

The Hon. Michael Daley, MP
Attorney General
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Coronial inquest into the death of GS

Dear Attorney General



I write in relation to the findings and recommendations made on 14 July 2023 by Deputy State Coroner Erin Kennedy regarding the death of GS.

GS died by suicide between 12 and 13 September 2018 at Goulburn Correctional Centre. He was 43 years of age.

GS entered custody on 8 February 2018. GS was transferred ten times across various correctional centres from then until his death, including Metropolitan Remand and Reception Centre, Parklea Correctional Centre, Junee Correctional Centre, and Kariong Correctional Centre.

GS had a history of self-harm and suicide attempts in custody. During his time in custody GS completed eight self-referral forms. Between April and July 2018, GS made several self-referral forms requesting psychiatric review of his medication in the context of being unable to sleep and feeling agitated and depressed. He was not seen by a mental health nurse, GP or psychiatrist during that time.

On 13 September 2018, a Corrective Services NSW officer found GS hanging from the bars of his cell window. He was pronounced life extinct at 8.30am.

The Deputy State Coroner made 9 recommendations in this matter, with 5 directed to Justice Health NSW, including one joint recommendation. Justice Health NSW partially supports one recommendation, with all other recommendations supported.

Recommendation 1

The Deputy State Coroner recommended:

That Corrective Services NSW and Justice Health NSW give consideration to the implementation of a written policy or procedure whereby inmates who are being processed for transfer to another correctional centre because of safety concerns at the existing correctional centre, and who are in one-out cell placement pending transfer, are to be referred to Justice Health for assessment.

Justice Health NSW notes that a health assessment pending transfer will allow Justice Health NSW clinicians to update the patient's Health Problem Notification Form. The form provides important information to Corrective Services NSW in relation to clinical needs, both physical and mental, and risks of adult patients, including cell placement recommendations. In addition, Justice Health NSW advises Corrective Services NSW Policy 5.2 *Inmate Accommodation* has been reviewed to include guidance on a range of criteria for cell placement decisions.

Further, Justice Health NSW advises Corrective Services NSW also supports the recommendation.

Recommendation 2

The Deputy State Coroner recommended:

That Justice Health NSW examine the Patient Administration System Waiting List Priority Level Protocol and consider clarifying the clinical priority of a mental health patient who has put in multiple requests for review of their psychiatric medication while on the waitlist for such review.

Justice Health NSW is undertaking a Patient Administration System (PAS) Priority clinical redesign project to improve PAS functionality and governance. Review of triage of clinical priorities in PAS is a critical patient safety factor for the project team. The project team will seek recommendations of appropriate protocol considerations from the Mental Health Stream to be incorporated into the new PAS protocol. The project will also focus on revision of PAS waitlist priority categories including differentiating new patients and problems from follow-up care. The project team meets regularly with the external provider to progress project solutions for PAS enhancements.

Recommendation 3

The Deputy State Coroner recommended:

That Justice Health NSW consider introducing a written policy requirement that staff record on the Patient Administration System waitlist each time that a patient on an existing waitlist makes a further request for review by the corresponding clinician.

Justice Health NSW supports the intent of the recommendation however notes that the Patient Administration System is a booking administration tool. Justice Health NSW considers the health record to be the appropriate location for such health documentation and will include clear guidance in the Justice Health NSW Patient Self-Referral Policy 1.362 for clinicians in the review, triage, and escalation of patients with repeat self-referral. The revised policy is expected to be completed in January 2024. The information will be duplicated in the PAS Priority Protocol.

Recommendation 4

The Deputy State Coroner recommended:

That Justice Health NSW consider amending the Patient Administration System Waiting List Priority Level Protocol to guide nursing staff in triaging patients who have not been seen off a waitlist within the timeframe corresponding with their clinical priority category (as set out in the PAS Waiting List Priority Level Protocol) and who are therefore overdue for assessment.

Justice Health NSW will consult broadly with clinical streams to develop guidance for escalation pathways for re-triaging of patients to be included in the Justice Health NSW Patient Self-Referral Policy 1.362 and in the PAS Waitlist Priority Protocol DG73200/20. PAS Priority Protocol is currently being reviewed and will be sent for stakeholder consultation. This is expected to be completed by the end of December 2023, with approval finalised in January 2024.

Further, Justice Health NSW will develop processes for review of overdue waitlists and escalation for waitlists about to be breached and educate administration staff and managers regarding reporting tools and analytics dashboards.

Recommendation 5

The Deputy State Coroner recommended:

That Justice Health NSW considers clearly separating the current reporting of overdue patients on the "Overdue Patient Administration System report" into discrete individual clinical priority categories to allow proper analysis of the delays experienced particularly by inmates currently delayed on the waitlist, category 3.

JHNSW Health Intelligence and Analytics Unit delivered education to staff throughout September and October 2023 on the use of the Waiting List App within the Central Analytics Reporting Portal (the Portal) and demonstrated bookmarking tips to identify delays experienced by patients currently on the waitlist, including category 3. There is an expectation set for Nurse Unit Managers/ Clinical Support staff to undertake a weekly triage of categories 1, 2 and 3 using the Portal.

JHNSW continues to provide weekly overdue waiting list reports for each priority (P1, P2, P3, P4) to clinical specialties to enable analysis of the delays and appropriate action. Additionally, there is existing functionality to separate waitlist clinical priorities categories using the Waiting List App within the Portal.

The JHNSW Health Intelligence and Analytics Unit will continue to distribute weekly reports and increase awareness and support clinicians to increase their data literacy skills as part of the business-as-usual service delivery. Tipsheets on bookmarking and an important notice have been made available on the intranet within the Portal and JHNSW Intranet on 9 October 2023. JHNSW will disseminate useful education and tips by January 2024.

I trust that this response confirms NSW Health's commitment to a process of continuous improvement and delivering safe and high-quality care to all patients of the NSW health system.

For more information, please contact Joanne Edwards, Executive Director, System Management Branch, NSW Ministry of Health at moh-systemmanagementbranch@health.nsw.gov.au.

Yours sincerely



Ryan Park MP
Minister for Health
Minister for Regional Health
Minister for the Illawarra and the South Coast

CC: NSW Coroner's Court

Encl. Coroner's report - *Inquest into the death of GS*