



HEALTH & COMMUNITY SERVICES COMPLAINTS COMMISSION

VOLUME 1

REPORT ON INVESTIGATION OF ROYAL DARWIN HOSPITAL SECURITY ARRANGEMENTS FOR THE PROTECTION OF CHILDREN AND INFANTS



PAEDIATRIC WARD 5B

NOVEMBER 2008

GPO Box 1344 **DARWIN** NT 0801 Telephone: (08) 8999 1818 Facsimile: (08) 8999 1828
PO Box 2388 **ALICE SPRINGS** NT 0871 Telephone: (08) 8951 5818 Facsimile: (08) 8951 5828

INTERNET: www.hcsc.comb@nt.gov.au TOLL FREE NUMBER 1800 806 380

TABLE OF CONTENTS
VOLUME ONE

ABBREVIATIONS	3
FOREWORD	4
EXECUTIVE SUMMARY	6
Scope of Investigation	6
Conclusions of the Commissioner	6
Recommendations	10
 AUTHORITY TO INVESTIGATE	 15
Complaint Incident & background to HCSCC investigation	16
Initial response by RDH on 25 July 2007	17
Assessment	20
DI Attendance at RDH Ward 5B – 21 November 2007	21
DI Interview with Ward 5B CNC	23
Questions & Responses (Paediatric Ward)	27

VOLUME 2 – INDEX

RDH ATTACHMENT 1	3
RDH ATTACHMENT 2	5
RDH ATTACHMENT 3	9
RDH ATTACHMENT 4	16
RDH ATTACHMENT 5	18
RDH ATTACHMENT 6	20
RDH ATTACHMENT 7	25
RDH ATTACHMENT 8	31
RDH ATTACHMENT 9	34
RDH ATTACHMENT 10	36
RDH ATTACHMENT 11	41
RDH ATTACHMENT 12	42
RDH ATTACHMENT 13	43
RDH ATTACHMENT 14	45
RDH ATTACHMENT 15	47
RDH ATTACHMENT 16	54
RDH ATTACHMENT 17	57
RDH ATTACHMENT 18	70
RDH ATTACHMENT 18 (1)	73
RDH ATTACHMENT 19	74
RDH ATTACHMENT 20	86
RDH ATTACHMENT 21	88
RDH ATTACHMENT 22	92
APPENDIX DHF 1	94
HCSCC ATTACHMENT 1	100
HCSCC ATTACHMENT 2	101
HCSCC ATTACHMENT 3	105

ABBREVIATIONS

ACHS	Australian Council on Healthcare Standards
BAMS	Building Asset Management System
CNC	Clinical Nurse Consultant
CRM	Clinical Risk Management
DHCS	Department of Health & Community Services (Now Department of Health and Families - DHF)
DI	Director of Investigations
EQiUP	Evaluation and Quality Improvement Program
HCSCC	Health & Community Services Complaints Commission
HPR	High Priority Rating
M & CH	Maternal and Child Health
NAAJA	North Australian Aboriginal Justice Association
RCA	Root Cause Analysis
RDH	Royal Darwin Hospital
SRA	Security Risk Analysis/Assessment

FOREWORD

The Office of the Health & Community Services Complaints Commission investigates matters when allegations of a serious nature relating to a healthcare provider or service are raised by a complaint or are in the public interest.

Factors that result in an investigation being conducted include serious physical injury to a patient or visitor to a Healthcare facility; matters that put at risk the public's confidence in the Healthcare provided; a failure in the service provided; and allegations of abuse or neglect. This report deals with an allegation of patient safety and hospital security, and the actions taken by Royal Darwin Hospital to address the incident.

In today's climate, there is an expectation that Healthcare Services provide patients (and visitors) with a safe environment and quality care. There are sound reasons for establishing effective systems to manage risk, report incidents and improve safety and security systems.

Regardless of the size or core business of an agency, it is a fact that security incidents will occur. It is the agency's responsibility to mitigate the risk of an occurrence by tackling the issue/s and, when a security breach has occurred, by taking action. This investigation has disclosed that the Department of Health and Community Services and Royal Darwin Hospital, in response to a serious sexual assault on a five month old girl, have failed to implement adequate risk reduction measures.

Australian Standards have been developed to assist health care facilities in the development of effective security systems. Part of these standards set out the essential requirements needed to provide a safe and secure environment for staff, patients and visitors. Reference is made to these standards throughout this report.

Australian Standard 4485.2- 1997 Section 11 refers to incident procedures. This standard refers to when a security incident is deemed to have occurred, when there is actual harm to a person within a health care facility or its grounds, a security incident has occurred. An investigation should ensue to ascertain what happened, when, how and why it happened and to assess the damage, harm or compromise to the facility and its patients. Additionally, an investigation may reveal that the health facility's security procedures/policies are deficient or identify that the health facility has appropriate security procedures and policies in place. An investigation will also provide valuable information for the facility (and other facilities of similar nature) to improve or enhance their security.

Any investigation should recommend measures to minimise the possibility of a recurrence. Australian Standard 4485.1 Section 11 states that a facility shall be able to produce evidence of the investigations undertaken as part of the security risk assessment and evidence that the recommendations of the security risk assessment have been implemented. Australian Standard AS4269-1995¹ 5.1 was provided to

¹ Volume 2 - RDH attachment 2 - *Australian Standard AS 4269-1995 Complaints Handling* 5.1 - Health complaints bodies also have a role in using information gained from the complaints process to educate health providers and the public.

the HCSCC by DHCS (DHF) and reinforces AS4485. This report details the extent to which DHCS (DHF) failed to comply with those standards.

As a result of a complaint reported to the Health & Community Services Complaints Commission an investigation was undertaken by the Director of Investigations, Mrs Julie Carlsen², who is employed as the Director of Investigations (DI) Health & Community Services Complaints Commission.

This report highlights that the Department of Health & Community Services (DHCS) needs to implement effective risk control mechanisms to minimise the risk of an assault on a vulnerable inpatient in the Royal Darwin Hospital (RDH). The investigation has led to the conclusion that DHCS (DHF) and RDH have not complied with the applicable Australian Standard. It has also revealed that crucial information has been withheld from an expert engaged by RDH to review security arrangements and from the DHCS (DHF) Security Manager based at RDH. This report also details inadequacies and failings by those responsible for managing RDH who have failed for over two years to implement and maintain better security for patients in the Paediatric Ward. It is published with the hope that it will cause DHCS (DHF) and RDH to give higher priority to improving its risk management and security procedures. In August 2008 DHF and RDH in reaction to this investigation did belatedly install CCTV cameras in Ward 5B and that is a promising sign.



Carolyn Richards
Commissioner

² Volume 2 - HCSCC attachment 2 – relevant security experience of DI.

EXECUTIVE SUMMARY

Scope of Investigation

On 30th March 2006 a five month old female infant was raped while an inpatient in the Paediatric Ward 5B at RDH. The Health and Community Services Complaints Commission investigated the arrangements in place at Ward 5B for the protection of patients as well as any action taken by RDH in response to the severity of the incident.

Conclusions of the Commissioner

1. On 30th March 2006:
 - There were no arrangements in place on the Paediatric Ward to ensure the safety and inviolability of vulnerable patients.
 - No risk assessment had been conducted.
 - The arrangements in place did not comply in any aspect with the Australian Standard which sets the benchmark for proper security.
 - There was no control on access to the Ward or to the patients.
 - The staff had not received adequate training, and possibly none at all, about the risks arising from lack of security arrangements.
 - In 2002 RDH had commissioned and received an expert consultant's assessment and report on security arrangements at RDH. The Terms of Reference did not require 5B to be assessed. By 30 March 2006 the recommendations in the report had not been implemented in Ward 5B. This failure can only be described as shameful.
 - Following the rape of the infant police were not notified for about 2 hours.
2. Action taken by RDH after the rape to improve security was:
 - (a) slow
 - (b) inadequate, and
 - (c) has not been adequately evaluated or reviewed to determine its effectiveness
3. RDH has a Security Manager on site as well as an NT Police member stationed at the hospital. Neither has been asked to evaluate the security on the Paediatric Ward either before or after the rape of the infant.
4. Staff working on the Paediatric Ward have not been trained at their induction on the elements of security arrangements to reduce the risk to vulnerable patients nor has there been adequate ongoing training of staff before or after the 30th March 2006 incident.
5. In 2007 the same expert safety and security consultant, as in 2002, was engaged to assess security arrangements at RDH. He was not informed of the rape of the infant in March 2006 nor was he asked to report specifically on arrangements in the Paediatric Ward.
6. On 21 November 2007 two investigation officers from the Health and Community Services Complaints Commission visited the Paediatric Ward by prior arrangement. They were able to enter the Ward and wander around, have entry to every part of it and stand at the nurse's station, for about 25 minutes without anyone asking who they were and why they were there.
7. Management's lack of commitment to the proactive identification of risks and to taking appropriate action has not created a culture where each member of staff

takes responsibility for identifying and reporting risks and developing safe practices.

8. A security review of RDH was carried out by an expert hospital safety and security consultant who issued a report in 2007. The Security Manager of DHCS (DHF) was not given a copy even though he requested it. HCSCC enquired of RDH management why he was not given a copy and RDH have offered no explanation. On 31 October after this report was published to RDH and DHF the CEO of DHF advised this Commission that he had finally been given a copy and that he had seen a draft copy.
9. RDH Maternal and Child Health Clinical Risk Management Committee considered security in the Paediatric Ward following the incident. The Committee met on 16th May 2006, 2.5 months after the rape of the infant. It met a further 4 times. It submitted an action plan to the General Manager of RDH in July 2006. At its last recorded meeting on 5 September 2006 there had been no response from the General Manager on the recommendations, particularly with respect to installing CCTV cameras with recording facilities on the Paediatric Ward. There were still no recording cameras on the Paediatric Ward as at June 2008 although a CCTV system had been installed in the kitchen area to deter the pilfering of food. Dr David Ashbridge on 31 October 2008 advised, when responding to a draft of this report, that CCTV cameras were installed in Paediatrics on 25 August 2008.
10. The surveyors from the Australian Council of Health Standards which accredits RDH probably did not receive all relevant information about the incident of 30 March 2006 and what action RDH were taking. Those surveyors on 13 October 2006 were informed by RDH that the patient information pamphlet and admission interview are being reworded to reflect the changes to ward access. There was no verification throughout the investigation that any action had been taken by RDH to implement the recommendations of the review. Neither the report of ACHS nor records of information given to ACHS have been provided to the HCSCC. DHCS (DHF) was invited to provide me with those relevant documents in response to this draft. No response was received on this issue from DHF or RDH. According to the published information of ACHS the accreditation survey commences with a self assessment by the hospital concerned. This Commission specifically requested details and copies of the information provided to the ACHS surveyors but no response was received from either the CEO of the Department or the General Manager of RDH.
11. The governance arrangements at RDH do not promote adequate transparent accountability of the General Manager and the Department of Health and Families for the operation of the hospital. Control of all aspects of the day to day management of RDH rests in the hands of three individuals. This includes staff recruiting, training, security, nursing and medical services, procurement, record keeping, financial accountability and risk management. Such specialist management groups as exist are subordinate to the General Manager's authority. The General Manager reports to the Director of Acute Services who reports to the CEO of the Department. I have been unable to find out what role the Royal Darwin Hospital Board has since its last annual report to 30 June 2006.

In response to the draft of this report HCSCC received documents about the "realignment" of the hospital's clinical governance and management structure in October 2007. That restructure still preserves the control by the three above position

holders. The relevant parts of the organisational charts³ for RDH as from 12 October 2007 is attached.

What is notable is the absence in the October 2007 re-alignment of the RDH management and clinical structure of any reference to the role of the Royal Darwin Hospital Board of Management. The RDH is a hospital declared to be so on 2 June 1987 by a declaration made under the *Medical Services Act*. The RDH therefore is required to comply with the *Hospital Management Boards Act*. The Management Board must consist of:

- The Manager of the hospital.
- The medical practitioner in charge of having principal responsibility for providing medical services at the hospital.
- The person in charge of nursing services at the hospital.
- Five other persons appointed by the Minister.

When a person is appointed as a member the appointment must be notified in the Government Gazette. Appointments of members can not be for more than three years but they are eligible for re-appointment. As at 30 June 2006 the annual report of the Board states there were three members of five required and out of twelve meetings the attendance rate was less than 50%.

There must be five members present for a quorum and the Board SHALL meet not less frequently than once a month at the RDH. The Minister may attend any meeting. Minutes must be kept of all meetings. The functions of the Board of Management are:

“Section 22 - (a) to give directions and offer advice, not inconsistent with the Public Sector Employment and Management Act or the Financial Management Act or the directions of the Minister, to the Manager of the hospital with respect to any matter relating to the operation of the hospital;

(b) to fix and supervise the standards of service provided by or through the hospital;

(c) to advise and make recommendations to the Minister on any matter relating to the operation of the hospital, including the needs of the hospital in relation to its future development;

(d) to co-ordinate the use of resources in the hospital;

(e) to raise money, and spend and pay out any money raised, for such uses in the hospital as are approved by the Minister;

(f) to accept and receive money donated to the hospital, and spend and pay out any money donated, for uses in the hospital;

(g) to maintain liaison with other persons or bodies in the area served by the hospital; and

(h) to exercise and discharge such powers, duties and functions as are conferred or imposed on it by or under this or any other Act.

³ Volume 2 - RDH Attachment 22

(2) For the avoidance of doubt, it is declared that the powers of direction of a Board do not include powers to give directions for or in relation to –

(a) the recruitment, management and discipline of staff; or

(b) the financial management of the hospital.

(3) The Manager of a hospital shall consider any advice and comply with any directions given to him under subsection (1)."

The RDH Management Board SHALL furnish to the Minister, not later than 30 September in each year a report on its operations and the operations of the RDH. The Minister must table the report within 10 sitting days of the Legislative Assembly after it has been so furnished. It is the responsibility of the General Manager of RDH to "ensure" that a person is available to carry out secretarial services for the Board.

A notice to provide information and documents was served on the General Manager of RDH on 14 January 2007. It specifically required him to produce to the HCSCC:

"Any copy of all materials, reports and minutes of the Board of Management relating to the sexual assault within the Paediatric Ward 31st March 2006."

No document, agenda, minutes or report from or to the Management Board was produced.

This can only mean that the incident of the rape of a five month old child was not considered important enough by the General Manager to report it to the Management Board. It is the function of the Management Board under legislation to give directions to the General Manager except on financial management and recruitment management and discipline of staff.

If the General Manager controls the flow of information to the Management Board there is insufficient accountability of the General Manager and the intention of the Legislative Assembly in enacting the *Hospital Management Boards Act* can be subverted. In drawing this conclusion I am applying a presumption of innocence to the General Manager because if there was a written report or entry on an agenda of the Management Board Meeting he would have produced it or else committed an offence. If there was an oral report or discussion it would have appeared in the Board's minutes. If there were no minutes taken or kept then the General Manager has breached Section 20 of the *Hospital Management Boards Act*. I have drawn therefore an inference most favourable to the General Manager.

I subsequently asked the Government Printing Office to provide me with all the notices in the Government Gazette appointing members of the Royal Darwin Hospital Management Board. I was informed that only one appointment had been in the Gazette between 25 November 2002 and November 2008. That one appointment was of two members for the period from 7 March to 31 December 2007. As three years is the maximum term of appointment that was puzzling. Enquiries were made of the Department of the Legislative Assembly about any Annual Reports tabled by the Minister as required by Section 25 of *the Hospital Management Boards Act*. No Annual Report of the RDH Management Board has been tabled since the report for the period ending 30 June 2006.

The DHF website refers to the Management Board in these terms:

“The Royal Darwin Hospital Management Board has numerous functions including fixing and supervising the standards of service provided by or through the hospital and co-ordinating the use of resources. Sub-committees reporting to the Board include the RDH Patient Care Committee and the Specialist Medical Appointments and Credentialing Committee.”

That posting was as at 12 November 2008. A search of Hansard reveals that, on 3 May 2007, during the Second Reading Speech on the “Kaden” Bill 2007, Colin MacDonald is referred to as the Chairman of the RDH Management Board. There is no record, however, of his appointment in a Government Gazette for the three years prior.

In January 2007 a consultant organisation, Healthconsult, was engaged by the DHF (or DHCS as it then was) to undertake a review of the *Northern Territory Hospital Management Board Act*. The key tasks were to review relevant Acts of Parliament, consult with stakeholders, analyse options and present to the Minister for Health recommendations and a draft of changes of the *Hospital Management Act* in a paper the Minister could take to Cabinet. The project was completed in March 2007. The documents sent to HCSCC by DHF about my draft recommendations (the restructured arrangements of 12 October 2007) refer to the review reports but no changes have been made to the *Hospital Management Boards Act* and the reviews concerned are not identified in the documents.

In my view how RDH is managed, what leadership it has and how decisions are made, not only about clinical matters but about management, directly impact on the lack of security arrangements that led to the rape of the infant.

RECOMMENDATIONS

1. *Deleted due to explanation by DHF.*
2. *That DHF immediately enter into negotiations with good will to pay compensation to the infant and her parents for the injuries she suffered.*
3. *That 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 Health Care including:-*
 - a. *Promulgating a plan for training all staff on how to comply with that Standard.*
 - b. *Developing changes to the RDH Policy and Procedures Manual to incorporate the processes for compliance with that Standard.*
 - c. *Establishing a quality assurance process to monitor and evaluate compliance with the Standard.*
4. *It is recommended that the Paediatric Security Policy should be revisited on an annual basis or earlier in the event of a security incident.*

The Security Manager and the Hospital Constable should be involved in 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. 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 DHF on the adequacy and extent of action taken to implement his recommendations.**
- 6. It is recommended that a comprehensive security and safety training package be developed and delivered as soon as possible to staff and all new staff as part of both RDH orientation and Unit orientation. It is recommended also that the Security Manager be involved in developing the content of the program and that a refresher session be presented at least annually.**
- 7. It is my conclusion that the installation of CCTV cameras with recording capacity within the paediatric ward/s are a priority and should be installed as soon as possible or within 3 months. The minimum requirements are:**
 - a. a camera(s) to capture comings and goings at the ingress/egress points**
 - b. sufficient cameras to see anyone enter a bed bay, school or fire stair from a corridor**
 - c. cameras record 24/7**
 - d. recordings to be kept for a minimum of 14 working days.**
- 8. 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 whilst working within RDH.**
- 9. 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 task has on the ability of security officers to carry out their duties and examine any other method or strategy for reducing the time taken on this task.**
- 10. That the Quality Unit of DHF conduct a comprehensive analysis of existing RDH protocols/policies/procedures to ensure these documents meet Australian Standards. I envisage that this analysis be completed within a 3 month period and provided to HCSCC within that time frame.**
- 11. That the Quality Unit of DHF conduct a thorough review of RDH incident reporting practices and bring them in line with the Australian Standard, particularly relating to providing to operational staff feedback about root cause analysis.**

12. ***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 of all security inspections, the results and any action required and taken.***
13. ***That 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 to or within the hospital, and in the plan describe how training is to be provided, the content of the training, and evaluation of the training effectiveness.***
14. ***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.***
15. ***That RDH install devices within 3 months to record persons entering and exiting Ward 5B.***
16. ***That the RDH establish a system designating one person to be responsible to track and ensure that security and safety policies are reviewed annually.***
17. ***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 CEO of DHF.***
18. ***That RDH conduct and provide meaningful and adequate education and training to staff to enable them to understand and act in the event that an incident is about to or has occurred.***
19. ***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.***
20. ***That RDH arrange for all staff working with children on Ward 5B undertake Police Clearance and that Engineering Services do the same for all persons who might work at Ward 5B.***
21. ***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 DHCS (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.***

DEPARTMENT OF HEALTH AND FAMILIES RESPONSE

As required by the *Health and Community Services Complaints Act* copies of this report as a draft were sent for comment to:

- The Chief Executive Officer of the Department of Health and Families, Dr David Ashbridge.
- The General Manager of Royal Darwin Hospital, Dr Len Notaras and other staff at RDH who are referred to in the report.

The Chief Executive Officer, Dr David Ashbridge, replied on 31 October 2008⁴ and provided further information on 7 November 2008. He accepted all recommendations other than 2, 3 and 5. He advised that CCTV's were installed in Ward 5B on 25 August 2008. He advised that the Security Policy had been revised and would be reviewed annually. A copy of the new policy was provided. It is dated November 2008 and marked to be reviewed in October 2010 which is a two year review period contrary to the CEO's statement about annual review.

The draft of this report was also provided to the complainant's legal representatives, North Australian Aboriginal Justice Agency (NAAJA) as were the responses of DHF of 31 October and 7 November 2008. On behalf of their client, NAAJA made comments on the report and the explanation of DHF. Those comments have been given to the CEO of DHF. NAAJA stated:

"... there has throughout the process been too much delay in RDH/DHF acknowledging their responsibility for the issues raised by the complaint and positive action taken to resolve them. As opposed to a genuine response to [our clients'] complaint, it appears action taken to improve policy processes and procedures have been due to the HCSCC investigation and to avoid publication of adverse findings by the HCSCC rather than as an appropriate and sufficiently urgent response to the adverse incident – being the rape of [our clients'] infant daughter."

Force is added to NAAJA's comment by a close examination of DHF's response of 31 October 2008.

RECOMMENDATION SUMMARY	DHF RESPONSE SUMMARY AND HCSCC COMMENT
4. Review Security Policy.	<u>DHF Comment</u> - " <i>recently reviewed</i> " – November 2008 after receipt of draft report.
6. Staff training package on security. 18. 19.	<u>DHF Comment</u> - " <i>a package on security and training will be developed as time and resources permit</i> ". <u>HCSCC Comment</u> - Lingard Security Report recommended this in 2002.

⁴ Volume 2 - Appendix DHF 1.

	Security Manager not had time in 6 years.
8. Issue ID passes to contractors and police clearance.	<u>DHF Comment</u> - <i>“will be implemented however negotiations relating totimeframes.”</i>
9. Review time spent by security staff servicing patients with a mental illness.	<u>DHF Comment</u> - <i>“RDH are in discussions Recommend – will be implemented”.</i> <u>HCSCC Comment</u> – No timeframe given.
10. Review of Policies by RDH Quality Unit	<u>DHF Comment</u> - <i>“It is the responsibility of a nominated staff member of the Quality Unit to – arrange review of all RDH Policies”.</i> <u>HCSCC Comment</u> – No explanation of information given by Dr Notaras that no single person is designated to do this task.
11. Review of incident reporting practices	<u>DHF Comment</u> - <i>“It has been the intention expect to have new system mid 2009”</i>
14. Proactive risk assessment of Paediatric Ward	<u>DHF Comment</u> - <i>“A Register has been developed”.</i> <u>HCSCC Comment</u> – When? Not done between 2002 Lingard Report and June 2008.
16. Designate one person to ensure security and safety policies are reviewed.	<u>DHF Comment</u> - <i>“All policies required to be reviewed by 3 November 2008 ... The Manager of Security is responsible”</i> <u>HCSCC Comment</u> – Manager of Security reported, in June 2008, to the HCSCC that he was not tasked with policy matters, only that he was tasked with finalising the Security Manual.

AUTHORITY TO INVESTIGATE

Section 48 (1) of the *Health and Community Services Complaints Act 1998* (“the Act”) provides:

The Commissioner may, as he or she thinks fit, investigate

- (a) any matter referred under section 20 (1) or 21 (1);*
- (b) a complaint that the Commissioner has decided to investigate under section 27; or*
- (c) an issue or question arising from a complaint or a group of complaints if it appears to the Commissioner*
 - (i) to be a significant issue of public health or safety or public interest; or*
 - (ii) to be a significant question as to the practice and procedures of a provider.*

This investigation was carried out pursuant to section 48(1)(b)(c)(i) AND (c)(ii) of the Act - the complaint raised significant issues of public health or safety or public interest and significant questions as to the practice and procedures of the Department of Health & Community Services and the Royal Darwin Hospital.

Pursuant to section 61 of the Health and Community Services Complaints Act 1998 any information or document obtained during an investigation is not admissible in any proceedings before a Court, Tribunal or Board except for the prosecution of a person for an offence under the Act or for proceedings in respect of a registered provider by the relevant Professional Board

AUSTRALIAN STANDARDS

Australian Standards are referred to throughout this report and are subject to copyright laws. A copy of these Standards was supplied by RDH to the HCSCC as a supporting document. The Department of Health and Community Services (according to the copies provided to this Office) obtained Australian Standard 4485.1-1997 on the 28th November 2007 and 4485.2-1997 on the 8th July 2003.

Complaint Incident & Background to HCSCC Investigation

In March 2006 a 5 month old Aboriginal girl born with a ventricular septal defect of the heart was an inpatient of the Royal Darwin Hospital (RDH). Her illness left her with little or no ability to cry out and thereby alert staff should she require assistance. This infant girl was placed in Paediatric Ward 5B Room 8 with an eight year old Aboriginal boy. Room 8 is adjacent to the ward's nursing station. There was, in 2006 and still was not on 21 November 2007, any ability to see into this room or to see the beds in that room from the nursing station.

On the 30th March 2006 between 8:00pm and 10:00pm whilst accommodated in Ward 5B, Room 8, Royal Darwin Hospital, this child was raped and suffered tearing (posterior fourchette⁵) and damage (Labia Majora swollen with circumferential abrasions and Labia Minora swollen) to her genital area. (A loss of 10-30ml blood with visible fresh and continued bleeding observed by the nurse). This was brought to the attention of a nurse by the baby's mother at approximately 10.40pm.

A doctor attended at approximately 11.30pm from the Accident and Emergency Unit. The doctor did not know how to contact the Sexual Assault Referral Centre (SARC) and telephoned a Paediatric Registrar who then informed NT Police and SARC at 0045am on 31 March 2008.

Subsequent media coverage of this incident highlighted concerns that security at RDH was lacking⁶. It was reported that a lack of security hampered Police investigations. A Police spokesman at the time stated that *"The difficulty when there isn't enough security and people are wandering in and out visiting children, is that sexual predators may be among them"*. The assertion that there *'isn't enough security'* is supported by Mr Kenneth Lingard ('Lingard Review'⁷) who was assigned the task of reviewing RDH security in 2002 and 2007. DHCS (DHF) spokesman Mr Tim Pigot reportedly said during a media interview in 2006 that *"We (DHCS) aren't looking at introducing closed-circuit TV cameras at this stage"*.

Subsequently a complaint was made to the Health & Community Services Complaints Commission (HCSCC) by the North Australian Aboriginal Justice Agency (NAAJA) on behalf of the mother of the child. One of the issues of complaint related to and questioned adequacy of security within Royal Darwin Hospital Paediatric Ward 5B. The issue of addressing this complaint relating to hospital security was assigned to the Director of Investigations (DI). The DI's experience in security is set out as an Attachment⁸.

⁵ Fourchette – Membrane at posterior junction of labia minora.

⁶ Volume 2 - HCSCC Attachment 1 - The Australian "DNA tests after 'rape' of sick baby.

⁷ An excerpt from the Lingard Review states at recommendation point 1.2.1 *'Consideration should be given to increasing security-staffing numbers. Adjustment of staffing levels is required to allow a maximum of (withheld from public disclosure) 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'*.

⁸ Volume 2 - HCSCC Attachment 2 - Director of Investigation's experience.

Initial response by RDH on 25 July 2007

In response to the complaint, the Department of Health & Community Services was requested to respond to a number of questions raised by the child's mother. These questions and the responses provided by Doctor Tarun Weeramanthri the former Chief Health Officer of the Northern Territory on behalf of DHCS (DHF) are shown below:

- *QUESTION 1: Why there was no nurse or other staff member present outside the room at the nurse's desk at the time the incident occurred; and whether there were staff present in the vicinity who should have noticed any person who was not authorised to be there.*

DHCS Response: The nursing station is not a manned area in that no one position is allocated to remain at the desk. There is a ward clerk, however during the course of the day her duties may require her to be absent for periods of time. If nursing staff are caring for patients at the bedside and the ward clerk is absent, the nursing station may be unmanned for periods of time. However, seriously ill infants are provided with one to one or one to two care when medical condition indicates it. The normal nurse to patient ratio in the General Paediatric Unit is 1:4⁹. Staff are generally familiar with family members who regularly visit infants¹⁰, and any information regarding unauthorised access has been passed on to the Northern Territory Police as a part of their criminal investigation.

- *QUESTION 2: What procedures are in place to prevent unauthorised persons accessing the wards after hours and whether they are sufficient; and, Whether any security systems in place to monitor visitor and staff movements are effective?*

DHCS Response: Following an internal critical review of this incident, the policy for Security and Access to Paediatric Units at Royal Darwin Hospital was formulated. The purpose of this policy is 'to ensure the welfare and safety of neonates, infants and children while inpatients by restricting access to Special Care Nursery and the Paediatric Wards'.

All aspects of the policy have now been implemented. These include:

- ❖ The installation of video intercoms at the entrance to the wards. This allows nursing staff to visualise the visitor and deny or allow access as required.
- ❖ Restricted access to the Special Care Nursery at all times.
- ❖ Restricted access to General Paediatrics 5B and Ward 7B between the hours of 5pm and 7:30am.

These enhance existing measures to restrict unauthorised access to the ward.

Outcomes sought by (the mother) to resolve the complaint

1. *Acknowledgement by treating medical and allied health professional staff at RDH of (the mother's) personal distress and trauma consequent on the assaults against her daughter.*

⁹ The records disclose the ratio was actually 1.5 (HCSCC Note).

¹⁰ On the night shift on 30th March 2006 one nurse was from a pool and had not worked on the ward before. One enrolled nurse started on the ward at 9.30pm. 2 out of 6 staff could not have been "familiar with family members" (HCSCC note).

2. *An apology from RDH management.*
3. *That protocols and procedures were and are in place to prevent this distress happening to other people particularly related to staff attending to unwell infants and record keeping of after hours visitors/visitor movements (copies to be provide).*
4. *Compensation for suffering.*

DHCS Response: Provided in reply to the mother's requested outcomes:

- ❖ The incident was distressing for all involved with staff understanding and sharing the trauma and distress this caused (to the mother).
- ❖ Protocols and procedures have been enhanced, and a copy of the updated policy is attached *and headed - "Security and Access to Paediatric Units at Royal Darwin Hospital" effective December 2006.*
- ❖ The RDH Patient Advocate (name withheld) would be available to meet with (the mother) to discuss any ongoing issues for her.
- ❖ Issues of compensation will need to be addressed specifically by the DHCS (DHF) legal representative and will not be considered as part of the conciliation process.

Doctor Tarun Weeramanthri concluded *"I would like to reassure (the mother) that the incident was considered very grave by Royal Darwin Hospital. The matter was immediately reported to police, and staff remain fully supportive and cooperative with police in their investigation. RDH has requested that police representatives address staff meetings on cooperative approaches to security and safety to ensure the protection of patients and staff within RDH"*.

HCSCC NOTE: Dr Weeramanthri's response that the matter was '*immediately reported to police*' is questionable. The sexual assault is recorded as taking place sometime between 8:00pm and 10:00pm on the 30th March 2006; the Mother and hospital member noting blood on the child's top, just after 10:00pm; the Police were notified at 00:42am on the 31st March 2006. Over two and a half hours after the incident is not considered by the HCSCC to be an immediate notification to Police. Issues to consider when any assault has occurred is preservation of the scene, minimisation of scene contamination, securing of forensic evidence, interviewing of potential witnesses and immediate search for person/s that may have been responsible.

The HCSCC in checking that RDH requested Police representatives at staff meetings spoke with the Hospital Based Senior Constable on the 19th June 2008. In light of the response provided by Dr Weeramanthri the Constable was asked if any request had been made by DHCS/RDH for Police to attend staff meetings or whether Police attend any meetings relating to RDH security/safety. Senior Constable Charlton (hospital based officer) replied "No". She stated that no-one had spoken to her about attending any security related meetings. She elaborated that she has only been the hospital based officer for a period of 3 weeks. Further checks were therefore conducted. There were no records found that the 2006-2007 hospital based Constable or other security based officer/s attended security/safety staff meetings at RDH. No record of any request for police representatives to do so was produced by DHCS (DHF) or located in the records available to the hospital based police officer.

Mr Phil Bates the DHCS (DHF) Security Manager was subsequently asked if he had been requested to attend any risk assessment, security or safety meetings held at RDH. He responded that he was not aware that any such meetings had or were occurring.

Alan McEwan Operations Manager commented as follows *"It is correct that there have not been any staff meetings since Phil (Bates) was appointed (June 2006) as manager (DHCS Security Manager based at RDH) as with a small workforce and many working out of business hours, it is difficult to get staff together. In addition, many of the staff would want overtime to be paid as time in lieu is not readily available as they have appointed fulltime shifts to work and thus cannot easily be released to take their time off"*.

In light of the above, I do not accept that DHCS's response that Police have been asked to attend security/safety meetings is accurate. The Police were not aware of such meetings and since 2006 safety/security meetings have not been held, nor has the RDH Security Manager been invited to attend or provide any training or advice on security.

On the 2 August 2007 NAAJA and the infant's mother expressed their disappointment at the response provided by DHCS (DHF) of 25 July 2007. Both parties stated that they had hoped for a "sincere" response. They sought a detailed explanation and consideration of the issues that the rape raised for Royal Darwin Hospital.

I agree that the response was not open disclosure according to the National Standard on Open Disclosure in Public and Private Hospitals following an adverse event in health care. This standard was promulgated by the Australian Council for Safety and Quality in Health Care (now the Australian Commission on Safety and Quality in Health Care). The standard was published in July 2003. A summary of the process involved is attached as HCSCC 3. Steps 10, 10.5, 13, 14, 14.2 and 16 have not occurred or, if they have, no records of them have been produced to this investigation.

In regard to hospital security, NAAJA noted that the response provided on behalf of DHCS (DHF) failed to give an adequate explanation of how the measures referred to by Doctor Tarun Weeramanthri addressed the issues raised.

Australian Standard 4485.2-1997 Section 11.7 refers to Post Incident Management. Strategies should include:

(c) procedures for providing support to any person(s) involved in or affected by the incident eg. victim, family, witnesses.

Section 11.7 of the Australian Standard expands further on what action is deemed appropriate. No record or information was provided by DHCS (DHF) or RDH during this investigation explaining or suggesting that the family and/or staff received support and it is clear that no 'procedure' was documented. I have made recommendations about RDH and DHF remedying the failure to comply with this standard.

Assessment

As a result of the views expressed by NAAJA and the child's mother, and the opinion of the HCSCC senior investigation officer, a determination was made to conduct an investigation into the security of the Paediatric Ward 5B at RDH. Doctor Tarun Weeramanthri was sent notification of this determination on the 3rd September 2007. On the 16th October 2007 correspondence was sent to Dr Weeramanthri advising that a site inspection would be conducted and contact would be made to arrange an inspection. Dr Weeramanthri was the Chief Health Officer. Under a protocol with HCSCC DHCS (DHF) had nominated the Chief Health Officer as the person to speak for and represent DHCS (DHF) on all complaints and investigations by the HCSCC.

Subsequently, a Senior Investigation Officer (SIO) from HCSCC made contact with RDH seeking an appointment on behalf of the Director of Investigations (DI) for a security inspection to be conducted. Ms {Name Withheld} the Clinical Nurse Consultant (CNC) on Ward 5B (Paediatrics) was nominated by RDH as an appropriate employee at Royal Darwin Hospital to assist the DI with the security inspection.

On the 14th November 2007 the DI rang Ward 5B and spoke to the CNC. An appointment for a security inspection was arranged for the 21st November 2007 at 09:30am. A comprehensive explanation for conducting the security inspection was given to the CNC. The CNC did not raise any concerns about her ability to assist in the inspection and to answer the questions that were then sent by email to her prior to the attendance of the DI.

On the same date (14.11.07) an email confirming the appointment was sent to the CNC and copied to the General Manager of Royal Darwin Hospital Dr Len Notaras and Mr Richard Nelson (Complaints Coordinator of Strategy and Quality) from the Department of Health & Community Services (DHCS) for their attention and information. (Return receipts confirming the receipt of these emails was received).

On the 16th November 2007 a list of questions relating to security within the Paediatric Ward was compiled and emailed to the CNC with copies to Dr Notaras, Mr Nelson and Ms Carolyn Adam (Executive Assistant to RDH General Manager Dr Len Notaras). No response from RDH or DHCS (DHF) was received in relation to the above mentioned emails.

At 09:10am on Wednesday the 21st November 2007, the DI attended Ward 5B (Paediatric Ward) at Royal Darwin Hospital to meet with the CNC and conduct a security assessment of this ward. It was envisaged that during this visit the requested responses and documentation would be provided to the questions sent to the hospital (cc to DHCS) on 16th November 2007.

This was not the case. Due to a lack of preparedness, despite being advised by phone and email that questions would be raised and documents sought, the CNC advised that she had not opened her email, further explaining that RDH management had not assisted or discussed the matter with her. All of the questions asked by email of the CNC plus some additional questions were later directed to the General Manager of RDH and appear later in this report beginning at page 27.

DI Attendance at RDH Ward 5B - 21 November 2007

Royal Darwin Hospital's public main entrance before the public lifts has a security office situated within the foyer and has recordable CCTV positioned above the foyer. There are no other CCTV cameras between the main public foyer and that of Ward 5B if a person utilises the lift system.

On the date of inspection there were two entrance doors to Ward 5B, one which was closed only allowing the public to enter through the door closest to the lift area. This door was access controlled with a swipe card system. The DHCS (DHF) Security Manager Mr Phil Bates later (19.06.2008) advised that prior to the incident of March 2006 in Ward 5B the doors to this unit were not locked after hours.

The DI was advised by the CNC that the doors are automatically unlocked between the hours of 8:00am and 5:00pm (previous information provided by the Chief Health Officer was that the doors automatically unlocked at 07:30am). After 5:00pm advice was provided by the CNC that the access control system locks the door and entry can only be made by persons using a staff access swipe card. To a certain extent that is correct. A person is still able to 'coattail' a staff member or other admitted person through this door, and unless challenged has unrestricted access to the Ward.

On the outside of this door is a camera and voice intercom system. On activation (a person pressing the call button), a person's image is projected at the nursing station; however this image and any conversation is not recorded nor is a written record kept of the identity of the person, how that identity is verified nor the reason given for requesting access, nor to which patient or other purpose access is requested. If an incident similar to the incident of 30th March 2006 were to recur nothing further would be available (as at 21 November 2007 – date of DI inspection) to assist police investigations or obtain evidence than was available then. A person seeking entry after public admittance hours is required to press the intercom and wait for assistance. This again does not alleviate the ability for a person to 'coattail' through this door after an authorised cardholder enters. The issue of intercoms and 'coat-tailing' is also addressed in the Lingard Review¹¹ however is not with specific reference to the Paediatric Ward. Coat-tailing in the context of this report, can be defined as an unauthorised person following an authorised person into an area that they would not normally (at that time) have access.

Ward 5B door, on the date of inspection, was slow to close. The CNC stated that she is unaware of whose access card will work on the doors after hours and that a list of authorised persons with access to Ward 5B can be obtained from the Medical Engineering department.

Australian Standard 4485.2-1997 section 7.7.2 *Personal Security Precautions in the Workplace* states "Staff should wear their personal identification at all times. They should query the presence of strangers and report any suspicious behaviour".

The DI arrived early for the appointment to assess security within Ward 5B by compliance with Australian Standard 4485.2-1997 and to evaluate it against the

¹¹ 2.11.2 All entry doors should have camera (not video intercom) coverage and voice communications to allow staff to see and to communicate to whomever is requesting entry.

minimum expected security requirements of any organisation. The DI and another HCSCC officer, neither wearing any ID tags and neither previously known by sight to any staff on the ward, walked in and around Ward 5B and into patients' rooms without being challenged. There was no sign or notice telling any visitors to report to the nurse's station on arrival at the ward. They then stood around the nurse's station reading pamphlets, writing notes in a folder and purposely looked 'lost'. No person questioned them about why they were there or what they were doing. The CNC walked past the HCSCC officers at one stage failing to acknowledge their presence. The HCSCC officers were present for 25 minutes and no person on the Ward spoke to them.

Australian Standard 4485.2-1997 section 7.5 lists the responsibilities of people within health care facilities; staff in particular have a responsibility to:

- a) Minimise preventable incident by following security and safety instructions and procedures;
- b) Maintain a security and safety awareness in their work environment;
- c) Report to the person responsible for security administration any observed problems or deficiencies in security arrangement and equipment;
- d) Report to the person responsible for security administration any unusual or suspicious events or people as soon as possible; and
- e) Report to the person responsible for security administration any incidents involving aggression, violence, vandalism or theft.

The DI and the other HCSCC officer after being 25 minutes on the Ward walked up to the nursing station and greeted the staff. The DI received a greeting response but was not asked why she was there, whom she wanted to see or what she required. The HCSCC officers unknown to persons on the Ward continued to wait in the reception area for several minutes expecting to be challenged. This did not occur. Not being questioned or challenged by RDH staff about their presence does not meet the most basic safety and security requirements.

At 09:25am an employee asked the DI whom she was waiting for. The DI advised that she was waiting for the CNC and had an appointment with the CNC. The employee advised that the CNC was organising a flight for a patient and she would return, "*as she always does*". No attempt was made to ascertain the identity of the DI or the other HCSCC officer nor was any attempt made to contact the CNC to advise her that the DI was waiting for her.

DI Observations of Ward 5B

The following observations were made of Ward 5B:

- ❖ The infant area (room 1) which is located within viewing distance of the nursing station had numerous pamphlets and notice boards covering the majority of the windows making it difficult to view persons within. This is the room in which infants are normally placed. The victim was in Room 8.
- ❖ Members of the public, including the DI, were walking around without restriction. The DI did not observe the staff at the nursing station look up from their work to determine who was walking in or out of the ward. A male person pushing a pram with a baby left the ward with no one at the nursing station reacting. This male did not appear to have sought permission or approached staff whilst the DI was present, the DI did not see this person advising staff that he was leaving the ward with an infant. Having said this it is possible that

this may have occurred prior to the attendance of the DI on the Ward. This male was not wearing a yellow wrist band identifying him as a boarder and the infant was covered by a blanket, and it could not be seen if the child was a patient or a visitor. If the DI could not know these things it is likely that neither could the staff at the nursing station. The movement of persons in and out of the ward depends for its efficacy in maintaining security almost entirely on the familiarity of staff with who is authorised and who is not.

- ❖ The photo board of staff that work within the Ward or have authorised permission to enter Ward 5B had one of the photos (Charlie the pharmacist) with a large moustache drawn over his face, making facial recognition unlikely.
- ❖ Some of the ward staff were wearing the same coloured RDH t-shirt (blue with RDH logo) that the maintenance staff were wearing. It was difficult to distinguish who was ward staff and who were maintenance staff.
- ❖ A few of the persons entering or working in the area who were wearing RDH t-shirts were either not wearing ID or their ID was in a place that could not easily be seen. One employee was wearing his ID attached to the rear of his pants and as his t-shirt was not tucked in was covering the majority of this ID.
- ❖ There was no sign-in and sign out sheet within the Ward for either visitors or contractors.
- ❖ There was no CCTV coverage within this Ward.
- ❖ The fire door at the rear of the ward was access controlled. A sign advised that staff may use this door between 07:00am and 05:00pm. The door warns of an alarm and does have wiring for the alarm to activate. The door automatically opens in case of a fire. The ability to 'coat-tail' through the door, hold it ajar or block it from closing is a deficient security issue.

At 09:35am the CNC returned to the nursing station. None of the Ward staff had advised the CNC that the DI was waiting for her. Only the CNC's floral brooch with her name on it alerted the DI to the fact that the CNC was the person she had an appointment with, and that the CNC had returned to the ward. The DI recognised her as a person who had walked past the DI earlier. The DI approached and introduced herself.

The CNC advised that she would alert the 'others' that the DI was there. The CNC left the Ward and returned alone a short time later. The meeting with the CNC took place (without the presence of any other representative of RDH or DHCS) with the DI and another HCSCC officer. Notes of the conversation were taken by the DI. The meeting took approximately 40 minutes and took place in the office of the CNC.

DI Interview with Ward 5B CNC

The DI asked the CNC if she had addressed the questions in the email sent on the 16th November 2007. The CNC advised that she had not checked her email "for a couple of days". The CNC was advised that the email had been sent more than a couple of days ago (5 days). The CNC did not voice a concern about her ability to respond to questions, nor was she asked, nor did she indicate how long she had been employed as the CNC of Ward 5B.

The DI asked the CNC if she could show her a copy of the document '*Security and Access to Paediatric Units at Royal Darwin Hospital*'. The CNC stated she was unaware of the existence of any security document. The CNC stated that there was however a 'Safety Policy' at the nursing station. The DI asked to see that document.

The CNC took a file from the shelf and looked through the file. The CNC advised that she couldn't find the policy and '*maybe someone took it to photocopy it*'.

The CNC was asked if she had any new staff working on her Ward, she said she would have to look at the staff roster. As the CNC has responsibility for Ward 5B, it was expected that she would know who the staff are and whether or not any new staff had been employed. After perusing the roster the CNC advised that all staff except one had been working on the Ward for more than 6 months. The most recent employee had started on the Ward two months before.

The CNC was asked what the '*Safety Policy*' encompassed; what security arrangements were in place and how the ward currently functions, in response to questions put forward she replied in substance:

- A. The Safety Policy is only a draft document and was compiled three months ago. Further that there was no Safety Policy prior to this draft document;
- B. ID badges are to be worn by all staff. Contractors are to wear a 'visitors pass' that is obtained from maintenance;
- C. Security training provided to staff is annual and covers only dealing with aggressive persons and safety of staff;
- D. There is no training provided on what to do in the event of a breach of security;
- E. The CNC was not aware of a formal security risk assessment being conducted on the ward;
- F. Security within the ward had not been 'tested'; so far as she knew;
- G. The main doors are remotely controlled to open to the public between 8am and 5pm;
- H. All persons entering ward 5B should present to the front desk. Asked what happens if a person fails to present themselves at the desk, the CNC said that these people should be challenged;
- I. The CNC advised that when a child is admitted to the ward the parents are advised that they should report to the desk when they take the child from the ward. However, parents/visitors have no obligation to advise staff if they are leaving the ward with a child. It is only an expectation of staff that parents and visitors will advise staff if they are taking the child from the ward;
- J. The ward is not advised at any time by phone or any other means when a contractor will be working within the ward;
- K. Only the patient's bed chart has a list of persons who are authorised to visit with the child. If the bed chart is missing from the bed there is no other record kept of who is permitted to visit the child;
- L. That parents are not provided with informative pamphlets advising them of security within the ward;
- M. If a person visits a child they are expected to present themselves at the desk. If a visitor does present themselves at the desk and are not known to staff and/or are not on the patient's visitor list, then a staff member will sit with the visitor and child;
- N. During 12:00pm and 02:00pm there is no access permitted to the ward (except staff). However the access door is not locked during this time so entry is still openly available. If an unauthorised person comes to the notice of staff within the Ward they are asked to leave. However, staff do not enquire/question the person to find out who they are or why they are on the ward;

- O. There are fixed duress alarms in rooms 1 and 9 there is also a fixed duress alarm at the nursing station. (In the event of an incident, the alarm is activated alerting security that their attendance is required);
- P. In an emergency staff are to press *** for assistance. When asked what the phone number for security is the CNC said “28190¹² I think”. The CNC believed that the security number could be found in a phone list at the nursing station;
- Q. Boarders (persons authorised to sleep on a cot in their child’s room) are supplied with a yellow wrist band to identify them to staff in the ward;
- R. There are only two reasons that the CNC is aware of for an infant to be removed from room 1 and placed elsewhere. These two reasons are, if room 1 which is the infants room is full, or the infant is infectious then the patient will be removed to a two bedroom room;
- S. Children sharing rooms should only be of the same sex. The CNC could not suggest a reason why a 5 month old female was placed in a room with an 8 year old boy when the incident occurred on 30th March 2006;
- T. During the night, head counts of the patients’ beds are conducted every two hours. However these checks are not recorded. Every 4 hours an entry ought to be made in the patients chart;
- U. During the day, staff know where the children are. As an example the CNC stated that if a child is in the school area then a magnetic coloured sticker is placed on the board in the child’s room. The CNC reports that checks are not conducted to confirm that the child is in the school area. The stickers ought to be removed when the child is returned to the room;
- V. Asked what the longest period a child has gone missing from the ward, the CNC advised that once a child was missing for about half an hour. The CNC said that once they notice a child is missing then they would mount a search. This search included asking staff where they last saw the child, a search of the whole ward and outside the public entrance. Notification would then be made to the hospital based Constable, the Nursing Resource Coordinator (NRC) and security if the child could not be found;
- W. If there is a breach of security incident the matter would be entered into an AIMS form, the CNC would sign this form after reading it and it would be on-forwarded. The CNC was not aware at the time of inspection of any other security incident form utilised. If the incident is after hours then the matter would be written up and the Team Leader, Medical Officer, Chief Nursing Manager (CNM), Director of Nursing and Consultant would be informed;
- X. Staff used to have ward monthly meetings to discuss policies, however “*this fell in a hole as we are too busy*”;
- Y. After the 2006 incident discussions about security were undertaken. One of the recommendations was to install CCTV outside each of the patient rooms. She said that as a result of budget restrictions this has not occurred;
- Z. She is aware that other hospitals of the same size were approached after the incident on the 30th March 2006 and their security procedures apparently sourced, she doesn’t know who has these documents;

Prior to the CNC being called away to conduct other duties the DI requested copies of the Paediatric Practice Committee monthly minutes; copies of minutes related to discussions about paediatric security; a copy of the ward orientation package and any other minutes relating to meetings or discussions surrounding the security of

¹² Subsequent enquiries revealed that this was not the number for RDH Security. RDH Security Office phone number is 28140.

patients and staff on that ward. The CNC sought a reasonable timeframe in which to provide these documents. A 14 working day timeframe was suggested and accepted as reasonable.

On the 22nd November 2007, a follow up email seeking these requested documents was sent to the CNC copied to Len Notaras, Richard Nelson and Carolyn Adam. Return receipts confirmed receipt of this email by Mr Nelson and Ms Adam. At 4:02pm on the 22nd November 2007 an email notice was received by the DI advising that Dr Notaras was out of the office from 19th November 2007 to the 27th November 2007.

The DI's email of the 22nd November 2007 detailed the discussion between the DI and CNC. The CNC was provided with the opportunity to correct/amend the conversation detail should she so wish (procedural fairness), and to provide the answers and documentation requested within a 14 (working) day timeframe. No response was received from the CNC; the verbal information provided by her, as shown above, was in the absence of any other response accepted as a true record of her information, knowledge and belief as the person responsible for the operation of Ward 5B when she was on duty.

On the 27th November 2007 Mr Nelson rang the DI advising that the CNC was not the most appropriate person to respond to the security issues raised, and that he would arrange for an appropriate person to respond. This conversation was subsequently followed up with an email on the 19th December 2007 from the DI to Mr Nelson (copy to Dr Notaras) seeking a response from RDH and DHCS.

On the 7th January 2008 a further email was sent from the DI to Mr Nelson (cc to Dr Notaras) seeking a response. Return receipts indicate that this email was opened by Mr Nelson and Mr Notaras. It is acknowledged that another authorised person with access to Mr Nelson and Mr Notaras' emails may have opened them in their absence. The DI's email advised that a response to such an important matter would be expected by the 11th January 2008. Dr Notaras responded by email (07.01.2008) seeking 'Caz' assistance to support Mr Nelson. 'Caz' is believed to be Carolyn Adam (Dr Notaras' Executive Assistant).

The Commissioner advised Dr Notaras that as no response had been received, after 2 months, that a Notice to Provide Information or Produce a document or other record pursuant to section 55(2) of the *Health and Community Services Complaints Act* would be served. Failure to comply with such a notice without reasonable cause carries a criminal penalty. The HCSCC exercises its power to compel the provision of information or production of documents as a last resort. To have to resort to the use of that power to compel co-operation by RDH is self inflicted confession by DHCS (DHF) and RDH of their reluctance to be accountable and transparent over what happened to the infant in March 2006. As noted earlier (page 19) this attitude and conduct is contrary to the standard of open disclosure expected of all public and private hospitals.

On the 14th January 2008 that Notice was served, a response was due on or before the 25th January 2008. On the 25th January 2008 documents were provided and the list of security questions responded to. These Notice questions, responses, the relevant provision of the Australian Standard and HCSCC comments on them now follow.

Questions & Responses (Paediatric Ward)

HCSCC Q1: What Policy/procedures are in place now regarding security and patient safety within the Paediatric Ward at Royal Darwin Hospital?

RDH response: "Security and Access to Paediatric Units at Royal Darwin Hospital" is in place. Attachment 1¹³.

Australian Standard 4485.2-1997 Section 13 refers to Newborn and Paediatric Security. 13.1.1 (General) As part of its security program, health care facilities should give special consideration to the security of the newborn and paediatric patients. Some clients may be considered at risk to themselves or from others due to social, environmental or family factors and may require special protective measures. These issues should be considered in consultation with the security administrator, clinical staff and, where appropriate, the parent(s). 13.1.2 (Health Care Facilities). Newborn and paediatric security measures should be adopted by the facility where the need has been established through the security risk assessment. In line with this, consideration should be given to the need to –

- a) Develop and implement newborn and paediatric security policy and procedures;
- b) Regularly review security policy and procedures;
- c) Provide the parent(s) with a brochure explaining policies in place to protect the safety of newborns and highlighting the fact that the protection of newborns is the responsibility of the parent(s) and staff members;
- d) Provide ongoing in-service training for health care personnel;
- e) Inform health care personnel to be alert to any unusual behaviour displayed by individuals such as repeated visits 'just to see' or 'hold' the newborns, questions about the facility's procedures and floor layout, taking uniforms or other means of identification – such behaviour should be reported immediately to the unit supervisor;
- f) Store records and reports as per Clause 5.10;
- g) Appoint a designated staff member to be responsible for alerting other facilities when there is an attempted abduction or when someone is identified who clearly demonstrates behaviour of concern; and
- h) Notify Police of all possible abductions/attempts.

HCSCC Comment: Australian Standard 4485.2 appears to have been obtained by DHCS (DHF) on or about the 8th July 2003. The development of a security policy (which is still in draft form as of January 2008) two years and five months after obtaining the national standard and nine months after the rape of an infant indicates a lack of urgency and priority to adequately respond to the seriousness of the sexual assault of a 5

¹³ Volume 2.

month old girl at RDH in March 2006. Those responsible for managing DHCS (DHF) and RDH do not appear to have ensured that staff who need to implement the policy are even aware of, let alone complying with or evaluating its effectiveness. This Policy also does not appear to meet AS4485.2-1997 13.1.2 it does not mention the need to provide a brochure to the parents; provide ongoing in-service training for health care personnel; inform health care personnel to be alert to any unusual behaviour; store records and reports as per clause 5.10; appoint a designated staff member to be responsible for alerting other facilities and (h) notify police of all possible abductions/attempts. In all those aspects it does not comply with the standard as a policy document and even more does not amount to having in place procedures to implement a compliant policy.

The above named document "Security and Access to Paediatric Units at Royal Darwin Hospital" states the 'policy purpose' as - "To ensure the welfare and safety of Neonates, Infants and Children while inpatients by restricting access to Special Care Nursery and the Paediatric Wards".

'Restricting access' is not the only method available to minimise the risk of harm to patients, visitors and staff. DHCS (DHF) Security Manager Mr Phil Bates was employed in June 2006 and is based at RDH. He was asked if he was aware of the Paediatric Security or Safety Policy. Mr Bates stated that he was not aware of any internal security policy within the hospital. The hospital based Constable was also unaware of any internal security policy. A check of the records held by the Constable failed to locate any RDH security policy within the Constable's possession. The CNC was also not aware of the existence of a security policy and did not know where to locate a copy of what she called "the Safety Policy" as it was missing from the office file. This is concerning as the Paediatric Ward Information Pamphlet which is supposed to be provided to Parents and Escorts states in part that - "in turn the nurses will ensure:

- Staff are familiar with the Royal Darwin Hospital security policies and alarm systems".

Subsequently Mr Bates advised that he has a copy of the RDH Security Services statement in his office and has no understanding why this Office's (HCSCC) opinion is that he said that he was not aware of the internal security policy. Mr Bates further stated he is currently developing a number of new policies for the Security Staff that will be included in the new manual.

To clarify this issue, the question asked of Mr Bates and the hospital based Constable was whether they were aware of the Paediatric Security Policy or the Paediatric Safety Policy. It is still the view of this Office that neither of these persons was aware of these two Paediatric policies as they could not produce them and did not refer to them when the DI and SIO visited their offices to discuss the incident of March 2006. Mr Bates can not be criticised for not being aware of the existence of these paediatric policies as he had not been asked (nor has he attended) any security/safety meetings relevant to the paediatric ward/s, and does not appear to have been provided with a copy of these documents.

Within the policy under the heading of 'Policy statement' is "Access by visitors to Paediatric Wards is at the discretion of ward staff, and Access by staff is provided by swipe cards". This policy document does not cover procedures (actions to be taken), education, training, incident contact details, or any other comprehensive security or safety aspects that a policy for such a vulnerable patient group should contain.

HCSCC Q2: Is the Policy document titled 'Security and Access to Paediatric Units at Royal Darwin Hospital' effective December 2006 the most current security Policy/plan?

RDH response: "Security and Access to Paediatric Units at Royal Darwin Hospital" is the current Policy.

Australian Standard 4485.1-1997 refers to Security for Health Care Facilities (General Requirements) and AS4485.2-1997 refers to Security for Health Care Facilities (Procedures Guide).

Section 2 of AS4485.1-1997 refers to 'Organisation and Responsibility'.

Point 2.1 of AS4485.1-1997. A function of a health care facility's security sector is to ensure that a vigorous security policy is composed, distributed and adhered to throughout the facility. The individual areas within a facility should develop specific policy and procedures for that area.

Section 13 of AS4485.2-1997 refers to Newborn and Paediatric Security. This standard advises that a security program within a health care facility should give special consideration to the security of paediatric patients and the newborn. Further that paediatric and newborn security measures should be adopted by the facility where the need for such measures has been established through security risk assessment/s.

HCSCC Comment: *Mr Phil Bates (DHCS Security Manager) advises that RDH have a draft Security Manual, however this manual is not referred to in the 'Security and Access to Paediatric Units at Royal Darwin Hospital' policy. This is not acceptable practice as this security manual should be made available to staff, and persons in charge of completing the procedures and monitoring compliance with them, such as a CNC on the Ward who should be fully aware of any security policies and procedures that are relevant to the Paediatric wards.*

It is interesting to note that the Australian Council on Healthcare Standards¹⁴ 'Periodic Review' dated the 13.10.2006 also made reference

¹⁴ The Australian Council on Healthcare Standards (ACHS) is an independent, not-for-profit organisation, dedicated to improving the quality of health care in Australia through continual review of performance, assessment and accreditation. The ACHS is the principal independent authority on the measurement and implementation of quality improvement systems for Australian health care organisations. Standards for evaluation, assessment and accreditation are determined by a committee drawn from peak bodies in health, representatives of government and consumers.

to the RDH Security Manual which was required to be reviewed to bring the hospitals security protocols in line with Australian Standard 4485 – 1 & 2 'which will ensure implementation of security best practice'. This tends to support the premise that at the time of the rape in March 2006 the security manual may not have met the Australian Standard. This view is also supported by an independent review (Lingard Review) conducted by Mr Ken Lingard in November 2007 which recommends that 'The security service should consider completing the draft manual...'

NOTE: As of June 2008 this security manual remained in draft form.

Reference is also made in the ACHS Periodic Review of 13.10.2006 to the year 2005 as follows 'Approval has been given to recruit to the newly created Security and Fire Safety Officer position in 2006. This position will bear the overall responsibility for reviewing and, as indicated, revising the RDH Security Manual'.

The ACHS 2006 review states 'New security manager commenced at RDH in June 2006. Taken over formal carriage of the manual and over the course of calendar year 2006, will address the content of the Australian Standard against the RDH Security manual'. The Periodic Review is blank under the heading of 'Results'.

Of concern is that the Lingard Review in November 2007 (some 16 months after the appointment of the DHCS (DHF) Security Manager) found that the manager was not able to manage/create the efficiencies and develop the security documentation/programmes required because of a lack of staff. This Security Review, conducted by Mr Kenneth Lingard a Corporate Policy Development and Redesign Officer/Area Security Coordinator employed by Sydney West Area Health Service was completed after RDH (Allan McEwan – Operations Manager) provided Mr Lingard with a Terms of Reference to conduct a review of certain security issues within RDH. The first Lingard Review was conducted and completed in 2002 and appeared to be undertaken as a result of the security concerns raised by the 911 (September 11, 2001) Terrorist Attack. The second Lingard Review in November 2007 appears to have been undertaken as a result of the significant changes in the Australian Security Environment.

DHCS (DHF) Security Manager Mr Phil Bates (based at RDH) advised that he was aware of the existence of the Lingard report and that he (as the hospital appointed security manager) had sought a copy.

Mr Bates said that his request for a copy of the Lingard Security Review Report had been denied and that the HCSCC should speak to RDH executive Ms Jan Evans to find out why a copy would not be provided to the hospital's security manager. On 1 July 2008 Ms Jan Evans (cc to Dr Notaras and Mr Alan McEwan) was sent an email regarding this issue. As of 31 October 2008 no response had been provided regarding the supply of the Lingard Report to Mr Bates although other matters in that email have been responded to.

On 31 October 2008 the CEO of DHF advised that (after receiving this report in draft) a copy of the report was given to the Security Manager. It was not stated if or when its recommendation will be implemented.

HCSCC Q3: The document “Security and Access to Paediatric Units at Royal Darwin Hospital” effective December 2006 has a heading ‘Implementation – applies to all wards unless specifically stated’ then has 8 points listed under this heading. Have all of the 8 points been implemented in the Paediatric Ward and, if so, on or about what date was each implemented?

RDH response: Points 1,2,3,4,5,6,7,8 were implemented December 2006.

HCSCC Comment: Point 1 states ‘Video intercoms at the entrance to the Paediatric Wards will provide visual identification of the visitor and permit ward staff to allow entry at their discretion, via an electronic door release button’. Whilst an intercom is present, it is only used operationally after hours and is able to be bypassed. Therefore a person wishing to gain unauthorised access is able to gain entry without the discretion of the staff. For example by coat-tailing others (staff, cleaners, patients, family etc), waiting for a staff member to use their swipe card and prop the door ajar, use an unlawfully obtained (lost/stolen/misplaced) pass. Mr Phil Bates DHCS (DHF) Security Manager based at RDH advised that if a door is propped open no alarm is triggered. This should be addressed. Further to this, a faulty door that doesn’t close, lock or alarm after entry is also an issue that should be dealt with. Security Officers should immediately report a faulty door and if maintenance cannot be effected immediately, consideration should be made to post a guard on the door (dependent on the vulnerability of staff and patients).

It is obvious that the whole system relies for its effective operation on the staff exercising discretion. The exercise of that discretion requires staff to have all necessary information at their fingertips before deciding whether or not to open the door after hours. The defect in the system is glaring. The list of authorised visitors is kept on the patient’s bed. No copy is held at the nurses’ station. The person seeking access can identify themselves over the intercom. No verification is made of their identity. Staff change frequently. Patients are admitted and discharged. At any point in time it is likely that either the patients, their visitors or the staff are all new to the ward. On the night shift commencing at 9.00pm on 30th March 2006 two staff were new to the ward, and a new patient was admitted that evening. It is patently clear that relying on staff “being familiar” with who is authorised and who is not is unsafe. No records are kept of who was allowed access, who left, or of the times that occurred. The visual image on the intercom and the words spoken that form the basis of the exercise of “the discretion” to allow entry are not recorded. Staff have little, if any, training to alert them to the need to verify that a person is who they say they are and to record when and why they were there.

Point 2 states 'Parents, custodial carers and designated escorts may be provided access subject to 6, 7 and 8 below'.

Point 3 states 'Access to the Special Care Nursery will be restricted 24 hours – staff can gain entry via their swipe card'. The security to the Special Care Nursery is effective if the staff ensure the door closes and locks behind them and that no one else follows them through.

Point 4 states 'Access to Ward 5B (General Paediatrics) and Ward 7B (Isolation Paediatrics) will be restricted between the hours of 1700 and 0730 – staff gain entry via their swipe card'. The HCSCC have been advised that the access control system automatically locks and unlocks these doors. It was subsequently reported that Ward 7B is locked 24/7 since the investigation by HCSCC. This 24 hour lock down has also been made for Ward 5B.

Point 5 states 'Fire stair access will be permitted to staff between the hours of 0700 and 1700 daily using their swipe card. Access will be denied at other times unless a fire alarm has been activated. Activation will automatically release doors'. This security measure is deemed adequate depending on the alertness of staff.

Point 6 states 'Access at all times will be denied to any person who exhibits signs of aggression or of being under the influence of alcohol or other drugs'. This security measure is only as good as the alertness of staff to persons entering the Ward.

Point 7 states 'Access will be denied to any person in accordance with any authorised directives in the medical record (eg. court orders)'. This security measure could be effective if all staff have read all the patients medical records; are alert to all persons entering and have been briefed about a denied person. This would also require a denied person/s photograph to be supplied to the Paediatric Ward/s and a list of known associates (with photograph) of the denied person being made available to staff. A measure that may assist that a denied person does not gain access, is to access control these two wards 24 hours and 7 days a week.

Point 8 states 'All access during the restricted hours will be at the discretion of the shift Team Leader'. This measure is again only effective if the staff are alert and ensure no person follows them into the ward/s. It also depends on the staff implementing it by knowing and enquiring about the identity of any person entering the ward. This did not happen on 21 November 2007 when the DI and other HCSCC staff member visited.

As previously mentioned, the CNC was not aware of this Security Policy. If staff are expected to adhere to any Policy they need to be made aware of its existence and their understanding of it evaluated.

HCSCC Q4: What steps are undertaken, and with what frequency, to ensure compliance with the 8 points listed in the Policy?

RDH response: Ward meetings are held monthly for staff to raise issues including security. Following implementation of the Policy, there have not been any issues regarding these points reported at meetings.

CNC response: (Point X above – page 25). The CNC advised in November 2007 that they (RDH) used to have Ward monthly meetings to discuss policies, however “this fell in a hole as we are too busy”;

Australian Standard 4485.2-1997 section 13.1.2 refers to consideration of security measures.

HCSCC Comment: *On 22 November 2007 an email from the DI to the CNC (cc to Dr Len Notaras, Richard Nelson and Carolyn Adam) was sent regarding the meeting and inspection held on 21 November 2007. This email set out the discussion and responses provided by the CNC asking that the requested documents of any meeting held regarding security within the Paediatric wards be provided. A part extract from this email is shown below:*

➤ *You (CNC) advised that policies are approved by the Paediatric Practice Committee that meets monthly. I confirm my (DI) request for copies of any minutes of those meetings at which the security or safety in the Paediatric Ward was discussed or where the incident involving the 5 month old infant in March 2006 was discussed.*

➤ *You (CNC) advised that Paediatric staff are advised of safety/security policy changes during your monthly ward meetings. You advised that these meetings “fell in a hole” as your staff are too busy. You stated these meetings would start again soon. I (DI) confirm that I requested copies of the minutes of those meetings.*

On 22 November 2007, the CNC who works within the Ward advised that meetings are not being held due to other commitments, she was also unaware that a security policy existed for the Paediatric ward/s. Based on the CNC’s knowledge of when Ward meetings are held, the response provided by RDH to this question does not appear to be entirely accurate. There has been no documentation provided (minutes or dates of meetings) to the HCSCC despite a request to produce these documents to corroborate that monthly ward meetings are or were being held. The issue of ward meetings is further addressed in question 25.

On 19 December 2007 Mr Richard Nelson (cc Dr Notaras) was sent an email from the DI referring to the previous day’s discussion. The content of the discussion and the email was that Mr Nelson reported that the CNC was not the most appropriate person to respond to the questions and responses required in the DI’s email of 22 November 2007. No explanation was given as to why the CNC had been nominated by RDH

when the General Manager and Mr Nelson had been copied into the requests by the HCSCC prior to the visit of 21st November 2007. It is also inexplicable and unsatisfactory for DHCS (DHF) to be saying that the CNC, who has the operational responsibility for the day to day security of Ward 5B during her shifts, is not an appropriate person to give information about how security is maintained on the ward. The DI wrote "...I understand that you (Mr Nelson) would arrange for responses to the questions I (DI) have sent..."

No response had been received by 7 January 2008. The DI sent a reminder email to Mr Richard Nelson (cc Dr Len Notaras) seeking a response.

I subsequently sent notice to Dr Len Notaras on 8 January 2008 that a formal Notice to Produce would need to be issued as the 'informal' approach resulted in no apparent attempt to provide a response.

HCSCC Q5: If the document "Security and Access to Paediatric Units at Royal Darwin Hospital" effective December 2006, is current Royal Darwin Hospital Policy, please detail how this Policy meets Australian Standard AS4485 (Security for Health Care Facilities)?"

RDH response: The "Security and Access to Paediatric Units at Royal Darwin Hospital" Policy is one of a number of RDH / DHCS (DHF) Acute Care policies, procedures and actions taken that address requirements of AS4485, Section 13 – Newborn and Paediatric Security, as referenced on the above Policy.

Policy inclusions

- (a) Patient Identification – all patients at RDH are required to wear ID bracelets in accordance with RDH Patient Identification Bracelets Policy (integrated into RDH / Hospital Network Policy manual) Attachment 11¹⁵.

HCSCC Comment: Attachment 'RDH Patient Identification Bracelets Policy' (attachment 11) was not attached to the RDH response. In July 2008 the RDH Hospital Network Policy Manual index¹⁶ was sent to the HCSCC. The index does not contain any reference to a policy regarding Patient Identification Bracelets.

Regardless the requirement to wear ID bracelets is documented in the Australian Standards.

- (b) Staff / Visitor Identification – RDH Security & Access to Paediatric Units at RDH Policy cross referenced to NT Acute Care Staff Identification Guidelines, in addition to Visitors to the Hospital Policy also in RDH / Hospital Network Policy Manual. Custodial Care Form completed on admission Attachment 12.

HCSCC Comment: Attachment 12 is the DHCS (DHF) Acute Care Division Staff Identification Guidelines and does not cover 'visitor'

¹⁵

¹⁶ Volume 2 - RDH attachment 21.

identification requirements apart from a reference to a visitor and contractor being issued with a colour coded pass. Copies of the RDH / Hospital Network Policy Manual and the Visitors to the Hospital Policy were not initially supplied to this investigation. These documents were later requested and supplied.

The 'Visitors to the Hospital Policy' (reviewed & approved in March 2007) purpose is 'To ensure that visitors to the hospital conform with the requirements of the patient care areas, and to ensure the well being of patients'.

- (c) Physical Security – refer Security Services Policy and additional security measures implemented in paediatric areas in 2006 – refer attached Paediatric Security Summary prepared for Australian Council on Healthcare Standards (ACHS) December 2006 (above) Attachment 4¹⁷.

HCSCC Comment: *Attachment 4 titled 'Royal Darwin Hospital 5.1.6 Paediatric Security' document refers to the 'adverse' incident and the steps taken to improve security. That being, limiting access after hours, access control, locking of fire doors, closed circuit call stations and revised security protocols. Although these measures are an improvement, they do not appear to comprehensively meet Australian Standards. Additionally, the revised security protocols remain, as of June 2008, in draft form with Mr Bates advising that he is unsure when he will complete them.*

The Lingard Review assessed the capacity of the security officers (part of Physical Security). Mr Lingard wrote that "There is still, as there was in 2002, an uncertainty of a timely response by the security officers as they are often engaged for many hours watching scheduled patients who may be a flight risk. The security officers consider the management of Mental Health patient's (who have been scheduled but are then required to wait up to 12 hours for assessment) dangerous to themselves and leaves the entire campus vulnerable because they are fully engaged".

Mr Lingard identified in his review that the entire hospital campus can be left vulnerable if the security officers are guarding over a mental health patient.

It is apparent that the other physical security measures within the Paediatric ward such as the intercom and access control are not sufficient to prevent a breach of security on Ward 5B nor identify any person responsible for a breach.

Australian Standard 4485.1-1997 section 5.1 states - The policy and procedures applicable to physical security requirements shall take into account, but not be limited to, the following topics:

- a) Provision for appropriate security feature in new buildings or major renovations.
- b) Special accommodation for patients with protective status.
- c) Prisoner Security.

¹⁷ Volume 2.

- d) Surveillance and security equipment.
- e) Secure areas.
- f) Secure storage.
- g) Alarm systems.
- h) Access control.
- i) Use of passes or identity cards – staff, visitors, media, contractors.
- j) Doors and windows.
- k) Keys and locks.
- l) Security lighting.
- m) Security signage.
- n) Patient security, general and special cases.
- o) Security for non-medical departments.
- p) Secure accommodation for staff and visitors.

- (d) Parent / family / guardian involvement in security measures – refer RDH Paediatric Ward 5B pamphlet Information for Parents / Escorts. Attachment 14¹⁸.

Australian Standard: 4485.2-1997 section 13.1.5 'Parents' Responsibility'. Health Care facilities should encourage the parent(s) to actively participate in the newborn and infant security program, which is best achieved through admission orientation and awareness programs. Additional security measures may include reminding parent(s) of the measures they should take to provide maximum protection. This can be achieved by parents being –

- a) Watchful over the newborn and not leaving their child unsupervised;
- b) Aware of the facility's and maternity unit's protocols, including those for security;
- c) Fully conversant with any special identification worn by health care personnel to further identify those who have authority to handle their child;
- d) Advised not to surrender their child to anyone not displaying properly verified identification;
- e) Familiar with unit staff, and in particular, health care personnel assigned to them;
- f) Inquisitive about unfamiliar persons entering their room or inquiring about them and notifying unit staff immediately they become concerned, even if that person is wearing a uniform; and
- g) Aware of times for weighing and tests, the person who authorised them and verification of their identification.

HCSCC Comment: The pamphlet referred to by RDH as RDH Attachment 14 is headed 'Paediatric Ward 5B Information for Parents and Escorts' was produced in February 2003. There is an indication that a revision of content has been undertaken, due to a reference to the installation of the intercom. In the event that this pamphlet has been revisited/revised then the date of production should have been changed in 2006. Regardless, the content of this pamphlet is lacking in comprehensive patient security information. The reference to security in this pamphlet is set out below:

¹⁸ Volume 2.

“The safety and security of your child while a patient on this ward is of primary concern. Providing a safe environment for your child can be achieved if we work together. The Division of Maternal & Child Health (M&CH Division) at Royal Darwin Hospital has developed security measures giving a special focus to the safety of your child. The ward will be closed between 9:30pm and 7:45am. During this time, entry to the ward will be through the main ward door (closest to visitor lifts). Please use the intercom provided to alert staff of your entry. Doors to the ward and fire escape have been alarmed. If you are boarding with your child you will be given an identification bracelet. We ask your help to: complete the custodial care form, ask staff to replace your child’s identity bracelet if it is lost or you cannot read it; check that staff caring for your child are wearing an identification badge; tell your nurse when you take your child out of the ward. And in turn the nurses will ensure: staff working on the ward are clearly identified; your child is correctly identified with a bracelet; staff are familiar with the Royal Darwin Hospital security policies and alarm systems; staff know parents and escorts”.

This pamphlet was not viewed on the ward by the HCSCC officers, the CNC stated no pamphlets are provided to parents (response L page 24), the pamphlet is not aimed at visitors to the ward nor given to them. I also note the reference in the Australian Council of Healthcare Standards review of October 2006 to this pamphlet being “reviewed”. I have no information to explain why the Australian Council of Healthcare Standards, when conducting its certification regular review mentioned this, nor what information was given to the Australian Council of Healthcare Standards for the review. I invited the CEO of DHF to provide this information when I sent this report in draft. No response was received.

As can be seen, the pamphlet information is minimal in content compared to the Australian Standard suggested security measures and is no longer correct in relation to Ward 5B closing times. It does not refer to informing the nurses’ station on arrival at the ward or on taking a child out. It does not mention the authorised visitors list, how a parent can control entry of a name on that list. It does not advise the parents to inform other family or likely visitors that they must report to the nurses’ station.

The Policy meets requirements of AS4485 Section 13 – Newborn and Paediatric Security within allocated resources. Attachment 2¹⁹.

HCSCC Comment: *This Policy is a DRAFT as at January 2008. Considering that a serious rape of an infant occurred in March 2006 it is my view that a comprehensive security policy should have been finalised shortly after this incident. There ought to have been a comprehensive risk assessment undertaken to inform that Policy. The hospital Constable (or other security/safety officer) and the most senior security officer ought to have been involved in that risk assessment. This did not occur. Nor has there been any evaluation of current security or risk assessment done after some changes were made.*

¹⁹ Volume 2.

This Office does not agree that the RDH Policy submitted to this investigation meets the requirements of Australian Standard Section 13. For example the Policy does not make reference to (AS4485.2-1997 section 13.1.2(a)) – Develop & implement newborn and paediatric security policy & procedure; (b) Regularly review security Policy & Procedures; (c) provide the parent(s) with a brochure explaining policies in place to protect the safety of newborns and highlighting the fact that the protection of newborns is the responsibility of the parent(s) and staff members; (d) Provide ongoing in-service training for health care personnel; (e) Inform health care personnel to be alert to any unusual behaviour.

I do not agree that compliance should be determined or measured against 'allocated resources'. Nor do I agree that management can allocate resources insufficient to meet established standards.

Other risk assessment and action taken in relation to AS4485:

- RDH Working Party on Hospital & Workplace Security Attachment 6²⁰.

HCSCC Comment: *Whilst commendable to have such a working party, the documentation supplied does not indicate that the party continued past 2004. The 2005/06 Minor New Works Program prepared by Allan McEwan, Operations Manager, states September 2004 has prioritised expanding CCTV with full recording capability as high. The last working party agenda supplied to this investigation is dated September 2004.*

In addition the hospital based Constable and Mr Phil Bates (Security Manager) both advised that they have not been asked and do not attend security meetings or security training of any type.

Mr McEwan confirms in his response to this Office that there have not been any staff meetings since the Security Manager was appointed (June 2006). Further regarding the issue of security/safety training Mr McEwan advises that "Planning has been underway for a lengthy period of time to undertake a comprehensive training program once recruitment to five additional positions has been finalised".

Mr McEwan evaded providing information about when the security meetings ceased despite the fact that in answer to Question 4 DHCS, through Dr Len Notaras, said that as at 15 January 2008 ward meetings were held monthly. This was a reference to the Paediatric Ward.

- Implementation swipe card access Attachment 7.

HCSCC Comment: *Attachment 7 is a DHCS (DHF) key/swipe card request form that needs to be filled out by an employee and a Photo Identification Card request form that needs to be completed by an employee.*

The Lingard Review in November 2007 appears to have identified a deficiency in the swipe card control in that Mr Lingard states consideration

²⁰ Volume 2.

should be given to introducing an identification checking process for staff and others who request an RDH identification card. Further that RDH establish an employee separation clearance process that ensures the identification card is returned on separation of service. Mr Lingard further recommends (2.2.6) that 'staff wearing ID cards and reporting lost ID cards are part of any security awareness training'.

The security awareness training within RDH as stated above is not occurring, Mr Lingard also identified that training is not currently provided. Mr Lingard points out at point 2.11.6 of his review in November 2007. 'When an in-house security awareness is available...'. The only inference is that none are happening at the date of his review.

DHCS (DHF) Security Manager Phil Bates advised that up until 2 February 2007 his Office was not being advised of employees leaving RDH, so he arranged for the Department of Corporate and Information Services to supply him with weekly separation notifications. This initiative would not enable him to know whether all staff such as consultants, visiting medical specialists, pharmacists or nursing agency staff have returned ID cards as they are not covered by the Department of Corporate and Information Services public service records for the whole of government Mr Bates continued that there is not the same requirement for the vetting process for swipe cards issued by Maintenance.

- Independent security audit undertaken November 2007 (not yet available).

HCSCC Comment: *A copy of this 'independent security audit' (Lingard Review) undertaken in November 2007 conducted by Mr Ken Lingard was subsequently provided to this Office. There is no reference to the auditing of security within the Paediatric Ward/s being conducted. Mr Lingard was contacted by phone (30.07.2008) and confirmed that he had not been asked to consider or audit security in the Paediatric ward/s and that he was not aware of the sexual assault of an infant at RDH.*

The 2007 Lingard Review documents a lack of security awareness²¹ within RDH; this observation was not a reference to the Paediatric Ward/s. Having said this, security training (except aggressive persons training) is not being provided to staff.

Security Manager Mr Phil Bates advised that he was aware that the Lingard Review had been released; however he stated that he was not going to be provided with a copy despite requesting one. When asked by the DI why the hospital security manager would not be provided with a copy of a security review report, Mr Bates replied "I don't know, ask Jan Evans". As stated above an email was sent by the DI to Ms Jan Evans on the 01.07.2008 seeking a reason why the Security Manager would not be provided with the Lingard Review. No response to this question has been provided at the date of drafting (17/9/08).

²¹ The Lingard Review Page 18 "General lack of security awareness amongst RDH staff was evidence with the author being able to traverse (location withheld) and then take photographs without a staff member, who exchanged greetings, questioning his right to be there or contacting security to advise them a stranger was present. Page 43 "...video intercoms provide narrow vision of who is requesting entry and does not allow those admitting the person to see if there are other people waiting to force entry or tailgate the person into the unit".

The hospital based Police Constable was also not aware of any security audits that had been conducted within RDH. Senior Constable Charlton advised that her orientation at RDH only consisted of being shown around the hospital by the previous incumbent and no other information pertaining to RDH safety/security had been provided to her. At the request of the HCSCC investigation the Police records were perused (June 2008), no previous records of a security audit were located.

It is recommended that the hospital Security Manager be provided with a copy of the Lingard Reviews immediately so that he may be apprised of the security issues identified and impart the recommendations into the Security Manual, and action any improvements.

Evidence of investigations in conjunction with security risk assessment. Following adverse event on Paediatric Ward 5B, March 2006, RDH review undertaken (Attachment 9) into security in the Paediatrics areas of the hospital and security measures in place in other major hospitals with Paediatric units.

Australian Standard 4485.1-1997 section 11 refers to incident procedures.

The Policies and Procedures for dealing with incidents shall take into account, but not be limited to, the following:

- a) *Safety and security procedures during an incident.*
- b) *Preservation of a crime scene.*
- c) *Incident investigation.*
- d) *Reporting and recording of incidents.*
- e) *Debriefing of staff involved in the incidents.*
- f) *Critical Incident Stress Debriefing (CISD).*
- g) *Evaluation of debriefing data.*
- h) *Damage control and minimisation of the potential of a re-occurrence.*

HCSCC Comment: *Attachment 9 is an 'Action Plan' which recommends actions to be taken by RDH. The recommendations are that RDH restrict public entry and access to infants and children in Ward 5B; and that RDH install a video surveillance system to record all persons who enter/exit Ward 5B for the purpose of post event identification.*

This document is not 'evidence of investigations in conjunction with security risk assessment'. That it should be referred to as such in a response to the HCSCC either demonstrates a cavalier attitude on the part of RDH to the HCSCC or a total lack of understanding by management at RDH of what constitutes a risk assessment.

The (RDH) review (into security within Paediatrics) recommended revised security measures be implemented including:

- The need to limit access after hours.
- Swipe card access after hours for authorised personnel
- Fire doors locked after hours.
- Closed circuit call stations.

- Revised Security protocols.
- Request for cost estimates to be provided by Operations Manager for system of close circuit cameras and door security for Paediatric wards – SCH, 5B and 7B. Attachment 10.

HCSCC Comment: Attachment 9 is an 'Action Plan' compiled on an unknown date and does not list the name of the author. The Action Plan lists the following:

- (a) Within 30 days RDH restrict public entry and access to infants and children of the Paediatric Ward 5B whilst maintaining emergency exit.
- Immediate action lock door of North corridor; designate South corridor as the entry point for the ward; enable North and South doors to open on exit eg emergency release; install swipe card access for staff on the South door; install intercom and screen for visitor use on South door and provide suitable response ability within the unit.
- (b) Within 30 days RDH install a video surveillance system to record all person who enter and / or exit the Paediatric Ward 5B for the purpose of post event identification.
- Immediate (sic immediately) install video surveillance camera at the entry point to the unit; place monitor at nurses station; implement mechanism for keeping video for the recommended standard time eg 24 hours.
- Within 3 months RDH commission a contemporary and knowledgeable source to implement an electronic security system similar to those operating in other secure environments eg. Children's Hospital Brisbane, Sydney.
- Within 3 months RDH considers the other areas where infants and children reside and are reviewed as per recommendation 1.
- Within 3 months participate in review of security needs and installation of contemporary security system in the following areas – special care nursery, isolation paediatric unit, maternity unit and birth centre.

As can be seen, the 'review' determined that additional security measures were warranted, including the need for CCTV recording capability.

The response provided by RDH does not adequately address the question asked by the HCSCC, that being, detailing how their Policy meets the Australian Standard.

Additionally, RDH indicate that the review recommended revised security protocols. This matter was discussed with Security Manager Mr Phil Bates who is currently compiling the Security Manual. He advised that the Security Manual does not contain any information pertaining to the security/safety within the Paediatric Ward/s and further that he had not been asked to include Paediatric security within the Security Manual.

Recommendation on Paediatric Security:

- Implement door locking, and access control policies for areas where children are accommodated, along with hardware to facilitate practical implementation of the Policy.

Action taken on ACHS recommendation:

- Video intercoms installed at entrance to all Paediatric wards, signage posted;
- Video intercoms monitored via video link (monitor) situated at nurses station in each ward;
- Access between 1700 and 0730 controlled via electronic door release inside ward.
- Special Care Nursery controlled access at all times;
- Break-glass alarms installed to enable rapid exit in case of emergency on ward fire doors which are locked after hours;
- Policy developed, reviewed by DHCS (DHF) Legal branch and approved by RDH Executive to cover revised access to Paediatric Ward areas (“Security and Access to Paediatric Units at Royal Darwin Hospital” December 2006.)

ACHS on-site Review of Action on Recommendations December 2006.

Surveyors’ acknowledged action taken on August 2006 recommendations and noted: “it was evident that appropriate arrangements had been implemented to reduce the security associated with the provision of paediatric accommodation” (ACHS final report dated 13.10.2006 Periodic Review).

HCSCC Comment: *I refer to the developed Security Policy that was approved by RDH Executive and Legal Branch. I ask why is this document in draft form since approval in December 2006 and still in draft as at January 2008 when supplied to HCSCC. The importance of child safety/security is paramount and requires more than an action that still fails to meet the Australian Standard.*

The RDH Security Policy document (draft) was supplied to the HCSCC SIO/Assessment Officer in August 2007 (17 months after the infant assault) and records under the heading of ‘references’:

- EQulP Version 3²², Safe Practice and Environment 5.1.1 & 5.1.6.
- Care and Protection of Young Children Act (2005 – discussion draft).
- RDH Swipe Card & Drug Room Policy (? Location).
- RDH Risk Management Policy (located in the NT Hospital Network Policy Manual).
- RDH Security Services Policy (located in the NT Hospital Network Policy Manual).
- RDH Staff Identification Guidelines (Located in the NT Hospital Network Policy Manual).
- ASA4485 Security for Health Care facilities Part 1&2.

²² EQulP - ACHS Evaluation and Quality Improvement Program providing health care organisations with a framework to deliver a consumer-centred service focusing on the continuum of care by incorporating systematic external peer review.

As can be seen from this Policy document, the Swipe Card & Drug Room Policy location is marked with a question mark making it difficult for a staff member to know where to find the Policy. The NT Hospital Network Policy Manual was provided to the HCSCC in July 2008, no reference can be found for policies named Swipe Card & Drug Room Policy or Security Services Policy. The RDH Risk Management Policy was effective 26 April 2006 and was due for review on 25 June 2007. The 'Care and Protection of Young Children Act' is recorded as a 2005 discussion draft. It is believed that this reference is to a draft bill of the Care and Protection of Children Act 2007 assent date 12 December 2007 and in force 7 May 2008. There has been no reason provided why this policy document was incomplete 17 months after the rape of the complainant's child, nor has any reason been provided as to why the NT Hospital Network Policy Manual does not appear to contain the policies stated above.

A revised 'Security and Access to Paediatric Units at Royal Darwin Hospital' Policy was subsequently provided to this investigation, it is still listed as a draft as at January 2008. The references are listed as:

- EQUIP Version 4, Safe Practice and Environment 3.2.1 & 3.2.5
- Care and Protection of Young Children Act - (believed to be a reference to Care and Protection of Children Act 2007).
- Access into New Wing & Main Ward Block as at 29 September 2003 (Memo to staff).
- Risk Management Policy (DHCS Acute Care NT Hospital Network Policy Manual).
- RDH Security Services Policy (DHCS Acute Care NT Hospital Network Policy Manual).
- Staff Identification Guidelines (DHCS Acute Care NT Hospital Network Policy Manual).
- AS4485 Security for Health Care Facilities Parts 1 & 2.

The copy of the policy issued November 2008 contains the same references including the question mark about the location of the swipe card and Drug Room Policy and the reference to the 2005 discussion draft of the *Care and Protection of Children Act* which was enacted in 2007. The DHF undertook to provide the HCSCC with an updated version of the RDH Manual. None of the updates have included the Security and Access to Paediatric Units or the Security Services Policy.

A copy of the Royal Darwin Hospital Network Policy Manual (the Manual) was supplied to the HCSCC (received 31 July 2008). This Manual is available to RDH staff who have access to the internal network, and is an initiative of the Acute Care Quality Committee. The 'Security and Access to Paediatric Units at Royal Darwin Hospital' policy is not referred to within the index of the NT Hospital Network Policy Manual (as of July 2008), and the Risk Management Policy still indicates the review date as being 25 June 2007.

The Staff Identification Guidelines was present, the Security Services Policy referred to above was absent from both the manuals index and content.

In reference to the 2003 memo to staff (point 3 above). The information contained within refers to the Staff Entrance – Kiosk side; the Front Entrance Foyer; the Door at the top of the former ambulance ramp (corner of the new x-ray dept); the sliding doors from the former Emergency Department onto the ramp; the Lower Ground Floor; and the ground floor Fire Stairs Doors. This memo document does not appear to have any reference to the Paediatric Ward/s egress.

Of interest within the Manual was a reference to 'Children Leaving Hospital Campus'. This policy being approved in November 2006 and due for review in May 2008. The Manual supplied to this Office in July 2008 would suggest that the review of the Children Leaving Hospital Policy in May 2008 has not occurred. The same can be concluded for the review of the Risk Management Policy which was due for review in June 2007.

If the Manual provided to this investigation was the most recent available on the hospital network there are considerable problems with document and knowledge management at RDH. The only other inference is that documents supplied to the HCSCC are not what they purport to be and no care is taken when responding to the HCSCC to ensure accuracy of information supplied. Either way, it is not surprising that frontline staff at RDH appear to be unaware of policies, procedures and risk management strategies for security at Ward 5B.

Note: Mr Phil Bates, Security Manager based at RDH and Senior Constable Charlton the hospital based Constable indicated that they were (as of 19 June 2008) unaware that the Paediatric Security policy existed. As this document is not referred to in the Manual and a copy has not been provided to the Manager of Security or to the Hospital Based Constable this is patently unacceptable and poor practice.

HCSCC Q6: How often is the "Security and Access to Paediatric Units at Royal Darwin Hospital" Policy reviewed or updated and on what dates was it updated between 1 January 2005 and 31 December 2007?

RDH response: Policy was made effective December 2006. Date set for updating was December 2007 and Policy is currently under review (25.01.2008).

HCSCC Comment: *As previously stated this document was made 'effective' 9 months after the rape of an infant and as of January 2008 was in print in draft form. This is considered to be unsatisfactory at best. It is recommended that the Paediatric Security Policy should be revisited on an annual basis or earlier in the event of a security incident.*

The Security Manager and the Hospital Constable should be involved in 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.

HCSCC Q7: Was any “Security and Access to Paediatric Units at Royal Darwin Hospital” Policy in place at the time of the incident involving (infant patient name withheld) in the Paediatric Ward on 31st March 2006 (sic 30th March 2006)?

RDH response: There was no Policy at time of incident.

HCSCC Comment: *RDH provided document ‘Periodic Review’ (PR) page 172 dated 13 October 2006 under the heading of Personal Security of Children states “Introduction of new Policy and enhanced security procedures in 2004 in Paediatric and Maternity wards, no incidents have been reported regarding unauthorised access after visiting hours”.*

The PR conducted 7 months after the rape of an infant appears to refer to an introduction of a new policy and enhanced security procedures in 2004. RDH have advised that the Paediatric security policy was made effective in December 2006, the reference to the ‘introduction of new policy and enhanced security procedures in 2004 in Paediatric and Maternity wards’ has not been explained.

It is also confusing as to why a PR conducted 7 months after the rape indicates that there have been no incidents reported regarding unauthorised access after visiting hours. The incident involving the infant victim is recorded as occurring after visiting hours.

Page 173 of the PR under the heading of Personal Security of Children 2004-05 states: “Changed. Review process established. All Paediatric and Maternity units are fitted with door alarms. Security audits the alarms monthly and reports any faults. Policy is in place in the Paediatric units regarding custodial care. Results: (no entry)”. The reference to door alarms raises the issue that this Office has been advised that the Paediatric doors have no door alarms. If it is a reference to security staff auditing the main doors the information is wrong based on information from the Security Manager.

The ACHS Periodic Review (13th October 2006) further indicates that Security Protocols are currently being developed by the Director of Nursing (Maternal & Child Health Div.) in conjunction with the Security Manager. It has been ascertained that these security protocols were still in draft as of June 2008.

Regardless, there has been no explanation provided as to why it was 9 months after the March 2006 incident that a Paediatric Security Policy was developed and why it was still marked as a “draft”.

HCSCC Q8: Were any changes made to the “Security and Access to Paediatric Units at Royal Darwin Hospital” Policy after analysis of the incident that occurred on 30th March 2006 in the Paediatric Ward?

RDH response: Yes. The Policy was introduced after the incident and changes were:

- Restriction of access to unit to prescribed hours.
- Fire escape locked, restricted access, restricted persons, alarmed, auto fire release.
- Northern corridor door locked, auto fire release.
- Video intercom at Southern corridor – visual response station at desk.

HCSCC Comment: *As previously stated, this Policy was introduced nine (9) months after the incident (refer to Q6). Its status as a policy that has been notified to all relevant staff and been fully implemented, and evaluation of its effectiveness is debatable.*

HCSCC Q9: Detail any times and dates and methods used to test or evaluate the effectiveness of the security Policy on the Paediatric Ward from about 1 January 2006 to 1 January 2008?

RDH response: There are no routine checks on these doors by the security staff. When the swipe cards and intercom system was initially installed, the ACHS Surveyors undertook an onsite check of the doors and were satisfied that the locking mechanism worked.

HCSCC Comment: *Page 173 of the PR states that “All Paediatric and maternity units are fitted with door alarms. Security audits the alarms monthly and reports any faults”. This is not true.*

The November 2007 Lingard Review recommended that the security service should consider completing the draft security manual and include within it timings for an outline of each step/door/area to be checked during each routine patrol. However, as reported in the RDH answer above ‘there are no routine checks on these doors by the security staff’. The Lingard Review also documented that the security service needs to move from a reactive approach to security to a proactive service and this can be achieved by restructuring the security department with additional staff, senior officers, strengthened accountability and introduction of documented policy, procedures and routines. Mr Phil Bates indicated that he was not aware of any changes to the security measures within paediatrics.

Regardless, the response provided by RDH refers only to the doors, the issue of testing or evaluating the draft security Policy on the Paediatric Ward is not sufficiently addressed as doors are not the only security item listed within the policy.

The function of ACHS surveyors is to audit compliance with standards. An audit does not involve a full investigation of or detailed verification of information provided by a hospital to the surveyors. In the absence of DHCS (DHF) or RDH providing the HCSCC investigators with copies of what information was given to the ACHS surveyors about how security at Ward 5B complies with AS 4485-1997 I cannot know whether the surveyors were satisfied that the Australian Standard No. 4485-1997 was being complied with. I will be publishing a copy of this report to the Australian Council of Healthcare Standards. I note that the Northern Territory representative on the ACHS is the current General Manager of RDH, Dr Len Notaras.

The experience of the HCSCC officers on the 21 November 2007 when they entered the Paediatric Ward and had unrestricted access, with no challenge or questions, if it is the norm demonstrates that whatever policies have been formulated are not known to the Ward staff and not acted on routinely. Nor is the operation of the doors routinely checked for faults by security. The speed with which the main doors close, the ability of someone to "coat-tail" in and the ability to prop a door open by, for example, a small magnet are chinks in the security. The reliance on staff "being familiar" with visitors and families is also inadequate.

HCSCC Q10: What records are kept recording any security Policy testing or any procedures?

RDH response: No records are currently kept. Security will commence physical checks of all swipe card doors from 23 January 2008 and will be recorded on their log sheets.

HCSCC Comment: *It is unsatisfactory that records are not kept of security policy testing or procedures. This should be rectified immediately. Checks of swipe card doors and recording the results on a log sheet only covers one issue – access control. It is evident that a more comprehensive testing of security within the Paediatric ward is required.*

Further to this on the 19th June 2008 Mr Phil Bates (Security Manager based at RDH) stated that the security team do not check the swipe card doors on a random basis. He could not provide records that such door checks were being undertaken.

Mr Bates stated that about 5:30pm the hospital doors are checked and that is a requirement. He advised no random checks of the paediatric doors are conducted (this is supported in RDH answer to question 9) and a log of what is checked is not kept. The only record is the entry created on a database by the use of a swipe card being used on the card reader.

Mr Bates also acknowledged that persons could coat-tailing through other doors not covered by CCTV footage during the night, and that hospital staff in most cases didn't challenge persons who follow staff through doors. Mr Bates stated that the training of staff in relation to security was

poor. This observation is supported by comments made in the Lingard Review.

Mr Bates subsequently amended his statement to stating that the doors are always checked during the evening 'lockdown' and again during shifts as time permits. No evidence has been produced to corroborate that checks have been occurring since 23rd January 2008. "As time permits" could mean once a year or never. As no records could be produced of it ever being done management needs to improve its administration in this regard.

The Lingard Review also identified that at present the Security Manager is not able to manage efficiencies and develop documentation/programmes required because of a lack of staff and the need to continually provide service as a backup officer.

It is recommended that:

- random door checks and patrols of Paediatric wards are conducted throughout the night, documented and reported.
- checks are conducted at least monthly on the doors to check for any defects
- a log of such checks and the results are produced to RDH management and accessible to other (eg Police) when required.
- on a random basis, security sends a "dummy" visitor, unannounced and in plain clothes to the Ward and see if staff challenge the visitor; record the incident and notify security.

HCSCC Q11: Do the records include the result of any test and/or the method of testing or evaluation?

RDH response: No.

HCSCC Q12: How are safety and/or security policies and procedures distributed and brought to the attention of paediatric staff and employees required to work in the Paediatric area?

RDH Response: Distribution of Policy is through the Clinical Nurse Manager of the unit. There are Policy and Guideline manuals kept on each ward. The usual mechanisms available for informing staff are:

- Ward meetings.
- Communication Book.
- Notice Boards.

Safety and security is brought to the attention of staff through:

- RDH orientation.
- Unit Orientation.

Australian Standard 4485.1-1997 section 14 refers to *Education, Induction and Training of staff other than Security Staff*. Each facility shall develop a comprehensive program designed to ensure that staff awareness of essential security issues is maintained at all times. The program shall take into account, but not be limited to, the following:

- a) Security orientation for all staff.
- b) Ongoing training for all staff to ensure that procedural knowledge is up to date.
- c) Collective training such as exercises and practice responses.
- d) Patient and visitor awareness programs.

Australian Standard 4485.2-1997 section 3.9.4 refers to reducing vulnerabilities. Subsection (h) suggests providing better security instructions, briefings and training for all staff.

HCSCC Comment: *The CNC of Ward 5B reported that the Ward Meetings had 'fallen in a hole'. It would follow that informing staff of security policies through ward meetings is not occurring. The CNC is also noted in RDH's response as being partly responsible for bringing the security policies to the attention of her staff. The CNC stated she was not aware of the existence of Security Policies. If this is the case, this matter identifies a serious failure in the hospital's security awareness program and suggests that there is in fact no such program.*

It would appear that the 2002 and November 2007 Lingard Review also identified a need for educating staff about security although not specifically addressing the Paediatric wards. A recommendation within the 2007 report states: '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 staff as is practical attend a security awareness training session annually should be developed'.

Mr Phil Bates (security manager) advised that he has no time to develop such programs and in most cases he is called upon to act in the capacity of the A03 security officers guarding disruptive persons. This appeared to also be an issue raised in the 2002 Lingard Review. Point 12.4 of this review states "Concern was also expressed by the security staff and other staff members regarding security's ability to respond when they called for assistance because of being tied up with "babysitting" duties". Point 12.5 "Details were given to me (Lingard) by Nursing and Mental Health staff of occasions when security officers were not available to assist with aggressive behaviour and police had to be called".

Mr Bates subsequently advised "That he imagines that discussions on many matters take place at Executive or Divisional level and do not include managers and is on a 'need to know basis'.

Mr McEwan advised that Mr Bates comment that security staff are not briefed or debriefed in relation to security/safety incidents was a "throw away line" as he (Mr Bates) couldn't really comment. Mr McEwan did not

offer any explanation as to why the Security Manager did not need to know. The belief that the Security Manager could not comment on whether security staff are briefed because discussions at Executive or Divisional level occur shows defects in administration with the following likely results:

1. *Security Manager not informing Executive.*
2. *Executive not communicating with Security Manager.*
3. *Insult to Security Manager's professionalism and skills.*
4. *Poor practice and lack of co-ordination.*
5. *Decisions likely to be made without expertise.*
6. *Chances of enhancing and implementing security severely reduced.*

On viewing the Notice Boards within Ward 5B during the security inspection no security or safety Policy or guideline documents were observed. The CNC could not find the Safety Policy on the ward, nor was she aware of the existence of a Security Policy. The RDH orientation document provided to this Office is insufficient to educate a staff member regarding security and safety requirements on the ward.

Additionally, the issue of other staff required to work within the ward (cleaners, maintenance, nurses from agencies or other wards called to work on short notice or for a few shifts etc) knowing about the specifics of the Paediatric ward safety and security policies is not addressed within the RDH response, or practices.

A reference has been made by RDH within the Orientation booklet to a 'Communication Book'. The Paediatric Orientation booklet states the following in relation to the Communication Book:

"There is a communications book located on the bench behind the nurse's station. This allows staff members to relay any problems and share information gained that other staff may need to be aware of. The book should be used for constructive criticism or positive comments. Please take time to read it frequently. All DHCS (DHF) Memoranda etc are placed on the notice boards located in the staff room for a period of two weeks. It is everyone's responsibility to read the memos to keep up to date with new policies and information". A sample of the communication book was provided.

What appears to be information notices to staff which have been hand written onto an email dated 7 December 2006 from Carolyn Adam to THS Royal Darwin Hospital Tiwi. Written on this email is 21 October 2006 "Medicine cups are washed and re-used – please do not throw them out. Thanks (unreadable signature)" endorsed by 5 staff and dated 20 December 2006 is the notation "Can all staff PLEASE remember to stick stickers to charts, they aren't legal without them! Thanks Eboney". It is initialled (endorsed) as read by four staff members. This notation would suggest that staff at the time may not have been documenting patient charts as required. Further with only four signatures indicating that staff have read the note it highlights that several other staff may not have read

the content. If this is the method of informing staff about inpatient issues it is, in my opinion inadequate, not to mention an antiquated and unsafe method to inform staff of operational directions and policies.

It follows that as the CNC was not aware of Security Policies that either the Communications Book may not have reference to such a policy or that the CNC may have failed to frequently read the book and bring important issues to the staff/s attention.

It is the view of the HCSCC that the three methods of notifying staff of safety and security policies/procedures are abysmally inadequate and obviously ineffective. It is recommended that a comprehensive security and safety training package be developed and delivered as soon as possible to staff, and all new staff as part of both RDH orientation and Unit orientation. It is recommended also that the Security Manager be involved in developing the content of the program and that a refresher session be presented at least annually.

HCSCC Q13: Do staff who work within the Paediatric Ward sign that they have read and understood safety and/or security policies? If yes, where and how is the records kept?

RDH response: No.

HCSCC Q14: Who is responsible for updating your Paediatric Ward/s Policy/plans?

RDH response: There is no one position within RDH dedicated to the research, writing and endorsing of policies. Various positions are responsible and/or accountable by virtue of the position and the type of Policy, procedure or protocol. Eg the Clinical Nurse Specialist, Clinical Nurse Manager, Clinical Nurse Educator, Nursing Director, General Manager.

Australian Standard - 4485.2-1997 Point 2.2.1 states "Responsibility for the security of any health care facility, including the development of Policy, procedures and protocols, shall rest with executive management acting under the authority of the governing body of the facility".

HCSCC Comment: *The RDH response did not identify any person in answer to the question asked. In having several persons 'responsible' for updating the Paediatric ward policy/plans the outcome seems to be that no-one is reviewing and/or updating these documents on a regular basis.*

This is evident in that the Security and Access to Paediatric Units at Royal Darwin Hospital policy was to be reviewed in December 2007, yet this was not undertaken at that time (see answer to question 6).

I also recommend that the Security Manager be consulted when developing or reviewing any security policy and that the Security Manager

scrutinise any security policy when drafted and advise the Executive as to its adequacy or otherwise.

Under the Australian Standard responsibility finally rests with the General Manager under the governance structure that exists for RDH. That governance structure consists of various advisory groups, the Executive Management Committee and the Nursing and Midwifery Council. The General Manager, currently Dr Len Notaras is, in theory, accountable to a Board of Management. The extent of this Board's supervision is not known due to lack of annual reports from the RDH Board of Management being tabled in the Legislative Assembly. His line of reporting and responsibility is to the Director of Acute Services of the DHCS. At all relevant times covered by this investigation that person was Mr Peter Campos. Through the Director of Acute Services the General Manager of RDH reports to the CEO of the Department of Health and Families. The Director of Acute Services and the CEO decide what is delegated and to whom. It is my view that apart from financial management and discipline this should be decided by the Board or at least recommended by it.

I recommend that the Minister consider restructuring the line of accountability and reporting so that the General Manager of RDH reports to and is accountable to a Board of Management of RDH. The Board should have the powers and duties of a Board of Directors of a Corporation under the Corporations Act. The Board should operate independently of the CEO of DHF who can be a member of the Board. The Board should report to the Minister for Health and publish a report to the Legislative Assembly annually separately from the report of DHF. Once established (by legislation) the Board ought to have sole responsibility of the operations of RDH except for the Minister and Treasurer setting its budget allocation.

The Public Sector Employment and Management Act should apply to all permanent employees and the procurement framework of the NT Government ought to extend to RDH including the engagement of staff, medical or otherwise engaged by RDH. Selection should be on merit and the process open and transparent. The Minister for Health has responsibility for the effective governance of RDH and I do not presume to pre-empt his control. At the present time, in my opinion, the current arrangements do not foster transparency and accountability and an independent review of them is warranted. I make this recommendation because the results of this investigation indicate a culture amongst RDH management that accreditation by ACHS is the only standard to be met. Accreditation is not a substitute for quality assurance processes nor improvement of standards of health delivery and safety. Apart from the accreditation process which involves surveyors inspecting and auditing the hospital systems and documents every two years no action appears to be taken by management or DHF to respond to lessons that ought to be learned from adverse events to effect improvements. The management of security on the Paediatric Ward is but one example of a number that have come to the attention of the HCSCC where RDH have not acted effectively or promptly after an adverse event to implement changes and to evaluate those changes.. The de facto accountability by the General

Manager mainly to two senior public servants and the reliance by the Health Minister on what those three choose to disclose to the Minister and to the accrediting body, ACHS, is not consistent with accountability. Accountability at top level is, in my view, a necessary prerequisite to improvement. The Hospital Management Boards Act was intended to achieve that. It is not known to what extent it does so. In this case no records existed of the Board considering the rape of the infant.

HCSCC Q15: Who approves the updating of the Paediatric Ward/s Policy/plans?

RDH response: Depending on the type of Policy, procedure or protocol, endorsement may be through:

- Referenced to research and / or peer review eg use in another facility.
- Endorsed by Nursing and Midwifery Council RDH (a group of CNM's and ND et al set up in 2007 to replace the Nursing Advisory Group).
- Some Policy may go to Nursing Executive, RDH Executive for endorsement and / or to key personnel for support.

HCSCC Q16: Are guidelines in place about children of opposite gender sharing a room? If so, identify all such guidelines and the dates?

RDH response: No, there is no written procedure. Adult and Child accepted descriptor ie 13 years and over admit to the Adult ward and are managed as an outlier²³. Babies and young children are usually kept in one area. Medical/clinical knowledge about individual child behaviour and needs is taken into account eg. Pubertal/Post pubertal and commonsense (sic commonsense).

HCSCC Comment: During interview, the CNC of Ward 5B stated that (point S page 25 above) children in rooms should only be of the same sex, she could not provide a reason why the 5 months old female was placed in a room with an 8-year-old boy. It would be beneficial considering the belief of the CNC that a written procedure be developed to cover such an issue. If the CNC of Paediatrics is uninformed of a policy how can she/he impart knowledge to staff?

HCSCC Q17: How are staff informed of the guidelines relating to security procedures, including opposite genders sharing a room?

RDH response: Staff are to follow the "Absconding" Policy-

- Discharge of Patients who Leave Hospital without Official Discharge / Patient – Absconding Policy (RDH, 2000).
- Patients who Leave Hospital without Official Discharge (Take own Leave) Policy (DHCS Acute Care Division NT Hospital Network Manual. Attachment 11.

²³ Concise Oxford Dictionary – Outlier: Outlying part or member.

HCSCC Comment: *The above policies do not address the question asked. Security procedures are not limited to Patients Absconding or who leave the hospital of their own will. Many children are not capable of absconding or walking out (eg infants). Further, the question asked relates to how staff are informed of security procedures including opposite genders sharing a room. The response indicates either a lack of understanding of the question, evasiveness, or a careless disregard of the obligation of a health service provider to respond to the HCSCC.*

The Ward 5B CNC during interview stated she wasn't aware that there were security policies applicable to her ward and her view was that children of opposite genders should not share a room. (NOTE: The issue of room sharing is not applicable to infants).

HCSCC Q18: What procedures are in place on Ward 5B for finding a 'missing' child?

RDH response: Staff are to follow the following Policy and guidelines:

- Patients who leave hospital without official discharge (take own leave) policy.
- Guidelines for the management of Patients who leave hospital without official discharge.
- Discharge of patients who leave hospital without official discharge – Absconding. Attachment 15²⁴.

HCSCC Comment: *'Patients who leave hospital without official discharge' (take own leave approved by Acute Care 05.06.2006 and Effective 13.06.2006) does not cover what procedures are in place on Ward 5B to find a missing child. Further the date of approval and effectiveness is three months after the infant assault. 'Discharge of patients who leave hospital without official discharge/patient' – absconding (issued April 1992 and last updated on the 17.10.2000) appears to be more applicable to adult persons. The guidelines for the management of patients who leave hospital without official discharge (Approved by Acute Care executive 05.06.2006, effective 13.06.2006 and review date June 2007) is the most applicable to the question asked.*

These documents again raise the question of reviewing content. No evidence has been provided that reviews have occurred within a suitable period. Further some patients in Ward 5B are infants and are incapable of leaving/absconding/discharging themselves. There is a need for a procedure to be developed for finding a child who is incapable of leaving of their own accord or has been abducted.

Of concern is the response provided by Mr Phil Bates (DHCS Security Manager based at RDH) in June 2008. Mr Bates stated that the Security Office is not always immediately informed when a person goes missing from a ward. He provided an example of a patient who went missing at

²⁴ Volume 2.

9:30am and he and his staff were not advised by RDH until 3:30pm. He states a phone call was received at that time and security were asked to search for the missing person.

RDH response to this example provided by Mr Bates is as follows: “There are three types of missing patients. The first are those that ‘take own leave’ for greater than four hours, do not return and there is no considered clinical impact. Security are not informed of these. The second are those that have left the ward and for general clinical reasons are required to return – can then often be formally discharged if they wish. The ward response may include a ward nurse or PCA undertaking a search of the front entrance or grounds – Security may not be advised. Police may be notified and if this is done, security may be advised to keep a look out. The third is those that have a ‘high risk of death’ eg the dementia, confused or head injury type patient. Security are always advised by the ward/NRC/Nursing Director and actively participate in the search of the grounds. Police are advised and will visit the ward to obtain a statement including patient details including clothing, medications etc. Paediatric patients who are hospitalised and have parents/guardians staying with them and the child goes missing with the parent (that is, it is known that the parent has the child with them) then the risk assessment taken is as for adults, although for Paediatric patients we are more sensitive to the risk. As is routine practice the NRC would notify the ALO’s (Aboriginal Liaison Officers) and the Cultural Consultant to follow up on the whereabouts of the child as soon as possible. If the child goes missing and there is no parent/guardian present or known to be with them then it would be considered a high risk situation and every effort made to locate the child including contacting the police, security, etc”.

Mr Bates also provided an example of a 12 year old boy who went missing and notification to security wasn’t made immediately. Mr Bates said that the boy was subsequently located at Casuarina Shops with his Auntie, however security were not informed of this at the time. He further indicated that security are never de-briefed or informed when an incident has finalised (person located).

This example was again canvassed with RDH and the following response provided “This would never occur where a patient is at high risk but could occur for the second”.

It is my opinion that the category of “high risk patients” being confined to “high risk of death” takes no account of the vulnerability of children or adolescents to various risks such as abduction or sexual assault. I also do not understand the logic of the procedure for assessing risk when a child is missing. There are no logical grounds for assuming that if a child and a parent or guardian are “missing” that they are together. If they are known to be together the parent/guardian must have notified the ward staff that they were leaving together.

HCSCC Q19: During staff induction to the Paediatric Ward, or at any time, are staff provided with a copy of the Safety Policy? Are records kept to record that staff have received such documents?

RDH response: Clarification is required on question – “Safety Policy”. Possibly the document referred to is one that is currently in draft form and not complete and to which the CNM was preparing to include additional information re: environmental security specific to units. Attachment 16²⁵.

HCSCC Comment: *The draft Safety Policy referred to by the HCSCC is titled ‘Child Safety Within The Paediatric (sic Paediatric) Units’.*

This is the same Policy document that the CNC reported on during inspection, and that was provided by RDH in their response (titled attachment 16). The CNC advised that 3 months prior to November 2007 the Policy was drafted, but she could not find a copy on the ward. The comment by the CNC was that the policy may have been taken by someone to photocopy. It is the view of this Office that the Paediatric Unit’s child safety policy is not provided to staff during induction, and other than the copy that should be kept at the nursing station staff do not appear to be provided with such document. It is inconceivable that a policy still in draft as at February 2008 is being provided to staff during induction.

Of more importance – When will this draft Safety Policy be completed? How much importance is being placed on child safety? Why was such a Policy not compiled prior to the rape of the infant in March 2006 and not completed but still in “draft” in August 2007 (17 months after that rape)? Why two years and five months after the assault is the Paediatric Safety Policy still in draft format?

On 9 July 2008 this Office requested access to the ‘Royal Darwin Hospital Policy and Procedure Manual’ (the Manual). A CD with the Manual was received on 31 July 2008. This Manual does not appear to have any Policy or Procedure that is titled Security, Safety or Paediatrics. There is a reference to ‘Children leaving the Hospital Campus’ effective November 2006 review date May 2008. This policy refers to obtaining written consent from a parent/guardian before staff remove a child from the hospital campus.

HCSCC Q20: During staff induction, or at any other time, are all staff provided with a copy of the document titled “Security and Access to Paediatric Units at Royal Darwin Hospital”? Are records kept to record that staff have received those documents and when?

RDH response: No.

²⁵ Volume 2.

HCSCC Comment: *This response is inadequate and requires enhancement with an explanation provided as to why staff are not provided with this documentation. How are staff to know of the existence of a policy or adhere to the requirements of that policy if it is not provided during induction or at any other time.*

The answer provided is also inconsistent with the answer given by the hospital to Question 12. When comparing the response to this question with the response to Question 19 it establishes either evasiveness, lack of transparency, reluctance to be accountable and either careless or deliberate failure to respond to the HCSCC on the part of RDH.

The Manual provided to this Office in July 2008 also has no reference to this Policy. How can Paediatric staff be expected to adhere to a policy that they are not aware of and cannot access in the manner that other policy and procedures are accessed?

HCSCC Q21: When conducting an induction of staff, are the Royal Darwin Hospital security officer's roles and requirements in the Paediatric Ward/s covered?

RDH response: Yes – the role of security officers, their 24-hour presence, contact number, duress buttons and the role of the hospital-based police officer is provided to all staff during Royal Darwin Hospital Orientation.

HCSCC Comment: *This response is not confirmed by the response provided by the CNC who was unsure of the security office number (and provided the wrong number to HCSCC staff), and failed to mention the existence of the hospital based police officer. The RDH Paediatric Orientation Manual Ward 5B fails to list the phone number of security and/or their office hours, and there is no reference to the duress alarms. The DHCS (DHF) 2 day Orientation Program supplied for this investigation has the following titles:*

- ❖ Orientation Introduction Housekeeping
- ❖ Department Overview
- ❖ Human Resource Issues and Conditions of Service
- ❖ ACAP Overview/Working with Indigenous Clients
- ❖ Introduction to OH&S and Fire & Emergency Response
- ❖ Mandatory Report
- ❖ Safe Manual Handling
- ❖ Employee Assistance Program
- ❖ Union/s
- ❖ Course Evaluations
- ❖ Program Overview/Housekeeping
- ❖ Library Services
- ❖ People & Organisational Learning Intranet Site
- ❖ Corporate Records Management
- ❖ Work Partnership Plan

- ❖ Personal Health & Safety/CDC²⁶
- ❖ Managing Aggressive Behaviour
- ❖ Quality Improvement/Complaints Handling
- ❖ Corporate Communications

It is assumed that the topic of 'Personal Health & Safety/CDC' is when security issues for staff are discussed. The question asked by this Office referred specifically to the Paediatric Ward.

Mr Phil Bates (Security Manager based at RDH) stated that his office is not involved in any staff induction and he has not been asked to provide or arrange security awareness/training to staff. This is despite the Lingard Review recommending that the security office should provide training/awareness.

The Paediatric Orientation Manual was reviewed during this investigation. The aim of the Paediatric Ward is stated to be:

"To give optimum nursing care while providing a safe, caring environment, ensuring children and patients/carers are offered up-to-date information and care".

Reference to security can be found on page 9 of the Paediatric Orientation Manual – "For security purposes, our ward is monitored by a CCTV²⁷ system. The ward is locked down from 1700 hours to 0730 hours. Entry to the ward during this time is by staff ID pass or nursing staff from within the ward. If you do not have ID you need to press the intercom located outside the ward. This allows staff to see who requires entry. The door can be released from inside the ward and the intercom/door release is located adjacent to the Ward Clerks workstation".

The Paediatric orientation booklet is lacking in information regarding security matters. Further, on page 11 reference is made to policy. "All DHCS (DHF) Memoranda etc are placed on the notice boards located in the staff room for a period of two weeks. It is everyone's responsibility to read the memos to keep up to date with new policies and information".

There are a number of problems with this method of staff informing themselves of new policies and information. Firstly, as the notice is only left on the board for a period of two weeks, staff that are away from the hospital during those two weeks will not be privy to the information that should be conveyed to them. What happens to these documents after the two-week period, how is the message within them conveyed to staff away from the ward during the time that notices were posted? How do staff who started on the ward after the two weeks of posting of the notice know of policies and procedures? What about relief staff from a nursing agency or from another ward, how do they know about policies notified for two weeks on a notice board?

²⁶ CDC – Centre for Disease Control

²⁷ CCTV – closed circuit television may give the reader the view that the ward is recorded. The ward has a visual intercom system which does not have a recording capability.

I also disagree that it is entirely the responsibility of staff to keep up to date with new policies and information. For the improvement of security and the provision of safety and quality those creating and approving the policies the Executive Management Committee chaired by the General Manager have an obligation to proactively and effectively inform and train staff. Any new policy applicable to a staff members work area should be brought to their attention by their supervisor, the supervisor should test the staff members understanding and have the policy endorsed by the staff member and supervisor, a copy of this should be kept on file.

HCSCC Q22: Is a record kept of staff who have undertaken inductions, when they attended and of the content of the information provided?

RDH response: RDH Orientation attendance record, records attendance and content is recorded by Education Unit at RDH. RDH Orientation content. Attachment 20²⁸.

HCSCC Q23: Is the understanding of staff undertaking induction to the Paediatric Ward evaluated in any way and, if so, how?

RDH response: No, and not applicable.

HCSCC Comment: *The response by RDH to this question is incredible. The admission that no evaluation of the effectiveness of staff induction training programs is carried out is bad enough, but to suggest that such an evaluation is 'not applicable' which implies in my view 'not necessary' is unsafe and unprofessional. The consequence is that there is no mechanism or method of knowing whether the induction training is adequate, effective or requires improvement or review. There is also no knowledge of whether or not staff have the relevant knowledge of policies to comply with or implement policies. This is a failure in good management practice, amounting to incompetence.*

As an example, the CNC advised (response L above-page 24) that security brochures are not given to children's parents. The Paediatric Ward Orientation booklet on page nine paragraph two states "The ward information brochure should be handed to every parent / carer on admission.." This pamphlet touches on 'Security of children in the Paediatric Ward'. Had the CNC been evaluated on her understanding during orientation, she would have been aware of the security awareness section of the pamphlet and the requirement to hand one to every parent/carer on admission. If the CNC is not aware it is likely that other staff are also not aware. In any event neither those conducting or designing the induction program, nor Executive, can assess whether induction is adequate. The answer is evasive and disregards the

obligation of RDH as a health service provider to respond to requests for information to HCSCC.

HCSCC Q24: Does the current Paediatric Ward induction cover security Policy and security/safety requirements? If so, how is this training given and what is the content?

RDH response: Clarification required on question. A demonstration of the video intercom and information about the system in place is provided to new staff on orientation to 5B and an orientation booklet provided. Attachment 17²⁹.

HCSCC Comment: *The question itself is quite clear, does induction of RDH staff cover security policy(s) and security/safety requirements. It is also misleading to describe the system at Ward 5B as a “video” system. It has no recording function either visual or audio. It is a simple intercom phone activated by pressing a button and not creating any record of anything.*

The Lingard Review of 2007³⁰ appears to have identified that the only training which was available related to aggressive minimisation and that was not “currently available³¹. It is evident that the Paediatric Ward Orientation booklet that covers induction does not adequately cover policy other than to advise a person of the noticeboard 2 week display. Nor does it adequately address safety requirements other than advising a reader of where to find a bomb threat card and the emergency procedures manual. Emergency Procedures are listed as ‘Basic Life Support, Code Blue, Bomb Threats, Cyclone, Fire, Area Warden and Evacuation’. Patient Security issues are not listed within the document.

The intercom system demonstration is as simple as a person pressing the entry button which activates imaging on the phone within the nursing station. If the person is authorised and known to the call taker then the door release is pushed. If the person is not immediately known, the person responding to the call picks up the handset and speaks to the person at the entry. Its efficacy is only as good as the security awareness and scrutiny of the staff member opening the door. There is no evidence that staff do anything more than accept that the person requesting access is as self identified and wanting access for any apparent plausible reason which is not verified by staff before allowing access. Additionally, a person allowed entrance (eg parent) should not be relied upon to challenge the authority of someone else following them into the ward.

The Paediatric Ward induction process is manifestly inadequate to advise staff of policy and procedures relating to security risks to patients and risk

²⁹ Volume 2.

³⁰ 2007 Lingard Review page 3 Introduction.

³¹ Lingard Review Page 3 – In 2002 RDH had made considerable progress in staff education regarding zero tolerance for aggression and had an aggression minimisation training regime in place. I’ve been advised that, unfortunately, the aggression minimisation training is not currently available.

management requirements. The failure to include the security staff to deliver security training needs to be rectified as a top priority.

HCSCC Q25: What meetings are held to discuss security issues and improvements in the paediatric ward/s?

RDH Response: No meetings specific to this subject are held. Mechanisms are in place for staff to raise issues at general meetings.

HCSCC Comment: *The CNC's response to general meetings is that these meetings are no longer occurring due to other commitments. The Manager of Security Mr Phil Bates and the hospital based Constable both stated that they are not aware that such meetings were held. It is verified that they do not have any input when previously held.*

Q25 Continued - Who attends these meetings and how often are they held?

RDH response: Not applicable.

HCSCC Comment: *The response by RDH is contrary to documents provided to this investigation.*

In 2004 an RDH working party was commenced to discuss RDH security. The membership included: Allan McEwan; Garry Markwell; Nadine Hinchliff; Denby Kitchener; Myron Kulbac; Vino Sathianathan; Sharon Sykes; Kaye Pemberton; Rod Collins; Erna Cripps; Jan Jones; Graeme Ferns; Ronnie Taylor and Nursing Resource Coordinator. The Paediatric wards are situated within RDH, therefore security for these wards should be a part of security meetings.

The Terms of Reference (ToR) for the Working Party on Hospital & Workplace Security reads:

Role

- To provide a forum for the review of hospital security issues to ensure that the hospital operates within a safe environment for the benefit of patients, staff and visitors.
- As required, liaise with RDH and DHCS (DHF) staff, NTG Agencies and relevant organisations or personnel.
- Understand the concepts of 'CPTED' (Crime Prevention by Environmental Design) and use this as the basis for evaluation of security issues.
- Provide a list of recommended options in priority order of immediate (within 12 months), medium (1-2years) and longer term (3-5 years).
- Review and where endorsed, prioritise recommendations (per the above schedule) contained in the security report by consultant Ken Lingard).
- Devise methods to foster the continuing improvement of a security culture within the hospital and expose security weakness.

Responsibilities

- Using the Northern Territory Government publication 'Interim Workplace Security Handbook' (December 2002 edition), identify areas of weakness in strong and effective security in work unit's throughout the hospital.
- Prepare a priority-based list to the Hospital Executive Committee for issues contained in the Ken Lingard report.
- Outline methods to achieve the fostering of a culture of security awareness eg staff training.
- Ensure our protocols and procedures meet relevant Occupational Health and Safety legislation and Australian Standards.
- Determine whether further hospital staff should attend CPTED courses.
- Other issues that the Working Party considers relevant to the performance of a security and safe security environment.

RDH Working Party on Hospital and Workplace Security (25.01.2004) agenda items applicable "3.1.1 – Review Terms of Reference and Comment. 3.2.1 - Quick overview of some of the Security Issues and Comment. 3.2.2 Australian Standards, CPTED Principles, Lingard Report".

A three page list of Bids for Funding – 2005/06 Minor New Works Program has the following security issue listed as a high priority: "Internal Expand Electronic surveillance capability to permit remote improved monitoring of key risk areas from the ground floor security office. Close Circuit TV Cameras (CCTV) with full recording (my emphasis) to be expanded to known high risk and critical infrastructure areas".

An Action Plan undated and unsigned (attachment 9 - believed to have occurred after the March 2006 rape) regarding security issues in the Paediatric Ward extract indicates that meetings were held regarding Paediatric security. These meetings produced an action plan. The Action Plan is undated and unsigned but is reproduced below.

Recommendation	Description of Action	Personnel Responsible	Timeframe
That Royal Darwin Hospital restrict public entry and access to infants and children of the Paediatric Ward 5B whilst maintaining emergency exit.	Immediate: Lock door of North corridor. Designate Sth corridor as the Entry point for ward. Enable Nth and Sth doors to open on exit eg emergency release. Install swipe card access for staff on Sth door. Install intercom and screen for visitor use of Sth door. Eg similar to unit in operation in Pathology. Provide suitable response ability within the unit. Eg multiple access points and quiet mode for night-time use.	Operations Manager / Security	Within 30 days
That RDH install a video surveillance system to record all persons who enter and / or exit the	Immediate: Install video surveillance camera at the entry point to unit. Place monitor screen at Nurses	Operations Manager / Security	Within 30 days

Paediatric Ward 5B for the purpose of post event identification.	Station. Implement mechanism for keeping video for the recommended standard time eg 24 hours.		
	Short Term: RDH commission a contemporary and knowledgeable source to implement an electronic security system similar to those operating in other secure environments eg Children's Hospital Brisbane, Sydney.		Within 3 months
That RDH considers the other areas where infants and children reside and are reviewed as per recommendation 1.	Participate in review of security needs and installation of contemporary security system in the following areas: <ul style="list-style-type: none"> • Special Care Nursery. • Isolation Paediatric Unit. • Maternity Unit. • Birth Centre 	General Manager	Within 3 months

HCSCC Comment continued: *It is not known why these meetings appear to have ceased. No information has been provided to negate that these meetings have continued past 2006. The Security Manager appointed mid 2006 and hospital based Constable appointed 2008 are not aware of any meetings that discuss security issues.*

No records were produced to inform HCSCC about whether or not the General Manager initiated a review in accordance with the last recommendation. The review by Lingard in 2007 occurred but he was not asked to specifically consider the special needs of the Paediatric Ward and astonishingly he was not told of the rape of the infant that occurred in March 2006. I can only speculate about why that highly relevant information was withheld.

HCSCC Q26: What information is communicated to staff within the paediatric ward/s after meetings which discuss security issues and improvements in the Paediatric Ward? How is this information communicated to staff?

RDH response: No meetings specific to this subject are held. (Refer question 25). The general mechanisms available for communication are:

- Ward meetings.
- Communication Book, Notice Boards.

Safety and security is brought to the attention of staff through:

- RDH Orientation
- Unit Orientation

HCSCC Comment: *It is apparent that the current system of communication is totally inadequate to train, inform or alert staff.*

Recommendation 1.1.7 of the Lingard Review 2007 states "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”.

RDH has responded that security is brought to the attention of staff during orientation, this would appear to be in contrast to Mr Lingard’s observation in 2007. It also is clear that between the 2002 and 2007 Lingard reviews little had been done to advance the recommendation or staff training.

HCSCC Q27: What records are held of when and how Paediatric staff and other employees are advised of Policy changes within the ward?

RDH response: No specific record is kept. Refer question 25 & 26 Communication Book – Attachment 18³².

HCSCC Q28: What records are kept regarding updating of the Paediatric Ward/s Policy/plans?

RDH Response: Records kept are the completed Policy or plan.

HCSCC Comment: *The Paediatric Safety and Security Policy is still in draft form several months after being compiled. The CNC is not aware of the Security Policy and it does not appear in the RDH Policy and Procedure Manual provided to the HCSCC. It is also noted that some of the policies referenced during this investigation have not been updated or do not appear to exist. Eg:*

- *RDH Patient Identification Bracelets Policy is not located in the NT Hospital Network Policy Manual.*
- *Risk Management Policy – approved 26.06.06 due for review 25.06.07*
- *Patients who Leave Hospital without Official Discharge – approved 13.06.2006, due for review June 2007*
- *Security Services Policy – not found in the RDH Policy & Procedure Manual.*

It would appear that no one person is tasked with updating the wards policy/plans, it therefore would follow that no records are kept regarding updating ward 5B’s policy/plans or when these policies should be revisited. If this is occurring on an ad hoc basis then it is not good administration. RDH Executive and the General Manager ought to have comprehensive records of when policies are due for review and ensure that reviews occur when due. It is ultimately the responsibility of the General Manager as all other members of the Executive have lesser authority than him, and are in essence his subordinates.

³² Volume 2.

HCSCC Q29: What type of security education is provided to staff working in the Paediatric Ward/s? Please detail content of educational training.

RDH response: Security education is provided to staff at the Royal Darwin Hospital Orientation and 5B demonstration/information of security system in unit on commencement.

Attachment 17 & 20.

Australian Standard: 4485.2-1997 Section 13 indicates at point 13.1.2(d) that consideration should be given to the need to provide ongoing in-service training for health care personnel. Section 2.4 (Education) of AS4485.1-1997 states that Facility Security Instructions shall be complemented by staff, and others as appropriate attending regular security education sessions. Other circulars of security interest shall be issued to staff on a needs basis (eg change in policy and procedures).

HCSCC Comment: Judging what RDH have answered in response to HCSCC enquiries the current security education to staff within Paediatrics is far below standard.

Australian standard Section 14 refers to education, induction and training. ‘Each facility shall develop a comprehensive program designed to ensure that staff awareness of essential security issues is maintained at all times. The program shall take into account, but not be limited to, the following: (a) Security orientation for all staff; (b) Ongoing training for all staff to ensure that procedural knowledge is up to date; (c) Collective training such as exercises and practice responses and (d) Patient and visitor awareness programs’.

The Lingard Review 2002 states that “The Security Department should be providing in-service training on security awareness, fire safety and aggressive minimisation and management. The Security Department should also be publishing routine security awareness messages and crime statistics in staff news letters”.

The Lingard Review 2007 also refers to security education. Recommendation 1.1.6 – “The security service should consider regularly publishing security and safety awareness information/messages in staff newsletter 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..” *and 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 annual should be developed”.

The ACHS Periodic Review October 2006 indicates at 5.1.6 'Paediatric Security' that staff working in the paediatric ward areas are receiving instructions/education in the revised access procedures'. The HCSCC does not have access to the information provided to the accrediting surveyors but from HCSCC enquiries the only training is on how to open the electronic doors between the hours of 5.00pm and 8.00am. To assess the value of the surveyor's opinion I need to know on what information, and from what source ACHS formed the stated opinion because it is inconsistent with the information provided by RDH to this investigation. As I have said, an audit by ACHS is not, and is not intended to be, as searching as this investigation. ACHS surveyors rely on the obligation imposed on RDH by its membership of ACHS to provide accurate and full information to the surveyors. I am not satisfied that RDH has complied with that obligation.

The ACHS review conclusion is not reflected in the responses provided by the CNC, the Lingard Review, the documents provided to this investigation or the responses provided by RDH that ongoing security training is being undertaken. This is confirmed by the Security Manager (Mr Phil Bates) and the Hospital Based Police Officer who are unaware of any security training provided to staff. If such training was of sufficient standard there is no evidence of professional contribution to it by those best placed to so contribute, namely the Security Manager and the Hospital Based Constable.

Mr Bates (Security Manager) further indicated that despite he and his staff (security officers) being employed by DHCS (DHF) to work in RDH no training is provided to them regarding security education or to enhance their skills.

Mr Allan McEwan (Operations Manager) states that "Planning has been underway for a lengthy period of time to undertake a comprehensive training program once recruitment to five additional positions has been finalised".

HCSCC NOTE: What is meant by "a lengthy period" and how long the "recruitment process" has been going on and when it is likely to be completed was not elaborated on. The incident of the rape of the infant happened in March 2006. The delay is unacceptable.

HCSCC Q30: Are Paediatric staff aware of and trained to respond to security incidents within the ward/s? If yes, how is this undertaken?

RDH response: Yes. Royal Darwin Hospital Orientation and Aggression mandatory training conducted each 12 months.

HCSCC Comment: *Security incidents are not limited to aggressive persons and as previously stated the orientation of staff relating to other security incidents is inadequate. This has been well known to RDH since*

at least 2002. If RDH had acted on advice it had received in 2002 it is possible that the rape of the five month old child would not have occurred. At the least the apprehension of the perpetrator would have had a better chance.

In the 2002 Lingard Review Mr Lingard writes that “The Security Department should be providing in-service training on security awareness, fire safety and aggressive minimisation and management. The Security Department should also be publishing routine security awareness messages and crime statistics in staff news letters”. Further that consideration be given to “Ongoing training of security staff in legislative and aggression management issues”. Further that “..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”.

Mr Lingard continued (2002 review point 12.2) that Comprehensive duty statements could be developed using AS4485-2 Security for Health Care Facilities, Part 2 Procedures Guide. At section 9 Protective Security Officers, 9.1.3 Tasks and functions there is a list of duties that should be considered for all health care security officers:

- a) Performing entry/exit control (eg pass checking) duties.
- b) Monitoring security alarm systems during and after daylight hours.
- c) Carrying out inspections to verify the integrity of secure perimeters, security containers and areas controlled for reasons of security after hours, and lighting and hazard inspection.
- d) External patrolling of areas and buildings.
- e) Internal patrolling of buildings to ensure that classified, sensitive and valuable material is secure (detection and reporting of breaches, including lockup procedures).
- f) Escorting of staff, visitors and tradespeople, including cashier escorts.
- g) Conducting staff security awareness campaigns and promotions.
- h) Lost property, valuables collection and security, security of deceased effects, medical record movements.
- i) Providing assistance as directed during an emergency.
- j) Performing lockup and unlock duties of designated areas as required.
- k) Reporting on security, fire and safety hazards.
- l) Key management and control.
- m) Responding to alarms and calls for assistance.
- n) Monitoring and controlling traffic and parking on facility property.
- o) Producing and maintaining records of daily activities including alarms and incidents.
- p) Assist in the location of missing patients.
- q) Assisting and supporting the security administrator as required.

In addition the 2007 Lingard Review indicates (page 3) that the aggression mandatory training may not be occurring. Mr Lingard wrote

“...unfortunately, the aggression minimisation training is not currently available”.

The response by RDH that this training is conducted every 12 months is not supported by Mr Lingard’s review, information provided by the CNC, hospital Security Manager or documents provided to the HCSCC.

HCSCC Q31: After the 31 March 2006 (sic 30 March 2006) incident were discussions held regarding security?

RDH response: Yes, discussions were held in regards to security.

HCSCC COMMENT: *A responsible, accountable, transparent response would have included when they were held, between whom, and what was discussed, and what was the outcome. The notices served on RDH under Section 55 of the Health and Community Services Complaints Act also required the General Manager, Dr Len Notaras, to provide to the HCSCC all documents relevant to such discussions. These questions assumed that any responsible organisation in response to such a serious violation of a five month old child would have had meetings at the highest level of management. As it is an offence for Dr Len Notaras to fail to provide requested documents I must assume there are no records of a report to the Minister, discussion at the Executive Management Group, a report by RDH to the Director of Acute Services or to the CEO of DHCS. This failure is one of the reasons for my recommendation that the Minister consider restructuring the governance of RDH. I am required to adopt a presumption of innocence as a criminal offence is involved. The failure to keep records of when, what and who discussed the incident of 30th March 2006 seriously undermines any confidence in the Executive Management of RDH.*

Q31 continued - Were recommendations made to install CCTV cameras outside each room?

RDH response: There were no recommendations made or implemented to install CCTV cameras outside each room.

CNC response: *Point Y (page 25 above) - The CNC advised that after the 2006 incident discussions about security were undertaken. One of the recommendations was to install CCTV outside each of the patient rooms. She said that as a result of budget restrictions this has not occurred. The action plan of the Working Party (see Question 25, page 61) referred to implementing “an electronic system similar to those operating in other secure environments, eg, Children’s Hospital Brisbane, Sydney.*

Australian Standard 4485.2-1997 point 3.9.4 refers to reducing vulnerabilities. One of the methods noted for reducing vulnerabilities is listed as (e) Using security technology and monitoring devices.

HCSCC Comment: *The CNC's comment is supported by the 2006 emails between Robin Michael – General Manager RDH and Allan McEwan – RDH Manager of Operations. In an email dated the 13th November 2006³³ Allan McEwan writes "...CCTV for Wards 5B, 7B and SCN. Last week Graeme, Neil, Phil and I met with the company providing the swipe cards etc inc. door controllers for wards 5B and 7B and SCN to work out the minimum requirements for the CCTV per the ACHS AC60 report. It will provide one camera outside each ward to capture comings and goings (does not include a monitor at the nurses station to see anyone standing around outside before they let someone in as it was going to add several thousand more to the overall price – money well spent in my mind ... and one or several within each ward to see anyone deviating into a bed bay – they will be recordable for any investigations..." and "Robin the plan from what PaulB and others have told me incl the surveyors, is to have CCTV as evidence should there be another issue like occurred in 5B. I understand that the collection of evidence in 5B would have been easier should CCTV had been installed. It is for this reason solely that the internal cameras would be fitted. The outside camera I referred before is for evidence should someone remove a child. Unless we are to provide a monitor at the nurses station which was not part of the recent quote, there is no benefit for the nurses..." and the security quote provided to Allan McEwan dated the 13th November 2006. This quote states under 'your requirements' the cost of two dome cameras in each corridor (total number 4) and one dome camera to be positioned outside the ward 5B entrance to supervise entry point and hall to elevators. Whilst this quote is not a recommendation for installation outside each room it is a recommendation to install cameras in the Wards corridors.*

Mr Phil Bates (Security Manager) also states that he has been sourcing quotes for installation of CCTV cameras and recording facilities.

The Action Plan submitted to this investigation states "That RDH install a video surveillance system to record all persons who enter and/or exit the Paediatric Ward 5B for the purpose of post event identification" within 3 months. Immediate action – "Install video surveillance camera at the entry point to unit; place monitor screen at Nurses Station; Implement mechanism for keeping video for the recommended standard time eg 24 hours".

Whilst an intercom system was installed the issue of recording persons entering the ward was not implemented. The date of the Action Plan is not evident but it was most likely before the end of 2006.

The November 2007 Lingard Review also noted the need for CCTV recording capability – "I understand that the Operations Manager, Mr Allan McEwan, formed an in-house working party to progress the recommendations from the security report of 2002 however many hardware items remain outstanding due to lack of capital funding. Allan informs me that he distributed the report to highest levels with the Health

³³ Volume 2 .

Department and to all new General Managers to ensure that the need for capital funding was recognised”.

It is my conclusion that the installation of CCTV camera's with recording capacity within the paediatric ward/s are a priority and should be installed as soon as possible. The minimum requirements are:

- *a camera(s) to capture comings and goings at the ingress/egress points*
- *sufficient cameras to see anyone enter a bed bay, school or fire stair from a corridor.*
- *cameras record 24/7*
- *recordings to be kept for a minimum of 14 working days.*

The statement that the Director of Operations informed Mr Lingard that the report of the Working Party had been “distributed to the highest levels within the health Department” I am required to accept is wrong in the absence of production of any documents produced to support it as correct. The General Manager, under sanction of a criminal offence did not produce any record corresponding to what Mr Lingard reports he was told. The fact that no such record exists is itself a failure of management. If a matter as important as this was “distributed to the highest levels” and no record kept or action taken that too is a failure of management.

Q31 Continued - Were those recommendations implemented? If not implemented please explain why they were not.

RDH response: Implementation not applicable.

HCSCC Comment: *There is no explanation for this response other than that it is evasive, pedantic and contrary to the duty of RDH to be accountable and transparent.*

Whilst this Office understands that budget restraints is the reason provided for not installing the CCTV recording capability for the children's ward 5B, it has come to our attention that CCTV recording equipment was installed in the food service area. The Lingard Review page 38 reports that as a result of thefts of food, cameras were installed to monitor the corridors outside the kitchen entrances. It is the view of this Office that the safety and security of child or adult patients far exceeds the need to monitor the theft of food items from the kitchen.

HCSCC Q32: What assessments of the sexual capability of a child are conducted for patients in the Paediatric Ward/s?

RDH response: “Sexual capability” assessments are not routinely done for all children on admission. Information specific to sexual capability, if potential to impact on the safety of the child or others would be noted in medical notes if appropriate. Refer to question 16 for general unit descriptor on age limits.

HCSCC Q33: What is the security and safety Policy/procedure for employees and contractors who enter or work in the Paediatric Ward? Does this Policy/procedure cover the requirement for these persons to undergo police checks (commonly known as Police clearance)? If so, describe the process by which this is done for those entering the Paediatric Ward.

RDH response: All contractors report to Engineering Services on each occasion before commencing work within RDH. They must also have signed at the start of their contractual period, a copy of the RDH Site Rules. These specify code of conduct, time of work, entry to premises, type of clothing etc. There are signs at all entrances to RDH that says that all contractors etc must report to Engineering Services before commencing work.

Criminal History Checks are now a requirement across the Department of Health and Community Services for all new employees. New employees are advised at interview that a Police clearance/criminal history check must be completed prior to their commencement.

Australian Standard 4485.1-1997 Section 8 refers to the facility developing and implementing security policy and procedures commensurate with the facility's need for a practicable and effective staff recruitment and promotion system.

Part of this section states that Policy and Procedures applicable to staff recruitment requirements shall take into account, but not be limited to, (b) An appropriate system for vetting staff and regular visitor to facility premises.

The responsibility for personal probity lies with the Chief Executive Officer (8.1.2). The Chief Executive Officer has, in practical terms, responsibility for ensuring that the facility's protective security processes are effective. This includes responsibility for any process or system that authorises people to have access to (a) the whole facility, or areas within a facility.

Personal probity of staff and others should be addressed at the recruitment stage, included in job advertisements, descriptions and contracts for all employees and monitored during the term of an individual's employment.

Section 8.2 states the aim of a system for screening staff is to ensure, as far as possible, that employees who have, or may have, access to patients who, because of their age, infirmity or mental condition, are vulnerable to molestation or other forms of physical or mental abuse.

HCSCC Comment: *Whilst it is applaudable that all DHCS (DHF) new employees are required to undergo a police clearance, it does not minimise the risk of unfit persons previously employed (before the requirement to undergo police clearance) being around small children and infants. The response provided does not answer the question of whether*

contractors have to have Police Clearance checks before being given access to wards, a swipe card and an ID card.

Contractors work regularly in RDH, many private firms do not have a requirement for these persons to undergo a police clearance. The risk of an unfit person having unsupervised access within the Paediatric ward/s is rated as high.

The failure by RDH to provide the requested information about contractors was remedied by Mr Phil Bates (Security Manager) who stated that Police Clearance checks are not conducted on contractors and there are concerns about the fitness of these persons working in areas where there are vulnerable patients.

I comment that the General Manager of RDH was required by Section 52 of the Health and Community Services Complaints Act to answer this question under sanction of criminal penalty. His failure to do so reinforces my recommendation to the Minister that the General Manager of RDH ought to be made more accountable under RDH governance arrangements.

HCSCC Q34: Have 'risk assessments' been conducted into the security within the Paediatric Ward since about 15 January 2005 and 31 December 2007? When were these undertaken and what were the results? Please identify any document or electronic record relevant to this question.

RDH response: Refer Q5.

Australian Standard: 4485.1-1997 section 1.2.7 refers:

A health care facility shall be able to produce evidence that it has conducted a comprehensive security risk assessment within the past two years. A health care facility shall be able to produce evidence that the findings of the security risk assessment have been implemented in compliance with Section 3 of this Standard.

Section 3 of this Standard "Assessment of Security Risks" states:

Every health care facility shall take a systematic and coordinated approach to reducing the potential for harm to its patients, staff, and property. After an initial security risk assessment each health care facility shall conduct regular assessments-

- a) Every two years thereafter; and*
- b) In response to any significant change in –*
 - I. The facility's environment;*
 - II. The facility's role, responsibilities and functions;*
 - III. The facility's property and buildings; or*
 - IV. Number of significant security incidents.*

The security risk assessments shall be documented and retained for a period of at least seven years.

HCSCC Comment: *RDH refer in their response to this question to the answers provided in question five (5). The answer to question 5 is not related to risk assessments and therefore answering this question has been either deliberately or carelessly evaded by RDH in breach of its obligation under the Health and Community Services Complaints Act.*

RDH have provided the minutes of Risk Management Meetings applicable to the March incident.

During the meeting of the 27th June 2006 the action result is that 'recommendations from the investigation were being drafted, no feedback from Police available to Unit and Caroline Adam is the contact person for RDH'.

Recorded on the minutes of the Clinical Risk Management Meeting on 8 August 2006 was that the 'Root Cause Analysis (RCA) outcomes had been lodged with the GM in July 2006' (GM refers to the General Manager). On 22 August 2006 it is recorded that 'no response from police re advice on security upgrade to date, RCA to GM approximately 3 weeks ago, no acknowledgement – action letter to GM re progress of proposed security upgrade'.

The next meeting on 5 September 2006 records that a 'response from the GM was still outstanding'.

HCSCC comment continued: *There needs to be some accountability when a risk is identified and reported to the GM. In providing no response (and there is no evidence to support that a response was provided) the GM appears to have ignored an important security issue that required attention. This is a gross dereliction of duty at worst but at least a failure to be transparently accountable.*

HCSCC Q35: How are Paediatric patients profiled to ascertain if they are a risk to others or if they are at risk? What records are kept to inform staff of such profiles?

RDH response: Medical assessment or referral consultations, Nurse (Clinical) Admission Risk Assessments are carried out to ascertain level of risk to self or others i.e. falls, food, skin integrity. All profile information is recorded on the Hospital (patient) record.

Australian Standard 4485.2 – 1997 “Security and Safety of People” section 7.6.1 – *There are a number of situations which occur in health care facilities which impact on the security and safety of people. These need to be considered when developing policies, procedures and other measures which minimise the risk in providing for the security and safety of people. Some individuals may be considered a risk to themselves or at*

risk from others due to social, environmental or family factors and may require special protective measures. These issues should be considered in consultation with the security administrator, clinical staff and where appropriate the parent(s) or family.

HCSCC Comment: *The current Policy is inadequate in content and requires an immediate review.*

Whilst I understand the need to record profile information on the patient's record this should not be the only record held.

Depending on the patient's profile, in some cases it would not be appropriate for the information to be entered into the chart. For example, if there is a concern that the child may be abducted or abused by a ex-spouse or disgruntled family member, entering this information onto the chart may inflame that person if they visit and see this information on the chart. This may place not only the patient at risk but the person who provided this information to the hospital. This type of information should be held elsewhere and kept confidential and should be available to be checked when a person seeks access through the intercom to the ward.

HCSCC Q36: Where do contractors or unknown visitors 'sign in' who want to attend Paediatric ward/s? What processes are in place for this to occur?

RDH response: Please refer to question 33.

HCSCC Comment: *the response to Question 33 does not adequately cover this question. It is hard to imagine how the answer to Question 33, which refers to contractors needing to attend engineering services, could have been considered by the author of this response to be sufficient to answer this question. The answer displays carelessness, evasiveness and lack of accountability by RDH to its obligations under the Health and Community Services Complaints Act. The response was required to be given by the General Manager. He had an obligation under legislation to answer it. If his attitude to that obligation is indicative of his professional obligation to be accountable to the Director of Acute Services, the CEO of DHF and ultimately to the Minister, I believe more accountability mechanisms ought to be introduced by the Minister for the governance of RDH.*

What is the process in place for unknown visitors who attend the Paediatric Ward? It is assumed by staff that a visitor/s is expected to attend the counter and make themselves known to staff. However, as the DI experienced, she entered without being challenged and entered children's rooms without the knowledge or challenge of staff. It follows that the security for protecting children from unfit persons is manifestly inadequate.

There is also the risk that a person who has been provided with a visitor pass for another area can enter the Paediatric Ward and in the event that they are challenged show that they have a pass. It is noted however that this issue has been address by DHCS (DHF) in that the Staff Identification Guidelines advise that a pass with a red stripe is to be issued to staff that are authorised to enter and work in areas where there is a need for special security requirements eg. Infants or emergency. Staff working in Paediatrics need to be educated about these passes. The lack of any recording of who these contractors are and when they were on the Ward is a major defect in the system. Although an appropriate CCTV system may capture the images of contractors their identity or pass number would aid identification. The ward should be notified by engineering services of when contractors are attending and identify the contractors.

The details of workmen/women are not recorded in the Ward, neither do they appear to be supervised. A number of these persons are also not required (as part of their employment) to undergo a police clearance check to ensure that they are not a 'predator'. The risk to babies and young children is unacceptable and needs to be immediately addressed..

HCSCC Q37: Is it correct that there are two reasons for infants not being placed in room 1 (Ward 5B)? These being that they are infectious or room 1 is full. If there are other reasons for not placing infants in room 1 (Ward 5B) please explain these reasons.

Definition of an Infant (Concise Oxford Dictionary) – Child during earliest period of life.

RDH response: No, there are more than two reasons for not placing infants in room 1 (Ward 5B).

These reasons are:

- Age
- Clinical condition and specific requirements of that condition including likelihood of contracting infections; length of stay
- Access to patient, bed space
- Parental request
- Available bed state
- Cultural considerations – family/escort usually
- Noise issues
- Accommodation / escort needs

HCSCC Q38: What jurisdictional Paediatric security comparisons have been conducted? When and how was this completed?

RDH response: RDH Security Manager contacted the four other hospitals within the Northern Territory seeking advice on their Paediatric Security. One of RDH's Paediatric Consultants visited some southern facilities whilst on other business. The Security manager's comparison report was completed on 24.08.2006. A verbal report was given to Incident Review Group and Clinical Risk Management meeting.

HCSCC Comment: A memorandum titled 'Paediatric (sic) Security Inquiries' from the Security Manager (Philip Bates) to the Manager of Operations (Alan McEwan) dated 24 August 2006³⁴ indicates that the Flinders Medical Centre, John Hunter Hospital, New Children's Hospital Westmead and the Royal Children's Hospital were reviewed by Mr Bates. A description of each of the hospitals security measures is given. Apart from these measures, there is no conclusion provided by Mr Bates. It is not clear whether he gathered the information himself or whether he relied on information provided by the Paediatric Consultant who "visited some southern facilities while on other business". It is also remarkable that having had the experience of a child being raped in the Darwin Hospital that reviews of security at all other public hospitals were not conducted. If there were reviews at other hospitals these review results were not produced to the HCSCC and Mr Bates clearly was not aware of them on 24/8/06.

The Periodic Review conducted by ACHS (13.10.2006) states that "A survey team has made an SA rating and high priority recommendation (HPR) with respect to improving security in the children's ward and maternity unit. The team believes that the hospital should compare security measures for children and babies which are in place at similar hospitals. In other major hospitals it is very common to see CCTV cover as access points to the department, doors locked either after visiting hours or early evening with key pad access for staff and an intercom to enable visitor identification after hours. As an outcome of an root case analysis (RCA) process from early 2006 the hospital has recently received quotes for the installation of cameras. In order to address the rating and HPR it will be important to introduce door locking and access policies for areas where children are accommodated, along with hardware to facilitate practical implementation of the policy. Other measures, including installation of CCTV should have funding confirmed and the installation project time-lined, and ideally commenced by the time of the AC 60 review".

Of interest is that the RDH security manager's comparison report was completed on the 24.08.2006, however this report does not appear to have been made available to ACHS who during their periodic review dated 13.10.2006 suggests that the hospital should undertake a comparison of security measures in similar hospitals. This failure of RDH to provide relevant information to the ACHS surveyors raises concerns about the quality of information provided to the ACHS surveyors. I have requested from DHCS (DHF) all information provided by RDH or DHCS (DHF) to ACHS for its review in 2006. That request was made when a draft of this report sent to the CEO of DHF. No response was received to that request.

This is again evident in the 2007 Lingard Review where at point 1.4.1 Mr Lingard states "The security manager should consider, at an appropriate time, a visit to other hospitals in Australia to gain exposure to healthcare

³⁴ Volume 2 - RDH attachment 8.

security in different settings within different size organisations". It would appear that Mr Lingard was not informed of the fact that Mr Bates had previously conducted a security comparison of similar sized hospitals in 2006, albeit apparently only in relation to Paediatrics.

There has been no explanation provided as to why only a verbal report about security comparisons was given to the Incident Review Group & Clinical Risk Management meeting. What actions were taken or recommended or decided on as a result of comparing other jurisdictions was not disclosed to HCSCC during this investigation and apparently was not disclosed to Mr Lingard. I do not know what was disclosed to the ACHS surveyors and invited the CEO of DHF, on receiving the draft of this report, to inform me of that. Once again, no response was received. This is entirely inconsistent with proper accountability and transparency on the part of RDH. DHCS (DHF) is ultimately responsible for RDH and I recommend that the CEO of DHCS (DHF) personally review the reasons for this omission and advise me within 30 days of the results of his review.

HCSCC Q39: What is your formal process for reviewing and monitoring security in the paediatric ward?

RDH response: There is no formal process for the specific review of security in the Paediatric ward/s. Security staff patrol the grounds and internal areas on the hospital including the internal areas of wards as time permits. Security staff respond to calls for assistance or duress alarms as required. Staff within and without the unit respond to any incidents.

Australian Standard 4485.1 – 1997 Section 3 –

Every health care facility shall take a systematic and coordinated approach to reducing the potential for harm to its patients, staff and property. After an initial security risk assessment each health care facility shall conduct regular assessments –

- a) Every two years thereafter; and
- b) In response to any significant change in –
 - i. The facility's environment;
 - ii. The facility's role, responsibilities and functions;
 - iii. The facility's property and buildings; or
 - iv. Numbers of significant security incidents.

The security risk assessments shall be documented and retained for a period of at least seven years.

HCSCC Comment: A security risk assessment would have identified the need for a formal process for reviewing and monitoring security in the Paediatric Ward. This process is not only a matter of having the security officer's patrol or respond, "as time permits", which is a vague and evasive response. The RDH failed to comply with this part of the Australian Standard is a serious failure of administration for which the General Manager must accept responsibility in the absence of any evidence

provided that the General Manager's failure to comply was caused by a policy or direction from those to whom he is subordinate.

HCSCC Q40: What is the current process for implementing security requirements in the Paediatric Ward?

RDH response: There is no current process other than following the Policy and calls for assistance or duress alarms.

HCSCC Q41: Does the electronic access to the Paediatric Ward close the access door between 12 and 2pm?

RDH response: No the door remains open between 12 and 2pm.

HCSCC Comment: *Mr Phil Bates (DHCS Security Manager) advised this Office that prior to the incident in March 2006 the doors to ward 5B remained unlocked 24 hours a day seven days a week.*

The rape of the infant in 2006 was the catalyst for implementing door locking changes. It is clear that the safety and the security of young children did not appear to have been considered important enough for changes to be made (despite the recommendations of the Lingard Review 2002 to improve security) prior to the March 2006 incident. The failure to do so can only be characterised as shameful. As the perpetrator of the crime is unidentified there is no guarantee that action by RDH would have prevented the rape, equally there is nothing to indicate that it would not have. Probabilities are that identification of the perpetrator would have been possible or improved for NT Police if proper risk assessment had been carried out prior to 2006 and implemented. Mr Lingard's report of 2002 was a rudimentary risk assessment not specific to the Paediatric Ward, but even its recommendations were not implemented.

Q41 Continued - If not how are person entering during this period monitored?

RDH response: Persons entering during this period are monitored by using the video intercom to request admission.

HCSCC Comment: *As the door remained unlocked during 12 – 2pm it would be an unusual practice for a person wishing to enter to request admission. A more appropriate security measure would be the locking of this door between 12 and 2pm. The absurdity of this answer is self evident.*

HCSCC Q42: Where do you keep records of Paediatric security incidents and the reports of analysis after these incidents?

RDH response: Security incident records are kept in the Quality Unit.

Australian Standard 4485.1-1997 Section 7 refers to this issue. Policy and procedures shall take into account, but not be limited to, the following topics:

- a) Incident prevention.
- b) Incident control.
- c) Incident evaluation.
- d) Particular precautions for public interface areas.
- e) Particular precautions for people working in isolation after night fall.
- f) Response to duress alarms and calls for assistance.
- g) Mental Health Services.

HCSCC Comment: *What happens to the information contained in the incident records, where do copies go, who is responsible for making the necessary changes to security policy/procedure after an incident? These are questions that RDH should, as part of the security process, ask. The analysis of an incident and the reports compiled as a result of a security incident can be training tools, they may result in identifying a change in policy/procedure. If the Quality Unit is just a repository for the record and nothing is done with the information contained in the document, then this is an issue that RDH must address. Despite issuing a notice under Section 52 of the Health and Community Services Complaints Act no document was produced evidencing that the Quality Unit in response to its root cause analysis of the rape of this infant was ever acted on by the General Manager or anyone else at RDH.*

Mr Phil Bates (Security Manager) advised this Office that he believed that after the March 2006 incident his office was called to stand static guard on the Ward 5B door. There are no records held that confirm that this occurred, Mr Bates checked the electronic log (held in his Office) and stated that there is no report on their computer that would confirm or negate this.

Mr Ken Lingard advised that although he was shown the electronic records held in security, he was not asked to review the security reports held in the Quality Unit.

Prior to the HCSCC seeking a meeting with the Police, checks with NT Police revealed that the investigation into the rape (March 2006) was finalised on the 7 December 2006. These checks were conducted by HCSCC staff to ensure that they would not impede or interfere with a Police Investigation.

The hospital based Constable was subsequently asked what role the hospital Police officer played in this matter. She was not aware of what

occurred as it was prior to her appointment. The Police hard copy records held by the hospital based police officer were made available willingly to the HCSCC. Prior notice (1 day) had been provided to the NT Police of the attendance of HCSCC staff, permission was sought (to look through Police records of 2006) and granted by the Superintendent of Casuarina and the Senior Sergeant of Ethical & Professional Standards Command.

Whilst no record was located pertaining to the March 2006 incident, several full patient medical files were located within the Police officers filing cabinet. These records are confidential and not available unless the patient has provided permission for their personal medical files to be released to another person. The hospital based Constable did not know why or under what circumstances these confidential patient files were held in the cabinet. This is an example of a serious breach of security within RDH relating to the keeping of confidential personal information.

RDH were informed about these medical records by HCSCC. Until being informed by HCSCC about these files RDH were not aware they were held by the hospital based police officer. This indicates poor practice with respect to records management at RDH. This investigation is not about records management generally but it would be remiss of me not to bring this to the attention of the CEO of DHCS (DHF) and the Minister. I make no recommendation.

HCSCC Q43: Are there signs alerting persons who seek entry to the Paediatric Ward of the security requirements of entry? If so, where and how are these signs displayed?

RDH response: Yes, there are signs alerting persons entering the Paediatric Ward of the security requirements. There is a sign at the entrance to all wards fitted with video intercoms advising member of the public to press the button and wait. The ward then decides whether to admit/allow entrance.

HCSCC Comment: During inspection of ward 5B the DI entered without pressing the intercom button. The ward staff therefore did not decide 'whether to admit/allow entrance'. These signs are inadequate in content to inform visitors that they must report to the nurse's station and advise who they are and who they are visiting or other reason for being there.

HCSCC Q44: Was any feedback provided to RDH by the NT Police following their investigation of the 30th March 2006 incident either in writing or orally? If yes give the details of that feedback or identify the document in which it is recorded.

RDH response: No.

HCSCC Comment: On the 16 May 2006 a Royal Darwin Hospital Maternal & Child Health Clinical Risk Management Meeting was held³⁵. Discussion point 2.6 is the issue of the "Sexual Assault in 5B". It is noted that the "criminal investigation is still underway", that there is an "intention that the investigator will speak to staff on 5B when the investigation is completed" and "modified RCA commenced". As it is reported that the criminal investigation was still underway, the assumption can be drawn that a check was conducted with Police that confirmed the continuing investigation.

At a meeting on 8 August 2006³⁶ reference is made to the security issues on 5B, the document states that the "Risk Cause Analysis (RCA) outcomes" were "lodged with the GM (General Manager) in July 2006". It is to be noted that DHF does not produce these records to HCSCC on the ground that they are protected from disclosure under the Federal Health Commission Act (Medicare). What has occurred at RDH is that these secret reports are meant to be additional to its other records of action taken to redress adverse events and near misses. It has become the only record kept. This prevents proper accountability of management to HCSCC and to the Minister.

A meeting held of the same group on 5 September 2006 advises that no response has been received from the Police, that no acknowledgement had been received from the GM regarding the RCA and that on the 01.09.2006 a memo was sent (to the GM) with no response. Further that Paul will attend the MGG meeting on Friday and raise the Paediatric issues.

In his response of 31 October 2008 the CEO of DHF explained that no discussion about compensation had occurred as the police investigation was not finalised. This office, on contacting the police and asking when the investigation had concluded, were advised that the police investigation concluded on 7 December 2006. The DHF was aware that the complainant was seeking compensation since the complaint in June 2006. The failure to enter into any negotiations because of the police investigation or the HCSCC investigation is no excuse at all for the delay in addressing the issue. The HCSCC can conciliate but it is not the primary method or pathway to compensation.

RDH does not appear to have sought or received feedback from the NT Police. Considering that this incident caused such injury to a five month old child, and extreme distress to the infant's mother, it is essential that RDH actively seek feedback to help identify and manage the risk of a recurrence. It is not known who "Paul" is (it is assumed by the HCSCC that Paul is Paul Bauert as he is listed under the action officer column) and what an "MGG" meeting is.

RDH was required under Section 55 of the Health and Community Services Complaints Act to produce all records relevant to any matter

³⁵ Volume 2 - RDH Attachment 19.

³⁶ Volume 2 - RDH Attachment 19.

enquired about in questions 1 to 45 and any document relevant to security within the Paediatric Ward. The notice is attached as HCSCC (number) under sanction of a criminal penalty I must apply the presumption of innocence maxim and conclude that there are no records of whether a meeting occurred or what was discussed, with Paul at the "MGG".

HCSCC Q45: What pamphlets/brochures regarding security are available to parents/guardians/visitors in the Paediatric Ward/s?

RDH response: Information for parents and escorts is provided within the ward. Attachment 9.

CNC response: Point L (page 24) - Parents are not provided with informative pamphlets advising them of security within the ward.

HCSCC Comment: *Attachment 9 is the Incident Review Action Plan. Attachment 14 is the Information for Parents and Escorts (Production date: February 2003). This pamphlet contains the following security information for parents/escorts:*

The safety and security of your child while a patient on this ward is of primary concern. Providing a safe environment for your child can be achieved if we work together. The Division of Maternal and Child Health at Royal Darwin Hospital has developed security measures giving a special focus to the safety of your child.

The ward will be closed between 9.30pm and 7.45am. During this time, entry to the ward will be through the main ward door (closest to visitor lifts). Please use the intercom provided to alert staff of your entry. Doors to the ward and fire escape have been alarmed. If you are boarding with your child you will be given an identification bracelet.

We ask your help to:

- Complete the custodial care form.
- Ask staff to replace your child's identity bracelet if it is lost or you cannot read it.
- Check that staff caring for your child are wearing an identification badge.
- Tell your nurse when you take your child out of the ward.

And in turn the nurses will ensure:

- Staff working on the ward are clearly identified.
- Your child is correctly identified with a bracelet.
- Staff are familiar with the Royal Darwin Hospital security policies and alarm systems.
- Staff know parents and escorts.

ACHS Periodic Review dated 13.10.2006 advised "The patient information pamphlet and the admission interview are being reworded to reflect the changes to the ward access". No verification of the ACHS statement was given to the HCSCC. If the ACHS surveyors were correctly informed by RDH staff about the rewriting of the pamphlet I would have expected RDH to mention that fact in answer to Question 5(d). I recommend that whether or not the statement by ACHS is correct that RDH give top priority to updating and reissuing the pamphlet. I note that in answering this question there was no response to how visitors are informed of the expected/compulsory requirements relating to them. I recommend that any pamphlet cover visitors and are given to visitors and made known by signs so as to avoid offence as well as to implement proper security

arrangements. The information needs to be in the several languages and culturally appropriate signage designed for indigenous or other people who do not read English.