

Submission to

The Crime and Corruption Commission

Taskforce Flaxton An Examination of Corruption and Corruption Risks in Queensland Corrective Services Facilities

April, 2018

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Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the Crime and Corruption Commission (CCC) for the opportunity to provide comments to Taskforce Flaxton – An Examination of Corruption and Corruption Risks in Queensland corrective Services Facilities (the taskforce).

Nursing and midwifery is the largest occupational group in Queensland Health and one of the largest across the Queensland government. The QNMU is the principal health union in Queensland covering all classifications of workers that make up the nursing workforce including registered nurses (RN), registered midwives (RM), enrolled nurses (EN) and assistants in nursing (AIN) who are employed in the public, private and not-for-profit health sectors including aged care.

Our more than 58,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses and midwives in Queensland are members of the QNMU.

The Issues Paper (Crime and Corruption Commission, 2018) acknowledges the high-risk work environment for staff employed in prisons. This is particularly so for nurses as their role is therapeutic, not custodial. The correctional context poses many complexities in the delivery of health care when overcrowding and security restrict nurses' ability to work safely to their full scope of practice. The isolation of prison health care challenges community equivalence and the autonomy of the health care provider. Among many other professional obligations, nurses advocate for their patients. This responsibility is compromised in an isolated, punitive environment often characterised by conflict and distress. The extreme workloads also preclude nurses from observing or reporting aberrant behaviour by inmates.

Our submission highlights the difficulties nurses currently experience in providing safe, quality health care to inmates largely due to overcrowding and understaffing. Here we refer to the systemic deficiencies that create unsafe workloads and seriously compromise nurses' professional practice. A systemic issue relates to 'the potentially poor operation of a system, process or practice, as opposed to individual actions of a person that occur within the system' (Office of the Health Ombudsman, 2018).

These are the critical issues the State government must address in the first instance through increased funding and more appropriate models of care.

Recommendations

The QNMU recommends:

- The Queensland government allocate funding in the next budget for purpose built offender health facilities to properly accommodate and treat inmates including specific groups such as aged prisoners and pregnant women;
- The Queensland government provide existing Corrections facilities with properly resourced clinical environments so nurses can treat patients safely;
- The Queensland government implement a shared governance model between Corrective Services and Queensland Health so nurses and midwives working in corrections facilities practice within a nursing governance framework;
- The Queensland government provide continuity of care models for pregnant women in custody and prisoners on release;
- Queensland Health in collaboration with Queensland Corrective Services undertake an immediate and systematic review of the Business Planning Framework (BPF) and its application in Queensland correctional facilities to ensure there is an appropriate matching of demand and supply of services;
- The Taskforce consider the recommendations of the Office of the Health Ombudsman and Queensland Health inquiries when they are available.

Nursing Professional Practice

In prisons, primary health care, or the first level of contact with the health care system, is predominantly delivered by nurses. In the community, however, most primary care is provided by general practitioners (AIHW, 2014). In general, nurses work in settings where health care is the major focus, but in a correctional facility, security and safety concerns take first priority.

For prisoners who may underuse health services in the general community, prison may provide an opportunity to access treatment to improve their health. Many types of health care are accessed less often in the community than in prison for a variety of reasons, including cost, work or family commitments, and alcohol and drug misuse. The stability and regimentation of the prison environment may provide opportunities for prisoners to reflect on and seek treatment for their health concerns (AIHW, 2014)

Nurses face unique challenges in providing health services to inmates. In addition to financial constraints, this population experiences health disparities, health illiteracy, genetic disorders, and chronic diseases made worse by multiple comorbidities. Histories of substance abuse, mental illness, surgical procedures for fractures or gunshot wounds, and traumatic brain injuries from accidents, abuse, and altercations are common. In addition, nurses must practice with limited resources, make critical medical decisions in an isolated practice environment and deal with issues of safety and manipulation (Bryant, 2013).

Aside from the health problems faced by the general inmate population, there are specific cohorts that require special attention including pregnant women and ageing prisoners.

Pregnant women in prison have been found to have significant mental health issues, including high rates of depression and anxiety, with little change in smoking and alcohol consumption compared with before the pregnancy (prior to imprisonment) (Mukherjee et al. 2014). While imprisonment during pregnancy provides an opportunity for health interventions, these may not be sufficient to mitigate against poorer maternal and perinatal outcomes, given the existing disadvantages in this population of women prisoners, including mental health issues, drug and alcohol disorders and high rates of smoking during pregnancy (Walker et al., 2014).

The QNMU is aware of women giving birth unattended while in prison or having to labour for long periods pending the arrival of a nurse/midwife. These situations are unacceptable and again, they compromise the nurse/midwife's professional obligations.

Aged inmates present significant additional demands on resources which are already under severe strain. They have higher chronic and complex health needs than the younger population, reduced daily functioning and often compromised mobility (Inspector of Custodial Services, 2015). The current level of service provision to aged inmates makes it increasingly difficult for them to live and function in the correctional setting and for nurses to provide the care they need.

Continuity of care after release is a key component of ensuring care is effective, however there is a disconnect between health care services provided by correctional facilities and those in the community (AIHW, 2014). This is especially so for women who give birth while in prison. The health of prison populations is closely connected with the health of communities. Therefore, improving health care services for prisoners has the potential to affect the general population and the entire health care system by decreasing costs, rates of reincarceration and improving public health (McLeod & Martin, 2018).

When nurses are not able to carry out their professional obligations they themselves become stressed. The following are just a few cases demonstrating the ways in which overcrowding

and understaffing in the corrections environment compromise nursing professional practice, thus putting not only the nurse's health and safety but also their registration at risk.

- The overall rise in prisoner population has consequently increased the number of prisoners requiring medication. If a facility implements rolling lockdowns to address an increase in prisoner population, nurses are directed to carry out only 'essential duties'. Rolling lockdowns can lengthen medication rounds as nurses are required to visit each cell individually leaving limited time for other duties.
- At times up to ten clinical nursing staff can simultaneously use a pharmacy room to dispense medication over a two hour period each morning with five staff preparing medication in the afternoon. The design and layout of these areas require ergonomic and risk assessment.
- In some facilities, there are significant deficiencies in appropriate hand washing areas, gloves, aprons, clinical waste bags and other personal protective equipment to prevent and control infection.
- Nurses have been concerned about the level of care they can provide to post-operative patients when they cannot monitor or provide timely pain relief. Too often there are no follow up allied health visits leaving nurses to make difficult choices about where to find aids such as crutches or access to physiotherapists and social workers.

Recommendations

The QNMU recommends:

- The Queensland government allocate funding in the next budget for purpose built offender health facilities to properly accommodate and treat inmates including specific groups such as aged prisoners and pregnant women;
- The Queensland government provide existing Corrections facilities with properly resourced clinical environments so nurses can treat patients safely;
- The state government provide continuity of care models for pregnant women in custody and prisoners on release.

Governance

In our view, there is an urgent need to review the adequacy of the existing Memorandum of Understanding (MOU) for the provision of healthcare in corrections facilities in light of the current and projected increase and fluctuation of the prisoner population and changes in prisoner health status. To that end, we believe a shared governance model between Queensland Health via a collaborative arrangement between the Office of the Chief Nursing and Midwifery Officer (OCNMO) and Hospital and Health Services providing Offender Health Services and Corrective Services would enable nurses working in these services to report to their professional area of responsibility.

Professional governance concerns the development, implementation and evaluation of the legislation, regulations, standards and policies that govern the nursing and midwifery professions. Developing and implementing effective professional governance is core to the OCNMO Professional Capability program. Ensuring that nurses and midwives are appropriately prepared for practice and they continue to uphold the highest standards of professionalism is essential to ensuring health care quality and safety (OCNMO, 2018).

Recommendation

The QNMU recommends:

- The Queensland government implement a shared governance model between Corrective Services and Queensland Health so nurses and midwives working in corrections facilities practice within a nursing governance framework.

Nursing Workloads

‘Prison overcrowding’ refers to a situation where the number of incarcerated prisoners exceeds the capacity of the prison facility to adequately provide for the psychological and physical demands of both the inmates and staff. Despite government funding to develop more prison facilities and the utilisation of alternative means of punishment, such as community service, there continues to be a growing concern in the increase in inmate populations in Queensland, causing serious security, health, and financial issues within correctional facilities (Chin & Patel, 2013).

One of the key problems resulting from overcrowding is the increased risk of violence between prisoners or by prisoners on custodial staff. In 2014–15, the rate of assault between prisoners was 6.4 per 100 prisoners, which increased from 3.9 assaults per 100 prisoners in 2012–13 (Queensland Audit Office, 2016).

The health and safety of our members is paramount. This cannot be compromised by lack of funding and planning.

The nursing workload management tool for Queensland Corrective Services facilities is the Business Planning Framework (BPF). The BPF matches demand for nursing and midwifery services with supply of such services and has applied in QH services for over 15 years. However, there may not be a high level of awareness of the application of this instrument within Queensland Corrective Services. As such the QNMU believes that it is appropriate that a joint review be undertaken as a matter of urgency into the application of the BPF at Queensland Correctional facilities. In a review of the service profile¹ at one facility, the QNMU found nursing positions were under-classified, there was a heavy reliance on agency nurses² and regular use of overtime to cover deficits for emergent, annual and other forms of leave. Aside from the cost, the high amount of agency engagement clearly highlights insufficient staff numbers and inadequate recruitment practices.

Recommendation

The QNMU recommends:

- Queensland Health in collaboration with Queensland Corrective Services undertake an immediate and systematic review of the Business Planning Framework (BPF) and its application at Queensland correctional facilities to ensure there is an appropriate matching of demand and supply of services.

Reviews and Consultation

We understand there are currently two health inquiries in Offender Health Services (OHS). The Office of the Health Ombudsman (OHO) is conducting a statewide investigation into complaints about OHS and the diversion of attention of Hospital and Health Services (HHSs)

¹ The document outlining the number, roles and functions of all categories of nursing staff required to provide the service.

² Almost half the complement of staff on any one shift was employed by an agency.

away from service delivery. The three major areas of concern are access, medication and professional performance.

In addition, Queensland Health (QH) is commissioning an independent review of OHS to investigate and report on systems governance, service models optimisation and sustainable resourcing.

We note the Department of Health (DoH) is also consulting on the establishment of a state-wide Opioid Substitution Treatment (OST) in Correction Centres. The QNMU has provided detailed feedback to the consultation paper, however although we support OST in a corrections model of service in principle, we cannot support a statewide roll out unless our concerns around overcrowding, lockdowns, inadequate staff and the built environment are addressed. These issues are directly relevant to the success of the OST model of service. We have sought more detailed information from the DoH.

Recommendation

The QNMU recommends

- the CCC consider the recommendations of the OHO and QH inquiries when they are available.

Conclusion

Our approach as a union is to promote consultation between the parties to resolve conflict and further our shared interests. Our prison nurses are a precious resource. They must be treated with respect and courtesy. We ask the Taskforce to advise us of any actions affecting our members it may make in the course of this inquiry so we can work together to find solutions to the very difficult situation currently facing our prisons system.

We are available for consultation or discussion in this regard.

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