

The Hon Ryan Park MP

Minister for Health
Minister for Regional Health
Minister for the Illawarra and the South Coast



Your Ref: 2019/280398

Our Ref: COR23/26

The Hon. Michael Daley, MP
Attorney General
52 Martin Place
SYDNEY NSW 2000
office@daley.minister.nsw.gov.au

Coronial inquest into the death of John O'Donnell

Dear Attorney General

A handwritten signature in black ink that reads "Michael".

I write in relation to the findings and recommendations made on 27 September 2023 by Deputy State Coroner Erin Kennedy in the inquest into the death of John O'Donnell.

Mr O'Donnell was a 73-year-old male who died on 8 September 2019 in Westmead Hospital while in lawful custody. His cause of death was complications of metastatic lung cancer.

Magistrate Kennedy explored issues in relation to Mr O'Donnell's care and treatment; communication with his family; security allocation; timing of his transfer from Silverwater Metropolitan Remand and Reception Centre to hospital; cell placement; and administration of a monthly injection prescribed prior to Mr O'Donnell's incarceration.

The Deputy State Coroner made one recommendation to Justice Health NSW which is supported.

Recommendation

The Deputy State Coroner recommended:

That Justice Health NSW give consideration to amending the template the Health Problem Notification Form to include a field expressly prompting assessment and advice relating to cell placement including as to any recommendations for group cell placement, lower or upper bunk placement and top or lower landing placement.

The Health Problem Notification Form is undergoing re-design and development of an electronic form (e-Form) to replace the current Health Problem Notification Form in the Patient Administration System. The design will incorporate a field to prompt assessment of cell placement and bed placement recommendations.

In June 2023, a Health Problem Notification Form Working Party was established by Justice Health NSW with Corrective Services NSW representation, to design, develop and implement the e-Form.

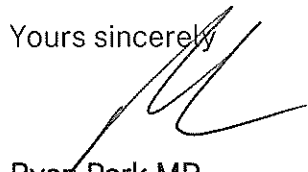
The e-Form is in development and expected to be available in the Justice Health NSW Electronic Medical Record by late 2024. E-Learning modules for staff training will be developed to complement the introduction of the Health Problem Notification e-Form.

As an interim solution, the current Health Problem Notification Form was revised to incorporate a field prompting bed placement and cell placement recommendations.

I trust that this response confirms NSW Health's commitment to a process of continuous improvement and delivering safe and high-quality care to all patients of the NSW health system.

For more information, please contact Joanne Edwards, Executive Director, System Management Branch, NSW Ministry of Health at moh-systemmanagementbranch@health.nsw.gov.au.

Yours sincerely



Ryan Park MP
Minister for Health
Minister for Regional Health
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CC: NSW Coroner's Court

Encl. Coroner's report – *Inquest into the death of John O'Donnell; Updated Adult Health Problem Notification Form*



SURNAME	MRN
GIVEN NAMES	
D.O.B.	PatientSex
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

HEALTH PROBLEM NOTIFICATION FORM (HPNF) – ADULT

Justice Health and Forensic Mental Health Network (JHNSW) would like to inform Corrective Services NSW (CSNSW) that this inmate has been assessed and the following information is offered for your consideration.

JHNSW: Please use lay-terms, clear language and write legibly. See Appendix 1 of [Policy 1.231](#) for guide to descriptions. Please see [Policy 1.380](#) for the management of suicide and suicidal behaviour risk.

CSNSW: Please advise JHNSW staff if you cannot understand the contents of the form, or if you are unable to implement the recommendations, especially the frequency and type of observations required – so transfer to hospital can be considered

Cell Placement

- Normal One-out Two-out Camera Assessment

Bed Recommendation

- Lower bunk Ground floor Disabled Not applicable

Signs/symptoms to look for in the inmate: CSNSW officers – please monitor the inmate for the following signs and report any observations of these to JH&FMHN staff so that they can address the health issue.

What signs/symptoms CSNSW officers need to look for:

Until when (date)?

.....

.....

.....

What the CSNSW officers need to do: CSNSW officers – this inmate has special health needs that should be addressed. Please implement the recommendations specified below. For placement in a camera cell – consider the following:

- Monitoring regime – frequency and type of observations required, and by whom?
- Also consider access to amenities – e.g. telephone access, safety gown.

What CSNSW officers need to do:

Until when (date)?

.....

.....

.....

Please take the precautions indicated to protect your health and safety when in contact with the inmate (Y/N)

Standard Precautions are to be used at all times. Wash hands, wear gloves and/or eyewear and/or masks and/or overalls if there is a likelihood of handling, or being splashed with, blood or body fluids.
Airborne Precautions: Patient and officer to wear N95 particulate filter mask (from clinic); use single-inmate transport vehicle, single room with door shut and turn off air-conditioning that circulates to other rooms.
Droplet Precautions: Wear gloves, eyewear, mask when within coughing/sneezing/spitting distance.
Contact Precautions: Wear gloves and overalls when in contact with the patient.

1. JHNSW STAFF MEMBER – TO BE SIGNED BY HEALTH STAFF COMPLETING FORM.

Name: _____ **Signature:** _____

Position: _____ **Date:** _____ **Time:** _____

2. CSNSW RECEIVING CUSTODIAL OFFICER – HEALTH STAFF WILL PROVIDE A SECOND COPY TO THE RECEIVING CUSTODIAL OFFICER TO BE PLACED IN THE DCS CASE MANAGEMENT FILE.

Name: _____ **Signature:** _____ **Date:** _____

3. CSNSW WING OFFICER'S ACKNOWLEDGEMENT – FOR INTERNAL DCS USE.

Name: _____ **Signature:** _____ **Date:** _____

It is important to follow the recommendations on this form to maintain and improve the inmate's health. If the recommendations cannot be implemented, please notify a JHNSW staff member promptly. An update or review of the requirements of this form can be obtained on request from health staff.

Please tick manually:
 HPNF – JHNSW copy – File this form at the front of the health record
 HPNF – CSNSW Receiving Custodial Officer copy – file in section 1 of case management file
 HPNF – CSNSW Wing Offices copy

JUS005.001