Victorian Institute of Forensic Mental Health 2014 2015 Report of Operations

Forensicare

2014 2015 Report of Operations

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RESPONSIBLE BODIES DECLARATION

In accordance with the *Financial Management Act* 1994, I am pleased to present the Report of Operations for the Victorian Institute of Forensic Mental Health (Forensicare) for the year ending 30 June 2015.

William P. Healy

Chair, Victorian Institute of Forensic Mental Health Board

Dated this 31st day of August 2015

Melbourne, Victoria

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Forensicare - An Introduction

VICTORIAN INSTITUTE OF FORENSIC MENTAL HEALTH

The Victorian Institute of Forensic Mental Health, known as Forensicare, is the only specialist service in Victoria established to provide services to meet the needs of mentally disordered offenders, the mental health and justice sectors and the community. Forensicare operates under the *Mental Health Act* 2014.

Forensicare's primary focus is the provision of clinical services within a recovery framework. These services include the effective assessment, treatment and management of forensic patients and clients and others at risk. A comprehensive research program operates through the Centre for Forensic Behavioural Science, Swinburne University of Technology, to support the ongoing development of clinical services. Specialist training and ongoing professional education is provided for our staff and the broader mental health and justice fields.

Forensicare is governed by a Board of up to nine Directors that is accountable to the Minister for Mental Health.

VISION

Clinical excellence and translational research enable our consumers to lead fulfilling and meaningful lives in a safer community.

MISSION

We will provide high quality, specialist clinical services that focus on the recovery of our consumers, support our workforce, build our translational research capacity and work collaboratively with our stakeholders to achieve better and safer outcomes for our consumers and the community.

OUR COMMUNITY

We provide forensic mental health services for people –

- with a serious mental illness in the criminal justice system
- at risk of offending who pose a risk to themselves or others
- referred from the general mental health system for specialist advice, support and/or treatment

SERVICE OBJECTIVES

In keeping with our legislative mandate (*Mental Health Act* 2014), Forensicare has the following strategic goals –

Goal 1 Greater accessibility to services

Goal 2 Meet new challenges and drive change

Goal 3 Innovation in everything we do

Goal 4 Outstanding organisational performance

CLINICAL SERVICES

We provide an integrated range of clinical services for people with a serious mental illness in the criminal justice and general mental health systems that consist of –

- **Thomas Embling Hospital** – a 116 bed, secure inpatient hospital located in Fairfield.
- **Prison Mental Health Service** – in the men's prison system, services consist of a 16-bed Acute Assessment Unit, specialist clinics, outpatient services and a reception assessment program at Melbourne Assessment Prison, Psychiatric Registrar Clinics, Nurse Practitioner Clinics and sessions by a visiting psychiatrist at the Metropolitan Remand Centre, together with a Mobile Forensic Mental Health Service (which is based at the Centre); Nurse Practitioner Clinics at Ararat and Loddon prisons; and sessions by a visiting psychiatrist at Ararat, Barwon, Loddon, Middleton, Marngoneet and Dhurringile prisons.

  In the women's prison system, services consist of a 20-bed residential program in the Marrmak Unit, intensive outreach program and therapeutic day program for women at Dame Phyllis Frost Centre and psychiatrist sessions at Tarrengower prison.
- **Community Forensic Mental Health Service** – providing specialist community programs including Mental Health Program (incorporating a Community Integration Program which supports prisoners with a serious mental illness on their release to the community), Court Services and Problem Behaviour Program.

OUR LEGISLATION

Mental Health Act 2014 – the Act that governs our responsibilities.
Crimes (Mental Impairment and Unfitness to be Tried) Act 1997; *Corrections Act* 1986; *Sentencing Act* 1991 – these Acts all provide the framework within which we operate.

OUR VALUES

Forensicare is guided by the Code of Conduct and Values established by the Victorian Public Sector Commission for the public sector, and promotes behaviours that are consistent with these values at all times and in all circumstances.

Our values are –

Responsiveness - we will provide frank, impartial and timely advice to the Government, provide high quality services to the Victorian community and identify and promote best practice.

Integrity - we will be honest, open and transparent in our dealings, use our powers responsibly, report improper conduct, avoid any real or apparent conflicts of interest and strive to earn and sustain public trust of a high level.

Impartiality - we will make decisions and provide advice on merit and without bias, caprice, favouritism or self-interest, act fairly by objectively considering all relevant facts and fair criteria and implement Government policies and programs equitably.

Accountability - we will work to clear objectives in a transparent manner, accept responsibility for our decisions and actions, seek to achieve best use of resources and submit ourselves to appropriate scrutiny.

Respect - we will treat colleagues, other public officials and members of the Victorian community fairly and objectively, ensure freedom from discrimination, harassment and bullying and use their views to improve outcomes on an ongoing basis.

Leadership - we will actively implement, promote and support these values.

Human rights - we will respect and promote the human rights set out in the Charter of Human Rights and Responsibilities by making decisions and providing advice consistent with human rights and actively implementing, promoting and supporting human rights.

Chairman's Report

There are many people to thank for their effort and support over the past year.

The demand for forensic mental health services continues to expand at an unprecedented rate, in large part due to the dramatic increase in the prisoner population that has been a feature of the past several years. Prisoner numbers and the number of offenders on Community Orders have effectively doubled over the past decade. The Board remains concerned about the unacceptable periods of time prisoners are waiting prior to admission to Thomas Embling Hospital and the dramatically increased demand for Forensicare's community based services.

Over the last year there have been a number of very significant achievements by Forensicare. There were major contract variations with the Department of Justice & Regulation extending, supplementing and developing new services within a number of prisons. The finalising of the contract to deliver both inpatient and outpatient services at the new private prison being built at Ravenhall, due to be completed in late 2017, is another example of the management team guiding very substantial service developments. This contract, which is with the private prison provider, GEO Group, was our first engagement with the commercial and risk complexities that are intrinsic to public/private initiatives.

As a result of these new opportunities within the justice sector, there is a growing challenge for the Board and management to begin to understand the impacts and plan for Forensicare's funding base shifting from being predominantly derived from the Department of Health and Human Services to a near equal contribution from the Department of Justice & Regulation contracts.

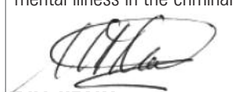
The development of our Strategic Plan 2015-2017 was completed and approved by the Minister for Mental Health during the year, following a detailed consultation process with our external and internal stakeholders. Our staff, consumers and their families and carers were an important part of our consultations, and their contributions were invaluable. We appreciate the willingness of all our stakeholders to participate in the process and provide their insight into how we can address the emerging and existing needs impacting on our services while continuing to provide quality care and treatment. The Plan provides Forensicare with a sound framework to guide our ongoing development over the coming three years.

The commencement of the new *Mental Health Act* 2014 from 1 July 2014, focussing firmly on recovery and the rights of consumers, was important and reforming for the entire mental health system. For Forensicare, the progressive new legislation reformulated the previous Council to be a Board, which recognises the role and responsibilities of Forensicare's governance structures. I was very pleased to welcome the first appointments to our Board under the new Act in May 2015. Associate Professor Ruth Vine and John Rimmer have, between them, extensive clinical and strategic experience in the public sector and they will make an invaluable contribution to the Board.

The Board continues to have a very high regard for the quality of the work of the management team and staff as they deal with the pressures of the rapid and significant rate of growth, while maintaining the high quality delivery of demanding, challenging and clinically complex programs that are at the core of Forensicare's mission. To achieve this in the current environment of constrained funding and heightened media and community focus on public forensic behaviour, heightens the Board's regard for their dedication and skill.

There are many people to thank for their effort and support over the past year. For me, as Chair, I would like to acknowledge the support of Government, including both the former and current Ministers of Mental Health and Corrections, and the senior officers of the Mental Health Branch, Department of Health and Human Services, and Justice Health, Department of Justice & Regulation.

I remain very grateful for the contributions of fellow directors through their extensive work in committees and the Board. Management, led by CEO Tom Dalton, has always been readily responsive to the demands of the Board and routinely present detailed and cogent reports and recommendations to the Board. On behalf of the Board, I thank them for their tireless work to achieve better outcomes for people with a mental illness in the criminal justice system.



BILL HEALY

Chair,
Victorian Institute of Forensic Mental Health

Chief Executive Officer's Report

Our staff continue to impress me with their dedication and ability to work tirelessly with our consumers to achieve good outcomes.

The start of this financial year saw the advent of a new Mental Health Act in Victoria, reflecting a significant paradigm shift in the delivery of mental health services and a more formal commitment by all services to the Recovery principles and consumer engagement. It also bought about changes in Forensicare's governance framework with the transition to a formal Board, and new accountabilities with an annual Statement of Priorities publically outlining our deliverables to government.

It is pleasing to see so many positive changes and developments throughout the year which respond to this new environment. Many of these speak to the dedication and commitment of our staff and the progress and resilience of consumers in taking both small and large steps on their path to recovery.

At a governance level the most significant change has been the development by the Board of a new Strategic Plan 2015 – 2017. The new Plan followed extensive internal and external consultation with stakeholders, including a range of consumer and carer forums on different aspects of the proposed Plan. A new Vision and Mission were developed which reflect a change in focus on enabling our consumers to live meaningful lives in a safer community.

In all our work across the hospital, community and in prisons, we must be focussed to ensure our clinical approach is rigorous and transparent to enable recovery for consumers and ensure that it supports individual consumer, staff and community safety. I am pleased that towards the end of the year the new Strategic Plan was approved by the Minister for Mental Health and can now provide the guidance for us to develop and grow our services across coming years. As with previous years, I will review our progress over the year by reference to the Plan.

Greater accessibility to services

The growth in prisoner numbers and the resulting increase in demand for our services have seen us continuing to work closely with the Justice Health Unit of the Department of Justice & Regulation to increase our service levels in prisons. This has seen new services at the Melbourne Assessment Prison (MAP) and the implementation of an innovative Mobile Forensic Mental Health Service based at the Metropolitan Remand Centre.

The problems arising from the lack of available beds at Thomas Embling Hospital and the challenges of managing acutely unwell prisoners at MAP have continued to be of concern to the Board and management. From the outset, the new Government has listened to these concerns and those raised by Corrections Victoria and we welcome the Government's commitment of $9.5 million to the construction of a High Dependency Unit at the Hospital.

It is positive that this year we increased admissions to the Hospital compared with last year. We have also seen the discharge of 11 forensic patients on Extended Leave through the courts, a new high, which partly reflects the commissioning of the 22 bed Community Recovery Program at Austin Health. We have continued to engage with the Department of Health and Human Services in relation to these issues and the commencement of a masterplanning process for the Hospital site, which will provide an important underpinning for possible further developments.

The Board and Executive remain committed to the effective functioning of our community service, which is under increasing strain. This arm of the organisation provides vital support for other services, as well as individual consumers, and is a key 'outward facing' component of our total service.

The anomalies of a mental health funding system where increases each year do not even meet wage rises is acutely felt in a small organisation such as ours. With 82% of our total costs being employee expenses, achieving cost reductions or efficiencies is more challenging than in larger general health services. 93% of our employee costs relate to clinical and operational staff. The current funding system does not respond to the growth in demand for services addressing community safety or capacity building to enable other services to respond to consumers with high risk and complex needs.

The Mental Health Court Liaison Services at Magistrates Courts, which celebrated twenty years of operation this year, have not grown in line with demand and, particularly at Melbourne Magistrates' Court, are under great strain. They provide a critical diversion and support role and we have been heavily engaged with the Court and Departments about the problems in this area.

We have continued to develop and broaden aspects of these capacity building elements with the allocation of psychiatrist time to the Forensic Clinical Specialist Program. This year has also seen the establishment of a process so that these positions (in 10 clinical mental health services but co-ordinated and supported by Forensicare) can work more effectively to support the community based mental health sector. The resounding support and contribution of different community based organisations to this initiative has been rewarding.

Responding to the objective of advocating for consumers' needs, we have worked closely with a range of state and national groups to raise concerns about proposed Commonwealth government cuts to social security which would impact on forensic patients. The leadership shown by the Victorian Government meant that a number of different state governments made submissions to the Senate Inquiry considering this legislation. Forensicare made submissions to the Inquiry and gave evidence, and supported consumers and carers to express their views. At the time of writing this legislation is yet to be voted on in the Senate.

Meet new challenges and drive change

The contracts for the construction and operation of the new 1,000 bed medium security prison to be built at Ravenhall were executed late in 2014. Forensicare is a subcontractor to the GEO consortia which will build and operate that prison and we have worked throughout the year with the GEO team on this exciting project.

The prison will deliver 75 beds for prisoners with a mental illness and outpatient services for other prisoners at Ravenhall. We have a dedicated team working on this project to ensure that we have the staff and systems to achieve commissioning by the time the prison opens. Our capacity building in this regard has seen us take on additional nurse graduates in 2015, with more to follow in 2016, together with allied health graduates.

We have continued to focus energy on developing a culture of Recovery, and the involvement of consumers in producing our Quality of Care Report and the development of new admission resources at the Hospital has been significant. Julie Dempsey, who is a Consumer Consultant with Forensicare, received the Minister's Award for 'Outstanding achievement by an individual or team in mental healthcare' at the Victorian Public Healthcare Awards, and this is a tremendous reflection of her dedication, commitment and skills.

New therapeutic programs have been implemented at the Hospital to address the treatment needs of consumers, and early evaluations from consumers and staff have been positive. In the lead up to going 'smoke free' on 1 July 2015, there was considerable activity by staff and consumers in relation to the benefits of not smoking. We have been really pleased so far with the implementation of this initiative and look forward to seeing the long term benefits for our consumers and staff.

Healthstream, the health and leisure provider at Thomas Embling Hospital, has done a terrific job of invigorating their programs and getting more consumers at the Hospital involved in activities. Kangan Institute has also provided new and valuable ways for our consumers to develop educational and training skills to equip them for the broader community.

Innovation in everything we do

Work to bed down the changes introduced in our clinical governance system has continued, and the introduction of new clinical indicators across the service is just one aspect of the broader approach taken to enhance clinical governance. It is very pleasing to see a Recovery Plan, developed by consumers, being introduced by the consumers involved in its development to the clinical governance meetings in each Unit.

A commitment to safety and quality also underpin our strategic goals in this area. There has been considerable effort in documenting and providing evidence of our commitment to the National Safety and Quality in Healthcare standards as we lead up to an organisation wide full review by the Australian Council on Healthcare Standards in September this year.

Research continues to be a key plank of our service development and the results in this area speak volumes to the academic excellence of our students and staff of the Centre for Forensic Behavioural Science. The commitment of Swinburne University of Technology to the Centre has been ongoing and I would like to acknowledge the continuing contribution of Professor Ogloff, and the ongoing support and leadership of Professor Don Iverson and his personal commitment to the development of the Centre. I also note with sadness the death of Deputy Vice Chancellor George Collins whose vision was critical to the establishment of the Centre at Swinburne.

Staff of the Centre are integrally involved in the ongoing evaluation of our new Mobile Forensic Mental Health Service at the Metropolitan Remand Centre, and together with Forensicare staff, have recently completed an analysis of five years of client data from the Problem Behaviour Program. This evaluation indicates that completing treatment with the Program leads to a reduced incidence of subsequent offending. Just participating in assessment from the program reduces the likelihood of subsequent use of public mental health services. These are powerful and pleasing results that the Problem Behaviour Program is effective in reducing reoffending.

Another important innovation is the partnership with Swinburne University of Technology, Victoria Police and a Medicare Local, to provide family violence assessments. This involved a senior Forensicare clinician co-located with the Family Violence Team at Footscray Police Station for a six month pilot program.

Outstanding organisational performance

During the year we have responded to staff feedback and sought to engage and communicate differently across our organisation. This has seen the development of a new Intranet to give staff better access to information and resources, and a renewed focus on leadership and management training.

From the start of the year we moved to electronic progress notes as we continued the roll out of our Patient Management Information system as the platform underpinning an electronic medical record. Staff embraced these changes and their commitment has meant that we could also move to electronic whiteboards in all hospital Units. The whiteboards provide active information on patients and a standard framework supporting handovers and reviews.

In line with the new *Mental Health Act* 2014 a new governance framework has underpinned the work of our Board and it was pleasing to note, in the development of our new Strategic Plan, how much had been achieved under the previous Plan. The Board has remained focussed on holding the service to high standards through its planning and governance processes.

In the financial management of the organisation the continuing pressures of increased acuity at Thomas Embling Hospital have placed pressures on the budget. It was disappointing that we had an operating deficit of $232,400 dollars for the year.

A significant contributor to this outcome was the need to put on additional staff at times of high patient acuity to ensure a safe environment for staff and patients. In addition, there was a higher than anticipated need to transfer patients to acute general health services for treatment. In these cases additional clinical and security staff accompany the patient to manage safety, and it is difficult to budget for these costs. Over the past three years we have seen significant increases in the need to put on additional staff or escort patients to other hospitals. These are structural issues which will require close management in the future and are the subject of a number of discussions with government in terms of the impact of these activities.

In a year of considerable highs and some lows, I remain indebted to the ongoing support of the Board and my Executive team. Together we remain focussed on enhancing the lives of our consumers, while managing the often competing demands of remaining efficient and meeting the needs of all stakeholders. Our staff continue to impress me with their dedication and ability to work tirelessly with consumers to achieve good outcomes. The willingness of consumers, family members and carers to work so closely with us in developing new programs and approaches to service delivery is particularly rewarding. I appreciate their frank approach to providing feedback and support.

TOM DALTON

Chief Executive Officer

Service Performance Reporting 2014-2015

Statement of Priorities

The Statement of Priorities is Forensicare's key accountability agreement with the Minister for Mental Health. The annual agreement details the key objectives of financial viability, improved access and quality of service provision that are to be delivered in the year. The content and process for the preparation and agreement of the Statement of Priorities is consistent with section 344 of the *Mental Health Act* 2014.

Part A: Strategic Priorities 2014-2015

Priority	Action	Deliverable	Outcome
Developing a system that is responsive to people's needs	Progress partnerships with other services to improve outcomes for people with a mental illness in the criminal justice system.	Implement service changes agreed with Department of Justice to meet the needs of the increasing prisoner population.	**Achieved.** A range of service changes approved to provide increased and additional forensic mental health services in the prison system.
		Provide support and training for area mental health services to enhance service provision to people subject to a Non-custodial Supervision Order.	**Achieved.** An Annual Training Plan developed and implemented.
	Engage with local service systems to support integrated client care and service continuity for people affected by mental illness.	Work collaboratively with the Community Recovery Program, Austin Health, to achieve 100% bed occupancy of Forensicare bed allocation.	**Achieved.** At 30 June 2015, Forensicare consumers occupied all of the 7 Forensicare-allocated beds at the Community Recovery Program.
		Establish a formal link with the Mental Health Community Support Services sector through the Forensic Clinical Specialist Initiative to provide specialist advice and support as required for their clients.	**Achieved.** A Steering Committee established with representatives of Forensicare and Mental Health Community Support Services.
	Continue to embed/progress Recovery principles across Forensicare.	In close collaboration with consumers, recovery incorporated in all aspects of clinical service delivery across the organisation.	**Ongoing.** The Recovery Committee continues to develop initiatives to further enhance recovery focus across the organisation.

Priority	Action	Deliverable	Outcome
	Whilst the Victorian Institute of Forensic Mental Health is a specialist mental health facility, in responding to all consumers' needs that may arise across the life span, an organisational policy for the provision of safe, high quality end of life care in acute and subacute settings, with clear guidance about the role of, and access to, specialist palliative care will be developed.	End of life care policy completed and guidelines implemented in conjunction with appropriate health services and facilities, enabling and ensuring quality care in response to all possible needs arising.	Achieved. Policy developed and approved following extensive consumer and stakeholder consultation; implementation commenced.
	Consistent with responding to all consumers' needs, formal Advanced Directives Planning structures and processes will be implemented, including putting into place a system for preparing and/or receiving, and documenting Advanced Directives in partnership with patients, carers and substitute decision makers.	Advanced Directives policy approved and implemented, including provision of information to patients and carers and training for staff.	Achieved. Policy developed and approved following extensive consumer and stakeholder consultation; implementation commenced.
Improving every Victorian's health status and health experience	Use consumer feedback to improve person and family centred care, health service practice and patient experience.	Establish Patient and Carer Satisfaction Surveys at Thomas Embling Hospital.	Achieved. Survey conducted in April – June 2015. Results reported to Clinical Governance and Consumer Advisory Committees and used to inform practice developments.
		Introduce a consumer consultant to Forensicare's prison based service.	Achieved. Consumer Consultant commenced attending Marrmak Unit, Dame Phyllis Frost Centre.
	Identify service users who, in addition to being affected by mental illness, are additionally marginalised or vulnerable to poor health, and develop interventions that improve their outcomes relative to other groups, for example, Aboriginal people, people at risk of elder abuse, people with disability, homeless people, refugees and asylum seekers.	In conjunction with our Aboriginal partner organisations, progress the following initiatives identified in the Aboriginal and Torres Strait Islander Action Plan – • Develop and implement social and emotional wellbeing programs for aboriginal patients.	Part achieved, ongoing. Funding received to establish a social and emotional wellbeing program for Aboriginal patients in 2015-2016.
		• Indigenous Service Officers to complete Maru Mali training.	Achieved. Training completed in March 2015.
	Develop and implement best-practice programs within custodial settings, in order to optimise alternatives to hospital admission	Collaborate with Justice Health and Corrections Victoria to develop and provide program options for prisoners with a mental illness at Melbourne Assessment Prison and Metropolitan Remand Centre	Achieved. A range of new services agreed with Justice Health and Corrections Victoria and commenced in 2014-2015.
	Prepare for the introduction of a smoke-free environment at Thomas Embling Hospital on 1 July 2015.	Identified initiatives continue to be implemented to achieve a smoke-free environment at Thomas Embling Hospital on 1 July 2015.	Achieved. Initiatives introduced throughout the year and Thomas Embling Hospital became smoke-free on 1 July 2015.
Expanding service, workforce and system capacity	Develop and implement a workforce immunisation plan that includes pre-employment screening and immunisation assessment for existing staff that work in high risk areas in order to align with Australian infection control and immunisation guidelines.	Implement a workforce immunisation policy that aligns with Australian infection control and immunisation guidelines.	Achieved. Workforce immunisation policy developed and implemented. Policy aligns with Australian infection control and immunisation guidelines.
	Work collaboratively with the Department of Health on service and capital planning to develop service and system capacity.	Continue to work with the Department of Health to progress Development of Forensic Mental Health Service Plan and other strategies that address demand.	Achieved. We continue to work with the Department of Health and Human Services to develop strategies that address the needs identified in *Development of Forensic Mental Health Service Plan*. In addition, funding was provided in the 2015 Victorian State Budget for the development of a High Dependency Unit at Thomas Embling Hospital.
	Commence Operational Readiness and Ramp Up activity for Ravenhall prison project.	Implement strategies identified in the Operational Readiness and Ramp-up Plan for 2014-2015, focussing on workforce issues and increasing student and registrar numbers.	Achieved. Implementation of the Operational Readiness and Ramp-up Plan remains on scheduled. Initiatives identified in the Plan will continue to be developed in line with the timeline required.

Priority	Action	Deliverable	Outcome
Increasing the system's financial sustainability and productivity	Identify and Implement practice change to enhance asset management.	Implement a risk based priority system for replacing and maintaining infrastructure.	Achieved. A new risk based system for infrastructure maintenance adopted.
Implementing continuous improvements and innovation	Drive improved health outcomes through a strong focus on patient-centred care in the planning, delivery and evaluation of services, and the development of new models for putting patients first.	Formal evaluations to be undertaken and/or completed on identified direct care programs.	Achieved. All identified evaluations were completed or progressed in keeping with plan.
		Introduce patient peer mentor support scheme at Thomas Embling Hospital.	Achieved. Patient peer mentor support program commenced.
		Reduce the median length of stay of sub-acute and rehabilitation patients (from 2013-2014) at Thomas Embling Hospital.	Achieved. Median length of stay reduced in sub-acute and rehabilitation units in 2014-2015.
	Implement reducing restrictive intervention practices across Thomas Embling Hospital.	Reduce rates of seclusion and restraint at Thomas Embling Hospital to below the 2013-2014 rate.	Achieved. Our seclusion rate continues to be below the state target.
		Expand Trauma Informed Care program and training at Thomas Embling Hospital.	Ongoing. Trauma Informed Care Committee established to progress training and continue to develop initiatives. This remains an ongoing focus.
Increasing accountability and transparency	Undertake an annual Board assessment to identify and develop board capability to ensure all board members are well equipped to effectively discharge their responsibilities.	Undertake annual Board assessment.	Achieved.
	Ensure that gender sensitivity and women's safety are key principles in the delivery of mental health and alcohol and drug services.	Structurally alter a unit to provide a safer and gender sensitive unit for women at Thomas Embling Hospital.	Achieved. Gender sensitive area for women developed and operational in Daintree Unit.
Improving utilisation of e-health and communications technology	Trial, implement and evaluate strategies that use e-health as an enabler of better patient care.	Further develop the Patient Master Index (Clinical Information System).	Ongoing. A wide range of enhancements were made to the Patient Master Index. This remains an ongoing focus.
	Ensure local ICT strategic plans are in place.	ICT Strategic Plan approved by Board and implementation commenced.	Part achieved. Plan completed and implementation now pending.

Part B: Performance Priorities 2014-2015

Performance Indicator	Target	2014-15 actual
Patient experience and outcomes		
Inpatient experience survey	Full compliance	Full compliance
Community client experience survey	Full compliance	Full compliance
Mental health – Seclusion rate per occupied bed days	<15/1,000	11.7
Governance, leadership and culture		
Patient safety culture (domains 1-7)	80%	89%
Safety and quality		
Health service accreditation	Full compliance	Full compliance
Cleaning standards (overall)	Full compliance	Full compliance
Cleaning standards (AQL-A)	90	n/a*
Cleaning standards (AQL-B)	85	n/a*
Cleaning standards (AQL-C)	85	Achieved
Hand hygiene (online training – rate) quarter 4	80% internal monitoring	93%
Healthcare worker immunisation – influenza – quarter 4	60% internal monitoring	55%

* Forensicare is classified as a Moderate Risk Category C organisation (*Cleaning Standards for Victorian Health Facilities*, 2011)

Service Performance Reporting 2014-2015 cont

Performance Indicator	Target	2014-15 actual
Financial sustainability performance		
Finance		
Annual operating result	$75,000 surplus	$232.4k deficit
Debtors	< 60 days	77.13 days
Creditors	< 60 days	29.2 days
Asset management		
Basic asset management plan	Full compliance	Full compliance
Access performance		
Thomas Embling Hospital		
Admissions –		
male units	82	76
women	23	33
Average length of stay –		
male acute units (Argyle, Atherton)	95 days	117.9 days
sub acute unit (Bass)	416 days	822.6 days
Percentage of male certified patients admitted from Melbourne Assessment Prison (AAU and mainstream) waiting list within 28 days	95%	38.6%
Community Forensic Mental Health Service		
Accepted intake referrals offered an appointment within timeframe by risk –		
High risk – appointment within 1-2 wks	90%	60%
Medium risk – appointment within 2-4 wks	75%	84%
Low risk – appointment within 4-6 wks	50%	39%
Prison Services		
Average number of patients per day waiting transfer to Thomas Embling Hospital	4	8.1

Service Performance at a Glance 2014-2015

	2014-2015	2013-2014	2012-2013	Change 2012-13 - 2014-15
Thomas Embling Hospital				
Number of beds	**116 beds**	116 beds	116 beds	No change
Occupied bed days	**40,323**	39,805	40,926	▼ 1.5%
Occupancy rate	**95.24%**	94.01%	96.66%	▼ 1.5%
Number of admissions	**109**	93	121	▼ 9.9%
Number of separations	**112**	93	125	▼ 10.4%
Number of seclusions per 1,000 bed days (in 4 units with seclusion suites)	**11.75**	11.85	12.84	▼ 8.5%
Community				
Number of service hours	**17,839**	16,189	14,749	▲ 21%
Number of reports prepared for Victorian courts for defendants on bail	**179***	173	187	▼ 4.3%
Prison Services				
Number of reports prepared for Victorian courts for defendants in custody	**240***	154	142	▲ 69%
Number of reports prepared for Adult Parole Board	**116**	151	109	▲ 6.4%
Melbourne Assessment Prison				
Number of reception assessments	**7,865**	6,680	6,611	▲ 19%
Acute Assessment Unit –				
number of admissions	**152****	172	203	▼ 25.1%
average length of stay	**35.6 days**	31.9 days	30.2 days	▲ 17.9%
Metropolitan Remand Centre (January – June 2015)				
Number of reception assessments	**484**			
Mobile Forensic Mental Health Service +				
occasions of service	**961**			
no. of clients seen	**119**			
Marrmak Unit, Dame Phyllis Frost Centre				
Number of admissions	**146**	115	91	▲ 60.4%
Average length of stay	**40.6 days**	43.9 days	48.5 days	▼ 16.3%
Corporate				
Employees, EFT number at 30 June	**399.9**	352.6	330.4	▲ 21.1%
Number of nursing and allied health student placements	**104++**	110	112	▼ 7.1%%

* The demand for court reports is entirely determined by the courts. In 2014-2015 there was an average of 8.5 court reports prepared each week across Forensicare (both for people on bail and those remanded in custody). This figure excludes reports requested by the Adult Parole Board, Office of Public Prosecutions and other agencies (including assessments/opinions in relation to the *Serious Sex Offender Monitoring Act* 2005).

** The level of acuity of prisoners and the waiting time for admission to Thomas Embling Hospital (also reflected in the average length of stay) has reduced the number of admissions to the Acute Assessment Unit and increased the average length of stay in the unit.

\+ The Mobile Forensic Mental Health Service commenced operating at Metropolitan Remand Centre on 19 January 2015.

++ The format of placements required by universities for allied health students has changed to provide fewer placements over a longer-term (some placements are now for 6-month blocks).

Summarising our Financial Performance 2014-2015

HISTORICAL FINANCIAL ANALYSIS AND KEY FINANCIAL STATISTICS

	2015	2014	2013	2012	2011	2011-2015 Movement
	$'000	$'000	$'000	$'000	$'000	$'000
FINANCIAL PERFORMANCE						
Operating Revenue	**$57,344**	$52,325	$49,449	$49,368	$47,598	$9,746
Operating Expenditure	**($57,576)**	($51,944)	($49,046)	($49,417)	($48,206)	($9,370)
	($232)	$381	$403	($49)	($608)	$376
Other gains/(losses) from other economic flows	**($239)**	($165)	-	-	-	-
Capital Revenues	**$315**	$46	$250	$235		315
Depreciation & Amortisation	**($1,898)**	($1,706)	($1,811)	($1,915)	($1,781)	($117)
Net Result	**($2,054)**	($1,444)	($1,158)	($1,729)	($2,389)	$335
FINANCIAL POSITION						
Current Assets	**$5,413**	$4,192	$3,827	$3,986	$4,648	$765
Non-Current Assets	**$91,341**	$90,938	$49,061	$50,628	$50,784	$40,557
Total Assets	**$96,754**	$95,130	$52,888	$54,614	$55,432	$41,322
Current Liabilities	**$9,887**	$9,319	$8,481	$8,761	$9,764	$123
Non-Current Liabilities	**$5,437**	$2,327	$2,120	$2,408	$492	$4,945
Total Liabilities	**$15,324**	$11,646	$10,601	$11,169	$10,256	$5,068
Net Assets	**$81,430**	$83,484	$42,287	$43,445	$45,176	$36,254
Equity	**$81,430**	$83,484	$42,287	$43,445	$45,176	$36,254
CASH HELD						
Cash at the end of reporting period	**$1,964**	$3,045	$2,121	$3,037	$3,736	($1,772)
KEY STATISTICS						
Current Ratio - Liquidity	**0.55**	0.45	0.45	0.45	0.48	6.22
Equity / Assets - Stability	**0.84**	0.88	0.80	0.80	0.81	0.88

At the end of the reporting period Forensicare recorded a deficit of $0.232m for the year ended 30 June 2015, excluding depreciation, capital and Department of Health and Human Services long service leave debtor adjustments due to movements in bond rates.

The key contributing factors included –

- Provisions recognised for new employees for prior year service from other health agencies.
- Overtime costs relating to patient escorts to hospital, and patient constant observations due to increased levels of patient acuity.
- Project funding for Ravenhall.

The Net Result indicated for 2013-14 differs from that reported previously due to the changed recognition of the bond rate movements calculated against the long service leave debtor.

REVENUE

Total revenue received by the Institute in 2014-15 was $57.344m, compared to $52.325m in 2013-14.

In our audited statements 'Government Grants' includes $43.212m Department of Health and Human Services funding and $0.165m of other revenue. In 2014-15 our Department of Health and Human Services funding increased $0.119m.

'Other Government Revenue' includes Department of Justice & Regulation (FAHSA) revenue of $9.945m (an increase of $2.6m compared to 2013-14) and $0.25m funding from Department of Justice & Regulation for reports for the Office of Public Prosecutions.

Ravenhall revenue reflects a mix of funding from Department of Justice & Regulation and contract income from the GEO Group.

SUMMARY OF SIGNIFICANT ITEMS

Employment Benefits

An increase in employment costs of $6.085m, compared to 2013-14 is attributable to Certified Agreement increases, and significant increases in staffing across prison services and the Ravenhall project. In addition, the costs associated with escorting patients on general hospital admissions has increased as the frequency of this activity has increased. Since 2012-13 the number of hours escorting patients has increased 257% (8% compared to 2013-14). Additional staffing has also responded to both increased acuity on hospital units or unplanned staff absences generally impacted on staffing costs, and also Agency costs. Despite this, agency costs have reduced in 2014-15 compared to 2013-14.

Other Expenses

Other non-labour costs are $174k lower compared to 2013-14.

Notable increases included-

- Increase in maintenance related expenditure and supplies at Thomas Embling Hospital across a number of categories as building and infrastructure ages.

Notable decreases included –

- Reduced pharmaceutical costs.
- Reduced consultancy costs.

Clinical Director's Report

Forensicare is fortunate to have a body of highly educated, skilled and dedicated clinicians. We are also privileged to be able to work together with our consumers towards a better future for all.

The 2014-2015 year has been marked by significant positive change at Forensicare. The impact of preparing for accreditation against the National Safety and Quality Health Service Standards has introduced a range of service developments that will benefit all our consumers.

From a general health perspective, the move to becoming a smoke-free organisation has been a notable improvement. There is a high level of morbidity and mortality from smoking, and prisoners and the mentally ill and other disadvantaged groups have the highest rates of smoking and are the heaviest smokers across Australian communities. I would like to acknowledge the enormous efforts of staff in helping prepare for this transition and all the patients who worked so hard to get ready to quit smoking.

There has been ongoing growth of services during the year, largely through the commitment of Corrections Victoria to increase prison based mental health services. Forensicare has responded to these positive steps with the provision of medical, nursing, psychology and allied health appointments, as well as the development of new services. An example of this is the new Mobile Forensic Mental Health Service at the Metropolitan Remand Centre, which is an innovative non-bed based multidisciplinary service. As well as providing services to the Metropolitan Remand Centre, the service also provides outreach services to other prisons in the region.

During the year, the project team established to plan and implement the mental health services at the new prison being built at Ravenhall worked tirelessly to develop an excellent facility and service model. This innovative model was developed in close collaboration with the Department of Justice & Regulation. This was a large undertaking and the team has detailed a framework for the provision of a first class mental health service at the prison at Ravenhall. Construction of the prison is to be completed in late 2017.

The recent growth in prison mental health services has been unprecedented. Due to structural limitations within the existing prison system, however, an unacceptably high number of untreated certified patients remain within the prison system, most notably at the Melbourne Assessment Prison. The flow on effect of this is that the illness acuity of prisoners who eventually get admitted to Thomas Embling Hospital is very high. These patients present greater challenges in acute treatment and tend to need longer stays. In addition, there has also been an increase in the number of patients with significant medical complications associated with severe psychosis.

Against this background, Forensicare was delighted with the Government's announcement that the Department of Justice & Regulation is to fund the construction of a High Dependency Unit at Thomas Embling Hospital. The need for additional secure forensic beds has become more evident in the past year.

At Thomas Embling Hospital a range of new Therapeutic Programs was successfully introduced. These programs are based on sound research evidence and have been developed over the past two years. This has been a large undertaking by our clinicians and the initial consumer and staff feedback has been very positive.

There has been a significant effort over the year to train staff in the use of the risk assessment tools recommended in Professor Ogloff's Risk Assessment Framework. In probably the biggest training drive, almost all nursing staff have participated in risk assessment training on the Short Term Assessment of Risk and Treatability (START).

The importance of supporting and developing Community Forensic Mental Health Services has been highlighted by the Forensicare Board throughout the year. Consultant Psychiatrist support to the Forensic Clinical Specialist program (which has been shown to be highly beneficial in a detailed evaluation) was increased. Demand for all services continues to grow, and the challenge of providing timely reports to the Courts has not abated.

Despite the challenges, staff have carried on their work and at times excelled in providing consumers with the care needed for their recovery. Forensicare is fortunate to have a body of highly educated, skilled and dedicated clinicians. We are also privileged to be able to work together with our consumers towards a better future for all.

MAURICE MAGNER

Clinical Director

MBChB, MMed, LLM, FFPsych, MRCPsych, FRANZCP

Clinical Services

RECOVERY

Work on embedding Recovery principles continued in 2014-2015 and will remain an ongoing priority in the coming year. Consumers developed a Recovery Story and presented this to internal groups across Thomas Embling Hospital. The Patient Consulting Group has developed a Recovery goals template for patients, and a Recovery Star is being developed for use by clinical teams.

Consumer engagement through the Consumer Advisory Groups is now well embedded and consumer participation in service development is advancing. This will continue to be promoted in the coming year.

MEDICAL

- The Medical staffing profile consists of 26 Consultants (many of whom are employed on a part-time basis) and 15 Registrars. There was an increase in the EFT of Consultants employed in 2014-2015 in response to Corrections Victoria's expansion of psychiatric services across a number of prison sites. A further increase may be required in the coming year to meet the projected increased service requirements.
- Dr Pei Lim was appointed as a new Consultant at Thomas Embling Hospital.
- Dr Kevin Ong was appointed as Assistant Clinical Director, Community, replacing Dr Danny Sullivan who has taken leave of over a year.
- There has been ongoing pressure on medical staff, particularly in meeting the increased demand for services in prisons, coupled with the limitations on treatment facilities for certified prisoner patients.
- The Registrars coordination and training has been revised following the appointment of Dr Katinka Morton as the Director of Training (combining the former roles of Directors of Advanced and Basic Training).
- Dr Clare McInerney was appointed as the clinical lead to the innovative Mobile Forensic Mental Health Unit based at the Melbourne Remand Centre.
- Work has commenced planning for the staffing of the hospital at the new prison being built at Ravenhall. Initial steps have been taken to increase the numbers of Victorian trainee registrars from the large training schemes.

NURSING

- The Nursing Graduate program expanded in 2015 with an extra 10 graduate positions offered. 27 nurses are participating in the 2015 Graduate and Post Graduate programs. The location of placements has been extended to beyond Thomas Embling Hospital, and now include all service sites (Thomas Embling Hospital, prisons, community, courts, as well as negotiated placements at the Community Recovery Program, Austin Health). An additional Clinical Nurse Educator has been appointed to provide support to the increased number of Graduate and Post Graduate nurses. All Post Graduate nurses are currently enrolling in the Forensic Nursing subject at Swinburne University of Technology. The education sessions held at Thomas Embling Hospital for this group are aligned with the Forensic Education for Registered Nurses (FERN).
- Forensicare had 68 nursing students from Victorian universities on placement across the organisation for a total of 242 days in 2014-2015, together with a student from the UK undertaking a placement.
- Trauma Informed Care - The Trauma Informed Care Working Group, which includes consumers, reviewed post restrictive interventions and developed a written document for patients to receive as part of the intervention process. The three Acute Units identified Trauma Informed Care 'champions' who are responsible for -
  - Coordinating Trauma Informed Care training for staff and consumers
  - Conducting post restrictive intervention patient review
  - Reviewing the patient admission processes.

The Trauma Informed Care trainers completed a two day train-the-trainer workshop and Sensory Modulation training. An online education package is being developed to assist the use of sensory modulation trolleys across the hospital.

- Training -
  - Gender Sensitive and Safe Practice training has been introduced in 2014-2015. The training consists of four training modules, and 85 nurses completed all training modules. Training will continue throughout 2015 and on a quarterly basis in 2016.
  - Relational security training was provided monthly in 2014-2015, and attended by 162 nurses. An online version of the training was developed for staff at Marrmak Program, Dame Phyllis Frost Centre and Melbourne Assessment Prison, and 36 nurses completed the online training.
  - Short Term Assessment of Risk and Treatability (START) training continued as one aspect of risk assessment training for nurses. In 2014-2015 178 Registered Nurses undertook the training. This training is ongoing to capture newly recruited nurses.
  - Suicide Assessment and Prevention (SAP) training was developed for all nurses, and commenced in February 2015. Two modules have been developed to improve nursing practice for patients who are at risk of self-harm and/or suicide, and were attended by 158 nurses (Module 1 – Assessment, N=118; Module 2 -Planning and nursing interventions, N= 40).

- Mental Health Professional Online Development (MHPOD) – of the 58 MHPOD topics a total of 898 modules were successfully completed by nurses in 2014-2015.

- The Nurse Practitioner program was expanded by two new Candidates in 2014-2015 (one based at Melbourne Assessment Prison and the other at Metropolitan Remand Centre). An additional Nurse Practitioner was employed for 12 months to provide leave backfill. The Nurse Practitioner Program now has three Practitioners and three Candidates.
- Under the auspice of the Australian College of Mental Health Nurses (ACMHN), the Director of Nursing and Clinical Nurse Consultant established a forensic mental health nursing special interest group. The group provides a network for ACMHN members with a shared interest and expertise in forensic mental health nursing, and offers senior nurses the opportunity to participate in the development of mental health nursing in forensic settings, exchange views, disseminate information, provide support, promote research and organise activities such as conferences. Initial discussions have occurred with ACMHN regarding organising a Forensic Mental Health Nursing Symposium in 2016 at Thomas Embling Hospital.
- Swinburne University of Technology and the Centre for Forensic Behavioural Science offered two placements in each unit within the Post Graduate Program in Forensic Behavioural Science to Forensicare staff. Five nurses completed subjects in the first semester 2015, with a further seven nurses commencing in semester two. Subjects undertaken include Fundamentals of law; Mental disorder and offending; Substance misuse and offending; Forensic mental health nursing; and Advanced violence risk assessment.
- 11 nurses were supported through the Further Study Incentive Program to undertake higher education in 2015.
- A part time Practice Nurse commenced at Thomas Embling Hospital in July 2014. The Practice Nurse promotes the physical health of patients at the hospital through health promotion activities and education, early identification and intervention, and continuity of effective physical health care and treatment.

SOCIAL WORK

Cultural Responsiveness

- Forensicare is in the third year of a formal partnership with Victorian Transcultural Mental Health. This partnership has provided access to a range of services, including cultural conversations (reflective practice supervision) with staff, development of a spiritual and end of life care package and cultural formulation training for the Social Work team. Five members of the Social Work team have been nominated as Cultural Portfolio Holders. These portfolio holders meet throughout the year with staff from Victorian Transcultural Mental Health and provided a support, advice and advocacy service to staff, consumers, families and carers.
- The 15 Aboriginal Service Officers within the Social Work team across the organisation completed the Maru Mali (Stolen Generation) training and are using the learnings from this in their work with Aboriginal and Torres Strait Islander patients and their families and communities.
- **Koolin Balit Grant** - we were successful in our application to the Department of Health and Human Services for Koolin Balit funding of $100,000 to fund a Clinical Engagement Initiative at Thomas Embling Hospital (see page 22).
- NAIDOC celebrations were held at Thomas Embling Hospital, during which the newly completed Fire Pit was officially launched. The festivities included a Welcome to Country and Smoking Ceremony, performed by Uncle Colin Hunter and a reading of the Four Directions poem by faith leaders from the Sikh, Muslim, Jewish, Baptist, Hindu, Buddhist and Catholic communities.

Social Work/Consumer Consultant initiative

- A new graduate social worker has been employed to work as a 'Consumer Consultant Assistant' in a 10 month initiative aimed at providing additional support to the Consumer Consultant team. Consumer Consultants are being increasingly called on by staff for advice, guidance and input. Preliminary feedback on this model has been positive, with the Consumer Consultants reporting that the initiative has provided "a massive support to the heavy workload and a relief of workload stress". The initiative will be evaluated in October 2015.

Partnership development

The Social Work team have developed important new partnerships with external services to strengthen the care and support services provided to patients. The agencies involved in these partnership arrangements include -

- **Family Planning Victoria** - have developed a Sexual and Reproductive Health education session for Forensicare staff and a four module group for patients. These sessions will commence in October 2015.
- **Responsible Gambling Foundation** - have facilitated gambling education sessions for staff, including the Social Work and Psychiatric Support Officer teams, the Family and Carer Advocates, Spiritual Care Coordinator (Chaplain) and Consumer Consultants. RGF will also assist in implementing a gambling screening tool and planning for appropriate interventions. This will commence in September 2015.
- **Mental Health Legal Centre** - a Memorandum of Understanding has been endorsed for the provision of information sessions and advice for patients at Thomas Embling Hospital, commencing in August 2015.
- **Women's Mental Health Network Victoria** - have provided guidance and support to the Women's Specialist Care Pathway Social Worker.
- **Kildonan Uniting Care** - Money Minded - financial and budgeting training is to be provided to members of the Social Work and Psychiatric Service Officer teams to assist in working with patients experiencing financial hardship.

OCCUPATIONAL THERAPY

- Two additional occupational therapy positions were established for the Melbourne Assessment Prison, Unit 13 Outpatients Service and the Mobile Forensic Mental Health Service at Metropolitan Remand Centre. These positions have further enhanced the opportunities for occupational therapy in the correctional environments.
- Four of Forensicare's Occupational Therapy staff continue to pursue post-graduate qualifications, with an additional four Occupational Therapists enrolled in a post-graduate level subject.
- Following the return of the Senior Music Therapist from maternity leave, creative arts therapies were reintroduced in Thomas Embling Hospital. The reintroduction of these therapies was achieved with the support of three occupational therapy clinical students undertaking a placement with us.
- One Honours level research project and three service development projects were continued by students, supervised by members of the Occupational Therapy team at Forensicare. These projects were –
  - Smoking as an Occupation: An Occupational Therapist's perspective (Honours)
  - Developing a website database to promote meaningful community linkages and therapeutic day leave (Service Development)
  - Introducing Occupational Function and Performance therapeutic groups into the correctional environments (Service Development).
  - Developing a Food Hygiene education package for patients, and enhancing the therapeutic kitchen environments (Service Development)
- Nine presentations were made at national conferences on a range of topics, including occupational frameworks and associated literature, community day leave, occupational therapy in correctional environments, Outdoor Adventure Therapy and the development of the Safe Space environment.
- The Occupational Therapy team continued to support student education by providing 17 clinical and project / research placements in 2014-2015.
- Tutorials, lectures and seminars were delivered to 230 undergraduate or Master's level occupational therapy students from three universities in 2015.
- Occupational Therapists planned, designed and built four customised sensory modulation trollies to be utilised across the campus as part of the Reducing Restrictive Interventions project. These trollies and other sensory modulation interventions developed by the Occupational Therapists were displayed at the National Seclusion and Restraint Reduction Forum held in Melbourne in June 2015.
- Occupational Therapists took a leadership role in promoting the health benefits of adopting a smoke free lifestyle during the transition to a smoke free service. The team organised and participation in health information fairs, peer support training and group facilitation and developed occupational engagement and distraction resources.
- The Occupational Therapy team continued to promote and organise campus wide events to foster a sense of community engagement and celebration. Events held include a fundraising lunch in response to the Nepal Earthquake which raised almost $1,000 from patient and staff contributions.
- The Health and Leisure service provider, Healthstream, continued to increase the emphasis on individual health promotion and functional fitness endurance. A more responsive and collaborative service between the clinical and fitness teams has increased the number of patients actively engaging with the fitness staff (in June 2015 there was an average of 26 patients a day participating in fitness activities, an increase from the average of 18 per day in June 2014).
- The Vocational Educational Training provider has continued to promote adult learning opportunities with a focus on vocational skill development. This resulted in the design and construction of children's Cubby House which was donated to a local community organisation, and 18 patients receiving essential Worksafe accredited Construction Industry qualifications. A wide range of new programs were developed and introduced for patients in 2014-2015, including Building and Construction and Plant Science.

PSYCHOLOGY

- Forensicare's prison based psychology service increased to 7.0 EFT in 2014-2015. The additional staff were required for the Mobile Forensic Mental Health Service, Metropolitan Remand Centre, and the increase in psychology services required at the Melbourne Assessment Prison.
- Forensicare was successful in tendering to provide neuropsychological reports for the Detention and Supervision Order program through the Department of Justice. The contract commenced on 1 July 2014, and is for a three year period, with the option of two, one year extensions. In 2014-2015 seven neuropsychological reports were completed.

- A Senior Psychologist from the Problem Behaviour Program was placed in the Enhanced Family Violence Unit at Footscray Police as part of a six month pilot program operated in cooperation with Victoria Police, Medicare Local and the Centre for Forensic Behavioural Science (see also pages 27, 39).
- The Principal Psychologist and Senior Psychologist for Thomas Embling Hospital successfully piloted a three month intermediate Offending and Violence program at Thomas Embling Hospital. The group consisted of 28 sessions of 1.5 hours duration. Eight patients commenced the group and all successfully completed the three month program with 100% attendance and very positive feedback.
- Two psychologists completed their Doctorate in Clinical and Forensic Psychology in 2014-2015, and two psychologists are currently enrolled in a PhD. All psychology staff have a minimum of a Masters or Doctorate level degree in Clinical and/or Forensic Psychology.
- The Psychology unit continued to offer placements/internships to university psychology students. In 2014-2015, 12 post-graduate Psychology placements were offered within Forensicare.

Patients at Thomas Embling Hospital talk about their experiences, hope and recovery –

“There is a light at the end of the tunnel”

Thomas Embling Hospital

Thomas Embling Hospital is a 116-bed secure hospital providing Acute Care and Continuing Care Programs, and a dedicated acute Women’s Unit. Patients are generally admitted to Thomas Embling Hospital from the criminal justice system under the *Mental Health Act* 2014, *Sentencing Act* 1991 or the *Crimes (Mental Impairment and Unfitness to be Tried) Act* 1997. Patients requiring specialised management can also be admitted from the public mental health system.

VICTORIAN PUBLIC HEALTHCARE AWARD

Julie Dempsey, our Consumer Consultant at Thomas Embling Hospital, was honoured at the 2014 Victorian Public Healthcare Awards ceremony in October 2014, where she was named the winner of the Minister’s Award for ‘Outstanding achievement by an individual or team in mental health care’. This is a wonderful accolade and a fitting acknowledgement of Julie’s contribution to consumers, Forensicare and the wider mental health system.

Julie joined Forensicare in 2009, and was been a tireless advocate for our consumers, many of whom have experienced significant trauma, stigmatisation, social dislocation and discrimination. Working across the hospital, Julie has been able to instil hope to combat despair and alienation. In doing so, she has championed the incorporation of the recovery framework into clinical practice at Forensicare, which has had a broad and enduring impact, and has advocated strongly for initiatives to enhance the safety and needs of women at the hospital.

Working across the mental health field for 20 years, Julie is widely recognised and acclaimed as a consumer advocate, leader, innovator, mentor, teacher, artist and author. She has made an outstanding contribution to Forensicare and this Award is well-deserved.

SAFETY OF WOMEN IN MENTAL HEALTH CARE

A range of capital works was completed in Daintree Unit in 2014-2015 funded by the Department of Health and Human Services to improve the safety of women patients at Thomas Embling Hospital.

The new works, which include secure swipe card access to separate areas and a relocated women’s lounge and outdoor area, were enabled women patients to –

- feel safer in their bedrooms, particularly at night
- have greater control over their contact with male patients
- experience greater sensitivity to their needs.

FUNDING FOR HIGH DEPENDENCY UNIT

Following examination of the flow of patients from prison through the acute male units at Thomas Embling Hospital, a proposal to investigate the feasibility of establishing a High Dependency Unit at the hospital was developed for the Department of Health and Human Services.

In May 2015, the State Government subsequently committed $9.5million through the funding allocation of Department of Justice & Regulation in the Victorian State Budget for the development of an eight-bed high dependency acute male unit at the Thomas Embling Hospital.

A master planning exercise has commenced for the Thomas Embling Hospital site which will lay out the potential future use of the site, inclusive of the newly funded unit.

SERVICE DEMAND

Managing demand for beds at Thomas Embling Hospital continues to be a significant issue that impacts on the hospital and our prison based services. The most pressure is experienced in the male acute units and the Acute Assessment Unit at Melbourne Assessment Prison, where the treatment of acutely unwell and frequently disturbed people is challenging from a clinical and management perspective.

The acuity of male patients on admission to Thomas Embling Hospital is frequently exacerbated by the length of time waiting at the Melbourne Assessment Prison for bed availability. This is reflected in the treatment time required to reach the stage where the patient is able to be decertified and discharged to the prison system.

In 2014-2015, 20% (n=12) of the patients discharged from the two male acute units had lengths of stay in excess of 190 days (6 months), and accounted for 53.5% of the total occupied bed days of all patients discharged from the male acute units in the year.

SECLUSION

Reducing Restrictive Interventions initiatives continued to be a focus across the hospital in 2014-2015. As a result of this focus, we sustained the reduction in the rate of seclusion per 1,000 bed days that began in 2012-2013 –

2012-2013 – 12.84

2013-2014 – 11.85

2014-2015 – 11.75

This sustained reduction has been achieved in the face of the increased levels of acuity and demand from the prison system. The environmental options for managing this acuity have been limited with the absence of a dedicated high dependency unit, and the funding commitment by Government for this unit is welcomed.

BREATHE EASY

Intensive planning was undertaken during the year for the introduction of a smoke free environment across the organisation on 1 July 2015. The issues arising for patients at Thomas Embling Hospital were complex, and a large program of activities was planned and conducted across the campus in the lead up to the commencement date.

Exercise and activity based sessions were held to support the transition. Activity-based resource kits and 'craving-buster' items were provided to each unit, consumer champions facilitated regular support groups and large scale campus wide events were held.

As a result of the planning and activities there was a smooth and incident-free transition to the introduction of smoke-free environment on 1 July 2015. A series of follow-up events have since been held to celebrate the successful transition to a smoke free environment, address relapse prevention and provide support in developing a non-smoking self-identity.

Due to a last minute Supreme Court challenge to the smoke-free policy, the introduction of a smoke free environment was postponed in Jardine Unit pending the outcome of the case in the court (expected to be December 2015).

KOOLIN BALIT GRANT

Forensicare was successful in the application made to the Department of Health and Human Services for a Clinical Engagement Initiative under the Koolin Balit Grants Program. The grant provides 12-months funding ($100,000) to establish an initiative to support the social and emotional wellbeing of Aboriginal consumers in our services.

The project, which will commence in August 2015, will develop and embed a social and emotional wellbeing assessment and framework across Forensicare sites, improve access and care pathways, provide access to culturally relevant programs and activities and assist with discharge planning and post-discharge supports. The project will be led by an experienced person who identifies as Aboriginal and have applicability to other forensic and general mental health settings.

PATIENT SATISFACTION SURVEY

The first Patient Satisfaction Survey to be held at Thomas Embling Hospital was conducted in 2015. The survey tool was developed in close collaboration with the Consumer Advisory Group and other patients. Two survey tools were developed - one Plain English version (with images) and the other in a standardised format. There was a 31% response rate from the survey, which although lower than hoped, is an encouraging indicator for future surveys.

Patients provided candid and thoughtful comments, which showed a range of satisfaction levels. 89% of respondents said that they felt comfortable asking questions or telling someone if there is a problem and 92% said that Thomas Embling Hospital offered services to keep them healthy, but only 66% said that they received information when they arrived at the hospital and 58% said that the hospital offered services that supported their culture.

The survey results provide an invaluable insight into our service provision and are being used to inform our ongoing planning and consumer engagement processes.

INSTALLATION OF CCTV

The installation of CCTV in all common patient areas in the six units within the secure perimeter of Thomas Embling Hospital was completed in 2014. The installation of the cameras was in keeping with a recommendation made in a review conducted by the Chief Psychiatrist into a serious incident that occurred at the hospital in December 2012, and was funded by the Department of Health and Human Services. Patients and staff have provided positive feedback on the installation.

Prison Services

Our prison services are delivered under contract with the Department of Justice & Regulation. In the men's prison system we operate of a 16-bed Acute Assessment Unit, specialist clinics, outpatient services and a reception assessment program at Melbourne Assessment Prison; Psychiatric Registrar Clinics, Nurse Practitioner Clinics and sessions by a visiting psychiatrist at the Metropolitan Remand Centre, together with a Mobile Forensic Mental Health Service (which is based at the Centre); Nurse Practitioner Clinics at Ararat and Loddon prisons; and sessions by a visiting psychiatrist at Ararat, Barwon, Loddon, Middleton, Marngoneet and Dhurringile prisons.

In the women's prison system we operate a 20-bed residential program in the Marrmak Unit, intensive outreach program and therapeutic day program for women at Dame Phyllis Frost Centre and psychiatrist sessions at Tarrengower prison.

NEW PRISON BASED SERVICES

A range of additional programs has been negotiated with Justice Health and Corrections Victoria in 2014-2015. The new services include –

Melbourne Assessment Prison

- service focused on Unit 13 (see below)
- additional nursing positions in the outpatient service and to undertake reception screening
- for the first time, appointment of a dedicated Social Work position

Metropolitan Remand Centre

- Mobile Forensic Mental Health Service (see below)
- introduction of mental health nurse reception screening

Other prisons

- additional psychiatry sessions at Hopkins Correctional Centre
- for the first time, provision of psychiatry sessions at Dhurringile Prison

CONSUMER CONSULTANT

At Forensicare's initiative, a Consumer Consultant commenced attending Marrmak Unit at Dame Phyllis Frost Centre once a month, providing support to consumers and meeting with staff.

Forensicare was a member of the Mental Health Response for Women Rejuvenation Project Working Group and provided detailed information on the role of a Consumer Consultant for consideration when planning the future staffing profile of prison based forensic mental health services. The Working Group, convened by Corrections Victoria and Justice Health, was established to consider the service model for women's mental health in prison.

PROGRAMS FOR PRISONERS WITH A MENTAL ILLNESS AT MELBOURNE ASSESSMENT PRISON AND METROPOLITAN REMAND CENTRE

- Negotiations were concluded with Justice Health for the delivery an innovative new outpatient service based at the Metropolitan Remand Centre. Designed by Forensicare, the Mobile Forensic Mental Health Service commenced operating in January 2015 and swiftly moved to full operation.

  The service model includes unique features including extensive group programs, 'inreach' to the Melbourne Assessment Prison to facilitate supported prisoner movements to the Metropolitan Remand Centre and transition outreach to regional prisons for clients when sentenced. Satellite psychology services were also established at Barwon Prison and Marngoneet Correctional Centre.

- A new service was introduced at Melbourne Assessment Prison to provide service to patients held in Unit 13, the location of the 'Muirhead Cells' where prisoners who are actively suicidal and at risk of self harm are placed for their own safety. From a mental health perspective, the environment of Unit 13 is particularly challenging for staff and prisoners.

  The new service, which commenced in October 2014, has enabled Forensicare to employ a dedicated nurse and Occupational Therapist to provide service to prisoners in Unit 13. This includes follow up support to prisoners when they are moved from the unit to other Units within the prison. Initial indications are that this service is reducing the length of stay in Unit 13, which will contribute to improved mental health outcomes.
- Forensicare was engaged directly by Corrections Victoria to provide a package of general mental health training to prison officers across several prison sites. Additional training on the mental health impact of prisons going smoke free from 1 July 2015 was also provided.

PROGRAMS FOR WOMEN PRISONERS

At the request of Justice Health, Forensicare contributed to the development of a proposal for an expanded mental health unit for women at Dame Phyllis Frost Centre, and the associated infrastructure and service needs. The information and concepts provided by Forensicare were incorporated into a successful Department of Justice & Regulation process that resulted in a funding allocation in the 2015 State Budget for the construction of a new purpose built 44 bed mental health unit at the prison.

We look forward to continuing to work with Corrections Victoria and Justice Health in the planning and delivery of the unit and service at Dame Phyllis Frost Centre.

BED PRESSURES

The pressure on Forensicare's services and access to bed based programs at the Melbourne Assessment Prison remained high in 2014-2015. On average, 8-10 men at any one time were certified at Melbourne Assessment Prison and were waiting transfer to Thomas Embling Hospital. On average, a further 10 prisoners were on the waitlist for a bed on the Acute Assessment Unit, and there were consistently in excess of 70 prisoners at the prison on the highest level of psychiatric rating.

The volume and acuity of prisoners requiring mental health screening and care was demanding for our staff. There were instances of prisoners with acute and co-morbid physical and mental illness under our care at the prison. In addition, there was a considerable increase in the number of people being received into custody each day (an increase of 17.7% from 2013-2014), all of whom were required to be screened by a Forensicare nurse for mental health issues. These prisoners were spending less time in police custody cells and were more likely to be received into prison in a clearly drug affected state. The increase in throughput at this short stay prison put pressure on our ability to plan for the discharge of men who were there for only a few days before attending Court, and who might be released from Court and need to attend a community mental health service.

We were greatly supported by Justice Health and Corrections Victoria in the management of these pressures, and the practical resources in terms of additional nursing and other staff to support the growth in demand were both needed and appreciated.

Ravenhall Prison Project

EXECUTION OF CONTRACTS

Following a competitive process, the GEO Consortium was selected as the preferred provider to design, build, operate and finance the new prison to be built at Ravenhall. Forensicare is the mandated provider for Forensic Mental Health at the prison through a sub-contract arrangement. The contracts covering the provision of forensic mental health services by Forensicare at the new prison at Ravenhall were formally executed on 15 September 2014.

OPERATIONAL READINESS AND RAMP-UP PLAN

The Operational Readiness and Ramp-up Plan for the new prison commenced in November 2014. The Plan guides the work of the Ravenhall Project Team towards preparing for the commencement of services at the new prison. The project is run by a dedicated project team overseen by a Steering Committee with representation from senior Forensicare staff.

Forensicare has had significant input into the design of the Forensic Mental Health inpatient units to be constructed within the new prison. Existing prison and hospital based clinical staff have been consulted on aspects of the design, ranging from the detailed design of the Forensic Mental Health bedrooms, patient and staff facilities, medication administration areas, sensory modulation rooms and program spaces. Specialist consultation regarding the security and occupational health and safety aspects of the Forensic Mental Health units has also been incorporated into the design.

The building of the skilled and specialised multidisciplinary workforce required to staff the Forensic Mental Health Services is challenging for Forensicare due to system-wide workforce shortages. Recent achievements have included a doubling of the Graduate Nurse Program, the appointment of two Nurse Practitioner Candidates and the preparation required to secure accredited training positions for additional Psychiatric Registrars. Communication strategies are being developed to support the workforce development process and ensure that there is effective and clear communication across the organisation and with our external stakeholders.

The process of engaging a wide range of existing Forensicare staff, including Consumer Consultants, though specific reference groups focussing on the various aspects of service delivery has commenced and will be ongoing in the coming year.

In alignment with the principle of delivering Recovery-oriented services at the new prison, the Project Team consulted with current and past consumers of mental health services within prisons about their experiences. This has provided invaluable insights into how prison-based mental health services could be enhanced to better meet consumers' needs.

Community Forensic Mental Health Service

The Community Forensic Mental Health Service is a statewide service, providing assessment and multidisciplinary treatment to high risk clients referred from area mental health services, correctional providers, courts, the Adult Parole Board, Thomas Embling Hospital, our prison services, government agencies and private practitioners.

The programs provided include -

- Community Forensic Mental Health Program
- Problem Behaviour Program
- Court Services Program
- Community Integration Program
- Non-custodial Supervision Order Consultation and Liaison Program

WORKING WITH OUR COMMUNITY STAKEHOLDERS

Our community service is a critical component of our organisation, which assesses and treats people in the community but also supports other agencies to work more effectively with mental health consumers involved in the criminal justice system. The feedback from stakeholder consultations during the development of our *Strategic Plan 2015-2017* indicated that community agencies wanted us to adopt more of an external focus in the delivery of our programs and to provide more training and support. Specific initiatives implemented during the year include –

• NON-CUSTODIAL SUPERVISION ORDER TRAINING

The Non-custodial Supervision Order (NCSO) team provided three external education sessions to area mental health services in 2014-2015 (Monash, North West and South West). In addition, an education session was held at the Community Forensic Mental Health Service in April 2015, and was offered to every area mental health service and select mental health community support services across Victoria. A total of 86 clinicians attended these sessions.

Written feedback provided on the sessions confirmed that the training increased the level of participants' knowledge and confidence in working with people on NCSOs. The content of the sessions has been updated in response to the feedback provided, and information on breaching, community risk, the legal framework and the primary and secondary referral process is now included in the training.

• FORENSIC CLINICAL SPECIALIST PROGRAM

A Mental Health Community Support Services Steering Committee, consisting of Forensicare staff, Forensic Clinical Specialist representatives and Mental Health Community Support Services was established in 2015 to broaden the scope of the program to include community support services. The Steering Committee includes representatives from 13 community based organisations.

The Committee has overseen the development of a 'train the trainer' model to enable Forensic Clinical Specialists engaged in area clinical services to deliver a package of training to Mental Health Community Support Services staff on risk and recovery. The Forensic Clinical Specialists completed the training in June 2015, and the training of approximately 650 staff from across the 13 Mental Health Community Support Services organisations is planned for the coming year.

PROGRAM EVALUATIONS

- A detailed evaluation of five years of service data in the Problem Behaviour Program was completed in June 2015. The results were impressive, confirming that assessment by the Problem Behaviour Program was associated with a reduction in subsequent use of public mental health services, and completion of treatment was associated with a reduction in subsequent re-offending. The final evaluation report is currently being prepared for distribution to stakeholders. The report highlights the impact and importance of this unique program.
- An evaluation was completed of the Suicide and Self Harm training provided by Forensicare to Corrections staff in prisons and the community in October 2014. The results of the evaluation have been incorporated into the ongoing development and delivery of this training.
- Substantial progress was made on the evaluation of the prison transition component of the Community Integration Program. Preliminary results are due in July 2015.
- The following evaluations have commenced –
  - Stakeholder feedback evaluation in relation to the Mental Health Court Liaison Service, expected to be completed by March 2016
  - Analysis of activity of the first full year of Nurse Practitioner roles in prisons.
  - Mobile Forensic Mental Health Service, Metropolitan Remand Centre – a rolling three year in depth analysis.

VICTORIA MENTAL HEALTH INTERPROFESSIONAL LEADERSHIP PROGRAM

Forensicare was successful in an application to the Victoria Mental Health Interprofessional Leadership Program. The application detailed a project that will design a joint service delivery model with area mental health services to enhance recovery orientated practice for consumers with major mental health disorders, significant case complexity, and high risk of offending behaviours. A team of 3 senior Forensicare clinicians and Julie Dempsey, a Consumer Consultant, will participate in the leadership training and undertake the project in the second half of 2015.

MENTAL HEALTH COURT LIAISON SERVICE

The 20th anniversary of the Mental Health Court Liaison Service was celebrated at a function held in September 2014. First established in 1995 at Melbourne Magistrates' Court, the Court Liaison Service has since extended to seven metropolitan Magistrates' Courts, and is highly regarded as a vital support service by the courts and legal professionals.

Speakers at the celebratory function included His Honour Peter Lauritsen, the Chief Magistrate of Victoria and Emeritus Professor Arie Freiberg. The evening was attended by current and former clinicians together with clinicians providing the service in regional areas through local mental health services.

The demand on this important and valued service has grown significantly in recent years, particularly at Melbourne Magistrates' Court. There is a general increased activity in Magistrates' Courts, primarily as a result of new policy directions in relation to imprisonment and the abolition of suspended sentences. To help meet this demand, the Mental Health Court Liaison Service was restructured and a new position established in October 2014. There is now a dedicated Manager of the Service, who is also available to provide backfill across the various Court sites as needed.

Forensicare believes that resources at the Court are now unable to meet demand, and this is a strategic priority for our organisation and the subject of discussions with the Department of Health and Human Services and the Department of Justice & Regulation.

FAMILY VIOLENCE

Family violence is an area in which Forensicare can make an invaluable contribution, providing expert assessments and interventions. Developments in this area in 2014-2015 include –

- Professor Jim Ogloff led a partnership between Forensicare and the Centre for Forensic Behavioural Science (CFBS) to prepare a detailed submission to the Royal Commission on Family Violence. Our submission highlighted the need for more scientific analysis of individuals who commit family violence, understanding of the multiple perpetrators and victims involved and potential significant roles for CFBS and Forensicare in this important area. Our submission received positive feedback.
- In June 2015 we renegotiated our three year agreement with Child Protection Services, Department of Health and Human Services, and agreed to expand the scope of service to include family violence risk assessments.
- We participated in a pilot with Victoria Police, a Medicare Local and Swinburne University which saw the placement of a Forensic Senior Psychologist in a Family Violence Team at Footscray Police for six months providing expert family violence risk assessments (see also pages 20, 39).

SNAPSHOT SURVEY

Each year over the past three years we have undertaken a consumer snapshot survey of clients who attend the Community Service. This survey was developed with the input of the community based Consumer Advisory Group.

It is really pleasing that each year has seen improvements in the responses given. Consumers believe staff are welcoming and the facilities are suitable. Importantly, regardless of the type of service they are receiving, consumers feel heard and that they are treated with respect.

The responses are notable because a significant number of the clients who attend are coming because they have been required to do so by courts or Community Corrections, not because they choose to attend. We continue to use these surveys to improve consumer's experience of their interactions with us, regardless of how they are referred to us.

Corporate Services

STRATEGIC PLAN 2015-2017

The Strategic Plan was developed in 2014 following wide ranging consultations with stakeholders, including our consumers, and was approved by the Minister for Mental Health in May 2015. The Plan provides the framework to address the immediate and emerging issues impacting on our environment, and we will work closely with our external and internal stakeholders over the coming three years to develop and implement the initiatives proposed.

CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEMS' PLANNING AND STRATEGIC COORDINATION BOARD, DEPARTMENT OF JUSTICE

Following the Auditor General's review of co-ordination of Justice Mental Health Strategies, the Department of Justice & Regulation established a high level inter-agency forum to provide strategic leadership and co-ordination across the criminal justice and mental health systems. The Criminal Justice and Mental Health Systems' Planning and Strategic Coordination Board, chaired by the Deputy Secretary or equivalent representation, commenced in 2015.

Forensicare is represented on the Board by Tom Dalton, Chief Executive Officer and Professor James Ogloff, Director, Centre for Forensic Behavioural Science and Director, Psychological Services, Forensicare. The establishment of the Board addresses the need identified to adopt a whole of systems approach in respect to planning across the mental health and justice domains and establishing pathways for people with a mental illness across the criminal justice system.

PROPOSED FEDERAL GOVERNMENT CHANGES TO SOCIAL SECURITY PAYMENTS FOR FORENSIC PATIENTS

The Commonwealth's 2014-2015 Mid-Year Economic and Fiscal Outlook, released in December 2014, detailed a measure to cease social security benefits for people in psychiatric confinement who have been charged with a serious offence, 'including those who have not been convicted or considered not fit to stand trial'. This measure was subsequently included in the Social Services Legislation Amendment Bill 2015, which was referred to the Senate Community Affairs Legislation Committee for inquiry when it was debated in March 2015.

The Committee called for submissions, and the majority of the 35 submissions received were overwhelmingly opposed to the legislation. Forensicare engaged with consumers and carers providing support and details to inform their submissions to the Committee. The Committee released dissenting findings, and the Bill is due to be debated again in the Senate following the Winter break.

Forensicare strongly opposes the cessation of social security benefits for forensic patients, as this would have a deleterious impact on their ability to access the level of rehabilitation and supports required to safety transition to community living. During this unsettling time, we continue to work supporting consumers and their families and carers to ensure that the effects of the Bill do not further exacerbate their feelings of disadvantage and neglect.

QUALITY OF CARE REPORT 2013-2014

The first Forensicare Quality of Care Report, covering the year 2013-2014, was published with the support and assistance of consumers. In putting together this report, we worked closely with consumers, particularly those at Thomas Embling Hospital, to ensure that we provided the information that they required. The consumers were enthusiastic about developing the report with us, and over the nine months that we worked together on this, they gave their open and frank assessment of the proposed and final content.

eHEALTH INITIATIVES

The Clinical Patient Management Information System (the PMI) continued to be enhanced, with further modules developed and added to the system. The new modules introduced include –

- additional functionality and electronic forms
- KPI reporting dashboard
- electronic whiteboards (providing an electronic display of all patient schedules) provided in all units at Thomas Embling Hospital
- electronic ISBAR handover tool
- fully electronic module for managing NCSO patients (as part of the CMIA module of the electronic medical records system)
- separate module for forensic patients on Custodial Supervision Orders
- patient identification tool (patient photos now printed on all clinical forms).

The implementation of electronic medical records has commenced and ongoing development and implementation will continue over the coming year.

Legal Services

Forensicare operates under a complex legislative environment that governs its relationships with government and the services it supplies to patients and clients. The *Mental Health Act* 2014 and the *Crimes (Mental Impairment and Unfitness to be Tried) Act* 1997 detail the legal framework for the provision of treatment and care of Forensicare's consumers.

CRIMES (MENTAL IMPAIRMENT AND UNFITNESS TO BE TRIED) ACT 1997

This legislation governs the disposition and treatment of people who are found not guilty by reason of mental impairment or unfit to plead. The cumulative number of people under Supervision Orders has continued to grow, and at 30 June 2015 there were 163 people with a mental illness under Supervision Orders under the Act. These orders were made up of 67 Custodial Supervision Orders, 19 Custodial Supervision Orders (Extended Leave) and 77 Non-custodial Supervision Orders.

There were 14 new Supervision Orders made in the year. In each case, a Forensicare clinician was required to prepare a detailed report for the Office of Public Prosecutions on the issues of fitness to plead or the mental impairment defence and give evidence in Court.

Prior to the final order being made, a further report is generally prepared for the court under the Act advising on risk and appropriate treatment. In the case of Non-custodial Supervision Orders (NCSOs), this involves liaising with a person's existing treatment providers and organising arrangements for further community treatment. Forensicare must provide a certificate to the Court indicating that facilities and services to provide the treatment are available.

CUSTODIAL SUPERVISION ORDERS

- Three new Custodial Supervision Orders (CSOs) were made by the County Court following a finding of unfitness to plead or not guilty by reason of mental impairment at criminal trial, compared to nine in 2013-2014.
- One of the three people who were put on a CSO in 2014-2015 had been admitted to Thomas Embling Hospital as a remandee, having been found not guilty by reason of mental impairment and pending the final outcome of their case.
- In addition, six people were remanded to the hospital as a result of being found temporarily unfit to plead. Three of these people became fit to plead and their cases were dealt with through the usual criminal trial process. Three of these people remained on remand at the hospital continuing with treatment at 30 June 2015.
- Eleven patients moved from Thomas Embling Hospital to live full time in the community on Extended Leave (compared to eight in the previous year).
- Ten patients on CSOs returned to Court for a review of their order which was required under the legislation or had been ordered by the Court at the time of making the order or on a previous review. In all cases the custodial order was confirmed and a further review date set by the Court.

Corporate Services

Legal Services cont

- Eleven people on Extended Leave had their leave renewed for a further period of time. Under the *Crimes (Mental Impairment and Unfitness to be Tried) Act* 1997, a Court is only able to grant Extended Leave for a period of up to 12 months.
- Four people on Extended Leave had their CSO varied to a NCSO.

NON-CUSTODIAL SUPERVISION ORDERS

- Eleven Non-custodial Supervision Orders (NCSOs) were made for new offenders (two less than in 2013-2014).
- Two people on NCSOs were apprehended and admitted to Thomas Embling Hospital following breach of the conditions of their order.
- All of the 77 clients in the community on NCSOs at 30 June 2015 are supervised by Forensicare through the Community Forensic Mental Health Service.
- Twelve people on a NCSO had their Order revoked (two less than in 2013-2014).
- 37 review hearings were held for people on NCSOs, either due to the review being set by the Court, or triggered by the major review provisions in s.35 of the *Crimes (Mental Impairment and Unfitness to be Tried) Act* 1997 or for an application by the person to revoke the Supervision Order (in 2013-2014 there were 35).

Forensicare staff prepared reports for 88 Court hearings for people on Supervision Orders under the *Crimes (Mental Impairment and Unfitness to be Tried) Act* 1997 during the year. Forensicare staff attended court to give evidence in 67 of these court hearings. Some of these court hearings were delayed or adjourned for various reasons, and at times further, updated reports were required when the matter returned to court.

As reported last year, participation in court hearings involves the investment of considerable time for clinical staff, both at Thomas Embling Hospital and the Community Forensic Mental Health Service. This has a significant impact on the workload of staff, who carry a considerable clinical workload.

Since the 2005 policy decision that Forensicare would assume responsibility for supervision of all people on a Non-custodial Supervision Order, the number of people on these orders has increased by 92%. No additional funding has been provided for this vital community safety supervision work undertaken by Forensicare.

COURT REPORTS

The strong demand from Courts for psychiatric and psychological reports experienced in previous years continued in 2014-2015. Requests from the Office of Public Prosecutions (OPP) for reports on issues of fitness to plead or the mental impairment defence under the *Crimes (Mental Impairment and Unfitness to be Tried) Act* 1997 continued to be an important area of activity.

In 2014-2015, Forensicare processed 62 assessment requests and provided 55 assessments to the OPP (an increase of eight from the previous year). Fourteen fitness assessment reports were also provided directly to the Supreme and County Courts at their request pursuant to the *Crimes (Mental Impairment and Unfitness to be Tried) Act* 1997.

As in previous years, a significant number (14) were for accused people whose primary diagnosis was not a mental illness – three of the requests were for reports relating to people with an intellectual disability, four for people with an acquired brain injury and two for people with dementia.

This important work that Forensicare undertakes to assist the courts has been funded by the Department of Justice since 2011.

OTHER ACTIVITIES

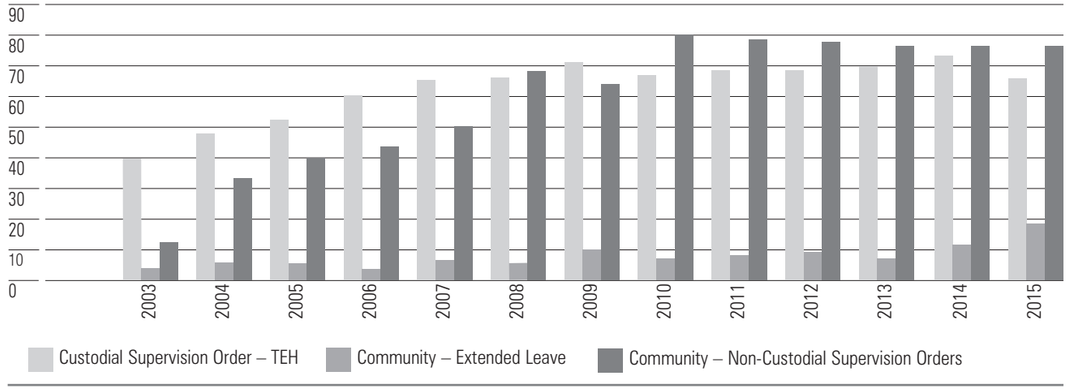
There was a high level of activity across a variety of legal and policy areas in 2014-2015. The implementation of the new Mental Health Act required widespread policy and practice change, which was supported with legal advice and training to staff.

The coordination of litigation under the *Crimes (Mental Impairment and Unfitness to be Tried) Act* 1997 in the County and Supreme Courts was again a significant area of work, with an increase in the number of cases and their complexity. The publication in June 2014 of the comprehensive report of the Victorian Law Reform Commission of its Review of the Act provided a basis for ongoing consideration and reform in the current year. With the support of the Centre for Forensic Behaviour Science, further work has been undertaken to update 2006 research on the operation and effectiveness of the Act.

Forensicare's involvement in the Ravenhall Prison Project is a major initiative for the organisation, and one that has required significant legal input. For the Legal Unit this culminated in the execution of final contracts with the State and the successful bidder in September 2014. There was also continued expansion in the mental health services that Forensicare provides, all of which required input from the Legal Unit.

Legal Services cont

SUPERVISION ORDERS AS AT 30 JUNE 2015



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	**2015**
CSO– Thomas Embling Hospital	40	48	52	60	66	67	72	67	69	69	70	72	**67**
CSO Extended Leave	4	6	6	4	7	6	10	7	8	9	7	12	**19**
NCSO	23	33	40	43	50	68	64	80	79	78	77	77	**77**

The decision by the Commonwealth Government to cease payment of social security benefits to people found unfit to plead or not guilty by reason of mental impairment has significant legal implications for Forensicare and our consumers. A detailed Submission was prepared for the Senate Committee established to consider the legislation and the coordination of information for those directly impacted.

Other important areas of legal advice and representation over the last year include privacy, confidentiality and Freedom of Information, representation and support to witnesses at Coronial Inquests; compliance with the Charter of Human Rights and Responsibilities and legislative compliance and auditing and policy development.

A range of training was provided for Forensicare staff in regard to the Mental Health Act, the Charter of Human Rights and Responsibilities, freedom of information, privacy, confidentiality and information sharing and other issues.

In recognition of the need to maintain strong links with the criminal Justice system, formal tours of Thomas Embling Hospital were provided for the Judicial College and lawyers from the Office of Public Prosecutions, the Victorian Government Solicitors Office and Victoria Legal Aid.

Sustainability - Our Environment

SUSTAINABILITY

Forensicare continues to monitor and report on our environmental performance. We continued to work to reduce our total greenhouse gas emissions in 2014-2015.

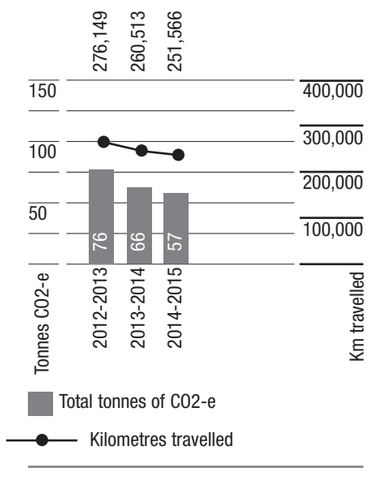
A new *Environmental Strategy – Our Contribution to a Healthier Environment – 2015-2017* was developed in 2014-2015 and implementation has commenced.

ENVIRONMENTAL ACHIEVEMENTS

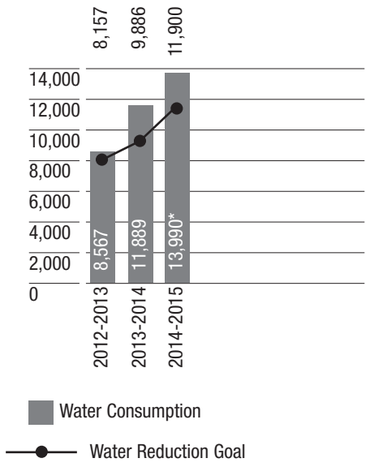
In the period of our previous Environmental Strategy 2012-2014, our achievements include –

- reducing our fleet vehicles by 12%
- introducing carbon neutral copy paper across Forensicare
- establishing an environmental monitoring system which captures all reported data in one spreadsheet
- introducing a system to remanufacture toner cartridges (95% of toner cartridges are now remanufactured)
- redirecting old IT hardware from landfill to non-government organisations – hardware now donated
- continuing progression of water saving initiatives
- implementing an electronic booking systems for meeting rooms and the car pool
- developing and implementing an electronic patient records system
- introducing a purchasing system to ensure purchase of materials in forms that minimise the quantity of packaging
- expanding the bike sheds provided at Thomas Embling Hospital.

Vehicle Use



Water Consumption

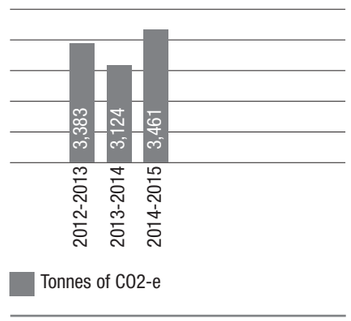


* a faulty water meter was detected in Thomas Embling Hospital following a water analysis conducted by Melbourne Water in July 2013. The analysis concluded that the water meter had been under-reading usage in previous years by 25%-35%. The water meter was changed in September 2013 and a one-off back charge issued to cover estimated unrecorded usage.

Recycling

	2012 -2013	2013 -2014	**2014 -2015**
Plastic Bottles recycled 240 ltr bins	301	654	**329**
Cardboard and paper recycling 4 cubic metre	52	49	**52**
General Waste tonnes	240	224	**230**

Total Greenhouse Gas Emissions



Human Resources – Our People

WORKFORCE PROFILE

Staff	30 June 2015		30 June 2014		30 June 2013	
	Staff Number	Total EFT	Staff Number	Total EFT	Staff Number	Total EFT
CLINICAL STAFF	**399**	**353.79**	353	312.1	333	290.4
Nursing	**249**	**229.58**	225	208.0	211	195.36
Clinical Support	**27**	**24.88**	23	21.0	20	17.69
Allied Health						
Psychologist	**42**	**30.39**	28	19.8	29	19.6
Social Worker	**15**	**14.6**	16	15.5	15	13.13
Occupational Therapist	**16**	**14.93**	15	13.6	12	10.6
Music Therapist	**1**	**0.63**	1	0.6	1	0.63
Consumer Consultant	**3**	**1.96**	3	1.6	3	1.41
Family Advocate	**2**	**0.66**	2	0.7	1	0.53
Welfare Worker	**2**	**1.63**	1	1.0	1	1.0
Allied Health Total	**81**	**64.8**	66	52.8	293	259.95
MEDICAL						
Consultants/Medical Officers/Registrars	**42**	**34.53**	38	29.3	39	29.45
Rotating Registrars	**0**	**0**	1	1.00	1	1.0
Medical Total	**42**	**34.53**	39	30.3	40	30.45
CORPORATE/ADMIN						
Administration	**41**	**36**	35	29.6	32	28.07
Corporate Support	**11**	**10.14**	12	10.9	13	11.94
TOTAL STAFF	**451**	**399.93**	400	352.6	378	330.4
AGE						
Under 25	**23**	**5.1%**	11	2.7%	9	2.4%
25-34 yrs	**109**	**24.2%**	98	24.5%	93	24.6%
35-44 yrs	**137**	**30.4%**	115	28.8%	116	30.7%
45-54 yrs	**86**	**19.1%**	87	21.8%	79	20.9%
55-64	**84**	**18.6%**	78	19.5%	73	19.3%
Over 64 yrs	**12**	**2.6%**	11	2.7%	8	2.1%
TOTAL	**451**		400		378	
GENDER						
Women	**294**	**65%**	251	63%	224	59%
Men	**157**	**35%**	149	37%	154	41%

EXECUTIVE OFFICERS

Executive Officers at Forensicare are employed as GSERP Executives, Group 3, Cluster 2.

	30 June 2015	30 June 2014	30 June 2013
Number of Executives	**4**	4	4
Vacancies	**0**	0	0
Ongoing/special projects	**4 x Ongoing**	4 x Ongoing	4 x Ongoing
Gender	**4 Males**	4 Males	3 Males 1 Female

OCCUPATIONAL HEALTH AND SAFETY

Forensicare is committed to providing a safe and healthy work environment for staff, consumers, contractors and visitors. This is reflected in our policy and procedures that have been developed in consultation with our staff and the relevant unions as required under the *Occupational Health and Safety Act* 2004.

All sites have an annual inspection audit undertaken by the Occupational Health and Safety representative and area Manager. All incidents and occupational health and safety events are required to be entered on our electronic reporting system (Riskman), which contains a hierarchy of procedures for the review of all incidents.

The Occupational Health and Safety Committee meets bi-monthly and is attended by our Occupational Health and Safety (OH&S) representatives and appointed Managers. All OH&S representatives have attended the 5 day accredited training for workplace representatives and our Managers attend annual OH&S training conducted by an accredited OH&S training provider. Occupational Health and Safety training is provided as part of our mandatory orientation for all new staff to ensure that they understand their obligations in this area.

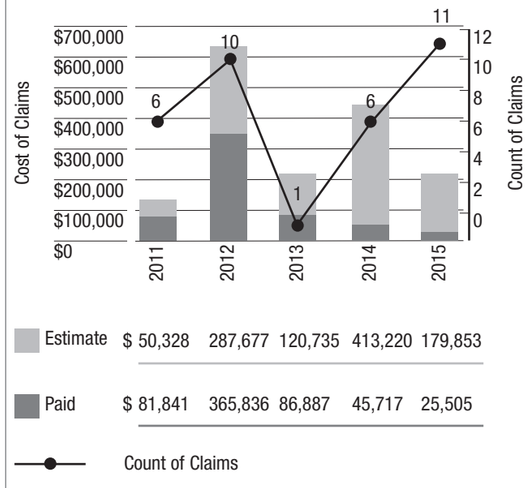
In 2014-2015 incidents of patient aggression remained at a level that is concerning to the Forensicare Board and Executive. This area is closely monitored by the Board and Executive, and priority is given to developing initiatives to enable us to continue to improve our practices.

Key initiatives implemented in 2014-2015 to improve staff health, safety and wellbeing include –

- ongoing appointment and training of OH&S representative to strengthen organisational resources
- Introduction of online Manual Handling training for all staff
- Introduction of the Well@Work e-newsletters.

WORKCOVER PERFORMANCE

Five Year Claims Tracking



Our WorkCover performance has been steadily improving, but the impact of several claims for long term physiological injury continues to impact our premiums. We continue to benchmark our performance against other public hospitals and review all lost time incidents with the aim to improve the safety of our environment for our workforce.

Human Resources – Our People cont

EMPLOYEE SUPPORT AND WORKPLACE RELATIONS

All employees must adhere to the Code of Conduct established by the Victorian Public Sector Commission (VPSC) which outlines the expected standard of conduct and values when dealing with patients, consumers and colleagues. In our most recent results from the *VPSC People Matter Survey*, 96% of our staff confirmed that they were aware of the organisation's Code of Conduct.

Forensicare continues to provide access to flexible work arrangements with leave arrangements and rostering that supports our workforce in achieving a work-life balance.

Forensicare has a Workplace Consultative Committee, which is a monthly forum between management, staff and their state union representatives. The Committee provides a platform to table proposed changes, discuss workplace matters and assist with planning for the future.

There was no time lost due to industrial action or disputes in 2014-2015.

MERIT AND EQUITY

Forensicare is committed to upholding the principles of merit and equity in all aspects of the employment relationship to ensure fair and transparent processes for recruitment, selection, transfer and promotion of staff. Employment related decisions are based on merit and Forensicare complies with all relevant legislation and policies.

Complaints involving discrimination, bullying and harassment are dealt with in accord with organisation policy. All staff are given information on their rights and responsibilities and a network of 17 EEO contact officers has been established from all locations to provide support to staff as required. No formal merit and equity complaints were received in 2014-2015.

WORKFORCE PLANNING

Our performance against the milestones included in the Operational Readiness Plan for the planned opening of Forensic Mental Health Service at the new prison at Ravenhall remain on target and our existing staff retention rates continue to be better than the industry standard. An upgrade of our on line recruitment software was completed and we continue to roll out an online credentialing module for our broader health professional workforce. These initiatives enable us to be highly efficient in our staff recruitment practices and ensure our existing staff and new recruits have the necessary qualifications, skills and capabilities to deliver high quality patient centred programs and services.

We had full employment across all clinical areas in 2014-2015, which enabled us to decrease our reliance on the employment of external agency staff.

TRAINING AND PROFESSIONAL EDUCATION PROGRAM

Forensicare provides support to our staff for skill development with a range of personal and professional development opportunities. These opportunities include a Further Study Grants program, support for conference attendance and a clinically focused inhouse development program. In addition, a range of externally facilitated programs, including Management Induction Training, Respect and Responsibility Training and Disability Awareness, were provided across the year.

A 4-day Senior Leadership program was also conducted for Executive members and identified Level 3 Managers.

Performance Measure	**Performance Target** (Victorian Health Industry Standard)	**Outcomes 2014-2015**	Outcomes 2013-2014	Outcomes 2012-2013	Outcomes 2011-2012
Staff Turnover Rates	11.2%	7.5%	6.5%	8.5%	8.9%

STAFF ENGAGEMENT – PEOPLE MATTER SURVEY

Forensicare participates in the Victorian Public Sector Commission's *People Matter Survey*, so we can understand the levels of satisfaction of our workforce. Based on the survey results, we develop plans to improve staff morale, which we know leads to higher staff attraction and retention rates.

After an active campaign lead by the CEO, in 2015 we had a 10% increase in the number of staff who responded to the survey. Forensicare's Organisation Results Report 2015 confirms the following responses –

Organisational values and integrity –

- 96% indicated that they encouraged people in their workgroup to act in ways that are consistent with the values, and
- 96% agreed that there are procedures and systems in place that are designed to prevent employees engaging in improper conduct.

Workplace wellbeing –

- 99% said that they feel they make a contribution to achieving the organisation's objectives, and
- 99% felt that they provide help and support from others in their workgroup.

Patient safety –

- 97% of respondents said that they are encouraged by colleagues to report concerns they may have about patient safety
- 96% agreed that patient care errors are handled appropriately.

Patients at Thomas Embling Hospital talk about their experiences, hope and recovery –

"The staff treated me with dignity and respect"

Research

Centre for Forensic Behavioural Science

The year has been a time of growth and strengthening for both the research program at Forensicare and the Centre for Forensic Behavioural Science (CFBS). This year's report marks the first full year of operation of the CFBS at Swinburne University of Technology. The relocation of CFBS to Swinburne University of Technology has been very positive and has strengthened our research, evaluation, educational and professional development capacity.

Our Staff

Ours is a dynamic field, and we experienced a number of changes in our staffing profile in 2014-2015. During the year, Associate Professor Rosemary Purcell left CFBS to take up the position of Associate Director, Higher Education and Service Innovation within the Skills and Knowledge Division at Orygen Youth Heath. We congratulate her warmly on this appointment.

Our academic profile was, however, strengthened with the appointments of Dr Stefan Luebbers, a clinical and forensic psychologist, as Lecturer in Clinical and Forensic Psychology, and Dr Lillian De Bertoli, Dr Lauren Ducat, Ms Margaret Nixon, Dr Dan Shea, and Mr Ben Spivak as Research Fellows.

Dr Stephane Shepherd, a research fellow and lecturer from the CFBS, was awarded a prestigious 2015 Fulbright Postdoctoral Scholarship in Cultural Competence. Dr Shepherd will collaborate with academics from the University of California, Los Angeles, the University of Arizona and the University of Nebraska-Lincoln to explore whether cultural engagement has an influence in deterring crime for Aboriginal people in custody. We congratulate Stephane on this award – it is an exciting project and a wonderful achievement.

New Courses

One of the exciting developments that has occurred with the move to Swinburne University of Technology has been the capacity to now offer the following richer and broader suite of postgraduate courses –

Forensic Behavioural Science

- Graduate Certificate/Diploma in Forensic Behavioural Science
- Master of Forensic Behavioural Science
- Graduate Certificate in Violence Risk Assessment and Management

Forensic Mental Health Nursing

- Graduate Certificate/Diploma in Forensic Mental Health Nursing-

Forensic Psychology

- Graduate Diploma in Forensic Psychology
- Doctor of Psychology (Clinical and Forensic Psychology)

These courses better meet the needs of our students who are drawn from a broad range of disciplines and areas of work.

Although the courses were only approved in late 2014, the first semester was a success with 36 students enrolled in the forensic behavioural science courses taking a range of subjects each. The enrolment numbers have risen to 50 people doing 79 subjects as of the time of writing. Students who have completed the first semester performed well and were very positive in their appraisals of the courses.

The forensic psychology courses have received full accreditation from the Australian Psychology Accreditation Council. The Doctor of Psychology is the only course to be dually accredited in both clinical and forensic psychology, and the Graduate Diploma is the only such course that enables registered and endorsed psychologists to obtain specialised training in forensic psychology.

Research Outcomes

Our research and scholarship continued in earnest this year. Associate Professor Rosemary Sheehan (Social Work, Monash University) and Professor Ogloff published their book, *Working within the forensic paradigm: Cross-discipline approaches for policy and practice*, through Routledge. Staff published 54 journal articles, and 12 chapters in books, with many more in submission and in press. Staff provided more than 50 conference presentations, including many keynote addresses and invited addresses nationally and internationally.

Members of the CFBS, Professor Ogloff, A/Professor Pfeifer, and Professor Daffern, were awarded an Australian Research Council Linkage Grant of $538,000 for their project, 'Enhancing wellbeing and resilience within prisons: A psycho-educational approach for the missing middle.' This work is being done in partnership with G4S Australasia Pty Ltd who is providing additional funding ($210,000) and in-kind contributions to the work.

In addition, Professor Ogloff, Dr Shepherd and Assoc. Professor Pfeifer were awarded a grant from the Australian institute of Criminology ($58,000) to study 'Aboriginal offenders with cognitive impairment: Is this the highest risk group?'

Enhancing Understanding of Forensic Behavioural Science

Over the year, an ongoing seminar series featuring presentations by prestigious external speakers was organised by Dr Shepherd. Nine presentations (see page 40) were given during the year on a broad range of issues that are emerging or existing within the field. The series has been well attended by external professionals and Forensicare staff and will continue in coming years. Promoting discussion, detailing research outcomes and enhancing the understanding of issues relevant to forensic behavioural science to a wide audience is an important aspect of the work of CFBS, and one we are keen to expand.

Dynamic Appraisal of Situational Aggression

The National Institute for Health and Care Excellence (NICE) in the United Kingdom published a NICE Clinical Guideline on Violence and Aggression: Short-term management in mental health, health and community settings. They have recommended that clinicians use the *Dynamic Appraisal of Situational Aggression - Inpatient Version (DASA-IV)* that was developed by Professor Ogloff and Professor Daffern. This recommendation replaces the previous practice of using unstructured clinical judgement alone to monitor and reduce incidents of violence and aggression and to help develop a risk management plan in inpatient psychiatric settings. This is a particular exciting development that endorses more than a decade of research in this area, building on the original work that was undertaken and validated at Thomas Embling Hospital.

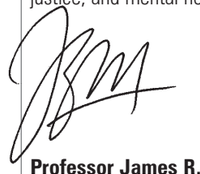
Enhanced Family Violence Unit, Footscray Police Station

During the first six months of 2015, Forensicare and the CFBS worked closely with Victoria Police and Medicare Local to establish an Enhanced Family Violence Unit at Footscray Police Station as a six month pilot program. The pilot provided funding for a senior Forensicare psychologist to be embedded in the Unit to provide risk assessment and advice.

The project is being evaluated by CFBS, and a control site has been identified in the same police region. The evaluation will be used to determine the ongoing viability of the Unit, and whether there is potential to seek funding to extend the program to other sites.

In conclusion, I would like to thank all CFBS staff for their hard work and the invaluable contribution that they have made in ensuring that we achieved our goals over the last year. As a result of their energies, research undertaken by Forensicare and the CFBS has translated to a wide range of service developments and robust evaluations.

Our work has transformed people's understanding in a number of areas relating to mental illness and offending. This work is used to continuously improve evaluation and intervention work within Forensicare and in the broader forensic mental health, justice, and mental health fields.



Professor James R.P. Ogloff, AM, FAPS

Director, Centre for Forensic Behavioural Science

Professor James Ogloff, AM

Professor Ogloff was made a Member (AM) in the General Division of the Order of Australia, in the Australia Day Honours List in January 2015. The award was made in recognition of his 'significant service to education and to the law as a forensic psychologist, and as an academic, researcher and practitioner'.

This is a tremendous achievement and a just acknowledgement of Jim's contribution to Forensicare, forensic psychology and the wider academic field. Jim is acknowledged nationally and internationally as an eminent forensic psychologist and renowned for his research. He is held in high esteem across all disciplines of forensic mental health.

Since moving to Australia over 13 years ago to join Forensicare as our inaugural Director of Forensic Psychology and Monash University as the Foundation Professor of Clinical Forensic Psychology, Jim has made an enormous contribution to forensic psychology, academia and research in a wide range of criminal justice areas. His achievements are far too many to detail and his energy, commitment and dedication are universally acknowledged.

We congratulate Jim on being made an AM – it is a fitting and well-deserved award.

Forensicare has a sound research base and a strong commitment to supporting research across the organisation. The research program, which is underpinned by our legislation (*Mental Health Act* 2014, s330(g), ensures that our clinical practice is informed by high quality research which positions the organisation to innovate and develop new methods of assessment and treatment. Forensicare's research program operates in close collaboration with our research partner, the Centre for Forensic Behavioural Science.

Operating as a joint venture with Swinburne University of Technology, the Centre was established in 2006 and undertakes research, training and education and provides an advisory and program evaluation service to national and international agencies.

The Centre is headed by Professor James Ogloff, the Director of Psychological Services at Forensicare and the Foundation Professor of Forensic Behavioural Science at Swinburne University of Technology.

Progressing Forensicare's Research Program

The research program was significantly strengthened in 2014-2015 by the restructuring of the Research Directorate and research governance framework. This was undertaken under the leadership of Dr Rachael Fullam, Research Lead and Development Officer, who was central in coordinating the change and supporting research within Forensicare.

As part of the restructured program, a new focus was given to evaluating new and ongoing programs across Forensicare. Evaluations commenced and currently in progress include the evaluation of the Mobile Forensic Mental Health Service, the Forensicare Breathe Easy Initiative, and the Community Integration Program. The Research Lead and Development Officer provides a consultation service to staff on smaller internal evaluation projects, which in the past year have included an evaluation of the Nurse Practitioner service and the Thomas Embling Therapeutic Programs.

Under the guidance of the Research Clinic, staff research activity continues to progress. The Clinic provides consultation and support to staff planning to undertake, or are undertaking, research across the organisation. Approximately 15 Forensicare staff are currently actively engaged in research related work.

Seminar Series – Centre for Forensic Behavioural Science

The following nine presentations were provided by prominent speakers in the Seminar Series held between August 2014—June 2015 by the Centre for Forensic Behavioural Science –

- Professor Yin Paradies, Deakin University, 'Understanding and reducing the mental health impacts of racism'
- Honourable Michael Kirby, AC AMG , 'Forensic Science and miscarriages of Justice'
- Professor Bernadette McSherry, Melbourne University, 'Australian Mental Health Laws: Current Debates and Reforms'
- Dr Pat Brown, Director Children's Court Clinic, 'Psychologists Working beside Law in the Best Interests of Children: Observations on the System from the Children's Court Clinic'
- A/Professor Stuart Kinner, University of Melbourne, 'Improving health and social outcomes for ex-prisoners: Building the evidence base'
- Professor Andrew Chanen, Orygen Youth Health, 'Borderline personality disorder in young people: from validity to intervention'
- Dr. Chris Laming, Monash University, 'A Model of Working with Men who use Violence against Women'
- Dr Sabine Hammond, Ms Heather Gridley, Dr Gregory Phillips, 'Increasing cultural competence and Indigenous representation in psychology'
- Emeritus Professor Arie Freiberg, AM, Monash University, 'Current Issues in sentencing and parole – the roles of risk assessment and mental health'

Annual Research Dissemination Seminar

The third Annual Forensicare Research Dissemination Seminar was held at Thomas Embling Hospital on 10 February 2015. Hosted by Professor James Ogloff, this annual event is held to showcase some of the research carried out within Forensicare and related areas. The program included presentations on the following major research projects being conducted by Forensicare clinicians –

Improving stalking risk assessment: The Stalking Risk Profile

Dr. Troy McEwan

Identification and management of prisoners with mental illnesses in Victoria

Ms Michelle Schilders

Intellectual Disability, Criminal Offending and Victimisation

Ms Margaret Garnsey

Evaluation of the Forensicare Problem Behaviour Program

Dr. Jennifer McGrail

The use of a sensory room in a women's correctional facility: staff and prisoner perceptions

Ms Sophie Wiglesworth

Staff perceptions of risk of assault in psychiatric settings

Dr. Kate Jackowski

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Sullivan, D., & Mullen, P. (2014). The forensic psychiatry specialty: from the birth to the subliming. In S. Bloch, S. A. Green & J. Holmes (Eds.), *Psychiatry: Past, Present, and Prospect* (pp. 413). Oxford: Oxford University Press

CONFERENCE PRESENTATIONS 2014-2015

Burkitt, G. & McLoughlin, A. (2015) *Care Pathways in Forensic Mental Health*. Presented at NWMH World Social Work Day Conference, Melbourne

Daffern, M. (2014). *The perils of practicing psychology: Aggression, violence and other threats to wellbeing*. Paper presented at the New Zealand Psychological Society Annual Conference, Nelson, NZ

Daffern, M., Klepfisz, G., & O'Brien, K. (2014). *Measuring change following violent offender treatment*. Paper presented at the International Association of Forensic mental health conference, Toronto, Canada

Davis, M. R. (2014). *Of suffering and humiliation: Conceptual and applied issues in the identification of sexual sadism*. Paper presented at the International Criminal Investigative Analysis Fellowship (ICIAF), FBI Academy, Quantico, Virginia, USA

Davis, M. R. (2014). The Static-99R: *A case of actuarial confusion*. Paper presented at the Annual General Meeting of the Australian Psychological Society College of Forensic Psychologists (Western Australia Branch), Perth

Davis, M. R. (2014). *Unravelling the inductive-deductive debate in offender profiling*. Paper presented at the Behavioural Investigative Advisers Unit, Crime Operational Support, National Crime Agency, Bramshill, United Kingdom

Garnsey, M., Thomas, S. D.,Daffern, M. (2014). *Intellectual disability and victimisation In Victoria: a longitudinal data linkage study*. Paper presented at the Annual ANZAPPL Congress, Sydney

Maguire, T., Daffern, M., Martin, T. (2015). *Limit setting*. Paper presented at the 10th National Seclusion and Restraint, Reduction Forum, Melbourne

Maguire, T., Daffern, M., Martin, T. (2015). *Limit setting strategies for forensic mental health nurses*. Paper presented at International Association of Forensic Mental Health Services Conference,, Manchester, UK

Maguire, T., & Spong, L. (2015). *Safewards: a Victorian perspective*. Paper presented at the 10th National Seclusion and Restraint, Reduction Forum, Melbourne

McEwan, T. E. (2014). *Assessing and surviving stalkers*. Paper presented at the American Academy of Psychiatry and the Law Annual Meeting, Chicago, USA

McEwan, T. E. (2014). *Improving stalking risk assessment: The Stalking Risk Profile*. Paper presented at the American Academy of Psychiatry and the Law Annual Meeting, Chicago, USA

Mullen P., & Ogloff, J.R.P. (2014). *Child sexual abuse: Abusers and abused. From new data to clinical management*. Paper presented at the 2014 RANZCP Forensic Psychiatry Conference, Hong Kong

Naidoo, T. S., Critchley, C., & Pfeifer, J. P. (2014). *The effects of education-level and individual difference variables on the perception of threats and negative attitudes towards asylum seekers in Australia*. Paper presented at the 28th International Congress of Applied Psychology, Paris, France

Ogloff J.D, J. R. P. (2014). *Assessing and managing violence in offender populations*. Paper presented at the Corrective Services NSW Psychology Conference, Sydney

Ogloff J.D, J. R. P. (2014). *Assessing risk for violence in domestic violence situations*. Paper presented at the 34th annual ANZAPPL Conference, Sydney

Ogloff J.D, J. R. P. (2014). *Capacity, Consent, and Clinical Decision Making*. Paper presented at the Presentation to Eastern Health, Melbourne

Ogloff J.D, J. R. P. (2014). '*The Corrections Victoria Risk Assessment Framework*'. Paper presented at the Correctional Services Administrators' Conference, Melbourne

Ogloff J.D, J. R. P. (2014). *'Improving judicial communication with jurors: Some lessons from Trans-Tasman research'*. Paper presented at the 11th Annual Australasian Jury Research & Practice Conference, Melbourne

Ogloff J.D, J. R. P. (2014). *The long-term effects of child sexual abuse: The relationship with future offending and (re)victimisation.* Paper presented at the Keynote address at the national training event for the New Zealand Department of Corrections psychologists, Rotorua, New Zealand

Ogloff J.D, J. R. P. (2014). *Making Jury Instructions Understandable.* Paper presented at the County Court of Victoria Annual Judges' Seminar, Melbourne

Ogloff J.D, J. R. P. (2014). *Mental Health, Cognitive Functioning, and Social Well-Being Among Aboriginal Prisoners in Victoria*. Paper presented at the Magistrates' Professional Development Conference, Melbourne

Ogloff J.D, J. R. P. (2014). *Mental Illness, Cognitive Functioning and Social and Emotional Wellbeing: The Victorian Experience*. Paper presented at the Corrective Services NSW Psychology Conference, Sydney

Ogloff J.D, J. R. P. (2014). *Practical Approaches to Managing Personality Disorders*. Paper presented at the Victorian Psychologists Association, Melbourne

Ogloff J.D, J. R. P. (2014). *Practical exploration of mental health issues for prisoners*. Paper presented at the Law Institute of Victoria Law CPD Conference, Melbourne

Ogloff J.D, J. R. P. (2014). *Roundtable discussion on ECT* Paper presented at the Mental Health Tribunal members' forum, Melbourne

Ogloff J.D, J. R. P. (2014). *Understanding arson and the risk for repeat firesetting*. Paper presented at the 34th Annual ANZAPPL Congress, Sydney

Ogloff J.D, J. R. P. (2014). *'What does the future hold for juries?'* Paper presented at the 11th Annual Australasian Jury Research & Practice Conference, Melbourne

Ogloff J.D, J. R. P. (2014). *What Goes Around Comes Around: Sexual Victimisation, Predation and Victimisation Again*. Paper presented at the 2014 RANZCP Forensic Psychiatry Conference, Hong Kong

Ogloff J.D, J. R. P. (2014). *What Works - Putting Treatment and Management of Sexual Offending into Perspective*. Paper presented at the Victoria Police Sex Offenders Registry Conference, Melbourne

Pfeifer, J. P., & Skues, J. (2014). *Social network analysis & correctional environments: Prison networks and operational intelligence*. Paper presented at the Australian & New Zealand Forensic Science Society Meeting, Melbourne

Pfeifer, J. P., & Trounson, J. S. (2014). *Using the Cognitive Skills Core Assessment Tool (CS-CAT) to evaluate offender cognitive skills programs: Data and standardization*. Paper presented at the International Community Corrections Association meeting, Cleveland, USA

Quinn, C. (2014). *Developing a policy that is supportive of patient sexual relationships in a longer stay inpatient setting*. Paper presented at the 15th Victorian Collaborative Psychiatric Nursing Conference, Melbourne

Quinn, C. (2014). *Exploring the possible barriers and benefits towards sexual relationships between consenting adult mental health patients in a forensic psychiatric hospital*. Paper presented at the 15th Victorian Collaborative Psychiatric Nursing Conference, Melbourne

Quinn, C. (2014). *Sexual rights: Balancing organisational and individual needs in longer term care environments*. Paper presented at the Australian College of Mental Health Nurses 40th International Mental Health Nursing Conference – Honouring the Past, Shaping the Future, Melbourne

Shepherd, S. (2014). *Interpreting Violence Risk Markers for Young Offenders*. Paper presented at the Magistrates Professional Development Conference, Melbourne

Shinkfield. (2014). *Measuring outcomes in forensic mental health services: A review of the literature*. Paper presented at the Australian Mental Health Outcomes and Classification Network National Forum, Melbourne

Sivasubramaniam, D., & Goodman-Delahunty, J. (2014). *The role of deservingness in justice reasoning among criminal and human intelligence interviewers*. Paper presented at the Meeting of the International Society of Justice Research, New York, USA

Strand, S. (2014). *Assessing the risk of repeated violence with honor as a motive*. Paper presented at the Dare to Stand (Seminar), Ostersund, Sweden

Strand, S. (2014). *Policing Stalking*. Paper presented at the The 2014 Special Meeting of International Police Executive Symposium on 'Policing by Consent', Thirivananthapuram, India

Strand, S. (2014). *To be violent towards the one you love*. Paper presented at the Domestic Violence Seminar, Ostersund, Sweden

Sullivan, D. (2014). *Contemporary perspectives on bestiality*. Paper presented at the RANZCP, Faculty of Forensic Psychiatry 2014 Conference, Hong Kong

Sullivan, D. (2014). *The ethics of prescribing anti-libidinal medication*. Paper presented at the RANZCP, Faculty of Forensic Psychiatry 2014 Conference, Hong Kong

Sullivan, D. (2014). *Fitness for Interview: psychiatric perspectives*. Paper presented at the Forensic Medical Officer's Conference, Melbourne

Sullivan, D. (2014). *Methamphetamine: Forensic Psychiatric Perspectives*. Paper presented at the Magistrates' Conference, Melbourne

Sullivan, D. (2014). *Sexual Deviance and its Management*. Paper presented at the Vic Police Sex Offenders Registry Asia Pacific Conference 2014, Melbourne

Sullivan, D. (2014). *What is forensic psychiatry?* Paper presented at the University of Melbourne Medical School MD Student Conference, Melbourne

Thomas, A. C., Pfeifer, J. P., Moore, S., Meyer, D., Armstrong, A. (2014). *Evaluation of the removal of ATMs from EGM venues in Victoria, Australia*. Paper presented at the 10th European Conference on Gambling Studies and Policy Issues, Helsinki, Finland

Corporate Governance

RESPONSIBLE MINISTER

Martin Foley, MLA, Minister for Mental Health, is the Minister responsible for Forensicare and forensic mental health services provided by the organisation.

Under the *Mental Health Act* 2014, the Board of Forensicare is appointed by the Governor in Council for 3 year terms on the recommendation of the Minister for Mental Health. The Board, which consists of up to nine Directors, reports to the Minister for Mental Health quarterly on the operation and performance of the organisation. A copy of the report is also provided to the Minister for Corrections.

VICTORIAN INSTITUTE OF FORENSIC MENTAL HEALTH BOARD

The new *Mental Health Act* 2014 came into effect on 1 July 2014, and through transitional provisions the members of the existing Council became Directors, with the Council becoming a 'Board'. Under the previous legislation (*Mental Health Act* 1986), the Victorian Institute of Forensic Mental Health was governed by a Council, with members appointed by the Minister for Mental Health.

BOARD SIZE, COMPOSITION AND EXPERTISE

The composition of the Board is detailed in the *Mental Health Act* 2014 (s333). Board members have a broad range of relevant skills, experience and expertise to enable the Board to meet its objectives.

BOARD DIRECTORS

Bill Healy

- Chair
- BA, Dip Social Studies, MA
- Appointed as Chair and member of the Board for a three year period on 10 April 2013
- Chair of the Executive Performance and Remuneration Committee, Member of the Finance Committee
- Currently Adjunct Professor, School of Social Work and Social Policy, La Trobe University
- Formerly Associate Professor of Mental Health and Social Work, La Trobe University and the Psychosocial Research Centre, Northwestern Mental Health
- Extensive academic background and widely published on mental health issues
- Director of Mind Australia from 1992 till 2013, and Chair from 1999-2011
- Community Member, Mental Health Review Board from 2000/Mental Health Tribunal since July 2014

Julie Anderson

- Cert Bus (Acc), Cert Theo, Completion AICD course
- Appointed on 1 December 2013 for a 3 year period to represent the interests of patients
- Member of Clinical Governance and Quality Committee and Research Committee
- Member of Mental Health Australia National Register of Consumer and Carer Leaders; Consumer Partnership Forum, Mental Health Branch and Drugs Branch, Department of Health and Human Services, Victoria; National Disability Insurance Agency, Mental Health Sector Reference Group; Expert Reference Group to Federal Department of Health on Mental Health Review
- Chair of Committee of Management, Victorian Mental Illness Awareness Council
- Currently Manager, Consumer Participation Strategy, Neami National
- Past Director Neami National (2008 -2013), President (2000-2011), Vice President (2011-2012)
- Graduate of Leadership Plus Program and National Mental Health Commission Future Leaders Program
- Experienced consumer leader with lived experience of recovery

Andrew Buckle, OAM

- Appointed on 10 April 2013 for a three year period
- Member of the Audit, Security and Risk Management Committee and Research Committee
- Formerly Vice President and Board member, National Stroke Foundation (2000-2012), and member of Governance Committee
- Extensive corporate/management experience in wide ranging portfolios
- Awarded OAM in 1992 for his work with disadvantaged and underprivileged youth
- Currently Consultant with Activetics, focusing on providing solutions to challenges driven by an ageing workforce

Janet Farrow

- BSW, MBA, Grad Dip Law, GAID, Churchill Fellow, Williamson Fellow
- Appointed for a 3-year period until 9 April 2016. Previously a member from 2007-2010 and 2011-2013
- Chair of Clinical Governance and Quality Committee and Audit, Security and Risk Management Committee, Member of Finance Committee and Executive Performance and Remuneration Committee
- Independent Chair, headspace Geelong Consortium Committee
- Adjunct Academic Staff Member, School of Social Work, University of Melbourne
- Director, Children's Protection Society Board, Chair Quality and Risk Committee

Dr Cristea Mileshkin

- MB BS, FRANZCP
- Appointed as the nominee of the Attorney-General for a 3 year period on 6 June 2011; reappointed for a further 3 year term on 10 April 2013
- Member of the Clinical Governance and Quality Committee and Audit, Security and Risk Management Committee
- 2010 recipient of the Ian Simpson Award by the Royal Australian and New Zealand College of Psychiatry
- Sessional academic teacher with the Faculty of Medicine, University of Melbourne
- Current member of the Mental Health Tribunal
- Over 30 years in senior positions in the Victorian public mental health service
- Most recently Clinical Director of St Vincent's Hospital Mental Health Service
- Previously Director of Psychiatry of Maroondah Hospital Mental Health Service

Janet Noblett

- BEd(Secondary), Dip Ed Psych, GAICD
- Appointed as the nominee of the Minister for Corrections for 2 years and 11 months on 23 March 2012; reappointed for a 3 year term on 17 February 2015
- Member of Audit, Security and Risk Management Committee
- Over 24 years in the Victorian public service, primarily in the Departments of Health and Community Services and Department of Justice, including the Child Protection Program and Director, Youth Services and Youth Justice 2004 – 2009
- Currently Executive Regional Director, West Area, Department of Justice & Regulation, with responsibility for Barwon South West and Grampians Region. Services in the area include prisons, Community Correctional Services, Sheriff's Operations, Consumer Affairs Victoria, Dispute Settlement Centre, Regional Aboriginal Justice Advisory Committee, Crime Prevention Reference Group and Victims Support Services

Greg Pullen

- MBA, FCPA, FAICD
- Appointed on 10 April 2013 for a three year period
- Chair of Finance Committee, Member of Executive Performance and Remuneration Committee
- Currently CEO, Villa Maria Catholic Homes, an aged care and disability provider in the Not-For-Profit sector
- 33 years' experience in various senior roles within the public healthcare industry in regional Victoria and metropolitan Melbourne. His most recent appointment prior to his current position was as CEO, Northern Health, Melbourne
- Has formal accounting, management and board director training and qualifications.

John Rimmer

- MA, Dip Soc Studs, AMusA, FAICD
- Appointed on 12 May 2015 for a period of 2 years and 10 months
- Member of the Finance Committee and the Strategic Planning and Oversight Committee
- Assistant Director Policy and Program Development, Office of Psychiatric Services Victoria, 1986-1989 and Acting Director 1989
- Director Policy and Planning, Health Department Victoria from 1989-1992 and Deputy Secretary of the Victorian Department of Premier and Cabinet from 1992-1995
- Founding Executive Director of Multimedia Victoria 1995-1997 and then CEO of the National Office for the Information Economy 2001 to 2004
- Board Director, Royal Children's Hospital Melbourne 2004-2014
- Principal, Acuity Consulting Pty Ltd and Acuity Ventures Pty Ltd 2004 to current.

Associate Professor Ruth Vine

- MB BS, FRANZCP, LLB
- Appointed on 12 May 2015 for a period of 2 years and 10 months to 30 March 2018
- Member of Research and Clinical Governance Committees
- Currently Executive Director, NorthWestern Mental Health
- Previously worked in the Department of Health - Director of Mental Health 2003 – 2008 and Chief Psychiatrist for Victoria 2009 – 2012
- Worked as a consultant psychiatrist in forensic mental health, in a community health setting and in an advisory role with the Australian Government
- Holds medical and law degrees, and has contributed to the development of legislation and policy in areas including mental health, disability and the management of mentally ill offenders

NEW APPOINTMENTS TO BOARD

The following appointments were made to the Board in 2014-2015 –

- John Rimmer was appointed for a period of 2 years and 10 months on 12 May 2015
- Ruth Vine was appointed for a period of 2 years and 10 months on 12 May 2015

BOARD COMMITTEES

A Committee structure has been implemented to assist the Board fulfil its responsibilities in areas that require detailed governance. Each Committee has specific roles and responsibilities, which are detailed in the Charter of each committee.

Finance Committee

Members –

Greg Pullen (chair), Bill Healy, Janet Farrow, John Rimmer

Responsibilities –

Assist the Board fulfil its financial governance obligations, monitor monthly financial reporting and compliance with government requirements.

Audit, Security and Risk Management Committee

Members –

Janet Farrow (chair), Jan Noblett, Andrew Buckle, Cristea Mileshkin, Brian Keane (external member)

Responsibilities –

Assist the Board fulfil its corporate, governance and oversight obligations in relation to the organisation's financial reporting, internal control structure, legal and regulatory compliance, risk management systems and the internal and external audit functions.

Clinical Governance and Quality Committee

Members –

Janet Farrow (chair), Cristea Mileshkin, Julie Anderson, Ruth Vine, Maurice Magner (co-opted member)

Responsibilities –

Assess, monitor and review the quality of clinical services.

Executive Performance and Remuneration Committee

Members –

Bill Healy (chair), Janet Farrow, Greg Pullen

Responsibilities –

Review performance and remuneration of the Chief Executive Officer and those people (Executive) reporting directly to the Chief Executive Officer.

Research Committee

Members –

Professor Don Iverson (external chair), Bill Healy, Cristea Mileshkin, Julie Anderson, Ruth Vine

Co-opted members - James Ogloff, Maurice Magner

Responsibilities –

Determine research priorities and activities, monitor and develop guidelines and progress and adherence to ethical standards of research, and encourage research across the organisation.

Strategic Planning and Oversight Committee

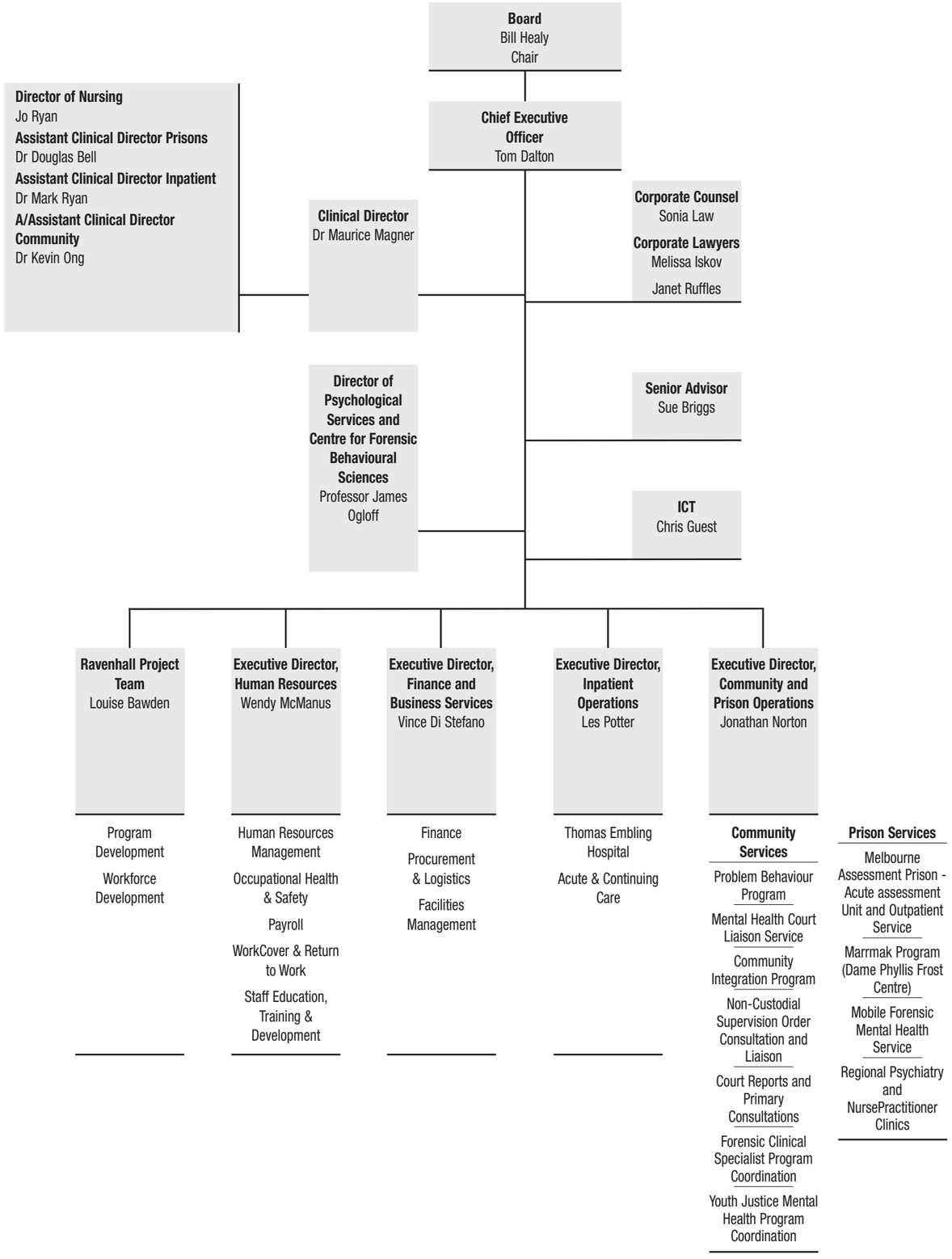
Members –

Bill Healy (chair), Andrew Buckle, Janet Farrow, John Rimmer, Tom Dalton, Maurice Magner, James Ogloff

Responsibilities –

Identify, review and prioritise key strategic challenges and risks and develop recommendations for the Board on strategic plans and the governance framework of Forensicare.

Organisational Chart



EXECUTIVE LEADERSHIP TEAM

The Chief Executive Officer of Forensicare is appointed by the Board. An Executive leadership group assists the Chief Executive Officer in the overall management and strategic development of the organisation.

The Executive meets monthly, or more frequently if required, with the exception of January. Where relevant, the Chief Executive Officer reports to the Board on these meetings.

Tom Dalton

Chief Executive Officer
BA, LLB

Tom was appointed Chief Executive Officer in December 2009. He is responsible for the management and performance of Forensicare and leads the Executive in delivering contemporary forensic mental health services that meet the needs of stakeholders.

Louise Bawden

Lead, Ravenhall Project Team
RN, RPN, Dip. App. Sci. (Adv. Psychiatric Nursing), B. App. Sci. (Adv. Nursing)(Ed)

Louise was appointed as the Project Lead for the Ravenhall Prison Project in October 2013. She is responsible for leading all aspects of the expansion of Forensicare's prison-based services into the new prison at Ravenhall. Louise is managing a project team that is expanding the Forensicare workforce by over 100 staff, and implementing an innovative suite of inpatient, at risk, and outpatient forensic mental health services at the Ravenhall Prison.

Sue Briggs

Senior Adviser
BA, BSW

Sue joined Forensicare in 1998 from the former Forensic Health Service, Department of Health. She has organisation wide responsibility for policy, planning and preparing organisational strategic publications. She ensures that Forensicare has input to issues impacting on forensic mental health and is compliant in terms of planning and performance reporting.

Vince Di Stefano

Assoc Dip Bus Accting, BBus(Acct), CPA

Vince commenced with Forensicare in February 2014, and is responsible for all financial and business services across Forensicare's operations. He ensures that Forensicare is compliant and accountable, has well developed business practices that support all the activities of the organisation, and provides expert and strategic advice to the CEO and Executive Management team on financial, business and risk management.

Maurice Magner

Clinical Director
MBChB, MMed, LLM, FFPsych, MRCPsych, FRANZCP

Maurice joined Forensicare as Clinical Director in March 2011. He is responsible for leadership and governance of clinical services across the organisation, and heads the medical team.

Wendy McManus

Executive Director, Human Resources
Grad Dip Mgt, Dip Soc Sc., Cert 1V Training & Assessment, Cert 1V OHS, CAHRI, LEADR Accredited Mediator, FAICD

Wendy joined Foresicare in August 2008 and holds the position of Executive Director Human Resources. She is responsible for the development and implementation of Forensicare's Occupational Health and Safety and Human Resources strategies, policies and guidelines plus the provision of high level advice and services to meet the needs of the entire organisation. Wendy's management of the Human Resources area supports the work of the organisations to build and maintain a positive work environment that engages a valued, skilled and appropriately credentialed workforce.

Jonathan Norton

Executive Director, Community and Prison Operations
BA, BSc (Hons), Grad Cert Management, MSc (Couns Psych), MAPS

Jonathan is responsible for the management and performance of both the Community Forensic Mental Health Service, and all Forensicare's prison services delivered under the Funding and Service Agreement with Justice Health, Department of Justice & Regulation. He plays a key role in the strategic management and ongoing development of the Community and Prison Services. Jonathan joined Forensicare in October 2011.

Professor James Ogloff, AO

Director of Psychological Services
BA, MA (ClinPsych), JD, PhD, FAPS

Professor Ogloff was appointed to Forensicare in November 2001. Jim is responsible for the delivery of psychology services and research across the organisation, and assists with the provision of vital service development advice. He also holds the positions of Foundation Professor of Forensic Behavioural Science at Swinburne University of Technology and Director of the Centre for Forensic Behavioural Science.

Les Potter

Executive Director, Inpatient Operations
RN, B. AppSc Advanced Nursing, Administration (Dist)

Les was appointed as Executive Director, Inpatient Operations in May 2014. He is responsible for managing the Inpatient Services at the 116 bed Thomas Embling Hospital facility and the strategic management and planning of service changes or enhancements. He provides leadership to drive the development of services, and ensures the delivery of clinical excellence, the maintenance of staff morale and community confidence in service delivery.

Jo Ryan

Director of Nursing
RN, BEd, Cert Forensic Psychiatric Nursing

Jo was appointed as Director of Nursing in December 2013. Jo is responsible for providing nursing leadership and embedding a nursing culture that values professional standards and the delivery of best practice nursing care.

Disclosures

FREEDOM OF INFORMATION ACT 1982

Forensicare complies with the *Freedom of Information Act* 1982. No fees were charged for accessing information in 2014-2015 and no applications were denied. During the reporting period the following requests were processed –

94 Freedom of Information applications were received

89 applications were completed

1 application has been carried over to be completed in 2015-2016

73 applications were released in full

2 applications were received for which no documents were found

1 application was withdrawn

1 application was denied

16 applications had some exemptions applied.

Of the 16 applications that were not released in full, the following exemptions were applied –

16 were exempt under s.31 as law enforcement documents

8 were exempt under s.33 as documents affecting personal privacy

12 were exempt under s.35(1) as a document containing material obtained in confidence.

CARERS RECOGNITION ACT 2012

Forensicare acknowledges that families and carers are important contributors to the care and wellbeing of our consumers and their ongoing recovery. Every effort is made to support the role of families and carers and encourage and promote their involvement in all elements of our service delivery.

In compliance with the *Carers Recognition Act* 2012, the following initiatives were undertaken in 2014-2015 to develop staff, carer and consumer awareness and understanding of the care relationship principles –

- the Family and Carer Advocates provided carer perspective input to -
  - staff orientation and graduate and post graduate nursing training
  - Ravenhall Programs Development Reference Group
- a meeting room has been established adjacent to the reception area at Thomas Embling Hospital, providing a space for family and carers to meet with staff outside the secure hospital perimeter
- family/carer representatives are members of the following Committees –
  - Family Sensitive Practice Committee (5 representatives)
  - Consumer and Carer Leadership Committee (2 representatives – 1 from each from Thomas Embling Hospital and Community Forensic Mental Health Service)
  - Recovery Committee (1 representative)
- a Transitioning and Community Information Session for family and carers was held in June 2015 (11 people attended)
- Family and Friends Support Group continued to meet monthly at Thomas Embling Hospital. Responses to a survey of members held during the year on the issues that were important to them in this group included -
  - "I come here for the friendship. To be with others that understand, and just to talk."
  - "If I want to know anything, I can ask and get the information I need."
  - "I feel comfortable here, and amongst friends."
- the *Tree of Life* program, which enables people to identify and build on individual resilience, was held for the Family and Friends Support Group over two meetings
- social activities for family/carers held during the year included –
  - Lunch for Carers' Week in October 2014
  - Family Christmas BBQ (the main annual family/carer/patient event) held in December 2014
  - Winter lunch in June 2015
- six issues of the *Family & Friends* Newsletter were published and distributed to carers and family members. The Newsletter provided information on two major issues facing Forensicare during the year – the Breathe Easy program and the proposed amendments to the disability support pension. A separate fact sheet on the proposed pension changes was also published for families and carers
- a Family and Carers Survey was undertaken at Thomas Embling Hospital - all identified family members and carers were asked to participate in the survey. The results are currently being evaluated.

VICTORIAN INDUSTRY PARTICIPATION POLICY ACT 2003

The Victorian Industry Participation Policy is a state government policy designed to maximise the involvement of Victorian and Australian industry in government funded projects and purchases. The policy ensures that procurement and industry assistance activities support local industry when they represent best value for money.

The Victorian Industry Participation Policy applies to all tenders worth over $3 million in metropolitan Melbourne and $1 million

in regional Victoria, Partnership Victoria projects, investment attraction grants, funding for major events and major projects.

In 2014-2015 there were no contracts commenced or completed by Forensicare to which the Victorian Industry Participation Policy Act 2003 applied.

OCCUPATIONAL HEALTH AND SAFETY ACT 2004

There were no breaches of the *Occupational Health and Safety Act* 2004 in 2014-2015. For full details of Forensicare's Occupational Health and Safety Program see page 35.

BUILDING ACT 1993

Forensicare complies with the *Building Act* 1993 under the Standards for Publicly Owned Buildings, Minister for Finance Guideline, November 1994, in all redevelopment and maintenance issues.

Maintenance

There are no maintenance orders.

Conformity

All renovations to existing buildings conform to the *Building Act* 1993. All existing buildings comply with regulations in force at the time of construction. There are no orders to cease occupancy or to undertake urgent works. All sites are subject to a Fire Safety Audit and Risk Assessment according to revised standards as required.

PROTECTED DISCLOSURE ACT 2012

The purposes of the *Protected Disclosure Act* 2012 are to –

- encourage and facilitate disclosures of –
  - improper conduct by public officers, public bodies and other persons
  - detrimental action taken in reprisal for a person making a disclosure under the *Protected Disclosure Act*.
- provide protection for –
  - persons who make those disclosures
  - persons who may suffer detrimental action in reprisal for those disclosures
- provide for the confidentiality of the content of those disclosures and the identity of persons who make those disclosures.

Under the Act, Forensicare is unable to receive protected disclosures. Information on making disclosures under the Act is included in relevant Forensicare policies and is available on our internet site (www.forensicare.vic.gov.au). Staff are advised of the procedures to be followed in making a disclosure.

DISABILITY ACT 2006

In compliance with the *Disability Act* 2006, Forensicare developed and implemented a Disability Action Plan 2011-2014. The implementation and monitoring of initiatives identified in the Action Plan was overseen by the Disability Reference Group, which reported to the Executive as required.

A review of the Disability Action Plan 2011-2014, was undertaken in 2015 prior to a Plan being developed for the coming three years. The review found that 80% of all actions identified in the Disability Action Plan 2011-2014 were implemented. Key learnings from our first plan were also identified and have been addressed in the development of the Plan for 2015-2017.

The key achievements implemented include –

- An Assessment Tool for Families was revised to enable families to identify whether they have a disability and require additional supports
- An independent access audit of Thomas Embling Hospital and the Community Forensic Mental Health Services was completed to identify compliance with the standards for premises under the *Disability Discrimination Act* 1992
- Patients of Thomas Embling Hospital have presented their Recovery Journey to forums across the organisation, including to the governing Board
- Patient art work and writing is regularly displayed in the reception area to promote their positive achievements
- The website was audited for compliance with the Web Content Accessibility Guidelines developed by the World Wide Web Consortium (W3C) to ensure the language is more client centred and promotes positive images of people with a disability
- Disability specific organisations and advocacy organisations that can provide consultation on working more effectively with patients with specific impairments have ben identified
- Commenced using the skills of our own specialist staff to work with and mentor each other on working with patients with a disability.
- Disability awareness training has been successfully delivered to staff across the organisation and was regarded as highly valuable
- The Workforce Strategy now addresses the needs of employees with a disability
- Reasonable Adjustment Policies for employees with a disability were reviewed and updated to ensure adequate provision for flexible work practices, availability of technology, suitable work stations and provision for Advance Directives
- Outcomes of the Disability Action Plan were reported each year in the Annual Report to Parliament.

POLICY

ADDITIONAL INFORMATION

The following information has been retained by the Victorian Institute of Forensic Mental Health and is available to the relevant Ministers, Members of Parliament and the public on request (subject to the freedom of information requirements, if applicable) –

- declarations of pecuniary interests by relevant officers
- shares held by senior officers as nominee or held beneficially
- publications produced by Forensicare, and how these can be obtained
- major external reviews conducted in Forensicare
- research and development activities undertaken
- overseas visits taken, together with objectives and outcomes of all visits
- promotional, public relations and marketing activities conducted to develop community awareness
- assessments and measures undertaken to improve employee occupational health and safety
- all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement
- major committees sponsored, together with details of purpose and achievements of each committee
- the information listed in Appendix 1 of FRD 15B.

CONSULTANTS - DETAILS

In 2014-2015, there were 4 consultancies where the total fees payable to the consultants were $10,000 or greater. The total expenditure incurred during 2014-2015 in relation to these consultancies is $277,000 (excl. GST). Details of individual consultancies can be viewed at our website – www.forensicare.vic.gov.au

In 2014-2015, there were 5 consultancies where the total fees payable to the consultants were less than $10,000. The total expenditure incurred during 2014-2015 in relation to these consultancies is $43,416 (excl. GST).

DISCLOSURE INDEX

The index identifying Forensicare's compliance with statutory disclosure requirements is provided on pages 94-95.

NATIONAL COMPETITION POLICY

In accordance with the National Competition Policy, government agencies and local authorities are obliged to apply competitive neutrality policy and principles to all significant business activities undertaken. *Competitive Neutrality: A Statement of Victorian Government Policy and the Victorian Government Timetable for the Review of Legislative Restrictions on Competition* set out the Victorian approach to competitive neutrality. Forensicare acknowledges the need to have regard to this policy where relevant.

ATTESTATION ON DATA INTEGRITY

I, Thomas Dalton, certify that the *Victorian Institute of Forensic Mental Health* has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. The *Victorian Institute of Forensic Mental Health* has critically reviewed these controls and processes during the year.

Thomas Dalton

Chief Executive Officer
(Accountable Officer)

Dated this 31st day of August 2015
Melbourne, Victoria

ATTESTATION ON RISK MANAGEMENT FRAMEWORK AND PROCESSES

I, William P Healy, certify that the *Victorian Institute of Forensic Mental Health* has complied with Ministerial Standing Direction 4.5.5 – Risk Management Framework and Processes. The Victorian Institute of Forensic Mental Health Audit Security and Risk Management Committee accepts this.

William P. Healy

Chair, Victorian Institute of Forensic Mental Health Board

Dated this 31st day of August 2015
Melbourne, Victoria

Index to the Financial Reports

Understanding our Financials

What do financial statements show?

Our financial statements provide an insight into the Institute's financial health by showing -

- how the Institute performed financially during the year
- the value of assets held by the Institute
- the ability of the Institute to pay its debts.

What's in the financial statements?

The Financial Statements of the Institute consist of four financial reports, explanatory notes supporting the financial statements and the endorsement statement by the Institute and the Victorian Auditor-General.

The four financial reports are

- Comprehensive Operating Statement
- Balance Sheet
- Statement of Changes in Equity
- Cash Flow Statement

Comprehensive Operating Statement

The Comprehensive Operating Statement (previously known as the Operating statement and the Statement of Financial Performance and sometimes called the Profit & Loss Statement) show how well the Institute has financially performed during the financial year.

The Statement lists the main sources of revenue under Revenue (eg. Department of Health and Human Services) and expenses included in the Operating Statement only include day to day running costs. Costs associated with the purchase of assets (eg. Buildings, Plant & Equipment) are not included in the Comprehensive Operating Statement, Depreciation is included. Depreciation is the value of any asset that is used up during the year.

The Statement is prepared on an accrual basis, which means that all revenue and costs for the year are recognised, even though the income may not yet be received or expenses not yet paid.

The Institute's financial performance is reflected in the net result before capital & specific items. A surplus or deficit is the difference between revenue and expenses for the Institute.

Balance Sheet

The Balance Sheet discloses the Institute's net accumulated financial worth at the end of the financial year. It shows the value of assets that we hold, as well as liabilities or claims against these assets.

The assets and liabilities are expressed as current or non-current. Current refers to assets or liabilities that will be expected to be paid or converted into cash within the next 12 months.

Significant assets consist of Property, Plant and Equipment which includes all infrastructure assets such as buildings and land as detailed in Note 10(a) of the Financial Statements (page 79)

Statement of Changes in Equity

This statement summarises the change in Institute's net worth.

Our net worth can only change as a result of

- a 'net result' as recorded in the Comprehensive Operating Statement
- an increase in the value of non-current assets resulting from a revaluation of those assets. This amount is transferred to an Asset Revaluation Reserve until the asset is sold or a realised profit occurs, as opposed to being book entry only. The value of all non-current assets must be reviewed each year to ensure that they reflect their true value in the Balance Sheet.

Any movements in other reserves within this statement are adjusted through accumulated surplus.

Cash Flow Statement

Cash flows are classified according to whether or not they arise from operating activities, investing activities, or financing activities. This classification is consistent with requirements of AASB 107 Statement of Cash Flows.

The Cash Flow Statement summarises our cash receipts and payments for the financial year and shows the net increase or decrease in cash held by the Institute.

Cash Flow Statement represents cash 'in hand', whereas the Income Statement is prepared on an accrual basis (including money not yet paid or spent). This means that the values in both statements may differ.

The Institute cash arises from, and is used in, two main areas - the 'Cash Flows from Operating Activities' section summarises all income and expenses relating to the Institute's delivery of services.

The 'Cash Flows from Investing Activities' refers to the Institute's capital expenditure or other long-term revenue producing assets, as well as money received from the sale of assets.

See the Cash Flow Statement at page 65 of the Financial Statements.

Notes to the Financial Statements

The Notes to the Accounts provide further information in relation to the rules and assumptions used to prepare the Financial Statements, as well as additional information and details about specific items within the statements.

The Notes also advise if there have been any changes to accounting standards, policy or legislation that may change the way the statements are prepared. Within the four Financial Statements, there is a column that indicates to which note the reader can refer for additional information.

Information in the notes is particularly useful where there has been a significant change from the previous year's comparative figure.

Accountable Officer's, Chief Finance and Accounting Officer's and Member of Responsible Body's Declaration

The certification is made by the persons responsible for the financial management of the Institute, that in his (or her) opinion, the Financial Statements have met all the statutory and professional reporting requirements and that, in their opinion, the Financial Statements are fair and not misleading.

Auditor General Victoria – Independent Audit Report

This provides a written undertaking of the fairness of the accounts. It provides an independent view of the statements and advises the reader if there are any issues of concern.

The Auditor-General issued an unqualified report in regard to the 2014-15 statements.

Victorian Institute of Forensic Mental Health

Board Member's, Accountable Officer's and Chief Finance and Accounting Officer's Declaration

The attached financial statements for the Victorian Institute of Forensic Mental Health have been prepared in accordance with Standing Direction 4.2 of the *Financial Management Act* 1994, applicable Financial Reporting Directions, Australian Accounting Standards, including Interpretations and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the Comprehensive Operating Statement, Balance Sheet, Statement of Changes in Equity, Cash Flow Statement and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2015 and the financial position of the Victorian Institute of Forensic Mental Health at 30 June 2015.

At the time of signing, we are not aware of any circumstances which would render any particulars included in the financial statements to be misleading or inaccurate.

We were authorised by the board of the Institute to sign and release the attached financial statements on this day.

William P Healy
Chair
(on behalf of the Board)

Thomas Dalton
Chief Executive Officer
(Accountable Officer)

Vince Di Stefano
Executive Director, Finance and Business Services
(Chief Finance and Accounting Officer)

Dated this 31st day of August 2015
Melbourne, Victoria

VAGO

Victorian Auditor-General's Office

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INDEPENDENT AUDITOR'S REPORT

To the Board Members, Victorian Institute of Forensic Mental Health

The Financial Report

The accompanying financial report for the year ended 30 June 2015 of the Victorian Institute of Forensic Mental Health which comprises the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement, notes comprising a summary of significant accounting policies and other explanatory information, and the Board Member's, Accountable Officer's and Chief Finance and Accounting Officer's declaration has been audited.

The Board Member's Responsibility for the Financial Report

The Board Members of the Victorian Institute of Forensic Mental Health are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards, and the financial reporting requirements of the *Financial Management Act 1994*, and for such internal control as the Board Members determine is necessary to enable the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit, which has been conducted in accordance with Australian Auditing Standards. Those standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The audit procedures selected depend on judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, consideration is given to the internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Board Members, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independent Auditor's Report (continued)

Independence

The Auditor-General's independence is established by the *Constitution Act 1975*. The Auditor-General is not subject to direction by any person about the way in which his powers and responsibilities are to be exercised. In conducting the audit, the Auditor-General, his staff and delegates complied with all applicable independence requirements of the Australian accounting profession.

Opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of the Victorian Institute of Forensic Mental Health as at 30 June 2015 and of its financial performance and its cash flows for the year then ended in accordance with applicable Australian Accounting Standards, and the financial reporting requirements of the *Financial Management Act 1994*.

MELBOURNE
2 September 2015

John Doyle
Auditor-General

Victorian Institute of Forensic Mental Health
Comprehensive Operating Statement
For the Year Ended 30 June 2015

	Note	**2015 $'000**	2014 $'000
Income	3		
Government Grants (Department of Health)		**44,696**	44,211
Other Government Revenue (Department of Justice & Regulation)		**10,163**	7,555
Ravenhall		**1,819**	-
Other Revenue		**666**	559
		57,344	52,325
Less Expenses	4		
Employee Benefits		**46,482**	40,397
Contracted Staff Costs		**1,265**	1,544
Medicines, Drugs & Diagnostics		**841**	970
Property Maintenance & Contracts		**6,418**	6,351
Other Expenses		**2,570**	2,682
		57,576	51,944
Net Result Before Capital & Specific Items		**(232)**	381
Other gains/(losses) from other economic flows		**(239)**	(165)
Capital Purpose Income	3	**315**	46
Depreciation & Amortisation	6	**(1,898)**	(1,706)
Net Result For The Year		**(2,054)**	(1,444)
Net Fair Value – Revaluation on Non-Financial Assets	1(i),10(a),10(b),14(a)	**-**	42,641
Comprehensive Result For The Year		**(2,054)**	41,197

This Statement should be read in conjunction with the accompanying Notes

Victorian Institute of Forensic Mental Health
Balance Sheet
As at 30 June 2015

	Note	**2015 $'000**	2014 $'000
ASSETS			
Current Assets			
Cash and Cash Equivalents	7, 16	**1,964**	3,045
Receivables	8, 16	**2,452**	1,085
Other Assets	9, 16	**997**	62
Total Current Assets		**5,413**	4,192
Non-Current Assets			
Receivables	8, 16	**4,126**	2,861
Property, Plant & Equipment	10	**87,215**	88,077
Total Non-Current Assets		**91,341**	90,938
TOTAL ASSETS		**96,754**	95,130
LIABILITIES			
Current Liabilities			
Payables	11, 16	**1,457**	1,757
Employee Benefits	12	**7,911**	7,124
Other Current Liabilities	13	**519**	437
Total Current Liabilities		**9,887**	9,318
Non-Current Liabilities			
Employee Benefits	12	**5,437**	2,327
Total Non-Current Liabilities		**5,437**	2,327
TOTAL LIABILITIES		**15,324**	11,645
NET ASSETS		**81,430**	83,484
EQUITY			
Contributed Capital	14(b)	**34,139**	34,139
Asset Revaluation Reserve	14(a)	**53,553**	53,553
Accumulated Surpluses / (Deficits)	14(c)	**(6,262)**	(4,208)
TOTAL EQUITY		**81,430**	83,484
Contingent liabilities	21		
Commitments	17		

This Statement should be read in conjunction with the accompanying Notes

Victorian Institute of Forensic Mental Health
Statement of Changes in Equity
For the Year Ended 30 June 2015

2015	Note	Equity at 1 July 2014 $'000	Changes due to Comprehensive Result $'000	**Equity at 30 June 2015 $'000**
Accumulated Surplus / (Deficit)	14(c)	(4,208)	(2,054)	**(6,262)**
Asset Revaluation Reserve	14(a)	53,553	-	**53,553**
Contributed Capital	14(b)	34,139	-	**34,139**
		83,484	(2,054)	**81,430**

2014	Note	Equity at 1 July 2013 $'000	Changes due to Comprehensive Result $'000	Equity at 30 June 2014 $'000
Accumulated Surplus / (Deficit)	14(c)	(2,764)	(1,444)	(4,208)
Asset Revaluation Reserve	14(a)	10,912	42,641	53,553
Contributed Capital	14(b)	34,139	-	34,139
		42,287	41,197	83,484

This Statement should be read in conjunction with the accompanying Notes

Victorian Institute of Forensic Mental Health
Cash Flow Statement
For the Year Ended 30 June 2015

	Note	**2015 $'000**	2014 $'000
Cash Flows From Operating Activities			
Receipts			
Operating Grants From Government		**42,925**	43,843
Justice Health		**9,198**	8,616
Ravenhall Project		**1,809**	668
Professional Service Fees		**471**	487
Interest Received		**128**	160
Patient Fees		**-**	31
Other Receipts		**1,526**	1,085
Total Receipts		**56,057**	54,890
Payments			
Employee Benefits		**(42,110)**	(39,442)
Payments For Supplies and Consumables		**(14,309)**	(13,872)
Total Payments		**(56,419)**	(53,314)
Cash Generated From Operations		**(362)**	1,576
Capital Grants from Government		**315**	46
Net Cash Inflow/(Outflow) From Operating Activities	15	**(47)**	1,622
Cash Flows From Investing Activities			
Purchase of Properties, Plant & Equipment		**(1,036)**	(949)
Proceeds from Sale of Properties, Plant & Equipment	5	**9**	188
Net Cash Inflow/(Outflow) From Investing Activities		**(1,027)**	(761)
Cash From Financing Activities			
Proceeds of Monies Held in Trust		**-**	63
Repayment of Monies Held in Trust		**(7)**	-
Net Cash Inflow/(Outflow) From Financing Activities		**(7)**	**63**
Net Increase / (Decrease) In Cash and Cash Equivalents Held		**(1,081)**	924
Cash and Cash Equivalents at Beginning of Year		**3,045**	2,121
Cash and Cash Equivalents at End of Year	7	**1,964**	3,045

This statement should be read in conjunction with the accompanying Notes

Victorian Institute of Forensic Mental Health
Notes to the Financial Statements
30 June 2015

Victorian Institute of Forensic Mental Health - Introduction
The Victorian Institute of Forensic Mental Health ('the Institute') came into being on 1 January 1998. The Institute commenced operations with effect from 1 July 1998 and has registered and operates under the trading name Forensicare. The enabling legislation is the *Mental Health Act* 1986 ('the Act') which establishes the Institute as an approved mental health service. The Institute is a body corporate managed by a Board (Formerly Council) of ten members, appointed in accordance with s117F of the principal Act. Under the new *Mental Health Act* 2014, which came into effect on 1st July 2014 the Council is now a Board, appointed under s.332 of the 2014 Act.

Note 1 **Summary of Significant Accounting Policies**

(a) **Statement of compliance**
These financial statements are general purpose financial statements which have been prepared in accordance with the *Financial Management Act* 1994 and applicable Australian Accounting Standards (AAS) and interpretations issued by the Australian Accounting Standards Board (AASB). They are presented in a manner consistent with the requirements of AASB 101 Presentation of Financial Statements.

The financial statements also comply with relevant Financial Reporting Directions (FRDs) issued by the Department of Treasury and Finance, and relevant Standing Directions (SDs) authorised by the Minister for Finance.

The Institute is a not-for profit entity and therefore applies the additional AUS paragraphs applicable to "not-for-profit" entities under the AAS's.

The annual financial statements were authorised for issue by the Board on 24/08/2015.

(b) **Basis of accounting preparation and measurement**
Accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

The accounting policies set out below have been applied in preparing the financial statements for the year ended 30 June 2015, and the comparative information presented in these financial statements for the year ended 30 June 2014.

The going concern basis was used to prepare the financial statements.

These financial statements are presented in Australian dollars, the functional and presentation currency of the Institute.

The financial statements, except for cash flow information, have been prepared using the accrual basis of accounting. Under the accrual basis, items are recognised as assets, liabilities, equity, income or expenses when they satisfy the definition and recognition criteria for those items, that is they are recognised in the reporting period to which they relate regardless of when cash is received or paid.

The financial statements are prepared in accordance with the historical cost convention, except for:

- non-current physical assets, which subsequent to acquisition, are measured at a revalued amount being their fair value at the date of the revaluation less any subsequent accumulated depreciation and subsequent impairment losses. Revaluations are made and are re-assessed with sufficient regularity to ensure that the carrying amounts do not materially differ from their fair values

Historical cost is based on the fair values of the consideration given in exchange for assets.

In the application of AASs management is required to make judgments, estimates and assumptions about the carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstances, the results of which form the basis of making the judgments. Actual results may differ from these estimates.

The judgements, estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision, and future periods if the revision affects both current and future periods.

Judgements and assumptions made by management in the application of AASs that have significant effect on the financial statements and estimates, with a risk of material adjustments in the subsequent reporting period, relate to:

- the fair value of land, buildings, infrastructure, plant and equipment ;
- superannuation; and
- assumptions for employee benefits based on likely tenure of existing staff, patterns of leave claims, future salary movements and future discount rates.

Financial Statements for the year ended 30 June 2015

Victorian Institute of Forensic Mental Health
Notes to the Financial Statements
30 June 2015

Consistent with AASB 13 Fair Value Measurement, the Institute determines the policies and procedures for recurring fair value measurements such as property, plant and equipment and financial instruments, and for non-recurring fair value measurements such as non-financial physical assets held for sale, in accordance with the requirements of AASB 13 and the relevant FRDs.

All assets and liabilities for which fair value is measured or disclosed in the financial statements are categorised within the fair value hierarchy, described as follows, based on the lowest level input that is significant to the fair value measurement as a whole:

- Level 1 – Quoted (unadjusted) market prices in active markets for identical assets or liabilities;
- Level 2 – Valuation techniques for which the lowest level input that is significant to the fair value measurement is directly or indirectly observable; and
- Level 3 – Valuation techniques for which the lowest level input that is significant to the fair value measurement is unobservable.

For the purpose of fair value disclosures, the Institute has determined classes of assets and liabilities on the basis of the nature, characteristics and risks of the asset or liability and the level of the fair value hierarchy as explained above.

In addition, the Institute determines whether transfers have occurred between levels in the hierarchy by re-assessing categorisation (based on the lowest level input that is significant to the fair value measurement as a whole) at the end of each reporting period.

The Valuer-General Victoria (VGV) is the institute's independent valuation agency.

The Institute, in conjunction with VGV, monitors the changes in the fair value of each asset and liability through relevant data sources to determine whether revaluation is required.

(c) **Reporting Entity**
The financial statements include the controlled activities of the Institute.

Its principal address is:

Thomas Embling Hospital
Yarra Bend Road, Fairfield
Victoria, Australia 3078

Locked Bag 10 Fairfield
Victoria, Australia 3078

(d) **Scope and Presentation of Financial Statements**
Services Supported By Health Services Agreement and Services Supported By Hospital and Community Initiatives
Activities classified as *Services Supported by Health Services Agreement* (HSA) are substantially funded by the Department of Health and Human Services and includes Residential Aged Care Services (RACS) and are also funded from other sources such as the Commonwealth, patients and residents, while *Services Supported by Hospital and Community Initiatives* (Non HSA) are funded by the Institute's own activities or local initiatives and/or the Commonwealth.

Comprehensive operating statement
The subtotal entitled 'Net result Before Capital & Specific Items' is included in the Comprehensive Operating Statement to enhance the understanding of the financial performance of the Institute. This subtotal reports the result excluding items such as capital grants, assets received or provided free of charge, depreciation, and items of an unusual nature and amount such as specific revenues and expenses. The exclusion of these items are made to enhance the matching of income and expenses so as to facilitate the comparability and consistency of results between years and Victorian Public Health Services. The 'Net result Before Capital & Specific Items' is used by the management of Institute, the Department of Health and Human Services and the Victorian Government to measure the ongoing performance of the Institute.

Capital and specific items, which are excluded from this sub-total, comprise:

- Capital purpose income, which comprises all tied grants, donations and bequests received for the purpose of acquiring non- current assets, such as capital works, plant and equipment or intangible assets. It also includes donations of plant and equipment (refer Note 1). Consequently the recognition of revenue as capital purpose income is based on the intention of the provider of the revenue at the time the revenue is provided.
- Depreciation and amortisation, as described in Note 1

Victorian Institute of Forensic Mental Health
Notes to the Financial Statements
30 June 2015

Balance sheet
Assets and liabilities are categorised either as current or non-current (non-current being those assets or liabilities expected to be recovered/settled more than 12 months after reporting period).

Statement of changes in equity
The statement of changes in equity presents reconciliations of each non-owner and owner changes in equity from opening balance at the beginning of the reporting year to the closing balance at the end of the reporting year. It also shows separately changes due to amounts recognised in the comprehensive result and amounts recognised in other comprehensive income.

Cash flow statement
Cash flows are classified according to whether or not they arise from operating activities, investing activities, or financing activities. This classification is consistent with requirements of AASB 107 Statement of Cash Flows.

Rounding Of Amounts
All amounts shown in the financial statements are expressed to the nearest $1,000 unless otherwise stated.

Figures in the financial statements may not equal due to rounding of part dollar values.

(e) Income from transactions
Income is recognised in accordance with AASB 118 Revenue and is recognised to the extent that it is probable that the economic benefits will flow to the Institute and the income can be reliably measured at fair value.

Amounts disclosed as revenue is, where applicable, net of returns, allowances and duties and taxes.

Government Grants and other transfers of income (other than contributions by owners)

Grants are recognised as income when the Institute gains control of the underlying assets in accordance with AASB 1004 Contributions. For reciprocal grants, the Institute is deemed to have assumed control when the performance has occurred under the grant. For non-reciprocal grants, the Institute is deemed to have assumed control when the grant is received or receivable. Conditional grants may be reciprocal or non-reciprocal depending on the terms of the grant.

Indirect Contributions from the Department of Health and Human Services

- Insurance is recognised as revenue following advice from the Department of Health and Human Services.
- Long Service Leave (LSL) – Revenue is recognised upon finalisation of movements in LSL liability in line with the arrangements set out in the Metropolitan Health and Aged Care Services Division Hospital Circular 05/2013.

Patient and Resident Fees
Patient fees are recognised as revenue at the time invoices are raised.

Donations and Other Bequests
Donations and bequests are recognised as revenue when received. If donations are for a special purpose, they may be appropriated to a reserve, such as the specific restricted purpose reserve.

Interest Revenue
Interest revenue is recognised on a time proportionate basis that takes in account the effective yield of the financial asset, which allocates interest over the relevant period.

(f) Expense Recognition
Expenses are recognised as they are incurred and reported in the financial year to which they relate.

Employee expenses

Employee expenses include:

- Wages and salaries;
- Annual leave;
- Sick leave;
- Long service leave; and
- Superannuation expenses which are reported differently depending upon whether employees are members of defined benefit or defined contribution plans.

Victorian Institute of Forensic Mental Health
Notes to the Financial Statements
30 June 2015

Superannuation

Defined contribution plans
In relation to defined contribution (i.e. accumulation) superannuation plans, the associated expense is simply the employer contributions that are paid or payable in respect of employees who are members of these plans during the reporting year. Contribution superannuation plans are expensed when incurred.

Defined benefit plan
The amount expensed in respect of defined benefit superannuation plans represents the contributions made by the Institute to the superannuation plans in respect of the services of current Institute staff. Superannuation contributions are made to the plans based on the relevant rules of each plan. The defined benefits based on years of service and final average salary

The name and details of the major employee superannuation funds and contributions made by the Institute are as follows:

Contributions Paid or Payable for the year

Fund	**2015 $'000**	2014 $'000
Defined benefit plans:		
State Superannuation Fund	**139**	158
Defined contribution plans:		
Health Employee Superannuation Trust Australia Fund	**2,037**	1,775
First State Super	**1,185**	985
Other Funds	**81**	65
Total	**3,442**	2,986

The Institute does not recognise any unfunded defined benefit liability in respect of the superannuation plans because the Institute has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due. The unfunded defined liability is reported to the Department of Treasury and Finance.

Depreciation and amortisation
All buildings, plant and equipment and other non-financial physical assets that have finite useful lives are depreciated (excludes land). Depreciation begins when the asset is available for use, which is when it is in the location and condition necessary for it to be capable of operating in a manner intended by management.

Intangible produced assets with finite lives are amortised as an expense from transactions on a systematic basis over the asset's useful life.

Depreciation and amortisation is generally calculated on a straight line basis, at a rate that allocates the asset value, less any estimated residual value, over its estimated useful life. Estimates of the remaining useful lives and depreciation and amortisation method for all assets are reviewed at least annually, and adjustments made where appropriate. This depreciation and amortisation charge is not funded by the Department of Health and Human Services. Assets with a cost in excess of $1,000 are capitalised and depreciation and amortisation has been provided so as to allocate their cost or valuation over their estimated useful lives.

The following table indicates the expected useful lives of non-current assets on which the depreciation and amortisation charges are based.

	2015	2014
Buildings	**50 Years**	50 Years
Plant & Equipment	**8 to 10 Years**	8 to 10 Years
Medical Equipment	**7 to 9 Years**	7 to 9 Years
Leased Assets	**2 to 10 Years**	2 to 10 Years

As part of the buildings valuation, building values were separated into components and each component assessed for its useful life which is represented above.

Other operating expenses
Other operating expenses generally represent the day-to-day running costs incurred in normal operations and include:

Supplies and services
Supplies and services are recognised as an expense in the reporting period in which they are incurred. The carrying amounts of any inventories held for distribution are expenses when distributed.

Bad and doubtful debts
Refer to Note 1(h) Impairment of financial assets.

(g) Other Comprehensive Income
Other comprehensive income measures the change in volume or value of assets or liabilities that do not result from transactions.

Net Gain/(Loss) on Non-Financial Assets
Net gain/(loss) on non-financial assets includes realised and unrealised gains and losses from revaluations, impairments and disposals of physical assets and intangible assets.

Disposal of Non-Financial Assets
Any gain or loss on the sale of non-financial assets is recognised at the date that control of the asset is passed to the buyer and is determined after deducting from the proceeds the carrying value of the asset at that time.

Impairment of Non-Financial Assets
Apart from intangible assets with indefinite useful lives, all other assets are assessed annually for indications of impairment.

If there is an indication of impairment, the assets concerned are tested as to whether their carrying value exceeds their possible recoverable amount. Where an asset's carrying value exceeds its recoverable amount, the difference is written-off as an expense except to the extent that the write-down can be debited to an asset revaluation surplus amount applicable to that same class of asset.

It is deemed that, in the event of the loss of an asset, the future economic benefits arising from the use of the asset will be replaced unless a specific decision to the contrary has been made. The recoverable amount for most assets is measured at the higher of depreciated replacement cost and fair value less costs to sell. Recoverable amount for assets held primarily to generate net cash inflows is measured at the higher of the present value of future cash flows expected to be obtained from the asset and fair value less costs to sell.

(h) Financial Instruments
Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of the Institute's activities, certain financial assets and financial liabilities arise under statute rather than a contract. Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 'Financial Instruments: Presentation'. For example, statutory receivables arising from taxes, fines and penalties do not meet the definition of financial instruments as they do not arise under contract.

Where relevant, for note disclosure purposes, a distinction is made between those financial assets and financial liabilities that meet the definition of financial instruments in accordance with AASB 132 and those that do not.

Impairment of financial assets
Financial Assets have been assessed for impairment in accordance with Australian Accounting Standards. Where a financial asset's fair value at balance date has reduced by 20 per cent or more than its cost price; or where its fair value has been less than its cost price for a period of 12 or more months, the financial instrument is treated as impaired.

(i) Assets

Cash and Cash Equivalents
Cash and cash equivalents comprise cash on hand and cash at bank, deposits at call and highly liquid investments with an original maturity of 3 months or less, which are readily convertible to known amounts of cash and are subject to insignificant risk of changes in value.

For the cash flow statement presentation purposes, cash and cash equivalents includes bank overdrafts, which are included as current interest bearing liabilities in the balance sheet.

Receivables
Receivables consist of:

» Contractual receivables, which includes mainly debtors in relation to goods and services and accrued investment income; and

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» Statutory receivables, which includes predominantly amounts owing from the Victorian Government and Goods and Services Tax ("GST") input tax credits recoverable.

Receivables that are contractual are classified as financial instruments and categorised as receivables. Statutory receivables are recognised and measured similarly to contractual receivables (except for impairment), but are not classified as financial instruments because they do not arise from a contract.

Receivables are recognised initially at fair value and subsequently measured at amortised cost, using the effective interest method, less any accumulated impairment.

Trade debtors are carried at nominal amounts due and are due for settlement within 30 days from the date of recognition. Collectability of debts is reviewed on an ongoing basis, and debts which are known to be uncollectible are written off. A provision for doubtful debts is recognised when there is objective evidence that an impairment loss has occurred. Bad debts are written off when identified. Non-Current Receivables are amounts recognised for Long Service Leave Debtor to the Department of Health and Human Services.

Investments and Other Financial Assets
Other financial assets are recognised and derecognised on trade date where purchase or sale of an investment is under a contract whose terms require delivery of the investment within the timeframe established by the market concerned, and are initially measured at fair value, net of transaction costs.

The Institute classifies its other financial assets between current and non-current assets based on the purpose for which the assets were acquired. Management determines the classification of its other financial assets at initial recognition.

The Institute assesses at each balance sheet date whether a financial asset or group of financial assets is impaired.

All financial assets are subject to annual review for impairment.

Property, Plant and Equipment
All non-current physical assets are measured initially at cost and subsequently revalued at fair value less accumulated depreciation and impairment. Where an asset is acquired for no or nominal cost, the cost is its fair value at the date of acquisition. More details about the valuation techniques and inputs used in determining the fair value of non-financial physical assets are discussed in Note 10 Property, plant and equipment.

Crown Land is measured at fair value with regard to the property's highest and best use after due consideration is made for any legal or constructive restrictions imposed on the asset and any public announcements or commitments made in relation to the intended use of the asset. Theoretical opportunities that may be available in relation to the asset are not taken into account until it is virtually certain that any restrictions will no longer apply.

Land and Buildings are recognised initially at cost and subsequently measured at fair value less accumulated depreciation and impairment.

Plant, Equipment and Vehicles are recognised initially at cost and subsequently measured at fair value less accumulated depreciation and impairment. Depreciated historical cost is generally a reasonable proxy for fair value because of the short lives of the assets concerned.

Leasehold improvements
The cost of a leasehold improvement is capitalised as an asset and depreciated over the shorter of the remaining term of the lease or the estimated useful life of the improvements.

Revaluations of Non-current Physical Assets
Non-current physical assets are measured at fair value and are revalued in accordance with FRD 103F Non-current physical assets. This revaluation process normally occurs at least every five years, based upon the asset's Government Purpose Classification, but may occur more frequently if fair value assessments indicate material changes in values. Independent valuers are used to conduct these scheduled revaluations and any interim revaluations are determined in accordance with the requirements of the FRD. Revaluation increments or decrements arise from differences between an asset's carrying value and fair value.

Revaluation increments are recognised in 'other comprehensive income' and are credited directly to the asset revaluation surplus, except that, to the extent that an increment reverses a revaluation decrement in respect of that same class of asset previously recognised as an expense in net result, the increment is recognised as income in the net result.

Revaluation decrements are recognised in 'other comprehensive income' to the extent that a credit balance exists in the asset revaluation surplus in respect of the same class of property, plant and equipment.

Revaluation increases and revaluation decreases relating to individual assets within an asset class are offset against one another within that class but are not offset in respect of assets in different classes.

Revaluation surplus is not transferred to accumulated funds on de-recognition of the relevant asset.

In accordance with FRD 103F, the Institute's non-current physical assets were assessed to determine whether revaluation of the non-current physical assets was required.

The next scheduled revaluation is due for the financial year ending 30th June 2019.

Prepayments
Other non-financial assets include prepayments which represent payments in advance of the receipt of goods or services or that part of expenditure made in one accounting period covering a term extending beyond that period.

Disposal of non-financial assets
Any gain or loss on the sale of non-financial assets is recognised in the comprehensive operating statement. Refer to note 1(g) – 'other comprehensive income'.

Impairment of Non-Financial Assets
In order to determine an appropriate fair value as at 30 June 2015 for its portfolio of non-financial assets, the Institute obtained a valuation based on the actual indices published by the Valuer General. This value was compared against valuation methodologies provided by the issuer as at 30 June 2014. These methodologies were critiqued and considered to be consistent with standard market valuation techniques. Prices obtained from both sources were compared and were generally consistent with the full portfolio. The above valuation process was used to quantify the level of impairment on the portfolio of non-financial assets as at year end.

(J) Liabilities

Payables
Payables consist of:

- Contractual payables which consist predominantly of accounts payable representing liabilities for goods and services provided to the Institute prior to the end of the financial year that are unpaid, and arise when the Institute becomes obliged to make future payments in respect of the purchase of those goods and services. The normal credit terms for accounts payable are Net 30 days.
- Statutory payables, such as goods and services tax and fringe benefits tax payables.

Contractual payables are classified as financial instruments and are initially recognised at fair value, and then subsequently carried at amortised cost. Statutory payables are recognised and measured similarly to contractual payables, but are not classified as financial instruments and not included in the category of financial liabilities at amortised cost, because they do not arise from a contract.

Provisions
Provisions are recognised when the Institute has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably.

The amount recognised as a liability is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation. Where a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows, using a discount rate that reflects the time value of money and risks specific to the provision.

When some or all of the economic benefits required to settle a provision are expected to be received from a third party, the receivable is recognised as an asset if it is virtually certain that recovery will be received and the amount of the receivable can be measured reliably.

Employee Benefits
This provision arises for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave for services rendered to the reporting date.

Wages and Salaries, and Annual Leave
Liabilities for wages and salaries, including non-monetary benefits and annual leave are recognised in the provision for employee benefits as 'current liabilities', because the Institute does not have an unconditional right to defer settlement of these liabilities.

Depending on the expectation of the timing of settlement, liabilities for wages and salaries and annual leave are measured at:

- Undiscounted value – if the Institute expects to wholly settle within 12 months; or
- Present value – if the Institute does not expect to wholly settle within 12 months.

Long Service Leave (LSL)
Liability for LSL is recognised in the provision for employee benefits.

Unconditional LSL (representing 10 or more years of continuous service) is disclosed in the notes to the financial statements as a current -liability, even where the Institute does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months.

The components of this current LSL liability are measured at:

- Undiscounted value – if the Institute expects to wholly settle within 12 months; and
- Present value – if the Institute does not expect to wholly settle within 12 months.

Conditional LSL is disclosed as a non-current liability because there is an unconditional right to defer the settlement of the entitlement until the employee has completed the requisite years of service. This non-current LSL liability is measured at present value.

Any gain or loss following the revaluation of the present value of non-current LSL liability is recognised as a transaction, except to the extent that a gain or loss arises due to changes in bond interest rates for which it is then recognised as an other economic flow.

Termination benefits
Termination benefits are payable when employment is terminated before the normal retirement date or when an employee decides to accept an offer of benefits in exchange for the termination of employment.

The Institute recognises termination benefits when it is demonstrably committed to either terminating the employment of current employees according to a detailed formal plan without possibility of withdrawal or providing termination benefits as a result of an offer made to encourage voluntary redundancy. Benefits falling due more than 12 months after the end of the reporting period are discounted to present value.

Employee Benefit On-costs
On-costs for workers compensation and superannuation are recognised separately within the provisions for employee benefits.

(k) Leases

Leases
Leases are classified at their inception as operating leases or finance leases based on the economic substance of the agreement so as to reflect the risks and rewards incidental to ownership.

Operating Leases
Operating lease payments, including any contingent rentals, are recognised as an expense on a straight line basis over the lease term, except where another systematic basis is more representative of the time pattern of the benefits derived from the use of the leased asset. The leased asset is not recognised in the balance sheet.

Leasehold Improvements
The cost of leasehold improvements are capitalised as an asset and depreciated over the remaining term of the lease or the estimated useful life of the improvements, whichever is the shorter.

(l) Equity

Contributed Capital
Consistent with Australian Accounting Interpretation 1038 *Contributions by Owners Made to Wholly-Owned Public Sector Entities* and FRD 119A *Contributions by Owners*, appropriations for additions to the net asset base have been designated as contributed capital. Other transfers that are in the nature of contributions or distributions that have been designated as contributed capital are also treated as contributed capital.

Property, Plant & Equipment Revaluation Surplus
The asset revaluation surplus is used to record increments and decrements on the revaluation of non-current physical assets.

(m) Commitments
Commitments for future expenditure include operating and capital commitments arising from contracts. Commitments are disclosed by way of a note (refer to Note 17) at their nominal value and are inclusive of the GST payable.

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(n) Contingent assets and contingent liabilities

Contingent assets and contingent liabilities are not recognised in the Balance Sheet, but are disclosed by way of note and, are measured at nominal value. Contingent assets and contingent liabilities are presented inclusive of GST receivable or payable respectively.

(o) Goods and Services Tax

Income, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the ATO. In this case it is recognised as part of the cost of acquisition of the asset or as part of the expense. Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the balance sheet.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from or payable to the ATO are presented as an operating cash flow.

Commitments and contingent assets and liabilities are presented on a gross basis.

(p) Category Groups

The Institute has used the following category group for reporting purposes for the current and previous financial years.

Mental Health Services (Mental Health) comprises all recurrent health revenue/expenditure on specialised Mental Health Services (forensic) managed or funded by the state or territory health administrations, and includes: Admitted patient services (including forensic mental health), outpatient services, community-based services, residential and ambulatory services.

(q) Going Concern

In forming a view on the financial sustainability of the Institute, the Board has noted the current asset ratio and operating cash flow which indicate the Institute fails the 'going concern' test. As such, a determination of the Institute as a going concern has been made with the support of a Letter of Comfort (LOC) signed by the Secretary of the Department of Health and Human Services dated 04/08/2015. This LOC states *"the Department of Health and Human Services will provide adequate cash flow support to enable your agency to meet its current and future operational obligations as and when they fall due for a period up to September 2016"*.

(r) New Accounting Standards and Interpretations

Certain Australian accounting standards and interpretations have been published that are not mandatory for the 30 June 2015 reporting period. As at 30 June 2015, the following standards and interpretations had been issued but were not mandatory for the reporting period ending 30 June 2015. The Institute has not and does not intend to adopt these standards early.

Standard/ Interpretation	Summary	Applicable for annual reporting periods beginning on	Impact on public sector entity financial statements
AASB 15 Revenue from Contracts with Customers	The core principle of AASB 15 requires an entity to recognise revenue when the entity satisfies a performance obligation by transferring a promised good or service to a customer.	1 Jan 2017 (Exposure Draft 263 – potential deferral to 1 Jan 2018)	The changes in revenue recognition requirements in AASB 15 may result in changes to the timing and amount of revenue recorded in the financial statements. The Standard will also require additional disclosures on service revenue and contract modifications. A potential impact will be the upfront recognition of revenue from licenses that cover multiple reporting periods. Revenue that was deferred and amortised over a period may now need to be recognised immediately as a transitional adjustment against the opening accumulated surplus / (deficit) if there are no former performance obligations outstanding.

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In addition to the standards above, the AASB has issued a list of amending standards that are not effective for the 2014-15 reporting period (as listed below). In general, these amending standards include editorial and references changes that are expected to have insignificant impacts on public sector reporting. The AASB Interpretation in the list below is also not effective for the 2014-15 reporting period and is considered to have insignificant impact on public sector reporting.

- AASB 2010-7 Amendments to Australian Accounting Standards arising from AASB 9 (December 2010).
- AASB 2013-9 Amendments to Australian Accounting Standards – Conceptual Framework, Materiality and Financial Instruments

Note 2 Statement of Understanding and Service Agreement

A Statement of Understanding (1 July 1998 to 30 June 1999) between the Department of Health and the Institute specifically provides for the following –

The Department of Health acknowledge their liability for the accrued long service leave entitlements for all employees with service up to 1 July 1998 transferred from the Department to the Institute under the provisions of section 97 of the Mental Health Act 1986. As at 30 June 2009 the amount previously recorded separately was consolidated into Non-Current Receivables, Department of Health – Long Service Leave in Note 8.

Note 3 Revenue from Operating Activities

	Note	**2015 $'000**	2014 $'000
Government Grants			
Service Agreement – (Department of Health and Human Services)	1(e)	**44,476**	43,487
Service Agreement – (Department of Justice & Regulation)		**10,163**	7,555
Service Agreement - (Ravenhall)		**1,819**	-
Other Government Revenue		**165**	677
Total Government Grants		**56,623**	51,719
Indirect Contributions by Department of Health and Human services	1(e)		
Insurance		**55**	47
Total Indirect Contributions by Department of Health and Human Services		**55**	47
Other Revenues			
Professional Fees		**152**	123
Interest		**129**	161
Other Income		**385**	275
Total Other Revenues		**666**	559
Sub Total Revenue from Operating Activities		**57,344**	52,325
Revenue from Capital Purpose Income			
Government Grant			
Government Grant - General Purpose - Department of Health and Human services)		**315**	46
Sub Total Revenue from Capital Purpose Income		**315**	46
Total Revenue		**57,659**	52,371

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		Note	2015 $'000	2014 $'000
Note 4	**Expenses From Continuing Activities**			
	Employee Benefits			
	Salaries & Wages		**36,840**	32,753
	Employee Entitlements		**5,948**	4,390
	Superannuation	1(f)	**3,442**	2,983
	WorkCover		**491**	436
	Total Employee Benefits		**46,721**	40,562
	Non Salary Labour Costs			
	Agency Staff		**1,096**	1,369
	Medical Salaries		**169**	175
	Total Non-Salary Labour Costs		**1,265**	1,544
	Medicines, Drugs & Diagnostics			
	Medicines, Drugs		**669**	737
	Diagnostics		**172**	233
	Total Medicines, Drugs & Diagnostics		**841**	970
	Property Maintenance & Contracts			
	Property Expenses		**583**	589
	Maintenance Expenses		**435**	505
	Contracts		**3,104**	2,974
	Security		**2,296**	2,283
	Total Property Maintenance & Contracts		**6,418**	6,351
	Other Expenses			
	Information Technology		**247**	379
	Supplies & Consumables		**1,793**	1,910
	Patient Stores & Provisions		**151**	92
	Financial Expenses		**76**	44
	Internal Audit Fees		**54**	53
	Loss/(Gain) on disposal of Assets	5	**(9)**	(4)
	Other		**258**	208
	Total Other Expenses		**2,570**	2,682
	Total Expenses		**57,815**	52,109

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		Note	2015 $'000	2014 $'000
Note 5	**Net Gain / (Loss) on Disposal of Non-current Assets**			
	Proceeds from Disposal of Non-current Assets			
	Plant & Equipment		**9**	188
	Total Proceeds from Disposal of Non-current Assets		**9**	188
	Less – Written Down Value of Non-current Assets Sold			
	Plant & Equipment		**-**	(184)
	Total Written Down Value of Non-current Assets Sold	**10(b)**	**-**	(184)
	Net Gain / (Loss) on Disposal of Non-current Assets		**9**	4
Note 6	**Depreciation and Amortisation**			
	Buildings		**1,047**	846
	Leasehold improvements		**212**	207
	Plant & Equipment		**635**	649
	Medical Equipment		**4**	4
	Total Depreciation and Amortisation	**10(b)**	**1,898**	1,706
Note 7	**Cash and Cash Equivalents**			
	Cash on Hand		**19**	19
	Cash at Bank		**1,945**	3,026
	Total		**1,964**	3,045
	Represented by -			
	Cash for Institute Operations		**1,698**	2,772
	Cash for Monies Held in Trust			
	Cash at Bank – Salary Packaging		**200**	220
	Cash on Hand – Salary Packaging		**5**	5
	Cash at Bank – Patient Funds		**49**	36
	Cash on Hand – Patient Funds		**12**	12
	Total		**1,964**	3,045

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		Note	2015 $'000	2014 $'000
Note 8	**Receivables**			
	Current			
	Contractual			
	Trade Debtors		**2,415**	938
	Provision for doubtful debts		**-**	-
			2,415	938
	Statutory			
	GST Receivable		**37**	147
			37	147
	Total Current Receivables		**2,452**	1,085
	Non-Current			
	Statutory			
	Department of Health and Human Services– Long Service Leave		**4,126**	2,861
			4,126	2,861
	Total Non-Current Receivables		**4,126**	2,861
	Total Receivables		**6,578**	3,946
(a)	**Movement in the Allowance for doubtful debts**			
	Balance at beginning of year		**-**	186
	Amounts written off during the year		**-**	(186)
	Increase/(decrease) in allowance recognised in profit and loss			-
	Balance at end of year		**-**	-

Ageing analysis of receivables

Please refer to note 16(b) for ageing analysis of receivables

Nature and extent of risk arising from receivables

Please refer to note 16(b) for the nature and extend of credit risk arising from receivables

Note 9				
	Other Assets			
	Accrued Revenue		**920**	20
	Prepayments		**77**	42
	Total Other Assets		**997**	62

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			Note	2015 $'000	2014 $'000
Note 10	**(a)**	**Property, Plant & Equipment**			
		Land			
		Land at Valuation at June 2014		47,600	47,600
		Total Land		**47,600**	47,600
		Buildings			
		Buildings at Valuation at June 2014		**37,557**	37,557
		Additions at Cost		**64**	-
		- Less Accumulated Depreciation		**(1,047)**	-
		Total Buildings		**36,574**	37,557
		Leasehold Improvements			
		Improvements		**2,138**	2,128
		- Less Accumulated Depreciation		**(1,336)**	(1,124)
		Total Leasehold Improvements		**802**	1,004
		Plant and Equipment			
		Plant & Equipment		**7,501**	6,739
		- Less Accumulated Depreciation		**(5,539)**	(4,904)
		Total Plant & Equipment		**1,962**	1,835
		Medical Equipment			
		Medical Equipment		**123**	110
		- Less Accumulated Depreciation		**(97)**	(93)
		Total Medical Equipment		**26**	17
		Under Construction			
		Assets under construction		**251**	64
		Total Assets under construction		**251**	64
		Total Property, Plant & Equipment	Note 1 (i)	**87,215**	88,077

(i) As at 30 June 2014 an independent valuation of the Institute's property was performed by the Valuer-General Victoria to determine the fair value of the land and buildings. The valuation, which conforms to Australian Valuation Standards, was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The valuation was based on independent assessments. Taking into consideration community service obligation proportion of total valuation.

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Note 10 (b)

	Land	Buildings	Leasehold Improvements	Plant & Equipment	Medical Equipment	Asset Under Construction	Total
	$'000	$'000	$'000	$'000	$'000	$'000	$'000
Balance at 30 June 2013	12,051	31,263	1,168	1,873	21	-	46,376
Additions	-	47	43	795	-	64	949
Disposals	-	-	-	(184)	-	-	(184)
Revaluation Increments / (Decrements)	35,549	7,093	-	-	-	-	42,642
Depreciation (Note 1(f), 6)	-	(846)	(207)	(649)	(4)	-	(1,706)
Balance at 30 June 2014	47,600	37,557	1,004	1,835	17	64	88,077
Additions	-	64	10	762	13	187	1,036
Disposals	-	-	-	-	-	-	-
Revaluation Increments / (Decrements)	-	-	-	-	-	-	-
Depreciation (Note 1(f), 6)	-	(1,047)	(212)	(635)	(4)	-	(1,898)
Balance at 30 June 2015	**47,600**	**36,574**	**802**	**1,962**	**26**	**251**	**87,215**

Note 10 (c)

Fair Value Measurement Hierarchy for assets as at 30 June 2015	**Carrying amount as at 30 June 2015**	Fair value measurement at end of reporting period using:		
		Level 1	Level 2	Level 3
	$'000	$'000	$'000	$'000
Land at Fair Value				
Specialised Land	**47,600**	-	-	47,600
Total of Land at Fair Value	**47,600**	-	-	47,600
Buildings at Fair Value				
Specialised Buildings	**36,574**	-	-	36,574
Total of Buildings at Fair Value	**36,574**	-	-	36,574
Plant and Equipment at Fair Value				
Vehicles	**555**	-	-	555
Plant and Equipment	**1,407**	-	-	1,407
Total of plant, equipment and vehicles at fair value	**1,962**	-	-	1,962
Medical Equipment at Fair Value				
Medical Equipment	**26**	-	-	26
Total Medical Equipment at Fair Value	**26**	-	-	26

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Note 10(c) Cont'd

Fair Value Measurement Hierarchy for assets as at 30 June 2014	**Carrying amount as at 30 June 2014**	Fair value measurement at end of reporting period using:		
		Level 1	Level 2	Level 3
	$'000	$'000	$'000	$'000
Land at Fair Value				
Specialised Land	**47,600**	-	-	47,600
Total of Land at Fair Value	**47,600**	-	-	47,600
Buildings at Fair Value				
Specialised Buildings	**37,557**	-	-	37,557
Total of Buildings at Fair Value	**37,557**	-	-	37,557
Plant and Equipment at Fair Value				
Vehicles	**458**	-	-	458
Plant and Equipment	**1,377**	-	-	1,377
Total of plant, equipment and vehicles at fair value	**1,835**	-	-	1,835
Medical Equipment at Fair Value				
Medical Equipment	**17**	-	-	17
Total Medical Equipment at Fair Value	**17**	-	-	17

Specialised land and Specialised buildings

The market approach is used for specialised land and specialised buildings although it is adjusted for the community service obligation (CSO) to reflect the specialised nature of the assets being valued.

The CSO adjustment is a reflection of the valuer's assessment of the impact of restrictions associated with an asset to the extent that is also equally applicable to market participants. This approach is in light of the highest and best use consideration required for fair value measurement, and takes into account the use of the asset that is physically possible, legally permissible and financially feasible. As adjustments of CSO are considered as significant unobservable inputs, specialised land would be classified as Level 3 assets.

For the Institute, the depreciated replacement cost method is used for the majority of specialised buildings, adjusting for the associated depreciation. As depreciation adjustments are considered as significant and unobservable inputs in nature, specialised buildings are classified as Level 3 for fair value measurements.

An independent valuation of the Institute's specialised land and specialised buildings was performed by the Valuer-General Victoria. The valuation was performed using the market approach adjusted for CSO. The effective date of the valuation is 30 June 2014.

Vehicles

The Institute acquires new vehicles and at times disposes of them before completion of their economic life. The process of acquisition, use and disposal in the market is managed by the Institute who set relevant depreciation rates during use to reflect the consumption of the vehicles. As a result, the fair value of vehicles does not differ materially from the carrying value (depreciated cost).

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Plant and equipment

Plant and equipment is held at carrying value (depreciated cost). When plant and equipment is specialised in use, such that it is rarely sold other than as part of a going concern, the depreciated replacement cost is used to estimate the fair value. Unless there is market evidence that current replacement costs are significantly different from the original acquisition cost, it is considered unlikely that depreciated replacement cost will be materially different from the existing carrying value.

Medical equipment

Medical equipment is held at carrying value (depreciated cost). When Medical equipment is specialised in use, such that it is rarely sold other than as part of a going concern, the depreciated replacement cost is used to estimate the fair value. Unless there is market evidence that current replacement costs are significantly different from the original acquisition cost, it is considered unlikely that depreciated replacement cost will be materially different from the existing carrying value.

There were no changes in valuation techniques throughout the year to 30 June 2015.

For all assets measured at fair value, the current use is considered the highest and best use.

Note 10 (d) Reconciliation of Level 3 Fair Level

	Land	Buildings	Plant & Equipment	Medical Equipment	Total
	$'000	$'000	$'000	$'000	$'000
Opening Balance	**47,600**	**37,557**	**1,835**	**17**	**87,009**
Additions	-	64	762	13	839
Disposals	-	-	-	-	0
Depreciation	-	(1,047)	(635)	(4)	(1,686)
Closing Balance	**47,600**	**36,574**	**1,962**	**26**	**86,162**

	Note	2015 $'000	2014 $'000
Note 11	**Payables**		
	Current		
	Trade Creditors	1(j)	**1,178**	1,579
	Accrued Expenses		**279**	178
	Total Payables		**1,457**	1,757

Maturity analysis of payables

Please refer to note 16(c) for ageing analysis of payables

Nature and extent of risk arising from payables

Please refer to note 16(c) for the nature and extent of risks arising from payables

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		Note	2015 $'000	2014 $'000
Note 12	**Employee Benefits**			
	- Unconditional and expected to be wholly settled within 12 months	12(a)	**7,046**	6,345
	Employee on-costs			
	- Unconditional and expected to be wholly settled within 12 months		**865**	779
	Total Current		**7,911**	7,124
	Non-Current			
	Employee Benefits	12(a)	**4,843**	2,073
	Employee benefit on-costs		**594**	254
	Total Non-current		**5,437**	2,327
	Total Employee Benefits		**13,348**	9,451

Note 12 (a) Employee Entitlements

Current	1(j)		
Unconditional long service leave entitlements (excluding on-costs)		**2,312**	3,690
Annual leave entitlements expected to be wholly settled within 12 months		**3,020**	2,482
Accrued Salaries and Wages		**1,715**	174
		7,047	6,346
Non-current			
Conditional Long Service Leave entitlements (Present value)		**4,843**	2,073
		4,843	2,073
Movement in Long Service Leave:			
Balance at start of year		**6,470**	5,828
Provision made during the year:			
- Expense recognising Employee Service		**2,081**	1,091
- Settlement made during the year		**(518)**	(449)
Balance at end year		**8,033**	6,470

** As explained in note 1 (j), long service leave is measured at its present value. The following assumptions were adopted in measuring present value

- Weighted Average Discount Rates	3.02%	3.17%
- Wage Inflation Rate	4.43%	4.44%

Victorian Institute of Forensic Mental Health
Notes to the Financial Statements
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		Note	2015 $'000	2014 $'000
Note 13	**Other Liabilities – Current**			
	Monies Held in Trust		**266**	273
	Prepaid Revenue		**253**	164
	Total		**519**	437
	Represented by -			
	Cash for Monies Held in Trust			
	Cash at Bank – Salary Packaging		**205**	225
	Cash at Bank – Patient Funds		**61**	48
	Total		**266**	273
Note 14	**Equity & Reserves**			
(a)	**Reserves**			
	Asset Revaluation Reserve			
	Balance at the beginning of the reporting year		**53,553**	10,912
	Revaluation Increment/(Decrement)			
	– Land	10(b)	**-**	35,549
	– Buildings		**-**	7,092
	Balance at the end of the reporting year		**53,553**	53,553
	Contributed Capital			
(b)	Balance at the beginning of the reporting year		**34,139**	34,139
	Balance at the end of the reporting year		**34,139**	34,139
	Accumulated Surplus/ (Deficits)			
(c)	Balance at the beginning of the reporting year		**(4,208)**	(2,764)
	Net result for the year		**(2,054)**	(1,444)
	Balance at the end of the reporting year		**(6,262)**	(4,208)

Victorian Institute of Forensic Mental Health
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		Note	2015 $'000	2014 $'000
Note 15	**Reconciliation of Net Result for the Year to Net Cash Inflow / (Outflow) from Operating Activities**			
	Net Result for the Year		**(2,054)**	(1,444)
	Non-Cash Movements			
	Depreciation & Amortisation		**1,898**	1,706
	Movement Included in Investing and Financing Activities			
	Net (Gain)/Loss from Sale of Plant & Equipment		**(9)**	(4)
	Movement in Assets and Liabilities			
	Change in Operating Assets & Liabilities:			
	Increase/(Decrease) in Payables		**(330)**	140
	Increase/(Decrease) in Employee Benefits		**3,897**	853
	Increase/(Decrease) in Other Liabilities		**89**	(9)
	(Increase)/Decrease in Receivables		**(2,629)**	325
	(Increase)/Decrease in Other Assets		**(927)**	55
	Net Cash Inflow / (Outflow) from Operating Activities		**(47)**	1,622

Note 16 **Financial Instruments**

(a) **Financial Risk Management Objectives and Policies**

The Institute's principal financial instruments comprise of:

- Cash Assets
- Term Deposits
- Receivables (Excluding Statutory Receivables)
- Payables (Excluding Statutory Payables)

Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis of measurement and the basis on which income and expenses are recognised, with respect to each class of financial asset and financial liability are disclosed in note 1 to the financial statements.

The main purpose in holding financial instruments is to prudentially manage the Institute's financial risks within government policy parameters.

The Institute's main financial risk includes liquidity and interest rate risk. The Institute manages these financial risks in accordance with its financial risk management policy.

Victorian Institute of Forensic Mental Health
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Categorisation of financial instruments

2015	Contractual financial assets - receivables	Contractual financial liabilities at amortised cost	Total
	$'000	$'000	$'000
Financial Assets			
Cash and cash equivalents	**1,964**	-	1964
Receivables	**2,415**	-	2415
Total Financial Assets (i)	**4,379**	-	4379
Financial Liabilities			
Payables	**-**	1,457	1,457
Total Financial Liabilities (ii)	**-**	1,457	1,457

2014	Contractual financial assets - receivables	Contractual financial liabilities at amortised cost	Total
	$'000	$'000	$'000
Financial Assets			
Cash and cash equivalents	**3,045**	-	3045
Receivables	**938**	-	938
Total Financial Assets (i)	**3,983**	-	3983
Financial Liabilities			
Payables	**-**	1,757	1,757
Total Financial Liabilities (ii)	**-**	1,757	1,757

(i) The total amount of financial assets disclosed here excludes statutory receivables (i.e. Department of Health and Human Services and GST input tax credit recoverable)

(ii) The total amount of financial liabilities disclosed here excludes statutory payables (i.e. Taxes payable) and includes accruals represented for invoices from creditors not received

(b) Credit Risk

Credit risk arises from the contractual financial assets of the Institute, which comprise cash and deposits and non-statutory receivables. The Institute's exposure to credit risk arises from the potential default of a counter party on their contractual obligations resulting in financial loss to the Institute. Credit risk is measured at fair value and is monitored on a regular basis.

Credit risk associated with the Institute's contractual financial assets is minimal because the main debtor is the Victorian Government. For debtors other than the Government, it is the Institute's policy to only deal with entities with high credit rating of a minimum Triple-B rating and to obtain sufficient collateral or credit enhancements, where appropriate.

In addition, the Institute does not engage in hedging for its contractual financial assets and mainly obtains contractual financial assets that are on fixed interest, except for cash assets, which are mainly cash at bank. As with the policy for debtors, the Institute's policy is to only deal with banks with high credit ratings.

Provision of impairment for contractual financial assets is recognised when there is objective evidence that the Institute will not be able to collect a receivable. Objective evidence includes financial difficulties of the debtor, default payments, debts which are more than 60 days overdue, and changes in debtor credit ratings.

Except as otherwise detailed in the following table, the carrying amount of contractual financial assets recorded in the financial statements, net of any allowances for losses, represents the Institute's maximum exposure to credit risk without taking account of the value of any collateral obtained.

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Ageing analysis of financial assets as at 30 June

	Carrying Amount	Not Past Due and Not Impaired	Past Due But Not Impaired				Impaired Financial Assets
			Less than 1 Month	1 – 3 Months	3 months to 1 year	1 – 5 years	
2015	$000	$000	$000	$000	$000	$000	$000
Financial Assets							
Cash and cash equivalents	1,964	1,964					
Receivables - Current	2,415	2,297	117	1			
Total Financial Assets	**4,379**	**4,261**	**117**	**1**			
2014							
Financial Assets							
Cash and cash equivalents	3,045	3,045	-	-	-	-	-
Receivables - Current	938	846	80	12	-	-	-
Total Financial Assets	3,983	3,891	80	12	-	-	-

(c) Liquidity risk

Liquidity risk arises when the Institute is unable to meet its financial obligations as they fall due. The Institute operates under the Government fair payments policy of settling financial obligations within 30 days and in the event of a dispute, make payments within 30 days from the date of resolution. It also continuously manages risk through monitoring future cash flows and maturities planning to ensure adequate holding of high quality liquid assets and dealing in highly liquid markets.

The Institute's exposure to liquidity risk is deemed insignificant based on prior periods' data and current assessment of risk.

Maximum exposure to liquidity risk is the carrying amounts of financial liabilities.

Ageing analysis of financial liabilities excludes statutory of financial liabilities (i.e. GST payable). The following table discloses the contractual maturity analysis for the Institute's financial liabilities. For interest rates applicable to each class of liability refer to individual notes to the financial statements.

Liquidity Risk

Maturity Analysis of Financial Liabilities as at 30th June

	Carrying Amount	Nominal Amount	Maturity Dates			
			Less than 1 Month	1 – 3 Months	3 months to 1 year	1 - 5 Years
2015	$000	$000	$000	$000	$000	$000
Payables						
Trade Creditors	1,178	1,178	1,178			
Accruals	279	279	279			
Total Financial Liabilities	**1,457**	**1,457**	**1,457**			
2014						
Payables						
Trade Creditors	1,579	1,579	1,579	-	-	-
Accruals	178	178	178	-	-	-
Total Financial Liabilities	1,757	1,757	1,757	-	-	-

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(d) Market Risk

The Institute's exposure to market risk is primarily through interest rate risk with only insignificant exposure to foreign currency and other price risks. Objectives, policies and processes used to manage each of these risks are disclosed below.

Currency Risk

The Institute is exposed to insignificant foreign currency risk through its payables relating to purchases of supplies and consumables from overseas, because of the limited amount of purchases denominated in foreign currencies and a short timeframe between commitment and settlement.

Interest Rate Risk

Exposure to interest rate risk might arise primarily through the investments of the Institute's cash and cash equivalents. Minimisation of risk is achieved by investing funds by way of purchasing of Commercial Bills of Exchange at fixed rates of interest.

Interest Rate Exposure of Financial Assets and Liabilities as at 30 June

	Weighted Average Effective Interest Rate	Carrying Amount	Interest Rate Exposure		
			Fixed Interest Rate	Variable Interest Rate	Non-Interest Bearing
2015	**(%)**	**$000**	**$000**	**$000**	**$000**
Financial Assets					
Cash and cash equivalents	3.44	1,964	-	1,964	-
Receivables - Current		2,415	-	-	2,415
Total Financial Assets		4,379	-	1,964	2,415
Financial Liabilities					
Trade Creditors		1,178	-	-	1,178
Total Financial Liabilities		1,178			1,178
Total		**5,557**	**-**	**1,964**	**3,593**
2014					
Financial Assets					
Cash and cash equivalents	2.85	3,045	-	3,045	-
Receivables - Current		938	-	-	938
Total Financial Assets		3,983	-	3,045	938
Financial Liabilities					
Trade Creditors		1,579	-	-	1,579
Total Financial Liabilities		1,579			1,579
Total		5,562	-	3,045	2,517

The carrying amount excludes statutory financial assets and liabilities (i.e. GST Input tax credit and GST payable)

Sensitivity Disclosure Analysis

Taking into account past performance, future expectations, economic forecasts, and management's knowledge and experience of the financial markets, the Institute believes the following movements are 'reasonably possible' over the next 12 months (Base rates are sourced from the Reserve Bank of Australia).

A shift of +1% and -1% in market interest rates (AUD) from year-end rates of 3.44%. The following table discloses the impact on net operating result and equity for each category of financial instrument held by the Institute at year end as presented to key management personnel, if changes in the relevant risk occur.

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	Carrying Amount	Interest Rate Risk			
		- 1%		+ 1%	
		Profit	Equity	Profit	Equity
	$000	$000	$000	$000	$000
2015					
Cash and cash equivalents	**1,964**	**(20)**	**(20)**	**20**	**20**
2014					
Cash and cash equivalents	3,045	(30)	(30)	30	30

The carrying amount excludes types of financial assets and liabilities (i.e. GST input tax credit and GST payable).

(e) Fair Value

Due to the short-term nature of these financial instruments, AASB 7.29(a) render their carrying amounts as reasonable approximations of fair value. As such, fair value disclosures for these balances are not required under AASB 13.

Commitments	Note	**2015 $'000**	2014 $'000
Note 17	**Commitments for Operating Leases**		
	(i) Operating Leases		
	Commitments for photocopiers are as follows –		
	– Less than one year	**61**	61
	– Greater than one year but less than five years	**156**	222
	Commitments for Lease at Clifton Hill are as follows –		
	– Less than one year	**247**	264
	– Greater than one year but less than five years	**534**	836
	– Greater than five years	**-**	-
	Total Operating Leases	**998**	1,383
	(ii) Expenditure Commitments		
	At 30 June 2015, future contractual commitments for supply of goods and services entered into and not provided for in the Comprehensive Operating Statement amount to $5,952,000 (2013-2014 $7,785,000)		
	Expenditure Commitments – Contracted Services Agreements		
	Security	**1,331**	3,872
	Meal Services	**1,750**	1,226
	Recreational Services	**391**	306
	Educational – TAFE Services	**733**	1,190
	Cleaning Services	**707**	604
	Pharmacy Services	**885**	297
	Pathology Services	**97**	239
	Other	**58**	51
	Total Expenditure Commitments	**5,952**	7,785
	These expenditures are payable -		
	Not later than one year	**5,437**	5,398
	Later than one year but not later than five years	**515**	2,387
	Total Expenditure Commitments	**5,952**	7,785
	Less GST recoverable from Australian Tax Office	**(632)**	(833)
	Total Commitments for expenditure (exclusive of GST)	**6,318**	8,335

All amounts shown in the commitments note are nominal amounts inclusive of GST.

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Note 18 **Responsible Persons Related Disclosures**

In accordance with the Ministerial Directions issued by the Minister for Finance under the *Financial Management Act* 1994, the following disclosures are made regarding responsible persons for the reporting period.

(a) **Responsible Persons**

The relevant Minister and Board members for the Victorian Institute of Forensic Mental Health are deemed to be the responsible persons by Ministerial Direction pursuant to the provision of the *Financial Management Act* 1994.

Responsible Minister	**Period**
The responsible Minister of the Victorian Institute of Forensic Mental Health during the reporting period was –	
Martin Foley MLA, Minister for Mental Health	04/12/2014 to 30/06/2015
The Hon. Mary Wooldridge, MLA – Minister for Mental Health	01/07/2014 to 03/12/2014

Governing Board Members

The responsible persons (Board members) of the Institute at any time during the reporting period were-

Chairperson	
» William Healy	01/07/2014 to 30/06/2015
Nominee of the Attorney-General	
» Dr. Cristea Mileshkin	01/07/2014 to 30/06/2015
Nominee of the Minister administering the *Corrections Act* 1986	
» Janet Noblett	01/07/2014 to 30/06/2015
Other Members	
» Greg Pullen	01/07/2014 to 30/06/2015
» Associate Professor Ruth Vine	12/05/2015 to 30/06/2015
» John Rimmer	12/05/2015 to 30/06/2015
» Janet Farrow	01/07/2014 to 30/06/2015
» Andrew Buckle, OAM	01/07/2014 to 30/06/2015
» Julie Anderson	01/07/2014 to 30/06/2015
Chief Executive Officer, Victorian Institute of Forensic Mental Health (Accountable Officer)	
» Thomas Dalton	01/07/2014 to 30/06/2015
Clinical Director, Victorian Institute of Forensic Mental Health	
» Dr. Maurice Magner	01/07/2014 to 30/06/2015

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(b) **Remuneration of Responsible Persons**

	2015 No.	2014 No.
Income Band		
$0 - $ 9,999	**7**	5
$10,000 - $19,999	**2**	2
$220,000 - $229,999	**-**	1
$230,000 - $239,999	**1**	-
$330,000 - $339,999	**-**	1
$340,000 - $349,999	**1**	-
Total Numbers	**11**	9

	2015 $'000	2014 $'000
Total Remuneration Received or Due and Receivable by Responsible Persons from the Reporting Entity Amounted to -	**630**	608

Amounts relating to the Responsible Minister are reported in the financial statements of the Department of Premier and Cabinet. No other transactions were made to or are payable by Board members or related parties

(c) **Executive Officers Remuneration**

The number of executive officer, other than Minister, Responsible persons and Accountable Officers, and their total remuneration during the reporting period are shown in the first two columns in the table in their relevant income bands. The base remuneration of executives is shown in the third and fourth columns. Base remuneration is exclusive of bonus payments, long-service leave payments, redundancy payments and retirement benefits.

Total remuneration is inclusive of contract renegotiations, bonus payments, long-service leave payments and fringe benefits payments.

	Total Remuneration		**Base Remuneration**	
	2015 No.	2014 No.	**2015 No.**	2014 No.
Income Band				
$120,000 - $129,999	**-**	-	**-**	1
$130,000 - $139,999	**-**	1	**-**	-
$140,000 - $149,999	**-**	-	**1**	1
$150,000 - $159,999	**-**	-	**1**	1
$160,000 - $169,999	**1**	-	**-**	1
$170,000 - $179,999	**-**	2	**1**	-
$180,000 - $189,999	**1**	1	**-**	-
$190,000 - $199,999	**1**	-	**-**	-
$220,000 - $229,999	**-**	-	**1**	-
$230,000 - $239,999	**1**	-	**-**	-
Total Number of Executives	**4**	4	**4**	4
Total Annualised Employee Equivalent (AEE) (i)	**4**	4	**4**	4
Total Remuneration	**$782,934**	$679,551	**$701,566**	$591,337

(i) Annualised employee equivalent is based on paid working hours of 38 ordinary hours per week over the 52 weeks for a reporting period

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		Note	2015 $'000	2014 $'000
Note 19	**Remuneration of Auditors**			
	Audit fees paid or payable			
	VAGO - Audit Financial Statements		**31**	31
	Other		**55**	60
	Total Paid and Payable		**31**	91
Note 20	**Ex-Gratia Expenses**			
	Return of Patient Fees		**-**	427
	Total Paid and Payable		**-**	427
Note 21	**Contingent Liabilities**			
	Legal Proceedings and Disputes		**-**	427
	Total Quantifiable Contingent Liabilities		**-**	427

Note 22 **Economic Dependency**

A significant portion of the revenue received by the Institute is obtained under a Health Services Agreement (see Note 3) between the Department of Health and Human Services and the Institute.

The financial performance and position of Institute has declined since the prior year, with the Institute reporting a deficit before capital and specific items of $232,000 (2014: $381,000 surplus), a net asset position of $81,430,000 (2014: $83,484,000), and a net cash outflow of $57,446,000 (2014: $54,075,000). See note 1(q).

Appendix A – Alternative Presentation of Comprehensive Operating Statement

	2015 $'000	2014 $'000
Interest	**129**	161
Sale of Goods and Services	**11,982**	7,555
Grants	**45,011**	44,257
Other Income	**537**	398
Total Revenue	**57,659**	52,371
Employee Expenses	**46,482**	40,397
Depreciation	**1,898**	1,706
Other Operating Expenses	**11,094**	11,547
Total Expenses	**59,474**	53,650
Net Result from transactions - Net Operating Balance	**(1,815)**	(1,279)
Other gains/(losses) from other economic flows	**(239)**	(165)
Net Result	**(2,054)**	(1,444)

Note – This alternate un-audited presentation reflects the format required for reporting to the Department of Treasury and Finance. It corresponds with the presentation of the State of Victoria financial statements, making it more comparable with reporting across the Victorian public sector.

Disclosure Index

The annual report of the Institute is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the Department's compliance with statutory disclosure requirements.

Note: This Disclosure Index consists of 2 pages, and is not required to be completed by denominational hospitals.

Legislation	Requirement	Page Reference
Ministerial Directions		
Report of Operations		
Charter and purpose		
FRD 22F	Manner of establishment and the relevant Ministers	1, 46
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FRD 22F	Nature and range of services provided	1-2
Management and structure		
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Glossary

Acute Assessment Unit (AAU)	A 16-bed unit providing statewide assessment of male prisoners thought to be mentally disordered in the prison system. Forensicare provides forensic mental health services in the Acute Assessment Unit under a contractual arrangement with Department of Justice & Regulation.
Australian Council on Healthcare Standards (ACHS)	The agency which inspects and evaluates health care services, including Forensicare, for the purposes of accreditation.
Board	The governing body of the Victorian Institute of Forensic Mental Health, established by the *Mental Health Act* 2014, replacing the previously designated Council.
Centre for Forensic Behavioural Science	Forensicare's research arm, established as a joint venture with Swinburne University of Technology. The Director of the Centre is Professor James Ogloff.
Client	A person receiving care and/or treatment from Forensicare's Community Forensic Mental Health Service.
Community Program, or Community Forensic Mental Health Service	The service arm of Forensicare responsible for the delivery of community programs.
Consumer	A person receiving services from Forensicare.
Corporate Governance	Effective, fair, transparent and accountable management of the relationship with the community with integrity to produce an enhanced and efficient service.
Corporate Plan for Mental Health.	The annual planning document that Forensicare is required by legislation to prepare for the Minister
Corrections Victoria	The Victorian Government agency responsible for the 10 state managed prisons and community based corrections.
Custodial Supervision Order (CSO)	An order made by a court following a finding that a person is permanently unfit to plead or not guilty by reason of mental impairment. The order commits the person to custodial supervision at Thomas Embling Hospital for an indefinite period.
Dame Phyllis Frost Centre	The main prison for women in Victoria, managed by Corrections Victoria. Forensicare provides in bed and some outpatient services at the prison
Department of Health and Human Services	The Victorian Government Department responsible for the provision of mental health, and through which Forensicare reports to the Minister for Mental Health.
Department of Justice & Regulation	The Victorian Government Department responsible for the criminal justice system (including prisons and community corrections).
EFT	Equivalent Full Time staffing position
EQuIP	Evaluation and Quality Improvement Program – the program by which Forensicare voluntarily undertakes continuous improvement to gain accreditation.
Forensic patient	A person detained under Victoria's mental impairment legislation – *Crimes (Mental Impairment and Unfitness to be Tried) Act* 1997
Inpatient	A person who is admitted to Thomas Embling Hospital for care and treatment.
Inpatient episodes	An episode of inpatient care that started and finished within a specific period.
Justice Health	An independent business unit established within the Department of Justice & Regulation to manage health services across the justice system.

Glossary cont

Marrmak Program/Unit, Dame Phyllis Frost Centre	The specialised mental health program developed at Dame Phyllis Frost Centre, comprising a 20 bed residential program (operated by Forensicare with 24 hour psychiatric nursing staffing), an intensive outreach program and a therapeutic day program for women with personality disorders.
Melbourne Assessment Prison (MAP)	The state reception prison for men, managed by Corrections Victoria. Forensicare provides forensic mental health services at the Melbourne Assessment Prison, under a contractual arrangement with Department of Justice & Regulation.
Mobile Forensic Mental Health Service	The multidisciplinary Mobile Forensic Mental Health Service, based at Metropolitan Remand Centre, which commenced operating in January 2015.
National Safety and Quality Health Service Standards	National accreditation standards set by the Australian Commission on Safety and Quality in Health Care that drive the implementation of safety and quality systems and improve the quality of health care in Australia. These standards were implemented in all public health services on 1 January 2013.
Non-custodial Supervision Order	An order made by a court following a finding that a person is permanently unfit to plead or not guilty by reason of mental impairment. The order enables the person to live in the community subject to conditions set by the Court, which are supervised by a mental health service. Forensicare supervises all clients with a mental illness on these Orders in Victoria.
Occupied bed days	Total number of patients in Thomas Embling Hospital in a given period.
Outcome	Results that may or may not have been intended that occur as a result of a service or intervention.
Primary consultation	The provision of clinical advice to a service on an identified client or patient.
Ravenhall Prison Project	The new prison that is to be built at Ravenhall, in which Forensicare is to provide specialist forensic mental health services.
Recovery	A contemporary approach to mental health care which is based on individualised care that focusses on strengths, hope, choice and social inclusion.
Seclusion episodes	A single event of sole confinement of a patient to address imminent and immediate harm to self or others.
Separation/Discharge	The completion of an episode of care and the patient/client leaves the organisation.
Statement of Priorities	The annual planning document detailing Forensicare's performance deliverables and measures that is agreed between the Board and the Minister for Mental Health.
Statutory requirements	Any requirement laid down by an Act of Parliament.
Thomas Embling Hospital	Forensicare's 116-bed secure inpatient facility.
Victorian Public Sector Commission	The Agency established to strengthen the efficiency, effectiveness and capability of the public sector in order to meet existing and emerging needs and deliver high quality services.

The Victorian Institute of Forensic Mental Health acknowledges the support of the Victorian Government

Service Locations

Thomas Embling Hospital
Yarra Bend Road
Fairfield Vic 3078
Australia

Tel 61 3 9495 9100
Fax 61 3 9495 9199

Community Forensic Mental Health Service
505 Hoddle Street
Clifton Hill Vic 3068

Tel 61 3 9947 2500
Fax 61 3 9947 2599

Forensicare Prison Mental Health Service
Melbourne Assessment Prison
317 Spencer Street
West Melbourne Vic 3003

Tel 61 3 9321 4250
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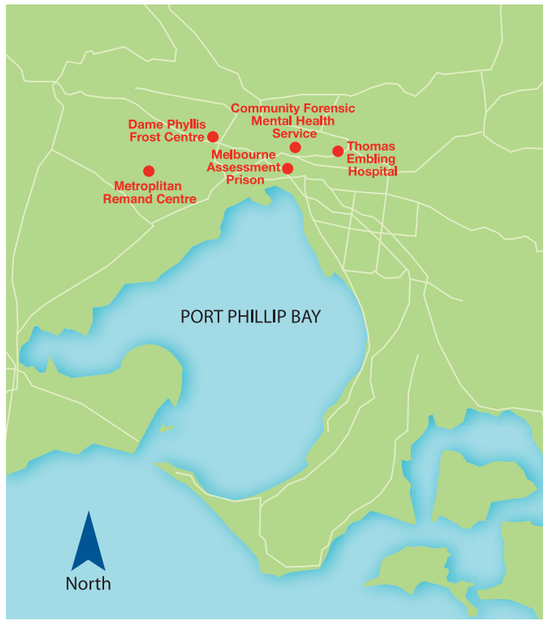

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