

22 May 2019

C106404

Misha fyi-request-9900-f2c4d711@requests.fyi.org.nz

Tēnā koe Misha

Thank you for your email of 21 March 2019, to the Minister of Corrections, requesting information relating to the Whanganui Prison OPCAT report. Your request was transferred to the Department of Corrections on 25 March 2019. Your request has been considered under the Official Information Act 1982 (OIA).

As you are aware, the Ombudsman undertook an independent assessment of Whanganui Prison last year, under the United Nations Optional Protocol to the Convention against Torture (OPCAT).

The inspection took place in March 2018 – around the same time that the prison population peaked at more than 10,800 prisoners. This unforeseen rise in the number of prisoners being managed put pressure on our facilities, our operations and our people.

You requested:

Please may I have a copy of this template. A second request is for this template with the recorded up to date data from July 2018 until todays date.

Please find the template attached. We are unable to provide you with the version the Office of the Ombudsman received as the Health Needs Assessment contains the health information of prisoners at Whanganui Prison. Corrections is statutorily obligated to protect all private information that we hold, including information relating to offenders. We are unable to release the details you have requested as doing so would contravene our obligations under the OIA and the Privacy Act. Therefore, this part of your request is withheld under section 9(2)(a) of the OIA, to protect the privacy of natural persons.

The Health Needs Assessment has not yet been updated. Therefore, your second request is declined under section 18(e) of the OIA, as the document alleged to contain the information requested does not exist or cannot be found.

You also requested:

Please inform me what these onsite enhancements are at Whanganui Prison and please provide me with any corresponding or correlating data, templates, and new procedures were put in place by the end of July 2018 or are now in place following on from this statement.

There have been a number of enhancements made to the delivery of health services at Whanganui Prison since the OPCAT inspection was undertaken between 12 February 2018 and 19 February 2018.

There is now a patient presence at Whanganui Prison's Clinical Governance meetings. Patients provide feedback to support a patient focussed approach to health strategy at the prison.

Improving Mental Health clinicians are now fully embedded at Whanganui Prison. These professionals work directly with individuals to support them to manage their mental health needs. They also provide mental health education to Corrections staff. Clinicians may also refer offenders to appropriate community service agencies that can help facilitate a successful reintegration with their families and communities and increase the engagement of prisoners in rehabilitation and reintegration programmes in prisons.

In 2017/18, offenders received an average of six mental health sessions, and an analysis of records indicated that 75 percent of individuals experienced improvement after receiving the service.

The Health Centre is fully staffed at present and an additional nurse has been recruited to provide cover as required.

What is the current process for prisoner complaints at Wanganui Prison relating to health complaints?

We encourage prisoners to discuss their complaints with staff in the first instance. Prisoners are also able to use the standard PC01 prisoner complaint process to make a complaint about health care. These complaints are answered but no health information is provided in the response, as all staff can view complaints on the IOMS (Integrated Offender Management System) database.

If a prisoner feels that their complaint has not been adequately handled by prison staff, they can contact the Complaints Response Desk (CRD) to escalate their concerns. If CRD are unable to resolve the complaint to their satisfaction, they can then approach the Office of the Inspectorate.

The process for complaints through either a Health and Disability Advocate or the Health and Disability Commissioner is as follows:

- within 5 days, an acknowledgment letter is sent to complainant to acknowledge that we have received their request and we will look into the complaint,
- within 20 working days, the response letter is completed and copies are sent to the patient and the Advocate/Commissioner, and
- if the patient is happy with the outcome, the complaint will be closed.

I trust the information provided is of assistance. Should you have any concerns with this response, I would encourage you to raise these with Corrections. Alternatively you are advised of your right to also raise any concerns with the Office of the Ombudsman. Contact details are: Office of the Ombudsman, PO Box 10152, Wellington 6143.

Ngā mihi nui

Rachel Leota

National Commissioner



Whanganui Health Needs Assessment date 2019

Corrections Health Services

DOCUMENT CONTROL

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Forward

Released under Inder Act.



Profile - [month and year]

Demographics

Demographics (based on muster of [muster number])

Age bands

- > 19 = [percentage]%
- 20-29 = [percentage]%
- 30-39 = [percentage]%
- 40-49 = [percentage]%
- 50-59 = [percentage]%
- 60-69 = [percentage]%
- 70-79 = [percentage]%

Ethnicity

- Maori = [percentage]%
- NZ European = [percentage]%
- Pacific = [percentage]%
- Asian = [percentage]%
- Not Elsewhere Included = [percentage]%
- Other Ethnicity = [percentage]%
- Unknown = [percentage]%
- Middle Eastern/Latin American/African = [percentage]%

Primary Health Gare

Primary health care is first contact, continuous, comprehensive, and coordinated care provided to (prison) populations undifferentiated by gender, disease, or organ system. In the prison population nurses manage a range of health related situations including;

- chronic conditions
- acute / emergency events
- trauma
- mental health
- AOD
- health promotion
- improvement of patient health literacy and self management.

¹ Institute of Medicine(2003)



Utilisation of Health Services ([month and year])

Nurse - led clinics

A nurse-led clinic is any clinic that is run or managed by registered nurses.

Receiving Office

Reception Health Triage's – [number of Reception Health Triage's]

ARU

- [number of mental health assessments] mental health assessments (avg no. of patients per day = [number]; range = [range of numbers])

Contracted Providers

Medical Officer – contracted to provide [number of hours] hrs per week – [number of patient consultations] patient consultations.

Wait time-

Dentist – contracted to provide [number of hours] hrs per week

[number of patient consultations] patient consultations with a wait-list of [number of wait-listed patients]

Wait time -

Physiotherapy – contracted to provide [number of hours] hrs per week – [number of patient consultations] patient consultations.

Wait time-

Mental Health Clinicians – [number of clinicians] full time Improving Mental Health (IMH) clinicians as part of the Department of Corrections Improving Mental Health Pilot for mild to moderate mental health issues.

Wait time-

Improving Mental Health Service	
New referrals in month	
Referrals declined in month	
Active clients as at month	
Initial assessments in month	
Face to face hours in month	
Total face to face hours delivered in month	



Forensic Services

A team of [number of forensic staff] CCDHB regional forensic psychiatric service staff provide on site mental health services during the week. These include;

Adult Forensic Services

- •
- .
- •

Nurse Portfolios

- Youth Forum
- Diabetes and Podiatry
- Health & Safety
- Hepatitis
- Infection Control
- Mental health and ARU

- Pharmaceuticals and Standing Orders
- Physiotherapy
- Reordering of Stock
- Respiratory and Spirometry
- Vaccinations and Cold Chain
- Wound Care
- Communicable Disease

Top 10 Diagnoses (muster = [muster number])

Disclaimer – this information is based on the available data entered into the classifications tab in Medtech. Its accuracy can not be guaranteed.



Analysis of Whanganui Prescriptions ([month])

Based on [number] prescriptions issued to [number of patients] patients.

The groups are from the Pharmaceutical Schedule

Group	Prescriptions dispensed	Percentage of total Rx dispensed	Ranking out of 12
Alimentary Tract & Metabolism		-0)	0
Anti-acid, anti-diarrhoeal, colonic anti- inflammatories, diabetes, insulin, laxatives,	5	11/2 1	
Proton pump inhibitors, reflux barrier agents, vitamin D	201	~ Č	
Blood and Blood forming organs	0		
Antiplatelet, anti-coagulant			
Cardiovascular	7.0	•	
ACE inhibitor, anti-arrhythmias	· KIO		
Beta Blockers, calcium channel blockers, lipid			
lowering agents	00	w.	
Dermatological Anti - acne preparations, emollients, steroids			
Genito Urinary System			
Urinary Agents, 5-Alpha reductase inhibitors			
Hormone Preparations - Systemic			
Corticosteroids			
Infections-agents	2		
For systemic use.			
Antibiotics			
Musculoskeletal system			
Non-steroidal anti-inflammatories, anti- rheumatoid agents, anti-gout, muscle relaxants			
Nervous System			



Parkinson related			
disorders, analgesics; non opiate & opiate			
Antidepressants, anti-epilepsy,			
Anti-nausea, antipsychotics, anxiolytics, sedatives & hypnotics, stimulants,	,		
ADHD treatments, treatments for dementia, substance dependence			
Oncology and Immunosuppressant's			
Respiratory System & Allergies			0
Sensory Organs			O
Ear and Eye preparations	•		
Prescription total	~	X	•

Other medication of interest

Other medicati	on or interest		
Indicators of cu	ırrent and impending workload		
±	A Live	Date	Projected
		(av muster =)	future need (based on increased
Standard	Indicator of health need		capacity to 624)
0			

Movements and Transfers

- health related escorts, i.e. ED and OPD appts = [number of escorts] ([number] injury
- [number of transfers] transfers to other sites

Analysis