



LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

No. 110

WRITTEN QUESTION

J Davis to the Minister for Corrections, Hon Gerard Maley MLA:

Healthcare delivery in NT corrections facilities

1. **How many different people – i.e. each individual reception, not the aggregate prison population – have entered corrections facilities over the reporting period?**
 - a. **Please include people who have entered and left during the reporting period.**
 - b. **Please note the number of people who have entered, left, and re-entered in the reporting period in a separate category.**

During the reporting period 1 August 2024 and 31 March 2025, there were 4,145 receptions into custody across the Northern Territory representing 3,444 distinct individuals who entered custody only once. The difference of 701 receptions reflects individuals who were received into custody on more than one occasion during this period.

There were 3,444 discharges from custody, representing 3,066 distinct individuals who were discharged only once. The remaining 378 discharges were accounted for by individuals who were released from custody on more than one occasion.

2. **Have Full-Time Equivalent (FTE) doctor, nurse, and registered Aboriginal Health Practitioner numbers increased in line with the growing prison population?**
 - a. **If not, why not?**
 - b. **Is the number of FTE doctors in line with the Top End Planning Aboriginal Health Study 2000 recommendation of 400 patients per doctor?**
 - c. **Does the FTE per hundred patients take into account the number of receptions of each different individual patients or just the total population of the prison on any given day?**
 - i. **What is the estimated FTE per hundred patients if each different individual reception is included?**
 - d. **For each discipline, please outline: the impact of clinical staffing on access to healthcare for inmates?**
 - e. **Are there plans to address any gap?**

FTE doctor, nurse, and registered Aboriginal Health Practitioner numbers have increased in line with the growing prison population.

The number of doctors (FTE) is in line with the Top End Planning Aboriginal Health Study 2000 recommendation of 400 patients per doctor in the Central Australia Region, and marginally below in the Top End Region by 0.3 FTE.

Prison Health Staffing (FTE) takes into account the total population of the prison on any given day, including medical receptions.

The impact of clinical staffing on access to healthcare for inmates for all disciplines is minimal and is determined by the number of Correctional staff available to facilitate prisoner movement through the facility.

There has been a significant amount of work focusing on the model of care, including developing a Northern Territory Wide Service Capacity Matrix focused on escalating and de-escalating service provision to meet service demand.

3. What provision has there been to recruit additional medical staff for the Holtze Youth Detention Centre Medical Clinic?

An additional 2 FTE doctor positions have been allocated to Prison Health Service.

4. Have correctional officer numbers increased to ensure safe and timely movement of prisoners for clinical care?

- a. If staffing numbers have increased, please provide a breakdown of inmate attendance rates at clinical and medical appointments before and after the commencement of new staff.**

Yes.

- a) A breakdown of inmate attendance rates at clinical and medical appointments has not been provided, as the task is too administratively onerous.

5. What is the impact of lockdowns on medical appointments?

- a. How many inmates have missed or experienced cancelled appointments due to any facility lockdown?**

When lockdowns occur and impact on medical appointments, Prison Health staff do a clinical chart review to triage and reschedule appointments. Prison Health staff work with NT Corrections staff to prioritise access to care for prisoners, based on health needs.

A breakdown of inmate attendance rates at clinical and medical appointments, before and after the commencement of new staff has not been provided, as the task is too administratively onerous and to do so would result in undue diversion of resources from service delivery.

- 6. Has a policy been developed, either by the Department of Health or the Department of Corrections to ensure inmates have clinical access during lockdowns?**
- a. If so, how is that policy being evaluated?**

Yes. Clinical access is governed by the following policy:

- Darwin Correctional Centre applies Standard Operating Procedure (SOP) 4.2.2 Primary Health Care Centre.
 - Alice Springs Correctional Centre applies SOP 13.1 Medication and Dispensing Medicines.
 - Berrimah Correctional Centre applies SOP 4.3 Medication and dispensing medications.
- a) SOPs are assessed and reviewed on a schedule of review with additional or out of sequence reviews conducted to prioritise changes to operating modelling, to address shifts in site specific activity, consider lessons learned from specific events or as part of review and assessment of external / statutory recommendations.

- 7. Over time, has the average rate at which inmates see a doctor increased or decreased?**
- a. Why?**
- b. If it has decreased, what action is being taken in response?**

A response cannot be provided to this question, as health services are provided as clinically required. Occasions of service are not averaged out, to identify if rates have increased or decreased.

- 8. What medical services are currently available in police watch houses?**
- a. Are there defined standards for clinical review times and medication access?**
- b. Are these standards being met? If not, why?**
- c. Are there plans to implement full medical assessments in watch houses? If so, please provide an overview and timeline for the plan.**

NT Health provides a 24/7 fit for custody nursing service and access to medical consultations via telehealth.

The Police Watch House Custody Guideline defines services as including, but not limited to, an initial fit for custody health assessment and 24-hour health assessments. Self-possession of medications by inmates for chronic disease and nurse-initiated medications for pain relief.

The current Memorandum of Understanding with NT Police stipulates that an initial Nurse Screen will occur “when a nurse is present at reception during a person in custody’s/detainees’ arrival.” A Secondary Nurse Assessment will be conducted for persons in custody/detainees who have an identified health risk, identified via any of the below:

- through the Initial Nurse Screening
- by the nurse or police at any time during the person in custody’s/detainees stay in custody
- if there is a deterioration in a person’s health while in custody
- upon a person in custody detainee having spent 24-hours in custody
- at the request of the person in custody/detainee, provided there are no security or safety concerns.

These standards are met, each client receives the initial Nurse screening. Whilst every effort is made, on some occasions the secondary screening may not be provided within the 24-hour period.

There is currently no plan to implement full medical assessments in watch houses.

- 9. How many medical appointments have been missed due to staffing shortages?**
- a. **How many were completed?**
 - b. **How many were scheduled but not completed?**

Nil appointments have been missed due to NT Health staffing shortages.

- 10. According to the Northern Territory Government information and services website, “Prisoners are given a full medical examination on arrival by a medical officer. This includes a record of previous medical history and medication they are currently taking. Prisoners have access to the same health care that is available to the community in the same part of the Northern Territory (NT).” How many prisoners have received a full medical assessment by a doctor since their reception into custody?**
- a. **What proportion of the current prison population does this represent?**
 - b. **If this figure is not 100%, as suggested by official guidance, why is this the case?**
 - c. **Are prisoners receiving the ‘same health care that is available to the community’ in light of the constraints caused by lockdowns, staff shortages, and a growing prison population?**
 - i. **How is inmate access to healthcare being evaluated?**

A fulsome response has not been provided to this question as to do so would be too administratively onerous. A partial response is therefore provided per below.

New receptions receive a nurse assessment on arrival, which includes medical history review, an at-risk assessment, pathology, medication management, head-to-toe health assessment and a medical recall is initiated for the medical officer review.

The Prison Health Service is committed to maintaining an “equivalence of care”, to provide a service commensurate with that which a person in the community might reasonably expect.

Prisoner access to healthcare is evaluated through Continuous Quality Improvement data collected by NT Health, annual consumer feedback surveys and feedback from the Health and Community Services Complaints Commission.

- 11. What is the average time between a prisoner's admission and their first full medical assessment by a doctor and what reasons contribute to any delay?**
- a. What has been the longest wait time and why?**
 - b. What plans are in place to address these delays, and is there any funding allocated to overcome delays? Please provide a timeline for implementation.**

A fulsome response has not been provided to this question as to do so would be too administratively onerous. A partial response is therefore provided per below.

All incarcerated people receive a face-to-face assessment by a Registered Nurse at the new reception review within 24-hours of entry, and a file review by a doctor. If clinically required, a Medical Officer will schedule for the prisoner to have a face-to-face review.

- 12. Given the prevalence of acquired brain injury and Fetal Alcohol Spectrum Disorder (FASD), what access do inmates have to cognitive and neuropsychiatric assessments?**
- a. How often do inmates access these assessments?**
 - b. What is the average time between reception and an inmate receiving these assessments? What reasons contribute to any delay?**
 - c. What, if any, plans are in place to address delays, and is there any funding allocated to address any delays? Please provide the timeline for implementation.**

NT Health does not conduct cognitive or neuropsychiatric assessments beyond simple dementia screening tools used in Primary Health Care by General Practitioners. If required, prisoners would be referred to specialists for assessment.

- 13. Given the high incidence of severe mental illness, what is the current wait time for a forensic mental health review (i.e., psychiatric assessment)?**
- a. What reasons contribute to any delays?**
 - b. What, if any, plans are in place to address delays, and is there any funding allocated for this purpose? Please provide a timeline for implementation.**

There is no wait time for a forensic mental health review in the prison setting.

If a prisoner is placed 'at risk' of suicide or self-harm, by their own admission or a correctional officer's observation, they are placed in safe cell conditions. Prison Health Clinical staff see the prisoner the next day, including on weekends. The Forensic Mental Health Team see the prisoner the next business day, in consultation with a forensic psychiatrist.

- 14. What access do inmates have to allied health services? What are the wait times for these assessments?**
- a. What factors contribute to any limitations of access?**
 - b. What are the reasons for any delays?**
 - c. What, if any, plans are in place to address these delays, and is there any funding allocated accordingly? Please provide timeline the for implementation.**

A fulsome response has not been provided to this question as to do so would be too administratively onerous. A partial response is therefore provided per below.

Prisoners have access to an onsite pharmacy, outreach dentist visits, optometrists, podiatrists, audiologists, and pharmacy staff as well as off-site access to physiotherapy, occupational therapy, radiology, sonography and prosthetic and orthotic support, as clinically required.

- 15. What ongoing access do inmates have to allied health practitioners and psychiatrists? What are the current wait times?**
- a. What are the reasons contributing to access limitations?**
 - b. What factors contribute to delays?**
 - c. What, if any, plans are in place to address these delays, and is there any funding allocated to address them? Please provide the timeline for implementation.**

A fulsome response has not been provided to this question as to do so would be too administratively onerous. A partial response is therefore provided per below.

Prisoners have access to an onsite pharmacy, outreach dentist visits, optometrists, podiatrists, audiologists, and pharmacy staff as well as off-site access to physiotherapy, occupational therapy, radiology, sonography and prosthetic and orthotic support, as clinically required.

Clients have access to psychiatrists as clinically required, and there are no delays to access.

16. How many external medical appointments have been missed due to staffing shortages?

- a. **Are these instances being recorded and quantified?**
- b. **If so, how often is this data reported (internally or externally), and by whom?**
- c. **If not, why not?**

A response has not been provided to the question as the task requires a manual review of data that is too administratively onerous and to do so would result in undue diversion of resources from service delivery.

17. In light of extreme temperatures and the absence of air conditioning in many facilities, what steps are being taken to mitigate heat-related illnesses?

- a. **What risk assessments have been undertaken regarding heat stroke?**
- b. **If no steps are being taken, why not?**
- c. **Please provide funding and timeline details.**

The Department of Corrections correctional facilities building designs comply with the Government's Design Brief for correctional infrastructure, which includes passive cooling features and ventilation standards intended to reduce heat build-up. Other actions include:

- regular maintenance is undertaken to ensure vents, fans, and window screens are clean and functioning effectively to promote airflow
 - additional portable fans have been approved for prisoner purchase to assist in alleviating heat within cells.
- a) Risk assessments have been undertaken at Darwin Correctional Centre and Alice Springs Correctional Centre. Berrimah Correctional Centre thermal load was assessed and considered during maintenance and commissioning works prior to opening.
 - b) Not applicable.
 - c) The Department of Corrections Infrastructure Masterplan includes provisions for thermal management in specific locations.