Statement of Nicholas Howson

Special Commission of Inquiry into Healthcare Funding

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1. I am registered as a Registered Nurse ('RN'). I was first registered in 2018 following the completion of a Bachelor of Nursing from Western Sydney University. Prior to becoming an RN, I worked in telecommunications engineering.

2. I make this statement in my capacity as a member of the New South Wales Nurses and Midwives' Association ('NSWNMA').

3. I have been employed by the Western Sydney Local Health District ('WSLHD') working within the mental health services since September 2016. I was initially as employed as an Assistant in Nursing and subsequently as an RN in February 2018.

4. Through the NSWNMA I have been asked by Mr Stuart Jacobs, Principal Solicitor for the Special Commission of Inquiry into Healthcare Funding, to provide a statement to the Inquiry regarding my personal experience of procurement issues.

5. Below I have detailed procurement issues that I have personally observed, or I am aware of based on discussions and/or communications with colleagues.

Duress Alarms

6. One of the significant procurement issues that I have observed is having duress alarms that are not only not fit for purpose, but do not meet the requirements for duress alarms outlined in *Protecting People and Property* ('PPP Manual') the NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies.

7. The PPP Manual [at 11.2] sets out the specific requirements for personal duress alarms systems under the heading '*Selecting fit for purpose duress alarms*'. The

NICHOLAS HOWSON

16/2/24

DATE

requirements include: '*provide activation that can be initiated by the wearer and also activated where the user is not moving or has fallen down. These must not be able to be disabled by individual workers*'.

8. To the best of my knowledge all units within WSLHD that have a personal duress alarm system have an 'Airista' system installed. A picture of these alarms is annexed to this statement and marked "A". The Airista alarms were rolled out across WSLHD starting in late 2020 and finishing in March 2022.

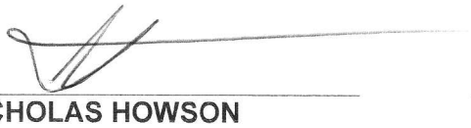
9. On 24 February 2023 I sent an email to the Acting Director of Nursing – Mental Health Services, Christine Dictado, the Director of Nursing – Mental Health Services Wade Norrie and Acting Deputy Director of Nursing – Mental Health Services Janine Van Bruinessen informing them that 11 duress alarms in the Westmead Hospital mental health units C4A and C4B were not working.

10. In this email I also raised concerns regarding the 'man down' function being disabled and the requirements under the PPP Manual for duress alarms. I also referred to a SafeWork Improvement notice regarding these duress alarms that had been issued in March 2021. A copy of this email is annexed and marked "B".

11. In response to this email, I received an email showing an email chain between the Technical Services Manager and the Acting Deputy Director of Nursing showing that the 'man down' function had been intentionally disabled across some sites within WSLHD. A copy of this email chain is annexed and marked "C".

12. The 'man down' function was enabled in C4A and C4B shortly after this, however it remains disabled on the alarms in Westmead ED.

13. The PPP Manual also requires [at 11.2.5] that personal duress alarm systems must be 'self-testing'. The personal duress alarms across WSLHD show that a self-test has been conducted successfully, but it provides no feedback on what functionality it is testing. The test only confirms feedback of a 'connection' and the location of



16/2/24

NICHOLAS HOWSON **DATE**

the alarm when tested. It does not indicate what functions are disabled (e.g. man down).

14. Some of the duress alarms across WSLHD simply do not respond when activated, despite 'self-testing' indicating that the alarm is connected. Location names are difficult to identify and cause a delay in response.

15. I have been provided with a copy of an email from Eliza Wright, a Registered Nurse and Health and Safety Representative from the Blacktown Mental Health Service (part of WSLHD) outlining the current issues they are experiencing with duress alarm systems in that service. These issues include difficulty in identifying the location of the alarm, alarms not sending or receiving alerts. This email is annexed and marked "D".

16. Eliza has also provided me with an email from March 2021 where concerns were raised about similar issues with the duress alarm system including delays in response, sensitivity of alarms, missing components and an insufficient quantity of available alarms. This email includes details of an incident where four staff were assaulted and their duress alarms did not work as expected. A copy of this email is annexed and marked "E".

17. Issues regarding the adequacy of the personal duress alarms in the ED and the C4A and C4B mental health units of Westmead Hospital have been raised by the Cumberland Branch of the NSWNMA with both WSLHD management and SafeWork NSW over the last few years.

18. On 17 February 2021 a Staff Consultative Committee meeting was held at Cumberland Hospital. The record of this meeting shows a number of action items regarding duress alarm issues as 'closed actions'. These include the need for WSLHD to consider and implement recommendations from the 2020 Final Report into Improvements to security in hospitals (the Anderson Report), a lack of duress alarms in the 'Admissions' area, insufficient numbers of alarms and faults with alarms in the Boronia Unit.

NICHOLAS HOWSON

16/2/24
DATE

19. At that time, the Boronia Unit had been one of the first units to have the new 'Airista' system installed.

20. Despite being 'action items' in February 2021, the issues with the duress alarms persisted. On 25 February 2022 I tested my alarm at the start of my shift and it did not work. The self-test function didn't work, the pull-tag function didn't work, the man down alarm didn't work and the button trigger did not alert. I tested the other alarms in the charging dock and none of them were working.

21. I escalated this issue immediately to the Nurse Manager at the time and I informed the staff who were working on that shift. I completed an incident report in our IMS+ system. A copy of that report is annexed and marked "F".

22. On 21 February 2023 the Blacktown Branch of the NSWNMA passed a resolution expressing their concern about the adequacy of the current safety systems in place in Blacktown ED and the risk posed to staff, patients and visitors. The resolution specifically raised concerns with the non-functionality of fixed and personal duress alarm systems and inadequate numbers of personal duress alarms. This resolution was communicated to the Director of Nursing of Blacktown Hospital, Marie Baxter.

23. On 21 February 2023, both Ms Baxter and the Chief Executive of WSLHD, Graeme Loy responded to the resolution. A copy of this email chain is annexed and marked "G".

24. In his email, Mr Loy stated that "*I am incredibly disturbed that these systems were in that condition, particularly given that not only was I not aware of this issue, but that we had been advised as late as the day before the incident that the duress systems in the ED were tested and functional*" and *"A routine duress alarm testing program for fixed and portable units was introduced 12 months ago and there have been no issues escalated to enable the district to take action."*

16/2/24

NICHOLAS HOWSON **DATE**

25. Although I am not aware if any issues relating to duress alarms were specifically raised by Blacktown Hospital staff from February 2022 to February 2023, I am aware that issues had been raised with WSLHD during this time regarding the personal and fixed duress alarms in Westmead ED, which are the same model.

26. In October and November 2022 concerns were raised by staff from Westmead ED regarding fixed duress alarms that were not functional. An incident occurred where there was a code black, meaning an alarm needed to be activated by a user, but the personal duress alarm did not work and the wall-mounted duress alarms did not work. A copy of the emails sent by staff outlining these issues are annexed and marked "H" and "I".

27. In November 2022 there was an incident at Westmead ED where the fixed duress alarm that was previously reported and repaired was operated in accordance with instructions left on a note near the alarm, and an alert was not communicated to staff. Annexed to this statement and marked "J" is the incident report INC559198 made in IMS+ regarding this.

28. On 19 December 2022 the Cumberland Branch of the NSWNMA wrote to Wade Norrie to specifically raise concerns regarding the ineffectiveness of the alarms in Westmead ED. A copy of this letter is annexed and marked "K". To the best of my knowledge, the Branch did not receive a response to this letter.

29. The issues with these duress alarms are ongoing. An incident occurred at Westmead ED earlier this month where a staff member pulled a duress alarm due to an absconding patient and no alarm was triggered. The staff member reports that they tested the alarm with the "self-test" functionality and received a result indicating the unit was functional. Annexed to this statement and marked "L" is a copy of the incident report INC860016 which describes this.

16/2/24

NICHOLAS HOWSON **DATE**

30. The current procurement arrangements do not support me in my role in providing care in what are often volatile environments with people who are acutely unwell and can exhibit unpredictable and violent behaviour towards themselves, staff and other patients.

31. Mental Health units, unlike other hospital wards, do not have 'call bells' or 'emergency bells' on the walls due to the potential for misuse by unwell patients. Staff are reliant on a functional personal duress alarm system and radio system to be able to alert staff to any emergency situation.

Procurement Process

32. At the local hospital and LHD level we have issues with procurement because specific positions that people hold are not given the authority to place orders for certain items, and approvers for those purchases are often unavailable due to being on leave or acting in higher grade duties.

33. For example, the ward I currently work in has one ward clerk. That ward clerk is also doing the role of the medical secretary and consumer service officer. These other positions are either vacant or the staff member is on leave. On 6 February 2024 we were required to order new pillows to adhere to with the Australian Guidelines for the Prevention and Control of Infection in Healthcare.

34. The ward clerk ordered these pillows despite this not being within the remit of their role and having to simultaneously do the work of three positions, as the Nursing Unit Manager ('NUM') was on leave and the acting NUM does not have approval rights for this order.

35. Even if the regular NUM was in, he has lost his 'manager access' to approve purchases. He informed me that this was due to 'recruitment issues' however I do not have further information about what specific issues he was referring to. The

16/2/24

NICHOLAS HOWSON **DATE**

approval of this order then fell to the (also acting) Nurse Manger for Acute Services, with a backup of the (also acting) Deputy Director of Nursing.

36. There is very little centralised ordering for mental health services. The responsibilities for who has the approval for purchasing even the most basic items is spread across a variety of roles, and it is often not clear who is responsible for ordering what. For example, some food and drink such as snacks and tea/coffee is approved and ordered by the ward clerk, whereas other food supplies such as bottled water and sandwiches are ordered through the kitchen staff. Personal items for patients such as toothpaste and toothbrushes are ordered through our 'General Services' department.

37. Issues with ordering once again run into recruitment issues with people who normally check stock levels and/or order items being absent so then it becomes a reactive order when we run out of something and takes time to be delivered. Not having access to appropriate equipment or stock causes significant service disruption and time is unnecessarily spent by clinical staff chasing stock from other units.

38. Some of these issues regarding small orders were to be addressed with the introduction of "Procurement Cards" commonly known as "P Cards". The policy directive for the use of P Cards *Procurement Cards within NSW Health* PD2022_038 states [at 2.1] that a health entity employee who is 'responsible for purchasing low value goods and or services from suppliers on behalf of the Health Entity' is eligible to be issued a PCard.

39. I have been told by some Managers that they have approached the Mental Health Executive Team about being issued with a P Card, however they were not to apply as it would not be approved. PCards would assist to be able to procure small goods and patient amenities e.g. items for ward based entertainment in long stay mental health units and other items not traditionally on a procurement contract.

NICHOLAS HOWSON 16/2/24 **DATE**

40. Currently employees of NSW Health have access to the procurement website https://buy.nsw.gov.au/ which allows people to easily search approved suppliers and theoretically should reduce the time for approval for purchases. I am not aware whether the items that appear on this website have been checked as being compliant with the relevant policy.

END OF STATEMENT

NICHOLAS HOWSON

16/2/24
DATE