REPORT ON

REVIEW OF HOSPITAL SECURITY SYSTEMS,
ROYAL DARWIN HOSPITAL

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supported by
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Abbreviations Used in this Report

ACHS The Australian Council on Healthcare Standards
AIMS Australian Incident Monitoring System
AS Australian Standard (Standards Australia)
CNM Clinical Nurse Manager
CNC Clinical Nurse Consultant
CCTV Closed circuit television
DHCS Department of Health and Community Services (Northern Territory)
          [now DHF]
DHF Department of Health and Families (Northern Territory)
EA Extensive Achievement [5]
ED Emergency Department
EQiUP Evaluation and Quality Improvement Program [5]
HCSCC Health and Community Services Complaints Commission (Northern Territory)
ID Identification (Identification passes or badges)
ICU/HDU Intensive Care Unit/High Dependency Unit
LA Little Achievement [5]
Lingard/ Kenneth Lingard (2002) Security Audit: Royal Darwin Hospital
Lingard Reports Kenneth Lingard (November 2007) Royal Darwin Hospital Security Review
Reference Documents

A number of standards and documents have been referenced in this report. A reference list for these documents is found on pages 10-11 of the report.
Executive Summary

Part 1 of this review focuses on the adequacy of security arrangements in place for the paediatric areas of Royal Darwin Hospital, and in particular the Paediatric Wards, by reference to relevant Australian Standards. The review focuses upon the extent to which recommendations made by the Health and Community Services Complaints Commission (HCSCC) report of November 2008 have been implemented. This report arose as a result of the Commissioner's investigation into the sexual assault of a baby in the Paediatric Ward of the Royal Darwin Hospital. These recommendations include an assessment of progress with implementation of two previous security audits of the Hospital in 2002 and 2007 by Mr Ken Lingard, a recognised hospital security expert.

This Stage 1 review of progress in implementing the HCSCC recommendations confirmed the following:-

(i) Significant progress has been made in the implementation of all recommendations relating to RDH security, especially in the paediatric areas. It is estimated that some 70% of all recommendations from the above reports have been implemented. Staff and contractor levels of security awareness within the Hospital have been raised considerably. Paediatric Ward staff now receive security briefings in Ward orientation training in addition to Hospital-wide orientation training.

(ii) Paediatric staff are aware of current security policy and procedures. Security practices observed during Ward inspections are consistent with those policies and procedures to the extent that available technology allows.

(iii) The executive of the Hospital and the Security Manager, together with relevant patient safety and quality personnel, clinicians and the Manager, General Services, are all placing a great deal of emphasis on the implementation of those security recommendations that require further time to complete necessary action.

(iv) The review into security in the Paediatric Wards and other paediatric areas highlighted a more widespread systemic need throughout the Hospital to continue to progress improvements already under way in:-

• policy review, dissemination, revision and feedback processes;
• the development, formalisation and dissemination of practice to reflect policy;
• enhancements to the risk assessment, incident reporting and management, complaint management and root cause analysis processes within the Hospital;
• the enhancement of security training, the verification of training and the audit of systems and practices which should become part of routine operations across all clinical and operational areas of the Hospital;
• the embedding of continuous improvement into these systems and practices.

(v) In respect to paediatric security arrangements, these meet, in the majority of cases, relevant Standards specified, with continuing work required in certain areas highlighted in this report.

(vi) The DHF is actively pursuing recommendations in respect to endeavouring to negotiate compensation and conducting meaningful assessment of the policy of 'open disclosure' in the event of clinical error or omission.

(vii) The Health and Community Services Complaints Commissioner's intention that the publication of the report would cause DHF and RDH to give higher priority to improving its risk management and security procedures has been achieved, and there is evidence that this emphasis is ongoing throughout the Hospital campus.

(viii) The Hospital has placed its budget request for security related Minor New Works within the 2009/10 budget estimates to complete implementation of the remaining 2002 and 2007 Lingard Report recommendations.

(ix) The HCSCC Commissioner's recommendations that are not yet fully implemented in most cases require systemic improvement and a deal of time and effort by all staff within paediatric and other areas of the Hospital and will be subject, as well, to two other separate independent reviews of governance arrangements and complaint management and open disclosure arrangements currently under way.

(x) Stage 2 of this review will build on Stage 1 and contain more comprehensive findings in respect to the overall Royal Darwin Hospital precinct and the adequacy and need for additional security arrangements. It will also assess the relevance of Stage 1 paediatric security findings for other Northern Territory public hospitals.
(xi) An action plan and monitoring arrangements will be recommended in the Stage 2
report to ensure that the Hospital General Manager, the Chief Executive, DHF, and
the Minister for Health are well informed of progress and can monitor continuing
improvement.

Specific Recommendations

**Paediatric Procedures and Training**

(i) That greater emphasis on patient vigilance and specific responses to abduction
should be incorporated in Ward-based training material and in information provided
to parents.

(ii) That proactive risk assessments be continued at a Ward level including
documenting reasons if it is not considered appropriate to adopt Australian
Standards including, for example, the means of identification of newborns.

(iii) That comprehensive Ward-based records of training and development for staff be
maintained including results of assessment and/or audits and confirmation of
feedback being given to staff, until such time as the Hospital-wide integrated system
is developed.

(iv) To ensure that casual and agency staff all receive necessary emergency and
security training before they commence work on any Paediatric Ward.

(v) That a current list of visitors to be denied access and to be granted access to
Wards be kept at the nurses' station adjacent to the intercom and electronic access
system.

**Technology and Staffing Issues**

(vi) Install alarms on all entries and exits to Paediatric Wards operated by swipe cards
to ensure they are not left open at any stage.
(vii) Trial "take own leave" prevention arrangements including wandering alarms and/or securing exits to the Wards so that patients and/or their carers do not leave without the knowledge of clinicians and an opportunity to counsel at risk patients to remain in the Hospital's care.

(viii) Review and, where necessary, change the position of the intercom and access controllers operated by the Ward Clerks so that they are conveniently located for use when sitting at the nurses' station.

(ix) Review staffing requirements on the Paediatric Wards, to include review of nurse to patient ratios for periods of high patient occupancy, the extent of supplementary Ward Clerk type coverage for evening visiting times and to review the classification of permanent Ward Clerk positions in view of the increase in responsibilities for security now assumed by these positions.

(x) Formally advise staff on duty in Ward 5B at the time of the 2006 incident of the outcome of the police investigation.

**Hospital-wide Security Issues**

(xi) Ensure security policies and procedures are properly integrated and developed into a mandatory training program to be delivered to all existing Hospital personnel by 30 June 2009.

(xii) Integrate the security policy review and enhancement into the overall Hospital policy and procedure review, enhancement and database development process (by December 2009).

(xiii) Ensure proactive security risk assessments and management plans are informed by, and integrated with, incident and complaints management and root cause analysis processes and coordinated through the Clinical Safety and Quality Manager for appropriate dissemination to Hospital personnel. (The legal issue of ensuring absolute privilege relating to root cause analysis information must be addressed.)

(xiv) Develop an integrated system or register within the Hospital to keep track of mandatory training, including security training, provided to Hospital personnel.
(xv) Continue the development of aggression training modules in orientation and subsequent in-service training and record attendance at these mandatory sessions in the register.

(xvi) Review the classification level of the Security Manager position as a matter of priority.

(xvii) Ensure that all casual and agency staff engaged by RDH to work in any area receive necessary security training before they commence work.

(xviii) Develop a proforma security and risk assessment report to be delivered on a trial basis by 31 March 2009, and thereafter at quarterly intervals, highlighting high and extreme risks, appropriate mitigating action taken, comment on emerging challenges and action recommended.

(xix) These reports should be made by the Security Manager directly to the executive and General Manager of the Hospital, who in turn will make this report available to the Chief Executive, DHF, and to the Minister for Health.

(xx) A quarterly report be prepared for the General Manager, showing progress in respect to all risk assessment, complaints and incident management processes and policy review and development processes being undertaken within the Hospital. This report could also include progress with implementation of HCSCC recommendations.

Departmental/Hospital Issues

(xxi) The Department's legal representative continue to actively seek an opportunity to appropriately deal with the matter of apology and compensation as soon as the other parties confirm a willingness to do so.

(xxii) Continue to pursue a workable model of Open Disclosure within a realistic timeframe.

(xxiii) Enhance levels of delegation of authority to the General Manager, RDH, with commensurate accountability considering the specific findings of concurrent governance reviews. This delegation would need to be matched with commensurate funding in respect to campus wide security initiatives.
Acknowledgement

The review team places on record our sincere appreciation to all RDH executive team members, clinical staff and other staff interviewed during this review. Without exception all were most cooperative, helpful and willing to assist despite pressures of work so evident in a very busy tertiary hospital.

Our appreciation also extends to the Department of Health and Families staff who were most courteous and helpful.

The helpful and informative briefings received from the Minister, Chief Executive, DHF, the Commissioner and Acting Commissioner of Police and Officers, the Commissioner, Office of the Health and Community Services Complaints Commission, and Director of Investigations and Legal Officers are also gratefully acknowledged.
1. **Background**

In November 2008 the Health and Community Services Complaints Commission (HCSCC) delivered a report to the Minister for Health and to the Speaker of the Northern Territory Parliament on an investigation of Royal Darwin Hospital security arrangements for the protection of children and infants.

The report highlighted that the Department of Health and Community Services (DHCS), now the Department of Health and Families (DHF), needed to ensure the implementation of effective security risk control mechanisms to minimise risk of an assault on vulnerable inpatients at Royal Darwin Hospital (RDH). The investigation led to conclusions that DHF and RDH had not complied with applicable Australian Standards in respect to paediatric security arrangements at the Royal Darwin Hospital. The Report highlighted inadequacies and failings that needed to be addressed to ensure improved security for patients in Paediatric Wards.

The Commissioner published the Report "with the hope that it will cause DHF and RDH to give higher priority to improving its risk management and security procedures".

The Minister for Health responded by requesting that an independent consultant be engaged to review the progress of implementation in relation to the Report's paediatric security recommendations, to undertake a review of general internal and external security arrangements at the RDH and of its outer buildings, and to develop a staged implementation and monitoring plan.

This review is being conducted at the same time as two other reviews pertaining to Hospital governance. One concerns overall management and governance to address, among other things, issues in the HCSCC report. The other concerns the governance of complaints and issues involved in the adoption of the open disclosure principle.

In commissioning this review, the Minister, through the Department of Health and Families, seeks to ensure the effective and efficient operation of RDH's in-house security systems;
that Hospital-wide patient, staff and visitor safety is of an acceptable standard; and that the buildings and assets of the Hospital are secure. Specific objectives of the review form Attachment 1 and briefly involve the following tasks:-

(i) Review the progress of implementation in relation to the HCSCC "Report on Investigation of Royal Darwin Hospital Security Arrangements for the Protection of Children and Infants" security recommendations and the RDH response to the 2002 and 2007 Lingard Security Review Reports; and


(iii) A number of other specific aspects of security at the Hospital including the Emergency Department; building and assets security (especially security arrangements after hours); the coordination of security arrangements including in-house Security Officers, the role of the Hospital based Police Constable; and the overall coordination of security for the campus for the protection of all patients, staff, building and assets.

The review report will be produced in two parts:-

1. Findings in respect to Terms of Reference (i) and (ii) above to be submitted in draft form by 29 January 2009, with final Stage 1 report in early February to facilitate a response to the HCSCC.

2. Findings in respect to all Terms of Reference and specific action plan and monitoring arrangements to ensure security arrangements at RDH are of an acceptable standard having regard to all relevant published security Standards. The Stage 2 report will also assess the relevance of RDH paediatric security findings for other Northern Territory public hospitals.
2. The context of Royal Darwin Hospital where the sexual assault of an infant in the Paediatric Ward occurred

The Royal Darwin Hospital is the only tertiary referral hospital in the Northern Territory, and is a recognised Trauma Centre for Northern Australia. It is a busy acute hospital of some 350 beds with growing workload, some 60,000 Emergency Department patients each year and hospital admissions in the Paediatric Wards (excluding maternity) of some 1,660 patients annually. The Hospital employs some 1,800 personnel and utilizes a broad range of contract services.

The Hospital has a sound reputation in respect to its emergency response and clinical treatment, most recently highlighted in respect to patients cared for from the high profile terror-related incidents such as the Bali bombings and the more recent admission of East Timor’s President. The Hospital’s patient load comprises some 70% of indigenous patients, who are referred for care from many parts of the Territory including the most remote decentralised communities. Many of these patients communicate only in their own language, whilst others have English as a second or third language. Because of its unique geography, the Territory through its acute hospital in Darwin deals with a range of clinical conditions not encountered in other parts of Australia. It is the only or 'last resort' tertiary acute hospital in the Northern Territory.

Some observations made about the Hospital that are relevant to this review of security arrangements are:-

- The main hospital tower in which the Paediatric Wards are positioned is now some 30 years old. This tower block design is an exact replication of a hospital in the ACT that was built and commissioned in the early 1970s, with the design concepts imported from Canada. It is a hospital building more suited to a colder climate and larger urban centre rather than the contemporary needs of the Territory’s residents.

- Newborns, children and adolescents are an important part of the work and care responsibilities of the Hospital. Children are primarily accommodated as inpatients in:-
  - Ward 5B – General Paediatric Ward
- Ward 7B – isolation paediatric facilities
- Special Care Nursery on Level 6
- Ward 6A – nurseries (inborn) as part of Maternity Unit.

- Children are also cared for in other major units in the Hospital such as the Emergency Department, Rapid Admission Unit etc, all of which were visited as part of this review.

- Indigenous patients, especially those from remote communities, almost universally are reported to find the appearance, structure and layout of this hospital uninviting and even frightening and unlike any experience they have had of other buildings or health facilities which are often located in other Territory towns and very remote communities.

- It was also noted and reported that indigenous patients dislike the internal surrounds of the Hospital, feel uncomfortable in the closed, high-rise, air-conditioned environment, and often seek more familiar open air surroundings external to the main hospital building where they can gather and converse with family groups.

- In respect to the Hospital and its security, there are obvious difficulties in convincing sick or "at risk and needy" indigenous patients to seek support and help from the Hospital in the first instance. Many patients are distrustful of such environments. Once they are admitted there is further difficulty from a security stance of encouraging them to remain at the Hospital for the full length of their advised clinical stay to effectively treat their condition.

- The incidence of patients taking their own leave from the Hospital without seeking formal discharge and without advising staff of planned absences from Wards, is reported to be a regular occurrence.

- Patients regularly seek to spend time outside the buildings and it is pointed out by clinicians, that such time can form a useful part of the healing or rehabilitation process.

Clinicians at the Hospital, across a range of clinical disciplines, highlighted and emphasized that they have endeavoured over recent years to encourage people to come to the Hospital for treatment when they are ill, and to remain at the Hospital until their clinical condition or care needs are satisfactorily addressed.
Clinicians fear that an over-emphasis on security, and the introduction of further restrictive arrangements that might make the appearance of the current building, its surrounds and internal corridors even more daunting and "prison like" than at present, would not be in the best interests in encouraging and ensuring safe and optimal health care when patients require hospital admission. Moreover, they point out that a hospital environment for good clinical care must take into account the patient's holistic healthcare needs as well as patient security requirements, and a balance must be obtained.

The review noted these issues, and also through inspection of many areas within the Hospital, of the intense clinical pressure with which the Hospital contends. The staff universally displayed a high level of commitment and dedication to their roles, and a very genuine and observable caring approach to patients of all backgrounds and needs in the facility.

Whilst staff acknowledge the need for effective security arrangements at the Hospital, especially for paediatric patients, they rightly point out that security risks need to be properly assessed in the context of other patient and staff risks, and that security responses should be measured and appropriate.

This review wishes to acknowledge that RDH staff consistently expressed a view that the security deficiencies highlighted through the HCSCC investigation of the 2006 Ward 5B incident were very real concerns but did appear to have been unnecessarily sensationalised. They expressed concern that the widespread publication of such comments may seriously erode the community's confidence in the Hospital. They point out that:

(i) All Northern Territory residents and others depend on this Hospital.

(ii) The clinical and executive teams at the Hospital are now quite different to those in place in 2006. There is a history of high turnover and difficulty in recruiting senior experienced clinicians, other specialists and administrators to the Hospital. The Hospital has only recently secured the services of a permanent Medical Superintendent and Clinical Safety and Quality Manager.
To this point the Hospital has been without a Director of Nursing for some years.

(iii) A great deal of effort has been, and is being, placed on security improvement throughout the Hospital and especially in the Paediatric Wards. The executive and management team are taking this responsibility seriously.

(iv) The security function which was a traditional patrol and advice function of one officer in 2000 is now a 17 person unit with security policies and procedures an integral part of Hospital policy and practice.

(v) The investigation by the HCSCC was conducted by contact with only a small group of DHF and RDH personnel. In the case of RDH personnel, they were attending to clinical duties whilst endeavouring to respond to the investigation. Failure in communication contributed to the Hospital’s ineffective response to the investigation.

(vi) More than 20 external reviews have been conducted into Hospital operations in recent years, in reaction to past critical events.

(vii) The Hospital executive are of the view that the priority should now be to move forward with implementation of a broad range of systemic improvements in quality and safety throughout the Hospital. Further reviews focussing on past or superseded practice would again shift the focus to past events and distract scarce resources from this essential reform task.

The review team noted these comments. They have relevance. However, they did not influence the gathering or review of evidence and operation of Hospital security related policy, practice and intention as required in this independent objective review.
3. Relevant Standards

It is an important feature of most complex organisations that they operate within a framework of legislation, regulation, standards, policies, codes of practice and industry guidelines. A systemic approach to achieve quality of care based on best practice guidelines has been proven to be an essential part of the delivery of effective healthcare programs.

In the acute hospital setting, these references and tools are provided or mandated through legislation, regulation, relevant functional Standards and duty of care and professional practice, quality initiatives and contractual requirements.

In the November 2008 report on Royal Darwin Hospital’s security arrangements, the Commissioner identified some of the most relevant standards and guidelines that relate to security, safety and complaint management in the hospital setting. They are outlined at the end of this section (References 1 to 4). The Commissioner’s report uses these guidelines to test and evaluate the organisation and management of paediatric security at the Hospital as part of a complaint investigation and as the basis for a series of recommendations aimed at improvement and enhancement of patient, staff and visitor security and safety within Paediatric Wards at the hospital.

The Commissioner’s report also confirms that the Royal Darwin Hospital contracts to participate in the accreditation program of the Australian Council on Healthcare Standards (ACHS)[5], the national body providing standards review and consultation program in most hospital and health care facilities. An appropriate way to address the approach for the application of standards and guidelines in relation to risk and surety management at the hospital is through the ACHS framework. The ACHS framework offers a number of advantages including:-

- The ACHS accreditation program and approach has been contracted into Royal Darwin Hospital for many years and staff, whether working at RDH or previously at other Australian hospitals, will be familiar with its role, function and approaches.
• The EQuIP 4[5] program, within the ACHS framework, provides its own series of standards and criteria relating to risk and security[6, 7]. It places emphasis on risk assessment and management.

• The program uses an evidence based approach – identifying and responding to the most recent evidence on the best ways to provide and improve health services (legislation, national standards, research, professional groups' standards and codes of practice, State/Territory Health Department policies and guidelines, national and regional health services delivery plans and strategies etc).

• Hospitals "...will implement the elements in a way that best suits the manner in which they deliver care." (p.12)-[5]

• Within the EQuIP 4 framework an approach is provided and advocated that enables the integration and thinking about risk management together with the many clinical and non-clinical aspects involved in the delivery of sound patient/consumer care.

Royal Darwin Hospital holds full accreditation status with ACHS. In accepting the ACHS accreditation program, RDH contracts to follow 13 relevant Standards and 45 criteria that are used nationally.

For example, ACHS Standard 3.2 specifies "that the organisation maintains a safe environment for employees/patients and visitors".

The criterion for this Standard is 3.2.5 – "Security Management supports safe practice and a safe environment". (It is noted that this is not one of the 14 Mandatory Criteria as is, say, Emergency Management. Mandatory Criteria are those where an ACHS rating of Moderate Achievement (MA) or higher is required to gain or maintain ACHS accreditation.) The Standard then requires a certain level of awareness in respect to security within the organisation (including one organisation-wide security policy) and a certain verified level of implementation, eg to achieve an SA rating – indicating "some level of achievement" in respect to the following:-
(a) There is an organisation-wide system to assess security risks, determine priorities and eliminate risks or implement controls.

(b) The system to manage security risks and violence and aggression prevention operates with reference to any relevant:

(i) Australian Standards

(ii) State/Territory legislation

(iii) Codes of Practice

(iv) Industry guidelines.

(c) There is an organisation-wide violence and aggression prevention program.

(d) Service planning includes strategies for security management.

(e) Staff are consulted in decision making that affects organisational and personal risks.

(f) Security management plans are coordinated with relevant external authorities.

The ACHS system seeks to encourage progressive improvement in the level of achievement from Low Achievement through to Outstanding Achievement. The decision whether to grant full accreditation is based on a holistic assessment against all of the Standards and the mandatory and other criteria taking into account the level of achievement on all of the criteria and the elements within them.

In essence, it would be quite feasible to receive full accreditation when a number of non-mandatory criteria are rated as only "Some Achievement".

The Hospital may draw upon a range of Standards [1, 2, 6-9] in setting policies and procedures relating to risk management, security, safety, buildings and environment management and patient care. A key feature of these processes is the need to approach the adoption of Standards and the formation and adoption of policies and procedures with recognition that this wealth of Standards and guidelines must be utilised where they are applicable, effective, adaptable and proportionate relevant to the level of assessed need or risk.
Decisions on the degree of adoption will be guided by legislation and the experience of staff from multidisciplinary backgrounds in formally reviewing and determining what would constitute prudent practice at the Hospital. These decision making processes should be documented, ie a prudent approach would be to record instances when a suggested element was not appropriate. For this element, the Hospital's assessment should either confirm that there is limited risk and that no action is required, or reveal how it proposes to manage higher levels of risk in an alternative more appropriate way.

The series of Standards and guidelines relating to hospital security used in Australia are both contemporary and consistent with those found in other countries[10, 11].

In the delivery of hospital care there is an ongoing prioritisation of resources (expertise, time, materials, facilities, funding) between clinical and non-clinical aspects of direct and indirect patient care. The findings and recommendations of this review are set in this dynamic complex environment with a key focus on proportionality as it relates to risk and security management at RDH.

References


4. **Overall Review Findings**

Part 1 of this review focuses on the adequacy of security arrangements in place for the paediatric areas of Royal Darwin Hospital, and in particular the Paediatric Wards, by reference to relevant Australian Standards. The review focuses upon the extent to which recommendations made by the Health and Community Services Complaints Commission (HCSCC) report of November 2008 have been implemented. This report arose as a result of the Commissioner's investigation into the sexual assault of a baby in the Paediatric Ward of the Royal Darwin Hospital. These recommendations include an assessment of progress with implementation of two previous security audits of the Hospital in 2002 and 2007 by Mr Ken Lingard, a recognised hospital security expert.

This Stage 1 review of progress in implementing the HCSCC recommendations confirmed the following:-

(i) Significant progress has been made in the implementation of all recommendations relating to RDH security, especially in the paediatric areas. It is estimated that some 70% of all recommendations from the above reports have been implemented. Staff and contractor levels of security awareness within the Hospital have been raised considerably. Paediatric Ward staff now receive security briefings in Ward orientation training in addition to Hospital-wide orientation training.

(ii) Paediatric staff are aware of current security policy and procedures. Security practices observed during Ward inspections are consistent with those policies and procedures to the extent that available technology allows.

(iii) The executive of the Hospital and the Security Manager, together with relevant patient safety and quality personnel, clinicians and the Manager, General Services, are all placing a great deal of emphasis on the implementation of those security recommendations that require further time to complete necessary action.

(iv) The review into security in the Paediatric Wards and other paediatric areas highlighted a more widespread systemic need throughout the Hospital to continue to progress improvements already under way in:-

- policy review, dissemination, revision and feedback processes;
• the development, formalisation and dissemination of practice to reflect policy;
• enhancements to the risk assessment, incident reporting and management, complaint management and root cause analysis processes within the Hospital;
• the enhancement of security training, the verification of training and the audit of systems and practices which should become part of routine operations across all clinical and operational areas of the Hospital;
• the embedding of continuous improvement into these systems and practices.

(v) In respect to paediatric security arrangements, these meet, in the majority of cases, relevant Standards specified, with continuing work required in certain areas highlighted in this report.

(vi) The DHF is actively pursuing recommendations in respect to endeavouring to negotiate compensation and conducting meaningful assessment of the policy of 'open disclosure' in the event of clinical error or omission.

(vii) The Health and Community Services Complaints Commissioner's intention that the publication of the report would cause DHF and RDH to give higher priority to improving its risk management and security procedures has been achieved, and there is evidence that this emphasis is ongoing throughout the Hospital campus.

(viii) The Hospital has placed its budget request for security related Minor New Works within the 2009/10 budget estimates to complete implementation of the remaining 2002 and 2007 Lingard Report recommendations.

(ix) The HCSCC Commissioner's recommendations that are not yet fully implemented in most cases require systemic improvement and a deal of time and effort by all staff within paediatric and other areas of the Hospital and will be subject, as well, to two other independent reviews of governance arrangements and complaint management and open disclosure arrangements currently under way.

(x) Stage 2 of this review will build on Stage 1 and contain more comprehensive findings in respect to the overall Royal Darwin Hospital precinct and the adequacy and need for additional security arrangements. It will also assess the relevance of Stage 1 paediatric security findings for other Northern Territory public hospitals.
(xi) An action plan and monitoring arrangements will be recommended in the Stage 2 report to ensure that the Hospital General Manager, the Chief Executive, DHF, and the Minister for Health are well informed of progress and can monitor continuing improvement.
5. **Review of responses implemented or proposed by the Department of Families and the Royal Darwin Hospital in response to recommendations of the HCSCC Investigation and Report**

5.1 **Management and accountability for responses**

The Chief Executive of the Department of Health and Families has responsibility to oversee the implementation of recommendations in the Commissioner’s report and is accountable to the Minister for Health for such action. In effect, however, responsibility for implementing the Commissioner’s recommendations is shared between Royal Darwin Hospital, the Department of Health and Families, and as well (as argued in the Commissioner’s Investigation Report), the Board of the Royal Darwin Hospital.

The General Manager of the Royal Darwin Hospital and the senior executive of the Hospital and officers within DHF demonstrated to the review that they are actively accepting responsibility for implementing all of the recommendations pertaining to security within the Hospital where action was practical and feasible and within their scope of authority.

In some cases, recommendations are not considered clinically or administratively feasible and this will be noted in this review’s findings. In other cases, the Hospital must request through the Department and ultimately the Treasury, the funding necessary to deliver support service and infrastructure improvements linked to the security recommendations. A component of the Hospital’s current year’s budget request for the Minor New Works Program relates to security upgrades at the Hospital as has been the case in most years since 2002.

The HCSCC Investigation Report highlighted inconsistencies between the legislatively prescribed governance obligations of the Royal Darwin Hospital Board and its operations in practice. According to all Hospital reports, the Board has never acted as an executive governing body, but acted in an advisory role and liaison role to ensure effective
connection between the community and the Hospital. The review understands that legislative amendments are proposed to clarify the role of the Hospital Board, which will give further clarity to the governance responsibilities and accountabilities of the Department of Health and Families and its Chief Executive and the General Manager of RDH in respect to the strategic direction, policy and operating environment of the Royal Darwin Hospital.

The General Manager and executive at the Royal Darwin Hospital demonstrated to the review team during their visit, through past and current actions, that they are:-

- serious and purposeful in their intent in respect to implementing all of the relevant security related recommendations pertaining to the Hospital;

- doing all that could reasonably be expected given the context of an extremely busy acute hospital with its inevitable resource constraints. It must also be appreciated that in respect to risk assessment in a tertiary acute hospital, there will often be clinical risks that have a higher priority in respect to patient and staff well-being and safety than certain support services risks including security risks;

- in other instances such as with RDH, certain utility services and infrastructure risks (such as the recent power failures) should be afforded the highest priority.

5.2 HCSCC Recommendation 2

(Recommendation 1 of the Commissioner's Report was withdrawn as it is understood that it had been actioned prior to the release of the Report.)

Recommendation 2 states "That DHF immediately enter into negotiations with goodwill to pay compensation to the infant and her parents for the injuries she suffered".

5.2.1 The Department's response

This review was advised that the Chief Executive, DHF, has asked DHF Legal Services, in consultation with the Hospital's Medical Director, Maternal and Child Health, to enter into such negotiations.
5.2.2 Review findings
It is understood that following the release of the Report, the HCSCC appointed a Conciliator with an intention of meeting with the child's mother and representatives of the Hospital's relevant clinicians and executive to ensure that a satisfactory apology was provided to the mother of the child. The conciliation meeting did not proceed, as staff at Royal Darwin Hospital were informed by the Conciliator that the child's mother was unable to attend on the specified date.

In respect to the issue of compensation, it is understood that the Minister and the Department have agreed that compensation issues should be negotiated with the mother and her legal representative. The review interviewed the investigating officer of the Northern Territory Police Force and ascertained that from the outset of the investigation four possible causes of this offence were being investigated. These were:-

- The offence was committed by an intruder to the Ward from outside the Hospital or from another Ward within the Hospital (either a patient, visitor or member of the broader community);
- Staff may have been involved in the incident;
- A family member may have been involved;
- A patient from the same Ward may have been involved.

The Police Investigating Officer was interviewed on 16 January 2009 and advised:-

- The investigation concluded on 7 December 2006.
- The matter remains unresolved and there are no suspects at this time.
- Whilst the investigation has been concluded, it remains an open matter and can be re-activated should new information come to light.
- All staff from Ward 5B at RDH have been cleared from any suspicion.
- Staff involved have been advised by the Investigating Officer that they are not considered to be under any suspicion.
• RDH may not have been officially informed of the result of investigations. The Investigating Officer agreed to take this matter up with superiors.

The review interviewed legal representatives of the Department, who pointed out that from a legal perspective the cause of the crime had not been established and it may therefore be imprudent to accept that clinicians on-duty at the Ward at the Hospital on that evening had been negligent in their care of the child or that the Hospital in respect to the specific cause of this incident, had been negligent.

However, legal representatives for DHF have advised that they have been instructed and have endeavoured to negotiate in good faith with lawyers representing the mother but have been advised by them, as late as mid-January 2009, that the mother was still unavailable to contribute to the process. The legal representative for DHF remains willing to commence negotiations as soon as the mother’s legal representative advises that they are prepared to do so.

The review also interviewed personnel on Ward 5B (including personnel on duty at the time of this 2006 incident). Staff remain deeply concerned about what happened to this infant, and re-emphasised that they had empathetically expressed this concern and regret at the time of the incident.

The review therefore suggests:-
• that the issue of apology and compensation be dealt with at the first available opportunity, which is expected to be when the mother’s legal representative expresses a willingness on her behalf to do so.
• that the issue of compensation should be addressed by the respective legal representatives. This review has not been required to determine the merits or otherwise of compensation entitlement.
• that staff who were on duty at Ward 5B during this incident be formally advised by RDH that the police investigation has been completed and was inconclusive, but that no staff member remains a suspect in respect to this matter.
5.3 HCSCC Recommendation 3

Recommendation 3 states "That the DHF and RDH take immediate action to implement the provisions of the Open Disclosure Standard following an adverse incident promulgated by the Australian Council for Safety and Quality in Healthcare including: (a) promulgating a plan to train all staff on how to comply with the Standard; (b) developing changes to the RDH Policy and Procedure Manual to incorporate the processes for compliance with that Standard; (c) establishing a quality and assurance process to monitor and evaluate compliance with the Standard.

5.3.1 The Department’s response

The Department of Health and Families and the Royal Darwin Hospital, have not as yet adopted the Open Disclosure Standard based on their analysis and assessment of all relevant information. The Department points out:-

- Open Disclosure is an ethically sound process that frequently, but not always, helps patients accept what has occurred, clarifies remedial treatment and limits litigation.

- The process can help to reinforce appropriate incident reporting, root cause analysis and continuous improvement in an acute hospital.

- The Standard is recommended by the Commission on Safety and Quality in Healthcare for acute care facilities but there is no legislative obligation to implement the Standard.

- Implementation of this Standard is a complex matter and has not been universally adopted by tertiary acute hospitals throughout Australia at this stage.

- Certain hospitals have implemented or are trialling the Open Disclosure process.

- RDH does use parts of the Open Disclosure approach when it is considered clinically responsible to do so and in a patient’s best interest.

There are unique features in respect to acute health care delivery within the Northern Territory that suggest implementation of the Standard would need to be undertaken in a discerning way with possible variations for different hospitals or settings within the Territory. Issues involved are:-
- The intention that the clinician directly concerned with an error or omission discloses the error or omission in an appropriate manner to a patient and to their carers is difficult to implement when patients are non-English speaking, and carers in certain situations can be very large familial groups. Appropriately trained Aboriginal Liaison Officers and interpreters would be required in this process.

- The Department recently hosted a visit by a representative of the Australian Commission on Safety and Quality in Healthcare to consult with a number of communities within the Territory in respect to the Open Disclosure Standard. Community advice to the Commission during this visit is reported to have included support for the concept in some communities, support with serious qualification in others, and strong advice not to implement the policy in respect to other communities.

Traditional indigenous practice such as the time required to properly consult and disclose with large familial groups, the likely successful setting of such disclosure, and the fear of reprisals through customary law such as "pay-back" suggests that the Department of Health and Families is being prudent in properly preparing and planning for the introduction of this desirable Standard in a manner appropriate to the different circumstances that apply at different hospitals within the Territory.

The review understands that, at Royal Darwin Hospital, discretion is afforded to clinicians who endeavour now to the greatest possible extent to discuss with patients and their families the nature of adverse events should they occur, and consequent remedial, clinical and rehabilitative action that might be appropriate in the circumstances.

Aboriginal Liaison Officers can be involved in these discussions and, on occasions, the Patient Advocate is also involved.

5.3.2 Review findings
The review supports the current proposal by the Department to continue active discussion and research of this Standard in the context of various communities, with a view to trialling the Open Disclosure Standard in an appropriate form as soon as feasible in a part of Royal Darwin Hospital.
The independent governance review into complaints management and open disclosure will also provide guidance on the way forward.

The review, however, notes that it would be imprudent to endeavour to implement this Disclosure Standard without the confidence that current legislation is adequate to protect patients and clinicians. In relation to this and qualified privilege for health quality assurance, the Northern Territory does not currently have local legislation of this type but is understood to be in the process of preparing legislation for this purpose.

The delivery of patient care in the complex settings of health services means that untoward events and outcomes for patients can and do occur. The implementation of an initiative such as the Open Disclosure process needs to be part of the quality and safety agenda in the health service and also be implemented locally with great sensitivity to patient and general community needs.

Systemic approaches to quality and safety can have a very beneficial effect in limiting such errors and omissions but will never eliminate them. Successful open disclosure can form part of a protected and effective incident reporting and root cause analysis process with appropriate feedback to patients, staff and others. A trusting environment within the Hospital is another prerequisite.

The Royal Darwin Hospital is judged, relevant to other acute hospitals in Queensland and Australia familiar to the review team, to be at a stage where emphasis should be placed, and is being placed, on enhancement of risk management, quality and safety processes, procedures and practices within the Hospital. Effort should continue in this direction and not be compromised by premature intensive effort to universally implement the Open Disclosure Standard.

**Recommendation of this Review**

*That the Department of Health and Families, in consultation with the Royal Darwin Hospital and the Australian Commission on Safety and Quality, continue to pursue a workable model for implementing an Open Disclosure approach in the Territory, and*
establish a realistic timeline for the first trial of this approach accompanied by appropriate legislative backing and with implementation of the Commissioner’s recommendations in (a), (b) and (c) above. In the meantime, the approach taken by clinicians at Royal Darwin Hospital to address issues of disclosure with patients and family groups calling on Aboriginal Liaison Officers and the Patient Complaint Advocacy Officer should continue.

5.4 HCSCC Recommendation 4

Recommendation 4 states "It is recommended that the Paediatric Security Policy should be reviewed on an annual basis or earlier in the event of a security incident. The Security Manager and the Hospital Constable should be involved with the review and a report should be available for the CNC on each Ward detailing how the policy has been completed, what steps have been taken to monitor compliance with it, and the amount of training time, the content of training provided to all staff and an evaluation of their knowledge of the Policy to inform the reviewers."

5.4.1 Hospital response

RDH has recently reviewed its Paediatric Security Policy and has issued a Policy Statement, "Security and Access to Wards in the Maternal and Child Health Division at Royal Darwin Hospital". It has been released as an Interim Policy to be reviewed in February 2009.

The Hospital has committed to review the Policy annually, and has involved the Security Manager and Hospital Constable in its development. They intend to review this Policy in consultation with the Security Manager and Hospital Constable on an annual basis.

5.4.2 Review findings

The Policy referred to has been assessed and discussed with a range of personnel within the Hospital. Findings in respect to this recommendation are:-

- Section 13, Newborn and Paediatric Security of the Australian Standard for Security for Healthcare Facilities [2], suggests that healthcare facilities give specific consideration to the security of newborn and paediatric patients.
- The Royal Darwin Hospital has recently developed and instituted a Policy entitled Security and Access to Wards in the Maternal and Child Health Division at Royal Darwin Hospital.

- The Policy is an interim form and is active and is due for review in February 2009.

- Its eight provisions are consistent with elements in the Australian Standard but do not comprehensively cover all elements in the Standard. However, they were all considered when the Hospital developed its own Policy.

- The Standard provides for particular hospitals to use their judgement and discretion when developing their policies. Elements of this Standard are recommended but are not necessarily mandatory.

- The Security Manager and the Hospital Constable were involved in discussions leading to the refinement of this Policy.

- The Security Manager and Hospital Constable are now free to attend Ward-based discussions which include security issues, which are held monthly. They have an open invitation to attend and are advised of dates. They have both attended some of these meetings.

- The Security Manager and Hospital Constable are regularly consulted by members of the executive and senior team at the Hospital, especially the Support Service Manager, in respect to security issues in the Hospital.

- The Hospital does envisage that the Security Manager and Hospital Constable will continue to be involved and play an important part in review of the Policy on an annual basis for the first year or so. After this time the policy review process would occur every two years as required by the Australian and ACHS Standards.

- The Policy is being reviewed in February 2009 as aspects of the Policy are still under development in respect to the Royal Darwin Hospital.

- Permanent staff of the Paediatric Wards all receive a copy of this Policy.

- Agency staff and casuals are obliged to contact the Clinical Nurse Manager (CNM) before the start of shift so that they can be made aware of security requirements.
• Security personnel do provide random audits of security arrangements operating within the Paediatric Wards.

• The Hospital’s Orientation Program has been adjusted to incorporate aspects of security in the orientation training program for Hospital staff.

• Each Paediatric Ward has developed an Orientation Manual built around a philosophy of achieving excellence in maternal and child healthcare and the promotion of child-focused care in collaborative partnership with carers and their children.

• Orientation Manuals include emergency and security issues which are covered in Ward orientation training such as:
  o Handout of Security Policy;
  o Ward security systems – intercom – CCTV – swipe cards and authorised/unauthorised entry;
  o Need to be vigilant/aware of security issues and confront or report promptly;
  o Protocols for recording and escalating problems;
  o Duress alarm locations and emergency telephone numbers;
  o Periodic meeting and training requirements;
  o Where policies can be accessed – the range of policies available including security.

• The issue of Ward staff being able to correctly identify personnel who are to be denied entry remains an ongoing challenge. A new entry form is being printed and each patient (or carer) will nominate who can be admitted and who is to be excluded. Each patient’s form will be held in a folder adjacent to the access intercom. This system is now operational on Ward 5B.

However, as photographs of excluded persons may seldom be available, and due to the ease of a visitor stating a false name, the security access arrangements must be backed up by a close nurse/carer (patient) dialogue about such matters. For example, patients or carers should be advised to immediately summon a nurse if an unwanted visitor is inadvertently admitted.
A plan to enable restricted access vetted by Security at the main Hospital entrance will, when implemented, provide primary screening. There is, however, considered no substitute for staff vigilance, awareness of patient need and a preparedness to challenge any person believed to be unwanted or not justified being in a Paediatric Ward.

- A record is kept on the Ward to indicate that staff have received Ward orientation training, however there is no integrated RDH record of all development or training sessions attended by clinical staff and other experience gained.

- The Nursing Co-Director (Maternal and Child Health Division), in conjunction with Clinical Nurse Managers, intends to review the content of Paediatric Orientation Manuals for Ward 5B and Paediatric Wards on Level 6 and Ward 7B at the time of reviewing the Policy in February 2009.

- Staff on Paediatric Wards will be invited to contribute to the review in respect to their practical experience with the Policy, and the Security Manager will also provide advice and make final recommendations to the General Manager.

Clinicians consistently relayed to the review their concern that a far greater security risk to paediatric patients, adolescent patients and to mothers and sick babies and even mothers and carers with newborn infants, was the common practice of patients (especially indigenous) taking their own leave. Taking Own Leave is the term now adopted to cover all situations where patients leave the hospitals without official discharge and fail to return. Sometimes patients may advise the Ward that they are leaving for short periods and fail to return, whilst at other times patients may notify nobody and some time elapses before their absence is noted. On other occasions, adult patients leave the Hospital against the express advice and wishes of clinicians offered due to the risk of their clinical condition.

This practice has been the subject of research as well as recent coronial findings.\(^1\)

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As a consequence, the Department of Health and Families has recently revised the policy on Take Own Leave and issued a set of guidelines which are to be followed by the Royal Darwin Hospital and all other Territory hospitals. A flowchart of procedures to be following has also been produced for use within RDH.

The policy includes action in respect to minors missing from hospital and salutary features are:-

- Each hospital should develop and maintain its own protocols to ensure clarity of the roles and responsibilities of staff when patients take their own leave.
- These policies to be clearly documented and available.
- An appropriate risk assessment is immediately conducted when a person is thought to be missing from the Ward (including a minor).
- Appropriate search procedures are immediately undertaken in the Ward and in the Hospital and its immediate surrounds.
- The agreed protocols and priorities between the hospital and local police for patients deemed to be at risk and subsequent follow-up with police is pursued, where key at-risk categories include all minors under 18 years of age, and children removed from hospital by unknown persons.
- Should a search fail to locate the minor, then the Nurse-in-Charge of the shift will immediately inform the responsible on-call Medical Administrator and Nurse Resource Consultant/Nurse Coordinator.
- Police, guardians or parents will immediately be notified.
- All hospital personnel involved are to make appropriate recordings of action taken and in the case of the nurse on the particular Ward, detailed notes taken in the medical record of the patient, including any follow-up contact and/or action.
- The responsible medical officer must include, and is responsible for, recording the risk assessment conducted and the rationale for decisions made with regard to the search and follow-up processes including, in the case of minors, the mandatory notification of police.

The problem of patients leaving the Hospital at both Royal Darwin and in other Territory hospitals warrants special consideration. It is reported that, for indigenous patients, the
practice is commonplace across all Wards and across all clinical conditions. Clinicians point out that they can do all in their power to encourage patients to remain in hospital until their clinical condition warrants leaving. However, many patients do not accept this advice. Clinicians point out that the Hospital is a place of clinical service where patients agree to be admitted (unless restrained under legal order). Hospitals should not be a place of confinement against the will of patients. However seriously ill, 'at risk' patients pose a particular problem.

In the case of paediatric patients, a firmer regime may be warranted. From a Darwin Police Force perspective, the call on policing resources to find patients and return them to the Hospital does present a significant distraction from their other core duties.

The Hospital is contemplating a trial of two approaches in respect to the Paediatric Wards to ensure that paediatric patients remain in the Hospital's care until their clinical condition justifies discharge or their carers or parents discuss the action proposed with staff and then decide to leave and take a minor as a self-discharge without official discharge.

The Hospital intends to trial wandering alarms, a wristband alarm activated system which would sound whenever young children or newborns pass through the door of a Ward. This system has been permanently installed in some Wards (eg dementia patients) and is to be progressively extended within the Hospital, including paediatrics, should the trial prove successful. Some initial problems with faulty wrist bands due to time limitation is being addressed currently.

Another method to be trialled will use current technology and restrict access out of the Ward unless by conscious release of the door lock by a member of the nursing staff. The trials would be confined to one Paediatric Ward in the first instance to gauge impact from all perspectives.

The problem with both these systems, and to an extent, a problem with the video surveillance and keyed ingress already provided in the Paediatric Wards is that additional staff have not been provided, nor has the Hospital been funded, to supervise such security
arrangements at a Ward level. This additional supervision of significant numbers of patients and visitors involved on a daily basis does require additional staff hours per patient day. Existing security arrangements are already detracting from the Ward Clerks' current duties reportedly by up to 30% of day shift time. On afternoon and night shift, clinical staff are solely responsible, thus losing time for patient care. The Hospital must balance its clinical and security risks in determining the best approach to Paediatric Ward security. The policy it has currently developed has endeavoured to do this, but will be reviewed in February 2009 and regularly from that time as new procedures are trialled and evaluated.

Two additional areas which might be included in the security policy for Paediatric Wards relate to written advice being provided regarding carer or parent awareness and staff vigilance in respect to paediatric patients and procedures to thoroughly identify newborns and guard against abduction.

The review is mindful that the history of the incidence of security incidents with newborns and minors at Royal Darwin Hospital is reported to be very low over a 20 year period. For example:-

- No recalled instances of confusion of the identity of newborns.
- One recalled incidence of abduction where a relative was apprehended on hospital premises with a newborn (when the Hospital was an open Ward hospital).
- The incident in 2006 giving rise to the Commissioner's Investigation regarding the sexual assault of a baby in Ward 5B (where the exact cause of the harm sustained has not been determined). The injuries, although serious, were reported by clinicians to not require surgery or other significant clinical intervention.

These instances need to be contrasted to the reported higher clinical and security risk to paediatric patients through their being removed from Wards by their parents or carers deliberately, or minors taking their own leave in a way designed to evade detection by staff.
The Hospital is a place of clinical care and clinicians, in setting policy, have done all that is feasible to respect patient rights and ensure that the Hospital's security is appropriate, and not overly constraining to the extent of being regarded as a prison.

However, in the case of paediatrics, Part 2 of this review will further explore whether greater security does need to be afforded in respect to minors in RDH, especially instances where minors abscond or take their own leave.

The proposal by the Hospital to trial alarm activated bracelets [wristbands] and staff activated exit from the Paediatric Wards is commended.

The other area where the paediatric security policy differs from that recommended in the Australian Standard is in respect to the method of identification of newborns and the requirement with parents' consent for footprint records and photographs.

The Hospital has consciously considered this option and rejected it due to satisfaction with the existing identification arrangements of registration and numbered armbands, and a concern that an introduction of the system outlined in the Standard without necessary resources to support the practice, may cause staff diversion away from clinical care tasks that compromises patient safety. There is also a concern that if the suggested system is not properly implemented, then there is a greater chance for complexity and confusion in identity than that currently applying with the arm band and registration number system.

The review suggests that the RDH Clinical Safety and Quality Manager maintain a register of policy decisions made and reasons to not introduce a Standard and alternative measures taken to address risk.

In addition, the Security Manager and Clinical Safety and Quality Manager arrange for all units and Wards in the Hospital to implement appropriate means to:-

- record attendance at training programs, especially mandatory programs;
ensure staff receive all security policy and procedure updates and receive relevant recommendations from incident analyses and root cause analyses for incorporation into practice;

track results of security incidents, risk assessments, audits and follow-up action that is to be taken.

Desirably there would be one integrated hospital system to enable this as part of the quality and safety system being developed. The review suggests implementation by 31 March 2009 for Paediatric Wards, and Hospital-wide by 31 December 2009.

5.5 HCSCC Recommendation 5

Recommendation 5 states "That DHF and RDH immediately implement the recommendations of Mr Lingard's Reports of 2002 and 2007 and engage Mr Lingard to inspect and report to the HCSCC and the DHF on the adequacy and extent of action taken to implement his recommendations."

5.5.1 Context of the Lingard Reviews

There are records sighted as early as 2000 of the Manager, General Services, preparing cases for the upgrade of physical security at RDH. To give further weight to planned security enhancements, the Manager sought the Hospital's approval to engage the services of a highly regarded Health and Hospitals Security Manager from the Sydney West Area Health Service, Mr Ken Lingard.

Slower than desirable progress on implementation of some of the physical security recommendations of the 2002 Report can be explained by a lack of funding available through the Minor New Works Program for such purposes. The 2002 Lingard Review Report was circulated at the time to the executive in Royal Darwin Hospital and to the executive of the Department of Health and Community Services backed by funding submissions made through the Minor New Works Program proposals. Funding provided in the years 2002 to 2007 enabled some of the recommendations to be implemented including security access arrangements to certain buildings, some CCTV installation and
limited upgrading of the security function. On his return audit in 2007, Mr Lingard commented, "I acknowledge that significant work has been undertaken in progressing many of the initial recommendations by the introduction of technology (CCTV, target hardening of some of the premises used to provide services, introduction of procedures and the engagement of a well credentialled manager to guide the security service)".

In his 2007 security audit, Mr Lingard re-emphasised the importance of Capital Funding for upgrading security arrangements subsequent to the increased terrorist threat perceived for essential Australian infrastructure. He emphasised that the RDH was the Trauma Centre for Northern Australia and the only tertiary acute referral facility for healthcare in the Northern Territory. This year's Minor New Works budget submission contains proposals to address all of the outstanding 2002 and 2007 Lingard recommendations still considered appropriate by the Hospital's security personnel, clinicians and the executive for RDH buildings.

There are other buildings on the campus owned by other agencies including DHF and private providers. The Lingard Reports included comments regarding security upgrades for some of these buildings. Stage 2 of this review will explore the appropriate approach for these facilities.

5.5.2 Hospital response

The RDH response indicates that many of the Lingard 2002 and 2007 recommendations have been implemented, but that others are awaiting funding support and appear on the current year's Minor New Works Program Budget Request.

A recent review by the Hospital General Service Group and inspections by this review confirm that many of the recommendations have now been implemented, with the exception of some 30 items that remain on the 2009/10 Minor New Works Program proposal put forward by the Hospital to DHF. There are other recommendations relevant to buildings not controlled or owned by RDH where status of action is uncertain.
5.5.3 Review findings

- **Attachment 2** and **Attachment 3** contain summaries of Lingard recommendations with the Hospital's notation confirmed during this review regarding implementation.

- The recommendations have now all been seriously considered and, where feasible, addressed to the extent of available funds.

- There are a number of recommendations relating to broader security issues throughout the Hospital and its precincts which will receive additional consideration as Part 2 of this review, eg whole precinct security, upgrade of locks to new master keying system, any special requirements for utilities, the Emergency Department, theatres and ICU.

- The Stage 2 review will explore the most suitable way to ensure security upgrades for non-RDH facilities.

- The Minor New Works Program budget for RDH has a reported history of constraint over many years, in the context of overall available Territory resources, for the maintenance of capital assets. Many priorities must be considered and understandably security must take its place along with other Hospital priorities.

The review confirmed that the Hospital had a history of submission of requests, including security items, that could not be implemented due to funding practicalities.

The Hospital has put forward most of the remaining Lingard recommendations on the 2009/10 Minor New Works Program submission to the Department of Health and Families for consideration. It amounts to some $600,000 of a total Hospital bid of some $3.5M which is part only of the requirements for the Department of Health and Families overall. Outstanding campus-wide physical security issues that are the responsibility of RDH will be addressed in Stage 2 of this review.

It is understood that in the current economic climate budget allocations for such works will continue to be constrained for all Territory agencies including RDH. The review concludes that RDH has now implemented some 70% of all recommendations that it could reasonably address since 2002, and many of the outstanding items are in the 2008/10 Minor New Works Program request.
5.6 HCSCC Recommendation 6

**Recommendation 6** states "It is recommended that a comprehensive security and safety training package be developed and delivered to staff as soon as possible and all new staff as part of RDH orientation and unit orientation. It is recommended that the Security Manager be involved in developing the content of the program and that a refresher session be presented at least annually."

### 5.6.1 Hospital response

RDH provides a brief presentation regarding security in the Hospital and on campus at orientation for new staff. The Security Manager now has input to the development of this program, which includes a brief overview of options for dealing with aggressive behaviour exhibited by patients and/or visitors. A revised draft presentation, "Security Awareness for Employees", is being finalised for new employee induction.

The Security Manager and the Hospital's Police Constable now attend selected monthly meetings at Paediatric Ward level where security issues are discussed. They also participate in review and audit activity in respect to security arrangements for the Paediatric Wards.

Staff on Paediatric Wards have been provided with security training contained in Ward-based orientation manuals. Records are kept indicating that staff have been to general orientation training and participated in Ward-based orientation training.

There are some concerns, however, in respect to ensuring that casual and agency staff called at short notice who are new to RDH paediatric areas receive all of the necessary orientation information prior to commencing their shift.

These personnel are to report to the CNMs who provide orientation to the Ward prior to the start of shift, including security requirements. Records are kept at Ward level.
The Hospital has not yet developed a comprehensive security and safety training package and program for all of its existing 1,800 personnel. The draft program prepared by the Manager, General Services, is being reviewed by the Security Manager and relevant Quality Services and clinical educators to refine this package. Clinical Education Officers, Security Officers and some additional staff will then be trained to deliver this program to all existing personnel with a target date of 30 June 2009.

To this point of time the Security Manager and Acting Manager, General Services, have also developed in draft form a Security Officer Procedure Manual and a range of draft security policies for the entire campus. These documents, together with the draft security awareness package, existing Paediatric Security Policy and Ward-based security procedures, will provide material for the content of the awareness and training package suitable to all personnel.

It is envisaged that a component of security awareness and training will be incorporated in the mandatory training including emergency response and management, workplace health and safety issues etc, which all Hospital staff must attend on an annual basis.

The policy in respect to patients who take own leave is currently in place for the Territory network of hospitals and is supported by a specific flow chart at Royal Darwin Hospital of action to be taken in the event of patients who take their own leave from the Hospital without notifying staff.

5.6.2 Review findings
The range of security information prepared for staff training and Paediatric Ward-based security awareness and review meetings is now assessed to be satisfactory with some additional emphasis such as vigilance of and action in the event of incidents such as abduction. Vigilance must be maintained to ensure records of training are properly kept and audit results and meeting conclusions are provided to all staff on all shifts.

A 30 June 2009 timeframe to complete comprehensive security and safety training for all other existing personnel at the Hospital is realistic given the extent of sessions required.
It is proposed that the Security Manager will be involved in the review of all security programs annually. The most essential elements will be delivered as part of compulsory education and training to all Hospital personnel in future years.

5.7 HCSCC Recommendation 7

Recommendation 7 states "It is my conclusion that the installation of CCTV cameras with recording capacity within the Paediatric Wards are a priority and should be installed as soon as possible or within three months. The minimum requirements are: (a) Camera(s) to capture comings and goings at the ingress/egress points; (b) Sufficient cameras to see anybody enter a bed bay, school or fire stair from a corridor; (c) Cameras recorded 24/7; (d) Recordings to be kept for a minimum of 14 working days."

5.7.1 Hospital response

CCTV cameras have been installed and are operational as recommended in the Commissioner's Report:-

- There are two cameras in the external corridors and two cameras in the internal corridors of both Wards 7B and 5B.

- Separate access doors for staff and visitors to patients has been implemented in Ward 5B to ensure greater staff control over access and security during visiting hours.

- An additional camera has been installed in Wards 5B and 7B to cover the fire stairs.

- An additional monitor has been installed at the nurses' station in Ward 5B that enables staff at the station to monitor the cameras.

- Cameras have also been installed in Ward 6A and the Special Care Nursery.

- After some negotiation it has been agreed to place CCTV cameras in corridors in 6A, the Maternity Ward.

- Interim signage is being upgraded to permanent signage currently.

- CCTV footage is saved to hard disk and is retained for a period of 28 days.

- The Security Manager has access to all footage and Ward staff may seek access should there be a relevant security issue in a Ward that they need to follow up.
- Intercom system and CCTV enables visual identification and exchange of information prior to Ward admission.

- Interim signage is in place and is progressively being replaced by permanent signage.

### 5.7.2 Review findings

- The review confirmed that CCTV cameras are recording and have been positioned to achieve monitoring of ingress and egress points to all Paediatric Wards as required.

- That cameras to the greatest extent feasible have been installed within Wards 5B, 6A and 7B to observe people entering a bed bay and the fire stairs from a corridor. Building design presents some challenges as direct line of sight from nurses’ station to bed bays is not achievable.

- Admission of visitors is controlled by video intercom supported by the CCTV.

- Ward Clerks consider intercom units have not been placed in the best locations for easy within-Ward access and the position should be changed. Engineering Services have been notified.

- Video cameras at this stage do not show a ‘front on’ view of visitors entering the Wards. ‘Front on’ views are taken in corridors and on exiting. These are the images being recorded 24/7.

- Consideration is actively being given to alarm the fire doors should they be left open during staff access via swipe card for periods during the day.

- Fire doors are locked subject to fire alarm and/or breakage of the glass opening control during lockdown hours.

- Ingress to Paediatric Wards from the lift wells is now secure 24/7.

- Additional CCTV cameras have been positioned to include the main entrance to the Hospital, main carparks and the rear entrance, which are monitored by the Security Office on Ground Level at entry to RDH main block.

- The CCTV said to monitor kitchen access was installed adjacent to the kitchen to monitor loading dock access to the Hospital.
- Ward personnel report that there are some negative consequences of the CCTV and swipe card security system due to staff time required to now vet and admit visitors during visiting hours and vet and determine whether other tradespeople or contractors have been appropriately cleared by Engineering Services. (Ward Clerk on day shift estimates a 30% increase in workload caused by all revised security requirements. On late afternoon and night shift, clinical staff must attend to security related duties in addition to their usual workload.)

- Staff report on the positive side a greater confidence in the security of patients and a feeling of their own greater personal security as they are able to exclude access to visitors considered inadmissible by reasons of known Restraining Orders, or observed aggressive or alcohol impaired behaviour.

Additional controls have been introduced into the Special Care Nursery, to ensure that visitors are confined to two adult visitors per infant.

Swipe card access and CCTV security have improved surveillance and security of the Paediatric Wards significantly. The Security Manager and General Services are to trial alarming doors to ensure that Security is notified should any secure doors be left open for any significant period. The separation of visitor access and staff access to Ward 5B has been implemented and interim signage upgraded.

Security staff and clinicians will be monitoring the impact and effectiveness of the new security arrangements on the Paediatric Ward during the next three to four months, during which time policies, procedures and practices will be reviewed. Clinical staff are already alluding to the fact that for effective evening visitor vetting and access arrangements, some assistance at Ward level similar to that provided by the Ward Clerk during the day shift, might be necessary. This issue requires further consideration. Personnel responsible for providing or rejecting access do require information about and experience of patients and their acceptable visitors.
Security Officers are including Paediatric Wards in their routine patrols during evening and night shifts, and are noting any non-observance of security arrangements or any problems in their shift logbooks. The Security Manager is monitoring the new arrangements on a day-to-day basis to ensure teething problems are addressed adequately. Logbook records/incidents/breaches are reviewed continually and procedures revised at the next Ward/Security Meeting.

An additional issue identified is that the responsibilities of the Ward Clerks have increased. The appropriateness of classification level given this increase in work value needs to be reassessed and, if warranted, upgraded.

5.8 HCSCC Recommendation 8
Recommendation 8 states "That Engineering Services do not issue ID or passes to persons who have not provided a recent police clearance. Contractors engaged to work within RDH who do not possess a recent police clearance certificate are to be escorted by RDH staff while working within RDH."

5.8.1 Hospital response
The Hospital is currently in negotiation with major contracting organisations and individual contractors to advise them that they will require police clearances. It has been determined that a three month period at least will be necessary for contractors to achieve these clearances once their companies and/or individuals have been alerted to this requirement. For existing contracts, there may need to be some adjustment in respect to the cost of securing police clearances as an addition to agreed contract terms.

By 30 April 2009 all contractors at RDH will be expected to have a police clearance. Police clearances were obtained for permanent Paediatric Ward staff as a high priority first. All new staff being appointed to the Hospital will be required to produce a 100 point identity check and a police clearance at time of recruitment.
Obtaining police clearances for all Hospital staff is a more problematic issue. The Hospital has submitted 1,050 completed applications to the Northern Territory Police for assessment, and have been advised to hold the other 750 applications for some time pending the processing of the initial number of applications.

There is also the issue of addressing police clearances for agency and casual staff. There will also inevitably be management decisions to be made in respect to staff of the Hospital who will need to approach their supervisors and, ultimately, the Clinical Safety and Quality Manager, for decisions in respect to a rejection of a clearance request, and likely action to be taken depending on the nature of the previous criminal offence, the time since it was committed and work role and location within the Hospital.

Engineering Services is aware of the current police clearance processing time and future requirements.

As an interim measure, Engineering Services is paying special attention to any contractors destined to work in the Paediatric Wards, and are alerting personnel in the Ward when contractors are reporting for duty.

5.8.2 Review findings
On certain busy shifts, it would be impractical for Ward staff to maintain constant vigilance of contractors, and it may not always be practical for the limited number of engineering staff to do so. In respect to risk management, the Hospital is served by a number of contractors who have an extensive history with the Hospital and have demonstrated that they are personnel of high integrity and therefore of acceptable security risk to work without continual supervision for the next three months. Other contractors without an established record will be accompanied. Following 30 April 2009, all contractors will require the police clearance as recommended by the Commissioner in her Report.

The review cautions that the approach to police clearances requires careful introduction. Essential services provided to maintain Hospital operations must be performed. There will inevitably be delays in the police clearance process as Northern Territory Police have
advised the Hospital that no further clearances can be performed until the initial 1,050 are processed.

There are other related problems that need to be addressed in a pragmatic way. For example, the cancellation of usual Christmas festivity for the Paediatric Wards (eg Clown and Choir) because of concerns about a lack of police clearance seem to reflect an over-reaction to the Commission report. Certain visitors and contractors to the Hospital should continue to be admitted on the basis that they will be appropriately supervised pending obtaining police clearances.

It is clear that it will not be realistic to expect all visitors of patients in Paediatric Wards to have police clearances. All external parties could pose a risk, however the experience of the Hospital is that the risk over many years is low to medium.

5.9 HCSCC Recommendation 9

Recommendation 9 states "That an assessment be made of the frequency with which security staff devote their time to 'guarding' patients with a mental illness who may be a risk to themselves or others, the period taken to guard each person, the effect this risk has on the ability Security Officers have to carry out their duties and examine any other method or strategy for reducing the time taken on this task."

5.9.1 Hospital response

Negotiations have been continuing between Royal Darwin Hospital Emergency Department clinical staff and Top End Mental Health staff and the Security Manager in respect to improving this aspect of security. Closer working relationships have been agreed to resolve some of these problems.

The assessment of time taken has been undertaken, and there is an estimation that up to 80% of security time could be spent in the past by Security staff supporting the Emergency Department dealing with personnel exhibiting behaviour problems including high levels of aggression. Continuous monitoring will enable recording in the monthly report to the General Manager.
Negotiations have recently resulted in an agreement by Top End Mental Health to ensure that their professional staff members are promptly available to the Emergency Department to assess patients who might then be promptly relocated to the Mental Health Unit. The Director of Emergency Medicine has also agreed that the Emergency Department will assume responsibility for patients being overseen temporarily by security personnel should security personnel be called to another Hospital emergency including fire.

5.9.2 Review findings

The review observed that a range of security measures including CCTV have been installed to cover the waiting area in the Emergency Department, which is adjacent to the location of security personnel and the security counter and the front entrance to the Hospital.

The previous unreasonable time being requested of Security to guard patients exhibiting disruptive, aggressive and dysfunctional behaviour is now reported to be reducing. It is expected to reduce further as the newly negotiated agreements with Top End Mental Health take shape.

There are, however, continuing problems with members of the public who have no legitimate connection with the Hospital, accessing Emergency Department facilities after hours including the toilets. There is a problem with a preponderance of drunken and aggressive behaviour during evening and night shifts. There are beds in the Emergency Department in a reasonable location that are assigned as necessary to children. They are assessed and transferred to Wards with priority.

This review will explore alternative arrangements such as the permanent posting of Security in the Emergency Department, the role and functioning of the Hospital-based Constable, and other relevant issues such as policies in respect to separation and/or containment of disruptive patients and others and sedation policies of RDH compared with Emergency Departments of other hospitals during Stage 2 of this review.
5.10 HCSCC Recommendation 10

Recommendation 10 states "That the Quality Unit of DHF conduct a comprehensive analysis of existing RDH protocols/policies and procedures to ensure these documents meet Australian Standards. I envisage that this analysis be completed within a three month period and provided to HCSCC within that timeframe."

This review sought clarification from the Commissioner in respect to this recommendation and understands that it is intended to apply to all protocols/policies and procedures within the Royal Darwin Hospital in respect to all aspects of operation of the Hospital. The recommendation was considered necessary because of a concern that the less than satisfactory situation with RDH security policy and procedures may indicate broader systemic policy deficiencies.

5.10.1 Hospital response

The RDH Clinical Safety and Quality Manager was appointed late in 2008 and is currently coordinating a review of the Hospital's clinical procedures, and certain of its supporting service policies including security.

This review will be guided by the relevant ACHS and Australian Standards, but will appropriately account for the Royal Darwin Hospital's specific situation.

This review requires every clinical area of the Hospital and all operational areas to review their basis of practice and ensure that necessary written policies, procedures and protocols are in place. The approach will appropriately rely on the input of clinicians from all disciplines who have demanding roles in a busy acute hospital. It is considered unrealistic to expect this review to be completed within a three month period. A twelve month period is planned and considered necessary to ensure this task is performed comprehensively. A schedule of priorities has been developed and circulated.

The RDH Clinical Safety and Quality Manager has recently developed an overarching policy framework for the Hospital that can be used by all those contributing to the analysis,
which will also be guided by DHF hospital network policies and policy requirements. Reviews of Housekeeping, Catering, Engineering and Nursing Standards are complete. Drugs/Therapeutics, ICU/HDU, ED and RAPU are up to date.

The Clinical Safety and Quality Unit at Royal Darwin Hospital comprises a Manager and three other officers, who have full-time roles in respect to risk analysis, incident reporting and complaints management and coordination. Coordination, incorporation into formal policy and procedure, and documentation of outcomes of root cause analysis will also form part of this group's core functions.

The Department of Health and Families have one officer responsible for Quality (rather than a unit). This Quality Coordinator is responsible, among other things, for the development and maintenance of network policies applicable to all of the Northern Territory's hospitals. A deal of policy development at RDH and within DHF has been completed to this point, and work is ongoing. It would be difficult for this individual officer to conduct the comprehensive analysis of protocols, policies and procedures envisaged by the Commissioner in a three month period. The RDH has appointed a Clinical Safety and Quality Manager who is coordinating the review of all RDH policies during the next twelve months.

5.10.2 Review findings
At this time the Royal Darwin Hospital does not have a comprehensive and consistent centrally maintained database of policies and procedures. The approach commenced by professional clinicians in early 2008 to undertake a review and consolidation of clinical policy/procedures is commended. This is now being taken up by the recently appointed Clinical Safety and Quality Manager in conjunction with an initiative of the recently appointed Medical Superintendent and General Manager, to review, revise and consolidate all clinical policies, protocols and practices, is supported.

A realistic timeframe for this task is twelve months as existing formalised documents are in disparate forms throughout the Hospital's clinical areas. This is a large and comprehensive task. A recent initiative by the Library to acquire contemporary software will enable an effective database to be developed and maintained for RDH and for DHF.
It is now expected that policies developed within Royal Darwin Hospital that may be applicable to the Territory's other hospitals will be shared through a regular networked meeting of Hospital Managers and the Department of Health and Families (a monthly meeting in respect to common hospital challenges and operational performance including support service arrangements which include safety and security).

From the perspective of patient safety, the ACHS Standards emphasise 14 mandatory criteria, including clinical policy and practice likely to have a greater impact on patient safety than hospital security. It is evident from this review that the Hospital has taken, and is taking, a significant interest in the quality of all Hospital operations with a particular emphasis on clinical quality and safety as well as security.

Recommendation of this Review
It is suggested that a progress report be provided to the Hospital General Manager, DHF executives, the Minister and the Commissioner initially and quarterly thereafter, briefly outlining the scope of work to be undertaken and progress against that scope.

5.11 HCSCC Recommendation 11
Recommended 11 states "That the Quality Unit of DHF conduct a thorough review of RDH incident reporting practices and bring them in line with Australian Standard, particularly relating to providing to operational staff feedback about root cause analysis."

5.11.1 Hospital response
The Clinical Safety and Quality Manager, RDH, is coordinating a tender to supply a new web-based incident management system in conjunction with the Managers of other Territory hospitals. This system will replace the current AIMS manually generated and reporting system. The tender has recently been finalised and preferred offerer determined.

The Hospital is also making a concerted effort to strengthen its incident reporting, investigation and monitoring processes. The Clinical Safety and Quality Manager is
currently discussing the approach to be taken with the General Manager, the recently appointed Medical Superintendent and other acute care personnel. Enhancing the root cause analysis process is part of this initiative.

The Hospital, consistently with other acute hospitals in Australia, considers that the appropriate legislative protection and establishment of a trusting culture are necessary if incident reporting and root cause analysis is to provide meaningful information to revise Hospital practice and operational protocols and ensure the timely revision of policy when this is needed to achieve improved care outcomes.

5.11.2 Review findings
The AIMS manual system of recording and reporting incidents operates within Royal Darwin Hospital.

Like many acute hospitals, the rigour of reporting incidents is determined by:-

- the confidence that staff have of their protection and that of the information gathered during the formal reporting and analyses of incidents including root cause analysis processes;
- the emphasis and example that supervisors across all clinical disciplines set in encouraging rigorous incident reporting;
- the experience staff have through observation, informal discussion and belief in the integrity of the systems and management arrangements that support incident reporting;
- the legislative environment and experience with this environment that exists;
- the extent to which clinical demands and acute care facilities offer an environment that is conducive to staff and teams recording and analysing incidents;
- feedback to staff in respect to the outcome of this reporting and analysis process.

In the case of Royal Darwin Hospital (as is the experience in a number of acute hospitals known to the review team), incident reporting is irregular, and root cause analysis, where it is conducted, is not fully formalised as staff quite understandably have judged that the
information about likely error and omission leading to the cause of incidents is not adequately protected in respect to privilege or possible litigation of the Hospital and/or individual staff members.

The Clinical Safety and Quality Manager and the Hospital are aware of this issue and are currently in the process of formulating, with clinical staff, an improved approach which will accompany the introduction of new reporting software which should enable a higher level of incident reporting, prompt analysis, and feedback to staff and feedback to those responsible for review and refinement of policy and practice.

The development of this system to meet contemporary best practice standards will require a significant period of investment of time within the Hospital for trialling and training staff in new requirements and systems, accompanied by appropriate cultural change and legislative change.

**Recommendation of this Review**

*It is suggested that the Hospital prepare a detailed plan in respect to the strengthening of incident reporting, root cause analysis, investigation, feedback to staff and refinement of practice, and report quarterly on progress to the General Manager, RDH, and the Chief Executive, DHF, with copies to the Minister.*

5.12 HCSCC Recommendation 12

Recommendation 12 states “That RDH adequately record breaches of security to enable a meaningful analysis and to facilitate effective review of measures put in place to improve security. The data collected needs to be of a quality to ensure that there is an effective response to systemic security issues; appropriate monitoring of changes made to security and comprehensive records of breaches of security and all security inspections, the results of any action required and taken.”
5.12.1 Hospital response

It is important that incidents regarding breaches of security are properly reported in the Hospital's incident management system along with all other clinical and operational incidents. This process will be effectively implemented throughout the Hospital only as the overall system, education and training based approach to improve incident reporting and protect information concerning the analysis of incidents, those involved and subsequent recommendations are put in place.

In respect to security incidents, breaches of security arrangements in the Paediatric Wards are being recorded in two ways. Security personnel during their regular patrols maintain security logs. In these logs are details of any security breaches observed and/or detected during routine shift patrols. Breaches can be discovered by Ward staff and reported to Security, or discovered during security patrols, entered in logs and where relevant, discussed with the Ward CNM.

Information from logs is relayed back to the Security Manager and consolidated and analysed for discussion with the Manager, General Services, in RDH. Necessary action can then be followed up at Ward level.

Ward staff have been encouraged, and will continue to be encouraged, to record security breaches in the Communications Book provided at each nurses' station in each of the Paediatric Wards. Staff have been encouraged to report such incidents and CNMs are bringing any security related breaches to the attention of the Security Manager.

Wards are conducting monthly meetings to review safety and security arrangements, and the Security Manager and the Hospital Constable have an open invitation to these meetings. They attend periodically when there are issues of relevance to be discussed.

5.12.2 Review findings

The revised incident management system within the Hospital is in its early stages of development. A recent tender has been decided to acquire software to support the system. The review is satisfied that insofar as security incidents and breaches pertaining to the Paediatric Wards, these are being recorded and assessed at Ward level
(Communications Book, Monthly Meetings) and by way of Security Officers' logbooks. The Security Manager in conjunction with the Manager, General Services, and the Deputy General Manager of the Hospital, are now regularly reviewing security breaches and requirements and progress with implementation of new initiatives. They interact on a daily, weekly and monthly basis in respect to Hospital security and safety issues.

Two monthly quality and safety meetings (clinical services and support services) are being coordinated by the Clinical Safety and Quality Manager, and attended by relevant representatives of clinical and support service areas. These meetings will be the forums where the revised approach to comprehensive incident reporting and analysis within the Hospital will be developed, implemented, monitored, necessary feedback given and subject to continuous improvement.

**Recommendation of this Review**

*That security risks, incidents and breaches be incorporated as part of the overall risk and incident management system currently being developed within the Hospital.*

**5.13 HCSCC Recommendation 13**

**Recommendation 13** states "The RDH develop an appropriate security management plan for the Paediatric Ward that describes the processes it implements to effectively manage the security of patients, staff and other persons coming or within the Hospital, and the plan describe how training is to be provided, the content of the training and evaluation of the training effectiveness."

**5.13.1 Hospital response**

RDH is developing a number of security policies and procedures and many are in draft form, eg:-

- Child Safety within Paediatric Units
- Duress Alarm Policy
- CCTV and Surveillance at RDH
- Hospital Lockup and After Hours Access
- Identification and Access Cards
- Searching for Missing Patients
- Security Awareness Handbook
- Emergency Procedures
- Security Patrols
- Theft, Lost and Found Property.

A security plan will be developed when these policies and procedures are finalised. It will incorporate the most important features of the policies/procedures outlined above, together with training and evaluation intentions and security enhancement intentions.

Other policies, procedures and training materials that will be taken into account and are in place, recently developed and/or being revised include:-

- Policy on Security and Access to Wards in the Maternal and Child Health Division (Interim);
- the Security Officer's Handbook (draft form);
- security segments are now incorporated in the general Hospital induction program and a booklet and overhead presentation supports this;
- aggression management segment in the induction program, supported by training material (running for many years);
- continuation of aggression management training sessions supported by a training package on a regular monthly or fortnightly basis within the Hospital (there is a requirement to seek dedicated resourcing of this longstanding program rather than continuing to rely on acute care clinicians, however the program content is considered sound for the areas it covers);
- a range of hospital network policies for all Northern Territory hospitals which include security issues;
- Paediatric Ward based induction programs which all have paediatric security management requirements incorporated within them.

All of these policies/procedures/training packages are being reviewed to ensure they are consistent, complementary and adhere to relevant Standards.

5.13.2 Review findings
Hospital personnel have been intensively engaged in revising and developing security policy and practice manuals and reviewing induction and ongoing training requirements. At the present time, security management requirements are being adequately addressed in induction programs at the overall Hospital level and subsequently for Paediatric Wards at the Ward level. A centralised approach to deliver recurring security training including aggression management is still to be developed for all existing staff.

Monthly aggression management programs have been delivered effectively over many years by the Nursing Co-Director (Division of Medicine), and a dedicated resource is now being sought for this purpose. It is envisaged that security training be incorporated as part of mandatory training for clinicians along with life support training and emergency response training to be completed annually.

The review has seen sufficient evidence of emphasis on policy and practice manual development and preparation of accompanying training materials. Emphasis is not as yet being placed on Hospital-wide training registers, evaluation, audit or testing. The Hospital intends to focus on these issues during the next six months. Progress should be monitored and reported quarterly.

The response provided to Recommendation 5 needs to be considered with this recommendation and incorporated into the comprehensive security management training and evaluation planned for RDH.
Network policy requirements and the appointment of a Deputy Chief Executive, Acute Services, within DHF will also oversee quality, safety and security arrangements in each of the Northern Territory’s hospitals. The General Manager, RDH, will oversee the quality and safety agenda and the implementation of HCSCC recommendations.

5.14 HCSCC Recommendation 14

Recommendation 14 states "That RDH commences a proactive risk assessment that evaluates the potential adverse impact of the security for patients, staff and other persons on the Paediatric Ward."

5.14.1 Hospital response

The framework and processes for compiling and completing a Hospital-wide integrated risk register in compliance with the applicable Australian Standard (AS 4360 Risk Management) [8] has been developed. Initial proactive risk assessments and responses have been documented for the Paediatric Wards of the Hospital. It is intended that proactive risk identification, assessment and management will be integrated with incident and complaint management processes through the coordinating role of the Clinical Safety and Quality Manager.

A number of risk management workshops have been conducted by the Clinical Safety and Quality Manager for staff of the Hospital and these will continue. The Safety and Risk Management Committees (clinical and support services) are meeting monthly to consider relevant Hospital risks which comprise the full range of operational and procedural activities in this busy acute hospital, including security issues.

5.14.2 Review findings

Formalised proactive risk assessment analysis and management is in its developmental stage within Royal Darwin Hospital. Less formalised risk assessment and management has been practised in clinical areas and certain security measures were put in place as a result. For example, the decision by the Manager, General Services, to secure Mr Lingard’s 2002 services arose as a result of a broad based risk assessment of RDH security.
The frameworks and protocols prepared to assist staff in this task have been viewed and are considered appropriate. Regular training sessions are being conducted for staff to raise the awareness of the importance of risk assessment, incident reporting and management, and complaints management processes.

The Clinical Safety and Quality Manager is responsible for coordinating the Clinical Quality Committee and General Services Quality Committee on a monthly or more frequent basis when required, and is delivering a series of monthly workshops focusing on risk identification, assessment and management for key personnel.

Since the release of the Commissioner's Report, the Security Manager, the Acting Manager, General Services, and the Deputy General Manager have had numerous meetings and inspections in respect to security risk assessment and management within the Paediatric Wards of the Hospital. Security policy, practice, training, audit, review and evaluation have been enhanced significantly during the last several months.

However, proactive risk assessment processes integrated with, and informed by, incident and complaint management is not yet fully operational within Royal Darwin Hospital but is being progressed actively by the Clinical Safety and Quality Manager and Security Manager as an initiative during the next twelve months.

Formalised risk identification, assessment and treatment process formats have been developed and have been used for the identification and management of security risks in the Paediatric Wards. Application in other Wards and documentation of outcomes is planned.

Clinicians with long experience working in the Paediatric Wards offered the following comments in respect to risk identification, assessment and management, which the review supports from its own observations:-

- The 24 hour lockdown and security access to the Paediatric Wards is working as intended.
• Staff feel safer as a result of this procedure.

• Patients and their carers have adjusted to the procedure and have accommodated the requirement to press the identification buzzer and go through the video screening and communication process before admittance to the Ward. Some patients and carers are reported to have made positive comment about the greater level of security.

• Custodial care information sheets are now maintained for all children which clearly specify persons legally responsible for the patient, and the person or persons authorised to sign consent forms and take the patient on Ward leave or to other areas of the RDH campus, and persons who will take the patient home on discharge.

• Information sheets are maintained in a folder next to the intercom access button, which contain agreed visitors and excluded visitors due to Protection or Exclusion Orders or carer's request.

• The Hospital is considering introducing on the clinical record a note to the effect of visitors that the patient's carer is not prepared to have admitted to the Ward for visiting purposes. Protection or Exclusion Orders are already noted.

• All contractors must be screened through Engineering Services, sign site rules (annually) and register and receive a visitor's badge before they present to the Ward. Notification is given by telephone to the Ward Clerk during day shift hours that contractors will be presenting to perform work.

• Out of hours, a Ward Register is kept of anyone, eg emergency contractors, given permission to enter the Ward to carry out necessary works. Staff maintain oversight during their period of work on a Ward.

• Registers are not kept of visitors legitimately visiting during visiting hours. This would be a prohibitive undertaking given the large family groups and the lack of dedicated staff time to perform this role.

Discussions with staff, however, confirmed that a greater risk to paediatric patients in Royal Darwin Hospital was the practice of carers taking their own leave, or wandering away from the Wards, either with their infants or children and/or without them.
The practice occurs regularly, and in the view of clinicians and of the review team, has presented a greater risk over many years than that posed by unwanted personnel entering a Ward.

As explained earlier in this report, two options are being considered – wandering alarms as are used for patients with dementia, and closing the Ward to egress traffic other than via contact with Ward staff who would release the door for exit if appropriate. If necessary, clinicians could seek self-discharge confirmation from carers who are intent on removing children from the Ward. This may lessen time spent searching for "take own leave patients" and more importantly limit the clinical risk that children might otherwise experience.

5.15 HCSCC Recommendation 15

Recommendation 15 states "That RDH install devices within three months to record persons entering and exiting Ward 5B."

5.15.1 Hospital response

CCTV cameras operating 24/7 and retaining images for 28 days have been installed in the external and internal corridors of Wards 5B and 7B, and more recently, 6A and the Special Care Nursery.

It has been also agreed to install cameras in the corridors of Ward 6A. The cameras record digital images, which capture all those entering and leaving a Ward and the bed/bed bays. An additional camera has been installed to cover the fire stairs in respect to Ward 5B. An additional monitor has been installed at the nurses' station so that the nurses may monitor visitors to the Wards.

5.15.2 Review findings

The CCTV cameras are working as intended and Ward staff need only to contact the Security Section to retrieve images of persons entering or exiting Ward 5B. 'Front on' recorded images are not yet available on entry (side and rear shots only are recorded at
this stage). 'Front on' shots of exiting visitors are recorded as are in-Ward corridor shots. The same arrangement now applies for Ward 7B and Maternity and Special Care Nurseries and corridors of Ward 6A. Current CCTV arrangements, accompanied by video intercom, have achieved the intended purpose. There is a verified need for the RDH to upgrade its security software to enable proper integration of CCTV, swipe cards and duress alarms, and enable efficient CCTV interrogation. Recorded images of visitors entering the Wards, within the Wards and exiting the Wards are adequate to identify any particular person at a particular time.

5.16 HCSCC Recommendation 16

Recommendation 16 states "That the RDH establish a system designating one person to be responsible to track and ensure that security and safety policies are reviewed annually."

5.16.1 Hospital response

It is envisaged that the Clinical Safety and Quality Manager will ensure that all policies are reviewed regularly, including security policies (including patient, staff and visitor security policies) and practices which will be reviewed annually until new policies have a chance to work as intended. The Standards then suggest two-yearly reviews. Reviews will be undertaken by relevant personnel. Security policy will be reviewed by the Security Manager of the Hospital, with input from relevant personnel, eg the policy "Security and Access to Wards in the Maternal and Child Health Division" will be reviewed by the Nursing Co-Director (Maternal and Child Health Division), with input from the Security Manager and Police Constable. The Security Manager will ensure that all security policies and procedures are reviewed annually in the first instance and then every two years through the central coordination process controlled by the Clinical Safety and Quality Manager.

All policy reviews relevant to the broader NT Hospital network will include liaison with the Deputy Chief Executive, Acute Care, and the officer responsible for safety and quality within DHF. The Clinical Safety and Quality Manager will be the one person within RDH responsible to ensure that security and safety policies are tracked and reviewed, either annually or biennially as Standards require.
It will be the responsibility of individual clinical areas and operational areas to review and revise particular policies especially in respect to patient safety and associated clinical practice. Links with the comprehensive risk assessment, incident monitoring and complaint tracking system will also be part of this review process.

5.16.2 Review findings

The envisaged twelve month project to review all policies and procedures within RDH has commenced and the review team saw evidence of this process in action. A project team and reference group have been established, with coordination through the two Quality Committees previously mentioned. It is envisaged that the finalisation and review of all policies and practices in respect to security will be completed by 31 March 2009. The review team has had the opportunity to sight a number of draft policies in respect to security.

The quarterly review of progress reports suggested earlier would be applicable to maintain oversight of this initiative.

5.17 HCSCC Recommendation 17

Recommendation 17 states "That RDH designate a person(s) to coordinate the development, implementation and monitoring of security activities and that that person report at least annually to the Board of Management or to the Chief Executive of the Department of Health and Families."

5.17.1 Hospital response

The Security Manager at RDH is the individual responsible for implementing and monitoring security policies, operations and activities within RDH and reporting, through the Manager, General Services, and Deputy General Manager, to the General Manager of the Hospital.

The Security Manager understands that he may report directly to the General Manager about any high or extreme risk events or risk assessments as they come to hand, and
would be available at regular periods to brief the General Manager and/or the Board of Management of the Hospital.

It is envisaged that revised legislation will make it clear that the Board of Management of the Hospital is to continue to assume the role of an advisory board with the Chief Executive of DHF, through the Deputy Chief Executive being the line of accountability for the Hospital General Manager. The Security Manager and Manager, General Services, understand that they may be required to brief directly the Deputy Chief Executive or Chief Executive of the Department of Health and Families in respect to annual or more frequent briefings involving the most serious security threats or issues confronting RDH.

5.17.2 Review findings
Discussions with the Security Manager and Manager, General Services, show that they understand the nature of this role and the importance of regular reporting within the Hospital to the Deputy General Manager and General Manager, and for direct briefings at higher levels annually, or when incidents demand. The Deputy General Manager and General Manager are to receive a monthly report from the Security Manager with comment on critical indicators, security breaches and incidents, and action taken and proposed.

Recommendation of this Review
It is suggested that a proforma for a formalised report (including a Hospital security risk assessment showing any high or extreme risks and action taken or proposed) to the Hospital General Manager and to the Chief Executive of the Department be developed and trialled at the end of March 2009, and refined for regular reporting thereafter.

5.18 HCSCC Recommendation 18
Recommendation 18 states "That RDH conduct and provide meaningful and adequate education and training to staff to enable them to understand and act in an event that an incident is about to, or has, occurred."
5.18.1 Hospital response

- Evidence Kits are available to the Wards. Policy on safe handling of evidence in draft form, with input from the Hospital Constable, is under way.

- Ward orientation training programs list emergency and security responses and required phone numbers.

- General orientation training covers response to security and emergency incidents.


- Aggression management training comprises elements of response required.

- Certain elements of DHF network policy, in respect to patients who take their own leave, make requirements clear.

5.18.2 Review findings

Staff obligations in respect to incidents and their response to incidents are being incorporated in a range of policy and training material. To this point of time, comprehensive training in respect to security and to security incident responses has not been delivered to all staff across the campus. It is planned to develop an integrated package using the resources of the Security Manager, the Clinical Safety and Quality Manager, the Manager, General Services, the Hospital Constable, and the Deputy General Manager of the Hospital, and deliver this training during a six month period to all existing hospital-based personnel and to any new personnel.

The review suggests that this training be incorporated in the compulsory training for all hospital-based personnel and performed as part of this annual cycle.

5.19 HCSCC Recommendation 19

Recommendation 19 states "That RDH train staff about their role/ responsibility to be aware of and implement safety and security measures. Further, that records are held of such training and/or a log is kept of when and what security information is provided to staff."
5.19.1 Hospital response
A record is kept of all staff who undergo general orientation training before commencing work at the Hospital and then a local record of specific Ward training such as that offered for Paediatric Ward staff.

This recommendation relates to Recommendation 18 above, and records need to be kept of all specific training undertaken by existing Hospital personnel. A log of program material also needs to be kept so that the record can indicate which particular aspects of security and emergency response training have been delivered to staff.

The program needs to be incorporated into the annualized compulsory training program for Hospital staff once it is delivered as a stand-alone program for the first time.

5.19.2 Review findings
There is a need within RDH to incorporate in the personnel database details of security training received by each individual, and the date received in a similar manner to other compulsory annual training.

The central database of personnel records would ideally be available at Ward level with check lists to replace spreadsheet and manual check lists kept on some Wards now for confirmation that certain training has been given.

As an interim measure, the log of security training, timing and content may need to remain at Ward level until the HR/personnel system can accommodate requirements.

5.20 HCSCC Recommendation 20
Recommendation 20 states "That RDH arrange for all staff working with children on Ward 5B to undertake police clearance and that Engineering Services do the same for all persons who might work at Ward 5B."
5.20.1 Hospital response

All staff working on Ward 5B have undergone criminal history checks. The relevant provisions of the new Care and Protection of Children Act 2007 commenced on 8 December 2008. Pursuant to this Act it will be necessary for all staff working at the Paediatric Ward of any hospital to obtain a clearance. This involves a police check. In addition, all RDH staff working in any area of the Hospital have been asked to apply through the Quality Unit for police clearance. Some 1,050 applications have been delivered to the Police Force for checking, and the other 750 applications are being held pending advice on processing throughput for the first 1,050.

All new staff will be expected to provide 100 point identification and obtain a police clearance prior to appointment.

Contracting staff and their organisations have been advised that they will have a three month period to obtain police clearance, and the Hospital will then expect appropriate police clearance and confirmation of identity to be supplied when contractors seek approval to work within the Hospital.

The contractor issue needs to be approached carefully, as in some cases, there may be only one source of contract service to maintain essential hospital equipment and utility services necessary for the running of an acute care facility such as RDH.

The screening for permanent staff working in the Paediatric Wards is reported to have been completed and staff on these Wards have the necessary clearance. Nursing recruitment will ensure that this occurs on an ongoing basis and the Clinical Nurse Manager on Wards will ensure that agency staff are informed of, and obtain, the necessary clearance.

5.20.2 Review findings

The review notes the active work by the Clinical Safety and Quality Manager to address this issue, and progress already achieved for the Paediatric Wards.
The Paediatric Wards are considering the introduction of a register for all staff, which would obtain confirmation of their satisfying all security requirements including training and police clearances. A comprehensive proforma was provided by one of the Wards.

In respect to contractors, Engineering Services currently coordinates all visits to the site and ensures screening occurs as described in section 5.14.2 and alerts the Paediatric Wards when contractors are to attend Wards to deliver services. It will be expected that all contract staff have necessary police clearances by the end of June 2009.

5.21 HCSSC Recommendation 21

Recommendation 21 states "That RDH provide copies of the Lingard Reviews and other relevant security and safety policies and related documents to the Hospital based Constable and the DHF Security Manager. Further, that these two officers are invited, and appropriate arrangements are made, for their relief from duties to enable them to attend security or safety related meetings for all staff on all Wards at least annually or in the event of an incident."

5.21.1 Hospital response

A copy of the Lingard Reports has been made available to the Security Manager and to the Hospital Constable. The Security Manager and Hospital Constable are contributing to security related review and planning activity within the Hospital. They have an open invitation to any of the Ward based meetings or Quality meetings where security issues are being discussed. This would extend to attending meetings to review a particular security breach or incident.

The Hospital, however, points out that the Hospital Constable, under Memorandum of Understanding with the Police Force, acts primarily in a liaison role between the two organisations and performs policing related duties, eg in respect to coordinating investigations, taking statements from those involved in police investigations who may be in hospital, and ensuring the Hospital's appropriate interface with the Police Force in respect to calls for assistance and/or calls to assist with patients who take own leave.
The Security Manager position must now discharge a much higher level of responsibility and draw on a more extensive range of skills and competence to perform the role. The classification level of the position has not been reviewed in some 15 years since the security position was a one person operation.

5.21.2 Review findings

The review confirmed that the Lingard Reports have been circulated, and that the Security Manager and Hospital Constable are an integral part of the Hospital governance function in respect to security.

Both officers report that they feel welcome to attend various meetings should they be requested to do so, or should they feel that security issues need to be brought to the attention of personnel. They will be included in the review of policy and practice and in the consideration of risk assessments and incident management involving security related issues.

Safety related meetings conducted within the Hospital can be clinically focussed, concerned with acute care of patients, and patient safety in this context. Security personnel would not be involved in these meetings.

The monthly meetings of Ward staff which include discussions on safety and security issues are being periodically attended by the RDH Constable and the RDH Security Manager. DHF does not have a Security Manager, but the Quality Coordinator responsible for revision of network acute hospital policies is responsible to the Deputy Chief Executive to ensure that network policies are current and up-to-date including whole of network security policies.

The classification level of the Security Manager, RDH, does require review as a matter of priority. This officer has performed an integral role in security enhancements to date and it would be prudent to ensure that the remuneration paid is appropriate. Adequate shift supervision arrangements also need to be put in place.
Other concurrent reviews are to report on RDH governance arrangements. It was apparent throughout this review that RDH lacked the formal level of delegated authority typical of many large acute hospitals. Effective accountability processes are not in place as a consequence. This issue should be rectified in conjunction with consideration of the findings of these concurrent governance reviews.

It would be appropriate for a copy of this Stage 1 report to be provided to all relevant personnel involved with security policy and management within RDH and DHF.
6. **Strengthening and further development – achieving greater benefit from Risk and Security Standards including Australian Standard 4485.2 Security for Healthcare Facilities 1997**

This review has focussed on the key issues at RDH associated with the implementation of both the HCSCC Commissioner’s report and the Lingard security reviews of 2002 and 2007. Detail has been provided on progress achieved by RDH in the implementation of the recommendations from those reports, highlighting continuing improvement work necessary.

Specific recommendations arising from this Stage 1 report, which would assist the Hospital move to full compliance with Australian Standard 4485.2 in respect to security for the paediatric areas of Royal Darwin Hospital are as follows:-

- In respect to design of the Paediatric Wards and the capacity to have line of sight supervision of Hospital patient rooms and corridors, the design of the Hospital is not conducive for direct line of sight supervision from the Nurses’ Station to most rooms. However, the recent installation of CCTV cameras and operation on a 24/7 basis overcome this difficulty to a large extent. In the RDH master plan, provision should be made for a future Maternal and Child Health Unit purpose-built as a low-rise building.

- The review does consider that a more clearly defined procedure might be appropriate regarding the placement of children within Ward 5B, especially when the Ward is (as it frequently is) overcrowded. This procedure would ensure that the most vulnerable patients are located where they can readily be supervised by the nursing staff in a way which minimises internal risk.

- It does appear that, on certain busy shifts, the ratio of nursing staff to patients is inadequate to ensure appropriate supervision of all of the patients, and the Hospital may need to address this aspect in respect to the Paediatric Wards. (It is understood that nursing shortages are a chronic problem for RDH not confined to Paediatrics.)
- In respect to risk assessment and its linkage with incident management, complaints management and root cause analysis, there is a great deal of further work that the Hospital can do (including the Paediatric Wards), to properly coordinate and integrate these systems and the information in them. The review notes the intentions to advance this agenda by the Hospital through the recently appointed Clinical Safety and Quality Manager, who has active support in this endeavour from the Hospital executive and all senior clinicians. This initiative, together with policy review and coordination, is an immense task for a four person unit. Additional support at critical stages may be necessary to ensure full compliance with the necessary Standards.

- Whilst there is a pleasing incorporation of security related information in general orientation programs and in Paediatric Ward orientation programs, there could be further information incorporated detailing response to specific risks, such as a child abduction.

- The security sections of these Ward orientation programs could now be reviewed in line with recent upgrades to security policy and procedure manuals being prepared through the efforts of the Security Manager, Manager, General Services, and the Clinical Safety and Quality Manager. This also applies to the recording of training attended by staff, including aggression management, the evaluation and assessment of staff awareness and knowledge following training, the regular audit of security arrangements, and the process of feedback to staff and continuous improvement from the risk and incident management processes.

- The information currently provided to parents and carers in respect to paediatric patients requires enhanced information in respect to the responsibility to supervise children at all times, and for staff and carers to ensure that only those personnel properly authorised and clearly identified are able to access any paediatric patients for any purpose. Special care needs to be exercised that personnel are properly identified and authorised when paediatric patients need to be transported for clinical reason to other areas of the Hospital.
• The review has identified the need to strengthen security arrangements to prevent parents and carers taking their children from a Ward without the knowledge of Ward staff. This aspect will be further investigated during Stage 2 of the review.

• Where the Hospital considers that an element of a particular criteria or standard is not applicable to their particular organisation, the Hospital should, as part of its risk assessment process, document a brief rationale for the decision made, and note alternative arrangements thought to give equivalent security protection to paediatric patients, eg in the case of deciding not to take photographs and record footprints of newborn babies.

There are some aspects of Australian Standard 4485.2 in respect to paediatric issues which will be specifically addressed in Stage 2 of this review and these include:-

• pharmaceutical management, the management of patient records and clinical records generally;

• equipment security and asset control;

• Emergency Department protocols and practices;

• whole-of-campus security arrangements and development of security performance indicators.

The review has also confirmed a number of policy, procedure and systemic changes that have been or are being undertaken within RDH to ensure the necessary upgrading of security and risk systems; to address larger scale matters (such as the education requirements for 1,800 staff members or acquiring capital funding etc); and to ensure a sustainable culture of risk management within the Hospital.

An action plan with suggested quarterly monitoring of progress and governance arrangements will complement findings from the Stage 2 report.
TERMS OF REFERENCE

REVIEW OF HOSPITAL SECURITY SYSTEMS
ROYAL DARWIN HOSPITAL

Introduction
On 30th March 2008 an infant was sexually assaulted while an inpatient in the Paediatric Ward at Royal Darwin Hospital (RDH). The Health and Community Services Complaints Commission (HCSCC) subsequently received a formal complaint and conducted an investigation to review the arrangements in place across the hospital for the protection of patients.

In November 2008, the HCSCC Commissioner’s ‘Report on Investigation of Royal Darwin Hospital Security Arrangements for the Protection of Children and Infants’ was released. The Minister for Health Dr Chris Burns responded by requesting; that an independent consultant be engaged to review the progress of implementation in relation to the reports security recommendations; and to undertake a review of internal and external security systems at the RDH and its outer buildings.

Through this review process, the Department of Health and Families seeks to ensure the effective and efficient operation of RDH in-house security systems; that hospital wide patient, staff and visitor safety is to an acceptable standard; and that the buildings and assets of the hospital are secure.

This consultancy is regarded as essential for the assurance of public accountability within the health system and an effective quality assurance strategy. The findings and recommendations of this review will support the development of strategies to improve hospital wide security.

The Security Audit will be undertaken in two stages. The first stage will focus on objectives 1 & 2. Stage 2 will focus on objectives 3 – 7. These Terms of Reference cover both stages for the Security Audit.

Specific objectives
The Consultant will undertake the following:


2. Review the paediatric areas of RDH and make recommendations to support RDH compliance with Australian Standard 4485.2 Security for Healthcare Facilities 1997.


4. Provide an analysis of the efficiency, effectiveness and appropriateness of current security arrangements after hours including the in-house security officer service and building/asset security.

Issued: January 2009

Version: Final
5. Review the role of the hospital based Constable and make recommendations about how the role could be enhanced.

6. Recommend options for a more cohesive and coordinated approach to security on the campus for the protection of all patients, staff, buildings and assets.

7. Review RDH perimeter security as an integral component of site integrity.

Consultation
Consultation should include, but not be limited to:
- RDH General Manager
- RDH Deputy General Manager
- RDH General Services Manager
- RDH Team Leader Security Services
- RDH Clinical Safety and Quality Manager
- RDH Support Services Quality Coordinator
- RDH Governance Group
- RDH Director of Nursing
- RDH Director Medical Services and Education

Outputs
A report to the Minister and the Chief Executive of DHF summarising:
- RDH progress in relation to implementation of the security recommendations arising from the 'Report on Investigation of Royal Darwin Hospital Security Arrangements for the Protection of Children and Infants', November 2008 and the RDH response to the 2002 and 2007 Lingard Reports;
- RDH current compliance with Australian Standard 4485, 1997 and
- The findings in relation to hospital security systems and prioritised recommendations for security system improvements.

Timeframes
A summary of findings by way of a briefing paper will be provided to the Chief Executive of DHF by no later than 30 January 2009. A draft report will be provided to the Department at the conclusion of Stage 2 and a final report will be provided six weeks after the provision of the draft report.

APPROVED

Jenny Cleary
A/Chief Executive

7 January 2009
<table>
<thead>
<tr>
<th>Reference</th>
<th>Recommendations from 2002 Security Audit Report</th>
<th>Progress/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lock-down options</td>
<td></td>
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<tr>
<td>1.1</td>
<td>When an electronic locking system (access control) is installed throughout the campus, consideration (after appropriate advice from a relevant expert or fire authorities) is given to applying access control to ward areas.</td>
<td>All Paediatric Wards implemented. Tower access generally being implemented with lock-down access after hours at entrance doors to lift well adjacent to security station implemented. Signage has been installed and is to be progressively enhanced this financial year. Further risk assessment required for other Wards in main block to ascertain priority for enhancement.</td>
</tr>
<tr>
<td>2</td>
<td>Pathology Laboratory building</td>
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<tr>
<td>2.1</td>
<td>Access to the external fire stairs should be blocked by the installation of gates or doors taking into consideration the requirements of BCA.</td>
<td>Implemented.</td>
</tr>
<tr>
<td>2.2</td>
<td>Access control should be applied to the gate/door that serves the after hours entry point for call in staff as access control should be applied to all external doors where after hours or restricted entry is required. Access cards can be supplied to government contractors for mortuary deliveries and police for forensic deliveries if deemed necessary.</td>
<td>This recommendation has been implemented. External contractors enter via an intercom system.</td>
</tr>
<tr>
<td>2.3</td>
<td>Internal access control should be applied for the laboratories and sensitive areas; while this should be compatible with whatever global access system may be installed local control should be maintained by the pathology services.</td>
<td>Swipe and Intercom (Voice or keypad control) installed in the most sensitive Laboratories (PC3 and Forensic).</td>
</tr>
<tr>
<td>2.4</td>
<td>In conjunction with the access control burglary alarms need to be installed in the more sensitive areas, the alarm should be configured to turn off when the appropriate code and/or card is used to access the area.</td>
<td>PC3 Laboratory has intruder alarm and access control. Other sensitive areas not alarmed because of 24/7 operation.</td>
</tr>
<tr>
<td>2.5</td>
<td>Staff working after hours and in isolation should be provided with duress alarms that provide a man down function ie. Alarm activated if the device is off horizontal for a predetermined time. This would provide the means of summoning assistance if needed and also provide an alert if the staff member falls or is knocked to the ground.</td>
<td>This recommendation is proposed to be implemented and forms part of 2009/2010 Works Program request.</td>
</tr>
<tr>
<td>Reference</td>
<td>Recommendations from 2002 Security Audit Report</td>
<td>Progress/Comments</td>
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<tr>
<td>2.6</td>
<td>The front area where people congregate after hours should have all furniture removed, if seats are required they should be portable and taken in after hours or of a fixed short bench type that does not provide sufficient room to sleep. Installation of motion detector activated strobe lights and classical music may assist in deterring persons from using this area after hours.</td>
<td>Burnett Road facing entry foyer does not have furniture. People occasionally using covered walkway to congregate during wet season can be readily moved on to the purpose built congregating area adjacent to Pathology. This area is suited for patients and staff. It is covered by CCTV and lighting after hours. Issue has been resolved.</td>
</tr>
<tr>
<td>5.</td>
<td><strong>Locking work areas</strong></td>
<td></td>
</tr>
<tr>
<td>5.1</td>
<td>Work areas that contain sensitive operational information such as the general manager's office suite should have monitored burglary alarms installed.</td>
<td>Camera installed in Executive Rooms. Intruder alarms to be installed by June 2009.</td>
</tr>
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<td>4.</td>
<td><strong>Aggression Management</strong></td>
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</tr>
<tr>
<td>4.1</td>
<td>Continue the staff education program on management of aggression stressing that all staff have a responsibility to manage aggression.</td>
<td>A program has been running for many years. All RDH personnel receive overview at orientation and attend one of the monthly programs run jointly by DHF and RDH. Program is being re-designed and presenters being sourced as at 15/1/09. The initiative is being coordinated by the Nursing Director Education and Clinical Information and will likely involve an on-line program, external and RDH Security Manager deliver.</td>
</tr>
<tr>
<td>4.2</td>
<td>Ensure staff training includes management of self behaviour so as not to create or further inflame aggressive situations.</td>
<td>As above – it has and will continue in new program. Patient’s file or clinical record noted – could be noted as another flag on front of file with take own leave noting.</td>
</tr>
<tr>
<td>4.3</td>
<td>As the only predictor of future aggression is past aggression it is important to ensure an alert mechanism is in place so staff know the patient/client has displayed past aggression.</td>
<td>As above.</td>
</tr>
<tr>
<td>4.4</td>
<td>Continue to encourage staff to report aggression to the police and support them through the judicial process when necessary.</td>
<td>As above.</td>
</tr>
<tr>
<td>4.5</td>
<td>Publish patients' rights and responsibilities and RDH's zero tolerance of aggression in patient information brochures and preadmission documentation, have brochures available at staff patient contact points.</td>
<td>As above. Has been included – Hospital, Paediatric Wards.</td>
</tr>
<tr>
<td>4.6</td>
<td>Engage Territory Health in a broader media campaign against aggression in the health care work place; ensure the anti aggression message is not confined to remote and indigenous communities.</td>
<td>DHF raises issue through pamphlets and media when opportune. To be discussed with DHF in Stage 2 of this review.</td>
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<tr>
<td>5.</td>
<td><strong>Swipe/smart card technologies</strong></td>
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<tr>
<td>Reference</td>
<td>Recommendations from 2002 Security Audit Report</td>
<td>Progress/Comments</td>
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<tr>
<td>5.1</td>
<td>[summarised] Engage a consultant to produce a plan and costs on the staged introduction of access control with nominated priority areas. Manage the access system through security services.</td>
<td>Completed in paediatrics and other priority areas of Hospital, eg pathology. All Wards in main block and other campus facilities will be completed by December 2010. Implementation under way.</td>
</tr>
<tr>
<td>5.2</td>
<td>The access system can be used to monitor door open alarms where people jam doors open so as to be able to return inside. Jamming doors open will not be necessary for staff who should have a valid card for areas they have permission to enter.</td>
<td>Door open alarms not yet fitted – agreed for paediatric doors and fire doors. To be implemented by June 2009.</td>
</tr>
<tr>
<td>5.3</td>
<td>In conjunction with access control small video intercoms that allow remote opening of electronically locked doors should be considered for some operational areas and in some areas these will be needed to meet BCA requirements. Small intercoms can be configured so one receiving station can open several doors or the intercoms at doors can be received at more than one receiver, this will allow versatility in placement. These types of systems will also allow staff to vet who is requesting access into their work environment, this is extremely important in preventing unauthorised access.</td>
<td>Completed in paediatrics and program ongoing subject to funding.</td>
</tr>
<tr>
<td>5.4</td>
<td>As the functionality of the access system is extended across the campus then burglary and duress alarms should be considered where appropriate.</td>
<td>As above. Are being installed eg Paediatrics and Person Down Duress Alarms also being considered for staff working remotely – request in 2009/2010 program.</td>
</tr>
<tr>
<td>6.</td>
<td>Technology interface to CCTV – no recommendations</td>
<td></td>
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<td>7.</td>
<td>Technology interface to pager and BAMS systems – no recommendations</td>
<td></td>
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<tr>
<td>8.</td>
<td>Restraint used by security officers</td>
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<tr>
<td>8.1</td>
<td>Training be given to Security Officers on the correct use of patient restraints, training to be recorded in the departmental training register and included in the list of competencies required by Security Officers.</td>
<td>This recommendation has been implemented and is ongoing with all new Security Officers. Progressively being implemented for existing officers.</td>
</tr>
<tr>
<td>9.</td>
<td>Resources for Security Officers - no recommendations</td>
<td></td>
</tr>
<tr>
<td>Reference</td>
<td>Recommendations from 2002 Security Audit Report</td>
<td>Progress/Comments</td>
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<tr>
<td>9.1</td>
<td>[report comment] As the security department expands its role of response to the proactive functions of teaching security awareness, assisting other departments to develop internal security protocols and providing assistance in security surveys or audits then the tools and required skills will change.</td>
<td>This has been picked up in recent and future requirements specified at recruitment -- reflected in recently produced draft Security Officer Procedure Manual and Security Awareness PowerPoint presentation.</td>
</tr>
<tr>
<td>10.</td>
<td>Environmental conditions – no recommendations</td>
<td></td>
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<td>11.</td>
<td>Security office layout - no recommendations</td>
<td></td>
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<tr>
<td>12.</td>
<td>Security services duties</td>
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<tr>
<td>12.1</td>
<td>Minimum standards for security staff to be developed and applied to existing and new staff. These minimums could be based on the licensing standards applied to the private security industry and to hold a security licence could be pre-requisite for a hospital security officer.</td>
<td>Recommendation in place. All Security staff licensed plus have First Aid Certificate.</td>
</tr>
<tr>
<td>12.2</td>
<td>The training currently provided for the licensing standards could be modified to specifically address the health care security officer’s environment and the legislation that they work under, this could include sections of the Mental Health Act, communication skills and customer service.</td>
<td>The draft Procedure Manual covers this. However, security personnel would appreciate clear legislative provision regarding circumstances for permissible use of force.</td>
</tr>
<tr>
<td>12.3</td>
<td>Security officers should undertake some aggression minimisation/patient handling training with Mental Health staff to foster a better understanding of their patients' needs.</td>
<td>Recommendation implemented in a limited way but will be ongoing.</td>
</tr>
<tr>
<td>12.4</td>
<td>Policy and procedures and safe work practices to be developed to cover the specific issues that the security officers deal with on a regular basis, patrol schedules and the lock/unlock routines these will form the basis of an induction programme for new security staff.</td>
<td>Draft Procedures Manual is an important start – included in Induction program for officers.</td>
</tr>
<tr>
<td>12.5</td>
<td>[summary] The issue of how the Mental Health Unit deals with potentially aggressive patients in routine situations i.e. the taking of medication without calling on the resources of security need to be reviewed.</td>
<td>This matter has been reviewed satisfactorily subject to ongoing discussions as new arrangements in Emergency Department trialled with Mental Health presence.</td>
</tr>
<tr>
<td>Reference</td>
<td>Recommendations from 2002 Security Audit Report</td>
<td>Progress/Comments</td>
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<tr>
<td>12.6</td>
<td>Consideration should be given to increasing security staffing numbers. Adjustment of staffing levels to allow maximum of three officers per shift would remove the need for excessive overtime and provide the security service with resources to manage the routine administrative functions that by and large are not progressed because of competing priorities e.g. reports, alarm tests, lighting functionality checks, maintenance of key registers and the issue of identification cards etc. This would also bolster overall staff confidence that security have the resources to respond to their needs.</td>
<td>Implemented – Security staff increased to 16 officers from 12: 3 on day shift, 3 on evening shift, 2 on night duty most nights. This will assist considerably but is not sufficient to provide 3 officers per shift at all times, especially during periods of leave.</td>
</tr>
<tr>
<td>12.7</td>
<td>Consideration should be given to appointing one officer per shift as the leading hand/shift leader for that shift and payment of the appropriate allowance for this function. This could be on a per shift basis or as permanent appointment. Clear responsibilities developed for the leading hand/shift leader so there is no ambiguity that this person is responsible for work output and behaviour of the security staff.</td>
<td>This recommendation is being developed and will be implemented by 31/3/09. Industrial issues are being worked through.</td>
</tr>
<tr>
<td>12.8</td>
<td>[summary] Consideration should be given to the appointment of a professional and well credentialed security manager.</td>
<td>Implemented. Classification level of Security Manager's position requires review in light of significant new and additional work value of the role.</td>
</tr>
<tr>
<td>12.9</td>
<td>If it is considered appropriate to re-determine the rate of pay for security then a cumulative rate could be considered. The issue of shift workers losing penalties because they are sick on any given shift has always caused some concern, for example to be sick on a Sunday causes a loss of 100% penalties, this forces people into work when they are ill. Award rates can be negotiated with unions.</td>
<td>Implemented. All positions have been reclassified as administration positions with full entitlements.</td>
</tr>
<tr>
<td>13</td>
<td>Security Officer equipment issues - no recommendations</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Key Management</td>
<td></td>
</tr>
<tr>
<td>Reference</td>
<td>Recommendations from 2002 Security Audit Report</td>
<td>Progress/Comments</td>
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<tr>
<td>14.1</td>
<td>Consideration should be given to developing campus wide policy on the installation of key systems, this needs to be rigidly enforced. For organisations outside RDH's control that occupy facilities on the campus and rely on services provided by RDH then those services may be restricted or denied if such campus wide policy is not adhered to. Over time this approach should lead to less disparate systems being installed.</td>
<td>A new KABER system is being trialled in new facilities as they come on line. See 2009/10 Minor New Works Program budget for further funds. This may offer the whole of campus solution desired.</td>
</tr>
<tr>
<td>14.2</td>
<td>[summary] Consideration should be given to developing a policy on who can authorise key issue; key protocols; replacement costs etc.</td>
<td>Part of new system.</td>
</tr>
<tr>
<td>14.3</td>
<td>[summary] Consideration should be given to separating the retention of key blanks and the responsibility for key cutting.</td>
<td>Implemented.</td>
</tr>
<tr>
<td>15</td>
<td>Public areas - no recommendations</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Security measures for entrances - no recommendations</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Boundary fencing</td>
<td></td>
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<tr>
<td>17.1</td>
<td>Fencing the boundary will be costly and largely a futile exercise. Fences will always be cut or compromised where they impede a natural route of travel or deny access to services such as shops.</td>
<td>Disagree with this assessment. Perimeter fence considered necessary. Forms part of submission for 2009/10 Minor New Works. Perimeter fencing of Nightcliff Renal Unit has made a great improvement in reducing security incidents. Fencing of RDH campus will help to contain take own leave patients and minimise trespass and theft from residences.</td>
</tr>
<tr>
<td>17.2</td>
<td>Consideration may be given to applying fencing in specific areas that do not impede natural movement through the campus but do limit availability to vehicles. For example fencing a car park that is adjacent to the scrub may assist in preventing casual attacks on vehicles.</td>
<td>Will be overtaken when perimeter is fenced. Certain vehicle parking areas on campus to be fenced or boom gated.</td>
</tr>
<tr>
<td>18</td>
<td>Additional Issues</td>
<td></td>
</tr>
<tr>
<td>18.1</td>
<td>Nightcliff Dialysis Centre</td>
<td></td>
</tr>
<tr>
<td>Reference</td>
<td>Recommendations from 2002 Security Audit Report</td>
<td>Progress/Comments</td>
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<tr>
<td>18.1.1.2</td>
<td>Install a burglary alarm that forms a perimeter defence as well as internal space detection. The alarm should include heavy duty reed switches on the door grilles and the door to the water filtration plant. The alarm should also include external siren and strobe light visible from the roadway and an internal siren (roof space), care should be taken to ensure compliance with noise pollution legislation. This alarm should be monitored by a security company or RDH with a police and security response should it activate.</td>
<td>Security devices are in place. Further work to be carried out. Movement detector alarm within is linked to Chubb Security.</td>
</tr>
<tr>
<td>18.1.2</td>
<td>Replace the external door to stores area.</td>
<td>On program for 2009/10 Works - staff suggest security screening the door.</td>
</tr>
<tr>
<td>18.1.3</td>
<td>Secure the water filtration plant with a high security chain and padlock.</td>
<td>The whole area has been securely fenced. Secure lock on plant door.</td>
</tr>
<tr>
<td>18.1.4</td>
<td>Consideration should be given to topping the rear compound fencing with razor wire.</td>
<td>Present situation satisfactory – topped with barbed wire – staff agree. Trespassers have been deterred.</td>
</tr>
<tr>
<td>18.1.5</td>
<td>All permanently illuminated external lighting should be activated by a photoelectric cell to ensure that it comes on during the dark hours without the need for human intervention.</td>
<td>Sensor light at front of building. Other external lights need to be converted to photoelectric activation.</td>
</tr>
<tr>
<td>18.1.6</td>
<td>Front car park lighting needs to be repaired, bollards should be replaced with lamp poles with spotlights.</td>
<td>Completed.</td>
</tr>
<tr>
<td>18.1.7</td>
<td>Domestic floodlights with movement activated sensors should be installed at high points of the building to illuminate any dark areas that persons may access.</td>
<td>Additional movement activated lights on high points of building agreed – to be installed 2009/10.</td>
</tr>
<tr>
<td>18.1.8</td>
<td>The trees and foliage at the rear of the centre need to be removed and the fence repaired. Removal of trees will allow for some natural surveillance by the residents at the rear of the centre.</td>
<td>A large tree has been removed. Fence repaired. Response adequate.</td>
</tr>
<tr>
<td>Reference</td>
<td>Recommendations from 2002 Security Audit Report</td>
<td>Progress/Comments</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>18.1.9</td>
<td>Consideration should be given as to whether a permanent opening in the fence should be provided so the residents at the rear can access the shops through the grounds of the centre. This will need to be done in consultation with the residents and will assist in providing some territorial reinforcement for the centre and remove the need for residents to damage the fence. The rear fence serves little purpose in the overall security of the site as side access fences are low and the access from the main road is unrestricted.</td>
<td>This is not considered necessary or desirable. Current position satisfactory. Practice of short-cutting to shops no longer a major problem.</td>
</tr>
<tr>
<td>18.2.1</td>
<td><strong>New Emergency Department</strong></td>
<td></td>
</tr>
<tr>
<td>18.2.2</td>
<td>Include a monitor in the public waiting areas that clearly shows that those areas are under surveillance; this will increase the deterrent component of the CCTV system.</td>
<td>Completed.</td>
</tr>
<tr>
<td>18.2.3</td>
<td>Consider where best the security monitoring system for babies may be used and relocate it to that area.</td>
<td>A separate area of Emergency Department is used for babies when necessary. Inappropriate CCTV location addressed. Paediatric patients transferred to Wards as soon as possible.</td>
</tr>
<tr>
<td>18.3</td>
<td><strong>Building 4 - Office Services</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The access control system that has been installed in this building is capable of managing burglary alarms also.</td>
<td>Recommendations 18.3 to 18.4.3 not under governance of RDH. Hospital should forward relevant sections of Lingard Report to these areas for action.</td>
</tr>
<tr>
<td></td>
<td>The office areas used by Office Services should be alarmed so that despite others accessing the building there can be an assurance that the office areas are not accessed.</td>
<td>Recommendations 18.3 to 18.4.3 not under governance of RDH. Hospital should forward relevant sections of Lingard Report to these areas for action.</td>
</tr>
<tr>
<td></td>
<td>Alarms on these areas can be turned on and off by individual codes through a single code pad at the main entry point, only the right code will turn off the appropriate area or areas that are allowed to be entered by the code holder.</td>
<td>Recommendations 18.3 to 18.4.3 not under governance of RDH. Hospital should forward relevant sections of Lingard Report to these areas for action.</td>
</tr>
<tr>
<td>18.4</td>
<td><strong>Methadone Dispensary</strong></td>
<td></td>
</tr>
<tr>
<td>18.4.1</td>
<td>A burglary alarm should be installed in this area; the alarm should also be used to provide duress protection for the staff working in the dispensary.</td>
<td>Has its own private security arrangements, however recommendations should be referred to Management of this area.</td>
</tr>
<tr>
<td>18.4.2</td>
<td>The placement of the safe needs to be reviewed so it is not visible and apparent to the clients of the service.</td>
<td></td>
</tr>
<tr>
<td>18.4.3</td>
<td>The external door handle at the dispensary point should be removed and plated over so it cannot be used to force entry.</td>
<td></td>
</tr>
<tr>
<td>Reference</td>
<td>Recommendations from 2002 Security Audit Report</td>
<td>Progress/Comments</td>
</tr>
<tr>
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</tr>
<tr>
<td>18.5</td>
<td>Darwin Private Hospital</td>
<td>CEO interviewed – considered current security arrangements were satisfactory – this is a more &quot;open&quot; hospital than RDH. Intruder alarms/duress alarms to private security firm a major issue. RDH security should be responsible and be funded to control and respond to security incidents for the whole RDH campus.</td>
</tr>
<tr>
<td>18.5.1</td>
<td>Consultation should be ongoing with DPH on cross campus issues and security issues. As the security infrastructure of RDH is upgraded opportunities should emerge where mutual benefit can be gained by the sharing of costs and services.</td>
<td></td>
</tr>
<tr>
<td>18.5.2</td>
<td>RDH could provide services such as: identification cards; alarm response and monitoring; external and internal patrols; staff security awareness or fire safety training; provide a consultant service for matters of security; traffic control etc.</td>
<td>This is not considered to be a service of RDH as it is a private hospital. RDH could provide if Private Hospital willing to pay.</td>
</tr>
<tr>
<td>18.6</td>
<td>Stores &amp; Chiller Hall</td>
<td></td>
</tr>
<tr>
<td>18.6.1</td>
<td>Consider the installation of a burglary alarm system to protect the stores, stores office and chiller hall. This alarm should be monitored with a response by police, on campus or external security agency should activation occur.</td>
<td>All sections of the Stores Department have alarm response and security capability. Energy and chiller halls are yet to be completed.</td>
</tr>
<tr>
<td>18.6.2</td>
<td>Consider whether vehicles should be left in the stores area after hours or a secure compound should be established to protect these vehicles.</td>
<td>This parking area should be fenced at same time as installing the perimeter fence.</td>
</tr>
<tr>
<td>18.7</td>
<td>Accommodation</td>
<td></td>
</tr>
<tr>
<td>18.7.1</td>
<td>Consideration be given to installation of electronic keying system for the accommodation (similar to systems used by large hotel chains).</td>
<td>Considered and rejected – cost prohibitive. All doors to be re-keyed – key deposit linked to security bond – adequate response.</td>
</tr>
<tr>
<td>18.8</td>
<td>Mental Health Unit</td>
<td></td>
</tr>
<tr>
<td>18.8.1</td>
<td>Patient interview rooms require an extra door to ensure staff can escape if the interview leads to aggression.</td>
<td>To be referred to Mental Health Unit.</td>
</tr>
<tr>
<td>18.8.2</td>
<td>[summary] The issue of how the Mental Health unit deals with potentially aggressive patients in routine situations i.e. the taking of medication without calling on the resources of security need to be reviewed.</td>
<td>This recommendation has been implemented and is ongoing.</td>
</tr>
<tr>
<td>18.8.3</td>
<td>Security officers should undertake some aggression/patient handling training with Mental Health staff to foster a better understanding of their patients' needs.</td>
<td>This recommendation has been implemented and is ongoing.</td>
</tr>
</tbody>
</table>
## Recommendations

### 1.1.1 The unresolved grievances between security officers need to be resolved by an independent person as soon as possible. Grievances are rarely resolved to the complete satisfaction of all parties so once the resolution has been achieved all parties need to be reminded of the need for cooperation among the employee group and professional behaviour between colleagues.

**Responsibility:** General Services Manager

**Progress To Date:** Security is now functioning in a more professional and effective way. Industrial and HR processes are ongoing because unresolved grievances caused by differences of viewpoint and practice philosophy between original members content with previous practice and more recent team membership and leadership determined to improve the security group's capability and work ethic. Problems are being worked through.

### 1.1.2 The security service should consider developing a written orientation plan including a checklist to ensure all orientation items have been taught and satisfactorily learnt by new security staff within the first three months of employment.

**Responsibility:** General Services Manager and Security Manager

**Progress To Date:** This is nearly completed with Support Services Quality Coordinator assisting Security Manager complete this task. Draft Security Officer Procedure Manual sighted and covers many relevant issues. There is more work required to review and complete this comprehensive Manual.

### 1.1.3 The security service should consider developing a new employee information package that would ensure that each officer gets the appropriate information in full on commencement. A sign off sheet/recipt establishing that the new employee has received and understood to read the information should be included and when signed off held on the employee's file.

**Responsibility:** General Services Manager and Security Manager

**Progress To Date:** All draft security procedures are being reviewed by Quality team and will be finally signed off by Deputy General Manager, RDH.

### 1.1.4 The security service should consider completing the draft manual and including in it timings for and an outline of each step/door/tarea to be secured/opened for the full lockup and unlock routine.

**Responsibility:** General Services Manager and Security Manager

**Progress To Date:** The draft Security Officer Procedure Manual covers lockup and access to buildings and secure areas procedures. To be reviewed and approved by Deputy General Manager, RDH.

### 1.1.5 The security service should consider completing the draft manual and including in it timings for and an outline of each step/door/tarea to be checked and isolated staff to be visited for each patrol routine.

**Responsibility:** General Services Manager and Security Manager

**Progress To Date:** Draft requires further detail regarding timings/regularity for visiting isolated personnel during different shifts. Visits are occurring to isolated centres during evening and night shift.

### 1.1.4 & 1.1.5 should include a mandate that security officers must have their identification card at all times they pass as they lock/unlock or patrol RDH. This action will allow an accountability audit trail to be established. The audit trail will enable officers to demonstrate their compliance with routines but also allow them to identify their locations if challenges are received as to the level of service provided.

**Progress To Date:** The Security Manager is to implement an Electronic System for Patrol recording. The install of this system should be complete by February 09. Lantern Patrolling System currently installed on Wards 5B, 6A, 6B, and 7B where this system is operational.

### All patrols should incorporate visiting isolated staff. This may need to be negotiated with some services and isolated staff should be aware of when to expect a visit from security officers. This action improves confidence of the after hours staff that security officers are around and enables a rapport to build up between those staff and the security service.

**Progress To Date:** Implemented.

### 1.1.6 The security service should consider regularly publishing security and safety awareness information/messages in staff newsletters and elsewhere so that staff can access the information. Security awareness can include specific security advice pertinent to RDH as well as security advice applicable outside the work environment. Publishing the safety tips that are available on the NT Police website are a good starting point.

**Responsibility:** Security Manager

**Progress To Date:** Support Services Quality Coordinator (SSQC) has agreed to develop and publish a discrete security bulletin with Security Manager to provide stories, data etc. Monthly intervals to be trialled.
<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Responsibility</th>
<th>Progress To Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.7 The security service should consider developing a security awareness in-service session that can be delivered at general staff orientation and used to provide in the workplace security awareness training for all staff. A training program ensuring that all or as many as is practical attend a security awareness training session annually should be developed.</td>
<td>General Services Manager or Co-Director for Div of Medicine as part of our Orientation for new staff for Aggression Mgt and Security Services.</td>
<td>Co-Director of Division of Medicine provides overview in orientation. Monthly programs are being redeveloped. Security Manager is integral part of the development. A security package and booklet has been developed in draft form - plan is to deliver to all RIDH personnel by June 2009.</td>
</tr>
<tr>
<td>1.1.8 The general training needs of the security officers should be considered, where skill deficiencies are found training should be provided. Areas such as general computer knowledge, OH&amp;S, Fire Safety/response and aggression management are all areas where upskilling a security officer can add a broader return to the organisation in terms of being able to provide advice to others and respond appropriately to situations.</td>
<td>Security Manager and Manager, General Services</td>
<td>This issue has been discussed in depth with SSQC and Security Manager. Priorities being pursued are specific fire training, fire warden and senior fire warden training. Further efforts are to be made with training of staff dealing with mentally disturbed patients. Mental Health management have offered some training in this regard and Security Manager is to develop a joint training approach. It is an objective to seek recognised training with certification for participants, eg Fire Training.</td>
</tr>
<tr>
<td>1.2 Staff numbers:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2.1 Consideration should be given to increasing security-staffing numbers. Adjustment of staffing levels is required to allow a maximum of three officers per shift, excluding the manager, and a dedicated officer for the Emergency Department during the peak evening/night periods without depleting the overall availability of a security response campus-wide or diluting the critical functions of patrolling and watching across the campus.</td>
<td>Security Manager</td>
<td>Numbers recently increased from 12 to 16, plus the Manager. Generally allows 3 or 4 per shift. May be only 2 on night shift if another member is on leave. Recent agreement with ED and Mental Health will respect need for security staff to respond to other priority duties if they are in attendance at Mental Health. Restraint and seclusion issues within ED for aggressive people is being reviewed.</td>
</tr>
<tr>
<td>1.2.2 Consideration should be given to appointing one officer per shift as the leading hand/shift leader for that shift and payment of the appropriate allowance for this function. This could be on a per shift basis or as permanent appointment. Clear responsibilities to be developed for the leading hand/shift leader so there is no ambiguity that this person is responsible for work output and behaviour of the security staff.</td>
<td>Security Manager</td>
<td>This is in the planning stage now. We are looking at the Security Officers award to see what is there that can be used in leading hand. We initially hope to start for a 3 month trial period in the first quarter of 2009.</td>
</tr>
<tr>
<td>1.3 Rosters: Issues for consideration</td>
<td>Nil recommendations, Guidance provided</td>
<td></td>
</tr>
<tr>
<td>1.4 Professional development for Security Service management:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4.1 The security manager should consider, at an appropriate time, a visit to other hospitals in Australia to gain exposure to healthcare security in different settings and within different size organisations.</td>
<td>Deputy General Manager</td>
<td>Security Manager is to contact Mr. Lingard with the view to a Sydney visit in the new year. Others are to be arranged when opportunities, eg Calms, where there are hospital similarities and recent security upgrades.</td>
</tr>
<tr>
<td>1.4.2 Where possible the security manager should be encouraged and supported in undertaking training in Security Risk Management and in taking up opportunities to be exposed to and learn the principles of Crime Prevention Through Environmental Design (CPTED).</td>
<td>Deputy General Manager</td>
<td>Security Manager to investigate any opportunities. Police have programs that Constable and Security Manager could attend now.</td>
</tr>
<tr>
<td>Recommendations</td>
<td>Responsibility</td>
<td>Progress To Date</td>
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<tr>
<td>-----------------</td>
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</tr>
<tr>
<td>1.4.3 The security manager should consider subscribing to available industry security magazines (Security Insider magazine published by the Australian Security Industry Association ASIAL or Security Management magazine published by the American Society for Industrial Security, ASIS International) and a visit to the annual security exhibition in Sydney. (The annual security exhibition is conducted by ASIAL.) This would provide exposure to general security concepts and new technology and give the manager knowledge of technology and remove any need to rely on technical installers or sales people to explain the efficacy of limitations of available security technology.</td>
<td>General services Manager</td>
<td>SSOC will liaise with the Library to arrange this. Understanding action has been taken. Security Manager is to visit other acute hospital sites, eg Cairns, to review recent security upgrades.</td>
</tr>
<tr>
<td>1.4.4 The security manager should consider joining an industry association (Australian Security Industry Association ASIAL (<a href="http://www.asial.com.au">www.asial.com.au</a>), (Institution of Security Executives ISE <a href="http://www.ise.aen.au">www.ise.aen.au</a>) or the Australian Chapter of the American Society for Industrial Security ASIS either as an individual member or the RDH security service as an associate member. This would allow access to specialist advice and also notification of legislative changes or industry trends.</td>
<td>General Services Manager</td>
<td>RDH has agreed to fund this initiative.</td>
</tr>
<tr>
<td>2. General Security Issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1 Keys at RDH</td>
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</tr>
<tr>
<td>2.1.1 Continue work that has commenced with a local locksmith to develop a master key hierarchy to encompass the entire RDH Campus under a single master keying system.</td>
<td>General Services Manager</td>
<td>There has been some preparatory work on this. A program of work and cost estimate is to be prepared in first quarter 2009. It will go on the 2010/2011 MNW Program. Further investigation is required to ascertain if the KABA system is the preferred long-term solution.</td>
</tr>
<tr>
<td>2.1.2 While the Master Key hierarchy is being established a full review of existing keys systems should be undertaken with a view to establishing the viability of any to suit current and future needs. If none of the existing three keys systems are considered viable, then a totally new type of keys system should be purchased and introduced over time via the risk assessment process.</td>
<td>General Services Manager and Security Manager with input from Engineering Services Manager</td>
<td>The risk assessment process has guided the decision to introduce new keys arrangements for new facilities. (The KABA system is being trialled.) The priority on older facilities including the Wards will be an improved system of swipe card access first. This will depend on the upgrade of software requested on 09/10 MNWP.</td>
</tr>
<tr>
<td>2.1.3 Complete the audit of all existing locks and develop a detailed plan with time frames to allow the introduction of a viable keying system on a staged basis. A risk assessment of each lock/area should be undertaken to inform the process of which locks should be changed first. On the principle of vulnerability/risk to people the accommodation complex should rate relatively highly in any risk assessment for changing locks.</td>
<td></td>
<td>Audit has been completed of the main block. Priorities established to introduce swipe cards as a priority.</td>
</tr>
<tr>
<td>2.1.4 Purchase and install an electronic key management system that will allow the tracking of each key for each lock. Use the key management data to inform the security decisions whenever a room/area changes its purpose.</td>
<td>Security Manager</td>
<td>Security Manager to provide costings for existing keys. New facility system - KABA key system being used. Progress satisfactory. Inspection visits to other similar hospitals, eg Cairns, also desirable before a final decision is made on this system.</td>
</tr>
<tr>
<td>2.1.5 Establish an employee separation clearance process that ensures any keys issued are identified and returned on separation from the service. The return of hospital property such as keys should be linked to any final pay.</td>
<td>Security Manager and General Services Manager</td>
<td>There is already a field within the Government's Payroll system (PIPS) that identifies any assets or keys that staff have so that their final payout is not made until all items are returned. The Security Manager receives regular reports about staff that are ceasing. Swipe cards can then be cancelled if not returned. Implement by March 2009.</td>
</tr>
<tr>
<td>Recommendations</td>
<td>Responsibility</td>
<td>Progress To Date</td>
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<td>-----------------</td>
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</tr>
<tr>
<td>2.1.6 Consider the purchase and installation of an electronic key cabinet that ensures an audit trail and an alert/alarm on non-return for master keys that are issued on a daily or casual basis.</td>
<td>Security Manager</td>
<td>Quotes to be obtained and a submission for funding developed for consideration by the Governance Group. Master keys are not issued on a casual basis.</td>
</tr>
<tr>
<td>2.2.1 Limit the establishment of exclusive access controlled areas that are managed globally by the security service.</td>
<td>General Services Manager and Departmental Facilities Branch</td>
<td>This is agreed within RDH managed work areas but cannot be mandated on other areas of the hospital campus managed by other parts of the DHF agency eg Buildings 4, 6, 9, Clinical School, Menzies School of Health Research. Present system for RDH swipe card categories at capacity. New system User Groups required - Priority 1 in the 2009 MNWP Request.</td>
</tr>
<tr>
<td>2.2.2 Only use electronic access control where the delineation between staff v public is required, an audible entry trail is necessary and to support other security measures such as burglary detection.</td>
<td>Executive and HPR recruitment unit</td>
<td>Supported - basis of all swipe card areas now.</td>
</tr>
<tr>
<td>2.2.4 Establish an employee separation clearance process that ensures the identification card is returned on separation from the service. The return of hospital property such as the identification card should be linked to any final pay.</td>
<td></td>
<td>Will be implemented when payroll system is interfaced to security management system.</td>
</tr>
<tr>
<td>2.3 Patients valuables, lost and found property and patients property</td>
<td></td>
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<tr>
<td>Recommendations</td>
<td>Responsibility</td>
<td>Progress To Date</td>
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<tr>
<td>2.4 Hospital Administration, Nursing Resource Consultant and Switch areas.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4.1 Install a sophisticated intruder detection system in the office areas</td>
<td>General Services</td>
<td>Placed on 2009/10 MNW for consideration</td>
</tr>
<tr>
<td>of the RDH administration.</td>
<td>Manager</td>
<td></td>
</tr>
<tr>
<td>2.4.2 Investigate the possibility of installing electronic access control in</td>
<td>General Services</td>
<td>Completed.</td>
</tr>
<tr>
<td>this area to limit the general public’s ability to access particularly after</td>
<td>Manager</td>
<td></td>
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<tr>
<td>hours.</td>
<td></td>
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<tr>
<td>2.4.3 Install cameras that will enable the NRC and Switchboard Operator to</td>
<td>General Services</td>
<td>Placed on 2009/10 MNW for consideration</td>
</tr>
<tr>
<td>see who is requesting entry to their office; cameras should also go to</td>
<td>Manager</td>
<td></td>
</tr>
<tr>
<td>security so the vision is recorded. These cameras are in lieu of video</td>
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<tr>
<td>intercoms, as a separate camera will provide a wider field of view than a</td>
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<tr>
<td>video intercom.</td>
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<td></td>
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<tr>
<td>2.4.4 Install intercoms at the door to the NRC and Switchboard so the staff</td>
<td>General Services</td>
<td>Placed on 2009/10 MNW for consideration</td>
</tr>
<tr>
<td>can interrogate any person prior to opening the door.</td>
<td>Manager</td>
<td></td>
</tr>
<tr>
<td>2.4.5 Security staff should visit the Nursing Resource Consultant and Switch</td>
<td>General Services</td>
<td>Implemented</td>
</tr>
<tr>
<td>Operator out of hours as part of their regular patrol routines see</td>
<td>Manager</td>
<td></td>
</tr>
<tr>
<td>recommendation 1.1.5.</td>
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<tr>
<td>2.5 CCTV system</td>
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<tr>
<td>2.5.1 RDH should consider removing the small trees in the area of the</td>
<td>General Services</td>
<td>completed 2007.</td>
</tr>
<tr>
<td>emergency and main entrance and replacing them with small ornamental</td>
<td>Manager</td>
<td></td>
</tr>
<tr>
<td>shrubs and establishing an overall campus tree/shrub management process to</td>
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<tr>
<td>ensure that CCTV cameras are able to operate at an optimum.</td>
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<tr>
<td>2.5.2 RDH should consider installing more signs indicating that CCTV is</td>
<td>General Services</td>
<td>Placed on 2009/10 MNW for consideration.</td>
</tr>
<tr>
<td>operating on the campus and any offences detected will be recorded and</td>
<td>Manager</td>
<td></td>
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<tr>
<td>handed over to the police. In particular a large sign that can be seen by</td>
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<td></td>
</tr>
<tr>
<td>vehicle drivers as they drive on to the campus. Near the bridge on the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>access road off Rocklands Drive would be a suitable location.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5.3 RDH should consider installing more CCTV cameras to cover the areas of</td>
<td>General Services</td>
<td>Placed on 2009/10 MNW for consideration.</td>
</tr>
<tr>
<td>the Hospital’s critical infrastructures such as the million-litre water</td>
<td>Manager</td>
<td></td>
</tr>
<tr>
<td>tank, the generator hall, steam generation plant, cooling towers and</td>
<td></td>
<td></td>
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<tr>
<td>electrical transformers and substations.</td>
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</tr>
<tr>
<td>2.5.4 With the expansion of the CCTV system video analysis software should</td>
<td>General Services</td>
<td>Placed on 2009/10 MNW for consideration.</td>
</tr>
<tr>
<td>be installed to manage and enhance the detection capabilities of the CCTV</td>
<td>Manager</td>
<td></td>
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<tr>
<td>system.</td>
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<tr>
<td>2.6 Oleander Room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.6.1 Once medically assessed and while waiting for mental health assessment</td>
<td>General Services</td>
<td>Discussed with staff from MH. Work continuing and new</td>
</tr>
<tr>
<td>non-violent flight risk only patients should be held in a more appropriate</td>
<td>Manager</td>
<td>arrangements are being trialled between Security,</td>
</tr>
<tr>
<td>area such as the mental health unit where there are mental health trained staff</td>
<td></td>
<td>Mental Health and Emergency Department.</td>
</tr>
<tr>
<td>to watch over the patient.</td>
<td></td>
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</tr>
<tr>
<td>Recommendations</td>
<td>Responsibility</td>
<td>Progress To Date</td>
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</tr>
<tr>
<td>2.6.2 The furniture in the Cleander Room needs to be assessed and made suitable for purpose. All furniture such as the interview couch and chairs need to be secured to the floor so they cannot be used as weapons. A secured trolley/bed needs to be installed to allow violent patients to be restrained either mechanically or chemically for their own and the staff safety.</td>
<td>Security Manager and General Services Manager</td>
<td>Agreed to replace with soft furniture. Mental Health have agreed to furnish and re-decorate this room to achieve these objectives. Request on 09/10 MNWP.</td>
</tr>
<tr>
<td>2.6.3 If the patient is restrained or must remain in the Cleander Room then clinical staff from either mental health or the emergency department should undertake observation of the patient. Special agency mental health nursing staff may need to be brought in for this task.</td>
<td>General Services Manager</td>
<td>Under new arrangement Mental Health will be better integrated with ED. Issue of response to aggressive patients is being reassessed.</td>
</tr>
<tr>
<td>2.6.4 Once the assessment function of the Cleander Room has been completed for a patient the room then reverts to a confinement function. To enable and support the confinement function of the room both doors should be able to be mechanically locked from the outside (unable to be opened from inside the room). An electronic latch that will allow automatic release in a fire situation and also allow a quick release button to enable entry in an emergency should support the mechanical lock.</td>
<td>General Services Manager</td>
<td>This is part of current discussions and will be included in Part 2 of this review. There are clinical as well as security issues to be addressed.</td>
</tr>
<tr>
<td>2.6.5 Should a patient from the Cleander Room need to be escorted to the toilet then all treatment at the Fast Track area must cease and staff and patients moved to a safe area. A senior clinician from Fast Track should then inspect the area and notify security that all potential weapons have been removed and the escort can proceed.</td>
<td>General Services Manager</td>
<td>Stage 2 of this review will address this issue. The ED is to be redesigned to enable safe movement of patients through this area. Money has been committed for this as part of a COAG initiative.</td>
</tr>
<tr>
<td>2.6.6 Security Services must establish a policy/protocol that they will only attempt to stop and return a patient if it is safe to do so. Security Officers must be empowered to assess the situation and not put themselves or others at risk even if that means a scheduled patient flees the hospital and police are required to search for and return the patient.</td>
<td>General Services Manager</td>
<td>Policy close to being finalised in conjunction with relevant clinicians and Police Constable. Stage 2 of this review will assess in greater detail.</td>
</tr>
<tr>
<td>2.7 Food Services</td>
<td>Catering Manager</td>
<td>Implemented</td>
</tr>
<tr>
<td>2.7.1 The practice of staff being allowed to consume left over food should cease immediately and if found to continue then staff participating in this practice and the management should be disciplined.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.7.2 The manager Len Ross should be counselled over his role in allowing staff to consume left over food and over his admission that he cooks chips for himself.</td>
<td>Deputy General Manager</td>
<td>Completed</td>
</tr>
<tr>
<td>2.7.3 All fridges and freezers should be secured and if possible alarmed out of hours. I understand that all commercial size walk in refrigerators and freezers have internal safety mechanisms that bypass the lock should someone be accidentally locked in.</td>
<td>Catering Manager</td>
<td>Referred to ES for action. A preferred approach is to alarm the kitchen area after hours. To be implemented in 2009/10.</td>
</tr>
<tr>
<td>2.7.4 Doors to the kitchen should be alarmed after hours with all alarm notifications investigated and recorded.</td>
<td>General Services Manager</td>
<td>Proposed on 09/10 MNW Program.</td>
</tr>
<tr>
<td>2.8 Swimming Pool</td>
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<td>Recommendations</td>
<td>Responsibility</td>
<td>Progress To Date</td>
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<tr>
<td>2.8.1 Access control should be provided on the entrance of the swimming pool to exclude non-hospital staff and those without identification cards.</td>
<td>General Services Manager in consultation with Engineering</td>
<td>As part of Village Accommodation upgrade in 2009/10, new telephone lines will be installed and this will allow the access control to be fitted.</td>
</tr>
<tr>
<td>2.8.2 Chemicals that are required should be secured and placed out of public view.</td>
<td>Engineering Services Manager</td>
<td>Agreed and implemented</td>
</tr>
<tr>
<td>2.8.3 Rubbish and any chemicals not required should be disposed of.</td>
<td>Engineering Services Manager</td>
<td>Agreed and implemented</td>
</tr>
<tr>
<td>2.8.4 The tidy town shields should be preserved as part of the hospital’s history but if this is not viable then they should be disposed of.</td>
<td>General Services Manager in consultation with Engineering</td>
<td>Completed</td>
</tr>
<tr>
<td>2.9 Accommodation</td>
<td></td>
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</tr>
<tr>
<td>2.9.1 All accommodation must be placed high within any risk assessment for replacement of locks to a secure master key system for the RDH campus. (See recommendation 2.1.1)</td>
<td>General Services Manager</td>
<td>Government has approved $2M to commence upgrading of staff accommodation. Locking system changes are not the first priorities in this upgrade. To be addressed in campus-wide lock upgrade. Locking system changes will require additional resources.</td>
</tr>
<tr>
<td>2.9.2 Return of keys should form part of the lease agreement and any bond should be forfeited if the keys are not returned. The forfeited rental bond should be used to replace the locks and keys.</td>
<td>General Services Manager</td>
<td>Completed</td>
</tr>
<tr>
<td>2.9.3 A secure fence should be built completely around the RDH campus to provide territorial reinforcement of the ownership of the grounds and deter persons from arbitrarily traversing the property. This is particularly important for separation of the staff accommodation and the new subdivision of Lyons that is being built on the RDH campus boundary.</td>
<td></td>
<td>Placed on 09/10 MNW Program for consideration.</td>
</tr>
<tr>
<td>2.10 Palliative Care Hospice</td>
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</tr>
<tr>
<td>2.10.1 The hospice should consider installing a mobile duress alarm system to ensure staff safety/security out of hours.</td>
<td>General Services Manager in consultation with Engineering services Manager</td>
<td>Placed on 09/10 MNW for consideration</td>
</tr>
<tr>
<td>2.10.2 The hospice should consider installing reed switches on every external door that monitor and annunciate through a system that alerts the staff that a door has been opened and/or is left open.</td>
<td>General Services Manager in consultation with Engineering services Manager</td>
<td>Placed on 09/10 MNW for consideration. However, patients do control their own access to garden area and special procedures will be necessary to secure after hours.</td>
</tr>
<tr>
<td>2.10.3 The hospice should consider securing the gate door to the garbage storage area during business hours.</td>
<td>CHM Hospico</td>
<td>Implemented</td>
</tr>
<tr>
<td>2.10.4 The hospice should continue to work with the security manager to enhance the CCTV system around the immediate area of the hospice and ensure that security officers continue to visit staff as part of their normal patrol routine.</td>
<td></td>
<td>Placed on 09/10 MNW for consideration. Security Officers do include hospice in rounds.</td>
</tr>
<tr>
<td>2.11 Pathology</td>
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<td>Recommendations</td>
<td>Responsibility</td>
<td>Progress To Date</td>
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<tr>
<td>2.11.1 The Pathology Unit should develop and promulgate rules for who can</td>
<td>Protocol has been developed.</td>
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<tr>
<td>be admitted to the unit. The rules will need to be flexible enough to</td>
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<tr>
<td>allow the employees to make informed judgements for those who arrive</td>
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<td>unannounced and could include set criteria or a set of verifying questions.</td>
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<tr>
<td>Employees must be empowered to refuse entry and refer the request to a</td>
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<td>senior person if they are doubtful of the person's right/reasons for</td>
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<tr>
<td>requesting entry.</td>
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<tr>
<td>2.11.2 All entry doors should have camera (not video intercom) coverage</td>
<td>Placed on 2009/10 MNW for consideration</td>
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<tr>
<td>and voice communications to allow staff to see and to communicate to</td>
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<tr>
<td>whomever is requesting entry. Note: cameras could provide the vision for</td>
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<tr>
<td>each door and also be linked to the security CCTV system. This would</td>
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<tr>
<td>ensure the vision is continually recorded and also provide a wider angle of</td>
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<td>vision than a video intercom but still be viewed on a monitor in each</td>
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<tr>
<td>appropriate area. The voice communications could be provided by a</td>
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<tr>
<td>simple intercom system.</td>
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<tr>
<td>2.11.3 Staff work long hours in the laboratories and at times there are only</td>
<td>Placed on 2009/10 MNW for consideration</td>
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<tr>
<td>2 staff on duty. A mobile duress alarm system should be installed that</td>
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<tr>
<td>would allow each staff member to set off a pendant style duress alarm</td>
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<tr>
<td>should they require emergency assistance.</td>
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<tr>
<td>2.11.4 Specimen reception in the main hospital foyer should also utilise a</td>
<td>Placed on 2009/10 MNW for consideration</td>
<td></td>
</tr>
<tr>
<td>pendant style mobile duress system so staff can call for emergency</td>
<td></td>
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<tr>
<td>assistance whilst working between the counter and the collection rooms.</td>
<td></td>
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<tr>
<td>2.11.5 Security staff should visit staff out of hours as part of their regular</td>
<td>This is in place and is ongoing.</td>
<td></td>
</tr>
<tr>
<td>patrol routines see recommendation 1.1.5.</td>
<td></td>
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</tr>
<tr>
<td>2.11.6 When an in-house security awareness is available, see</td>
<td>Agreed and will do. The security</td>
<td></td>
</tr>
<tr>
<td>recommendation 1.1.7, the Pathology Unit should ensure that a training</td>
<td>awareness presentation has been</td>
<td></td>
</tr>
<tr>
<td>session is regularly made available to staff.</td>
<td>recently revised.</td>
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</tr>
<tr>
<td>2.12 Darwin Private Hospital</td>
<td></td>
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<tr>
<td>All Recommendations</td>
<td>Not the responsibility of RDH.</td>
<td></td>
</tr>
<tr>
<td>2.13 Niddrie Dialysis Centre</td>
<td></td>
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<tr>
<td>2.13.1 Anti jump screens should be fitted to the reception counter. These</td>
<td>Placed on 2009/10 MNW for consideration</td>
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</tr>
<tr>
<td>would prevent anyone getting over the counter to attack the receptionist.</td>
<td>There may be better designs to secure</td>
<td></td>
</tr>
<tr>
<td>To ensure that this provides appropriate security for the receptionist the</td>
<td>the reception area and centre access</td>
<td></td>
</tr>
<tr>
<td>room behind the receptionist desk should be locked so that a person cannot</td>
<td>during working hours - being explored</td>
<td></td>
</tr>
<tr>
<td>enter the reception area via the rear room. If constant staff access to the</td>
<td>with centre management.</td>
<td></td>
</tr>
<tr>
<td>room is required then that can be managed via access control with the staff</td>
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<td></td>
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<tr>
<td>identification card.</td>
<td></td>
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</tr>
<tr>
<td>2.13.1.2 Locally managed access control should be installed on all the</td>
<td>Placed on 2009/10 MNW for consideration</td>
<td></td>
</tr>
<tr>
<td>external doors. This may be possible via the existing alarm panel or a</td>
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</tr>
<tr>
<td>Conoscept 3000™ panel could be installed to manage the alarm and the</td>
<td></td>
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<tr>
<td>local access control. The manager of the centre can add or delete the</td>
<td></td>
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<tr>
<td>employee identification cards to provide or remove access as required.</td>
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<tr>
<td>Recommendations</td>
<td>Responsibility</td>
<td>Progress To Date</td>
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<tr>
<td>2.13.3 A CCTV camera should be installed on the rear door to the centre with the vision being seen on a screen at the reception desk. An intercom will be required at the door so a person can request entry and provide details as to why entry should be granted. A remote opening button for the electronic latch should be placed at the reception desk so if the reception allows entry it can be done remotely from the desk.</td>
<td>Placed on 2009/10 MNW for consideration</td>
<td></td>
</tr>
<tr>
<td>2.14 Menzies School of Health Research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.14.1 The electronic access control system needs to be completed urgently to include the internal doors thus preventing casual or inadvertent penetration into the laboratory areas.</td>
<td>Is to be discussed with Menzies School for their consideration. This facility is not an RDH controlled building.</td>
<td></td>
</tr>
<tr>
<td>2.14.2 Exit signs need to be placed so that people who use the lift door from Palliative Care are directed outside the Menzies building.</td>
<td>Work req 2107/24 refers</td>
<td></td>
</tr>
<tr>
<td>3. Infrastructure Security</td>
<td></td>
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</tr>
<tr>
<td>3.1 Boundary fence for the RDH campus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1.1 RDH should, as a matter of urgency, consider installing a complete boundary fence with gates across the main driveway from Rocklands Drive.</td>
<td>Placed on 2009/10 MNW for consideration</td>
<td></td>
</tr>
<tr>
<td>3.1.2 Consider additional CCTV within the defined area of the RDH campus and in particular looking at the entry points in particular the main entry off Rocklands Drive.</td>
<td>Placed on 2009/10 MNW for consideration</td>
<td></td>
</tr>
<tr>
<td>3.1.3 Along with the boundary fence signs should be affixed to the fence at appropriate intervals advising that the property belongs to RDH, CCTV is in operation and recorded 24/7 and any trespass will be prosecuted.</td>
<td>Placed on 2009/10 MNW for consideration</td>
<td></td>
</tr>
<tr>
<td>3.2 Risks to the Main Hospital building</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2.1 All entrances to RDH that allows the opportunity for a vehicle to be driven into the building need appropriate bollards or anti vehicle penetration devices installed to ensure that this scenario cannot occur.</td>
<td>Placed on 2009/10 MNW for consideration</td>
<td></td>
</tr>
<tr>
<td>3.2.2 The disused ambulance ramp requires appropriate bollards or anti vehicle penetration devices at the bottom of long end of the ramp.</td>
<td>Placed on 2009/10 MNW for consideration</td>
<td></td>
</tr>
<tr>
<td>3.2.3 Access control that is stringently managed is required to prevent/regulate any vehicle traffic accessing the area between building 13 and the main hospital building.</td>
<td>Placed on 2009/10 MNW for consideration</td>
<td></td>
</tr>
<tr>
<td>3.2.4 CCTV is required with appropriate CCTV analysis software to cover the areas of the disused ambulance ramp and between building 13 and the main hospital building.</td>
<td>Placed on 2009/10 MNW for consideration</td>
<td></td>
</tr>
<tr>
<td>3.2.5 Target harden the PABX room by replacing windows with metal grills, fixing locks and ensuring lock plate covers are used. Also alarm the internal space of the PABX room.</td>
<td>Placed on 2009/10 MNW for consideration</td>
<td></td>
</tr>
<tr>
<td>3.3 Plant Rooms</td>
<td></td>
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</tr>
<tr>
<td>3.3.1 Plant room access needs to be reviewed. Non-RDH staff should be required to provide adequate proof of identity and adequate proof of a legitimate requirement (work order or company instruction) to request access to a plant room at any time.</td>
<td>Security and ES to review. New base line planned - re-issue new keys.</td>
<td></td>
</tr>
<tr>
<td>Recommendations</td>
<td>Responsibility</td>
<td>Progress To Date</td>
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</tr>
<tr>
<td>3.3.2 Plant room storage should be reviewed. All flammable items must be removed unless there is adequate fire suppression capability for the items stored.</td>
<td></td>
<td>Plant Rooms are now clear of flammable items. Periodic reports from Engineering Services and Security regarding conformance.</td>
</tr>
<tr>
<td>3.3.3 All plant rooms must be placed high within any risk assessment for replacement of locks to a secure master key system for the RDH campus. (See recommendation 2.1.1)</td>
<td></td>
<td>Security and ES will prioritise with total campus needs.</td>
</tr>
<tr>
<td>3.4 Utilities – general security</td>
<td></td>
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</tr>
<tr>
<td>3.4.1 The entire utilities area needs to be securely fenced separately from a full RDH campus boundary fence. The fence should be an appropriate distance from any utility to ensure that a vehicle borne improvised explosive device cannot be left in proximity.</td>
<td>Placed on 09/10 MNW program for consideration - include utilities - chillers, boilers, Med Air, oxygen, vacuum.</td>
<td></td>
</tr>
<tr>
<td>3.4.2 CCTV with the appropriate video analysis software needs to be designed to oversee the entire area and alert staff of the presence of others or changes to the environment out of working hours when staff are not in attendance.</td>
<td>Placed on 09/10 MNW program for consideration</td>
<td></td>
</tr>
<tr>
<td>3.4.3 The doors leading to the generator hall need to be fitted with deadlocks and have blocking plates installed to cover the lock mechanism.</td>
<td>Placed on 09/10 MNW program for consideration</td>
<td></td>
</tr>
<tr>
<td>3.4.4 All utility infrastructure locks must be placed high within any risk assessment for replacement of locks to a secure master key system for the RDH campus. (See recommendation 2.1.1)</td>
<td>Supported - subject to funding - and priority for whole campus.</td>
<td></td>
</tr>
<tr>
<td>3.4.5 The generator hall and service tunnel need to have intruder detection fitted that should also include the access doors.</td>
<td>Placed on 09/10 MNW program for consideration</td>
<td></td>
</tr>
<tr>
<td>3.4.6 A general security review of all components of the utility infrastructure should be undertaken to determine how best to utilise intruder detection systems to give broad coverage.</td>
<td>Supported - subject to funding - priority is currently being given to utility upgrades and essential maintenance. There are unique risks (flooding) due to the present location of certain utilities.</td>
<td></td>
</tr>
</tbody>
</table>