done over the last year and especially over the last two years, especially with the difficulties and challenges they have faced with COVID-19 and controlling that in the population. Of course, corrections officers face, as you said, difficult and challenging situations. We have over 12,000 people in custody and the challenges that these people present often are very difficult. We do not like it to happen but, at times, there are staff assaults and, whilst we endeavour not to have any staff assaults right throughout our correctional facilities, it does happen from time to time.

I know the commissioner is certainly looking at everything he can do to minimise or stop any assaults. But it is a fact of being a correctional facility that from time to time those staff assaults do occur. The staff assault that you are alluding to is currently under police investigation and will be before the courts. Therefore, it is very hard to release any details. Commissioner, I do not know if you would like to add anything. I just do not want to prejudice any court proceedings that will be ongoing from this particular incident. Certainly it was a horrendous crime and maybe, Commissioner, you would like to add.

**KEVIN CORCORAN:** The only thing I would like to add is just to acknowledge how brave that individual was. How she managed to extricate herself from that situation was quite remarkable. I just wanted to make that case. But, as the Minister said, we do not want to be saying too much about it while it is under police investigation.

**The Hon. TARA MORIARTY:** Is she okay? What kind of support is she being provided?

**KEVIN CORCORAN:** She is getting a lot of support from staff all around the system and from senior personnel. I have been trying to get in touch with her to talk but she is pretty much overwhelmed at this point in time. In fact, only last week I was speaking to the assistant commissioner who has been talking to her, but she is just a bit overwhelmed at the moment.

**The Hon. TARA MORIARTY:** Also on the twenty-fourth I think it was—you can correct me if I am wrong—there was another pretty horrific incident involving another officer and nurse who were assaulted by an inmate at the Prince of Wales Hospital. I understand the officer, which is where I will focus, was escorting the inmate and guarding him at the hospital. Can you give us some information about what happened there?

**Dr GEOFF LEE:** Again, similar to what the commissioner just said, I would like to pay tribute to all the officers including this officer that was assaulted—allegedly assaulted or assaulted. But because of the police investigation it would be wrong for me to release any of those details, besides maybe an update on that officer's health, who is out of a coma now and doing a lot better than we initially thought on that Thursday.

**KEVIN CORCORAN:** Yes, I spoke on Friday to that officer who was just being released from hospital after coming out of ICU and the cardiac unit. So he has got about a six-week recovery and we are looking forward to getting him back to work as soon as possible.

**The Hon. TARA MORIARTY:** What other support is he receiving? I am glad to hear he is out of hospital. That is good news at least.

**KEVIN CORCORAN:** It is not only him, but we are supporting all the officers that were involved in the incident. It was a very traumatic incident for every officer concerned to see one of their colleagues being worked on in an ICU environment. The Assistant Commissioner Custodial Corrections has been in touch with all those staff, as well as myself being in touch with the officer involved in the incident and his former partner.

**The Hon. TARA MORIARTY:** I get that there are police investigations and other actions being taken in relation to those incidents. I am sure you will tell me where the line is because I do not want to prejudice any of those cases either, but can you tell us how these two officers were in this dangerous situation in the first place? Both of them were by themselves? I am assuming that should not have been the case. Can you give us any information at least around the circumstances that led to the incident rather than the incidents themselves. I understand there is a police investigation.

**Dr GEOFF LEE:** I am happy for the commissioner to release any information about that, if you possibly can.

**KEVIN CORCORAN:** Yes. The first incident that we were referring to happened in a minimum security facility and, of course, the staffing levels in those minimum security facilities are commensurate with the risk generally posed by the inmates in those facilities. So, yes, that officer was alone and, yes, we have looked at some of the procedures and protocols around operation in minimum security centres around the State as a result of that incident. It was very unusual for something of that nature to happen in a minimum security facility but, nevertheless, it is something that has happened now and we really need to look at what we are doing around the system. The other incident occurred in an ICU. There were three officers there on that escort, and a range of other officers in close proximity. So there is a secure ward at the Prince of Wales Hospital and we look after a number of inmates in that with staff there.

**The Hon. TARA MORIARTY:** I also understand there have been a number of other incidents, assaults on staff, even just in the last couple of weeks. Again, my details may not be correct, but I understand there was an officer assaulted, I think it was at Bathurst, and sustained a broken jaw. Can you provide the Committee with some information about that?

**Dr GEOFF LEE:** Again, it is under police investigation. I did actually speak to the officer involved in that one. I don't know, Commissioner, if you can release any details.

**KEVIN CORCORAN:** I cannot release any details about the particular incident, as the Minister said. But I also spoke to the officer as well. Hopefully I will be able to get up to see him in the next week or so. I have not been able to get up to Bathurst, for a range of reasons. But I am definitely proposing to do that in the next week.

**The Hon. TARA MORIARTY:** Is he okay? Obviously a broken jaw is not okay.

**KEVIN CORCORAN:** He was pretty seriously injured but he was certainly fairly upbeat when I spoke to him. But he did sustain some very serious injuries.

**The Hon. TARA MORIARTY:** Can you give us any other information around the incident at this point?

**KEVIN CORCORAN:** No, not at this point.

**The Hon. TARA MORIARTY:** Can I ask about an incident on the mid North Coast where, I understand, an officer was hit over the head with a piece of wood. Again, my details may not be completely accurate, but can you give us some information about that assault?

**KEVIN CORCORAN:** The problem with these assaults is that they are all subject to police investigation.

**The Hon. TARA MORIARTY:** I understand that, but they are very significant incidents that have happened over the last couple of weeks alone. It is in the public interest for me to ask. Can you provide any information? Is the officer okay?

**KEVIN CORCORAN:** The officer is recovering from that, yes. I cannot give you any further information. In fact, the Minister and I will be heading up to the mid North Coast in the very near future to talk to staff about various matters, and that is one of the staff members we will be touching base with when we are there.

**The Hon. TARA MORIARTY:** I am glad to hear that you will be visiting that facility. Obviously the staff working there are very upset at the moment, so much so that they took the extraordinary and, I am sure for them, difficult step of walking off the job last week from that facility. Minister, why did you not support them in that action?

**Dr GEOFF LEE:** I think you are referring to the strike action taken last Monday, was it? Can I say I was very disappointed, I made it very known that I was very disappointed with the union and their actions causing a strike. I think last Monday was the day that we had the worst floods in 1,000 years or in a generation. Correctional facilities, unlike any other facilities, are not like a school where you can send the kids home. Prisoners have to stay in jail; we cannot send them home. They are confined. They have to be treated humanely. They have to have food and they have to be looked after during that period of time. So after meeting with the union two days before and expressing my understanding and my concerns about the time frame of implementing the 11 recommendations by the Sentencing Council, I said to them I am fully supportive of implementing those recommendations as soon as possible.

I said, however, there is a procedural process that I do not control. In fact, it is out of my hands and I cannot actually control that process, but I committed to them that I will do everything. I committed to them in writing. I am happy to table the letter that I wrote to Stewart Little, the General Secretary, showing my disappointment for the industrial action at a time when we were facing the worst floods in a lifetime. But certainly I committed to the union in that meeting. They asked for the meeting, and it was the next working day that I was able to meet with them. I provided that letter the following day and, unfortunately, the union then went on strike the following day.

I fully support bringing those recommendations. I think these crimes against our officers should be met with the full force of the law. We need to set an example and say it is not okay to assault our officers. But I still work within a framework, and that is my frustration too, that the recommendations of the Sentencing Council were not implemented and have not been implemented to date. But, as I said, I have spoken to the Attorney General and met with the Attorney General. I have written to the Attorney General and he has committed to bringing these recommendations as fast as he can through the legislative and other processes that we need to follow.

**The Hon. TARA MORIARTY:** I want to ask a few questions about that because it was obviously very significant last week. Officers on the North Coast walked off the job—it was a very extraordinary decision for them to make and I am sure a very difficult decision for them to make—because they are concerned obviously about their safety at work but also because one of their fellow officers was held hostage in 2020 and suffered horrific, horrible injuries and circumstances. I am not sure I will provide the details on the record today; I might, but they are on the public record anyway. The person who did those things was sentenced for what was probably not an adequate sentence but also it was a concurrent sentence. Officers obviously feel very angry that something so significant and horrific happened to one of their colleagues and there were not really serious consequences for it, so they felt the need to take industrial action.

First of all, the fact that they took industrial action was on the basis that they did not feel support from you or your Government. I would like you to respond to that. But also, on the day that they did that, your public comments do not align with the comments you have made here today. You said that you were disappointed in them and that you did not support the action. Why do you not support those officers, given the dangerous situations they are in?

**Dr GEOFF LEE:** Can I first start by correcting the timeline. I met with the union on the Monday and then the PSA industrial action was on the Wednesday and I provided a response on the Tuesday. So I met with them on the Monday. They asked for the meeting on a Friday, I met with them on the Monday, the PSA, and then I responded to their concerns on the Tuesday, and then by the Wednesday there was the industrial action. Certainly I do support all our officers. I think they do a terrific job and a tough job in difficult circumstances. What I was saying was I did not support the union action of going on strike. I explained to the union, and they very well knew, that I could not speed up the process, that there is a process that they need to go through, and I am fully supportive of implementing the Sentencing Council's recommendations as soon as possible.

I am not able to do it. We hold prisoners but I am not able to do it. So I have to work with my colleagues, the Attorney General, in pushing these. I committed to pushing these as fast as I can so that we protect our officers. I do not control judges, nor should any politician control judges. But from a personal perspective, I think it is



appalling that an officer gets held hostage and that the sentence is concurrent rather than consecutive. We need to send a strong and clear message to our inmates, to our prisoners, to say it is not okay to assault our officers.

**The Hon. TARA MORIARTY:** It is all well and good for you to say that today, and I appreciate that you are saying it and I am sure that the officers appreciate it. I am not privy to the discussions you had with the union or with these officers on Monday, but to take the action that they took on the Wednesday means that they must not have been satisfied with the conversation that you had with them. Again I ask, why did you not support them last week? It is all well and good to say it now, but you did not support them last week.

**Dr GEOFF LEE:** I will table the letter that I sent to Stewart Little on the Tuesday. It says in there, "I strongly support the recommendations of the Sentencing Council and have been advocating for their adoption within Government", and it goes on. I am happy to table that right now. It shows that I was supporting the changes necessary to better support our officers, as the Sentencing Council actually wanted us to do or recommended us to do.

**The Hon. TARA MORIARTY:** I would appreciate it if you do table it.

**Dr GEOFF LEE:** Yes.

**The Hon. TARA MORIARTY:** You say that is a letter that you sent to the union on the Tuesday. Why has no action been taken on their concerns before now?

**Dr GEOFF LEE:** I have been in the portfolio for 10 weeks. I cannot speak about what has happened prior to, but as soon as I became aware of the issues, as I have said, I have met with the Attorney General, I have written to the Attorney, I have discussed it with the Attorney General, and as soon as practicable we will implement those changes according to the normal process. There is a little bit of legislative changes and other changes that we need to do. But certainly, anything that I can do I will do in implementing those Sentencing Council recommendations. I have just been informed that the letter was sent out on the Wednesday as a result of the email on Tuesday after the meeting.

**The Hon. TARA MORIARTY:** Was that before or after you said publicly, "I'm extremely disappointed in the reckless and illegal conduct of the PSA today, on a day when the rest of the state is focused on [floods]" et cetera? I have detailed just a couple of really serious assaults that have occurred on officers that you are responsible for. Their action is a combination, I am sure, of their frustration about that plus the sentence that this particular person who assaulted an officer in 2020 had. It is not good enough, is it, Minister, to say that you are disappointed in them having to take this action?

**Dr GEOFF LEE:** I think you will find I was disappointed in the union's view that we explained to them the situation. I committed to pushing forward to try to get those Sentencing Council recommendations implemented as soon as possible. It was one of the worst floods—the worst floods we have seen in our history. Up until last week I think we evacuated one centre just as a precaution at Emu Plains. We are going through a really tough time and prisons are not like schools where you can send all the kids home. Prisons are places where we have some very dangerous, hard people who have committed crime and been sentenced. To walk off at short notice, and my advice was that it was illegal, there was not the requisite 72 hours, and to have to manage a secure facility in the worst possible floods, that, to me, was reckless actions by the union.

**The Hon. TARA MORIARTY:** Now you are saying that the letter that you sent to them supporting their calls was sent on the day they took the action. So does that not mean their action was justified? They got the result from you that they should have got before.

**Dr GEOFF LEE:** You will have to ask them. As I have said in my testimony here today, I thought it was a reckless action on that day. It was the worst flood, people were being evacuated at that time and we had lots of problems, let alone staff for our facilities like Clarence—we were finding it difficult to even get staff because of the floods and the roads, and attending our centres is difficult. I do not know, Commissioner, if you want to talk about some of the difficulties we had during this week and last week.

**KEVIN CORCORAN:** There definitely were some difficulties in the north getting staff to facilities in Kempsey and up in Grafton. The Emu Plains complex, where there is a number of facilities, we evacuated that and we are on standby to evacuate about 1,000 inmates from the Windsor complex just in case we lost power, water and sewerage to that complex.

**The Hon. TARA MORIARTY:** I think I am about to run out of time. We all understand that the floods are really horrific for the people that they affect, but these are circumstances that are happening in your facilities all the time, every day. So why did it take waiting until last week, waiting for this action, for the officers that you are responsible for to get any kind of support from you about this issue?

**Dr GEOFF LEE:** Sorry, was that a question for me?

**The Hon. TARA MORIARTY:** Yes.

**Dr GEOFF LEE:** If I can go through the chronology just to make sure that I am clarifying that. We had a request to meet the PSA on the Friday. On the Monday we had the meeting with the PSA. On Tuesday we did our email response to them. On Wednesday the industrial action was initiated. On the Wednesday we did send them that letter as well, but the letter said similar to the email on Tuesday. So it clearly showed, can I say, that at all times I have been very supportive of making the changes, those necessary changes by the Sentencing Council, and I committed to doing that to the PSA.

**The Hon. TARA MORIARTY:** I am out of time.

**The ACTING CHAIR:** You are. Minister, thanks for coming today, and to all the staff. Minister, how many inmates in prisons across New South Wales currently have COVID?

**Dr GEOFF LEE:** I am advised that 312 have COVID today.

**The ACTING CHAIR:** And which facilities are they in?

**Dr GEOFF LEE:** I will ask the commissioner. Commissioner, do you have a list in front of you or we can take it on notice to get the numbers?

**The ACTING CHAIR:** The bulk of them are in certain facilities, so why do we not start there?

**KEVIN CORCORAN:** Yes, MRRC and Silverwater Women's are the place we generally keep COVID-positive inmates, but there might be a period where we keep them in other facilities for certain reasons, which has happened over the last few months. But generally they are transferred as soon as we can into those two facilities.

**The ACTING CHAIR:** I refer to COVID-positive people in other facilities. Has COVID been detected other than when people first enter the system, and in which case how is it still getting into the prison system?

**KEVIN CORCORAN:** There has been COVID detected outside of quarantine. Over the period of COVID in the system, that has happened on a number of occasions. We have had high numbers of staff going positive and whilst we have got in place rapid antigen screening for staff around the system, which is detected, I think, in the region of about well over 400 staff members who are positive attempting to come to work and obviously we have turned them away. So we have done something like 316,000 rapid antigen screens of staff. The fact that staff can come in with COVID, the rapid antigen screen will only pick them up at a certain point in their infectious cycle, so it is possible for staff still to come into work and be infectious, and that has resulted in possibly infections. Other outbreaks may have been caused by inmates in the system coming into contact with other inmates. So there is a variety of reasons why it has leaked out of quarantine.

**The ACTING CHAIR:** Of the prisons in New South Wales, how many are currently still in lockdown of one form or another to deal with COVID?

**KEVIN CORCORAN:** I think we are up around about the four or five centres at the moment, but I could not give you the precise numbers—it changes by the day depending on what happens, and outbreaks happen very quickly and we respond very quickly. But we have had a seven-day-a-week command post in operation managing those things for this entire COVID outbreak.

**The ACTING CHAIR:** What was the longest period that a prison was in lockdown in the past 12 months?

**KEVIN CORCORAN:** I would say that Parklea would probably be the prison that was the longest in lockdown and that was that initial outbreak in Parklea where COVID leaked into the mainstream population. We closed that down for a considerable period of time, so there were no inmates coming in, no inmates coming out. But there were varying regimes in operation in that facility during that time, so it would not be fair to say that everybody in the facility was locked down that entire period.

**The ACTING CHAIR:** How long was the Parklea lockdown for, Commissioner, and when did it start and end?

**KEVIN CORCORAN:** I might have to take that on notice to give you the precise dates, but when you talk about—

**The ACTING CHAIR:** Just the months; the months will do for now.

**KEVIN CORCORAN:** When you talk about lockdown are you talking about locking down inmates in their cells or are you talking about locking the entire facility down with no entry or exit?

**The ACTING CHAIR:** We are talking about inmates being locked in their cells and on many occasions having 15 minutes or less out of cell in a 24-hour period.

**LUKE GRANT:** I might answer that question. I think it is something that we need to take on notice. We can give you a lot of detail about that incident because it has been very well examined, but just to point out that, as the commissioner said, there are a number of parts of that centre that were not locked down at all. Initially we had a whole lockdown of the centre that occurred over several days. There was testing that was done throughout the centre that discovered that at least two of the areas, area 4 and area 3, had no COVID cases. Those areas therefore did not have to be locked down. So a complete lockdown of the jail did not occur. The outbreak was managed over a period of about five weeks and during that time of five weeks there were parts of the centre that were locked down, but certainly not the whole of the centre; that would happen for a short period initially and then it was expanded. To respond to your question earlier, you asked about where the cases are as we speak, if you would like me to answer that specifically.

**The ACTING CHAIR:** That would be good.

**LUKE GRANT:** The MRRC, as of last month, had 231 cases. Silverwater Women's had three cases. Those are the two reference centres where we send people when they are positive. When they are positive, however, it takes some time to organise the transport to move them from the other location to the MRRC. John Morony had 17 cases, the Amber Laurel centre—which is a reception area for people coming in from the courts—had one, Bathurst had 18, Long Bay Hospital had two, the MSPC at Long Bay had 12, South Coast had one, Shortland had two, Goulburn had 15, Junee had one and Parklea had four. Amongst those are people who are coming in off the streets, are new receptions into prison, are positive and are identified with testing that occurs on the first day that they come into custody. It is repeated again on day six that they are in custody. That discovers people in the initial quarantine phase, and then a number of those matters would have been potentially from outbreaks outside of quarantine.

It is quite hard to work out and takes an incredible process to determine what has caused it to break out. I am very pleased to say that St Vincent's Hospital invested in a very significant study, undertaken by the Kirby Institute and NSW Health, that is in draft form at the moment. When it is finished, I think it will be an extraordinary illustration of what actually does happen in an outbreak. Corrective Services has commissioned the Kirby Institute to undertake one to drill down into what actually happened in one of our outbreaks. You can see, by looking at phylogenetic and genomic sequencing, who infected who. You cannot really say just from making observations about it. We are trying to understand to an extraordinary level of depth how each instance of transmission has occurred. That process is almost complete—that is how long it takes—from the Parklea incident, which happened some time ago, during the Delta outbreak.

**The ACTING CHAIR:** That is useful. Do you understand when that is going to be published?

**LUKE GRANT:** It is a document that has been commissioned by St Vincent's Health, so it belongs to them. I expect it will be published, but it is in first draft. I have just read the first draft, and it is a fascinating document.

**The ACTING CHAIR:** Have any of those outbreaks been caused through family visits?

**LUKE GRANT:** I do not believe they have because we have not had family visits during the—we were very quick to take action in relation to Omicron and Delta. Whenever we have had high levels of community prevalence, we have actually suspended visits in prison. I am not aware of any occurring through the visits arrangements. The Parklea one, certainly, there was not an indication of that coming through visits.

**The ACTING CHAIR:** Given Omicron is now effectively endemic—describe it as you like, it does seem to be prevalent, of a continuing prevalence in the community and it is not going anywhere—what is the strategy for returning to family visits across the State?

**KEVIN CORCORAN:** Thanks for the question. We have actually returned to family visits this weekend. It has been a long, slow process. We have had to go through a lot of consultation with various parties—public health, Justice Health, the PSA and our staff—to get to a point where we could have a regime in place where we could commence visits again. Unfortunately, only six facilities had visits this weekend, but we are working hard to get those other facilities up and running as soon as possible.

**The ACTING CHAIR:** Minister, do you accept, given the fact COVID does not seem to be going anywhere in a hurry, that it is unsustainable and just plain wrong to have a policy of continuing to prevent family visits across New South Wales?

**Dr GEOFF LEE:** Can I say, firstly, my admiration goes out to Corrective Services NSW for the way that they have handled COVID-19 not only through Delta but through Omicron. They have had to make some tough decisions to keep it out of our prisons. As I said before, prisons are confined spaces with people, and overseas and other jurisdictions show that, once COVID gets in there, up to 98 per cent of the prison population can get it. It not only poses a risk against our inmates but also against our officers. Obviously, there was no playbook. I think the advent and the standing up of the command post was a great initiative that has seen to be very fruitful.

**The ACTING CHAIR:** Minister, this is not an opportunity to talk generally about COVID in prisons. It is about family visits.

**Dr GEOFF LEE:** And I was saying that there was a different range of—in consultation with Justice Health, public health and the PSA, and I can say that the unions were very good in being part of that COVID response, there were various things, such as stopping visitors coming in for the period of time that it was deemed to be most necessary to manage the spread of COVID throughout our prison populations. They have done wonderful work in terms of things like the audiovisual links and telephone calls that have allowed prisoners to be kept in touch with their families. Of course, inmates want to see their families on occasions and, as the commissioner was explaining—maybe Luke would like to talk a bit more about our staged return of those visits. The aim is to return visits as soon as we can, but we must do it in a safe manner to ensure—

**The ACTING CHAIR:** They were meant to be returned across the State on the weekend. It was my understanding that less than half a dozen—the commissioner says that only half a dozen facilities had visits on the weekend. Do you know, sitting there now, why only half a dozen facilities had visits on the weekend?

**Dr GEOFF LEE:** That is a decision that the—

**The ACTING CHAIR:** If you don't, just say you don't. It is quicker.

**Dr GEOFF LEE:** What I am saying is that is a decision that the command post makes in consultation with Health, Justice Health and the commissioner and his team.

**The ACTING CHAIR:** Did you get a briefing on it?

**Dr GEOFF LEE:** I was certainly briefed along the way in terms of what is possible and what is not possible and how we are working very collaboratively. Commissioner, do you want to talk about—

**The ACTING CHAIR:** No, it is not a chance for, "Do you want to talk about"—it is actually answering the questions. Did you brief the Minister on the facilities that would be available and those that would not be available for family visits? I cannot seem to get an answer from the Minister, so I am going to ask you.

**KEVIN CORCORAN:** Yes, that was briefed.

**The ACTING CHAIR:** When did you do that?

**KEVIN CORCORAN:** Late last week.

**The ACTING CHAIR:** At that time, was it clear that only six prisons would be open for family visits?

**KEVIN CORCORAN:** Yes.

**The ACTING CHAIR:** Can you tell me why it was that only six facilities were open for visits?

**KEVIN CORCORAN:** We have a fairly onerous level of restrictions on visitors coming in. That is for very good reason. We do not want any more outbreaks in our facilities, so we have imposed restrictions on visitors in this first phase which will mean that staff and inmates are as safe as possible from visitors coming into the system.

**The ACTING CHAIR:** Are the arrangements that no infants can visit?

**KEVIN CORCORAN:** That is right. That is in phase one. But we intend to move to phase two, with children visiting, as soon as possible.

**The ACTING CHAIR:** Do you have Justice Health's advice that one-, two-, three- and four-year-old kids are a sufficient health risk, if they pass a RAT test, to prevent them visiting? Do you have that written advice from Justice Health?

**KEVIN CORCORAN:** We get a lot of advice from Justice Health on that.

**The ACTING CHAIR:** I am asking you about specific advice, not generic advice.

**KEVIN CORCORAN:** We would generally be looking at public health advice. That would be the public health element of Justice Health and, not only that, the Department of Health. I might hand over to Deputy Commissioner Grant for a bit more detail on that.

**LUKE GRANT:** I thought I might have a document here. Before we make any decisions in relation to the conditions under which we are going to run the visits, we do have to have conversations with our staff and also take advice from Justice Health. All of our arrangements in relation to the visits—every single restriction we put in place—was discussed with Justice Health and NSW Health. I would have to check what their specific response was in relation to children, but my recollection is that they noted the proposal in relation to children. The issue is not so much about children, it is about vaccination status and the fact that we are very concerned still that visits are, one, possible—you mentioned before about the nature of Omicron and that it is everywhere. It has not been everywhere in jails. We have had 15 jails, but we have not had an outbreak at all due to our strategies. We are very reluctant to release all of our restrictions because we do not want to see an outbreak in all jails. We are starting off very slowly, as the commissioner said. The first phase was only intended to be put in place for one week. We had discussion with various parties about our desire to get it up and running fully on the weekend. There are a number of logistical and practical considerations that prevented us from doing it all at the one time.

**The ACTING CHAIR:** Perhaps you could describe to me the essential arrangements, rather than me describe them to you—it is better to come from the witness—in terms of ages, vaccination status and RAT testing at the facilities.

**LUKE GRANT:** For phase one, which was commencing on 5 March, a maximum of two visitors per inmate. It could be two adults or one adult and one child, aged 16 years or above. The visitors are to be triple vaccinated at least three days before the day of the visit. The visitors are to submit to rapid antigen screening on site prior to entry to a correctional centre. Outside visiting areas are to be utilised for the visits, depending on infrastructure. Visitors and inmates are required to wear surgical masks for the duration of the visit. Visits will be run for 30 minutes and must be pre-booked. A review is to be undertaken, if no issues, by 14 March, to move to phase two.

**The ACTING CHAIR:** So in phase one, any child aged under 16 was prohibited on the basis that they could not get a booster. Is that the rationale?

**LUKE GRANT:** That is the rationale. I think in the first instance I can say—

**The ACTING CHAIR:** Did you have Justice Health advice to support that?

**LUKE GRANT:** Every one of our restrictions we put to Justice Health. I will just have to get back to you about how they responded to that specific point. But my recollection is they noted it and they accepted it. The original intention also is to set something up. We have not had visits for some time. We want to make sure that, by opening up this arrangement, other things put in place can be managed effectively. So we are trying to do it on a small scale, and the decision was to do it on that scale. There are two issues, I suppose. One of them is the issue around vaccinations. The second one is just wanting to do something on a small scale and having to start with something that gave some parameters to reduce the scale of visits.

**The ACTING CHAIR:** Deputy Commissioner, prior to this weekend, when was the last occasion in which prison visits happened?

**LUKE GRANT:** I have got the dates here somewhere, so 24 December 2021 was when the visits were suspended last.

**The ACTING CHAIR:** Commissioner, there have been mums who have not seen their kids for now a year and a quarter, dads who have not seen their kids for a year and a quarter, partners who have not seen each other for a year and a quarter. Do you recognise that that ongoing prohibition on family visits is an issue in terms of inmates' mental health and ultimately managing facilities as well?

**KEVIN CORCORAN:** No doubt that that is the case. I have spoken to inmates around the system about this and the impact it is having on their families. You have already highlighted the tension that is in the system at the moment. So it is absolutely critical we get visits back as soon as possible. We are working furiously to make that happen.

**The ACTING CHAIR:** You say "as soon as possible". You have got a set of highly restricted visits, which are only operating in six facilities. That means more than three-quarters of facilities still have no visits. That is not as soon as possible, is it, Commissioner?



**KEVIN CORCORAN:** It is as soon as possible within the parameters that we are operating in at the moment. We have come up with a three-phased approach. As Deputy Commissioner Grant just mentioned, we will be reviewing that on 14 March to move to that next phase. We want to—

**The ACTING CHAIR:** We might go into more details about phase one, phase two and phase three later in the hearings.

**KEVIN CORCORAN:** Sure.

**The ACTING CHAIR:** Can you tell me, sitting there now, what proportion of inmates in the system are double vaccinated and what proportion have had their booster?

**KEVIN CORCORAN:** Okay. They really are Justice Health statistics, but I do have those statistics.

**The ACTING CHAIR:** You must know this in order to manage your prisons.

**KEVIN CORCORAN:** I was just about to tell you.

**The Hon. LOU AMATO:** He was trying to answer, David.

**KEVIN CORCORAN:** Double vaccinated at the moment in the system, 81.2 per cent, and triple vaccinated, 45 per cent.

**The ACTING CHAIR:** Can you explain why, despite having effective control over this population, the vaccination rates in prisons is so substantially lower than the vaccination rate in the general population? What has gone wrong?

**KEVIN CORCORAN:** I do not think it is something that has gone wrong. What we get is a lot of—

**The ACTING CHAIR:** That cannot be your target, 81 per cent, can it, Commissioner?

**KEVIN CORCORAN:** No. Ideally, we would love to have 100 per cent.

**The ACTING CHAIR:** What about just the same as the rest of the population? Why is that not your target?

**KEVIN CORCORAN:** Our target is to get everybody vaccinated. But there are elements of inmates who are not willing to be vaccinated, number one. But, number two, we get a lot of people coming in off the street. Where we have lower vaccination rates is in the large remand and reception facilities. That brings that percentage down. They come in, and they get a first vaccination if they want one. But generally there is a percentage, much higher than the community, of unvaccinated people coming into prison.

**The ACTING CHAIR:** Commissioner, if you have a list of the vaccination rates in the different facilities, and you most likely do, it might be useful to hand that up at some point over the next 20 minutes and we can have a look at that.

**KEVIN CORCORAN:** That would be Justice Health information, but I am sure that could be provided. Can we take that on notice?

**The ACTING CHAIR:** If you can provide it today, it would be useful. I am certain it is what you—

**LUKE GRANT:** If I can explain, without pre-empting what you might see, what you will find is that there is real differences between jails. The back-end jails, which are the ones that we have people settle into jail, are close to 100 per cent. It is the front-end jails where you have lower rates of vaccination. That is explained, as the Commissioner has said. If you take a jail like Parklea, for instance—if I can just explain why, if you are interested in why the numbers are low. In a place like Parklea, the people are lucky to be in that jail for 30 to 40 days because they have come in off the street, a lot of people are on short-term remands and they are released to custody. It is impossible to double vaccinate people in 40 days.

**The ACTING CHAIR:** Deputy Commissioner, I am more than happy to explore this. Exploring that with the data in front of us would be really useful. The reason I am looking anxious to hand it over is my time has expired and, as the Chair, I have an obligation to hand over to the Opposition. If we can explore it with the data in front of us, that would be helpful. It is not that I am trying to stop it.

**The Hon. TARA MORIARTY:** I might actually pursue that. I am just going to continue that line of questioning, if I could, which might help with some of the data. I appreciate if you can table the breakdown as much as you can. I understand that Justice Health are the ones who do the vaccinations, but nonetheless. You have just said that 35 per cent have had boosters? When did the booster program start?

**KEVIN CORCORAN:** Forty-five per cent.

**The Hon. TARA MORIARTY:** When did the booster program start?

**KEVIN CORCORAN:** I could not give you that date.

**The Hon. TARA MORIARTY:** It was not happening at all a couple—

**KEVIN CORCORAN:** Again, Justice Health manages—

**The Hon. TARA MORIARTY:** Surely they would have given you the information?

**KEVIN CORCORAN:** Sure. I do not have that in front of me.

**Dr GEOFF LEE:** If we do not have it, we will get back to you.

**The Hon. LOU AMATO:** Take it on notice, if you do not have it.

**Dr GEOFF LEE:** Take it on notice.

**The Hon. TARA MORIARTY:** We have just had a series of questions about, for example, how you have made decisions in terms of opening for visits over the course of the weekend. This information must have had some relevancy to making that decision?

**KEVIN CORCORAN:** Yes. It certainly did.

**The Hon. TARA MORIARTY:** You do not have any details about it now?

**KEVIN CORCORAN:** In terms of the relevancy, the reason it is relevant is because inmates who were going to have a visit needed to be double vaccinated.

**The Hon. TARA MORIARTY:** In order to have a visit, even though you have started the visitation in some places over the weekend, an inmate will have to be double vaccinated? And a visitor will have to be triple vaccinated? That is the rule? What happens for people who are not? They just cannot have access to visits? If inmates refuse to get vaccinated—what if they cannot get vaccinated? They cannot have visits at the moment?

**KEVIN CORCORAN:** At this point in time, in phase one, that is correct, yes.

**The Hon. TARA MORIARTY:** What is the reasoning behind not letting children come in to visit? I understand in the past, when children under the age of 16 were not able to access vaccination, why that decision was made, but they are now. A large chunk of the population of young people have been vaccinated. So why are you still not letting under-16s visit their families?

**KEVIN CORCORAN:** As I said before, this is phase one. It will be reviewed on 14 March. If everything is going well, then we move to visits of children.

**The Hon. TARA MORIARTY:** What is the reasoning behind that? Again, I understand in the past young people were not able to access vaccination. But they are now, and they have been for months. So why can they not visit their parents or loved ones now?

**KEVIN CORCORAN:** We hope they will be able to visit very, very soon. What we have tried to do is come up with some phased approaches to this, a very cautious phased approach, so that we can evaluate this phase one and, if things are working smoothly, move rapidly to phase two.

**The Hon. TARA MORIARTY:** So there was not any reason for blocking children who are under the age of 16?

**KEVIN CORCORAN:** I guess it comes from the fact that we have had to consult widely to get this across the line and we wanted to take into account everybody's views and come up with something that people, staff and others who are key stakeholders felt comfortable with as an approach to kick visits back off again.

**The Hon. TARA MORIARTY:** But there are plenty of stakeholders, and I have been contacted by plenty of inmates' families saying that people under the age of 16 want to see their families, and vice versa, or their loved ones who are incarcerated. So there is just no reason at the moment—

**KEVIN CORCORAN:** I do want to get that happening as soon as possible. But, as myself and Deputy Commissioner Grant said, we just had to move cautiously to commence this process.

**The Hon. TARA MORIARTY:** So it is only six facilities that are open for visits over this weekend?

**KEVIN CORCORAN:** Yes.

**The Hon. TARA MORIARTY:** Why only that number? How were they chosen?

**KEVIN CORCORAN:** I might have to defer to Deputy Commissioner Grant.

**LUKE GRANT:** The primary reason—we had to put in place some logistical steps to do this. The decision to make it a requirement for families to be rapid antigen screened came following consultation with our staff, the industrial representatives of prison officers in particular, who believed that that was necessary for their own safety. That was not originally part of our plan for the resumption of visits. Having considered that and decided it was better to exercise abundant caution—we have had a fantastic history through COVID of working very closely with the unions and having unions embedded in our command posts. We have taken every step along the way with the agreement of the unions, so we did not want to suddenly part company over this one issue.

Because of that, it was only last week in the middle of the week that we reached agreement with the unions that we would in fact do rapid antigen screening. As you can imagine, to put that in place for another group to ensure that we had sufficient tests on site and we had the capability of doing it and the space to do it, some action needed to be taken. The most centres we could put in place were those ones where we could stand up the rapid antigen screening in time. It was just a logistical, practical thing. There were no restrictions on any one site, and we will be hastening to put in place all the practical steps to ensure that it can all be happening in every correctional centre by next weekend.

**The Hon. TARA MORIARTY:** By next weekend at every facility?

**LUKE GRANT:** That is our plan.

**The Hon. TARA MORIARTY:** And so, for young people, that is to be determined at some point in the next few weeks?

**LUKE GRANT:** Our phasing was to review that on the fourteenth. Just to reiterate the point that the commissioner made earlier, the whole focus on this is on risk. Whilst children who are unvaccinated do pose a risk of transmission to other people, there is no doubt about it, more than a person is vaccinated. Ideally, people would be triple vaccinated to have the biggest possible impact on the likelihood of transmission. The issue is not so much about what happens as a result of the visit itself but what happens when a prisoner leaves that space, goes back into the correctional centre and effectively is a silent transmitter. You have one person only—and we have done this fantastic modelling that the Kirby Institute did for us, a very sophisticated model, that showed what happens when you have just one person coming into a correctional centre and how quickly the infection can spread.

We do not routinely test every prisoner in the jail every day. We test people on quarantine at the front end and back end and people who are symptomatic. What we have noted from our outbreaks is that in a very short period of time, if it is untracked, you can have a person who is asymptomatic—I think in the Parklea example about 25 per cent of the positive people were asymptomatic throughout. So you have one asymptomatic person who is going about their work inside this enclosed space—which is like an ocean liner, effectively, except it is not moving—where you cannot control people's contact. It can take off and you can suddenly get 80 or 90 per cent of the prison population positive. If that happens—

**The ACTING CHAIR:** But there are plenty of mums and dads in prison who would have gratefully had a visit with their family and then have accepted 72 hours lockdown in their cell afterwards with rapid antigen testing. That was never put. It has never been on the table. As a result, mums and dads have not seen their kids for well for over a year. There were plenty of other options, other than a blanket "no".

**Dr GEOFF LEE:** Can I say, Mr Shoebridge, I think Corrections has done a remarkable job at managing COVID, including the innovative process of having some 600 tablets rolled out—

**The ACTING CHAIR:** Minister, you can say it if it is addressing the question, but not just a general chat.

**Dr GEOFF LEE:** No, no. You are asking about what is being considered—

**The ACTING CHAIR:** Is it addressing the question about having inmates take that option?

**The Hon. TARA MORIARTY:** Also, you are all using my time. I have two minutes left.

**The Hon. LOU AMATO:** Point of order—

**Dr GEOFF LEE:** —and I am talking about what is being considered.

**The ACTING CHAIR:** It is not helpful.

**Dr GEOFF LEE:** There have been 375,000 AVL visits. Inmates are able to connect with their families, talk to them on their birthdays. I have had very good reports—

**The ACTING CHAIR:** I will hand it back to the Opposition.



**Dr GEOFF LEE:** —to say that the inmates actually appreciate those AVL visits.

**The ACTING CHAIR:** Minister, you are the Minister, but you cannot just go off and riff on whatever you like, whenever you like. The question was specific and you were not addressing the question at all.

**Dr GEOFF LEE:** Well, you asked the question of what was being considered—

**The ACTING CHAIR:** Minister, you were not addressing the question at all.

**Dr GEOFF LEE:** —and I was talking about what was considered.

**The Hon. LOU AMATO:** Point of order—

**The Hon. SHAOQUETT MOSELMANE:** Point of order—

**The ACTING CHAIR:** I will take the point of order from Mr Amato then the point of order from Mr Moselmane, and then I really want to get back to the Opposition's questions.

**The Hon. TARA MORIARTY:** Oh, I am going to make my time up. Don't worry.

**The Hon. LOU AMATO:** It is the Opposition's time.

**The Hon. TARA MORIARTY:** Thanks, Lou.

**The ACTING CHAIR:** Good. The Opposition.

**The Hon. TARA MORIARTY:** I have to remember what I was asking about. You gave us some figures at the beginning of my colleague Mr Shoebridge's questions about COVID cases today. Can you tell me how many COVID cases there have been in total to date?

**Dr GEOFF LEE:** Inmates?

**The Hon. TARA MORIARTY:** Yes. Well, both.

**Dr GEOFF LEE:** Inmates—I understand there are, as of 4 March this year, 3,052. Total COVID cases for staff—as at 28 February 2022, 1,421.

**The Hon. TARA MORIARTY:** Let me start with the staff first. So 1,421 have had COVID. How many of those have been seriously ill and off work for long periods?

**Dr GEOFF LEE:** I do not have those figures for their return to work, unless the commissioner or one of your staff does? Otherwise we can—

**KEVIN CORCORAN:** No. We would have to take that one on notice.

**The Hon. TARA MORIARTY:** Yes, that is fine. Maybe a better way to put it is to refer to workers comp or any other support they might have needed or other leave arrangements that they might have needed during that period. You can take that on notice as well, if you like.

**KEVIN CORCORAN:** Yes, thank you. Can I just say one other thing? We have an answer on when the booster program started, and that was on 4 January.

**The Hon. TARA MORIARTY:** That was quite late. Hey, Justice Health, it would be great if you would come and give answers. I guess we will ask on Thursday. So 4 January—why was it not started sooner than that?

**KEVIN CORCORAN:** That is a question for Justice Health, I think.

**The ACTING CHAIR:** That is legitimately a question for Justice Health.

**The Hon. TARA MORIARTY:** Indeed, but the scenario planning is happening, so surely this information is flowing. Part of the concern about all of this is how Corrections and Justice Health were working together in relation to this. In regard to inmates who were affected by COVID, can I get some information about how they are treated? If a person tests positive today, what is their access to medical care if they need it and how does the process work?

**Dr GEOFF LEE:** Was that a question for me or the commissioner?

**The Hon. TARA MORIARTY:** You, but—

**Dr GEOFF LEE:** Luke, you are probably best. Sorry—Deputy Commissioner Grant.

**LUKE GRANT:** The expectation is that prisoners receive the same standard of care that people have in the community. That is one of the things that Justice Health strives to do, and it is an expectation of the private providers who are also providing health services at three locations. When people are found to be positive, an

assessment is undertaken by Justice Health using a standardised assessment tool to determine what type of intervention they require. For those people who are vulnerable or who are unwell, one of the most amazing things that we have observed throughout this—you heard the figure. Of over 3,000 people who have become positive, only 32 of them have ended up going to hospital throughout that whole time. Of those who went to hospital, the average stay in hospital was 1.8 days. We had very few serious consequences of people having COVID, which I think is a testament to how well they are being managed by the health providers. Justice Health has access to the same treatments as someone has in the community, if required. If they require a high level of care they can be transferred to hospital, but there is a capacity to provide contemporary medications for treating COVID in custody.

**The ACTING CHAIR:** Deputy Commissioner or Commissioner, how many inmates did you say had tested positive for COVID in total?

**KEVIN CORCORAN:** It was 3,052 as at 4 March 2022.

**The ACTING CHAIR:** And how many have been hospitalised?

**LUKE GRANT:** Thirty-two.

**The ACTING CHAIR:** How many inmates have died with a COVID positive diagnosis?

**KEVIN CORCORAN:** There is certainly one in Junee and—

**LUKE GRANT:** It is three in total.

**The ACTING CHAIR:** And of those, how many were in hospital?

**KEVIN CORCORAN:** I think two were in hospital.

**LUKE GRANT:** I think so.

**The ACTING CHAIR:** You think? Rather than think—

**KEVIN CORCORAN:** One was in Junee. He died in his cell with COVID, but he had only been diagnosed with COVID the day before.

**The ACTING CHAIR:** And the two who died in hospital—how long had they been diagnosed with COVID before they were taken to hospital?

**KEVIN CORCORAN:** I would have to take that one on notice.

**The ACTING CHAIR:** Commissioner, I will show you this document. Are you aware of The Last Governor's Facebook page?

**KEVIN CORCORAN:** Yes.

**The ACTING CHAIR:** Does anybody in Corrections monitor it?

**KEVIN CORCORAN:** Yes.

**The ACTING CHAIR:** Do you monitor it for when serving Corrections officers make offensive or outright dangerous posts?

**KEVIN CORCORAN:** Certainly it might be best for Assistant Commissioner Scasserra to respond to these issues.

**CARLO SCASSERRA:** Yes, we do monitor the post and we do look at current serving staff making comments.

**The ACTING CHAIR:** Have you taken any disciplinary action in the last 12 months?

**CARLO SCASSERRA:** We have.

**The ACTING CHAIR:** What has that included?

**CARLO SCASSERRA:** We follow the GSE process. So an allegation will be placed to a staff member, they will be asked to respond to that allegation and then we will propose an outcome from the GSE, from a range of outcomes that you can choose from, depending on the severity of the comments and/or the post, and then we issue the outcome.

**The ACTING CHAIR:** Commissioner, was this post brought to your attention? I will not read onto the record the person's name, but you will see the first page there. Do you see the first page, including a name beginning with L? Do you want to read that quickly?

**KEVIN CORCORAN:** Yes, I can see that.

**The ACTING CHAIR:** I only have three copies, I am sorry. But we can get some more made over morning tea. I have two—one for you, Commissioner, and one for Mr Scasserra. Do you see that comment there on the first page, Mr Scasserra?

**CARLO SCASSERRA:** Yes.

**The ACTING CHAIR:** First of all, have you made inquiries as to whether or not that person whose first name commences with an L is still a serving officer? It is my understanding that she is.

**CARLO SCASSERRA:** I would have to take that on notice. We monitor this regularly so, again, we will bring it through a committee. But whether this person has been referred or not—I would have to take that on notice.

**The ACTING CHAIR:** Just so those other members in the Committee are aware, this is making comments about an inmate's partner and an inmate who was in deeply distressed conditions in jail:

Clearly X's husband cares more about himself than her. Inmates are "broken, fading and dying" because of their own actions.

Spare a thought for all the law abiding citizens who were locked in their house for months. Denied any freedom and limited services even tho they have never committed a crime.

Give Inmate X a length of rope and Mrs X a cup of concrete. After all you've both made your life choices, deal with it.

Has this been brought to your attention, Mr Scasserra?

**CARLO SCASSERRA:** I would have to take that on notice. As I said, we get a number of referrals every day.

**The ACTING CHAIR:** Are they of this nature where prison officers are encouraging and inciting inmates to commit suicide and inmates' partners to commit suicide?

**CARLO SCASSERRA:** Generally not of this nature, no.

**The ACTING CHAIR:** If you had seen this, this would stick in your mind, wouldn't it?

**CARLO SCASSERRA:** I would have to take it on notice because we still get a number of allegations per week, and every day. So I do have to take that on notice.

**The ACTING CHAIR:** Commissioner, what do you say to that kind of post on The Last Governor's page?

**KEVIN CORCORAN:** It is disgraceful, obviously.

**The ACTING CHAIR:** Inciting suicide, in fact, can in certain circumstances be a very serious offence under the Crimes Act as well. Have posts of this nature on The Last Governor's Facebook page been brought to your attention?

**KEVIN CORCORAN:** This particular post has not been brought to my attention. But, as Assistant Commissioner Scasserra says, what occurs is that a referral is generally made to the professional standards committee. There are no names identified there, so it is de-identified information coming through to the committee. It would just be a general comment about the nature of what was on the particular post coming to the professional standards committee. I am not on that committee. There is a range of assistant commissioners on that committee.

**The ACTING CHAIR:** I would ask you to turn to the next page and you will see there another person commenting on the comment by that officer whose name commences with L, and saying, "L who says the death penalty doesn't work." You will see at the bottom another comment: "I read the male was found in his cell unresponsive after he contracted COVID." It is even more offensive, isn't it, that these posts were being made after the death of that man in June, who died in his cell, without medical attention, with COVID? It is even more offensive, isn't it?

**KEVIN CORCORAN:** It is offensive, yes.

**The ACTING CHAIR:** You are saying none of this has been brought to your attention, Commissioner. You only get de-identified—

**KEVIN CORCORAN:** We only get de-identified—I do get them to look at after the professional standards committee has viewed them but, as I said, it will be a general comment that would be made about a post

on The Last Governor which was referring to X, Y or Z. We sometimes get 30-odd referrals a week, so it is quite a number of referrals coming through to that committee.

**The ACTING CHAIR:** How many prison officers have been formally disciplined for their posts on The Last Governor?

**KEVIN CORCORAN:** Over a period of time?

**The ACTING CHAIR:** In the last 12 months? In this last financial year?

**KEVIN CORCORAN:** I think we would have to take that on notice.

**CARLO SCASSERRA:** We would have to take that on notice.

**The ACTING CHAIR:** In the last two financial years?

**CARLO SCASSERRA:** Yes, we could do the last two financial years. We have disciplined officers for comments.

**The ACTING CHAIR:** Inciting inmates to commit suicide—is that a sackable offence?

**CARLO SCASSERRA:** Yes, the range of outcomes can be termination.

**The ACTING CHAIR:** Can be.

**CARLO SCASSERRA:** Can be.

**The ACTING CHAIR:** Commissioner, do you believe that it is at all safe or decent to be employing somebody in Corrections who has been inciting inmates and their partners to commit suicide? Can you conceive of a place inside New South Wales jails for Corrections officers who incite inmates to commit suicide?

**KEVIN CORCORAN:** No.

**The ACTING CHAIR:** Mr Scasserra, is that your policy that you apply?

**CARLO SCASSERRA:** We follow the GSE. I said that at the beginning. We must give people a transparent process where they will be given the allegation and they must respond to it. We are bound by law then to look at their response and to look at a range of outcomes and we put those outcomes to them. We propose the final outcome and then that can be reviewed in the IRC if they are unhappy with their outcome.

**The ACTING CHAIR:** Commissioner, I ask you to turn to page 2 of that document and you will see it is a Gazette notice. You will see, in terms of "Department of Corrective Services", about halfway down in the right-hand column, the last name under "Metropolitan Region", it has "Chairman" and then the same name.

**KEVIN CORCORAN:** Yes, I can see that.

**The ACTING CHAIR:** Can you confirm, if at all possible, as a matter of some urgency, to the Committee whether or not that person is still employed by Corrections?

**KEVIN CORCORAN:** Yes, we will confirm it but obviously I need to—

**The ACTING CHAIR:** We are going to a morning tea break now and we might come back at quarter past 11. So that might give you time to make that call.

**KEVIN CORCORAN:** Okay. Thank you.

**(Short adjournment)**

**The ACTING CHAIR:** Welcome back to the hearing, Minister, Commissioner and colleagues. Do you have an answer on that issue?

**KEVIN CORCORAN:** Yes, I do. That individual that appears in the *Government Gazette* there was employed by Corrective Services but left the agency in 2012.

**The ACTING CHAIR:** Does that individual work for GEO?

**KEVIN CORCORAN:** I have no idea. He certainly does not work for Corrective Services NSW.

**The Hon. TARA MORIARTY:** I will come back to some of the issues that we were dealing with earlier this morning. Minister, if someone tests positive for COVID today, what is the process inside the facility to make sure they get adequate care?

**Dr GEOFF LEE:** I might defer to the Commissioner or Deputy Commissioner Grant.

**LUKE GRANT:** As I mentioned before, the general statement up-front is that the health care of prisoners is the responsibility of Justice Health, which is a statutory health corporation under the Minister for Health. So they are responsible for ensuring that prisoners have an equivalence of care to people in the community. To my knowledge, they have been providing that throughout this pandemic. We have a testing regime. We have an assessment of people's vulnerabilities against a set criterion that Justice Health uses for that purpose and the capacity to refer to clinicians. They have got some oversighting doctors who review each case. They also have the benefit of access to State hospitals or otherwise, if that is a requirement as well.

**The Hon. TARA MORIARTY:** How does that work in practice? Obviously Justice Health are not seeing every single inmate all the time. They have whatever resources they have. I hear reports all the time from families of inmates who have tested positive and who say they have not had proper access to treatment. They might be given a Panadol and that is about it. How can you be sure that people are getting appropriate treatment by Justice Health or anyone else?

**LUKE GRANT:** In terms of not getting access, I have heard people make statements that people who are COVID positive have been kept in isolation for days without anyone seeing them. My understanding from my discussions with Justice Health is that they review each patient on a daily basis. They go to see that person to check how they are going. They take various standard measures of their health, including their respiratory rate and their blood oxygen level and things like that to ensure that they are tracking well. Without knowing about a specific case, and whether Panadol might have been an appropriate thing to provide someone, we know that a lot of people who have COVID do not require any intervention immediately, only some do. I just have no reason not to assume that Justice Health is not providing that. Justice Health has also had the benefit of significant collaboration from the Public Health Unit in NSW Health and the Clinical Excellence Commission, and their approach to managing it has been closely scrutinised throughout this process. I have had no question raised about the adequacy of the care that they have provided.

**The Hon. TARA MORIARTY:** An extreme example—and I understand that Junee is an appropriate facility—there was a person who tested positive for COVID then died. Can you give me the timeline for that? I think we talked about this earlier, but what was the timeline for that. That is an example where they were not provided treatment.

**LUKE GRANT:** That death is subject to a coronial inquiry, when all the details emerge. My immediate understanding is that the person had been seen that day by health staff in Junee. I am not sure if my colleague, Assistant Commissioner Scasserra, has any additional information about that particular incident.

**CARLO SCASSERRA:** The individual had underlying medical conditions and tested positive the day before and was actually due for transport but was taken off transport and then was found deceased in their cell. The Coroner will have to review that and it is subject to a coronial inquiry. We will probably have to wait for the autopsy to really understand what took place.

**The Hon. TARA MORIARTY:** Why were they taken off transport if they were booked for that?

**CARLO SCASSERRA:** I am unaware. I think there were just one too many for transport that day. As we said, we move COVID positive people from the regions or the jails back to MRRC and then once they recover they go back again. I believe on that particular day there just could have been too many people for the transport.

**The Hon. TARA MORIARTY:** That is extraordinary, too many people on a transport list and one of the people who misses out died in their cell.

**The ACTING CHAIR:** Particularly when they have, at least on the version given by GEO and Correctives, substantial comorbidities that make them particularly vulnerable. It seems to be the very wrong person not to transfer.

**CARLO SCASSERRA:** The decision would have been made locally at the time. I am unaware of the medical issues and perhaps the transport was not recommended; I am not sure. I would have to take that component on notice. Sometimes if people are unwell, medical does say that it is best not to transport them. We would have to review all of that.

**The Hon. TARA MORIARTY:** You do not know if that were the case here?

**CARLO SCASSERRA:** I am unaware.

**The Hon. TARA MORIARTY:** I accept that you want to take the details on notice. I appreciate it if you could.

**The ACTING CHAIR:** Sometimes if people are unwell, they get transported in things called "ambulances".



**CARLO SCASSERRA:** Yes, of course they do. But again decisions are made by medical staff and the like as to whether or not someone is best cared for where they are or whether or not they will be transferred.

**The ACTING CHAIR:** This man was not cared for. He died alone in a cell with COVID.

**CARLO SCASSERRA:** The inmate was being looked after. I would believe, as I said, I am unaware of the exact reasons why he was not transported further but he was taken off that transport that morning. But we can get further details to you.

**The Hon. TARA MORIARTY:** Yes, if you could get further details and also why he was not in hospital. I understand you would have internal processes for transferring. I understand that is the system in terms of consolidating where people are when they test positive. If we can get information about why—

**CARLO SCASSERRA:** I am happy to say there is no hesitation to bringing people to hospital, if required. Again, medical staff will review and determine who requires to go to hospital. But there is no hesitation to bring people to hospital.

**The Hon. TARA MORIARTY:** I am not sure that that is the case at Junee. There was a very public case where a person—a different person—was not receiving treatment until there was a loud community outcry about it. I understand he was then taken to hospital. I am not sure it is automatically the case that there is no hesitation.

**The ACTING CHAIR:** They turned the ambulance away from the front gate for that case. You know that, Mr Scasserra?

**LUKE GRANT:** If I might respond to that particular claim because it is something that caused a lot of distress amongst the community generally. I cannot tell you the number of independent people who picked up on social media news of that incident. The moment we heard about that incident we satisfied ourselves that the person had been seen by a doctor and had been triaged by a specialist, who both determined that the person needed no additional medical intervention at that time. So their hospitalisation—you are quite right, an ambulance was called three times to the hospital when it was not necessary. So three times an ambulance crew was taken off their usual route, when they could have been serving the needs of somebody else for a person who did not need it, who had been seen by a doctor—not by a lawyer, who seems to be making these complaints—by a doctor, who said that this person did not need that. They went to the local hospital for a period of time, where they did not have surgery, where it was confirmed that they did not have the condition that the lawyer was actually saying that the person did have. So it was a highly destructive event.

**The ACTING CHAIR:** They did not have surgery because that could not be provided there and was scheduled for later surgery at another facility, Deputy Commissioner. Tell the whole story.

**LUKE GRANT:** I do not want to get into debate of the clinical circumstances with you; that is private information. But I think the facts of that matter have been correct.

**The ACTING CHAIR:** You cannot inappropriately tell part of the story. He was scheduled for surgery at another facility. It could not be provided at the facility to which he was taken. It was not that he did not need surgery; it was that it could not be provided at that facility. To tell only half the story is not doing this Committee service.

**LUKE GRANT:** If I can add another detail to that? He was triaged by someone who said that he needed surgery within 90 days, not within 10 days.

**The Hon. TARA MORIARTY:** We will come back to this because I have a bunch of questions about medical treatment, but for the moment I want to stick with COVID. Your official documents refer to an isolation period of 10 days. Is that correct?

**KEVIN CORCORAN:** Yes, 10 days is what we are looking at at the moment.

**The Hon. TARA MORIARTY:** There are reports that people are getting locked in their cell for sometimes weeks at a time. We have heard reports that has happened at Long Bay, I think also Bathurst and some other facilities because of a backlog in tests. What is going on? It is completely unacceptable to be leaving people locked in cells for weeks at a time.

**LUKE GRANT:** As you are describing, the circumstances around quarantine and isolation, at the moment it is a 10-day period for someone who is on quarantine. It was 14 days; it has been reduced down to 10 days. What can happen for someone though is they can be in isolation, the clock unfortunately starts several times for persons who have an exposure. So routinely someone in that environment, on quarantine, for this period of time it is now down to 10 days. If they then during that subsequently come in contact with someone—they have

come out of that area and they have gone into an area where there has been some type of outbreak that has not been contained, which has not happened that often, then that person could get picked up in another round of days of isolation. So there are strict expectations around time frames. The time frame is a minimum time frame. Justice Health review each case and make a decision based on the clinical presentation of the person and their results from testing.

**The Hon. TARA MORIARTY:** I am glad to hear there are expectations around this, but it is happening where it has been reported that there are people being locked up for weeks, locked in cells for weeks, and it is reported because of a backlog in testing. How is that possible?

**LUKE GRANT:** I do not believe there is any backlog in testing, so I am not sure where that has come from. I have heard that complaint and we asked Justice Health about that. The advice that we have from Justice Health is there is no delay, that we have moved to rapid antigen testing for a start; so that can happen in real time on the spot.

**The Hon. TARA MORIARTY:** When did that happen?

**LUKE GRANT:** I will have to get back to you on the date in relation to that.

**The Hon. TARA MORIARTY:** Is it recently though?

**LUKE GRANT:** Not that recently, no. It would be several weeks ago, if not more than a month ago.

**The Hon. TARA MORIARTY:** These are reports that are from this month, that people are still being locked up for weeks at a time. How is that possible and how often does that happen?

**LUKE GRANT:** Without knowing the individual case it would be hard to say, but it is certainly not because they are not being seen by Justice Health and not being removed from quarantine if that is necessary. I suspect it is because they are in a place where the clock has started several times because of their exposure from one event and then another event that means you have to start again and start the countdown to see if you have been exposed to another person. Not from that quarantine, that would not happen, because people are effectively quarantined, but if they have moved out of quarantine into another environment, they could find themselves in a situation where they are locked down for longer days.

**The Hon. TARA MORIARTY:** You say they could find themselves in that situation. I say people are finding themselves in that situation. Can you give me some details on how many, how long, where this is happening?

**KEVIN CORCORAN:** We did have a process called staging. Once the 10 days was complete we were staging them in other facilities before we released them into the mainstream. I know there were issues associated with the staging at some—maybe those things you are referring to where they had to spend longer, so it could have potentially been 10 days plus another 14 days as a result of exposure in those staging areas. The staging areas were areas where we did not isolate people in their cells, we allowed them to mix, and if there was somebody in there that was COVID-positive, that may well have then caused a further quarantine period.

**The Hon. TARA MORIARTY:** Are there any circumstances where people have been locked in their cells for more than 10 days?

**KEVIN CORCORAN:** There would have been, yes.

**The Hon. TARA MORIARTY:** Can you give us some examples of how that would have happened?

**KEVIN CORCORAN:** As I said, they would have been exposed to an event, just as the deputy commissioner talked about exposed to another event.

**The Hon. TARA MORIARTY:** Sorry, I thought you said there were people in those situations where they were at least able to mix in a similar cohort.

**KEVIN CORCORAN:** Yes, they were able to mix in the staging.

**The Hon. TARA MORIARTY:** I am talking about individual people being locked in a cell for what is suggested and reported sometimes as weeks at a time. Is that happening?

**LUKE GRANT:** As I said initially, people were in quarantine for at least two weeks. At the end of that time, subject to their presentation, if a person was in quarantine for two weeks and they are symptomatic, then there would be another requirement for them to remain beyond that time.

**The Hon. TARA MORIARTY:** What is the longest time someone has been isolated in that way?

**LUKE GRANT:** I would have to take that on notice. I have not got that information.

**The Hon. TARA MORIARTY:** If you could take that on notice and also where and how many people were impacted?

**LUKE GRANT:** Yes.

**The Hon. TARA MORIARTY:** The reports about a backlog of testing, sorry, you are saying that is not the case because it is reported by sources from inside of your department?

**LUKE GRANT:** Based on exactly the statements and whatever is arousing your interest in it, we take an interest in people's complaints about it and we had a discussion with Justice Health, who advised us that there were no—the suggestion was that there were staffing shortages or some activity like that that was causing people to be kept in quarantine for a longer period than was necessary, which is something that we would not like to see either. So we did communicate with Justice Health and established, from their perspective, that there was no problem with that—no staffing problem was causing people to stay in there for longer.

**The Hon. TARA MORIARTY:** How are you going with staffing? What did we say, 1,400-odd—I have not got the figures but you will remind me—staff have been impacted and tested positive for COVID? What are the current numbers of staff, just as a side question?

**LUKE GRANT:** The number of people who are absent from work who are COVID-positive?

**The Hon. TARA MORIARTY:** Yes.

**LUKE GRANT:** Do you have the number for that?

**KEVIN CORCORAN:** No.

**LUKE GRANT:** I think it is something around 100 staff. I think at its peak we had up to 700 people away from our system, custodial staff on any one day, and that included people who had been close contacts and people who were positive. The numbers have really significantly declined now and I think there would be less than 200 people in any one day who are either a close contact, isolating or positive, and that is out of a very large workforce.

**The Hon. TARA MORIARTY:** When it was at the peak, did that result in people being locked in for longer periods?

**KEVIN CORCORAN:** Certainly, there was difficulty staffing facilities and I know at that facility, the MRRC, at times we were up to 49 staff short on any given day when we were at that peak of 600 to 700 staff isolating or were positive around the system.

**The Hon. TARA MORIARTY:** But did that result in people being locked in for long periods? I imagine it would be a factor, given at the peak—

**KEVIN CORCORAN:** Yes, it certainly was a factor, but given that MRRC was an area where we were quarantining people, it did not have a huge impact on the bulk of the inmates in that facility.

**The Hon. TARA MORIARTY:** Can I come back to where I started regarding assaults and incidents involving staff? Minister, I will start with you, but whoever you want to refer to, I detailed a couple of major incidents that have happened just over the last couple of weeks, but there was one from 2020 that resulted in some action from last week. Have there been any other assaults of that nature that I have not spoken about today that are not publicly—

**Dr GEOFF LEE:** I will ask the commissioner, but just saying that, unfortunately, it does happen—anything from people pushing past people and spitting on people to these other, and they are all serious, horrific injuries that some of our officers face. Again I reiterate that we need to make sure that we set examples to those inmates that do commit these assaults that they get punished.

**The Hon. TARA MORIARTY:** I might limit my question to those people where it has impacted their ability to work, so if they have had time off work as a consequence of an assault or an incident and/or workers comp?

**KEVIN CORCORAN:** I can certainly give you figures of the number of staff that have been assaulted and resulting in an injury, but some of those staff come straight back to work; they do not actually take workers compensation, they continue working. In 2019-20 there were 311 assaults on staff by inmates. In 2021 there were 233 assaults on staff involving injury. As at 28 February this year, since July, there have been a total of 175 assaults involving injury on staff.

**The Hon. TARA MORIARTY:** And what are the kinds of things that are happening to staff?



**KEVIN CORCORAN:** The serious ones—you have talked about some of the serious assaults that have taken place—a lot of times these assaults take place during the use of force when inmates are noncompliant. But often there is an assault that does not require an officer to go off work. But, generally, these assaults are serious and we take them very seriously. We want to make sure that our workplaces are as safe as possible from physical assault.

**The Hon. TARA MORIARTY:** Okay. Minister, I will come back to the letter that you wrote to the union last week—which of course I now cannot find, but it does not matter, I will remember it—outlining your position on what additional consequences there should be. You say you have a view on it, but what is the Government planning to do in this regard?

**Dr GEOFF LEE:** As I do not control the legislation and that part of it, we control people whilst they are in jails. I am working closely with the Attorney General at getting these changes and the recommendations—all 11 recommendations—brought forward as soon as possible.

**The Hon. TARA MORIARTY:** I understand that it is ultimately for the Attorney General but, other than you offering an opinion to the union last week, which I understand you have done, what work is being done on this?

**Dr GEOFF LEE:** You will have to ask the AG in terms of how he is progressing those matters. I would expect shortly that we will have some news to announce in terms of the changes that we need to make to better protect our officers. When I first became aware, it was early February, far before we have seen the industrial action. I wrote to the AG expressing my support for the Sentencing Council's recommendations.

**The Hon. TARA MORIARTY:** There has got to be something else that you can provide in relation to that. I can expect some news soon and the officers watching can expect some news soon, but what does that mean?

**Dr GEOFF LEE:** I would imagine—I do not want to mislead. I am just saying what I can. There is a process that needs to go before Cabinet, and then Cabinet needs to make those decisions in terms of the Government's response. I would expect those to be done within a month, but I cannot predict it because I cannot disclose what happens in Cabinet, unfortunately.

**The Hon. TARA MORIARTY:** Understood. Are the discussions around, say, additional or tougher sentences? Are they around internal sanctions on people? Are they around concurrent sentencing?

**Dr GEOFF LEE:** They are about the Sentencing Council's recommendations.

**The Hon. TARA MORIARTY:** I do not think I will get anything more specific than that, and I have three seconds left. Over to you.

**Dr GEOFF LEE:** They are detailed in those Sentencing—

**The ACTING CHAIR:** If you keep asking questions of the Minister, you are going to keep getting answers like that. That is your choice. Commissioner, I know you were aware of the two deaths in rapid succession in June on 26 and 29 January. Have you spoken directly with your equivalent at GEO to determine what their responses have been to those two deaths within three days?

**KEVIN CORCORAN:** Yes, I speak regularly with all of the private sector providers. With respect to those issues, they are the subject of coronial. I would not be discussing anything in detail with him while those coronial and police investigations are taking place.

**The ACTING CHAIR:** Did you discuss with the head of GEO—if we are talking about coronial—the two very recent coronial reports and findings about the woeful inadequacies of GEO which led to two other deaths of First Nations inmates? You talk about coronial. Yes, they are important. There have been two in the past two years. Did you raise with GEO the gross inadequacies identified in those two coronial reports?

**KEVIN CORCORAN:** Certainly, the processes that take place there are a death in custody review committee—I might hand over to Assistant Commissioner Scasserra to—

**The ACTING CHAIR:** No. I am more than happy to hear from Assistant Commissioner Scasserra. But I am asking you, when you met with GEO and you spoke about the two deaths that happened in three days, did you raise with GEO the fact that, in the past two years, there have been two damning reports of their treatment and two damning sets of findings from different coroners about the deaths of two First Nations inmates at June? Did you raise that with them?

**KEVIN CORCORAN:** No, I did not raise that with them because there is another process in place where we go through in detail the recommendations that come out of those coronials. If anything needs to be raised at my level with GEO, it comes through the assistant commissioner.

**The ACTING CHAIR:** Are you aware of the fact that Danny Whitton, a 25-year-old Wanaruah man, died in Junee in November 2015 and, for whatever reason, it took six years for that coronial finding to be handed down in November of this year? Were you aware of that and of the findings in that coronial inquest that was handed down only three months ago?

**KEVIN CORCORAN:** I am aware there is a significant backlog of coronials. I was not aware of the time frame of that individual coronial inquiry, no.

**The ACTING CHAIR:** Were you aware that that found woefully inadequate medical treatment, which allowed Mr Whitton to overdose on paracetamol and then not be transferred and not have his medical condition escalated, which led to him dying from a paracetamol overdose? Were you aware of that? GEO is the same place where, just this year, two other inmates have died in their cells without medical treatment.

**KEVIN CORCORAN:** As I said, I will get that information through from Assistant Commissioner Scasserra, and I will be taking appropriate action with GEO if that is deemed necessary.

**The ACTING CHAIR:** Surely you should have had that information with you when you went and saw GEO about the two most recent deaths. They have got form. If you did not know they had form, how can you hold them to account?

**KEVIN CORCORAN:** It is a little unfair to be holding them to account for incidents that have occurred in recent times—two deaths—where I do not know the cause of death. That will be the subject of a coronial.

**The ACTING CHAIR:** But we do know the cause of death of Mr Whitton. In significant measure, it is the negligence and incompetence of GEO. If you did not know that, how can you do your job and hold them to account?

**KEVIN CORCORAN:** As I said, I have not received that information.

**CARLO SCASSERRA:** Chair, I might be able to help there.

**The ACTING CHAIR:** I will come to you in a second, Assistant Commissioner. I will give you the chance to speak to it. Commissioner, I said that there were two coronials in the past two years. Did you know about the coronial findings in relation to another First Nations man, Mr Hogan, who died more recently on 3 February 2018 in Junee? Again, there were damning findings against GEO about the woeful lack of medical assistance that he had leading up to his very preventable death. Were you aware of that when you went and spoke to GEO?

**KEVIN CORCORAN:** No, I was not aware. As I said, we have a process where Assistant Commissioner Scasserra chairs a committee that looks at all the recommendations from the coronial. If matters need my attention, they will be referred through.

**The ACTING CHAIR:** In that case, Mr Hogan repeatedly reached out for mental health assistance, time after time after time, and none was provided. Then he took his life. If you are not aware of it, how can you do your job and hold GEO to account?

**KEVIN CORCORAN:** I need to see the information coming through from the processes we have in place to make sure that we consider all the issues. As I said, if things require my attention, that will be referred through to me and I will take it up with GEO.

**The ACTING CHAIR:** Those recommendations in relation to Mr Hogan's death are now almost two years old. Have they all been implemented?

**CARLO SCASSERRA:** They were all accepted. I will have to take the implementation that we covered them all off over the last two years, but they were all accepted by both Corrective Services and GEO. Deaths are always unfortunate, in any circumstance. In Mr Hogan's case, he was actually seen by mental health but, again, the adequacy of the service was reviewed and the Coroner did find that they wanted more. Steps were taken to provide greater mental health at Junee. Junee has—

**The ACTING CHAIR:** That is an understatement of the first order. I could read out some of the Coroner's findings in relation to the grossly inadequate treatment, Mr Scasserra. That is an extraordinary understatement of the lack of care and attention that was given to Mr Hogan.

**CARLO SCASSERRA:** You will find that the response from GEO, which should be tabled on the website, was to improve and increase the range of mental health services available at Junee. Junee has undertaken and gone through a change in terms of we now have maximum security and more fresh custody inmates at that centre, so there are different complexities to the original contract that was put out some 15 years ago.

**The ACTING CHAIR:** Are there three full-time equivalent Aboriginal health worker positions based at Junee Correctional Centre, Mr Scasserra? That is a pretty simple test.

**CARLO SCASSERRA:** Again, I would have to take on notice whether all three are there. It is a very hard struggle to find Aboriginal support workers in most of our jails and to cover off on those. Again, it is not a job that is attractive to a lot of people. There is a lot of trauma associated with those roles as well. Every effort is made to connect people with their kin as much as possible.

**The ACTING CHAIR:** Can you tell me which of the six recommendations in the Hogan coronial have been implemented?

**CARLO SCASSERRA:** We can provide those.

**The ACTING CHAIR:** And if they have not been implemented, why?

**CARLO SCASSERRA:** Yes, I can provide those.

**The ACTING CHAIR:** Can you provide me with the same information about the nine recommendations in relation to the tragic death of Mr Whitton?

**CARLO SCASSERRA:** I can provide those as well, yes.

**The ACTING CHAIR:** Mr Scasserra, you said that Junee provides adequate, proper reference to medical treatment, including ambulances, as and when needed. Mr Whitton did not get an ambulance, did he, in time?

**CARLO SCASSERRA:** That was a decision at the time of the staff on site. Again, I cannot go back and—

**The ACTING CHAIR:** But you knew he did not get an ambulance on time. You knew he died partly because he was not taken out of the prison and given adequate treatment in time. You must have known that when you gave your answer earlier. I am just testing with you whether or not that was just a mistake.

**CARLO SCASSERRA:** Chair, procedures and policies were changed post that death in custody. So I do believe there is more than adequate medical care at Junee. Again, I am not a qualified person to give an answer on the quality of care because I am not a clinician. Our colleagues in Justice Health have responsibility for the oversight of the actual medical quality and care component. If they have not raised anything directly with me, then again I would assume that the care is adequate.

**The ACTING CHAIR:** Commissioner, will you undertake to review or seek a review of not only these last two coronial investigations but also the adequacy of GEO's response to those recommendations? Will you undertake to do that review, given that there have been yet two more deaths, both for medical reasons, in the same facility this year?

**KEVIN CORCORAN:** Yes. I will talk to Assistant Commissioner Scasserra about that, and we will meet in relation to those two deaths.

**The ACTING CHAIR:** How many preventable deaths does it take to take the contract off GEO? Two? Four? Ten? How many until this private corporation loses its contract and the profits that it takes from the people of New South Wales for imprisoning people? How many deaths at their hands does it take?

**KEVIN CORCORAN:** I think that is a little unfair, that question.

**The ACTING CHAIR:** I have given you two where the Coroner found the culpability of GEO were material contributing factors to the deaths, so there is two. How many?

**KEVIN CORCORAN:** We have a contract with GEO. There are a whole range of KPIs that are contained in that contract. We monitor them. We have monitors on site. Justice Health oversights. If we get to a point where we feel that that operator is not delivering then we would take some action. But at this point in time I am not going to give you a number of deaths that are going to take place before we took action of that nature.

**The ACTING CHAIR:** Avoiding preventable deaths—is that one of the KPIs? In that case, can you provide in detail the contractual provision that holds them to account in that regard?

**KEVIN CORCORAN:** Yes, we can. In fact, those contractual provisions are on the website, so you can look at that yourself, but we can certainly—

**The ACTING CHAIR:** If you can identify the one that relates to preventable deaths—

**CARLO SCASSERRA:** We have got quite a hefty charge event, what we call a charge event, for deaths in custody. It costs the operator half a million dollars in the event that there is a death that was attributed to their failure to provide adequate services. The service specifications go into what are minimum standards and requirements for the care of individuals, including all health care. So we can provide you with information as to what the standards are.

**The ACTING CHAIR:** Can you provide us with any evidence that they were held to account for those standards in relation to the preventable deaths of Mr Whitton and Mr Hogan?

**CARLO SCASSERRA:** The former contract, which, unfortunately, Mr Whitton and Mr Hogan fell under, was different to today's regime. Two years ago we swapped out that regime that previously existed. I can provide you with the contractual arrangements or requirements at the time. They are very different today.

**The ACTING CHAIR:** Has there been any accountability under the contract, even if it is the prior contract with GEO, for these two preventable deaths? Have they at least paid some kind of financial penalty for letting two Aboriginal men die on their watch?

**CARLO SCASSERRA:** I would have to take that on notice because I was not the assistant commissioner at the time. But I could get that information to you.

**The ACTING CHAIR:** Commissioner, you are aware of the workers compensation case brought by former prison officer Brett Fitzpatrick?

**KEVIN CORCORAN:** Yes.

**The ACTING CHAIR:** I think you have met with Mr Fitzpatrick.

**KEVIN CORCORAN:** I have not personally.

**The ACTING CHAIR:** The former commissioner?

**KEVIN CORCORAN:** The former commissioner may have, yes.

**The ACTING CHAIR:** You know that he first commenced the claim some 6½ years ago? You are aware of that?

**KEVIN CORCORAN:** Yes.

**The ACTING CHAIR:** And then, apparently, Corrective Services still have not completed their actions in relation to his matter. Is that right?

**MICHAEL TIDBALL:** Can I assist, Mr Shoebridge?

**The ACTING CHAIR:** You can, Mr Tidball.

**MICHAEL TIDBALL:** Thank you. I acknowledge, Mr Shoebridge, that this has been a very protracted process. This Committee is aware that SIRA undertook its review. This Committee is also aware, I believe, in evidence provided by my predecessor at its last hearings, late last year, that an independent review was undertaken to look at the findings of SIRA. I can indicate that—

**The ACTING CHAIR:** Sorry, Mr Tidball. Just so we are clear, there have been so many reviews on this case. There is the KPMG review. There is the SIRA review. There is the EY report. Then now there is the Piper Alderman investigation. Which are you talking about?

**MICHAEL TIDBALL:** I am referring to the Piper Alderman report, which has been of particular interest to myself because I have been keen to ensure that the recommendations of the SIRA review, as an incoming secretary, are taken seriously and that we do all we can to look after our staff and the manner in which we deal with compensation claims. In respect of the Piper Alderman report, I, to satisfy my mind, with a view to having this matter completely rounded out, have asked the office of the general counsel in the department to undertake a final review of any matters arising in the report undertaken by Piper Alderman.

**The ACTING CHAIR:** The time frame, as I understand it, is—there was the initial complaint. Then the SIRA and the KPMG reports were done. There was, for some reason, a parallel investigation done by EY. Can you explain why Ernst & Young did a parallel investigation and, if so, who undertook it and at what cost?

**MICHAEL TIDBALL:** Mr Shoebridge, I am not able to advise the cost. But I am certainly happy to report that back to the Committee and take that on notice. In terms of the EY report—my primary focus in recent weeks has been the SIRA report and the Piper Alderman report. I am not particularly aware of the EY report, but I am happy to report back to the Committee in relation to it.

**The ACTING CHAIR:** Can you provide the Committee on notice, if the EY report was commissioned and paid for by your department, what its purpose was and what the cost was? Can you also provide the same information about the Piper Alderman report?

**MICHAEL TIDBALL:** Yes, I can, Mr Shoebridge.

**The ACTING CHAIR:** It is true, isn't it, that one of the reasons the Piper Alderman report was required was because your department refused to accept the position of SIRA and wanted to test it again, and therefore further delay and further expense has been occasioned, including the commissioning of the Piper Alderman report?

**MICHAEL TIDBALL:** I would acknowledge that there has been a very protracted process, which has been difficult for all parties involved.

**The ACTING CHAIR:** The Piper Alderman report was yet another defensive measure brought by the department to try and stave off the deeply, deeply critical findings that SIRA had come to—yet another defensive measure from the department. Rather than accepting change and taking on board the report and the recommendations from SIRA, yet more public money was spent, trying to defend the indefensible. That is what happened, isn't it, Mr Tidball?

**MICHAEL TIDBALL:** I acknowledge that that is one characterisation of that report.

**The ACTING CHAIR:** At the end of the day, the Piper Alderman investigation, at heaven knows how much expense and delay, has basically acknowledged all of SIRA's findings, hasn't it, Mr Tidball?

**MICHAEL TIDBALL:** The Piper Alderman report has been particularly focused on the aspects of SIRA's focus but with a particular focus on actions arising in relation to staff.

**The ACTING CHAIR:** Mr Tidball, it confirmed all SIRA's findings, didn't it? It said what SIRA found and those damning conclusions of SIRA was right.

**MICHAEL TIDBALL:** On my knowledge of it, it did not dispute or disagree with the findings of SIRA.

**The ACTING CHAIR:** So what on earth have we gained from yet more expense and yet more delay and more procrastination, other than what I put to you earlier: yet more effort to defend the indefensible?

**MICHAEL TIDBALL:** Can I say, Mr Shoebridge, that the department has accepted—and for my part, as an incoming secretary, I appreciate the vital role and the statutory mandate played by SIRA. The recommendations by SIRA have been accepted. Significant changes have been made. In terms of the speed of the process, there has been a significant increase in the number of staff working to deal with the claims of Corrective Services, and the case load of those dealing with those claims is now way smaller. The focus that I will have is on ensuring that all of the issues around this are resolved and that there is finality to implementing the implementations of SIRA, as well as ensuring that all parties involved throughout this very difficult series of events are dealt with justly.

**The ACTING CHAIR:** Will you provide the Committee with a copy of the Piper Alderman report?

**MICHAEL TIDBALL:** Mr Shoebridge, I would be able to do that. I would seek to, in terms of the privacy and confidentiality—

**The ACTING CHAIR:** I am more than happy for you to take it on notice for that purpose.

**MICHAEL TIDBALL:** Otherwise, I am certainly happy to provide it, Mr Shoebridge.

**The ACTING CHAIR:** Mr Tidball, of the three injury managers who had caustic findings against them for their conduct in, as I understand it, all four of the reports, one has left. But two—in fact, the two main injury management officers involved—still work in their roles and still work with injured Corrections officers. How is that the case?

**MICHAEL TIDBALL:** Mr Shoebridge, I am unaware of that aspect. I am happy to take that on notice and inquire about it and appropriately report back to the Committee.

**The ACTING CHAIR:** Finally, before I hand back to the Opposition—Minister, this entire sorry saga has seen Mr Fitzpatrick substantially in the red for legal expenses to simply get a human and decent and lawful response from your department and from Corrective Services NSW. Will you meet with Mr Fitzpatrick and speak with him about options to ensure that he is not out of pocket? It could be to the tune of close to \$170,000 for legals for this.

**Dr GEOFF LEE:** Yes, I will meet with Mr Fitzpatrick.



**The CHAIR:** Excellent. The Opposition?

**The Hon. TARA MORIARTY:** He has been to hell and back. You should meet with him. Thank you, Chair. Can I ask about the repeated situation that seems to be occurring at Parklea in relation to inmates rioting? I asked about this at the last estimates hearing with the former Minister. There was a riot; I think it was on 1 July last year. I understand there was going to be some sort of report or review done into that. I am not talking about what is happening regarding police charges. A review of the actual riot—where are we at with that? Can you give me some information about it?

**Dr GEOFF LEE:** I will ask the commissioner or any of the staff you have here, Commissioner. Otherwise I will take it on notice to give you the status of that report into the incident that you mentioned. I will take it on notice.

**The Hon. TARA MORIARTY:** Have you got any information about any findings or changes or consequences of the riot at Parklea in July last year?

**CARLO SCASSERRA:** I have not seen a report, but obviously we get an update on exactly what has occurred in terms of the incident itself. As we are aware, there was significant damage in Area 5A from inmates that firstly gained access onto the roof at Parklea, which then made it quite unsafe for officers, who withdrew from the area to form up again and then come in to quell the riot. But by that stage inmates internally had lit multiple fires, which led to the damage that you saw, probably, on the news footage.

**The Hon. TARA MORIARTY:** I did ask about this last time and I was told that it was a matter for the insurance company, but surely we have moved on since then. What is the cost of the damage?

**CARLO SCASSERRA:** Again, Corrective Services or the department will not be paying it. It is MTC's insurance. They have valued it at approximately \$8.8 million worth of damage.

**The Hon. TARA MORIARTY:** Is there any information on how it was possible for—again, I know there are matters before the courts. I am not sure where they are up to, but if any of those have concluded, you are welcome to provide some information. In fact, I will ask that first.

**CARLO SCASSERRA:** They have not concluded, no. They are still before the courts.

**The Hon. TARA MORIARTY:** Okay. But can you provide any information on how it was possible back then for people to be able to cause damage like that? Set fires, set fires to mattresses, blockade part of the building—

**CARLO SCASSERRA:** Our infrastructure is such that it does not take much to ignite. You can use the sockets, unfortunately, to place objects in that will create a spark; and then, with toilet paper, et cetera, you have the commencement of material that will burn. The lexicon that is used on the windows is some 20 years old and obviously does not have the same fire retardant as current materials would have. That will be replaced and is being replaced for that area. It does mean that once a fire does commence, it can take hold quite quickly. Clearly, as I said, the staff had to withdraw initially to make sure that they were safe. Once people gain access to the roof it can become unsafe quite quickly, particularly if they are throwing projectiles from the roof down. There were also a couple of weak points within that roof infrastructure which saw the ability to break through some plastic moulding that was like a skylight, which allowed that access to the roof. Again, that has been repaired and modified with mesh that will not allow anyone to break through it. But, again, it is an older part of the infrastructure. It is not as new as other parts of the facility.

**The Hon. TARA MORIARTY:** What is the time line for repairing or replacing some of that stuff, particularly having fire retardant materials?

**CARLO SCASSERRA:** We are in the process of replacing all of it in Area 5. Area 5A is currently going through the repair process. It should be back online within the next month or so; they were saying in April or May it should be back to full working order. We have also replaced the lexicon that was in existence in 5C, and we are going to do 5B as well.

**The Hon. TARA MORIARTY:** What is the cost of all of that?

**CARLO SCASSERRA:** Again, that is being met by the operator, MTC.

**The Hon. TARA MORIARTY:** Is that included in the \$8.8 million or is it additional?

**CARLO SCASSERRA:** No, it is separate to it.

**The Hon. TARA MORIARTY:** Did they face any penalties for that in the contract?

**CARLO SCASSERRA:** Area 5A, yes, but we have not finalised those contractual positions yet. We are still in negotiations and discussions around the final amount, but they will be hit with charge events for that.

**The Hon. TARA MORIARTY:** That was July last year. And then, of course, on 19 January this year there was another riot. Can you give us some information on what happened then?

**CARLO SCASSERRA:** Yes. That was in Area 5C, as I have alluded to. Again, the area was able to be compromised by inmates that were being released. They lit fires by again using the power points. I must say, we have tried to scour the market to look for ways in which we can stop ignition from power points. We may have to come up with some alternatives because there are very few devices out there that can do that, but there are alternatives that you can look at in terms of closing power as required. It was quite a quick issue. Again staff withdrew from the compound initially for safety and security purposes, reformed up, went in and quelled the disturbance quite quickly. Within 40 minutes it was under control. But during that time, as I said, a mattress was placed up against the lexicon and the lexicon did ignite quite quickly. Generally, lexicon or treated lexicon would not go up in flames that quickly, but given the 20-year plus age of that and the fact that it could have deteriorated with sun damage and weather damage, et cetera, it really needed replacement.

**The Hon. TARA MORIARTY:** What is the cost of that incident?

**CARLO SCASSERRA:** MTC has not provided me with a final cost, but it will go into the hundreds of thousands, I am assuming. That is being met by themselves.

**The Hon. TARA MORIARTY:** And I assume there will be penalties in place again because of this failure?

**CARLO SCASSERRA:** Correct. This one is slightly different; this one is a bed unavailability charge. The contract has a number of elements to it which allows us to look at the most appropriate way to make sure that the operator is always providing, or able to provide, either services or beds in this case available to the State to use. These beds are currently unavailable but 5C should come online quite shortly if it has not already.

**The ACTING CHAIR:** Sorry, so the place falls into complete disorder, there are fires and riots and it is not the first time, partly because of how it has been managed, and the penalty to the provider is a bed availability penalty. That is what they pay.

**CARLO SCASSERRA:** The bed unavailability payment is greater than—the way the contract works is you look at the greater of the available events or the charges that you can impose upon in the contract and the greater of the two is selected.

**The ACTING CHAIR:** It seems incredible that with that kind of disorder and that kind of mismanagement from that private provider, the charge they get is a bed unavailability charge. That is extraordinary if that is the contract in place.

**CARLO SCASSERRA:** Chair, it is quite significant. It will result in a significant amount of money, which as I said is greater than the charge event available for riot or disturbance.

**The Hon. TARA MORIARTY:** What is that amount of money likely to be?

**CARLO SCASSERRA:** The charge event for riot disturbance is \$125,000 to \$250,000. This number will approach greater than that number.

**The ACTING CHAIR:** But both things happened.

**The Hon. TARA MORIARTY:** So that was the charge for the first riot but the second riot in January with the bed—

**CARLO SCASSERRA:** It is the same charge event. So, as I said, the way the contract works where there are two components that you can look at in terms of how do you assess the outcome in terms of a charge or liability or a penalty of some sort, then it is your choice as to which one you go with but only one prevails and generally the State looks at the one which is going to hit the pocket hardest.

**The ACTING CHAIR:** Who wrote this contract?

**The Hon. TARA MORIARTY:** Is that what you looked at the first time?

**The ACTING CHAIR:** Who wrote this contract, where you have two events and they get to choose?

**The Hon. TARA MORIARTY:** I am asking questions about it. In July last year, why did you choose the particular penalty?

**CARLO SCASSERRA:** That was the most appropriate at the time.

**The Hon. TARA MORIARTY:** What does "most appropriate" mean?

**CARLO SCASSERRA:** You would look at the reasons as to what occurred and what happened within the incident and what the response also incurred. There are some difficulties in that Corrective Services is also part of the resolution so you do look at then how you make the decision as to what is the appropriate charge event. Again, these are legal contracts so you have to work within the bounds of how they were created as well.

**The Hon. TARA MORIARTY:** But the department still has discretion about what you will do here, so is it a case of, "Oh, well. July was the first time it has happened in a bit so we will just go a little easier. January—whoops, it is happening again so we had better ramp it up"? Because you know I am about come to the next one. There was of course another riot in February, around 20 February. What was that about?

**CARLO SCASSERRA:** Again, that was in Area 6. Two inmates were let out in the quarantine area for their daily exercise and access to phones, et cetera. They were unhappy about being in quarantine. They were fresh custody receptions and so were required to be in quarantine. There were staff that evacuated to make themselves safe. They barricaded the door on entry into the unit and set fire to the mattress which then set fire to some electrical devices as well—a fridge and toaster, et cetera. That was brought under control within 15 minutes of that particular issue occurring. Gas was deployed so all inmates were evacuated to the external yard so they could be decontaminated and checked. It was a quarantine area and hence why they were taken outside.

**The ACTING CHAIR:** And they got a toaster unavailability charge?

**CARLO SCASSERRA:** Chair, there is no toaster unavailability charge.

**The Hon. TARA MORIARTY:** What was the charge in this case? What is the consequence?

**CARLO SCASSERRA:** Again, we are reviewing that incident now. We have not made a determination on the charge event for that.

**The Hon. TARA MORIARTY:** But you have discretion, presumably? Is it the same two options as last time? Are there other options?

**CARLO SCASSERRA:** There are options for us. The charge event for damage or riot means that you have loss of control. There was no loss of control here. It came under control within 15 minutes of the event occurring, but we will look at the other components of the contract.

**The Hon. TARA MORIARTY:** I do not know that I would describe it as no loss of control. There were inmates who are able to set fire to a mattress, which set fire to a fridge, which set fire to a toaster and whatever else and caused, presumably, a huge amount of damage, which I will ask you about, but also quite a disruption to the place. Fifteen minutes or not, how is this happening for a third time in seven months?

**CARLO SCASSERRA:** There was no disruption to the way in which that unit operated. In terms of the clean-up, it was swift and quick. As I said, the incident was over in 15 minutes and then the inmates were returned to their cells after they were decontaminated and checked outside.

**The Hon. TARA MORIARTY:** How can this happen? How are inmates for the third time in seven months able to set fire to things and cause a riot in this facility? What is going on in this facility wherein it seems to be the only one where this is happening, at least in the past seven months?

**CARLO SCASSERRA:** I think fires are common across the system. I do not think it is unique to Parklea. As I said, it is not difficult to use the power socket to ignite toilet paper and the like. There were two inmates, they were frustrated because of the quarantine system that was in place. So we do have heightened tensions now, given people who have come and gone from the system do have to do quarantine when they come back in as fresh custody inmates again.

**The Hon. TARA MORIARTY:** But, again, for the third time in seven-odd months prisoners were able to set fire to things and the response is that there is not much we can do—people can set fire to toilet paper. Surely after the first or second time at the very least you would work out a mechanism to shut the power off?

**CARLO SCASSERRA:** Power was shut off in this case. As soon as it was determined that a fire had been lit, all sockets were closed off. It is a newer part of the centre which has a more central distribution of power and other utilities. That is why we were able to close things off quickly and then resolve the issues. We are dealing with maximum security inmates so it is difficult. Many are coming off drugs and alcohol as they present in the system at the front end so you are dealing with a multitude of issues.

**The Hon. TARA MORIARTY:** But as you say, it is a maximum security facility, so why are they not in maximum security. I understand that they would be coming off drugs and all kinds of other things but they are



completely in the control of corrections even at Parklea, or the operator. But, ultimately, the buck stops with you guys. How is this still happening for a third time?

**KEVIN CORCORAN:** Can I just say that I have had discussions with the operator about their capabilities. That first incident was, as you say, unacceptable and what I have asked them to do is upgrade their capability in terms of responding to incidents. As you can see from the last incident, they were able to get that under control much quicker. So that is where I am heading with that particular operator to make sure that they develop that capability and are able to respond in a way that we respond elsewhere in the system—very rapidly. I think the staff all round our system in Corrective Services NSW facilities are the best in the country at responding to incidents.

**The Hon. TARA MORIARTY:** You mention that fires happen all the time. Perhaps I am paraphrasing so you can correct me on the language of that, but how many other times has an incident like this occurred—not so much a riot but a fire being lit inside a facility?

**CARLO SCASSERRA:** Within all facilities? It does occur. As I said, it is not unique to Parklea. It definitely does occur. I do not have on me the statistics of how many fire events are reported but fires do occur across the system.

**The Hon. TARA MORIARTY:** Are you able to provide it? You can take it on notice.

**CARLO SCASSERRA:** We will be able to provide information, yes.

**The Hon. TARA MORIARTY:** In relation to all three of these incidents at Parklea, but also generally in these kinds of disruptions, I have asked about property damage but have there been implications for staff? Has anyone been injured as a consequence of these?

**CARLO SCASSERRA:** No. Staff were not injured in all three events. I think it goes to the professionalism of all the staff and their training that they were not injured, and so there have been no direct injuries from each of these incidents.

**The Hon. TARA MORIARTY:** What about inmates?

**CARLO SCASSERRA:** Inmates, yes. Obviously those that are contaminated with gas have to be cleared of that. Bruises and abrasions as they have been taken under control occur. They will get reviewed by medical before they are put back into their cells or back into another location.

**The Hon. TARA MORIARTY:** How common are these riots? We saw only recently released footage—I think it might have been on that TV show *Australia Behind Bars*—of the riot at Wellington. The footage was quite confronting. How often are these things happening?

**KEVIN CORCORAN:** They are happening rarely. That was something that occurred back a couple of years go, and I think the most significant event since then has been the Parklea incident with the loss of those cells. When you lose cells for that period of time and they cost that much to repair, it is completely unacceptable and we need to be able to respond very rapidly to incidents to make sure that that sort of thing does not occur. And they are the sorts of discussions I have been having with the operator at that facility.

**The Hon. TARA MORIARTY:** The operator is Broadspectrum?

**KEVIN CORCORAN:** MTC-Broadspectrum.

**The Hon. TARA MORIARTY:** Are they able to manage this facility under the terms of their contract or full stop, as an organisation?

**KEVIN CORCORAN:** I believe they can, yes. The discussions we have had recently have meant that they have really increased their capability in this area. I am comfortable that they are able to respond to incidents very quickly now and get them under control.

**The Hon. TARA MORIARTY:** They would want to be. That is three in seven months.

**KEVIN CORCORAN:** That is right.

**The Hon. TARA MORIARTY:** The bed penalty—how many beds were lost as a consequence of this?

**CARLO SCASSERRA:** There are 74 beds in each of those units.

**The Hon. TARA MORIARTY:** Where are we up to in relation to mice at Wellington?

**KEVIN CORCORAN:** It has cost us \$40 million. The facility is now operational again.

**The Hon. TARA MORIARTY:** Operational as in everyone is back in or what?

**KEVIN CORCORAN:** Not everyone is back in. We are just gradually filling that facility back up again, which only commenced in the last week or so.

**The Hon. TARA MORIARTY:** So literally a week ago people started returning?

**KEVIN CORCORAN:** Yes, started to return people in. We were ready to bring them back earlier but we were using some of the staff around the system, with the amount of staff we had off with COVID.

**The Hon. TARA MORIARTY:** Right. What were the consequences? Are people essentially still in other facilities?

**KEVIN CORCORAN:** Yes, we are gradually bringing them back into Wellington.

**The Hon. TARA MORIARTY:** What is the timetable for that for it to be at full strength?

**KEVIN CORCORAN:** I would have to take that on notice. I am not 100 per cent certain when that is occurring. Obviously with all the moves around the system with COVID—bringing COVID positive inmates in MRRs—it is very difficult to pin down an actual timetable for something of that nature. As I also said, we were trying to work out what we were going to do with Windsor when we were thinking we had to evacuate 1,000 inmates from that facility with the floods. There has been a lot of planning going on with transport over the last few weeks. My apologies, I cannot give you a precise answer on that.

**The Hon. TARA MORIARTY:** What are the consequences of the current flood situation for all of your facilities, particularly around the North Coast? Have any closed or are likely to be?

**KEVIN CORCORAN:** No, the only issues we have are with Emu Plains where we had to evacuate a number of facilities. But we are able to bring inmates back to those facilities. But who knows what the weather is going to bring. We may well have to evacuate them again. Our other main concern is that Windsor site. If we get significant rainfall in the future we may have to reinstate our plans there. We have got some very good plans. Up north it is a matter of staff not being able to get to the facilities and us having to operate them on a somewhat skeleton staff basis.

**The ACTING CHAIR:** While we are on floods, Commissioner, both Windsor and Emu Plains seem extremely vulnerable to flooding. Do you have an asset strategy going forward to address those flooding risks, including tomorrow if you look at the weather forecast?

**KEVIN CORCORAN:** We certainly have a long-term infrastructure strategy that we have been working on for the past eight or nine years, which we generally refresh and look at where things are going with respect to that.

**The ACTING CHAIR:** Does that include the flooding and climate risks of those two facilities, which seem to be the most vulnerable to flooding risks?

**KEVIN CORCORAN:** Yes, certainly. Those issues are part of the consideration for our long-term infrastructure strategy.

**The ACTING CHAIR:** Do you have plans to close or relocate or flood-proof those facilities? Because from what we can tell what was once a 100-year flood is now coming into the Nepean once every five years or so—or more.

**KEVIN CORCORAN:** Any infrastructure we put on, say, the Emu Plains site would have to be infrastructure that could be very easily evacuated and moved to other parts of the system. You would probably only look at minimum security facilities going onto that particular area. We are certainly looking at Windsor as to what we need to do to make sure that we can continue operating on site. We only have limited metropolitan sites and we need to make sure that we use those to the fullest extent. I do have some information on Wellington. It will be operating fully in five weeks' time.

**The ACTING CHAIR:** Did you say it cost \$40 million to mouse-proof Wellington?

**KEVIN CORCORAN:** Not so much to mouse-proof it but to repair the damage that the mice caused. About 70 per cent of that was spent in the local community.

**The ACTING CHAIR:** If you can give a breakdown on how much was repair and how much was mouse-proofing?

**KEVIN CORCORAN:** Sure. Can we take that on notice?

**The ACTING CHAIR:** Absolutely. Mr Scasserra, the contract for Parklea was written less than 3½ years ago.

**CARLO SCASSERRA:** Correct.

**The ACTING CHAIR:** Yet in circumstances where there are fires, assaults, riots and the destruction of bed capacity, the contract does not allow for the true scale of what happened to be reflected in contractual penalties. Basically MTC gets a get-out-of-jail-free card for all but the worst. Is that what happens under the contract?

**CARLO SCASSERRA:** I would not describe it like that. All modern contracts that have performance regimes in them have a hierarchy of how that performance regime will work, particularly when it comes to charge and/or abatement or monetary value outcomes. The way in which this particular contract is structured, which, I might add, uses the Treasury template for New South Wales, means a lot of this would be quite common and similar across various departments, not just our own. It does contemplate that where multiple events occur, the greatest of the charge and/or abatement is the one that is applied.

**The ACTING CHAIR:** So if Parklea has a flood and it takes out beds, it gets the same penalty as if, through their gross mismanagement, the place descends into disorder and there is fire, riot and assault and bed unavailability. Are telling me that the contract does not distinguish between the two because that is the template?

**CARLO SCASSERRA:** It is more nuanced than that. A flood would be a force majeure event so there would not be no charge.

**The ACTING CHAIR:** Let us just say the piping breaks and it all gets flooded because they have not maintained the piping.

**CARLO SCASSERRA:** Again, in the event that there were multiple issues that occurred—let us say the piping broke—that could be through the maintenance and other issues. We would be looking across the charge events that exist—

**The ACTING CHAIR:** But if it makes beds unavailable it is bed availability.

**CARLO SCASSERRA:** If that is the greater of the cost or the charges that is what we would look at, yes.

**The ACTING CHAIR:** I put it to you again that under this contract, which was written nearly 3½ years ago, Parklea gets a get-out-of-jail-free card for everything else. They can have riots, fires, assaults and mismanagement, but if it leads to beds being unavailable—because that is the highest charge—they do not have to worry about the rest of it because it is just bed unavailability.

**CARLO SCASSERRA:** I think that is characterising it slightly incorrectly. Again, the regime is a little bit more than just bed unavailability or the highest event. Again, through those events that occur, and if there are multiple, you would then look at default notices. So the contract ratchets itself up in terms of penalty or what is available for the State to undertake.

**The ACTING CHAIR:** My colleague put to you that there were three events in just seven months. Have default notices been issued? Is Parklea on notice that what is happening there is grossly unacceptable under the contract?

**CARLO SCASSERRA:** Yes, we have issued a number of default notices.

**The ACTING CHAIR:** Can you provide copies of those default notices to the Committee?

**CARLO SCASSERRA:** To the extent they are not commercial in confidence, yes, there will be some information that I can provide.

**The ACTING CHAIR:** It would be easier if you provide them here rather than having to go through Standing Order 52. The more you can provide here the less onerous that is further down the path.

**CARLO SCASSERRA:** Yes, I will provide what I can.

**The ACTING CHAIR:** How much have the operators been paid this financial year?

**CARLO SCASSERRA:** I would have to take that on notice as well.

**The ACTING CHAIR:** What is the annual contract fee?

**CARLO SCASSERRA:** It is approximately \$78 million—between high 70s and low 80s. Again, the contract works on the number of beds that we are occupying in bands on any particular day.

**The ACTING CHAIR:** I understand there is some fluctuation, but in the high seventy, low eighty million dollars?

**CARLO SCASSERRA:** Correct.

**The ACTING CHAIR:** And after these three disturbances, riots, et cetera, how much have they been penalised?

**CARLO SCASSERRA:** Again, I would have to take the question on notice.

**The ACTING CHAIR:** Is it a million dollars or more?

**CARLO SCASSERRA:** Again, I would have to take it on notice because there are a number of—again, abatements exist within the performance regime on a monthly basis; it is not singular charge events that occur. The performance regime is a monthly performance regime.

**The ACTING CHAIR:** Do you know how much? Is there a daily rate for bed unavailability?

**CARLO SCASSERRA:** Correct.

**The ACTING CHAIR:** What is the daily rate for bed unavailability?

**CARLO SCASSERRA:** Again, I do not have it in front of me. I would have to take it on notice.

**The ACTING CHAIR:** It would be useful to know what, if anything, they have had to pay for having, what, two wings unavailable for a substantial period of time?

**CARLO SCASSERRA:** As I said in my earlier testimony, 5A is being dealt with a little bit differently, and that will come under the major disturbance charge event; 5C will come under bed unavailability.

**The ACTING CHAIR:** So 5A, the major disturbance charge event, is a one-off penalty of about \$200,000, is that right?

**CARLO SCASSERRA:** I think it is about a quarter of a million, yes.

**The ACTING CHAIR:** And then they can have 74 beds unavailable for weeks or months and pay a quarter of a million dollars.

**CARLO SCASSERRA:** Again, we go through the contractual requirements as to how we will work through in terms of whose insurance and who will be paying for the fit-out et cetera. A lot of other aspects of this come into play before you determine the final events. Corrective Services did respond also to that incident; so it does make it somewhat more difficult to work through, as there are legal issues you have to consider before you make all the final determinations. Because the repairs have not been completed, and at this stage I have not seen a final report, it is still open to us to keep these components available for us to make decisions; they cannot be done until all the information is available.

**The ACTING CHAIR:** If you do not have to staff a 74-bed prison wing, you are likely to have substantially more savings, if you are the private contractor, than \$250,000. They may make a profit out of this.

**CARLO SCASSERRA:** Chair, those 74 beds were not needed anyway under the contractual terms. Our banding is not to use Parklea at its highest level of bed capacity. So no, we are not paying for beds that we are not using.

**The ACTING CHAIR:** They may well have made a profit. Not having to have the 74 beds available, they could have well made a profit from it. If all that they are going to get penalised for that is \$250,000, they may think this is great, money in their pocket.

**CARLO SCASSERRA:** Chair, I will repeat what I said, we currently are not using the facility to its maximum capacity, which means those beds are not available or do not need to be available to the State at this point in time, which also means that we are not paying for beds. So other parts of the facility can be opened to accommodate to make sure that the beds that we are paying for are in use.

**The ACTING CHAIR:** Nevertheless, you will give us on notice—and if you could this afternoon, Mr Scasserra, that would be useful—how much the penalties have been to this provider in this financial year where all the riots have been happening.

**CARLO SCASSERRA:** This financial year, yes, I can do that.

**The ACTING CHAIR:** Commissioner, I have had multiple concerns from family members about inmates being transferred to MRRC and they do not find out about it for weeks and weeks. They are not told about their family member being transferred to MRRC and nor is the inmate told that the reason they are being transferred to MRRC is because they were COVID positive. So the inmate is not knowing and family members are not knowing. Is there a breakdown in communications in isolated cases? Is there a policy? What is happening?

**KEVIN CORCORAN:** Certainly no policy. Inmates, if they are COVID positive, they will know. I cannot believe that an inmate is claiming that they would not know that they were COVID positive. They would be tested and that information would be given to them by Justice Health.

**The ACTING CHAIR:** Is there a policy that they get told? Because, as I said, multiple concerned family members say their family member has been transferred to MRRC and the first they found out about it was when they were being dealt with at MRRC.

**KEVIN CORCORAN:** Certainly, from my perspective, it would be unbelievable if an inmate was not told that they were COVID positive after testing positive. They would be told also then they are being moved to MRRC to a quarantine area whilst they are COVID positive. That information would be available to inmates.

**The ACTING CHAIR:** Can you satisfy yourself, on notice, what the policy is about informing inmates in these circumstances?

**KEVIN CORCORAN:** I shall, yes.

**The ACTING CHAIR:** Deputy Commissioner, do you know what the policy is in place for the timely informing of family members when an inmate has tested COVID positive, if there is a policy in place?

**LUKE GRANT:** I doubt that there is a policy about transferring. We generally do not provide information to inmates' families about transfers except for in a range of circumstances—if someone was taken to hospital, for instance. So a lot of those people are not unwell, they are just, as a precautionary measure, being moved to another location. It would not be our usual practice to provide advice to family members about a move under those circumstances. We do not do it normally.

**The ACTING CHAIR:** What about if their family member is COVID positive? The policy is families do not get told about an inmate testing COVID positive and being transferred to MRRC unless there is a later transfer to hospital. Is that the policy?

**LUKE GRANT:** I would suggest there is no policy about that specifically for transfer of COVID positive patients. There certainly is a policy around people transferred to hospitals. Prisoners' health information is their own private information and we do not routinely disclose that to family members unless there is a very particular reason to do so. And even with the hospital arrangement, I think we just say the person has gone to hospital. So the move to the MRRC, as I said, is not necessarily a move because the person requires hospitalisation or medical treatment; it is a move for better management.

**The ACTING CHAIR:** Commissioner, can you understand the level of anxiety of family members when they simply do not know and nobody tells them whether or not their loved one has tested positive for COVID. The information vacuum is creating a huge amount of anxiety. Do you understand that?

**KEVIN CORCORAN:** Yes, I certainly understand that that is the case. We have done our absolute best to be able to put in place systems for communication for those people in isolation, within quarantine. They have not always been 100 per cent successful but we have done our best, and it is really up to the inmate to be talking to their family about their personal circumstances.

**The ACTING CHAIR:** Deputy Commissioner Grant has just said there is no policy and system in place. So those two answers cannot sit with each other.

**LUKE GRANT:** If I might add in terms of information to families, that is a different point. Your question was whether we routinely advise families of a move. That we do not do. However, we have set up a telephone number, so there is a call centre that families can call that is staffed five days a week. A person can call that number and make inquiries about a person's location and other details about what has happened with COVID. It has not been very well subscribed, if I might say so.

**The ACTING CHAIR:** Do you not think a more sensible approach would be, if an inmate tests positive, and assuming they know this, they are asked whether or not their immediate next of kin, who you have details of, can be notified about their COVID positive so the family can find out? Privacy seems to be a shield for inaction in some regards in this space.

**LUKE GRANT:** If a person consented, I suppose that is a circumstance. I would have to have some consideration with the Commissioner about that because there is also a general principle with moves of escorts that we do not like to advise people that an escort is on the road, so we have the risk of people on escort being intercepted by people who have got bad intentions in relation to disrupting the escort. Our practice historically has been not to tell people that there is a person going on escort from a maximum security prison, going from Lithgow to Sydney or something like that. That would be something we would want to avoid.



**The ACTING CHAIR:** You could easily inform once somebody had arrived. That does not seem to be an insurmountable problem. The problem is family members have no idea and the vacuum causes enormous anxiety. Have you explored these options if someone tests positive by saying, "Your family may want to know. Is it okay if we tell your nominated next of kin?" They may say, "Yes, the family knows." If they say, "No", they can choose to tell it in their own time, if they do. It just seems the most obvious way of reducing the anxiety.

**LUKE GRANT:** I am aware of individual circumstances where that does occur, but I think you are correct in saying we do not have a policy around it. It is something we can definitely look at.

**KEVIN CORCORAN:** You make a good point there. We will have a discussion about that and see what we can do.

**The ACTING CHAIR:** One of the reasons why there are all these rumours and all this anxiety, some of which escalates—I have had people raise concerns about potential deaths in custody, which then gets a run on social media and thousands of likes on posts. Then when I go and test, I am able to confirm that there was no death in custody and some of the anxiety drops down. But it is this information vacuum in the absence of family visits that I think you have an obligation to try to fill, Commissioner. Do you agree?

**KEVIN CORCORAN:** Yes. We will certainly take it under consideration and have a discussion about it.

**LUKE GRANT:** It would be good as well to advertise the fact—and we can do more about that—that we do have this telephone line. It has been in existence for some time for families to call to find out the location of a person. There is a protocol for establishing the identity of their family and their connection to the person. We have been running that for several years. It is available now. Any family member can ring up during business hours Monday to Friday and make an inquiry on that number, which is listed on our website.

**The ACTING CHAIR:** If you rapidly share that with the Committee, we can attempt to disseminate that ourselves.

**LUKE GRANT:** We will.

**The ACTING CHAIR:** Commissioner, are you aware about the Compulsory Drug Treatment Correctional Centre program?

**KEVIN CORCORAN:** Yes, I am aware of it.

**The ACTING CHAIR:** Where does it operate from?

**KEVIN CORCORAN:** It operates on that Parklea site.

**The ACTING CHAIR:** Are you aware that it has been largely non-operational because of COVID reasons?

**KEVIN CORCORAN:** I am not aware that it is largely non-operational.

**The ACTING CHAIR:** What is its current status?

**KEVIN CORCORAN:** As far as I am aware, it is still operational and fulfilling the bulk of its functions.

**LUKE GRANT:** Mr Shoebridge, you might be making a reference to the second stage of the program, which allows people—

**The ACTING CHAIR:** Correct.

**LUKE GRANT:** —to go in and out of the correctional centre on a daily basis. For a period of time that may have been suspended.

**The ACTING CHAIR:** It is a three-stage program, is my understanding.

**LUKE GRANT:** Yes. Stage two is going in and out of the jail which, as you can imagine, presents a particular risk of transmission of someone coming in and out of a jail. Stage three is effectively in the community full time. It is like a type of home detention arrangement.

**The ACTING CHAIR:** The first stage has the intense workshops inside the correctional facility?

**KEVIN CORCORAN:** That is right.

**The ACTING CHAIR:** Is that operating?

**KEVIN CORCORAN:** We have had restrictions on program delivery in some facilities. We are lifting those restrictions. That would start operating again soon, is my understanding.

**The ACTING CHAIR:** Given the benefit of the CDTP, can you explain why it was not operating?

**KEVIN CORCORAN:** The only reason that it would not be operating is due to COVID, as the deputy commissioner just stated. Stage two requires visits into the community.

**The ACTING CHAIR:** I can understand how stage two may have difficulties, but stage one operates entirely from inside the facility. Why is that not operating? COVID cannot be an excuse not to put people through drug treatment.

**LUKE GRANT:** I think individualised treatment is something that has continued through COVID, but we have placed restrictions on some group-based activities at particular points in the disease where you cannot have a room that is large enough to have adequate social distancing and you do not want to expose a person facilitating that in a group of, say, eight to 10 people or whatever the number might be.

**The ACTING CHAIR:** Can you provide on notice what the current state of the CDTP program is and when it was last fully operational?

**KEVIN CORCORAN:** We can certainly provide that on notice.

**The ACTING CHAIR:** I say this because I have had—and I may not be the only MP who has had this—many in the program who are literally in tears because they thought they had a chance. They were in the program, they thought they were getting their life on track, they wanted to get back to their families through this program and it has been taken off them. Can you provide on notice what the status of that program is?

**KEVIN CORCORAN:** Yes, I can.

**The Hon. TARA MORIARTY:** We have got a couple of minutes left.

**The ACTING CHAIR:** No more than a couple of minutes, Tara.

**The Hon. TARA MORIARTY:** A quick question, while the Minister is here: Are you aware of the COVID support fund—this magical, mystery fund where departments can access money to spend on COVID-related things?

**Dr GEOFF LEE:** I am not aware of any magical fund, that is for sure. I understand that Treasury, depending on which Treasurer we have, allows for us to put up different things to tackle COVID in the past.

**The Hon. TARA MORIARTY:** There are some reports from people within the Department of Communities and Justice—I do not know if it is Corrections proper, which is why I am asking—that there has been money spent on whatever people might have felt like spending it on and just sending it to that account. A new carpet, anything like that—is there anything like that being spent in Corrections?

**Dr GEOFF LEE:** Nothing that I am aware of. Those allegations that Corrections has used money inappropriately, according to what the Treasurer—I have even discussed the matter with the commissioner. I do not know if you have anything to add, Commissioner.

**KEVIN CORCORAN:** I am aware of the allegations that were made. I raised this with our finance business partner and was assured that they are monitoring all of the expenditure that is allocated to COVID. She knows of no carpets or things of that nature that are being purchased.

**The Hon. TARA MORIARTY:** You did not get the secret—

**LUKE GRANT:** We do not have an account. We have got an activity code that is attached to expenditure that people relate to COVID. One of our accounts people goes through that to see and make sure that things are appropriately allocated to it. The only funding we have received, additional to our usual budget for COVID, is for the specific purpose of cleaning. We have received no additional money. We are actually doing everything else within our budget.

**The Hon. TARA MORIARTY:** You would understand why I would ask. This is in the broader department—

**MICHAEL TIDBALL:** Absolutely. It is within—

**The ACTING CHAIR:** Tara, there is only two more minutes. You take the whole lot and explore this properly, if you want.

**The Hon. TARA MORIARTY:** This is the last question but, for the secretary, if you—

**MICHAEL TIDBALL:** I can be brief, Chair. The department is not aware of any such allegations in terms of a specific allegation. I would stress that any staff member who believes that this conduct is taking place

should immediately report it to the conduct and professional standards branch. If any member of the Parliament is wishing to approach me about any matter, I am very keen to engage.

**The ACTING CHAIR:** Commissioner, do you know how much is paid, in the last financial year and in this financial year to date, to the three different private operators for Junee, North Coast and Parklea?

**KEVIN CORCORAN:** I have certainly seen those figures, but I cannot recall them right now. If I can take that on notice—

**The ACTING CHAIR:** If you could assist us with that after lunch, that would be really helpful. What was paid in the last financial year and how much has been paid to date would be of assistance.

**KEVIN CORCORAN:** Yes.

**The ACTING CHAIR:** The individual whose name begins with L on the post that I shared, can you satisfy yourself whether or not she works for any of those private operators?

**KEVIN CORCORAN:** Yes.

**CARLO SCASSERRA:** I can add that she does not.

**The ACTING CHAIR:** You have checked in the time, Mr Scasserra?

**CARLO SCASSERRA:** I have checked, yes.

**The ACTING CHAIR:** Do you know if she has worked for a private operator since 2012?

**CARLO SCASSERRA:** Not that I was made aware of. I know that formally she was working for an operator, but that was quite a while ago.

**The ACTING CHAIR:** If you can give any details on notice, and it may be that you wish to give it in a confidential manner, that would be appreciated.

**CARLO SCASSERRA:** Yes.

**The ACTING CHAIR:** That, unfortunately, is time for this morning. Thank you, Minister, for your assistance today. You are excused for the afternoon's hearing.

**Dr GEOFF LEE:** Thank you, Chair.

**(The Minister and Brendan Thomas withdrew.)**

**(Luncheon adjournment)**

**The ACTING CHAIR:** Welcome back to this afternoon's session of budget estimates for the portfolio of Corrections. Mr Tidball, did you have a clarification?

**MICHAEL TIDBALL:** I did. Thank you, Chair. I just wanted to clarify my response to a question that, Chair, you asked earlier today, about the Piper Alderman report. That report was a directed response to the SIRA findings and was commissioned essentially to guide our response to SIRA. I just wanted to make the point that not all the Piper Alderman findings are consistent with the findings of SIRA. I, of course, will provide further information to the Committee that I undertook to earlier. But I just wanted to clarify that at this point.

**The ACTING CHAIR:** Thank you for that and for the timely notation on the record. The Opposition.

**The Hon. TARA MORIARTY:** Thank you, Chair. Just before I move on to the next topic, I might do a little final few questions just on assaults. I think some of it was taken on notice, but I might just redo some of it. I think probably, Commissioner, best directed to you. You might want to take some of this stuff on notice. But I just want to get some figures, if I can, on assaults that have occurred in facilities, particularly over the last year. But, if you can, give me over the last two.

**KEVIN CORCORAN:** So you want it facility by facility.

**The Hon. TARA MORIARTY:** Yes, if I can get a breakdown on officers, facility by facility, and also—I do not need the personal details—how many resulted in people being off on workers compensation or a long period of time. Can I also get the breakdown of assaults on inmates if I could? If possible, with the staff, if it can be broken down by physical injury and psychological or mental health, that would be useful, if that is possible.

**KEVIN CORCORAN:** Sure. We will take that on notice.



**The Hon. TARA MORIARTY:** Of course. I wanted to just also ask a couple of questions. This has been in the news a bit lately. It seems to pop up a little more regularly than I think I probably paid attention to before: officers having relationships with inmates. Obviously, it is not allowed. People have been charged. There was a person who resigned recently after she was busted having a relationship with an inmate who was part of a motorcycle gang. Can you give me some information about what, first of all, the rules are around it and what the consequences are?

**KEVIN CORCORAN:** Yes, certainly. There is legislation governing that now. If any officer has a relationship with an inmate, then we would subject them to an investigation, either police or internal, depending on the nature of the information we get. But, if it is certainly a police investigation, that could lead to criminal charges being laid against that individual. But certainly we do not tolerate any of that. Even if it was misconduct and there were other issues associated that did not meet the test of the criminal act, then we would be looking at misconduct. We certainly cannot afford to have officers who are having those sorts of relationships with inmates in the system.

**The Hon. TARA MORIARTY:** I would imagine it would upset other officers that are working alongside them. The line in terms of criminal charges versus action inside of the place is if you have already discovered that there is some sort of information exchange? Or is it the nature of the relationship, full stop?

**KEVIN CORCORAN:** It is about the threat to the good order and safety of that centre. I think, if the officer was having a relationship with an inmate in another centre and you could not prove that that relationship was affecting the good order and security of the centre in which the inmate was accommodated, then that would be a problem in terms of pursuing criminal charges.

**The Hon. TARA MORIARTY:** How many cases of this have there been over the last, say, 12 months? We are aware of the ones where there are police charges because they then become news. But how common is it?

**KEVIN CORCORAN:** I would probably have to defer to Assistant Commissioner Scasserra for actual numbers there.

**CARLO SCASSERRA:** I do not have the numbers. I can take on notice and provide. But it is not a very common occurrence. Since the legislation was put in place, we have had 10 people charged under the Act, with nine of them receiving sentences and one diverted for mental health reasons. Even for those that depart or resign during our investigation or during investigations, we will still pursue them under misconduct if they are not charged by New South Wales police. They can choose to participate or not. We cannot force their participation; they are no longer employees. But what it does allow us to do is to continue that process. If we find misconduct, we can remove the resignation to a termination if so determined or is the outcome. That has a lasting impression in terms of being able to apply for other government roles.

**The Hon. TARA MORIARTY:** I accept that you are going to take on notice the numbers and circumstances over the last 12 months. Essentially, how do people get caught in these circumstances? Obviously, everything is under surveillance. Most things are watched in these facilities but, clearly, people are doing this. How are they getting caught?

**CARLO SCASSERRA:** There is a number of, obviously, interactions between officers and inmates on daily occurrences. In our most recent or more recent findings, people have tended to have either had relationships previously or were familiar with individuals, maybe not directly but through family or other friends, other networks, social networks et cetera. That has been the catalyst for their familiarity. Again, there is only so much checking we can do that would prevent that. But, at the same time, we do ask and, again, the onus is on the officer to come forward if there is some association, and let us know.

**The Hon. TARA MORIARTY:** Fair enough. Last year there was some reporting on alleged bribery of officers in your ranks to potentially provide resources—contraband and other things—to inmates. I understand you had some sort of investigation into that or took some action around that. Can you give us some information around that?

**CARLO SCASSERRA:** Look, it is common for us to receive allegations of corrupt conduct. It takes many forms. It could be monetary bribes. It may be better conditions. It may be favourable moves. It may be favourable classification. Again, we work in two manners. Internally we have our investigation department determine what occurs. We are also obligated to report to ICAC. They are corrupt conduct matters, so we work closely. Often these will be reported through to ICAC first, and then ICAC to ourselves to assist in providing information and/or investigating. If it reaches a criminal level then it is also sent to the CSIU, our corrective services investigation unit—our posted New South Wales police officers—and they will investigate. If it does not meet the threshold for charging it will come back to the investigations unit, professional standards and to misconduct.

**The Hon. TARA MORIARTY:** Have there been any unusual cases? Or has it happened more during this COVID period. There haven't been visits so I would imagine there might be more pressure on people. Have there been any more incidents than you would normally have?

**CARLO SCASSERRA:** Without having the figures in front of me, anecdotally I would say no. It is generally not a huge concern or problem within Corrective Services, but from time to time we do get allegations. The numbers of people that choose to do the wrong thing are few and far between.

**The Hon. TARA MORIARTY:** Yes, of course. Can I move on now to the treatment of inmates, particularly in relation to access to medical care inside your system? I am sure I am not a lone ranger in this, but I get contacted almost daily by family members who say that there are issues with their loved ones getting proper access to care. There is not necessarily any way of being able to assess what is right or wrong, but I do want to ask you a few questions about it today.

I am also going to refer to the Inspector of Custodial Services health services report from last year because a number of recommendations were made about improving access to medical services, which makes me assume that there are some problems. I have heard from families—I am only going to raise things that I get on a more common basis, rather than individual situations—who might need access to tests, for example, for health complaints in relation to having cancer in the family, or if they suspect there is an issue in that regard. They cannot seem to get access to those things. Sometimes the waiting time can be six months to a year for those kinds of things. Can you comment on that? I know it is Justice Health but—

**KEVIN CORCORAN:** Yes, that is the problem. It is a Justice Health responsibility and probably that question would be better directed to Justice Health.

**The Hon. TARA MORIARTY:** Yes. Look, this is where we kind of get bounced, right? I can go through each of these kinds of categories and I know the answer will be "Justice Health", but the Auditor-General's report from last year also said that there are plenty of access problems in terms of people being able to attend. From memory, there were 60,000 appointments missed in a year from inmates being able to access Justice Health. So it has to go both ways.

**KEVIN CORCORAN:** What we have done, though, to improve access is develop a thing called the medical escort unit. Rather than individual correctional centres doing medical escorts, in the metropolitan area at least we have put this medical escort unit in place that has enabled us to collaborate with the planners from Justice Health. They all sit in the same office so we can make sure that we are providing as much access to specialists as we can with the staff we have available. That has increased markedly, and I will have to take it on notice and provide you with that sort of data. We have really ramped up the capability of Corrective Services NSW to provide access to specialists. I think we are planning on expanding that. I have to talk to the secretary more about finalising that particular unit. We will expand that out into the Cessnock region as well.

**The Hon. TARA MORIARTY:** Okay. That would be useful if you can provide it, rather than me going through individual examples. One of the other most common complaints I get is access to dentistry. Is that something that—I mean, I get it; it is Justice Health.

**KEVIN CORCORAN:** Again, it is Justice Health. I haven't been exposed to a huge amount of complaints about access to dentistry. I am not sure if any of my other colleagues have heard about that, but I certainly haven't.

**LUKE GRANT:** I know we have assisted Justice Health by making the offender telephone system have the capacity. The offender telephone system has the capacity to make inquiries, and I think one of the numbers on it is a dental line that someone can ring up if they have a dental problem. That is for the inmates on their own telephone system.

**The Hon. TARA MORIARTY:** Okay. Then, the two biggest are, of course, drug treatment programs. Can you comment on the availability of those?

**KEVIN CORCORAN:** Yes, I can. Let me find out—

**LUKE GRANT:** I am happy to make a start on that if you wish me to, Commissioner.

**KEVIN CORCORAN:** Yes.

**LUKE GRANT:** I did not have a lot of detail here about this, other than looking at the level of frequency of interventions. We capture information generally in calendar years for program outcomes, so I have the program report ending in June 2021. We have not done one for this year. In relation to that, in terms of the number of individuals who received a drug and alcohol intervention, I can tell you some of the statistics for that. In terms of all individuals, we have a core cognitive behavioural intervention called EQUIPS Addiction and 1,847 prisoners

participated in that program, and 346 people participated in the Sober Driver Program. In relation to various alternative addictions support like 12-step types of processes, 2,285 people participated in those programs last year. In addition to that, the work that is done on a one-on-one basis—I do not have the data here, but there are literally thousands of interventions that relate to working with people on a one-on-one basis to support their drug and alcohol use, which I can provide to you on notice, if that is okay?

**The Hon. TARA MORIARTY:** Yes.

**LUKE GRANT:** Just to be clear about the distribution of functions in relation to drug and alcohol services, there are two quite separate approaches to drug and alcohol use. Justice Health focuses on the health outcomes and managing addictions from a health perspective. In addition to reducing cravings and stopping addictions and preventing relapse, we are interested in the criminal thinking and the criminal behaviour that is associated with drug use. Our programs operate in parallel and they provide support to each other. Justice Health provides pharmacotherapy interventions. Some of the best things, say, for opioid addictions are opioid substitution programs, so Justice Health manage that. They manage withdrawals when people come into custody. But then, if it relates to the types of thinking and behaviours that people engage in who have a drug problem and their desire is to stop using drugs, then we support that through our cognitive behavioural and other interventions either one on one or in group-based activities.

**The Hon. TARA MORIARTY:** Have all of those programs and activities been running the whole time through the pandemic?

**LUKE GRANT:** They have been running, but during the most recent round of COVID the volume of programs has been significantly reduced. In particular in the first quarter of this year, there are still programs running. We are about to start to ramp them up again as we are bringing visits back online, but there was about a 50 per cent drop in the volume of programs. I do not have the breakdown for drug and alcohol interventions, but that was largely to do with the need to keep the inmates and the staff safe. We just didn't run large groups, and we stopped running groups at one particular time for a brief period of time.

Having said that, just in terms of programs generally, it has been a process where you have had some months when there have been low levels of program activity and some months where it has been high. Just in terms of our general core programs, we do retain a focus on our high-risk people, who are the most likely to commit further crimes. We have identified this group of the top 3,000 high-risk offenders and we try to maintain the level of program activity for that group who are at the greatest risk of reoffending. There has been some slippage but, if you look at the 12 months to September 2021, on average people received about 143 hours per person, whereas in the period 12 months prior to December it had gone down to 137 hours. The impact of that three-month period and beyond that—it has been sustained for the first three-month period of the year—has been a reduction in the hours that we are trying to get back on top of now.

**The Hon. TARA MORIARTY:** Obviously that is going to have a massive impact on people that have missed out on treatment. I understand why. I am not critical of it, but as we heard before in terms of the compulsory program these are essential for people and any delay or drop in use is problematic. Are there plans to ramp it up? You cannot play catch-up.

**LUKE GRANT:** Absolutely. Before I speak to that there are two things. I think the commissioner might have a response for you in relation to what happened in the compulsory program, even though it is Mr Shoebridge's question. But in addition to that, people have put in place individualised sessions. For instance, in the period of July to September more than 6,200 offenders participated in 17,000 of sessions of EQUIPS in-cell initiatives. So whilst we have gone from not being able to run groups on a large scale to having smaller groups and sometimes having to stop the groups, we have retained some level of activity on a one-on-one basis. There were 7,692 sessions of in-cell services delivered specifically for people in isolation and quarantine. There was a significant number, in this period, of wellbeing-related services—one-on-one interventions—where there were 12,600 individual interventions run one-on-one for people focusing on wellbeing in that period. So we have tried to compensate for COVID by having some individualised in-cell work. We have had some ramping up of doing AVL, online types of interventions for people. But we are absolutely focused now on getting our hours back up, and people are really keen to get going on that now.

**The Hon. TARA MORIARTY:** Good. I think that is really important. The second big issue is mental health support. I know they can be related but they also do not have to be related. Again, I refer to the Auditor-General's report from last year which talked about appointments being missed but also that currently people can be required to wait up to 100 days for mental health support. That is woefully unacceptable.

**LUKE GRANT:** I think there are several different things. First of all, without getting bogged down in definitions, there is mental health support, which is waiting to see a psychiatrist, but there is also the work that

our psychologists do. Our psychologists are engaged—and I think I provided some of the breakdown. In terms of mental health—this is in the last financial year—and in terms of interventions by our own psychologists for mental health impairments, there were 40,900 interventions and in total our psychologist did 70,800 interventions in that period. So I would have suspected that to have dropped back to some extent. But not all mental health support is provided by Justice Health through the psychiatry interventions, and for subacute conditions, particularly things like anxiety and depression that may not require a psychiatrist and medication but that can be dealt with in a more counselling environment, there is quite a big effort that is done by our psychologists towards that end. Then our service and programs officers—I will provide the statistics to you—

**The Hon. TARA MORIARTY:** Yes, please.

**LUKE GRANT:** —have this fundamental support package. I think I have got the global figure for that same period of time, which is pretty large-scale as well. We have a very large number of general support of interventions with 101,000 sessions that they provided in 2021. So there is a lot of individual work that we do. What we are really interested in doing—there has not been any mention of it today but I might take the opportunity to mention it—is the tablets that we are rolling out into correctional centres. We have now got 5,500 prisoners with tablets and we are negotiating with Macquarie University for the use and incorporation into the tablets of the MindSpot app. That is a fantastic tool if you are not aware of it that I would encourage everyone to use. It is available to any citizen in Australia. It has really high-quality cognitive behavioural interventions in an online format and it has been shown to be as efficacious as one-on-one.

We are just having some technical difficulties with the browser that we have got attached to the tablets but the concept there is that the people in their in-cell times—which is quite a bit of time spent in cells, as we have heard—will be able to access an online tool that escalates problems. So you do an assessment online, you do some activities online and then, if the person requires clinical intervention, it gets escalated to a clinician. We have been working on this for about 18 months. The tablets are just rolled out. We have got money actually from the Digital Restart Fund to incorporate into the rest of the tablets we are rolling out into 17 more correctional centres over the next 18 months. If it does not work out with MindSpot, then we will find another tool that is like that because, as much as possible, we are trying to get people to find their own ways of actually getting intervention and taking a bit more agency and being able to get a response from the device. So I think that is a really exciting tool—the MindSpot tool. We are really looking forward to getting it to work or, if not, there are a couple of alternatives we will explore.

**The Hon. TARA MORIARTY:** Did you just say the time frame for that? What is the rollout time for that?

**LUKE GRANT:** Tablets to the next 17 centres—over about the next 18 months we should have a rollout to another 17 centres. So we already have tablets or some alternative in 12 centres at the moment. The private sector prisons are coming up with their own, and we have got funds now from the Government to rollout to another 17 sites. We have started the work, we have done the scoping work and we have started the infrastructure work in about four or five centres in the first wave. We also got money to increase and improve the platform itself, including seeing what we can do about getting MindSpot up and running. But, as I said, if it is not MindSpot due to a browser issue where it just cannot talk to it, then we will find something else that meets that. It is not just a mindfulness, this is how you relax type of thing. It is a really high-quality intervention that we are really looking forward to seeing in place.

**The ACTING CHAIR:** While we are on tablets, it might be a useful time to get a series of questions answered on that. Deputy Commissioner, which are the 12 facilities that currently have tablets?

**LUKE GRANT:** They are places like Mid North Coast, South Coast, John Morony and Dillwynia Correctional Centre.

**The ACTING CHAIR:** I am comfortable with you giving us that—you have got them there?

**LUKE GRANT:** Shortland, Mannus, Mary Wade, Dawn de Loas, Geoffrey Pearce and Lithgow. In addition to that, Macquarie and Hunter have got an alternate device. I think you saw them when you went up there.

**The ACTING CHAIR:** I have seen them.

**LUKE GRANT:** We have actually upgraded the IPTVs as well that were put into those individual modules so they have got a learning management system and a range of other bits of functionality built into those tools.

**The ACTING CHAIR:** Of the 17 facilities where it has been rolled out, does that include Long Bay?

**LUKE GRANT:** Where it will be rolled out in the future? Yes, it does, and the MRRC.

**The ACTING CHAIR:** How many facilities will that leave without tablets?

**LUKE GRANT:** A very small number for a very particular reason. I just cannot remember why we excluded a couple of places. I think there were some issues around connectivity and being able to efficiently install what we wanted to install in those locations. But it might have been one or two of the camps.

**The ACTING CHAIR:** So with the 29 facilities, that will reach 95 per cent of inmates, or so? Is that the plan?

**LUKE GRANT:** That is right. And every inmate will have a tablet.

**The ACTING CHAIR:** Perhaps if you could, on notice, just indicate those 17 facilities and then the ones that are not on the list and what the rationale for that is.

**LUKE GRANT:** No problem. Absolutely. We will do that.

**The ACTING CHAIR:** Commissioner, how many instances of illegal contraband have been identified in the period since family visits have ceased?

**KEVIN CORCORAN:** I would have to take that one on notice.

**The ACTING CHAIR:** Do you know how many instances of illegal contraband were identified last year?

**KEVIN CORCORAN:** I do not believe we have got that particular statistic here so, again, I will have to take that on notice.

**The ACTING CHAIR:** I would have thought it would be one of those extremely standard questions put to you, Mr Commissioner—the amount of illegal contraband. Then I am going to ask you about weapons and I am going to ask you about drugs and I am going to ask you about mobile phones. They are the most obvious questions we will ask. There must be some detail. But I am happy for you to take a minute to digest what has just been plonked in front of you, Commissioner.

**KEVIN CORCORAN:** As you know, with visits being suspended, there have been other forms of entry of contraband to correctional centres. I guess the form of entry that has been most prevalent is contraband drugs in mail. Following the suspension of social visits in March 2020, we certainly saw a 26 per cent increase of incidents during that period where contraband was detected in mail, which rose to about 40 per cent increase subsequently. Between March 2021 and February 2022 there were 276 incidents where contraband was detected in mail, 107 of which were drug-related contraband.

**The ACTING CHAIR:** But you are not telling me the only contraband that has been found in jails has been from mail intercepts?

**KEVIN CORCORAN:** No, there have been other forms of introduction: throwing contraband over the fence; drone drops; and there has been the introduction of contraband by people coming into correctional centres.

**The ACTING CHAIR:** Do you have numbers for contraband seizures of drugs, seizures of weapons, seizures of mobile phones and seizures of contraband in globo for last year?

**LUKE GRANT:** We certainly have the figures but the figures are aggregated. We just do not necessarily have them at our fingertips. We are am very happy to provide those on notice.

**The ACTING CHAIR:** If you can identify them in the course of the afternoon, that would be helpful and if we could get it for the two previous calendar years.

**KEVIN CORCORAN:** Yes.

**The ACTING CHAIR:** Obviously one of the reasons we do this is we have a unique experiment in shutting down family visits and, to date, one of the alleged principal bases from which drugs find their way into the prison system, in particular, has been alleged through family visits. We now have had a real-world experience. Have we seen a dramatic drop in the amount of drugs in prisons?

**KEVIN CORCORAN:** We have seen a drop, and it has been a dramatic drop. Initially we experienced a number of incidents as a result of the drop-off of drug interaction into correctional centres. We were well aware. The previous Minister sought funding for the introduction of X-ray body scanners as a result of the dramatic drop-off of drugs into the centres. That has been a program that has been in place now for some months. I have certainly got information about the contraband detection through that process.



**The ACTING CHAIR:** The X-ray body scanners would not have been earning their keep on prison visits in the past 12 months; we can safely say that. You say that there has been a reduction in drugs in prisons. On what basis do you say that? Do you have some data there, which is what I am asking you about.

**KEVIN CORCORAN:** Yes, sure. I do not have the exact figure. We did an across-the-system year analysis process which gave us a figure for what was going on in terms of drug usage in the system at that point in time. So we were hoping to, once the full visits are back, go and do that again, so we have got some real indication. Prior to that, there had not been any full system random urinalysis process take place for some years. So we do not have that data available as to what was occurring in years prior to the visits being ceased.

**The ACTING CHAIR:** We have this unique experiment happening now. I hope it is unique anyhow. Are you collecting data now? Are you doing another one of those random samples now before family visits kick in again?

**KEVIN CORCORAN:** Yes, we are. We did this a couple of months ago, so we understand what the situation is without visits operating. Once the visits start operating fully, we will be continuing on with that program of random urinalysis.

**The ACTING CHAIR:** Do you have data from before?

**KEVIN CORCORAN:** We did not have a system-wide random urinalysis. It has been conducted for a number of years.

**The ACTING CHAIR:** But you do have data about the amount of drugs seized, I assume, in the system?

**KEVIN CORCORAN:** Yes, we do have that data.

**The ACTING CHAIR:** Can you provide that data going back four years so we can get a sense of what, if any, change has happened as a result of the cessation of family visits?

**KEVIN CORCORAN:** Yes. What you are after is the last four years' worth of drug finds in correctional centres?

**The ACTING CHAIR:** Drugs, mobile phones, overall contraband, and if you have a separate category for weapons that would be useful as well.

**KEVIN CORCORAN:** Yes.

**The ACTING CHAIR:** Do you collect that data from Junee, Parklea and from mid North Coast?

**KEVIN CORCORAN:** From Clarence, do you mean?

**The ACTING CHAIR:** From Clarence.

**KEVIN CORCORAN:** Yes, we do.

**The ACTING CHAIR:** Do you have that on a year-by-year basis?

**KEVIN CORCORAN:** We would have that on a year-by-year basis.

**The ACTING CHAIR:** Do you have any of it to hand?

**KEVIN CORCORAN:** No.

**CARLO SCASSERRA:** No, sorry, I do not have it in front of me either, but it is collected.

**The ACTING CHAIR:** Obviously you cannot go back four years with Clarence. If we could go back as far as we can with Clarence and with those other facilities?

**KEVIN CORCORAN:** Yes.

**The ACTING CHAIR:** Have you had reports from those facilities in your meetings with the operators? Have they told you any information about the prevalence of drug use in those facilities?

**KEVIN CORCORAN:** Actually they are subject to random urinalysis in those facilities. So they have got probably the best information in the system about the prevalence of drug use.

**The ACTING CHAIR:** Will you give us that data again going back four years so as we can see what the impact has been?

**KEVIN CORCORAN:** Yes.

**The ACTING CHAIR:** Mr Scasserra, have you seen that data over time?



**CARLO SCASSERRA:** I have, yes, seen the data.

**The ACTING CHAIR:** I will not hold you to percentages, as that would be cruel and wrong. Do you have an indication of what that has shown over the past four years?

**CARLO SCASSERRA:** Urinalysis, from my recollection, has shown a decrease in general drug use in facilities that we do random urinalysis over the past couple of years. Again, in terms of my recollection of the statistics, the statistics have dropped but that could also have been because of the introduction of the X-ray scanners that we have and the moving of inmates after visits through scanning rather than strip searching as well—so greater detection methods.

**The ACTING CHAIR:** What is the order of magnitude of the reduction?

**CARLO SCASSERRA:** Again, I would have to take it on notice. My recollection is good but not that great.

**The ACTING CHAIR:** The long and the short of it is there is still a substantial amount of drugs in the prison system?

**KEVIN CORCORAN:** I would not call it a substantial amount.

**The ACTING CHAIR:** We have had debates sometimes about "significant", "massive", "substantial", so you use your own adjective, Commissioner.

**KEVIN CORCORAN:** I was surprised by the low levels that were in the system when we did that system-wide urinalysis. As I said, I do not have the numbers in front of me but I think it was, over the system, something like a 6 per cent positive rate out of the people that were tested. I would have to come back to you with the precise number.

**The ACTING CHAIR:** We will get the data on notice. Do you have an indication of how much of the drugs are coming in through the workforce, through contractors and through genuine third parties?

**KEVIN CORCORAN:** We do have instances of staff bringing drugs into correctional centres, there is no doubt about that, and they are referred through to the police. But it is not a huge number.

**The ACTING CHAIR:** In the past 12 months do you know how many instances have been discovered, and also going back over the past four years?

**KEVIN CORCORAN:** Yes.

**CARLO SCASSERRA:** We can provide it. I do not have it in front of me.

**The ACTING CHAIR:** If you have everything I have asked for the public prisons, could you also provide that for the private prisons? It would be appreciated.

**KEVIN CORCORAN:** Sure.

**The ACTING CHAIR:** Commissioner, I took some notes about your discussion with Ms Moriarty about drug and alcohol treatment. Did I understand you to say that the drug and alcohol treatment was focused on the highest risk offenders? What was the basis for the rationing of the allocation of that?

**LUKE GRANT:** Nothing. What I was saying was, during COVID, to ensure that the resources that we were applying were applied to the highest, we maintained the effort with the highest group so that if there was any reduction that would apply to other people. But the general approach to drug and alcohol depends upon the program itself. I gave several statistics for programs—things like AA, NA and so on, that has got nothing to do with risk; that is a program that anyone can opt in to doing, whereas the EQUIPS suite of programs, as I mentioned, is a program that is about criminal thinking, criminal behaviour and drug use, and that applies to people who are at medium to high risk of reoffending and who have a drug use problem.

**The ACTING CHAIR:** And that is based upon risk of reoffending.

**LUKE GRANT:** That is right.

**The ACTING CHAIR:** It is not based upon risk of relapse into drug use.

**LUKE GRANT:** It is based on several things. I think a referral into the program historically—I would have to catch up with what the current requirement is—historically the requirement was to have certain scores in the questionnaires that we apply to people about their drug use, and have a medium to high risk of reoffending. So both of those things would apply.

**The ACTING CHAIR:** Has there been an independent review of EQUIPS to identify its efficacy?

**LUKE GRANT:** Yes, the EQUIPS programs have been evaluated by the Matilda Centre.

**The ACTING CHAIR:** When was that review done? I will ask you a couple of questions and you can answer it as you see fit, Deputy Commissioner. When was the review done? Can you provide us with a copy of the review and a summary of it?

**LUKE GRANT:** There are four reviews, which I would not dare to summarise now; it would take the whole afternoon. I do not have all the detail. One of the reviews looked at the efficacy of doing one, two, three or four of those interventions. There is a foundational program, a program for domestic abuse, a program for aggression and a program for addictions, effectively, and the study found a positive impact of a person doing even one of those. So I do not think it seemed to matter which one of those somebody did. Our estimation was that the more that you did the better the impact would be on reoffending. I do not believe that was borne out. But people who completed at least one program had a significantly lower rate of reoffending than people who did not complete one program.

**The ACTING CHAIR:** When was that review done?

**LUKE GRANT:** I think it was finalised in the last 12 months.

**The ACTING CHAIR:** You said there were four reviews.

**LUKE GRANT:** I think some of them were more processed reviews about whether the right people were getting into treatment and so on, but there were four reviews in total and the Matilda Centre, the University of Sydney, undertook all the work on all four programs.

**The ACTING CHAIR:** Can you provide a copy of those reviews to the Committee?

**LUKE GRANT:** I can.

**The ACTING CHAIR:** I refer to the number of inmates who were eligible for referral to EQUIPS but were unable to be referred to EQUIPS. Do you have that data?

**LUKE GRANT:** Not here; however, that would be available.

**The ACTING CHAIR:** Did COVID make EQUIPS harder to run?

**LUKE GRANT:** Absolutely.

**The ACTING CHAIR:** What has been the kind of reduction in the availability of EQUIPS?

**LUKE GRANT:** It depends upon over what time frame. As I mentioned before, if you look at it over, say, a 12-month period, progressively throughout 2021, the beginning of 2021, there was no impact in the first quarter; the second quarter there was no impact; in the third quarter it had gone down by about a third; and in the last quarter of 2021 it had gone down to 50 per cent. So across a whole year, for one quarter of the year there was about 50 per cent of the total delivery. The first quarter of this year it has gone down a little bit again, but we do not even have a quarter, we have only got a couple of weeks so far.

**The ACTING CHAIR:** Less than 50 per cent.

**LUKE GRANT:** That is right, yes.

**The ACTING CHAIR:** Given the evidence earlier about the somewhat limited nature of lockdowns, which appeared to be contrary to the information I have had, how do you explain that radical reduction in EQUIPS? It would appear to be linked to lockdowns.

**LUKE GRANT:** Not entirely. There certainly have been some lockdowns, but I think we mentioned as well that in the first instance we restricted the number of people who could be in a room for treatment and then at one stage we stopped doing group-based activity altogether and went to one-on-one activity, and now we are in the process of resumption back into group activity. So there is a whole series of factors that would have impacted on the number of people participating. We have retained our staff in the workplace throughout COVID; we have changed their mode of program or service delivery to make them more individualised or dealing with smaller numbers of people. That has had an impact. We are in the process of actually reversing that as we speak.

**The ACTING CHAIR:** When do you anticipate EQUIPS to be back up and running fully?

**LUKE GRANT:** It is running now. I would not have a date on it. I would have to take that on notice to say when we got that running.

**The ACTING CHAIR:** Commissioner, can you give some further details about the death in custody at Bathurst, the most recent death in custody?

**KEVIN CORCORAN:** What sorts of details were you after?

**The ACTING CHAIR:** When was the death? What, if anything, do you know about the cause of the death? Why do we not start there?

**KEVIN CORCORAN:** The death was 2 March.

**The ACTING CHAIR:** What was the cause of death, as best you know?

**KEVIN CORCORAN:** It was an unnatural death.

**The ACTING CHAIR:** The most likely cause of death?

**KEVIN CORCORAN:** I might defer to Carlo.

**CARLO SCASSERRA:** It was an unnatural death on 2 March at Bathurst. Again, the rest of the details are with the Coroner and the police for investigation.

**The ACTING CHAIR:** But we may not get a Coroner's report for six years, as we saw in the most recent case, which I took you to earlier, about the death in June. What is the tentative conclusion about the cause of death?

**CARLO SCASSERRA:** I have not seen the police nor the internal investigation report—it is not complete yet—that would have assigned that outcome. I do not want to speculate.

**The ACTING CHAIR:** The indication is an unnatural death.

**CARLO SCASSERRA:** Correct.

**The ACTING CHAIR:** Was the inmate COVID-positive?

**CARLO SCASSERRA:** Not that I was aware of, no.

**The ACTING CHAIR:** Was the inmate in a wing where there were other COVID-positive inmates?

**CARLO SCASSERRA:** Again, not that I am aware of.

**The ACTING CHAIR:** Was the inmate in need of medical treatment?

**CARLO SCASSERRA:** Not that I am aware of. Without the details—

**The ACTING CHAIR:** What was the age of the inmate?

**CARLO SCASSERRA:** I do not have that in front of me either.

**The ACTING CHAIR:** You must have known these questions would be asked, Commissioner. You do not have the age of the inmate, who died five days ago at Bathurst.

**KEVIN CORCORAN:** He was 26.

**The ACTING CHAIR:** Twenty-six-year-old men do not just die out there in the general population at anything like the rate they die in jails, so it is not unreasonable we would be asking you questions about the details of the death of this young man. To simply say, "Nothing will be done until five years from now when we have a coronial investigation" is not an answer to these questions. We will come back to this after the Opposition's round of questioning, in which case I think there is an obligation to put some information on the record.

**KEVIN CORCORAN:** Okay.

**The Hon. TARA MORIARTY:** Following on from that, how many people have died in custody this year and also in the past 12 months?

**KEVIN CORCORAN:** This year, 2021-22, 22 deaths in custody and in 2020-21 there were 29 deaths in custody.

**The Hon. TARA MORIARTY:** You may need to take this on notice, but can I get a breakdown of the causes?

**KEVIN CORCORAN:** In 2021, 13 apparent natural and 16 apparent unnatural. In 2021-22, six apparent natural, five apparent unnatural and 10 cause unknown.

**The Hon. TARA MORIARTY:** "Unknown" meaning it is being investigated?

**KEVIN CORCORAN:** Yes.

**The Hon. TARA MORIARTY:** Or there is a Coroner's—

**KEVIN CORCORAN:** Things like tox reports being undertaken.

**The Hon. TARA MORIARTY:** How many of those are First Nations people?

**KEVIN CORCORAN:** In 2020-21, five, and in 2021-22, four.

**The Hon. TARA MORIARTY:** I think we talked about this a bit last time too, but I know there has been some work being done across the system in terms of removing hanging points. Have you completed that work? How is that going?

**KEVIN CORCORAN:** That is a work in progress. What we have done is an audit of the system. I think I will be able to give you some statistics shortly. We have done an audit of the system to identify where those hanging points are at the moment and what we can do about removing the hanging points. We have identified about \$70 million worth of work that needs to be undertaken. As part of that audit, we have identified the areas where we really want to prioritise the work. The priorities obviously are Parklea and MRRC at the moment, to channel our efforts into those areas. We also are looking at a whole range of other facilities around the place. We are removing double bunk beds. One of these double bunk beds was involved in a suicide. We are removing all these types of beds from the system. They have been removed from Shortland, South Coast, Wellington and Mid North Coast.

As part of our Prison Bed Capacity Adjustment program, we were reducing the state of those facilities, so those beds are no longer required. We will make sure that they are stored and, if used again, will be treated appropriately to make sure that there will not be a possibility for any use in any other suicide. To give you a bit of an idea of what we are doing in MRRC, there are 930 cells that we need to deal with; 602 of those are old cells. We are also building a 41-cell specialist area for high needs inmates at risk of self-harm. As I mentioned last time I was before the Committee, we are trialling two new technologies which may—

**The Hon. TARA MORIARTY:** Was it the monitors?

**KEVIN CORCORAN:** Yes. One of them is called a Xandar radar device that enables us to monitor macro- and micro-vibrations of a cell, so we can detect movement in a cell, we can detect heart rate and we can detect respiration. It sends an alarm when they go below certain thresholds. We have also been working with Saab, as one of our providers in terms of infrastructure, to come up with an artificial intelligence system utilising the existing high-definition cameras in at-risk cells as well. Those trials are currently underway at the MRRC—at least the planning of those trials. It is very close to coming to fruition. We are hoping we can put that technology around the system so it reduces the need to address hanging points because, as you know, there are other methods that someone can commit suicide. We are much better having a technology in place that we can roll out around the system to safeguard people in their cells.

**The Hon. TARA MORIARTY:** It is a tough note to move on from, but I move on from that to some costing questions. Commissioner, how much does it cost per day to keep an inmate in a correctional facility?

**KEVIN CORCORAN:** I know pretty much what it is, but I do not know the precise figure. I just want to make sure that I get that precise figure. In 2022, the cost per inmate per day was \$265.16. The cost for an offender in the community was \$12.73.

**The Hon. TARA MORIARTY:** That was my next question. You are psychic. I think it was in the last couple of months, but you will correct me—maybe January or February—you made a big announcement that you are going to go on a big recruitment drive for staff. Rather than me searching through this—my memory might be wrong, but you were aiming for 800 new officers?

**KEVIN CORCORAN:** Yes, 800.

**The Hon. TARA MORIARTY:** How are you going to go about that?

**KEVIN CORCORAN:** We have got a steering committee that is looking at all elements of that—the recruitment and the training. We are making sure that we are on top of all of the things that need to be done there. Assistant Commissioner Scasserra is on that steering committee with me. Assistant Commissioner Scasserra is in charge of all of the training. Obviously the recruitment is part of a DCJ process. We are making sure that they are up to speed with recruiting those numbers. I think, at this point in time—I cannot quite recall the exact numbers that we have got—it is up around about the 600 or 700 applicants that we have got at the moment, which we will be going through over the coming months. We will need to get a lot more applicants to fill those particular courses that we will be putting on. We are putting the pressure on Brush Farm to make sure that we can train that amount of staff up in that period of time. We are basically doubling the recruitment that we had planned for that period of time.

**The Hon. TARA MORIARTY:** It is great that there is additional staff, but are they going to be additional staff? There is obviously a retention problem across the sector.

**KEVIN CORCORAN:** I think what you see with the retention problem is that we have had a high usage of casuals over the years. These are ongoing staff. These are people who will have ongoing appointments. We are also looking at the current group of casuals to convert them to ongoing as well because a lot of those, at the moment, are acting in temporary positions as well. We are really trying to make sure that we fill all the vacancies around the system. Not only that, we have got about 230 positions that are over and above our establishment that we are using in prisons to deal with COVID issues. That is going to go on for some time as well. That was one of the things that really drove us to this decision to up the recruitment over the next six months.

**The Hon. TARA MORIARTY:** Does that mean to cover for people who were off during that period?

**KEVIN CORCORAN:** No, we have put in place a whole range of positions, like RAS testing or cleaning or other COVID positions, that are not normally in our correctional centres. They are over and above our normal correctional centre establishment. That was one of the real driving factors. There is also this medical escort unit, where there is about 100 extra staff required to make that operate correctly as well.

**The Hon. TARA MORIARTY:** Would you say you are at full capacity with staff at all of the facilities around New South Wales?

**KEVIN CORCORAN:** No.

**The Hon. TARA MORIARTY:** What is the issue? Is it that some are better to work for than others? Or that some are in regional areas with smaller populations? What is the issue? Because it is an issue in terms of keeping—

**KEVIN CORCORAN:** There are issues associated with workers compensation.

**The Hon. TARA MORIARTY:** Yes. I am coming to that.

**KEVIN CORCORAN:** I have asked that we start filling those long-term workers compensation roles which, in the past, have not been filled. I want to make sure that correctional centres around the State have the staff they need to operate.

**The Hon. TARA MORIARTY:** How do you make sure that they have the staff they need to operate? You have got your recruitment campaign but—

**KEVIN CORCORAN:** What we are doing is workforce planning. We look at each correctional centre and look at all of the things that are impacting on their establishment. Then we are allocating, out of those 800, the staff to those facilities.

**The Hon. TARA MORIARTY:** Are there any programs—again, I am coming back to retention—or incentives to keep staff who might feel burned out or as if they are not treated with enough respect?

**KEVIN CORCORAN:** Absolutely. Part of the 800 was also to look at making sure that officers who have not been taking leave over this last couple of years can take that leave that they need to refresh themselves. We are also looking at some—and this is something that I have Assistant Commissioner Scasserra to work through—promotional programs for senior correctional officers, senior assistants, superintendents and managers of security. We have a program where we are really putting them through a GSE-compliant process to get onto the program, but it is a pass-fail thing. It is being run by an external body—a university. I might just get Assistant Commissioner Scasserra to give us a bit of a run-down on that.

**CARLO SCASSERRA:** We commenced looking at our more senior staff to provide them with greater education in terms of assistance in understanding leadership and other qualities that are required for the role, particularly as we branch out and look at more of the responsibilities that they have to take on a daily basis. Many have come through the ranks, which is excellent, so they have got a well-rounded understanding of corrections. It is the additional skills that we want to provide them with, particularly as you move to more senior management levels. We partnered with Newcastle university, and we will be delivering the first of the pilot programs before June with existing staff that are currently ranked at the manager of security level. The program is intense; it is an intensive education program. You are expected—you will come offline, you will come to the academy and you will be assessed. We are in further discussions to link this back to a further qualification, as well, potentially at Master's level. We are really pitching it at quite a senior academic level to really give our staff, our more senior managers, the best step forward so they can do their jobs more effectively.

**The Hon. TARA MORIARTY:** Great. You mentioned that some of those people in that program have been recruited internally. What percentage?



**CARLO SCASSERRA:** These are all internals. The pilot program will be all internally sourced staff first, who already are managers of security. We will work our way through existing staff over the coming periods, as well. The trial will be run with our existing staff, and then they will become pre-promotional courses before people can move into the role and be promoted.

**The Hon. TARA MORIARTY:** If you were to apply for a job today as a prison officer and get it, what period of training is involved before you can hit the floor?

**CARLO SCASSERRA:** We offer 10 weeks at the academy, so that is quite a comprehensive course. But on top of that, attaining the cert III is over a 12-month period. There are a number of aspects to that where you need to show your competency over time and actually in the workplace and provide evidence of that competency for each of the units—so the practical components. The theoretical and legal side is conducted at the academy. Use of force, obviously, and weapons are also included, and then you are out into the field.

**The Hon. TARA MORIARTY:** And you never go below 10 weeks, even though there are shortages? Is it always a minimum of 10 weeks?

**CARLO SCASSERRA:** We are currently looking at seeing what we can do, particularly with the challenge of training another 800 full-time staff. We are looking at an intake of around 300 or so in May, so we will flex. The academy at its peak did train 1,500 additional staff during prison bed expansions, so we are used to looking at expanding. But we are also looking at and will be in discussions with staff and unions around reducing the 10 weeks to eight. Some of that will be taken up by offering overtime on weekends and having a Saturday course day as well, as opposed to having the weekend off, and other aspects that we will discuss with the union where we think we can make some efficiency up front but then bring staff back at a later stage for additional training.

**The Hon. TARA MORIARTY:** Is there any other qualification that you need? Is it essentially eight to 10 weeks and you can hit the floor, no matter what you have done?

**CARLO SCASSERRA:** That is correct, and then you must complete that cert III over the 12 months. If you are a casual at the moment, that is expanded out to 18 to 24 months, depending on how frequently you operate.

**The Hon. TARA MORIARTY:** I want to turn to workers comp issues, and also bullying and sexual harassment issues. I touched on this briefly at the last estimates. I know this has been a long-term issue, Commissioner, and your predecessor confirmed some issues roughly a year ago in harassment complaints and sexual harassment complaints. What work has been done to correct those issues? It has been a pretty significant problem in your organisation.

**KEVIN CORCORAN:** One of the key initiatives that we are working on at the moment and are just in the process of rolling out is a greater support to managers in the field through HR business partners being placed out into—these are senior people who will be working with managers in community corrections and in custodial corrections to ensure that grievances or allegations of sexual harassment are dealt with in the workplace as soon as possible, rather than being referred through to misconduct or something of that nature. We really want to make sure that our managers in the field are equipped with the skill sets to undertake resolution of those issues as soon as they occur, rather than letting them fester and making referrals that might take 12 to 18 months to resolve.

**The Hon. TARA MORIARTY:** Would you say that is the case now? This has been reported for over a year. Has that work been done?

**KEVIN CORCORAN:** Yes, we are in the process of appointing the individuals to those roles that will be supporting those people around the system.

**The Hon. TARA MORIARTY:** That is good, but these are significant problems, as I said.

**KEVIN CORCORAN:** Yes.

**The Hon. TARA MORIARTY:** You have a survey where 570 people said that they have been sexually harassed at work and 1,647 have made bullying claims or have felt bullied. It is a tough enough job as it is—

**KEVIN CORCORAN:** Yes.

**The Hon. TARA MORIARTY:** —let alone people feeling as though they are not supported or they are up against their own colleagues in regard to this behaviour, which is not acceptable anywhere.

**KEVIN CORCORAN:** No, it is not.



**The Hon. TARA MORIARTY:** Those are significant numbers from only a year ago. Would you say that the culture has changed—that this is going some way towards being dealt with?

**KEVIN CORCORAN:** I have only just, obviously, started in this role. But I have been meeting with my executive over the past few months, and this is one of the number one issues that I want to be dealing with over the next five or six years with the executive. We have got the planning that we have done; we are just finalising that now. Culture and safety of staff in the workplace, psychological safety and physical safety, is our number one priority. Over the next few weeks you might see some other things happening. I do not want to talk about them right now, but you will see something happening in the next few weeks.

**The Hon. TARA MORIARTY:** In improving culture?

**KEVIN CORCORAN:** Yes, in improving culture.

**The Hon. TARA MORIARTY:** I hear from people who work in the sector all the time, and representing workers is also my background. Honestly, as I said, this is a tough enough job as it is.

**KEVIN CORCORAN:** It is.

**The Hon. TARA MORIARTY:** Your workforce deserves respect from the community and from the inmates. But if they are battling to get it from within their ranks and among their colleagues, there is just no excuse.

**KEVIN CORCORAN:** No, there is no excuse for this. This is something that we, as an executive, want to work very hard on and do everything possible to make our workplaces as safe as possible.

**The Hon. TARA MORIARTY:** Specifically on the workers compensation issues, we touched on Mr Fitzpatrick before and I do not plan to revisit the specifics, although I did make the comment that it was an appalling situation. There are other people who have been through a similar situation. What comfort can they get and can I get that those things are being dealt with appropriately and we will never see a situation like that again? These are process questions, really.

**MICHAEL TIDBALL:** Certainly, and I acknowledge the importance of process and I acknowledge the need for an appropriately structured and delivered workers compensation framework. Key changes to the management of workers compensation claims since the SIRA report are—if you have time for me to list them quickly, Chair?

**The ACTING CHAIR:** By all means.

**MICHAEL TIDBALL:** One is that claims that progress to legal challenge are allocated to skilled staff who work with the insurers' legal representatives to reasonably settle the claims, while challenging claims in the right way where it is recommended to do so. Secondly, the level of staff managing corrective services injury claims has increased from six to 24, and I spoke about that earlier. The new structure commenced in July 2021, and most of those roles are now filled and are operational. Thirdly, injury managers in the department now report through a single team, supervised by appropriate senior injury management staff.

Fourthly, all injury managers have a dedicated caseload across a geographical area, with the caseload limit aimed at no more—and I spoke about this earlier, as well—than 40 active cases. Fifthly, two new roles are dedicated to dealing with complex claims and supporting injury managers with psychosocial claims. Finally, a departmental injury management strategy has been released. Initiatives include a program targeting the prevention and treatment of post-traumatic stress disorder among correctional staff, which is scheduled to commence in March 2022.

**The ACTING CHAIR:** While we are on workers compensation, Mr Secretary, the premium paid by Corrective Services went up by, I think, \$32 million last financial year. This is to you or perhaps to the commissioner. Can someone confirm that figure?

**KEVIN CORCORAN:** It does sound right, but I do not know if I have got it in here.

**The ACTING CHAIR:** Do you know what the budgeted workers compensation premium for Corrections is for this year?

**KEVIN CORCORAN:** No, I do not have that figure in front of me at the moment, sorry.

**The ACTING CHAIR:** Maybe someone behind you could help with that budget figure.

**KEVIN CORCORAN:** Yes, we will find that out.

**The ACTING CHAIR:** Comparing that to the previous year, it is my understanding that that would show a \$32 million increase. Does that seem about the right scale of increase, Commissioner?

**KEVIN CORCORAN:** That does seem about right, yes.

**The ACTING CHAIR:** Was that a doubling of the workers comp premium?

**KEVIN CORCORAN:** I am pretty sure it was, yes, but I just want to—until I get those figures. But it does sound right.

**The ACTING CHAIR:** I am happy to wait if the figures can be obtained rapidly.

**KEVIN CORCORAN:** I am not sure how rapidly it will be obtained, but perhaps you want to continue on with your question.

**The ACTING CHAIR:** We will come back to this, hopefully before 3.30 p.m. Otherwise, we may have to come back after the afternoon tea break. I think we would all like to avoid that.

**KEVIN CORCORAN:** Sure.

**The ACTING CHAIR:** I might go back to the death of a 26-year-old man in Bathurst just five days ago. Did that man identify as First Nations?

**KEVIN CORCORAN:** No.

**The ACTING CHAIR:** What was the likely cause of the unnatural death, Commissioner?

**KEVIN CORCORAN:** The likely cause of death was a ligature around his neck.

**The ACTING CHAIR:** Was it in a cell that had been identified as having potential hanging points?

**KEVIN CORCORAN:** It would have been one of those cells that I mentioned before, which, in the audit, needed to be rectified, yes.

**The ACTING CHAIR:** Did this young man have concerns raised about his mental health at any point?

**KEVIN CORCORAN:** Not that I am aware of. He was a minimum security inmate at that facility but had recently I think—it was not a mental health issue, but he certainly had concerns for his safety. That is why he was transferred to the cell he was in.

**The ACTING CHAIR:** He was in fear for his personal safety. That is the circumstance, is it not?

**KEVIN CORCORAN:** Yes.

**The ACTING CHAIR:** Is there any policy that raises a caution or a red flag before you put somebody who is frightened and fearful for their own safety in a prison cell that has hanging points in it? Is there any warning that goes off anywhere in the system? A young man is deeply concerned about his own safety, obviously with sufficient validity that he is moved to another facility. Does anybody at any point think there might be a risk in putting this young man in a cell that has known hanging points in it?

**KEVIN CORCORAN:** I guess what we are looking at here is a situation where this individual was interviewed. But, obviously, this is the subject of a coronial, and speculation on whether that interview also dealt with any issues of self-harm would be a little premature at this stage.

**The ACTING CHAIR:** There would be a record of the interview.

**KEVIN CORCORAN:** All I do know is that he was interviewed prior to being placed in that cell.

**The ACTING CHAIR:** We do not need to speculate about the interview. There will be a record of the interview.

**KEVIN CORCORAN:** There will be a record of the interview.

**The ACTING CHAIR:** What does the record show?

**KEVIN CORCORAN:** I do not have a copy. I have not seen a copy of that information because that would be the subject of a police investigation.

**The ACTING CHAIR:** Indeed, but I am asking you now, under oath in estimates, what the record showed. If you do not have it to hand, will you provide the details on notice? Did it show concerns about mental health, concerns for his safety or any concerns that might have made it problematic to put him in a cell that had known hanging points?

**KEVIN CORCORAN:** I would be very reluctant to provide that sort of information at this point in time.

**CARLO SCASSERRA:** I think it would be difficult to provide, given it could be subject to police and their internal report, and ours, which will go to the Coroner for review. So it will be evidence.

**The ACTING CHAIR:** It is not sub judice. There are no criminal proceedings on foot. There is no prohibition on providing this detail, so I ask you again: Were there any indications in the interview that this young man had mental health concerns or concerns for his own safety that should have triggered a red flag before you put him in a cell with known hanging points? Or do we have to wait five years for the Coroner's Court to provide an answer before something is done?

**KEVIN CORCORAN:** My understanding is that he was not on a writ, which would have triggered those issues. That is the information I have. He was not on a writ, so the interview that was conducted prior to him being put in the cell did not identify any self-harm issues or mental health issues that might have led to self-harm.

**The ACTING CHAIR:** Was he in some form of protective custody? What was his status?

**KEVIN CORCORAN:** Yes, he would have been in protective custody in that cell.

**The ACTING CHAIR:** I would have thought that as people first enter protective custody the system would have realised that they were at an extremely vulnerable part of their time in custody. I have to say, until today I would have assumed that they would not have been put in a cell with an identified hanging point in it, or at least one. How is it that that happens?

**KEVIN CORCORAN:** We have got a lot of cells around the place that have not had hanging points addressed. If an inmate is not regarded as at risk of self-harm, they would be placed in one of those cells.

**The ACTING CHAIR:** But surely an inmate, when first moved into protective custody, is, by definition, in a highly vulnerable state. Ordinarily they have had threats to their own safety—maybe an assault upon them, physical violence done to them or the threat of physical violence. They are deeply anxious about their safety. If that does not raise a concern and prevent them being put into a cell with a hanging point, what does?

**KEVIN CORCORAN:** I can say that at this point in time there was no indication of self-harm or suicidal ideation.

**The ACTING CHAIR:** Apart from him being fearful for his life and being put in protective custody?

**KEVIN CORCORAN:** Apart from him being put into protective custody, yes.

**The ACTING CHAIR:** Because he is fearful for his own safety and his life?

**KEVIN CORCORAN:** He is fearful for his safety, yes.

**The ACTING CHAIR:** And that does not trigger those extra protective measures?

**KEVIN CORCORAN:** Not normally, no. Because someone goes into protective custody does not necessarily trigger some activity involving placement in a cell.

**The ACTING CHAIR:** Does it trigger a mental health screening?

**KEVIN CORCORAN:** I am not 100 per cent certain as to what happened during that interview. As I said, it will be the subject of a coronial.

**The ACTING CHAIR:** Was it an interview with a psychologist, psychiatrist or medical practitioner?

**KEVIN CORCORAN:** I cannot tell you that information. I certainly do not have that information before me.

**The ACTING CHAIR:** Could you take the question on notice?

**KEVIN CORCORAN:** Yes.

**The ACTING CHAIR:** Commissioner, do you have any advance on the workers comp? I see some positive signs from behind you.

**KEVIN CORCORAN:** They are working on it.

**MICHAEL TIDBALL:** I am madly, frenetically chasing it.

**The ACTING CHAIR:** Neither of you saw it, but I saw a very positive indication from behind you.

**LUKE GRANT:** We do have some updates on some other things you requested before, Mr Shoebridge, if you would like us to table those now.

**The ACTING CHAIR:** That would be very helpful, thanks.

**KEVIN CORCORAN:** This is the number of assaults on inmates in Corrective Services for 2019-20 and 2020-21, and the same for the number of assaults on staff.

**The ACTING CHAIR:** Thanks, Commissioner.

**CARLO SCASSERRA:** I can also update on the private operator costs. You asked for last year and this year. I will start with 2021. MTC-Broadspectrum was paid \$86,909,054. GEO at Junee was paid \$54,525,146. Clarence is split in two. I will give you the big number and explain the two. It is a PPP. So there is a debt component to it, not just the operator fee. The overall cost was \$167,323,438. Of that, the debt pay-down is \$72,000,869 and the operator fee is \$95,322,568.

**The ACTING CHAIR:** Thank you. That is for the last full financial year?

**CARLO SCASSERRA:** That was 2021. I have the figures for this year as well.

**The ACTING CHAIR:** If you could, that would be great.

**CARLO SCASSERRA:** Year to date—financial year to date, I should say—MTC-Broadspectrum, \$46,475,186; GEO, \$34,978,041; and NorthernPathways, again the two split number. The overall number is \$120,525,163. That is split, with the debt being \$50,870,624, and the operator fee of \$69,656,539.

**The ACTING CHAIR:** Thank you very much, Mr Scasserra. You were not able to identify the amount in terms of contract penalties applied to MTC?

**CARLO SCASSERRA:** I can provide those as well. In fact, I only have the year-to-date figures. We have not been able to provide the others at this stage. But year to date for Parklea, MTC-Broadspectrum, is \$749,653; for GEO at Junee, \$341,194; and for NorthernPathways, which is at Clarence, \$1.231 million.

**The ACTING CHAIR:** Can I say that is extremely helpful, Mr Scasserra. On notice, can you provide us with a breakdown of what those penalty figures were provided for?

**CARLO SCASSERRA:** Yes, we can provide an overall—

**The ACTING CHAIR:** That is quite a significant sum for Clarence. Was there anything that particularly triggered that \$1.2 million?

**CARLO SCASSERRA:** The sum may sound—again, the operator fee—

**The ACTING CHAIR:** I know the contract is much larger too. I accept that.

**CARLO SCASSERRA:** Yes. That is how the abatements generally work. Again, the contract fee is a lot larger, so the percentage is then provided.

**The ACTING CHAIR:** In actual fact, it is proportional, now I look at it.

**CARLO SCASSERRA:** Correct.

**KEVIN CORCORAN:** I do have some information also about searches.

**The ACTING CHAIR:** Thanks, Commissioner.

**KEVIN CORCORAN:** But, unfortunately, it is only searches conducted by the security operations group. It does not include the routine searches conducted by Correctional Services staff, which I will have to take on notice and get that information through to you.

**The ACTING CHAIR:** Thanks, Commissioner.

**LUKE GRANT:** Mr Shoebridge, can I also answer two other questions you asked before, or someone else.

**The ACTING CHAIR:** Yes. There is a feast of answers which I am being inundated with. I appreciate that.

**LUKE GRANT:** You asked us to get them back before the close today. We are doing our best.

**The ACTING CHAIR:** I did. I really do appreciate it.

**LUKE GRANT:** The first one was the question around when we moved to rapid antigen testing as the primary diagnostic tool. That was on 7 January. The second question was: When do Justice Health inform inmates of their COVID-19 status when they test positive? Justice Health has said the patient is informed of their COVID-positive status at the earliest possible consultation with the network's staff member. The first opportunity is what they are suggesting. Finally, the two telephone numbers which I said I would provide to you before, the first one is the general COVID number, which is (02) 8346 1300. That is for members of the public to contact a single point of contact in Corrective Services for COVID-related questions. That has been in place for a couple of years now. Something that has been in place for maybe 10 years is the general number that families can ring Corrective Services on, which is (02) 8346 1000. That is for making general inquiries about the location of someone in your family. That is five days a week, during business hours.

**The ACTING CHAIR:** Through calling that number, you say, family members can be advised as to what facility their family member is in?

**LUKE GRANT:** That is right. That is the second one of those numbers specifically set up. It has been in place for some time. The first one is more around COVID-related queries.

**The ACTING CHAIR:** Workers comp, Commissioner. Did we get those figures?

**KEVIN CORCORAN:** Yes. The 2019-20 figure was \$31.6 million. The 2020-21 was \$58 million; 2021-22 is \$83 million. But if I can just preface that with that cost was due to a change arising from a variation in wages and budget. It is largely an accounting change, which was right across DCJ. And 2022-23 is \$93 million.

**The ACTING CHAIR:** That is what you are budgeting for 2022-23, \$93 million?

**KEVIN CORCORAN:** Yes, that is what I am budgeting for.

**MICHAEL TIDBALL:** If I can just add, Chair, COVID claims are excluded from the contribution cost.

**The ACTING CHAIR:** Yes. Is it your evidence that the \$25 million increase between the last financial year and this financial year is due to rejigging the wages estimate as opposed to claims experience or adverse claims experience, Commissioner?

**KEVIN CORCORAN:** The information that I have is that it was largely an accounting change, but obviously there would be some element of it that would be due to increased claims cost.

**MICHAEL TIDBALL:** Chair, for abundance of caution, I would like to take that aspect of this on notice, as I would like to provide absolutely accurate information to the Committee.

**The ACTING CHAIR:** Yes. Commissioner, I appreciate you providing the numbers. We all knew it was going in the wrong direction—substantially in the wrong direction.

**KEVIN CORCORAN:** Sure.

**The ACTING CHAIR:** But I did not know it had effectively tripled in three years—over three years—from \$31.6 million in 2019-20 to—you are now budgeting for \$93 million for the next. A tripling of workers comp premiums is a sign that something is deeply wrong, isn't it? What is wrong?

**KEVIN CORCORAN:** That is the things we will be looking at over the—we put a number of additional injury management officers in place. We had a situation where injury management officers were looking after about 140 injured workers. Now we have capped that off at 40. If we get more, we will put more injury management officers on. So I think we have really started to try and tackle that issue at the root cause, trying to get people back to work and trying to make sure that we are making contact with them all the time. A hundred and forty injured workers looked after by one injury management officer is clearly unacceptable.

**The ACTING CHAIR:** But I put to Mr Tidball earlier that two of the injury management officers who have been repeatedly adversely named in those investigations regarding Mr Fitzpatrick are still working. If you have not addressed the cultural problem that was highlighted through those reviews, that would in large part explain a tripling. If you had the kind of behaviour seen from Mr Fitzpatrick as part of the culture of injury management in Corrections, that would in part explain a tripling of premiums.

**KEVIN CORCORAN:** Can I just say it is not Corrections. These are not Corrective Services employees. They are employees of Justice and now Communities and Justice.

**The ACTING CHAIR:** I put that to you, but I perhaps equally put it to the secretary.

**MICHAEL TIDBALL:** I can take that. I am getting very close to this issue of workers compensation and the response to SIRA and the other reviews. I am very focused on providing leadership that will ensure that we respond appropriately to our staff but that we also bear down on these costs.

**The ACTING CHAIR:** Can you provide on notice what the return-to-work rates are for Corrections officers?

**MICHAEL TIDBALL:** Yes.

**The ACTING CHAIR:** Normally you can provide them at the four-week period, the three-month period, the six-month period and the 12-month period? That is normally where at least icare assesses it. Can you give an indication of what those return-to-work rates have been over that same period for Corrections officers, over the 2019-20, 2020-21, 2021-22 financial years, what the return-to-work rates have been for injured workers? It is normally what proportion have got back to work four weeks after an injury, three months after an injury, six months after an injury and 12 months after an injury. Was that with sufficient clarity? It might look better on the transcript.

**MICHAEL TIDBALL:** I certainly am happy to provide it, yes, happy to take that on notice.

**The ACTING CHAIR:** That effectively concludes our time in the lead-up to the 3.30 p.m. break. I think some informal discussions between Committee members are suggesting that this might conclude today's budget estimates hearing. I know there is a collective disappointment in the room. Unless there are any final questions the Opposition have—

**The Hon. TARA MORIARTY:** No, I am okay.

**The ACTING CHAIR:** —or any additional matters any witness wanted to put on the record—

**KEVIN CORCORAN:** Just very, very quickly, the compulsory drug treatment centre. Stage one has operated without any restrictions during COVID. Stage three, the only restriction that we had in place was that we had suspended urinalysis from July to December 2021. But stage two has been the problem. Stage two involved going out into the community and coming back into the compulsory drug treatment centre. So that has been impacted. But we have got around it by coming up with a different process, where we put people on extended leave during that period so they can go out into the community and be involved in the processes they normally would be involved in in stage two. That has gradually been occurring over the period of time. But there is a delay. It has been a four-month delay before we enact that. So I guess you were getting people who were in that four-month period being upset—

**The ACTING CHAIR:** It was in late November.

**KEVIN CORCORAN:** Yes, being upset about not being able to participate. But we had been doing everything possible to make that possible for those people to get that stage two. We are calling it stage 2.5 in a sense.

**The ACTING CHAIR:** Can I particularly thank Assistant Commissioner Crawford, who has been the most polite witness we have had this afternoon—

**SANDRA CRAWFORD:** All good in Community Corrections lately, Chair.

**The ACTING CHAIR:** Thank you. We needed to get that on the record. That concludes today's hearing.

**(The witnesses withdrew.)**

**The Committee proceeded to deliberate.**