Inspector of
Custodial Services

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Inspection of Parklea Correctional Centre (transition of health services) 2025-2026

August 2026

Acknowledgement of Country

The Inspector of Custodial Services acknowledges the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

We pay our respects to Elders past, present and emerging and acknowledge the Aboriginal and Torres Strait Islander people that contributed to the development of this report.

We advise this resource may contain images, or names of deceased persons in photographs or historical content.

Inspector of Custodial Services

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Ms Helen Minnican
Clerk of the Legislative Assembly
NSW Parliament House
6 Macquarie Street
SYDNEY NSW 2000

17 August 2026

Mr Steven Reynolds
Clerk of the Parliaments and Clerk of the Legislative Council
NSW Parliament House
6 Macquarie Street
SYDNEY NSW 2000

Re: Inspector of Custodial Services report

Dear Ms Minnican and Mr Reynolds,

In accordance with section 16(6) and section16(7) of the *Inspector of Custodial Services Act 2012* (the Act), I hereby provide the following report for my office:

Inspection of Parklea Correctional Centre (transition of health services) 2025-2026

Pursuant to section 16(2) and section 16(8) of the Act, I recommend that this report is made public immediately.

Yours sincerely,

Sallie McLean
Acting Inspector of Custodial Services

Contents

Glossary of terms and acronyms

CSNSW	Corrective Services NSW
ICS	Inspector of Custodial Services
ICS Act	*Inspector of Custodial Services Act 2012*
JH&FMHN	Justice Health and Forensic Mental Health Network
KPI	Key Performance Indicator
MHN	Mental Health Nurse
MRRC	Metropolitan Remand and Reception Centre
MTC Australia	Management and Training Corporation Pty Ltd
SDPR	Single Digital Patient Record
SVCH	St Vincent's Correctional Health

Background and executive summary

Parklea Correctional Centre (Parklea CC) is a large maximum security correctional centre which accommodates people detained on remand as well as sentenced inmates. It also has a separate smaller section for minimum security (sentenced) inmates. It is a critical reception and remand centre for men in NSW, located in proximity to Sydney and metropolitan courts, and is one of the largest correctional centres in NSW. On 30 June 2025, the total population was 1,148. The majority (836 or 73%) were held on remand.[1]

Parklea CC is currently operated by Management and Training Corporation Pty Ltd (MTC Australia). MTC Australia subcontracts the delivery of health services to St Vincent's Correctional Health (SVCH). On 2 March 2025, the NSW Government announced that the management of Parklea CC would return to Corrective Services NSW (CSNSW) upon the expiry of its contract with MTC Australia in 2026. The existing contract originally due to expire at the end of March 2026 was extended by six months, to allow additional time for a transition to occur at the end of September 2026.[2]

This is the third time Parklea CC has been inspected by the Inspector of Custodial Services (ICS). The first occasion was for a themed inspection of several correctional centres related to growing inmate numbers and crowding and capacity in the NSW correctional system.[3] The second inspection focused solely on Parklea CC and looked at a range of aspects of centre operations.[4] This inspection concerned the responsibility for health care services at Parklea CC transitioning from SVCH to the Justice Health and Forensic Mental Health Network (JH&FMHN).

In August 2025, the Acting Registrar of the Coroners Court wrote to the ICS in relation to the findings and recommendations of Deputy State Coroner O'Neil in the Inquest into the death of James Joseph Cunneen, as per Recommendation 1: The Inspector of Custodial Services and the Minister for Corrections be furnished with a copy of the transcript of these proceedings and the findings of the Coroner. Deputy State Coroner O'Neil observed that it remains essential that appropriate health care services are provided to inmate patients up until management is handed over (see Appendix A).

The last inspection of Parklea CC took place in November/December 2020, almost one year after the death of Mr. Cunneen on 28 December 2019. The ICS made a range of observations and recommendations relating to health care services at Parklea in the *Inspection of Parklea Correctional Centre* report tabled in 2022[5] (see Appendix B).

Section 6(1)(a) of the *Inspector of Custodial Services Act 2012* requires each adult custodial centre to be inspected at least once every five years. Noting that the transition period between CSNSW and MTC Australia commenced on 30 September 2025, with handover scheduled for 30 September 2026[6], an inspection fell due during the transition period. Given the NSW Government had already made the decision that management of Parklea CC would return to CSNSW in October 2026, it was determined that this inspection should focus on the need to ensure appropriate health care services are provided to inmate patients up until management is handed over.

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[1] Information provided by Corrective Services NSW, November 2025.

[2] NSW Premier, Minister for Corrections, Minister for Industrial Relations, 'Minns Labor Government to bring Parklea Correctional Centre back into public hands', media release, 2 March 2025. For further discussion of the management contract and contract history, see Inspector of Custodial Services, *Inspection of Parklea Correctional Centre* (Report, June 2022), 17-19, 24-35.

[3] Inspector of Custodial Services, *Full House: The Growth of the Inmate Population in NSW* (Report, April 2015).

[4] Inspector of Custodial Services, *Inspection of Parklea Correctional Centre* (Report, June 2022).

[5] Inspector of Custodial Services, *Inspection of Parklea Correctional Centre* (Report, June 2022).

[6] Letter Corrective Services NSW, 10 June 2026.

A health consultant with experience in custodial health and forensic mental health was engaged by the ICS to help conduct the inspection and to prepare a report on an expedited basis, so that findings and recommendations relevant to the delivery of health services at Parklea CC could be provided during the transition period. Following a series of site visits between November 2025 and February 2026, a draft report was provided to the relevant agencies in April 2026.

Issues related specifically to transition

As we noted in a report on the 2023 inspection of Junee Correctional Centre, there are significant risks associated with the transfer of operators of correctional centres. Many staff will be concerned about their future employment. Some will seek opportunities elsewhere if the continuation of their roles is uncertain.[7] It can be a challenge to retain sufficient staff to maintain operations until handover.

This inspection identified workforce stability as the primary concern raised by staff during the inspection. While good governance arrangements had been established by both SVCH and JH&FMHN to support the transition, there was room to increase the free flow of operational information to minimise risks during this period. Also, the current model of care contains several interdependencies, and changes to individual components may have flow on impacts on other parts of the service. This report contains recommendations regarding communication and support to SVCH staff to engage them in the transition, as well as around a staged approach to transition.

Health care model at Parklea CC

Some aspects of the current model of health care at Parklea CC were identified as strengths, for example: GP services (as well as access to an after-hours on-call medical officer from the emergency department at St Vincent's Hospital in Darlinghurst); aspects of the medication model; access to onsite radiology services and others. Elements of practice within the SVCH service at Parklea CC may offer value for future service delivery after handover.

Some of the key concerns arising from this inspection, which are reflected in our recommendations, included the unsuitability of the main health centre (which is CSNSW infrastructure), management of lower priority waitlists, and the patient self-referral process. Access to mental health services also remains a significant clinical risk. There was inadequate access to psychiatric services for inmate patients, and the environment is unsuitable for managing acutely unwell patients.

Some recommendations in this report have been addressed to multiple agencies, depending on subject matter and need for cooperation. Both SVCH and JH&FMHN have identified patient safety and continuity of care as a key focus of transition.

Finally, the inspection team observed a high-level of commitment by SVCH health staff working within a challenging physical and high-risk environment.

[7] Inspector of Custodial Services, *Inspection of Junee Correctional Centre 2023* (Report, December 2024) 16.

Recommendations

The Inspector recommends:

1. Corrective Services NSW, MTC Australia, Justice Health and Forensic Mental Health Network and St Vincent's Correctional Health continue to progress and formalise a phased transition of health services rather than a single fixed transition date.
2. St Vincent's Correctional Health and Justice Health and Forensic Mental Health Network continue to progress a structured, collaborative process to actively engage St Vincent's Correctional Health staff in the transition. This process should provide clear communication, support and guidance to St Vincent's Correctional Health staff, enabling them to remain motivated and continue delivering safe, high-quality health care up to and throughout the transition period and beyond.
3. Corrective Services NSW, in consultation with Justice Health and Forensic Mental Health Network and St Vincent's Correctional Health, develops and implements a plan to address the unsuitability of the main health centre at Parklea Correctional Centre. This should include consideration of redevelopment or decommissioning of the current main health centre and ensuring that patients requiring observation or short-term admission are accommodated in facilities that meet Infection Prevention and Control requirements, provide access to basic amenities, and comply with the relevant health standards.
4. St Vincent's Correctional Health implements a process to review patients on Priority 3 and Priority 4 waitlists within the required timeframes in the lead up to the transition, to minimise any backlog of patients waiting beyond clinically appropriate timeframes at the point of transfer.
5. St Vincent's Correctional Health reviews and strengthens the process for managing patient self-referral forms to ensure there is clear documentation of which referrals have been reviewed and which remain outstanding.
6. St Vincent's Correctional Health considers strategies to strengthen Aboriginal health workforce capability within the current service model and, in the lead up to transition, engage with the Justice Health and Forensic Mental Health Network to explore whether Aboriginal Health Worker or Aboriginal Health Practitioner support may be available to assist with continuity of care and the delivery of culturally safe services.
7. Justice Health and Forensic Mental Health Network continues to support staff undertaking postgraduate qualifications relevant to correctional health and ensure that Parklea Correctional Centre staff who have commenced the Correctional Health Care Graduate Certificate with Australian Catholic University are provided with the necessary support to complete the course.
8. St Vincent's Correctional Health provides Justice Health and Forensic Mental Health Network with the necessary information and access to observe the medication model at Parklea Correctional Centre to support informed decision-making regarding the model of care.
9. Justice Health and Forensic Mental Health Network, in collaboration with St Vincent's Correctional Health, review differences in prescribing practices between the two organisations and implement strategies to mitigate risks to continuity of care and patient safety during the transition. Consideration should also be given to how patients are informed about any changes to their medications or treatment plans.
10. Prior to the transition of health services, during any review of the implementation of the Single Digital Patient Record at Parklea Correctional Centre, Justice Health and Forensic Mental Health Network, in collaboration with St Vincent's Correctional Health should include an assessment of all electronic health systems still in use, along with a clear plan to integrate information and streamline processes across these systems.
11. St Vincent's Correctional Health maximises mental health nursing hours dedicated to core mental health functions at Parklea Correctional Centre.

12. St Vincent's Correctional Health and Justice Health and Forensic Mental Health Network enhance access to psychiatric services for patients and establish reliable on-call or consultative psychiatric support for mental health nurses.
13. Corrective Services NSW, MTC Australia, Justice Health and Forensic Mental Health Network and St Vincent's Correctional Health continue to collaborate to ensure acutely unwell persons in need of specialised mental health facilities are triaged to the Metropolitan Remand and Reception Centre.

Inspection process

The office of the Inspector of Custodial Services (ICS) was established by the *Inspector of Custodial Services Act 2012* (the ICS Act) in October 2013. Section 2A of the ICS Act provides that:

> (1) The objects of this Act are as follows —
>
> (a) to improve the prospects for the rehabilitation of offenders by improving —
>
> (i) standards in custodial centres, and
>
> (ii) the provision of custodial services,
>
> (b) to promote the improved treatment of, and improved outcomes for, persons in custody on remand.

The ICS Act seeks to achieve these objects 'by establishing the independent office of Inspector of Custodial Services to inspect, monitor and report to Parliament' on custodial centres and the provision of custodial services.[8] The Inspector is required to inspect each adult custodial centre at least once every five years and report on each such inspection to the NSW Parliament with relevant advice and recommendations.[9]

Section 2A of the ICS Act further provides:

> (3) A person exercising a function under this Act must have regard to —
>
> (a) the objects of the Act, and
>
> (b) the particular needs of the following —
>
> (i) Aboriginal and Torres Strait Islander people,
>
> (ii) people from culturally and linguistically diverse backgrounds,
>
> (iii) children and young people,
>
> (iv) women and gender diverse persons,
>
> (v) people with physical and cognitive disabilities,
>
> (vi) people with life threatening conditions and illnesses.

Inspection provides independent information gathering and analysis concerning what is working well and which areas require improvement.

Parklea Correctional Centre (Parklea CC) is currently operated by Management and Training Corporation Pty Ltd (MTC Australia), until management of the centre is returned to Corrective Services NSW (CSNSW) in October 2026. MTC Australia subcontracts the delivery of health services to St Vincent's Correctional Health (SVCH).

In August 2025, the Acting Registrar of the Coroners Court wrote to the ICS in relation to the findings and recommendations of Deputy State Coroner O'Neil in the Inquest into the death of James Joseph Cunneen, as per Recommendation 1: The Inspector of Custodial Services and the Minister for Corrections be furnished with a copy of the transcript of these proceedings and the findings of the Coroner. Deputy State Coroner O'Neil observed that it remains essential that appropriate health care services are provided to inmate patients up until management is handed over (Appendix A).

In October 2025, the ICS announced an inspection of Parklea CC with a focus on the provision of health services during the transition phase, leading up to the expiration of the private contract with MTC Australia and return of Parklea CC to public hands in October 2026 (Appendix B). An inspection of this type is permitted by section 6(1)(g) of the ICS Act, which notes that a report of the Inspection may include 'such advice or recommendations as the Inspector thinks appropriate (including advice

[8] *Inspector of Custodial Services Act 2012* s 2A(2).

[9] *Inspector of Custodial Services Act 2012* s 6(1).

or recommendations relating to the efficiency, economy and proper administration of custodial centres and custodial services)'.

A health consultant with experience in custodial health and forensic mental health was engaged by the ICS to help conduct the inspection and to prepare a report. Six one-day site inspections were conducted over a three-month period, on 27 November 2025, 4 and 15 December 2025, 13 January 2026, 12 and 19 February 2026. The consultant was accompanied by the former Inspector of Custodial Services on one occasion and a Principal Inspection and Research Officer on five occasions.

The inspection included direct observation of health staff delivering care in the facilities where health services are provided at Parklea CC. We held a range of interviews with SVCH health staff, and staff from the Justice Health and Forensic Mental Health Network (JH&FMHN) working on the transition of health services were also interviewed.

Prior to the inspection, we received documents and data from SVCH, JH&FMHN, MTC Australia and CSNSW.

In accordance with section 15 of the ICS Act, the Inspector must not disclose information in a report to Parliament if there is an overriding public interest against disclosure of the information.[10] This is where there are public interest considerations against disclosure and, on balance, those considerations outweigh the public interest considerations in favour of disclosure.[11] Section 15(3) of the ICS Act provides that:

> (3) There are public interest considerations against disclosure of information for the purposes of this Act if disclosure of the information could reasonably be expected to have one or more of the following effects (whether in a particular case or generally) —
>
> (a) prejudice the supervision of, or facilitate the escape of, any person in lawful custody or detention,
>
> (b) prejudice the security, discipline or good order of any custodial centre,
>
> (c) prejudice national security (within the meaning of the *National Security Information (Criminal and Civil Proceedings) Act 2004* of the Commonwealth),
>
> (d) reveal or tend to reveal the identity of an informant or prejudice the future supply of information from an informant,
>
> (e) identify or allow the identification of a person who is or was detained at a juvenile justice centre or in custody in a juvenile correctional centre,
>
> (f) endanger, or prejudice any system or procedure for protecting, the life, health or safety of any person who is in custody, detained or residing at a custodial centre (including but not limited to systems or procedures to protect witnesses and other persons who may be separated from other persons at the centre for their safety),
>
> (g) identify or allow the identification of a custodial centre staff member or endanger, or prejudice any system or procedure for protecting, the life, health or safety of such a staff member.

A draft report or relevant parts thereof were provided to CSNSW, JH&FMHN, MTC Australia and SVCH in accordance with section 14(2) and section 15A of the ICS Act. Submissions were received from all four entities. In accordance with section 15A(3) of the ICS Act, each submission was considered before the finalisation of the report for tabling to determine whether there was an overriding public interest against disclosure of relevant information pursuant to section 15 of the ICS Act.

In accordance with section 14(1) of the ICS Act, the Acting Inspector provided the Minister for Corrections, the Hon. Anoulack Chanthivong MP, with the opportunity to make a submission in relation to the draft report. In accordance with section 14(3)(b) of the ICS Act, each submission and the Minister's response was considered before the finalisation of the report for tabling.

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[10] *Inspector of Custodial Services Act 2012* s 15(1).

[11] *Inspector of Custodial Services Act 2012* s 15(2).

1 Introduction

Parklea CC is a large Sydney based remand and reception centre for men. It is currently operated by Management and Training Corporation Pty Ltd (MTC Australia). Parklea CC is one of two privately managed correctional centres in NSW. MTC Australia subcontracts the delivery of health services at the centre to St Vincent's Correctional Health (SVCH). Management of the centre is scheduled to return to Corrective Services NSW (CSNSW) by 1 October 2026.[12] Justice Health and Forensic Mental Health Network (JH&FMHN) will assume responsibility for health care services at the same time.

In the Inquest into the death of Mr. James Cunneen, Judge David O'Neil, Deputy State Coroner, highlighted the importance of ensuring that appropriate health care services are provided at Parklea CC to inmate patients at Parklea CC up until management is handed over.[13]

Section 6(1)(a) of the *Inspector of Custodial Services Act 2012* requires each adult custodial centre to be inspected at least once every five years. The last inspection of Parklea CC took place in November/December 2020, almost one year after the death of Mr. Cunneen on 28 December 2019. The ICS made observations and 18 recommendations relating to the provision of health services at Parklea CC in a report on the inspection of Parklea CC tabled in 2022 (Inspection of Parklea Correctional Centre Report).[14]

As the transition period between CSNSW and MTC Australia commenced on 30 September 2025, with handover scheduled for 30 September 2026[15], an inspection fell due during the transition period. Given the NSW Government had already made the decision that management of Parklea CC would return to CSNSW in October 2026, it was determined that this inspection should focus on the need to ensure appropriate health care services are provided to inmate patients up until management is handed over.

The Terms of Reference for the inspection of Parklea CC state that the inspection will have regard to the Inspector of Custodial Services' *Inspection Standards for Adult Custodial Services in NSW* with a focus on ensuring that appropriate health care services are provided to inmate patients in the lead-up to Parklea CC returning to public management in October 2026. This includes consideration of the transition of health care responsibility from SVCH to the Justice Health and Forensic Mental Health Network (JH&FMHN).

The inspection also considered the status of recommendations made in the Inspection of Parklea Correctional Centre Report published in June 2022, and by Judge David O'Neil, Deputy State Coroner, in the James Cunneen Inquest.

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[12] Department of Premier and Cabinet (NSW), 'Minns Labor Government to bring Parklea Correctional Centre back into public hands' (Media Release, 2 March 2025) <https://www.nsw.gov.au/ministerial-releases/minns-labor-government-to-bring-parklea-correctional-centre-back-into-public-hands>. For further discussion of the management contract and contract history, see Inspector of Custodial Services, *Inspection of Parklea Correctional Centre* (Report, June 2022), 17-19, 24-35.

[13] *Inquest into the death of James Joseph Cunneen* (Coroners Court of New South Wales, Deputy State Coroner David O'Neil, 23 July 2025) 71.

[14] Inspector of Custodial Services, *Inspection of Parklea Correctional Centre* (Report, June 2022).

[15] Letter Corrective Services NSW, 10 June 2026.

1.1 Contracted health services

Under the contract, MTC Australia is required to provide comprehensive health services to custodial patients. Health services must meet the standards of the public health system and comply with NSW Health and JH&FMHN policies and procedures.[16]

The contract further requires that custodial patients are comprehensively assessed for their health care needs and have access to an appropriate range of health services. Systems must also be in place to prioritise and triage patients seeking or requiring health care according to clinical need and urgency.[17]

In addition to documents and data produced by relevant agencies, this report is based on six site inspections conducted between November 2025 and February 2026. The inspection included direct observation of health staff delivering care within the health centre and interviews with SVCH staff.

We acknowledge the commitment of the health staff who are working within a challenging physical and high-risk environment. Staff demonstrated compassion in their care, and several expressed strong job satisfaction and a genuine commitment to their roles. There was a clear 'can-do' attitude despite identified barriers and operational challenges.

Given the context of the review, including the forthcoming transition, associated job uncertainty, and the high acuity, demand, and workload at Parklea CC, this level of engagement and professionalism is worth noting.

2 Issues related specifically to transition

The transition of health services at Parklea CC occurs in the context of lessons identified during the previous transition from JH&FMHN to SVCH in 2019.[18] In the James Cunneen Inquest findings, the transition process in April 2019 from JH&FMHN to SVCH was raised as a concern, with SVCH noting that a range of factors contributed to difficulties during implementation, including limited cooperation and information sharing with JH&FMHN. SVCH reported to the Coroner that JH&FMHN finished up on 31 March 2019, SVCH had access in the late afternoon of that day and they commenced to deliver care the next day.[19] Early identification of issues with communication and information sharing during the transfer back to JH&FMHN will be essential to ensure safe and effective transfer of care.

Broadly, CSNSW advised that with handover scheduled for 30 September 2026, the transition commenced on 30 September 2025. CSNSW advise that they established a transition governance framework to provide a structured interface between key stakeholders, which includes a range of committees and regular meetings regarding the transition.[20]

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[16] Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.1. In this report, the term 'contract' refers to the agreement between the NSW Minister for Corrections and the Commissioner for Corrective Services (the State) and Management and Training Corporation Pty. Ltd. to manage and operate Parklea Correctional Centre.

[17] Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.4.

[18] Parklea CC was operated by GEO Group Australia Pty Ltd between November 2009 and March 2019, and health services were provided by the Justice Health and Forensic Mental Health Network during this time. See Inspector of Custodial Services, *Inspection of Parklea Correctional Centre* (Report, June 2022) 18-19.

[19] *Inquest into the death of James Joseph Cunneen* (Coroners Court of New South Wales, Deputy State Coroner David O'Neil, 23 July 2025) 62-63, paragraph 187.

[20] Information provided by Corrective Services NSW, July 2026.

2.1 Communication

During this inspection, communication between SVCH and JH&FMHN was described as cautious and structured, reflecting the need to protect contractual arrangements. We are concerned this approach may constrain the free flow of operational information required to support effective transition planning. Although a formalised process for requesting information has been established through the contract using a Request for Information (RFI) mechanism, JH&FMHN reported that gaining access approvals and operational information has at times been challenging.

SVCH advised that it has provided JH&FMHN with access to the site and relevant information as requested. However, it noted that some requests must be managed through formal contractual processes and that the transition has generated increased demand for information and site access, placing additional pressure on the health team at Parklea CC while they are continuing to maintain business-as-usual service delivery.

Overall, there are concerns that contractual boundaries and access limitations may hinder transparent and timely sharing of information required to support transition planning. Ensuring appropriate access to operational information will be important to minimise risks during the transition period and to support continuity of care for patients and safety for staff.

It is, however, noted that both organisations have established governance arrangements to support the transition. SVCH has implemented a transition governance structure that includes two designated transition leads and four supporting committees focused on data management, clinical operations, people and culture, and legal matters. These committees are chaired by the relevant Executive Directors and report to a central Steering Committee led by the Chief Executive.[21]

JH&FMHN has also established a transition governance framework. This includes internal committees, working groups, and a Steering Committee involving the executive team and the Chief Executive which meet regularly to coordinate transition planning, manage risks, and oversee communication and operational readiness. In addition, designated transition teams and specific workstreams have been established to manage the complexity of the transition.[22]

Risk management processes have been established by both organisations, including risk registers and defined communication processes. JH&FMHN advised that lessons learned from the recent transition of services at Junee Correctional Centre have informed aspects of their planning.[23]

2.2 Workforce stability

Workforce stability was the primary concern raised by staff during site visits to Parklea CC. Staff reported uncertainty regarding the transition to JH&FMHN, particularly in relation to whether their positions would continue and the lack of clarity around the process for applying for roles with JH&FMHN and the status of existing leave entitlements. Staff indicated that this uncertainty had contributed to increased anxiety within the workforce and concerns that it may lead to higher levels of resignation and sick leave.

It was reported that following a 'town hall' announcement by JH&FMHN in early December 2025 regarding possible loss of leave entitlements and the expression of interest (EOI) process, sick leave usage increased significantly, with staff reporting a 365% increase in sick leave following the announcement.[24] Since that time several key staff have resigned, including the Nurse Manager, the

[21] Information provided by St Vincent's Correctional Health, December 2025.

[22] Information provided by JH&FMHN, December 2025.

[23] CSNSW took over operation of Junee Correctional Centre on 1 April 2025, concluding an association with GEO Group Australia Pty Ltd of more than 30 years.

[24] Information provided by St Vincent's Correctional Health, December 2025.

Nurse Unit Manager, the Clinical Nurse Consultant for Population Health, and a number of primary care nurses.

As noted by the Deputy State Coroner in the James Cunneen Inquest, '[...] it remains essential that appropriate health care services are provided to inmate patients up until management is handed over.'[25] In response to workforce pressures, SVCH has implemented a workforce business continuity plan and workforce surge planning matrix to manage vacancies and unplanned leave. The matrix prioritises patient care and staff safety and scales services according to staffing levels on each shift.[26] While this approach provides a structured response to staffing shortages, reduced staffing levels result in reduced service delivery. Under these circumstances, care is prioritised for urgent care (Priority 1 and Priority 2 triage category) patients, medication administration, and emergency care. The risk is that if reduced staffing levels persist, routine care for (Priority 3 and Priority 4 patients) and processes such as follow-up of self-referrals may be delayed or deferred.

There are plans to utilise agency nursing staff to address vacancies and increased sick leave. At the time of the inspection, however, formal determinations regarding leave entitlements had not yet been finalised, with JH&FMHN and SVCH continuing to work through these matters with the relevant authorities.[27] Regardless of the outcome of these determinations, maintaining the staffing levels at Parklea CC is a high priority.

Encouragingly, JH&FMHN and SVCH have recognised the need for improved communication with staff and have developed a joint communications plan, including a shared newsletter to provide consistent updates. SVCH and JH&FMHN advised that leadership representatives from both organisations are meeting regularly with staff face-to-face. In addition, a joint transition meeting involving senior representatives from MTC, SVCH, CSNSW and JH&FMHN has been established. The frequency of these meetings is planned to increase progressively, from monthly, to fortnightly, weekly, and daily as the transition date approaches.

A structured, collaborative process between SVCH and JH&FMHN should continue to actively engage SVCH health staff in the transition. This process should provide clear communication, support, and guidance to SVCH staff, enabling them to remain motivated and continue delivering safe, high-quality health care up to, and throughout the transition period and beyond.

2.3 Model of care

While there are some improvements to be made to the current model of care at Parklea CC, there are elements of practice within the service that may offer value for future service delivery. For example, aspects of the medication management model were identified as good practice that could be considered for continuation by JH&FMHN.

GP services also represent a strength of the current model, with a GP onsite five days per week and additional emergency department medical support available in the centre on four further days.

However, the model of care contains a number of interdependencies, and changes to individual components may have flow-on impacts on other parts of the service. Understanding these relationships will be important for JH&FMHN when determining which elements of the current model should be retained or modified. JH&FMHN advised that further access to the operational detail of the existing model would be required to fully assess this.

Consideration should be given to implementing a phased transition of health services rather than a single fixed transition date. A staged approach would support collaboration between JH&FMHN and

[25] *Inquest into the death of James Joseph Cunneen* (Coroners Court of New South Wales, Deputy State Coroner David O'Neil, 23 July 2025) 71, paragraph 218.

[26] Information provided by St Vincent's Correctional Health, January 2026.

[27] Information provided by St Vincent's Correctional Health, February 2026.

SVCH and enable practical arrangements to be developed within the contractual framework to facilitate a safe and coordinated transfer of services in the interests of patient care.

JH&FMHN has now advised that following a consultation between all entities, a preliminary agreement has been made between SVCH and JH&FMHN regarding a phased transition.

Recommendation 1: CSNSW, MTC Australia, JH&FMHN and SVCH continue to progress and formalise a phased transition of health services rather than a single fixed transition date.

Recommendation 2: SVCH and JH&FMHN continue to progress a structured, collaborative process to actively engage SVCH health staff in the transition. This process should provide clear communication, support, and guidance to SVCH staff, enabling them to remain motivated and continue delivering safe, high-quality health care up to, and throughout the transition period and beyond.

3 Health care at Parklea CC

Health care resourcing for Parklea CC was reported as just over 97 approved full-time (FTE) positions for the 2024-25 year.[28] This includes nursing, medical, allied health and management and administration (non-clinical) positions. The main health centre operates 7 days a week, 24 hours a day.[29]

3.1 Occasions of service

SVCH provided custodial patients with 74,948 occasions of health care service in the reporting period from April 2024 - March 2025.[30]

The working relationship with MTC was described by health staff as mostly positive, while heavily person dependent. There are often delays in access due to competing priorities of MTC officers, however there was reported improvement over recent years. Two dedicated officers for the newer Area 5/6 clinic have also increased access.

Good working relationships were reported with Blacktown, Westmead and Auburn Hospitals. Emergency care and external specialist medical appointments are facilitated through these tertiary hospitals. Westmead Hospital has designated a separate waiting area and car parking space for patients from Parklea CC, which has improved safety and privacy of inmate patients waiting in the Emergency Department.

3.2 Environment

There was commentary in the James Cunneen Inquest regarding the suitability of the main clinic at Parklea CC. During the inquest, the clinic environment was described as 'filthy and putrid' and that it was not possible to maintain a clean environment.[31]

The Deputy State Coroner recommended that the Commissioner of CSNSW, and the State:

> give immediate consideration to the redevelopment of the Main Clinic at Parklea Correctional Centre, including the observation cells within the clinic, to ensure a clean, hygienic, and safe environment and one

[28] MTC Australia, *Parklea Correctional Centre Annual Health Services Report* (April 2024-March 2025) 6.

[29] Information provided by St Vincent's Correctional Health, November 2025.

[30] MTC Australia, *Parklea Correctional Centre Annual Health Services Report* (April 2024-March 2025) 3.

[31] *Inquest into the death of James Joseph Cunneen* (Coroners Court of New South Wales, Deputy State Coroner David O'Neil, 23 July 2025) 74, paragraph 230.

> which is fit for the purpose of operating a medical clinic and accommodating patients in cells within the clinic.[32]

The main health centre currently houses some of the most acute and unwell patients at Parklea CC; however, the environment does not provide safe or hygienic accommodation. While some patients remain in these cells for only short periods, mental health patients may stay for significantly longer. Many cells do not have in-cell access to showers, televisions, or outdoor space. The area remains unhygienic and continues to be unsuitable for its intended purpose. As such, it does not currently meet ICS Health Standards or the Royal Australian College of General Practitioners (RACGP) Standards for health services in Australian prisons.[33]

As an example, a review of patients in the main clinic in December 2025 identified 14 patients classified as long-stay patients. The average length of their stay was 20 days ranging from 5 days to 56 days, with the main reason being for mental health concerns.[34]

The area is also unsuitable for clinical staff. Staff amenities are located directly off the main patient corridor, which creates a safety concern.

In contrast, the new clinic located in Area 5/6 is well designed and provides a more appropriate environment for patient assessment and care. Staff amenities in this clinic are located behind secure access, which improves staff safety. As recommended in the previous ICS report, SVCH should continue to ensure that the new health centre is utilised to its full potential.[35]

Recommendation 3: CSNSW, in consultation with JH&FMHN and SVCH develops and implements a plan to address the unsuitability of the main health centre at Parklea CC. This should include consideration of redevelopment or decommissioning of the current main health centre and ensuring that patients requiring observation or short-term admission are accommodated in facilities that meet Infection Prevention and Control requirements, provide access to basic amenities, and comply with the relevant health standards.

3.3 Reception health screening

Initial assessment on entry into custody is particularly important, as it is at this time that the health profile of the patient is identified and health care treatment and planning commence.[36] All new arrivals into custody require a health examination by a qualified health professional within 24 hours of arrival.[37] While some months had reduced intake, the table below shows the numbers of new receptions into Parklea CC remained high between 2024-2025.[38]

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[32] *Inquest into the death of James Joseph Cunneen* (Coroners Court of New South Wales, Deputy State Coroner David O'Neil, 23 July 2025) 79, paragraph 244.

[33] Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standards 28, 74, 75; Royal Australian College of General Practitioners, *Standards for health services in Australian prisons*, 2nd edition, 2023, Prison Health Standard 5.1 (Health service facilities). The RACGP Standards for health services in Australian prisons are nationally recognised quality standards for custodial health care and are used by SVCH for accreditation purposes. The most recent accreditation was February 2026.

[34] Information provided by St Vincent's Correctional Health, February 2026.

[35] Inspector of Custodial Services, *Inspection of Parklea Correctional Centre* (Report, June 2022) 88.

[36] Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.10.4 Health Assessment.

[37] Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 78.

[38] The previous inspection found that in the six months between October 2020 to March 2021 the total numbers of new receptions received into custody at Parklea CC ranged between 495 and 591 per month. Inspector of Custodial Services, *Inspection of Parklea Correctional Centre* (Report, June 2022) 37.

Table 1: New reception inmates at Parklea CC by month from 1 July 2024 to 30 June 2025[39]

Month/Year	Total
July 2024	640
August 2024	554
September 2024	484
October 2024	489
November 2024	513
December 2024	531
January 2025	511
February 2025	506
March 2025	429
April 2025	403
May 2025	301
June 2025	337

The number of custodial patients received into custody at Parklea CC who undergo a health assessment within 24 hours is a Key Performance Indicator (KPI) for SVCH under the contract.[40] Annual reporting stated that 100% of custodial patients received into custody during the 2024-25 reporting period had their health assessment completed within the 24-hour timeframe.[41] However, this does not take into consideration the concerns previously raised by ICS about reception processes at Parklea CC. Recent monthly snapshot data from August 2025 – December 2025 showed that 69/209 (33%) of patients were not clinically reviewed prior to placement overnight.[42]

The previous inspection of Parklea CC identified gaps in the reception screening process, including concerns that transport vehicles were arriving late and newly received inmates were not being clinically reviewed until the following day.[43] As a result, some individuals were placed in the main clinic cells overnight without an initial health assessment, creating a significant patient safety risk.

Staff reported that while truck arrival times have improved, they remain unpredictable. It was also reported that inmates transferred from other correctional centres were at times prioritised for screening over new receptions, resulting in some newly received patients still being placed in cells without an assessment.

We note that a focused review and quality improvement project has been undertaken to address this risk. Regular meetings have been established with MTC, along with routine audits to identify ongoing issues and support improvements to the reception process. These measures aim to ensure

[39] Information provided by Corrective Services NSW, November 2025.

[40] Contract, Schedule 11, Performance Regime, KPI 18.

[41] MTC Australia, *Parklea Correctional Centre Annual Health Services Report* (April 2024-March 2025) 5. This figure reflected 99.74% rounded to 100% (6,513 out of 6,530).

[42] Information provided by St Vincent's Correctional Health, February 2026.

[43] Inspector of Custodial Services, *Inspection of Parklea Correctional Centre* (Report, June 2022) 37-39.

that all new receptions receive an initial health screening on the night of arrival prior to cell placement.[44]

3.4 Primary health services

3.4.1 Emergency and on-call care

The MTC health contract requires that inmates have access to 24-hour emergency health services, including on-call or standby services provided by a doctor or nurse.[45] It specifies minimum service requirements and states that patients must have timely access to a coordinated range of health services appropriate to their health needs, delivered by a multidisciplinary team.[46] The contract further requires that MTC ensure inmates are comprehensively assessed for their health care needs and have access to a range of health services equivalent to those available in the community.[47]

SVCH provides medical coverage five days per week, with a GP contracted for five days and an emergency department (ED) doctor rotating onsite four days per week. This results in two doctors being onsite on four days each week.[48] In addition, there is access to an after-hours on-call medical officer from the emergency department at St Vincent's Hospital in Darlinghurst. Access to this expertise is a positive feature of the care model and supports timely clinical response for patients with traumatic injuries or urgent medical needs.

3.4.2 Access to health appointments

Patients awaiting health appointments are triaged according to a priority system ranging from Priority 1 to Priority 4. Priority 1 patients, representing the most critical cases, are required to be seen within 72 hours, while Priority 2 patients must be seen within 14 days.[49]

SVCH monitors performance against KPIs relating to the timely provision of primary health services, specifically the number of failure periods for Priority 1 and Priority 2 custodial patients.[50] A review of the Parklea CC Annual Health Services Report (April 2024 – March 2025) indicates that 100% of Priority 1 and Priority 2 patients were seen within the required timeframes.[51] Monthly service snapshots reviewed by the inspection team also indicate that Priority 1 and Priority 2 appointments were managed within the expected timeframes.[52]

[44] Information provided by St Vincent's Correctional Health, February 2026.

[45] Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.4.2.4.

[46] Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.4.1.

[47] Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.4.2.1.

[48] Information provided by St Vincent's Correctional Health, November 2025.

[49] Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.4.2.1.10.

[50] Contract Schedule 11, Performance Regime, KPI 14.

[51] MTC Australia, *Parklea Correctional Centre Annual Health Services Report* (April 2024-March 2025).

[52] MTC Australia, *Parklea Correctional Centre Monthly Health Services Reports* for May, June, July and August 2025.

Table 2: Timely primary health performance recorded in Annual Health Services Report 2025[53]

KPI	Target	Result	Comment
Timely primary health services (priority 1)	100%	100%	35 patients seen
Timely primary health services (priority 2)	100%	100%	4,561 patients seen

The contracted KPI for Priority 1 and Priority 2 patients appears to be a significant driver of health care delivery. Daily reports are provided to primary care nurses and clinicians to ensure that patients do not exceed the 14-day timeframe, and systems have been established to closely monitor this requirement.

However, staff across services reported that this KPI-driven approach can influence workforce deployment, with clinicians sometimes redeployed from other roles to ensure compliance with Priority 1 and Priority 2 targets. Conversely, staff reported that if their own service area was at risk of breaching the KPI timeframe, there would be a focus of resources on their area.

While this focus on KPIs supports timely access to urgent and critical care, there is a risk that lower-priority categories (Priority 3, and Priority 4) may receive less attention and result in longer wait times for care. As a result, lower-priority or chronic health issues may experience delays in assessment and treatment. This will be further compounded if staff vacancies and unexpected leave remain high leading up the transition date in October 2026.

It is acknowledged that inmates transferred to Parklea CC may already be on a Priority 3 or Priority 4 waitlist, and this is often unavoidable. However, systems should be in place to appropriately recognise and manage these non-urgent health care needs to ensure continuity of care.

3.4.3 Managing lower priority waitlists and chronic health needs

The previous ICS inspection recommended that SVCH strengthen the capacity of the Parklea CC health service model to manage non-urgent and chronic care conditions.[54]

However, due to the operational focus on Priority 1 and Priority 2 triage categories driven by contractual KPIs and the acuity of the Parklea CC population, patients triaged as Priority 3 (requiring an appointment within three months) and Priority 4 (requiring an appointment within twelve months) continue to experience lengthy wait times.

As of 30 June 2025, a total of 1,402 patients were recorded across clinician Priority 3 and Priority 4 waitlists, including primary care, mental health, drug and alcohol, dental, and chronic care services, and 173 were outside recommended clinical timeframes.[55] Between 1 July 2024 and 30 June 2025, 1,695 patients were not seen within the recommended clinical timeframes.[56] This represents approximately 8% of patients listed under Priority 3 and Priority 4 categories.[57] These figures are broadly consistent with those identified during the previous inspection, indicating that the management of lower-priority waitlists remains an ongoing challenge at Parklea CC.[58]

In October 2025, the State issued a Performance Improvement Notice (PIN) to Parklea CC citing concerns regarding non-compliance with waitlist management and tail-end reporting requirements.

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[53] MTC Australia, *Parklea Correctional Centre Annual Health Services Report* (April 2024-March 2025). The figure for Priority 2 was 99.65% rounded to 100%, with 4561 out of 4577 patients seen within the timeframe.

[54] Inspector of Custodial Services, *Inspection of Parklea Correctional Centre* (Report, June 2022) 78.

[55] Information provided by St Vincent's Correctional Health, November 2025.

[56] Information provided by St Vincent's Correctional Health, November 2025.

[57] Information provided by St Vincent's Correctional Health, November 2025.

[58] Inspector of Custodial Services, *Inspection of Parklea Correctional Centre* (Report, June 2022) 77.

The notice followed a review of 2,258 waitlist records as of 30 September 2025 and highlighted concerns that a significant number of patients categorised as Priority 3 and Priority 4 were overdue for care.[59]

SVCH advises that the introduction of Single Digital Patient Record (SDPR) at Parklea CC, discussed at 3.4.14 below, has supported enhanced implementation of waitlist management strategies, including clinical prioritisation reviews and strengthened oversight processes, which is expected to reduce waitlist backlog.[60]

3.4.4 Chronic care

Under the contract, MTC is required to ensure that inmates diagnosed with, or identified as potentially having, chronic health conditions receive appropriate screening and management.[61] The contract establishes several minimum requirements in relation to chronic disease management, including the development and maintenance of chronic health care plans for eligible patients.[62] Maintaining up-to-date chronic health care plans is also a contractual KPI, with a target that over 85% of eligible patients have a current chronic care plan within the specified timeframe.

Chronic health conditions are primarily identified during the reception health screening process, which includes mechanisms to flag patients with known or suspected chronic disease.

Chronic care nurses reported strong working relationships with the onsite GP and visiting emergency doctors. They indicated that the initial clinical assessment of newly received patients with chronic conditions, including the prescribing and charting of required medications, generally occurs in a timely manner. As at September 2025, 96% (97/101) of eligible patients were seen within the required timeframe.[63]

A positive development in addressing the chronic health needs of Aboriginal patients is the establishment of a dedicated Aboriginal-focused Chronic Care Nurse role. This position is responsible for monitoring and coordinating the ongoing management of chronic health conditions for Aboriginal patients. Recorded in June 2025, 92% (23/25) of eligible Aboriginal patients were seen within the required timeframe.[64]

Recommendation 4: SVCH implements a process to review patients on Priority 3 and Priority 4 waitlists within the required timeframes in the lead up to the transition, to minimise any backlog of patients waiting beyond clinically appropriate timeframes at the point of transfer.

3.4.5 Patient self-referral

For non-urgent health concerns, inmates are required to complete a Patient Self-Referral form to access health services. These paper-based forms are available through custodial officers, health staff, or within accommodation areas. While the form includes a designated section to acknowledge receipt, staff reported that this process is not consistently followed.[65]

During the inspection, designated collection trays for self-referrals, across mental health, primary care, and physiotherapy services, were observed to contain a substantial volume of forms. It was noted that some patients had submitted multiple referrals for similar concerns; however, the overall

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[59] Information provided by Corrective Services NSW, November 2025.

[60] Letter CEO St Vincent's Hospital Sydney, 11 May 2026.

[61] Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.10.10.1.

[62] Contract, Schedule 11, Performance Regime, KPI 13.

[63] MTC Australia, *Parklea Correctional Centre Monthly Health Services Report September 2025*, 4.

[64] Information provided by St Vincent's Correctional Health, November 2025 and MTC Australia, *Parklea Correctional Centre Monthly Health Services Report June 2025,* 3.

[65] Information provided by St Vincent's Correctional Health, January 2026.

volume remained high. The most common reasons for referral included pain, sleep concerns, cell placement/health clearance, and medication-related requests.

Staff provided inconsistent accounts regarding how self-referral forms are reviewed and actioned. The results of a sample review of seven randomly selected self-referral forms found that, in each case, an entry had been made in the patient health record and appropriate follow-up had either occurred or was scheduled. However, from the pile it was unclear which forms had been actioned and which ones had not.

An increase in the volume of self-referral forms was observed between January and February.[66] Nursing staff advised that, due to workforce shortages, while some referrals had been actioned, there was insufficient capacity to review and process all submissions. This raises concerns regarding timely access to care and the potential for unmet health needs among patients.

SVCH acknowledged opportunities for improvement but noted the high volume of paper referrals (estimate of approximately 200 per day) to be a challenge, which are then returned to the nursing station for clinical review and triage.

Table 3: Number of self-referrals on 13 January and 19 February 2026

Service	13 January 2026	19 February 2026
Primary health care self-referrals	192	283
Mental health care self-referrals	21	70
Physiotherapy self-referrals	22	34

Recommendation 5: SVCH reviews and strengthens the process for managing patient self-referral forms to ensure there is clear documentation of which referrals have been reviewed and which remain outstanding.

3.4.6 Release planning

There are minimum service requirements in the contract around discharge planning for custodial patients with health issues requiring ongoing health care after release. Processes must be developed so that, upon release, they have a discharge plan including the details of referrals to an appropriate community health service provider to ensure continuity of care.[67]

SVCH has implemented a Patient Journey Nurse role to support achievement of the contracted KPIs relating to the provision of health discharge plans for both sentenced and remand inmates. This KPI measures the proportion of in-scope custodial patients who are provided with a health discharge plan prior to release.[68]

The Patient Journey Nurse role also supports key care coordination activities, including medication reconciliation for new receptions and transfers, follow-up of Requests for Information (RoI) from external health providers, and ensuring that patients are provided with clinical summaries and appropriate medications on release.[69]

[66] Information from review conducted during site inspection, January and February 2026.

[67] Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.7.2.

[68] Contract, Schedule 11, Performance Regime, KPI 15.

[69] Information provided by St Vincent's Correctional Health, January 2026.

Table 4: Parklea CC monthly performance for health discharge plans September 2025[70]

KPI	Target	Result	Comment
Sentenced health discharge plans	90%	100%	Completed for 44 of 44 patients
Remand health discharge plans	70%	95%	Completed for 138 of 145 patients

3.4.7 Dental care

Patients in custody should have access to clinically appropriate general dental care.[71] The last inspection identified a serious gap in dental services and recommended that MTC and SVCH ensure consistent access to non-emergency dental services at the centre.[72] It also recommended that JH&FMHN provide SVCH with access to the dental database system so that dental waiting lists could be appropriately managed.[73]

While some improvements were reported following the previous inspection, this inspection found that an onsite dentist had not been available at Parklea CC since January 2025. SVCH had also not been provided access to the JH&FMHN Titanium dental database system and were still relying on identification of need from reception, self-referral and staff referral and a manual triage and wait list process. It was reported that patients could access external emergency dental services where required; however, routine dental care was not available. As of 30 June 2025, there were 175 patients on the dental waiting list. The situation does not meet the ICS Health Standards.

SVCH advised that there had been challenges in recruiting to the dental position. The inspection team noted that, during the final site visit in February 2026, a new dentist had commenced and had begun seeing patients.

Table 5: Dental waitlist, June 2025[74]

Clinic	Priority 1	Priority 2	Priority 3	Priority 4	Priority 5	Total
Dentist	Nil	2	141	23	9	175

3.4.8 Radiology services

Radiology services are available on site, with a radiologist attending two days per week.[75] Health staff reported that this service is highly valued as it enables timely access to imaging services and reduces the need to transport patients to external hospitals for routine X-rays. The medical team advised that if more urgent imaging is required outside of these days, patients can be referred to external emergency services.[76]

3.4.9 Physiotherapist services

There are physiotherapy services onsite once a week, and for any urgent services there is an agreement for physiotherapy services through Auburn hospital.

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[70] MTC Australia, *Parklea Correctional Centre Monthly Health Services Report,* September 2025.

[71] Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 82.

[72] Inspector of Custodial Services, *Inspection of Parklea Correctional Centre* (Report, June 2022) 79.

[73] Inspector of Custodial Services, *Inspection of Parklea Correctional Centre* (Report, June 2022) 80.

[74] Information provided by St Vincent's Correctional Health, November 2025.

[75] Information provided by St Vincent's Correctional Health, November 2025.

[76] Information provided by St Vincent's Correctional Health, January 2026.

3.4.10 Culturally safe care

Custodial health services should be delivered in a culturally appropriate manner, with access to Aboriginal Health Workers, particularly in centres with a high proportion of Aboriginal and Torres Strait Islander inmates.[77] The contract further specifies that the physical, social, spiritual and emotional wellbeing of Aboriginal and Torres Strait Islander patients is supported in a way that is responsive to their cultural needs.[78] A snapshot provided for 30 June 2025 showed that 25% of the Parklea CC inmate population (or 290 people) identified as Aboriginal or Torres Strait Islander.[79]

SVCH has not had an Aboriginal Health Worker in place for more than three years. It was reported that there have been ongoing difficulties recruiting to this position.[80] Staff advised that, in the absence of this role, they are limited in their ability to seek guidance to support culturally appropriate care, and there is currently no identified liaison with community-based Aboriginal support services. SVCH participation in Close the Gap activities occurs only when invited by MTC.

SVCH has recently introduced an Aboriginal-focused Chronic Care Nurse role to support Aboriginal patients with chronic conditions. While this position is not an Aboriginal-identified role and does not provide cultural care, it is a positive initiative by SVCH. Although the initiative may improve access to chronic disease management for Aboriginal patients, it does not replace the need for an Aboriginal Health Worker or Aboriginal Health Practitioner to support culturally safe care.

Recommendation 6: SVCH considers strategies to strengthen Aboriginal health workforce capability within the current service model and, in the lead up to transition, engage with JH&FMHN to explore whether Aboriginal Health Worker or Aboriginal Health Practitioner support may be available to assist with continuity of care and the delivery of culturally safe services.

3.4.11 Health promotion

The contract requires that the SVCH ensure custodial patients are provided with health promotion and disease prevention information to support informed decision-making and encourage responsibility for healthy lifestyle choices.

There is no formal program for health promotion or patient education at Parklea CC. Health staff reported that health education is provided opportunistically during patient appointments. Some limited information pamphlets are available and distributed to patients during these appointments.

3.4.12 Staff training

In the previous inspection report, it was recommended that SVCH develop advanced nursing practice roles, including Nurse Practitioner positions, to support timely access to care.[81] While SVCH secured funding for two Nurse Practitioner positions, they were unable to recruit to these roles. As an alternative, the funding was redirected into senior nursing positions, including Clinical Nurse Consultant (CNC) and Clinical Nurse Specialist (CNS) roles across Population Health, Drug and Alcohol, and Mental Health. In addition, the introduction of a clinical practice role has strengthened education and training support for nursing staff.

A positive development identified in the previous inspection was the establishment of a Correctional Health Care Graduate Certificate in partnership with Australian Catholic University (ACU).[82] SVCH continues to support approximately four to six nurses annually to undertake this qualification,

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[77] Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 79.

[78] Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.8.2.2.

[79] Information provided by Corrective Services NSW, November 2025.

[80] Information provided by St Vincent's Correctional Health, November 2025.

[81] Inspector of Custodial Services, *Inspection of Parklea Correctional Centre* (Report, June 2022) 79.

[82] Inspector of Custodial Services, *Inspection of Parklea Correctional Centre* (Report, June 2022) 80.

contributing to addressing workforce capability gaps identified in earlier inspections.[83] Continuation and potential expansion of this program would be of benefit to JH&FMHN in the ongoing support of workforce capability more broadly.

JH&FMHN advise that support for nursing staff to obtain a range of post-graduate qualifications in custodial health care is already in place.

Recommendation 7: JH&FMHN continues to support staff undertaking postgraduate qualifications relevant to correctional health and ensure that Parklea CC staff who have commenced the Correctional Health Care Graduate Certificate with ACU are provided with the necessary support to complete the course.

3.4.13 Medication management

Correctional centres must have safe and compliant procedures for the distribution of medications to inmates.[84] The contract outlines extensive minimum service requirements across medication management, including governance, legislative compliance, documentation and auditing, prescribing, storage, administration and dispensing, as well as processes for medication during transfer and discharge planning. These requirements ensure that prescribed medications are provided appropriately under the direction of qualified health professionals. Effective medication management should support continuity of care, minimise risks associated with misuse, and promote patient independence, including access to necessary treatments and equipment for chronic conditions and daily living.[85]

The previous inspection identified a number of proposed improvements in medication management at Parklea CC.[86] Observations during this inspection indicate that these improvements have been implemented and embedded into practice, representing a positive step towards strengthening patient safety and addressing concerns previously raised, including those highlighted in the James Cunneen Inquest about missed medications.

The inspection noted several enhancements with medication management. A daily post medication round check-in has been introduced to support timely follow-up of patients and to address medication-related and safety concerns. Increased oversight of documentation on the electronic medication administration record (eMAR) has resulted in improved compliance.[87]

Additional initiatives include a twice-weekly pharmacist-led review of expiring medications to ensure timely renewals, particularly for Schedule 8 (S8) and Schedule 4D (S4D) medications, thereby reducing the risk of treatment interruption. A weekly audit process has also been implemented to identify medications that have been prescribed but not commenced on the eMAR, addressing potential omissions and system limitations.[88]

The model of embedding pharmacists and pharmacy technicians within clinical teams was highly regarded by both nursing and medical staff. This approach was reported to enhance medication safety, reduce the administrative burden on nursing staff, and enable nurses to focus on broader clinical duties.[89] The turnaround time for newly prescribed or amended medications was notably efficient, with changes made before midday, packaged and ready for dispensing by the following

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[83] Information provided by St Vincent's Correctional Health, November 2025.

[84] Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 84.

[85] Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.10.7.

[86] Inspector of Custodial Services, *Inspection of Parklea Correctional Centre* (Report, June 2022) 80-81.

[87] Information provided by St Vincent's Correctional Health, December 2025, MTC Australia, *Parklea Correctional Centre Annual Health Services Report* (April 2024-March 2025) 7.

[88] MTC Australia, Parklea Correctional Centre Annual Health Services Report (April 2024-March 2025) 7.

[89] Information provided by St Vincent's Correctional Health, December 2025.

morning.[90] Medical staff also reported improved efficiency in prescribing, supported by timely access to pharmacist expertise. The expanded scope of pharmacists, including involvement in immunisations and administration of opioid substitution therapies such as methadone and buvidal, has further supported drug and alcohol services, increasing capacity for patient assessment and review of waitlists and is another indication of the benefit of the medication model. This model has had a positive impact on health care delivery at Parklea CC. However, it is important to recognise that it operates through multiple interdependencies, and any decisions regarding retention or modification of its components should carefully consider the potential flow-on effects across other areas of service delivery.

Several medications prescribed at Parklea CC were identified as potentially inconsistent with prescribing practices at JH&FMHN. While this is expected to be addressed following the transition, it may impact continuity of care and patient safety; therefore, appropriate processes should be implemented to mitigate these risks.

One of the recommendations arising from the James Cunneen Inquest related to medication management. Specifically, that JH&FMHN and SVCH review and update policy guidance on the required timeframes for medical practitioner review following the prescription of medication for an acute condition.[91]

SVCH health staff reported that, in response to practice changes implemented since this incident, any patient prescribed medication for an acute condition is placed on a GP hold within the main clinic until reviewed and formally cleared by a medical practitioner. This process applies to new receptions, transfers, and patients who become acutely unwell while in custody.

SVCH advised that two key policies, Medication Reconciliation and Prescribing, and Ordering of Medications, were updated in 2024 to address issues identified in the James Cunneen Inquest recommendations.[92] SVCH further reported that it has engaged with JH&FMHN, who are currently revising three related policies in response to these recommendations. SVCH indicated it will review and align its existing policies with the updated JH&FMHN policies once this work is finalised.

Recommendation 8: SVCH provides JH&FMHN with the necessary information and access to observe the medication model at Parklea CC to support informed decision-making regarding the model of care.

Recommendation 9: JH&FMHN, in collaboration with SVCH, review differences in prescribing practices between the two organisations and implement strategies to mitigate risks to continuity of care and patient safety during the transition. Consideration should also be given to how patients are informed about any changes to their medications or treatment plans.

3.4.14 Health information systems

The contract requires that SVCH implement and maintain health record and information systems that support the delivery of health care, including clinical processes, quality and safety, privacy, and reporting.[93] These systems must meet both strategic and operational requirements, including contractual reporting obligations.[94]

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[90] Information provided by St Vincent's Correctional Health, November 2025 and observed during site inspection.

[91] *Inquest into the death of James Joseph Cunneen* (Coroners Court of New South Wales, Deputy State Coroner David O'Neil, 23 July 2025) 71-72, recommendation 2.

[92] St Vincent's Correctional Health Policy documents Medication Reconciliation and Prescribing, and Ordering of Medications.

[93] Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.11.7.1.

[94] Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.11.7.3.

The previous inspection recommended that consideration be given for SVCH to access to key systems, including Titanium and pathology systems.[95] As noted earlier in this report, SVCH does not have access to the Titanium dental system and continues to utilise SydPath for pathology services. While SydPath provides efficient turnaround times for results, there remains a manual process for uploading results into the Justice Health Electronic Health System (JHeSH). This introduces a risk of error, and during the site visit a significant backlog of paper-based results awaiting scanning and clinical review was observed.[96] This issue is expected to be resolved following the transition of services to JH&FMHN.

SVCH also reported limited functionality within JHeSH, including an inability to generate reports to meet operational and contractual requirements. In response, SVCH has developed an internal reporting system known as the 'KPI portal'. This system captures data against all contracted clinical KPIs, as well as medication requests, and supports operational management. The KPI portal generates automated daily alerts to clinicians regarding KPI deadlines and risks of exceeding priority timeframes.[97]

While SVCH utilises the JH&FMHN Patient Administration System (PAS) to manage waitlists, its application differs from standard JH&FMHN practice. The KPI portal is used as the primary system for day-to-day operations, with most clinical workflows driven through this platform. For example, medication recharting processes are managed via the KPI portal. This reflects the strong influence of contractual KPIs on clinical workflow and service delivery. Health staff raised concerns that the use of duplicate systems, requiring manual transfer of information between platforms, is time-consuming and creates a risk that important patient information may be missed.

JH&FMHN transitioned to the statewide Single Digital Patient Record (SDPR) system in March 2026.[98] Although private providers were initially excluded from access, Parklea CC was ultimately included as part of the JH&FMHN implementation cohort. During the February 2026 site visit, the inspection team observed the SDPR implementation team onsite. As Parklea CC processes are reviewed and integrated into the SDPR, it is anticipated that variations in system use will be reduced and reliance on standalone systems such as the KPI portal may be streamlined. This is expected to support a more consistent model of care and facilitate the safer transition of services in October 2026.

SVCH advise that some external applications in use post SDPR implementation lack integration with SDPR and are expected to become redundant following handover. JH&FMHN have advised they are planning an assessment of electronic health systems in use at Parklea CC to support transition and/or integration between existing and new systems.[99]

Recommendation 10: Prior to the transition of health services, during any review of the implementation of the SDPR at Parklea CC, JH&FMHN, in collaboration with SVCH, should include an assessment of all electronic health systems still in use, along with a clear plan to integrate information and streamline processes across these systems.

3.5 Mental health services

The prevalence of mental health conditions within correctional centre populations is well established. Correctional centres are required to provide appropriate and adequate services to meet

[95] Inspector of Custodial Services, *Inspection of Parklea Correctional Centre* (Report, June 2022) 80, 89-90.

[96] Observation from site visit January 2026.

[97] Information provided by St Vincent's Correctional Health, November 2025.

[98] Information provided by Justice Health and Forensic Mental Health Network, December 2026.

[99] Letter CEO St Vincent's Hospital Sydney, 11 May 2026; Information provided by the Justice Health and Forensic Mental Health Network, 8 May 2026.

the mental health needs of inmates.[100] The contract stipulates that mental health services must, at a minimum, align with community-based models of care delivered by GPs and mental health nurses. It also requires that patients needing a higher level of care are referred to appropriate specialist services.[101]

The contract outlines a number of minimum service requirements. These include comprehensive reception screening processes that incorporate mental health assessment, including identification of self-harm and suicide risk, with referral to an appropriate health professional as required.[102] Adequate staffing levels must be maintained to ensure timely access to care.[103]

In addition, specific requirements for mental health services include the provision of a multidisciplinary team that:

- undertakes mental health assessments, develops care plans, and provides treatment, including a range of therapeutic interventions
- conducts regular reviews of patients with mental illness, with the aim of minimising the impact of mental illness and preventing relapse
- timely access to non-urgent mental health services beyond the reception process
- regular review and updating of mental health care plans, at least every three months
- effective coordination and integration between services delivered by MTC and JH&FMHN
- triage and assessment by qualified mental health professionals, with referral to the appropriate level of care
- documented systems to prioritise referrals based on risk, urgency, distress, dysfunction, and disability.[104]

The previous inspection recommended an increase in mental health resources at Parklea CC, noting that existing capacity did not meet service demand.[105] This remained the case at the time of the current inspection. The roster reviewed indicates 11 FTE full-time Mental Health Nurses (MHNs) and two casual mental health nursing staff.[106] SVCH ensures that at least one MHN is rostered on each shift across the 24-hour period. This arrangement supports the completion of reception screening during evening shifts and enables the provision of urgent mental health care overnight. However, although nursing staff may be rostered as a MHN, we were informed they are frequently required to cover other clinic duties, such as medication dispensing and general primary health care tasks. On occasions where more than one MHN is rostered on a shift, staff reported that one may be redeployed to other roles within the clinic. The reported exception to this occurs when the KPI for Priority 2 category patient is at risk of being breached, at which point MHNs are prioritised to meet this requirement.

There has been no onsite psychiatrist for more than four years. The currently allocated psychiatrist is available via telehealth on a fortnightly basis on weekends. However, MHN staff reported that in practice it can sometimes be three weeks between clinics.[107] SVCH advised they have undertaken several recruitment processes for an onsite psychiatrist without success.

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[100] Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 89.

[101] Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.10.12.1.

[102] Contract, Schedule 3 (Output Specification) Part C Services Specification, 2.5.2.6.

[103] Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.10.12.1.5.

[104] Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.10.12.1; 5.10.12.2.

[105] Inspector of Custodial Services, *Inspection of Parklea Correctional Centre* (Report, June 2022) 84.

[106] Information provided by St Vincent's Correctional Health, February 2026.

[107] Information provided by St Vincent's Correctional Health, December 2026.

There is no psychiatrist on call for clinical escalation or urgent consultation. While MHNs can contact the psychiatrist directly for urgent matters and reported that calls are generally returned, staff expressed that this arrangement is insufficient and that they sometimes feel unsupported and unsafe in their clinical decision-making. MHN staff reported that the Priority 1 and Priority 2 categories drive service delivery and are prioritised, making it challenging to attend to the non-urgent priority category patients. Data provided for 19 February 2026 indicated there were 51 patients classified as Priority 2 on the waitlist, compared with 561 patients in non-urgent categories awaiting care.

Table 6: Mental health waitlist 19 February 2026[108]

Specialty	Priority 2	Priority 3	Priority 4	Priority 5	Total
Adult ambulatory mental health	51	429	75	57	612

During the inspection on 12 February 2026, there were 20 patients on mental health holds in the main clinic and three patients on a Risk Intervention Team management plan (RIT).[109]

Parklea CC does not have dedicated acute mental health infrastructure beyond the use of clinic observation cells. Patients whose mental health needs cannot be safely managed onsite may be referred to the Mental Health Screening Unit at the Metropolitan Remand and Reception Centre (MRRC).[110]

Access to Mental Health Screening Unit beds remains limited, with five patients on the waitlist at the time of inspection. This constraint is not unique to SVCH and reflects a broader system-wide capacity issue.[111]

Limited access to specialist beds, a high number of patients requiring mental health holds in the main clinic, and the unsuitability of the environment for managing acutely unwell patients, all contribute to concern. In addition, insufficient telepsychiatry hours, limited escalation pathways for on-call support, a growing number of patients awaiting mental health services, and mental health nurses being diverted from core duties combine to present a significant clinical risk for SVCH.

CSNSW advise that collaboration occurs frequently to place acutely unwell persons in need of specialised mental health facilities at the MRRC.

JH&FMHN advise that they have a planned allocation of a 0.8 FTE psychiatrist and 0.4 FTE mental health nurse practitioner to Parklea CC on transition. In addition, they informed us that Custodial Mental Health (CMH) psychiatry virtual consultation clinics (which is already available to JH&FMHN mental health nurses) is increasing from 3 days per week to 5 days, with a focus on specially remanded patients. [112]

Recommendation 11: SVCH maximises mental health nursing hours dedicated to core mental health functions at Parklea CC.

Recommendation 12: SVCH and JH&FMHN enhance access to psychiatric services for patients and establish reliable on-call or consultative psychiatric support for mental health nurses.

Recommendation 13: CSNSW, JH&FMHN, MTC and SVCH continue to collaborate to ensure acutely unwell persons in need of specialised mental health facilities are triaged to the Metropolitan Remand and Reception Centre.

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[108] Information provided by St Vincent's Correctional Health, March 2026.

[109] Information provided by St Vincent's Correctional Health, February 2026.

[110] Information provided by St Vincent's Correctional Health, November 2026.

[111] Inspector of Custodial Services, *Inspection of Parklea Correctional Centre* (Report, June 2022) 83.

[112] Information provided by Justice Health and Forensic Mental Health Network, 8 May 2026.

3.6 Management and treatment of substance use

Correctional centres should have effective mechanisms in place to treat substance use and minimise associated harms.[113] Services are expected to provide timely access to withdrawal management and treatment for substance dependence, including pharmacotherapy where clinically appropriate. Processes should also ensure that all patients receiving opioid substitution therapy are regularly reviewed.[114] The previous inspection recommended improvements in the timeliness of drug and alcohol assessments and patient access to these services. SVCH has implemented changes to the service model to address this recommendation.[115]

The SVCH drug and alcohol service is nurse-led, with support from the GP and emergency doctors who have are addiction specialists. The introduction of a dedicated Drug and Alcohol Pharmacist in 2025 has enhanced the service's capacity to improve assessment timeliness. This role currently supports the dispensing of methadone and administration of buvidal, which has increased capacity for patient assessment and facilitated improved management of waitlists, although these remain high. The scope of this role is expected to expand further to include administration of buprenorphine.

Table 7: Drug and alcohol waitlist 19 February 2026[116]

Specialty	Priority 2	Priority 3	Priority 4	Priority 5	Total
Drug and alcohol waitlist	2	300	112	48	462

In addition, the implementation of the electronic dosing system 'i-Dose' has improved the efficiency and accuracy of methadone administration. Pharmacist-led dosing through this system has contributed to operational efficiencies and enhanced the patient experience of care.

[113] Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standards 95, 96.

[114] Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.10.13.1.

[115] Inspector of Custodial Services, *Inspection of Parklea Correctional Centre* (Report, June 2022) 87.

[116] Information provided by St Vincent's Correctional Health, March 2026.

Appendix A

Coroners Court

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DX ,

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Email: lidcombe.coroners@justice.nsw.gov.au
Website: www.coroners.justice.nsw.gov.au
ABN: 68 199 215 208

Inspector, Ms Fiona Rafter
Inspector of Custodial Services
custodialinspector@justice.nsw.gov.au

D00027ECIM

13 August 2025

Case number	2019/00407715
Inquest into the death of	James Joseph CUNNEEN

Dear Inspector,

On 23 July 2025, Deputy State Coroner D O'Neil finalised the inquest into the death of James Joseph CUNNEEN. The Coroner made certain recommendations under the provisions of section 82 of the Coroners Act, 2009.

A copy of the Coroner's finding and recommendations are enclosed. A copy of the transcript of proceedings will be made available on request.

The Coroner has requested that you consider the attached recommendations and advise the outcome of your deliberations in due course.

Yours faithfully,

Ernest Harrington
A/Registrar

Coroners Court

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ABN: 68 199 215 208

Corrective Services NSW

FINDINGS AND RECOMMENDATIONS

Coroners Act 2009, sections 81 & 82. Form 17

Case number	2019/00407715
Inquest into the death of	James Joseph CUNNEEN

Hearing Dates	20 November 2023, 21 November 2023, 22 November 2023, 23 November 2023, 24 November 2023, 27 November 2023, 28 November 2023, 29 November 2023, 03 April 2024, 04 April 2024, 05 April 2024
Date of Findings	23 July 2025
Place of Findings	NSW State Coroners Court
Coroner	Deputy State Coroner D O'Neil

Findings:

Identity:
The person who died is James Joseph CUNNEEN.

Date:
James died on 28 December 2019.

Place:
James died at Blacktown Hospital in New South Wales.

Manner:
James died of natural causes.

Cause:
The cause of James' death was ischaemic heart disease with a bleeding duodenal ulcer being a significant contributing condition.

Recommendations:

1. The Inspector of Custodial Services and the Minister for Corrections be furnished with a copy of the transcript of these proceedings and the findings of the Coroner.

2. In tangent with Justice Health and Forensic Mental Health Network and considering existing between the flags guidelines, St Vincent's Correctional Health and other service providers operating in the custodial health space, including those for publicly and privately operated correctional centres, consider updating policy material to provide guidance regarding the timeframes required for medical practitioner review for a patient when medication has been prescribed for an acute condition.

3. The Commissioner of Corrective Services and the Minister for Corrections be furnished with a copy of the transcript of these proceedings and the findings of the Coroner.

4. The Commissioner of Corrective Services, having regard to input from Justice Health and Forensic Mental Health Network, take steps to ensure that Management and Training Corporation remains compliant with its contractual obligations with respect to the number of correctional and health staff it is contracted to provide.

5. The Commissioner of Corrective Services, and the State, give immediate consideration to the redevelopment of the Main Clinic at Parklea Correctional Centre, including the observation cells within the clinic, to ensure a clean, hygienic, and safe environment and one which is fit for the purpose of operating a medical clinic and accommodating patients in cells within the clinic.

Representation:

Assisting the Coroner	Matthew Robinson instructed by Clara Potocki of the NSW Crown Solicitor's Office
Representing the Family	Matthew Hutchings instructed by Christopher Wozniak of Smythe Wozniak Lawyers
Other Parties	*Commissioner of Corrective Services NSW: Reg Graycar instructed by Anastasia Poulios of the Department of Communities and Justice *Management & Training Corporation Pty Ltd and Broad-spectrum (Australia) Pty Ltd: Tim Hackett instructed by Shaun Bailey of Ash Street Pty Ltd *St Vincent Correctional Health and RN Kim Alexander: Ben Wilson instructed by Seun Idowu of Hall and Wilcox Lawyers *Justice Health and Forensic Mental Health Network: Simon Grey instructed by Benjamin Ferguson of Hicksons Lawyers *Dr Mark Tattersall: Tims Saunders instructed by Phoebe Callander of Meridith Lawyers *Dr Jaqueline Canessa: Peter Aitken instructed by Juliette Paterson of Avant *Dr John Shephard: Dr Peggy Dwyer SC instructed by Davey Legal

Signed

Deputy State Coroner D O'Neil
Deputy State Coroner

Date 13 August 2025

Appendix B

Inspector of Custodial Services

inspectorcustodial.nsw.gov.au

Acting Registrar Harrington
Coroners Court of New South Wales
1A Main Ave
Lidcombe NSW 2141

20 October 2025

ICS25 159

Dear Registrar,

Thank you for your letter dated 13 August 2025, enclosing a copy of the Coroner's findings and recommendations in relation to the inquest into the death of James Joseph Cunneen (2019/00407715).

I note Deputy State Coroner D O'Neill observed that Parklea CC will return to public hands in October 2026 and it remains essential that appropriate healthcare services are provided to inmate patients up until management is handed over (218). I also note that counsel assisting submitted that it would be beneficial if the Inspector of Custodial Services prioritised a further inspection of Parklea Correctional Centre ....so that the Inspector could determine the extent to which the systemic issues identified during the inquest, have been addressed (215).

The *Inspector of Custodial Services Act* 2012 (s.6 (a)) requires each adult custodial centre to be inspected at least once every five years. The last inspection of Parklea CC took place in November/December 2020, almost one year after the death of Mr Cunneen on 28 December 2019, and the ICS made observations and 18 recommendations relating to the provision of health services at Parklea CC in the *Inspection of Parklea Correctional Centre* report tabled in 2022.[1]

- MTC- Broadspectrum and St Vincent's Correctional Health review the reception health screening process and use of clinic observation beds to ensure it is resourced to meet demand.
- St Vincent's Correctional Health ensure regular clinical review and education regarding Priority 1 and 2 assessment.
- The Justice Health and Forensic Mental Health Network review the appropriateness of triage categorisation in their monitoring role for all private providers.
- St Vincent's Correctional Health develop capacity within Parklea Correctional Centre health services model to manage non-urgent and chronic care conditions.
- St Vincent's Correctional Health further develop advanced nursing practice and nurse practitioners to increase the access to timely primary care.

[1] Inspector of Custodial Services, *Inspection of Parklea Correctional Centre* (Report, June 2022).

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- St Vincent's Correctional Health and MTC-Broadspectrum hold a Close the Gap day or event at Parklea Correctional Centre to boost opportunities for screening Aboriginal people for prevalent chronic conditions.
- St Vincent's Correctional Health engage Aboriginal Health Practitioners to increase access to primary health care services including mental health and wellbeing assessments, care and supports.
- MTC-Broadspectrum and St Vincent's Correctional Health ensure consistent access to (non-emergency) dental services at Parklea Correctional Centre.
- The Justice Health and Forensic Mental Health Network facilitate access to their dental database system, and St Vincent's Correctional Health manage dental waiting lists through this system.
- St Vincent's Correctional Health ensure ongoing adequate training, supervision and credentialing for all primary care nurses, with avenues for identifying and addressing skill gaps.
- Corrective Services NSW and MTC-Broadspectrum increase mental health resources at Parklea Correctional Centre.
- Corrective Services NSW, the Justice Health and Forensic Mental Health Network, MTC-Broadspectrum and St Vincent's Correctional Health collaborate to ensure acutely unwell persons in need of specialised mental health facilities are triaged to the Metropolitan Remand and Reception Centre.
- MTC-Broadspectrum increase resources directed to psychology services at Parklea Correctional Centre. Inspection of Parklea Correctional Centre.
- MTC-Broadspectrum and St Vincent's Correctional Health collaborate to improve the timeliness of drug and alcohol assessments and ensure inmate access for those assessments.
- MTC-Broadspectrum and St Vincent's Correctional Health work to improve patient flow and access to available health services.
- MTC-Broadspectrum and St Vincent's Correctional Health ensure that the new health centre is utilised to its full potential and dedicate necessary custodial and health resources.
- Justice Health and Forensic Mental Health Network consult St Vincent's Correctional Health and other private providers within the implementation of Titanium, pathology and other JHeHS clinical system functionality upgrades and any future electronic system upgrades.
- MTC-Broadspectrum and St Vincent's Correctional Health implement auditable systems that record requests for health services.

I am writing to inform you that I intend to conduct an inspection of Parklea Correctional Centre in accordance with the **attached** Terms of Reference. The inspection will commence in late 2025 and focus on the provision of health services during the transition phase, leading up to the expiration of the private contract with Management Training Corporation Pty Ltd (MTC Australia) and return of Parklea Correctional Centre to public hands in October 2026. It will also be an opportunity to assess whether the recommendations made following our last inspection have been implemented, and the systemic issues identified by the Coroner are being addressed. It is anticipated that findings and recommendations from this inspection will be relevant to both the private operators (MTC and St

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Vincent's Correctional Health) and the State (Corrective Servies NSW and Justice Health and Forensic Mental Health Network).

It would be beneficial for me to have a copy of the transcript of proceedings to inform the inspection. If you have any questions about this matter, please do not hesitate to contact me on 0409 069 693.

Sincerely,

Fiona Rafter
Inspector of Custodial Services

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Announcement of the inspection of Parklea Correctional Centre

The Inspector of Custodial Services will carry out an inspection of Parklea Correctional Centre. Parklea Correctional Centre is located approximately 35km from the city of Sydney and is one of two Sydney based remand and reception centres.

Parklea CC is currently operated by MTC Australia, until management of the centre is returned to Corrective Services NSW in October 2026. It is one of two privately managed correctional centres in NSW. MTC Australia subcontracts the delivery of health services to St Vincent's Correctional Health.

Parklea CC has been inspected by our office on two previous occasions. On the first occasion it was a part of a thematic inspection examining crowding in NSW prisons, as detailed in the Full House: The Growth of the NSW Inmate Population in NSW inspection report. A focused inspection of Parklea CC was conducted in November 2020 and the findings outlined in the Inspection of Parklea CC Report.

This inspection will have regard to the Inspector of Custodial Services' *Inspection Standards for Adult Custodial Services in New South Wales*, with a focus on ensuring that appropriate healthcare services are provided to inmate patients in the lead up to Parklea CC returning to public hands in October 2026 and responsibility for health care transitioning from St Vincent's Correctional Health Services to Justice Health and Forensic Mental Health Services.

The Inspector of Custodial Services may consider any other relevant matters during this inspection.

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Inspector of Custodial Services

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