NSW GOVERNMENT Health

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Ms Elspeth Dyer
Committee Manager
Committee on Law and Safety
Legislative Assembly
Parliament of New South Wales
Macquarie Street
SYDNEY NSW 2000

By Email: lawsafety@parliment.nsw.gov.au

Dear Ms Dyer

Re: Inquiry into Violence Against Emergency Services Personnel

I refer to the appearance of Ms Annie Owens, Executive Director, Workplace Relations and myself before the Committee on Law and Safety on Monday, 20 February 2017, to give evidence concerning the above inquiry.

As requested, Ms Owens and I have reviewed the transcripts of oral evidence provided by the Committee and factual corrections have been made in the attached transcript.

I have also attached responses to the additional questions raised by the Committee in their correspondence.

If you have any further questions in relation to this matter, please do not hesitate to contact Cathy Hill, Director of my Office, on [redacted] or via email to [redacted]

Yours sincerely

[redacted]

Karen Crawhaw PSM
Deputy Secretary
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1.3.17

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HEARING: SYDNEY, MONDAY 20 FEBRUARY 2017

NSW Ministry of Health – Ms Karen Crawshaw, Ms Annie Owens

Question taken on notice during the hearing

Mr EDMOND ATALLA: You can take this question on notice but do you have the number of security staff in the Health system?
Ms CRAWSHAW: We do.
Mr EDMOND ATALLA: I need a breakdown of percentage or number of contractors versus –
Ms CRAWSHAW: It will be very hard to provide contractors – they are on the payroll so we can give you the payroll figures – but their engagement is done through fee-for-service. It would be very hard to provide you with contractors –
Mr EDMOND ATALLA: In terms of the number of contractors –

ANSWER:

The number of employed security staff within NSW Health is approximately 1,143 FTE (based on FTE count as at March 2016 and is inclusive of the additional 30 security staff that commenced in 2016):
- 511 under the Award classification of Security Officer (45% of total security FTE)
- 632 under the Award classification of Health & Security Assistants (55% of total security FTE)

The number of contracted security staff is not available as they are paid through goods and services and are not paid through the payroll system. It is estimated that the use of contracted security staff can be up to around 10 per cent of the total security workforce.

Additional questions

1. In your evidence, you note that NSW Health has an overall implementation plan for the 12 point plan. Could you please provide the Committee with a copy?

ANSWER:

A copy of the 12 point action plan that outlines key activities and timelines is attached for the information of the Committee.

2. The Committee has heard evidence that the responses to 'Code Grey' and 'Code Black' alarms are not standardised throughout NSW hospitals. Could you please comment? Are any changes proposed in this area?

ANSWER:

NSW Health has adopted the standard emergency code system set out in Australian Standard 4083-2010: *Planning for Emergencies – Health Care Facilities*. This means that all incidents relating to a personal threat (both unarmed and armed) where a person is threatening injury to themselves or others is referred to as 'Code Black'.

It is noted that the Australian Standard does not provide for a 'Code Grey'. This was introduced initially by Victoria Health to identify a subset of incidents relating to aggression from patients. At this time, NSW Health does not believe it necessary to introduce this additional Code, as in practice the response to both a Code Black and a Code Grey involves the same personnel.

The NSW Health's Security Manual *Protecting People and Property* (Chapter 29 - Duress Response Planning) sets out NSW Health's standards for duress response plans (Code Black responses) that must be reflected in all facility plans.

It is NSW Health policy that:

- Duress response plans must exist for all workplaces and community/outreach services.
- The plan must encourage staff to call for a duress response/back-up early in the event, preferably before escalation.
- The plan must be regularly evaluated and reviewed. Review should involve the input of all parties who may be involved in a duress response including external responders.
- The response must be standardised as far as possible to reduce confusion.
- The response must reflect the available resources on each shift and in the local area e.g. police may not be available at night.
- The response must be tested.
- Each shift must have a designated duress response team. Those on the duress response team must be able to cease their duties to respond when needed.
- The duress response must involve a multidisciplinary team response with sufficient numbers of clinical and security or other personnel to provide for the safe management and restraint, if necessary, of a patient or another individual.
- The duress response team must include a delegated leader and an agreed assembly point so the response to the incident can occur as a team.

Review of Duress Response (Code Black) Policy

The recent security audit and self-assessments of public hospital emergency departments identified those sites where duress response plans need to be further developed. The Ministry is monitoring Local Health Districts' progress on their duress response plans as part of their remedial action plan reporting.

As part of a review of the NSW Health Security Manual *Protecting People and Property,* a model duress plan will be included to provide further support for Districts with their duress response planning.

3. The Committee has received evidence that recruiting security personnel or HASAs in remote communities is difficult because there is a lack of licensed security operatives and persons wishing to obtain such qualifications within those communities.

- **Do you agree that this problem exists?**
- **What is NSW Health doing to promote the recruitment and retention of HASAs and security staff in remote areas?**

ANSWER:

Determining the need for a security presence in a rural and remote facility must be based on a risk assessment, in line with NSW Health policy (Chapter 14 of the Security Manual *Protecting People and Property*).

Where the risk profile indicates the need for a security presence, in many cases rural and remote facilities use the Health and Security Assistant (HASA) classification. The HASA role provides flexibility, particularly where there is not a need for a full time security presence. These HASAs work closely with the clinical team and are highly respected by colleagues.

Sourcing suitable candidates to undertake this role has been reported by some rural and remote Districts as challenging. To address this issue, in many cases, facilities provide support to existing staff members to undertake the necessary vocational training to gain a security licence.

In 2016, the Ministry supported a new model for recruiting security staff where an intake of 13 trainees were selected without the requirement to hold a security licence, but were assessed as having the skills and potential capability to work in a security role. This cohort of staff completed a 'Health only' Certificate in Security Operations (Certificate II) program run by TAFE. While this program delivered the competencies required for eligibility to hold a NSW security licence, TAFE was also able to incorporate additional content within the program, relevant to delivering security services in a health environment.

The Ministry will consider the feasibility of sponsoring this program in key regional areas to establish a potential candidacy pool of security staff who have been provided with the necessary vocational competencies and, in addition, competencies relevant to delivering security in a health environment.

Existing rural and remote security staff and HASAs are also participating in the 3 day TAFE program *Security in the Health Environment*, to ensure the ongoing professionalisation and development of our rural and remote security workforce. In addition to the formal curriculum, this program provides participants with an opportunity to develop professional networks with colleagues from across NSW Health. This contributes to the sharing of best practices and experiences and assists with reducing the sense of isolation that some rural and remote security staff may experience due to the specialised nature of their role. Feedback from participants who have completed the program to date has been very positive.

4. Are arrangements with NSW Police for the handover of aggressive individuals to EDs and incident response proving effective? Are there any areas for improvement?

ANSWER:

NSW Health has a Memorandum of Understanding (MoU) with the NSW Police Force that sets out the roles and responsibilities of Police, Ambulance and hospitals in responding to emergency mental health events. The Ministry of Health has been working with the NSW Police to expand the current MoU beyond the current mental health scope to include patients who are brought to hospital in custody, and to ensure that there is an appropriate police response for the management of public safety incidents at hospitals.

An important enhancement to the MoU is the need to ensure there are comprehensive handover procedures in place for patients brought to hospital by police. The revised MoU will include requirements for joint risk assessments and decision making by attending agencies at each handover point, that patients brought to hospital are not to be handed over to security staff and that no agency leaves the hospital until the handover process is complete.

The primary responsibility of NSW Police is to ensure public safety and this is reflected in the MoU. There have been good discussions with NSW Police over the past year to strengthen the MoU and they have demonstrated strong commitment at a very senior level to ensuring there is proper handover of patients brought in by Police to our hospitals. Likewise, Health has a responsibility to ensure that Police are not unnecessarily delayed at hospitals. To this end, the Ministry is developing a policy to ensure timely transfer of the patient from Police to care of hospital clinicians.

In addition, NSW Health has a policy and guideline in place for the safe management of patients with disturbed and aggressive behaviours that provides guidance to staff about assessment, treatment and care of these patients when they are brought to hospital, including use of mechanical or chemical restraint where the patient's behaviour puts themselves or others at immediate risk of serious harm. A series of cross-agency workshops attended by front-line clinicians, as well as Police and Ambulance representatives, were held across NSW in 2016 to support local implementation strategies to manage behaviourally disturbed patients presenting to

emergency departments. These workshops provided an opportunity for cross agency discussion about joint management of these patients.

While there are operational challenges, particularly in rural locations where there are finite resources and large geographical distances, processes are in place to escalate and resolve situations that arise. Generally, these work well, particularly where local interagency committees are in place and are working collaboratively together to ensure there is good communication between agencies with clear escalation paths and problem solving. There is however, room for improvement, and the revised MoU will enhance the governance requirements to ensure effective collaboration occurs at a local level between emergency departments, Police and Ambulance, including having a senior executive sponsor from Health and Police to oversee the operational effectiveness of the MoU.

12 Point Action Plan on Hospital Security

REF #	ACTION ITEM	ACTION ITEM DELIVERABLE	TIMEFRAME[1]	OVERALL STATUS
1	Deliver an intensive program of multi-disciplinary training of Emergency Department staff including nursing, security and medical staff in managing disturbed and aggressive behaviour and ensure each member of the multi-disciplinary team is clear about their respective roles.	Design a one day equivalent training program adapted from the existing four (4) day Violence Prevention Management (VPM) training program, specifically for staff working in Emergency Departments to manage disturbed and aggressive behaviour.	Q3 2016	**COMPLETE**
		Pilot of one day equivalent training program adapted from the existing four (4) day Violence Prevention Management (VPM) training program.	Q3 2016	**COMPLETE**
		Develop a range of on-line tools and resources (e.g. videos) to support the face-to-face training.	Q2 2017	**ON TRACK**
		Concurrent to the development of online resources, the '*Train the Trainer*' program to be rolled out to all Local Health Districts (LHDs).	Q2 2017	**ON TRACK**
2	(a) Deliver a program to engender a stronger workplace, health and safety culture and ensure all staff, including junior doctors, nurse graduates and other rotating staff are adequately inculcated into the safety culture.	Review orientation programs for new staff to ensure adequacy of WHS training, specifically with an emphasis on personal safety and security.	Q3 2017	**ON TRACK**
		Develop NSW Health Leadership & Culture Framework	Q2 2017	**ON TRACK**
		NSW DPC Behavioural Insights Unit attended sample Emergency Departments to identify Behavioural Insights interventions that could be applied to improve safety culture.	Q4 2016	**COMPLETE**
		Pilot of Safety Culture Co-ordinator Nurse Positions at selected Local Health Districts	Q2 2017	**ON TRACK**
		Monthly Chief Executive (CE) Workforce Meeting. - Standing Agenda Item: Local Health District CEs to present on WHS safety initiatives at each meeting.	Q3 2016 and Ongoing	**COMPLETE**
		WHS KPIs developed for inclusion within Executive 2016-17 Performance Agreements. All other positions across NSW Health are required to have WHS KPIs in their Performance Agreements.	Q4 2016	**COMPLETE**

[1] *Timeframes: quarterly calendar reporting [calendar year]*

12 Point Action Plan on Hospital Security

REF #	ACTION ITEM	ACTION ITEM DELIVERABLE	TIMEFRAME[1]	OVERALL STATUS
	(b) Ensure clinical unit and hospital managers are specifically trained to understand and give effect to their Workplace Health and Safety obligations and ensure their local workplaces have a zero tolerance to violence.	WHS and security awareness content included in 'NUM Take the Lead' program. Content also included in Nurse and Midwifery Manager Professional Development Program.	Q3 2016	**COMPLETE**
		On-line learning module: 'Building a safe workplace culture' developed that outlines Managers' obligations and responsibilities in relation to WHS.	Q3 2016	**COMPLETE**
3	Undertake a detailed security audit of the following Emergency Departments: 1. Bankstown Lidcombe Hospital 2. Blacktown Hospital 3. Blue Mountains Hospital 4. Byron District Hospital 5. Calvary Mater 6. Cooma Hospital 7. Hornsby Ku-ring-gai Hospital 8. John Hunter Hospital 9. Nepean Hospital 10. Orange (co-located with Bloomfield) 11. Prince of Wales 12. Royal Prince Alfred 13. Royal North Shore 14. Shoalhaven 15. St Vincent's Hospital Sydney 16. Tweed Heads Hospital 17. Wagga Wagga Hospital 18. Wellington Hospital 19. Wollongong Hospital 20. Wyong Hospital	Undertake audits of 20 Emergency Departments and self-assessments of all remaining 24/7 Emergency Departments. The report of the external audit contains 57 recommendations.	Q3 2016	**COMPLETE**
		All Local Health Districts develop a remedial action plan to address areas of non-compliance identified in the audits and self-assessments.	Q3 2016	**COMPLETED**
		Develop Implementation Plan to address audit recommendations.	Q4 2016	**COMPLETE**
4	Establish a working group to recommend strategies to increase the professionalisation of NSW Health security staff and how best to integrate their roles in a multidisciplinary response to patient aggression.	Professionalisation of Security Workforce Working Party established with representation from Health Services Union (HSU).	Q2 2016 and ongoing	**COMPLETE**
5	Partner with TAFE NSW to train existing security staff in a security course purpose designed for the health environment.	Three day training program for existing security staff to be rolled out during 2016/2017.	Q4 2017	**ON TRACK**
6	Sponsor the recruitment of a new intake of trainees to qualify as security staff through the health specific course and recruit and train further staff following consideration of the results of the security audit.	Recurrent funding of **$2.5m** provided in 2016-17 NSW Budget for 30 additional security staff. All positions allocated to Local Health Districts and recruitment completed.	Q4 2016	**COMPLETE**

12 Point Action Plan on Hospital Security

REF #	ACTION ITEM	ACTION ITEM DELIVERABLE	TIMEFRAME[1]	OVERALL STATUS
7	Establish a Reference Group of expert clinicians to develop specific patient management and treatment pathways, including disposition and transport options, for patients presenting to Emergency Departments under the influence of psycho-stimulants such as "ice", both for immediate management and longer term referral and treatment.	Reference Group of expert clinicians established. Pilot of 'Management of Behaviourally Disturbed Patients in Emergency Departments' project at selected Local Health Districts.	Q3 2016	**COMPLETE**
		Develop NSW Health Guideline for the use of Safe Assessment Rooms.	Q2 2017	**ON TRACK**
8	Immediately examine availability of Mental Health and Drug & Alcohol resources including the use of telehealth options for rural and regional areas for patients presenting to Emergency Departments under the influence of psycho-stimulants such as "ice", both for immediate management and longer term referral and treatment.	Survey of Emergency Departments to determine resource availability.	Q2 2016	**COMPLETE**
9	Work with NSW Police to ensure arrangements adequately and consistently cover liaison, firearms safety, handover and incident response involving aggressive individuals presenting at public hospitals including pursuing prosecution of offenders.	Consult with NSW Police to broaden Memorandum of Understanding (MoU) beyond current mental health scope and improve joint handover procedures.	Q2 2017	**ON TRACK**
10	Examine whether legislative changes are required: • to make clear that a victim's status as a health worker, which is already an aggravating factor when sentencing an offender convicted of assault, covers hospital security staff. • to provide adequate legal protection to security staff who act in good faith and under the direction of health professionals, who require assistance in order to render lawful medical treatment or care of patient.	The Attorney General has agreed to seek amendments to the *Crimes (Sentencing Procedure) Act*.	Q3 2017	**ON TRACK**
		Amend the *Health Services Act* to provide for a protection of personal liability for staff of NSW Health Services who assist, in good faith, a registered health practitioner in providing treatment under the Guardianship Act or Children and Young Persons (Care and Protection) Act. Commenced 28 September 2016.	Q3 2016	**COMPLETE**
11	Identify the circumstances in which security staff are able to exercise power to remove from public hospital premises individuals who are not patients and who are acting aggressively or who are otherwise causing disruption.	Review and update current NSW Health policy with respect to forcible removal of individuals from premises (other than patients).	Q2 2017	**ON TRACK**
12	Improve incident management reporting systems to ensure they are user friendly, well utilised and provide transparent management and feedback loops to staff making the reports.	Pilot implementation planned for Murrumbidgee Local Health District first half of 2017. Pending completion of pilot program, full implementation to be rolled out across all Local Health Districts.	Phased Implementation 2017	**ON TRACK**