

19 February 2025

Mr Anthony Reilly
Queensland Ombudsman and Inspector of Detention Services
GPO Box 3314
BRISBANE QLD 4001

By email: Inspector@ombudsman.qld.gov.au

Dear Mr Reilly

Southern Queensland Correctional Centre Inspection Report

Thank you for the email sent from Ms Helen Gabriel, Director, Detention Services Inspection Unit, dated 7 February 2025 and the attached report *Complaints and Health section – SQCC Inspection report* following your inspection at the Southern Queensland Correctional Centre (SQCC). Thank you also for the opportunity to provide a response to some of the areas of concern in relation to health and health services.

I note relevant Inspector of Detention Services (IDS) standards are 24, 65, 69, 70, 72, 73, 75, 132, 135 and 159.

I would also like to advise that two of my staff members have recently conducted a visit to the SQCC as part of a stakeholder engagement program so I can provide some insights/observations in relation to this as well.

I can provide responses as follows:

Standards – 24 Prisons and health service providers have effective, transparent and confidential complaint processes in place for prisoners and staff.

General comments:

In relation to the data, we just wanted to check that you did a cross check of our complaints data with the Hospital and Health Service (HHS) data to ensure consistency?

Also, in relation to the data, for the same period, the Office of the Health Ombudsman (OHO):

- referred 19 complaints to the HHS to manage and report back to the OHO under s93.
- managed 40 complaints from prisoner consumers where the OHO did not accept the complaint but advised the consumer to seek a resolution from the health service using the internal complaints process. Of these, it does not appear that any consumers returned to the OHO having remained dissatisfied with the outcome of their complaint with the service.

In relation to the Nurse Practitioner, it is noted there was a lack of confidence which may be a slightly different issue that a scope of practice one. Whilst the scope of practice issue was unfounded, other issues relating to performance / conduct / health (including communication issues) are able to be reported to the OHO. Was there any information located in the centre that

advises consumers they can make an enquiry / complaint to the OHO about the health service and also health service practitioners?

Recommendation 12 – the OHO supports this recommendation.

Recommendation 13 – the OHO agrees with this recommendation. Noted that 'medical treatment' is an issue rather than 'health services' more broadly. West Moreton Hospital and Health Service (WMHHS) can seek complaint data from complaints and enquiries from SQCC prisoner consumers to identify any difference in numbers and themes in complaints to assist in the development of their complaints management system and the use of this data to inform service improvements. Is this able to be included in this recommendation?

Standards 65 – 132

Health care services in prison are equivalent to those in the community and meet the needs of prisoners in an environment that promotes dignity and maintains privacy.

Allied health and specialist services are provided on referral.

Prisoners are supported and encouraged to optimise their health and wellbeing.

Health services promote continuity of care on release.

Prisoner health information is available to treating health practitioners and is accessed with the consent of the prisoner.

Prisoners have access to mental health services equivalent to those in the community so that their mental health needs are adequately and appropriately met, in line with individual preferences.

Health care services meet the complex needs of female prisoners in a safe and dignified environment.

General comments:

Comment as per above in relation to the Nurse Practitioner (NP) – noted the prisoners have suggested that the NP provides inadequate care.

Recommendation 21 – the OHO agrees with this recommendation and further, these findings are consistent with the predominant themes from complaints – with more than half of complaints to us being about the lack of access / inadequate treatment / waiting lists. The health services should also be provided with reference to the Australian Charter of Health Care Rights which include "*Access – health care services and treatment that meets my needs*" and "*Safety – receive safe and high quality health care that meets national standards*". A review of our complaints data for this same period indicates that 43 complaints included some issue in relation to 'access'.

Recent information received from both the Nurse Unit Manager (NUM) and Prisoner Advisory Committees have advised there are still significant wait times in all areas with a lack of preventative care. As part of our recent visit, feedback provided by consumers to the OHO included experiences of consumers having teeth extracted when the consumer believed only a filling was required. The NUM advised it is the responsibility of the dental practitioner to answer any concerns. The NUM advised the x-ray machine had technical issues, and a part had to be sourced causing servicing issues. My staff viewed the machine, which still had not been fixed. The NUM also advised the dentist normally visits the centre twice a week and that the health centre only deals with acute dental issues.

Standards 65-71

Health care services in prison are equivalent to those in the community and meet the needs of prisoners in an environment that promotes dignity and maintains privacy.

Prisoners are supported and encouraged to optimise their health and wellbeing. Medication is safely distributed to prisoners

General comments

The OHO is highly concerned about the feedback received from the prisoner consumers under these standards, particularly around lack of health services after 9.30pm and medication administration practices.

Recommendation 22 – the OHO agrees with this recommendation and strongly supports the need for it. The current arrangements present a high risk of custodial staff not recognising a health emergency, particularly a mental health emergency (which often occurs during the early hours of morning) and this isn't consistent with the Charter of Health Care Rights in respect to access – we note your inspection findings on health care needs of the prisoner consumers and wait lists for treatment which could contribute to the risk of emergencies occurring overnight.

Recommendation 23 – the OHO supports this recommendation.

Standards 65-74

Health care services in prison are equivalent to those in the community and meet the needs of prisoners in an environment that promotes dignity and maintains privacy.

Prisoner health information is available to treating health practitioners and is accessed with the consent of the prisoner.

Health staff are qualified and have input into the prison regime.

General comments:

The OHO agrees there is a disconnect between health services received in the community and those received in the centre as a result of inaccurate or inadequate electronic medical record history. The OHO will routinely receive enquiries and complaints about access to medical records and in a lot of cases, failure to have an electronic record can disrupt continuity of care and potentially cause serious risks to health and safety, particularly in relation to mental health concerns and prescribed medication. The OHO also agrees with your statement that the electronic medical record progression is slow. The OHO cannot stress enough the importance of electronic medical records to support continuity of care for prisoner consumers.

Standards 65-70

Health care services in prison are equivalent to those in the community and meet the needs of prisoners in an environment that promotes dignity and maintains privacy.

Allied health and specialist services are provided in referral.

Prisoners are supported and encouraged to optimise their health and wellbeing.

Recommendation 24 – the OHO supports this recommendation. Prisoner consumers should be provided physiotherapy and other allied health services to support their holistic overall health and wellbeing. During the recent visit, both the NUM and Prisoner Advisory Committees advised there

are still significant wait times or no access to specific allied health services. My staff were unable to ascertain if any interim measures had been taken.

Recommendation 25 – the OHO supports this recommendation but would also suggest that the issue of Toowoomba Hospital (and other public hospitals) refusing to admit prisoner consumers be directly raised with Queensland Health as a broader, systemic issue. Refusal to treat prisoner consumers not only contains serious risks to health and safety, this would also be a breach of human rights, particularly, as the Director, Prisoner Health Services has advised that consumers are being refused treatment even if the matter is urgent.

Standards 75, 135 and 159

Prisoners have access to mental health services equivalent to those in the community so that their mental health needs are adequately and appropriately met, in line with individual preferences.

Female prisoners' gender-specific mental health needs are identified, treated and supported by services equivalent to those in the community.

Access to physical and mental health care, including both treatment and assessment, adequately and appropriately meets the needs of transgender prisoners and gender diverse prisoners, and is equivalent to that which they can receive in the community.

General comments

The OHO notes the serious concerns with not meeting this IDS standard including that prisoner consumers with mental health concerns, some very serious, are waiting for up to 6 months for treatment and further that these consumers are in a unit that is not conducive to a psychologically safe environment for acutely unwell consumers requiring treatment under the *Mental Health Act 2016*. The OHO does receive enquiries and complaints in relation to lack of access to mental health treatment and when recommending Queensland Health address these delays, it would be appropriate to include the Office of the Chief Psychiatrist and input from the Queensland Mental Health Commission.

Recommendation 26 – the OHO strongly supports this recommendation and believe reference should also be made to the Charter of Health Care Rights – Access and Safety.

Feedback from consumers during the recent visit included significant wait times and no information was provided to them about additional efforts to increase access to mental health facilities.

I have separately provided an outline of observations from a recent OHO visit to SQCC in January 2025 (**see attachment**), most of which you have already identified within your inspection report. This is provided as additional information to inform future inspection visits and not for publication.

Thank you for the opportunity in allowing the OHO to formally response to the concerns you identified during your inspection. If you have any questions, or require any further information, please do not hesitate to contact [REDACTED].

Yours sincerely



Dr Lynne Coulson Barr OAM
Health Ombudsman