8 March 2013

Coroner Peter White
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Dear Sir

Inquest Timothy Casey – Court Ref: 1277/08

I refer to the Findings made by you in relation to the above inquest on 21 September 2012. I also refer to the letter Registrar Cheryl Vella sent to St Vincent's Hospital (Melbourne) Limited's Chief Executive Officer, Professor O'Rourke, dated 30 November 2012.

I respond as follows in relation to the Recommendations you have made in your Findings that impact on St Vincent's Correctional Health Service (**SVCHS**) as a public entity:

Recommendation 2

"*In conjunction with recommendation 1) above I further recommend that discharge notes for prisoners released from the MAP who have during their present incarceration previously been held in either Unit 13 or the Acute Assessment Unit (AAU), - are to be received and acknowledged as read prior to a MAP general prison population admission by:*

a) SASH Officers by reference to same in amended SITUPs or like document.
b) The Risk Review Committee, or equivalent at any other such receiving prison, with the documentation employed to record such deliberations, to be amended to include reference to the receipt and reading of, such a discharge summary."

Only paragraph (b) above applies to SVCHS. In light of that I advise as follows:

1. SVCHS acknowledges that medical records contain sensitive and confidential information that give rise to prima facie privacy rights for the prisoner/patient.

2. The Risk Review Committee at Port Phillip Prison (**PPP**) is known as the Risk Review Team (**RRT**). The RRT is made up of a multi-disciplinary team. The team includes SVCHS clinicians as well as psychologists and non-clinicians employed by G4S Custodial Services Pty Ltd (**G4S**) and others. The disclosure by the attending SVCHS clinician of:

    a. relevant clinical information (including MAP AAU Discharge Summary details and MAP Unit 13 progress notes) about a prisoner/patient that is deemed at risk of suicide or self-harm;

b. to a non-SVCHS personnel in attendance at the RRT meeting;

is permitted by Privacy Principle 2.2 of the *Health Records Act* Victoria 2001 **(the Act)**.

3. SVCHS is aware that Corrections Victoria has advised that there is to be a new Commissioner's requirement for at risk prisoner/patients to be implemented within the next few weeks that will apply to PPP and all other prisons within Victoria that accommodates this recommendation.

Recommendation 8

"*Having regard then to Counsels submissions and to the above discussion, and to help best ensure that these roles are understood especially by those who will continue to work on the RRT, I recommend that the suggestions made in the DOJ submission outlined above, be formally adopted by the Governor of Corrections Victoria and be included within an amended G4S Operational instruction 107.*"

1. SVCHS supports Recommendation 8. Accordingly, at Risk Review Team meetings held at PPP, SVCHS staff are cognizant that each downgrade of a suicide or self-harm rating that is being contemplated for a particular prisoner/patient by the attending team, must now invoke a minimum 24 hour stay period between each downgrade.

2. All PPP Risk Assessments on prisoner/patients at risk of suicide or self-harm ("S" rated prisoners) are now conducted by a SVCHS Registered Psychiatric Nurse (**RPN**), thereby replacing the former practice of having a G4S Psychologist participate in the risk review process.

3. SVCHS will adopt any further amendments that G4S may make to its Operational Instruction 107 as a consequence of the Commissioner's requirement detailed above.

Recommendation 9

"*To avoid doubt on the matter of ordering, I further recommend that a full clinical review, the observations and findings of which are recorded on a properly developed risk assessment tool, should be sought prior to presentation of the particular matter to the RRT or like, and that any recommendation should not go before the RRT unless or until the analysis document tool, recommends with cause, a downgrade of the relevant classification.*"

1. At PPP the Risk RPN reviews the prisoner/patients medical file and reviews patients on a S1, S2 and S3 rating daily. The Risk RPN assesses the prisoner/patient; conducts a Mental State Assessment; and then formulates the risk level that they will process to the RRT based on this assessment. This assessment together with other factors which may influence the prisoner/patient's potential well-being, are discussed at the RRT before a team decision regarding the new risk rating is made. The risk review outcome is documented on the Risk Management Plan and copies are forwarded to the medical file; the prisoner/patient's unit for filing on the Individual Management file and the PPP's Psychological Services Team.

2. SVCHS aligns with the Department of Justice - Justice Health Unit Quality Framework November 2011 (the **Framework**). As a service provider SVCHS is required to adopt the Framework.

Recommendation 11

"This is a complex matter and it is relevant to report that all Australian states and territories maintain a similar approach to the one described above. It is also the case that mental illness and drug dependency and dependency withdrawal treatment are in many presentations, inter related conditions, with the symptoms of each difficult to differentiate, (and difficult to address). I am satisfied however that there is potential for a great improvement in both prisoner care and prison management, if hard and fast rules can be made more flexible allowing in appropriate cases, for the need for an early intervention to be identified.

Accordingly I recommend that Pacific Shores, SVCHS, in consultation with the Commissioner of CV and G4S, develop protocols, which recognize that the provision of appropriate drug substitution medication within PPP, is a medical rather than an administrative issue. Further, such protocols should be developed with a firm steadfastness to the ideals concerning a healer's duty to a patient, to be the driver of decision making in this area. Under this approach I would expect that with the assistance of nursing staff, the duty medical officer would henceforward seek to corroborate any prisoner claims about his relevant drug history. A medical review, such as that recommended in this instance by Dr Ong, should then be undertaken with a view to making an informed medical decision about the need to prescribe and the timing of commencement of delivery, to meet any particular presentation. Further such a review should (where best practise medical need is so indicated) result in the prisoner being given timely access to the appropriate medication as a response to his presentation, and without regard to a waiting list which may or may not exist, for any particular 'programme,' at that time."

1. SVCHS provides a clinically managed Opioid Substitution Therapies Programme (**OSTP**) to patient/prisoners at PPP as contracted. SVCHS is aware that Corrections Victoria is currently reviewing the OSTP at PPP and will await the outcome of that review.

SVCHS takes all recommendations made by this Honourable Court most seriously as part of its Mission to deliver health care services to prisoners at PPP. Please contact me should you wish to discuss any matters further.

Yours faithfully

Stephen Vale
Executive Director
Medical Services, Aged and Community Care

cc: Professor Patricia O'Rourke, CEO St Vincent's