



## ANNOTATED AGENDA FOR CHAIR

### CLINICAL CULTURE COMMITTEE – MEETING NO.10

<b>Date:</b>	Tuesday 13 <sup>th</sup> December 2016
<b>Time:</b>	5.00pm – 6.00pm
<b>Location:</b>	Meeting Room 2, Building 24, Canberra Hospital

### ATTENDEES

Name	Position
Ms Nicole Feely	Director-General, ACT Health (Chair)
Dr Eleni Baird-Gunning	Member, Surgical Registrar, ACT Health
Dr David Blythe	Member, A/g Director Medical Services, ACT Health
Ms Veronica Croome	Member, Chief Nurse, ACT Health
Dr Tom Lea-Henry	Member, Medical Registrar, ACT Health
Mr Ian Thompson	Member, Deputy Director-General, Canberra Hospital and Health Services (CHHS), ACT Health
[REDACTED]	Member, [REDACTED], Calvary Hospital
Dr Christina Wilkinson	Member, Director of Medical Administration, CHHS, ACT Health
Ms Patricia O'Farrell	Observer, Executive Director, People & Culture (P&C), ACT Health
Ms Yu-Lan Chan	Observer, A/g Innovation Partner Executive Director, Workforce and Culture, ACT Health
Ms Bronwen Overton-Clarke	Observer, Public Sector Standards Commissioner and Deputy Director-General, Workforce Capability and Governance, Chief Minister, Treasury and Economic Development Directorate
Ms Navi Kalsi	Secretariat, Organisational Development, P&C, ACT Health

## ANNOTATED AGENDA FOR THE CHAIR

Time (pm)	Agenda Item	Topic	Lead
5.00	1	<b>Attendance and apologies</b> <i>Apologies:</i> Prof Walter Abhayaratna, Dr Bryan Ashman, [REDACTED], [REDACTED], Dr Denise Riordan and Prof Klaus-Martin Schulte	Chair
5.01	2	<b>Minutes and Actions Arising from previous meeting</b> <ul style="list-style-type: none"> <li>Action items are listed with responsibility allocated. The responsible parties can be asked to provide an update at the meeting.</li> </ul>	Chair
5.10	3	<b>Statement of Desired Culture – approval of draft</b> <ul style="list-style-type: none"> <li>Ms Chan will present the draft Statement of Desired Culture to Members for approval for online consultation with all staff in February 2017.</li> </ul>	Ms Chan
5.30	4	<b>Update on review of governance and policies</b> <ul style="list-style-type: none"> <li>Ms O’Farrell will present an update on the review of governance and policies in response to Recommendations 6 and 7 of the Review of Clinical Training Culture in CHHS</li> </ul>	Ms O’Farrell
5.40	5	<b>Report to Minister for Health</b> <ul style="list-style-type: none"> <li>Draft report has been circulated for Members’ comment</li> <li>Previous draft report was not submitted due to Caretaker period</li> </ul>	Ms Chan
5.45	6	<b>Other Business</b> <ul style="list-style-type: none"> <li>Proposed 2017 meeting dates have been circulated. Meetings to occur every six weeks, 5.00-6.30pm.</li> </ul>	Chair
5.55	7	<b>Next meeting:</b> <ul style="list-style-type: none"> <li>Proposed for Tuesday 7th February 2017, 5.00-6.30pm</li> </ul>	Chair

## REFERENCE TABLE

Recommendations of the Review of Clinical Culture	
1	Work with Executives and Clinical Directors to conduct further detailed analysis of those areas noted in the Review as having a culture that accepts or condones bullying, discrimination and/or harassment.
2	Engage senior leaders and staff across CHHS in developing a statement of desired culture for success.
3	Using the desired statement of culture as the basis, develop, implement and embed a ‘saturation’ communications campaign.
4	Adjust reward and performance measure for leaders to reflect desired leadership behaviours and capabilities.
5	Develop and institute mandatory leadership and management training for all clinicians who hold a leadership or management position.
6	Review governance structures in relation to the accountabilities and reporting requirements associated with bullying and harassment.
7	Strengthen policy statements to clarify and commit to consequences for unacceptable behaviour.



## Clinical Culture Committee – Tuesday 17<sup>th</sup> November 2016

### MEETING MINUTES

Name	Position	Attendance
Ms Nicole Feely	Director-General, ACT Health (Chair)	✓
Prof Walter Abhayaratna	Member, Clinical Director, Medicine, ACT Health	✓
Dr Brian Ashman	Member, Clinical Director, Surgery, ACT Health	✓
Dr Eleni Baird-Gunning	Member, Surgical Registrar, ACT Health	✓
Dr David Blythe	Member, A/g Director Medical Services, ACT Health	✓
Ms Veronica Croome	Member, Chief Nurse, ACT Health	✓
Dr Tom Lea-Henry	Member, Medical Registrar, ACT Health	✗
██████████	Member, ██████████ ANU Medical School	Apologies
Dr Denise Riordan	Member, Clinical Director, Child and Adolescent Mental Health Services, ACT Health	✗
Prof Klaus-Martin Schulte	Member, Professor of Surgery, ACT Health	✓
Ms Bronwen Overton-Clarke	Observer, Public Sector Standards Commissioner and Deputy Director-General, Workforce Capability and Governance, Chief Minister, Treasury and Economic Development Directorate	Apologies
Mr Ian Thompson	Member, Deputy Director-General, Canberra Hospital and Health Services (CHHS), ACT Health	✓
██████████	Member, ██████████, Calvary Hospital	✓
Dr Christina Wilkinson	Member, Director of Medical Administration, CHHS, ACT Health	✓
Ms Patricia O'Farrell	Observer, Executive Director, People & Culture (P&C), ACT Health	✓
Ms Yu-Lan Chan	Observer, A/g Innovation Partner Executive Director, Workforce and Culture, ACT Health	✓
Mr Nigel Smith	Guest, Senior Advisor, Employment Services, P&C, ACT Health	✓
Ms Navi Kalsi	Secretariat, Organisational Development, P&C, ACT Health	✓

The meeting commenced at 5:58pm and concluded at 7:15pm, with Nicole Feely as Chair.

#### 1. Attendance and apologies

Apologies were noted from ██████████ and Ms Bronwen Overton-Clarke. Dr Tom Lea-Henry and Dr Denise Riordan were not in attendance.

#### 2. Confirmation of minutes from the previous meeting

Members endorsed the minutes of the previous meeting held on Tuesday 25<sup>th</sup> October 2016.

Members agreed that in 2017, meetings would occur every 6 weeks during 5:00-6:30pm.

#### *Actions arising*

##### Action item 5

Mr Thompson noted the work he had done with [REDACTED] and Dr Wilkinson to explore performance templates for doctors that improve recognition and accountability for the full range of activities undertaken, including research and teaching. It is intended that it include an objective performance measure provided through data, and reduce duplication of performance management measures undertaken by ANU or other partner institutions. Members discussed the benefits of peer review, involvement of the Director of Research and incorporation of research outcomes, and collaboration with the colleges to prevent duplication in learning and development activities.

##### Action item 8

Dr Wilkinson noted that a minute was being submitted to Ms Feely proposing exploration of the Cognitive Institute program for addressing inappropriate behaviours.

##### Action item 17

#### **Actions:**

- All members to consider appropriate candidates for a culture patron.
- Secretariat to invite [REDACTED] to a future meeting to discuss his experience in changing culture in the defence force.

### **3. Statement of Desired Culture – approval of format**

Ms Chan presented three options for Members to select the format of the Statement of Desired Culture (The Statement), noting that the content is yet to be finalised as staff focus groups are still underway, scheduled to conclude at the end of November. Ms Chan also provided Members a copy of the Australian Government Department of Health's Behaviours in Action model.

Members agreed on using Sample Format 1 as the preferred format for the Statement as it had clear behaviours linked to each of the ACT Health values, however its length would need to be reduced preferably to 1 page and there was no need to include an additional section for leaders. Members suggested that having a list of inappropriate behaviours would be useful and a number of members suggested this could be achieved through a video potentially modelled on the new RACS training video.

Organisational Development, People & Culture will provide a draft Statement for approval for online staff consultation at the December 2016 Meeting.



#### 4. Overview of training and support for managers: Preliminary Assessments

Ms O'Farrell spoke about the Preliminary Assessment Training for managers and delegates that was being finalised by Mr Smith. Mr Smith informed Members that the training was part of a broader package for managers and delegates that addresses minor to major workplace issues while focusing on a restorative approach. The training is designed to stimulate group discussion and has been trialled with People & Culture staff.

Members provided feedback about reducing and simplifying the content and structure. They noted the inclusion of scripts and strategies was helpful.

They discussed the need to equip managers with information and skills on how to address and intervene in issues early and have difficult conversations with staff. There was a need for better information on the process and steps to be taken as well as increased understanding of the range of options available to managers once an issue has been raised.

Ms O'Farrell thanked members for their feedback on the training and issues relating to workplace issues. She informed members that People & Culture are also developing a database to record data and trends on workplace issues.

**Actions:** Prof Abhayaratna to provide a copy of the Vanderbilt materials from the Advisory Group program to Ms Chan and Ms O'Farrell.

#### 5. Other Business

N/A.

#### Next meeting:

Tuesday 13<sup>th</sup> December 2016, 5:00 – 6:00pm.

### Actions Arising Register

Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
1.	March 2016	1	Investigate a range of pulse survey tools to effectively monitor culture in medical workforce and track impact of culture improvement initiatives	A range of tools available. Three Culture Index tools have been identified. Seeking clarification from providers. Will report to June meeting on selected Culture Index Tool	Organisational Development	Closed
2.	March 2016	2	Revise process for formulating Statement of Desired Culture	Revised process accepted at 31 May 2016 meeting	Organisational Development	Closed
3.	March 2016	3	Build a communications campaign using a variety of channels that promotes positive statements about behaviour, continues to raise awareness about inappropriate behaviours, and provides clarity about resolution processes and support	Communications Strategy drafted and being revised for presentation to June meeting	Communications and Marketing	Closed
4.	March 2016	4	Adjust reward and performance measures for leaders to reflect desired leadership behaviours and capabilities	Included in Medical Culture Action Plan	Organisational Development	Closed
5.	May 2016	All	Explore opportunities for enhanced linkages between the ANU and ACT Health performance development plans for ACT Health staff undertaking work at ANU	As at 15 November 2016, objective measures for clinical performance are being explored Aiming to have a draft performance plan template by April 2017.	Dr Christina Wilkinson, Dr David Blythe, Mr Ian Thompson and People & Culture	Open
6.	May 2016	All	██████████ to provide copy of performance plan template to Mr Ian Thompson	██████████ provided a copy of a performance plan template.	██████████	Closed



Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
7.	May 2016	6	Discuss issues in regards to sharing information on staff in relation to bullying and harassment	Meetings with RACS held 20 June 2016 (Ms Centenera, Ms Chan); 24 August 2016 (Ms Chan); 21 November 2016 (Mr Thompson, Ms Chan, Ms O'Farrell). RACS has provided legal advice it received on privacy and defamation in relation to Commonwealth legislation. Legal advice requested from GSO in relation to ACT legislation still pending, being followed up.	Mr Ian Thompson Ms Yu-Lan Chan Ms Patricia O'Farrell	Open
8.	May 2016	6	Explore The Royal Melbourne Hospital's use of an anti-bullying systems in relation to item 6.3 on the Medical Culture Action Plan	Dr Christina Wilkinson has reviewed the Cognitive Institute Program, which is used by the Royal Melbourne Hospital. A minute has been prepared for the Director-General.	Organisational Development	Open
9.	May 2016	2	Circulate to members a copy of the NSW Health draft Statement of Desired Culture	NSW Health provided the <i>Statement of Agreed Principles</i> – an agreement between RACS and NSW Health. Members will receive a copy in November.	Secretariat	Closed
10.	May 2016	2	Circulate to members a copy of the Medical Board of Australia and CanMEDS Code of Conduct	Circulated to Members	Secretariat	Closed
11.	May 2016	2	Circulate to members a copy of the ACT Public Service Code of Conduct	Circulated to Members	Secretariat	Closed
12.	May 2016	2	Committee members provide feedback and ideas on the formulation of a Statement of Desired Culture on the template provided to Ms Nancy King by Tuesday 7 June 2016	Only 2 responses received. Deadline was extended to 30 June 2016 at the CCC meeting of 21 June 2016	All Committee members	Closed
13.	May 2016	5	Committee members to review the list of participants for the Senior Doctor Leadership Program and provide any amendments or recommendations to Ms Flavia D'Ambrosio by Friday 3 June 2016	Invitations sent by Director-General 14/06/16	All Committee members	Closed

Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
14.	May 2016	5	Invite Calvary to participate in the Senior Doctor Leadership Program	One nomination received	Organisational Development	Closed
15.	June 2016	2	Committee members provide feedback and ideas on the formulation of a Statement of Desired Culture to Ms Nancy King by 30 June 2016	5 Committee members have contributed.	All Committee members	Closed
16.	June 2016	3	Comments on draft Communications Strategy to Ms Julia Teale by 8 July 2016	No comments were received.	All Committee members	Closed
17.	June 2016	3	Nominate a suitable, respected Patron or Champion to be the face of the Medical Culture Communications Strategy	Re-visited at meeting of 15 November 2016. Suggestions include: Brendan Nelson, Brian Owler, Steve Hamilton, David Morrison, Mick Dodson and Antonio De Dio. Members to give further consideration and discuss at future meetings.	All Committee members	Open
18.	July 2016	5	Discuss attendance at the compulsory Senior Doctor Leadership Program with those doctors who sent apologies due to their clinic schedules.		Mr Ian Thompson and Dr David Blythe in liaison with Ms Flavia D'Ambrosio.	Closed
19.	July 2016	2	Provide out of session comments about the format and the title of the Statement of Desired Culture to the Secretariat.	Comments received from three Members.	All Committee members	Closed
20.	July 2016	2	Explore how to better support managers in managing complaints and underperformance	Discussed at November 2016 meeting.	Ms Yu-Lan Chan	Closed



Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
21.	July 2016	2	Explore options for Ms Nicole Feely and Mr Ian Thompson to visit JMOs sessions (e.g. JMO forum) to talk about culture and behaviour	Following consultation with the JMO Forum, the following options are being pursued: - Meeting with the JMO forum committee members initially which could be followed up with attendance at the next JMO forum meeting (generally well attended by JMOs) - An item in the JMO Forum newsletter (with media/comms input) with an update about CCC activities. JMO Forum contacts were provided during August to the DG Office.	Ms Christina Wilkinson	Closed
22.	July 2016	-	Provide comments to the Secretariat on the draft report to the Minister	No comments received.	All Committee members	Closed
23.	July 2016	6	Provide an example of a de-identified corporate governance report to Ms Yu-Lan Chan	Dr Blythe has been unable to obtain a copy from WA despite repeated requests.	Dr David Blythe	Closed
24.	Oct 2016	7	Seek legal advice on what information can be provided upon the closure of a complaint	Legal advice was requested from Government Solicitors Office (GSO) in June 2016 for instructions about what can be disclosed and shared to parties, but has not been received. Ms O'Farrell has followed this up and asked for practical advice on what can be disclosed to parties.	Ms Patricia O'Farrell	Open
25.	Oct 2016	7	Advise Committee on how improved materials and support are being provided to guide managers in handling complaints of bullying and harassment and manage complainant expectations	People & Culture are exploring a broader approach to actions and providing early intervention to staff.	Ms Patricia O'Farrell	Open

Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
26.	Nov 2016		Invite David Morrison to a future meeting to discuss his experience in changing culture in the defence force	In progress	Secretariat	Open
27.	Nov 2016	-	Prof Abhayaratna will provide a copy of the Vanderbilt materials from Advisory Group program to Ms Chan and Ms O'Farrell.	Complete	Prof Walter Abhayaratna	Closed

### Decision Register

Decision	Meeting Date	KPMG Recommendation	Decision
1	June 2016	1	Revisit Pulse survey options in December 2016.
2	July 2016	3	The Statement of Desired Culture should apply to all ACT Health staff.
3	July 2016	3	The Statement of Desired Culture should be signed by new staff at time of commencement; when contracts are signed and renewed; and the behaviours are part of the staff annual performance review process.



## Agenda Item 3: ACT Health Statement of Culture – approval of draft

### Recommendations:

It is recommended that the Committee:

- **Approve a version** of the draft Statement of ACT Health Culture for voluntary online consultation that will provide all staff with the opportunity to participate in the development of the Statement, including those who were not part of the focus groups

### 1. Background

In response to Recommendation 2 of the *Review of Clinical Training Culture* (KPMG, September 2015), development of a Statement of Desired Culture commenced with 30 focus groups attended by 153 doctors over July to August 2016. One-hour focus groups were scheduled as part of existing meetings, with eight focus groups provided specifically for junior medical officers.

At its meeting of 19 July 2016, the Clinical Culture Committee determined that:

- The Statement of Desired Culture should apply to all ACT Health staff, not just medical staff;
- The Statement of Desired Culture will be signed by staff at time of commencement with ACT Health;
- The Statement of Desired Culture is to form part of the employment contract including when contracts are renewed; and
- The Statement of Desired culture will also form part of the staff performance review process.

The consultation process was then expanded accordingly, with the aim of covering a sample of ten percent of the population in staff focus groups and following up with an online consultation process to allow as many staff members as possible to contribute their views. There were 474 attendees at the 30 scheduled non-medical focus groups, which represents 6.77 per cent of the ACT Health staff population.

### 2. Issues for discussion

The Committee is requested to consider the three options at [Attachment A](#), [Attachment B](#) and [Attachment C](#) and approve one option for online consultation with staff.

The online consultation will take the form of a voluntary survey that gives all staff the chance to comment on whether the draft Statement will fulfil its intended purposes of:

- providing an explicit statement of commitment to making a respectful and positive workplace, with the commitment to be made by all staff, and
- providing a tool to raise awareness of inappropriate behaviour.

Both options align with the ACT Public Service Code of Conduct and cover the following behaviours:

- respect for each staff member
- safe and supportive workplace where bullying, harassment, including sexual harassment, and discrimination are not tolerated
- accountability and responsibility
- speaking up when inappropriate behaviours are reported, experienced or observed
- early intervention in conflict; following correct procedures; and providing support for the parties involved.

Attachment A includes an introduction by the Director-General and is organised according to the four organisational values. Attachment B is a simple statement that encompasses the desired behaviours without grouping them into the values, due to the degree of overlap between values. Attachment C is presented in a format that clearly distinguishes desirable behaviour from undesirable behaviour.

The Statement is a rich source of up-to-date data direct from employees. This means it can be used in a number of additional purposes such as developing scenarios for workshops, for use at leadership meetings, in presentations and discussions and for orientation.

### 3. Next Steps

The online survey for all staff in early February will allow input by staff who were unable to attend the focus groups.

The final draft Statement presented to the CCC March 2017 meeting with the Statement intended to be launched in April 2017.



## *We Respect our People:* Statement of ACT Health Culture

### Message from the Director General

Every one of us is here to care for people as they experience disease, injury, disorder, pain, distress, sorrow and grief. We share their path, and we are committed to providing the best patient-centred healthcare for the people of the ACT and region.

We work together as one community, contributing in different roles - as doctors, nurses, midwives, leaders, allied health practitioners, and support services staff, laboratory and staff specialists, teachers, researchers and administrators, and in ever more specialised professions.

Whatever our role, we are here with a common purpose - to help those who need our help. This also means helping each other, in a manner that is respectful and demonstrates our values of Care, Excellence, Collaboration and Integrity.

Developing and maintaining a workplace culture is a dynamic process. We all want to work in an environment of harmony, where we can perform effectively, efficiently and with good relationships. This synergy is achieved if we treat each other with respect and recognise the

interdependence of our relationships, no matter what our role.

All of us in ACT Health are responsible for promoting a culture of respect, equity, diversity and fairness, and for eliminating inappropriate behaviours.

The quality of the healthcare we deliver depends on our relationships with colleagues and our patients and consumers. It is our values, behaviours, attitudes and ethics that create a respectful and positive workplace culture.

I would like to thank everyone who contributed to this Statement either at the staff focus sessions or online during the period July 2016 to February 2017. Your contribution ensures we are keeping abreast of changing times and behaviours. I request everyone working for ACT Health to familiarise themselves with this Statement and to adhere to the values and behaviours on which it is based.

*Signed*

**Nicole Feely**  
**Director General**





## *We Respect our People:*

### Statement of ACT Health Culture

#### OUR VALUES

The Statement augments the ACT Public Service Code of Conduct. ACT Health Values of **Care, Excellence, Collaboration and Integrity** are long-standing (2010) and closely aligned with the ACT Public Service values.

As staff of ACT Health, the way that we treat other staff members, patients, clients and consumers is described in this Statement. These are the values-related behaviours which make clear the explicit standards that we are accountable for and expected to uphold.

#### How we will demonstrate ACT Health Values

<b>CARE</b>	Treat all staff members with respect, kindness, and courtesy. We greet people, listen and help each other, and are sensitive to different cultures and the diverse needs of all people
	Work proactively for a safe and supportive workplace where bullying, harassment, including sexual harassment and discrimination are not tolerated
	Communicate professionally with clarity, relevance and timeliness to team members, listening and demonstrating respect for each person's professional opinion
	Accept change, care for each others' wellbeing, support those who need help, especially new employees
	Treat all staff with equity regardless of professional discipline or occupation.
<b>EXCELLENCE</b>	Align with organisational vision and purpose by understanding my role and responsibilities and recognising the high level of trust placed in us by our patients
	Acknowledge excellence of our staff by providing recognition for individuals and teams, and celebrating achievements
	Take ownership of complex matters in patient care and involve other team members in decision-making, especially in our multi-disciplinary teams
	Maintain and enhance our learning organisation where there is appropriate time allocated for education, training and professional development
	Be ethical, diligent, and efficient and share information with others.

## How we will demonstrate ACT Health Values

<b>COLLABORATION</b>	Promote teamwork by developing common purpose, fostering good relationships by addressing conflict when it arises and using restorative approaches for the resolution of disputes
	Speak up when inappropriate behaviours are experienced or observed, commit to early intervention by following correct procedures, and provide support for the parties involved, as well as appropriate feedback
	Actively seek to develop networks within our complex organisation to prevent silos, and build professional relationships to strengthen knowledge, problem-solving and inform decision-making
	Provide and accept honest and constructive feedback respectfully and demonstrate accountability to ensure improved performance.
	Consult with others on relevant matters and be open to new ideas.

<b>INTEGRITY</b>	Be accountable for my work and decisions, and recognise trust is built through regular two-way communication
	Carry out work as directed, meet required professional standards and adhere to all policies, procedures and guidelines
	Take pride in my work, seek clarity and assistance when needed, and uphold high standards of patient safety
	Ensure openness, responsiveness and inclusiveness in all interactions recognising these factors contribute to the wellbeing of all staff .
	Consult and demonstrate fairness to others through my actions and by being transparent about the rationale for my decisions

I have read and understood the above Statement of ACT Health Culture, and agree to comply with these values and behaviours.

By signing this Statement of ACT Health Culture, I acknowledge my commitment to building a respectful workplace, promoting teamwork and achieving the best outcomes for my colleagues, patients, clients and consumers by playing my part in the ACT Health team.

..... **PRINT NAME**

..... SIGNATURE

..... DATE





## “We Respect Our People” Statement of ACT Health Culture

As staff of ACT Health, the way that we treat each other, our patients, clients and consumers is integral to achieving a respectful and positive place to work and grow. This Statement of ACT Health Culture augments the ACT Public Service Code of Conduct and the ACT Government Values of Respect, Integrity, Collaboration and Innovation. The ACT Health Values of **Care, Excellence, Collaboration and Integrity** are long-standing (2010) and closely aligned with the ACT Public Service values.

This is a Statement of explicit standards that all ACT Health employees are accountable for. Every staff member is expected to:

1. Treat other people with respect, kindness, and courtesy – both other staff and patients, clients and consumers. We greet people, listen to and help each other, and are sensitive to different cultures and the diverse needs of all people.
2. Work respectfully and proactively for a safe and supportive workplace where bullying, harassment, including sexual harassment and discrimination are not tolerated.
3. Speak up when inappropriate behaviours are experienced or observed, raise and address issues as soon as they arise, and follow correct procedures. We support each other and give and receive appropriate feedback on behaviours.
4. Consult and communicate professionally with clarity, relevance and timeliness, and listen to and demonstrate respect for each person’s professional opinion.
5. Be open, responsive and inclusive in all interactions, recognising that our behaviours factors contribute to the wellbeing of others.
6. Promote teamwork by developing common purpose, fostering good relationships with others, addressing conflict when it arises and being respectful and fair to everyone in the way we resolve issues.
7. Actively build networks across our organisation and with our partner organisations to prevent silos, to build professional relationships and share increase knowledge.
8. Be accountable and take pride in our work, seek clarity and assistance when needed to uphold high standards of patient safety and care.

I have read and understood the above Statement of ACT Health Culture, and agree to comply with these values and behaviours.

By signing this Statement of ACT Health Culture, I acknowledge my commitment to building a respectful workplace, promoting teamwork and achieving the best outcomes for my colleagues, patients, clients and consumers by playing my part in the ACT Health team.

..... PRINT NAME

..... SIGNATURE

..... DATE

**Our Behaviours: How we act with our colleagues, patients, clients and consumers**

	<b>Our Standards</b>	<b>★ Love to see</b>	<b>☺ Expect to see</b>	<b>⊗ Don't want to see</b>
<b>CARE</b>	<b>Welcoming and friendly</b>	<ul style="list-style-type: none"> <li>♦Greet people</li> <li>♦Go the extra distance in service delivery</li> </ul>	<ul style="list-style-type: none"> <li>♦Treat all people with a smile</li> <li>♦Be courteous, polite and civil</li> </ul>	<ul style="list-style-type: none"> <li>♦Ignoring people</li> <li>♦Rudeness</li> <li>♦Aggressiveness</li> <li>♦Poor service</li> </ul>
	<b>Respect each individual</b>	<ul style="list-style-type: none"> <li>♦Care for each individual's wellbeing</li> <li>♦Support those who need help, including new employees</li> </ul>	<ul style="list-style-type: none"> <li>♦Equity for all regardless of profession or occupation</li> <li>♦Sensitive to different cultures</li> </ul>	<ul style="list-style-type: none"> <li>♦Insensitivity to the needs of others</li> <li>♦Gossip</li> </ul>
	<b>Listen and understand</b>	<ul style="list-style-type: none"> <li>♦Listen to each other</li> <li>♦Respect for others' professional opinions</li> </ul>	<ul style="list-style-type: none"> <li>♦Communicate positively, clearly and with timeliness</li> </ul>	<ul style="list-style-type: none"> <li>♦Disrespect for other people</li> <li>♦Dysfunctional multidisciplinary teams</li> </ul>
	<b>Safe and supportive workplace</b>	<ul style="list-style-type: none"> <li>♦Appropriate behaviours</li> <li>♦ Follow correct procedures</li> </ul>	<ul style="list-style-type: none"> <li>♦Speak up when you observe or experience disrespectful behaviour</li> </ul>	<ul style="list-style-type: none"> <li>♦Bullying, harassment, including sexual harassment or discrimination</li> </ul>
	<b>Accept change</b>	<ul style="list-style-type: none"> <li>♦Communicate the reasons behind change</li> </ul>	<ul style="list-style-type: none"> <li>♦Provide regular updates about change projects</li> </ul>	<ul style="list-style-type: none"> <li>♦Negativity and low morale</li> </ul>
<b>EXCELLENCE</b>	<b>Accountability for our work</b>	<ul style="list-style-type: none"> <li>♦Actions align with ACT Health vision and purpose</li> <li>♦Understand your role and responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>♦Appreciate the high level of trust placed in us by our patients, consumers, clients</li> <li>♦Share relevant information and resources</li> </ul>	<ul style="list-style-type: none"> <li>♦Standing back or walking past a patient who needs help</li> <li>♦Refusing to help when requested</li> </ul>
	<b>Recognise innovation</b>	<ul style="list-style-type: none"> <li>♦Acknowledge excellence by celebrating achievements</li> </ul>	<ul style="list-style-type: none"> <li>♦Give recognition for good work , especially when related to values</li> </ul>	<ul style="list-style-type: none"> <li>♦Ignoring good work or taking credit for others' ideas</li> </ul>
	<b>Education , training and professional development</b>	<ul style="list-style-type: none"> <li>♦Take individual responsibility for lifelong learning</li> </ul>	<ul style="list-style-type: none"> <li>♦Continuous learning and quality improvements</li> <li>♦Mandatory training completed</li> </ul>	<ul style="list-style-type: none"> <li>♦Not valuing or making time for education, training or professional development</li> </ul>
	<b>Ethical behaviour</b>	<ul style="list-style-type: none"> <li>♦Diligence, honesty and professionalism as a public servant</li> </ul>	<ul style="list-style-type: none"> <li>♦Everyone is accountable and takes responsibility for managing their work to required standards</li> </ul>	<ul style="list-style-type: none"> <li>♦Not being accountable</li> <li>♦Wasting resource, materials</li> <li>♦Breach of privacy</li> <li>♦Conflict of interest</li> </ul>
<b>COLLABORATION</b>	<b>Teamwork and common purpose</b>	<ul style="list-style-type: none"> <li>♦Acknowledge everyone's input, skills and experience</li> </ul>	<ul style="list-style-type: none"> <li>♦Work together to find solutions to problems</li> </ul>	<ul style="list-style-type: none"> <li>♦Poor teamwork</li> <li>♦Working in silos</li> <li>♦Ignoring others' opinions</li> <li>♦Making others feel insignificant</li> </ul>
	<b>Adherence to policies and guidelines</b>	<ul style="list-style-type: none"> <li>♦Professional standards are upheld at all times</li> </ul>	<ul style="list-style-type: none"> <li>♦Ensure natural justice and procedural fairness</li> </ul>	<ul style="list-style-type: none"> <li>♦Policies are disregarded or inconsistently applied</li> </ul>
	<b>Networking and problem-solving</b>	<ul style="list-style-type: none"> <li>♦Build professional relationships especially between management and clinicians</li> </ul>	<ul style="list-style-type: none"> <li>♦Cross-divisional sharing of ideas and problem solving</li> </ul>	<ul style="list-style-type: none"> <li>♦Working in silos</li> </ul>
	<b>Constructive feedback</b>	<ul style="list-style-type: none"> <li>♦Feedback is provided in a positive helpful manner</li> </ul>	<ul style="list-style-type: none"> <li>♦Accountability</li> <li>♦Openness to feedback</li> <li>♦Resilience and reflection</li> </ul>	<ul style="list-style-type: none"> <li>♦Feedback provided disrespectfully</li> <li>♦Calling feedback bullying</li> </ul>
	<b>Openness to new ideas</b>	<ul style="list-style-type: none"> <li>♦Examine each idea to determine insights, applicability and alignment with priorities</li> </ul>	<ul style="list-style-type: none"> <li>♦New ideas to save time, reduce costs and waste</li> </ul>	<ul style="list-style-type: none"> <li>♦Dismissing other people's ideas without appropriate consideration</li> </ul>
<b>INTEGRITY</b>	<b>Trust and communication</b>	<ul style="list-style-type: none"> <li>♦Take responsibility for respectful, clear and timely communication</li> </ul>	<ul style="list-style-type: none"> <li>♦Regular communication to build trust and commitment</li> </ul>	<ul style="list-style-type: none"> <li>♦Negative, pessimistic language</li> </ul>
	<b>Openness, responsiveness and inclusiveness</b>	<ul style="list-style-type: none"> <li>♦Close the loop with a person when we say we will look into a matter for them</li> </ul>	<ul style="list-style-type: none"> <li>♦Consider each person's needs</li> </ul>	<ul style="list-style-type: none"> <li>♦Favouritism</li> <li>♦Isolating others</li> </ul>
	<b>Carry out work as directed</b>	<ul style="list-style-type: none"> <li>♦Consult and be fair in all decisions</li> </ul>	<ul style="list-style-type: none"> <li>♦Take pride and be accountable for my work</li> </ul>	<ul style="list-style-type: none"> <li>♦Non-compliance with manager's direction</li> </ul>
	<b>Open, transparent communication</b>	<ul style="list-style-type: none"> <li>♦Regular team meetings are held</li> </ul>	<ul style="list-style-type: none"> <li>♦Involve everyone in matters affecting them</li> </ul>	<ul style="list-style-type: none"> <li>♦Non attendance at meetings for no good reason</li> </ul>

## Agenda Item 4: Update on review of governance and policies

### Recommendations:

It is recommended that the Committee:

- **Note** the update below.

### 1. Background

The KPMG Report of September 2015 – *Review of the Clinical Training Culture – The Canberra Hospital and Health Services* – included recommendations to:

- Review governance structures in relation to accountabilities and reporting requirements associated with bullying and harassment; and
- Strengthen policy statements to clarify and commit to consequences for unacceptable behaviour.

This paper provides an update on the four actions flowing from these recommendations that are the responsibility of Employment Services, People and Culture.

### 2. Issues for discussion

*Action 6.1: Investigate best practice in governance mechanisms relevant to reporting of complaints of bullying and harassment*

ACT Health is currently investigating how all health jurisdictions across the county report and collate information on management of bullying and harassment with a view to determining best practice processes. This work is ongoing and due for completion in December 2016.

*Action 6.2: Review and improve current tracking and reporting of complaints and trends*

ACT Health is developing a database for the management of workplace issues in the organisation. This database is built on an existing database framework held by Access Canberra, modified to suit the specific needs of ACT Health. A beta version of the database has been in place since the latter half of 2015.

The database can now be used to track progress of disciplinary matters within the organisation. This includes workplace issues such as preliminary assessments and investigations. It works as a case management system for each matter, tracks the progress from start to finish, and records outcomes.

A set of reporting functions is being built into the database which will enable the detailed reporting of workplace issues in the organisation. This will improve our ability to provide statistical data for the annual report and agency surveys.





## Clinical Culture Committee

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It will also be able to provide data that can identify trends and “hot spots”. This will enable us target areas more effectively; that may require assistance such as further training needs.

*Action 7.1: Review policies for managing and resolving bullying and harassment issues, including bystander responsibilities incorporating the ACT Government initiative on restorative practice.*

ACT Health is undertaking a detailed review of its policies for the management and resolution of bullying, harassment and discrimination in the workplace. This has been in the context of an ACTPS review of the RED framework and the release of a comprehensive set of resource documents to help managers and staff respond to instances and complaints of work bullying, harassment and discrimination.

ACT Health’s policy is being substantially revised, clarifying matters such as reporting and bystander responsibility, and providing access to the resource material available under the umbrella of the RED framework. Consultation has occurred with all Executive Directors and other relevant ACT Health Executives, executive officers, and unions and associations with coverage in ACT Health. It is anticipated that the revised policy – *Respect at Work: Resolving Workplace Issues* – will be considered and finalised by the Policy Approval Committee in early 2017.

*Action 7.2: Ensure clarity of rights and responsibilities in policies and processes for managers and staff.*

See action 7.1 above. The new policy includes a clear statement of responsibilities for managers, staff and executives.

## Policy

### Respect at Work – Resolving Workplace Issues

#### Policy Statement

ACT Health is committed to providing a safe, supportive and harmonious work environment that enhances the achievement of both the individual's and the organisation's goals. In this environment, everyone has the right to be treated fairly and with respect.

All reports and complaints of work bullying, harassment and discrimination are treated seriously, promptly and fairly, with due regard to the principles of procedural fairness, natural justice and confidentiality.

In seeking to build a work environment free from bullying, harassment and discrimination, ACT Health follows the ACT Government's Respect, Equity and Diversity (RED) Framework, together with relevant provisions of the ACT Public Sector Enterprise Agreements.

Resources developed under the RED Framework – *Resolving Workplace Issues* – assist managers and employees in the identification and management of inappropriate behaviour and the procedures to follow when bullying, harassment and discrimination may have occurred. These resources are designed to meet the needs of individual users, including:

- Employees seeking general information on managing or responding to workplace issues such as bullying, harassment or discrimination.
- Employees wishing to understand whether what they are experiencing may be considered to be bullying, harassment or discrimination, and how they can respond;
- Managers responding to an allegation of bullying, harassment or discrimination.

The *Resolving Workplace Issues* resources replace the ACTPS *Preventing Work Bullying Guidelines 2010*. The Overview and details on how to access the full suite of resources are at Attachment 1.

Managers and staff seeking further assistance or information should contact:

- The employee relations hotline on [healthemployeerelations@act.gov.au](mailto:healthemployeerelations@act.gov.au) or 62051646.
- A Respect, Equity and Diversity (RED) contact officer.

ACT Health will develop additional resources for matters that arise which require a specific Health focus.

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## Purpose

The purpose of this policy is to help create within ACT Health a positive and safe work environment:

- In which diversity is respected and the contribution made to the workplace by people with diverse backgrounds, experiences and skills is valued;
- Which is free from bullying, harassment and discrimination; and
- Where complaints are treated seriously, promptly, confidentially and fairly, and wherever possible are resolved at the local level.

## Scope

This policy applies to all ACT Health staff appointed or engaged under the *Public Sector Management Act 1994*, Visiting Medical Officers, and volunteers working in ACT Health.

Incidents of bullying or harassment of staff by patients, consumers or visitors are addressed through ACT Health's workplace safety framework, and in particular through the policy and procedure *Violence and Aggression by Patients, Consumers or Visitors*.

This policy does not limit the right of staff to seek the advice and assistance of their union or professional association, or an external agency.

## Roles & Responsibilities

ACT Health has a duty of care to provide a safe workplace by taking all reasonably practicable steps to eliminate and minimise the risk of inappropriate behaviour, through a planned and systematic approach to the management of inappropriate behaviour as a workplace hazard.

All employees should:

- Promote and uphold the ACTPS Code of Conduct, the ACT Health Statement of Culture and the ACT Health Values of Care, Collaboration, Excellence and Integrity;
- Familiarise themselves with the RED Framework and associated resources guidelines, policies and procedures relating to work bullying, harassment and discrimination;
- Understand their own behaviour and how it may be perceived by, and impact on, others at work; and
- Actively prevent work bullying, harassment and discrimination by 'calling-out' conduct that is inappropriate, and when observing this behaviour, reporting it to their manager.

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The Director General must:

- Actively prevent work bullying, harassment and discrimination by adopting whole-of-government procedures and guidelines, providing supervision and training for staff and undertaking ongoing risk management;
- Ensure that executives, managers and staff know that conduct of a bullying, discriminatory or harassing nature will not be tolerated;
- Ensure guidelines and procedures are in accordance with ACTPS Enterprise Agreements and consistent with ACT Government guidelines to enable staff to raise issues about and make formal complaints of work bullying, harassment and discrimination;
- Ensure that executives, managers and staff are aware of what to do if work bullying, harassment and discrimination is reported or observed;
- Identify, assess, and eliminate or control the risk factors that contribute to a work culture where bullying, harassment and discrimination is likely to occur;
- Ensure that complaints of work bullying, harassment and discrimination are assessed as soon as possible in accordance with the procedures set out in ACTPS Enterprise Agreements and other applicable procedures;
- Ensure that accurate records are kept of complaints of bullying, harassment and discrimination; and
- Provide data on work bullying, harassment and discrimination to the Commissioner for Public Administration as part of the Agency Survey process.

Executives and Managers must:

- Ensure that their own conduct is beyond reproach and examine their own preconceptions, biases and stereotypes;
- Communicate this policy and related procedures to staff to ensure that they are aware of their rights and responsibilities;
- Treat reports or complaints of work bullying, harassment and discrimination seriously and respond promptly and confidentially in accordance with the ACT Health Statement of Culture and the ACTPS Enterprise Agreements, and consistent with the RED Framework and associated guidelines; and
- Take all reasonably practicable steps to prevent complainants and witnesses being victimised.

Staff and volunteers

- Must actively prevent work bullying, harassment and discrimination by requesting that the offending behaviour cease, either directly with the individuals involved or by talking to a supervisor about the situation;
- When observing bullying, harassment or discrimination should report these behaviours to their manager;
- Should offer support to anyone who is being bullied, harassed or discriminated against, and let them know where they can obtain help and advice;
- Should where appropriate, when affected by inappropriate work behaviour, talk directly to the person engaging in the behaviour to try to resolve the matter informally in the first instance;

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- Should raise concerns as early as possible about potential work bullying, harassment and discrimination;
- Should raise their concerns with their supervisor or other manager or executive, their RED Contact Officer, Work Safety Representative or People and Culture;
- Must not raise complaints that are vexatious; and
- Must participate in the management and resolution of workplace issues in good faith and with confidentiality.

## Evaluation

The monitoring and evaluation process for ACT Health in regard to this policy is detailed in the Respect, Equity and Diversity Framework 2010.

## Related Policies, Procedures, Guidelines and Legislation

### Policies

Employee Assistance Program

Misconduct and Discipline

Violence and Aggression by Patients, Consumers or Visitors: Prevention and Management

### Procedures

Employee Assistance Program

Violence and Aggression by Patients, Consumers or Visitors

Work Health and Safety Management System (SMS)

Violence and Aggression by Patients, Consumers or Visitors

### Guidelines

Resolving Workplace Issues resource documents

Guidelines for ACT Public Service Respect, Equity and Diversity Contact Officers (REDCOs)

ACTPS Manager's Toolkit

### Frameworks

ACT Public Service, Respect, Equity and Diversity Framework

ACT Public Service Code of Conduct

ACTPS Values and Signature Behaviours

ACT Health Values

ACTPS Performance and Capability Frameworks

### Standards

Public Sector Management Standards 2016

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### Legislation

*Discrimination Act 1991*

*Fair Work Act 2009 (Cwlth) and Regulations*

*Health Practitioner Regulation National Law (ACT) Act 2010*

*Human Rights Act 2004*

*Public Sector Management Act 1994*

*Work Health and Safety Act 2011*

### Enterprise Agreements

All ACTPS Enterprise Agreements: 2013-2017

### Definition of Terms

A comprehensive glossary of terms is set out in the ACTPS document Resolving Workplace Issues: Glossary.

### Search Terms

Respect, bullying, harassment, discrimination, RED, equity, diversity

### Attachments

Resolving Workplace Issues – ACTPS Resource Documents

Resolving Workplace Issues - Overview

**Disclaimer:** *This document has been developed by ACT Health, <Name of Division/ Branch/Unit> specifically for its own use. Use of this document and any reliance on the information contained therein by any third party is at his or her own risk and Health Directorate assumes no responsibility whatsoever.*

Date Amended	Section Amended	Approved By

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## ATTACHMENT

**RESOLVING WORKPLACE ISSUES – ACTPS RESOURCE DOCUMENTS**

The ACTPS *Resolving Workplace Issues* resource documents focus on the identification and management of inappropriate behaviour at the local level, through to more serious allegations of misconduct that are managed under ACTPS Enterprise Agreements.

The resources have been designed according to target audience and the user's specific needs. For example:

- If you are an employee trying to understand whether an issue you are experiencing is bullying, harassment or discrimination and what to do about it, you would refer to the *Resources for Employees* and *Work Bullying Harassment and Discrimination* documents.
- If you are a manager attempting to respond to an allegation of bullying, you would first refer to the *Resources for Managers and Supervisors* document, and may then also need to look at *Work Bullying, Harassment and Discrimination or Misconduct and Investigations* documents.
- If you are not sure what you need or are just after general information, refer first to the *Overview*, which should help guide you to the most appropriate additional resources.

These resource documents are available by clicking on the links below. The *Overview* document is also attached.

[Overview \(or see attached\)](#)

[Work Bullying, Harassment and Discrimination](#)

[Resources for Employees](#)

[Resources for Managers and Supervisors](#)

[Misconduct and Investigations](#)

[Tips for Encouraging a Culture of Respect and Courteous Work Behaviour](#)

[Additional Resources](#)

[Glossary](#)

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# RESOLVING WORKPLACE ISSUES: OVERVIEW



2015



# RESOLVING WORKPLACE ISSUES: **OVERVIEW**

**Note:** This resource supports employees, supervisors and managers to identify and resolve workplace issues of inappropriate behaviour or misconduct. More information is available in:

- Resolving Workplace Issues: Resources for Employees
- Resolving Workplace Issues: Resources for Managers and Supervisors
- Resolving Workplace Issues: Work Bullying, Harassment and Discrimination
- Resolving Workplace Issues: Misconduct and Investigations

Directorates may have additional resources and policies that apply. Refer to your local HR area for more information.



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## INTRODUCTION

The ACT Public Service (ACTPS) is committed to maintaining a positive working environment and safe, healthy workplaces free from workplace issues such as inappropriate behaviour or misconduct. All employees have a responsibility to ensure they are aware of, and comply with, the standards of behaviour expected of them. Directorates, through their managers, have a responsibility to support *employees in meeting their obligations* and to take appropriate action to address behaviour that does not meet the expected standards.

This resource provides information for employees, supervisors and managers on how to identify and resolve workplace issues from low level, one-off incidents through to more serious or ongoing issues that may constitute misconduct. By using this resource, employees, managers and supervisors will:

- increase their awareness of inappropriate behaviour and misconduct;
- understand their responsibilities in relation to preventing and resolving inappropriate behaviour and misconduct;
- understand the mechanisms available within the ACTPS to manage and resolve workplace issues; and
- understand the consequences of inappropriate behaviour and misconduct.



***When using this resource it is important to remember that not all workplace issues are the same and complex cases may require a range of different mechanisms to resolve the matter.***

*Therefore, while this resource provides a useful start point to identify, manage and resolve workplace issues, staff should not expect that each workplace issue will always be resolved in exact accordance with the three tier process described in this resource.*

*Directorate HR teams, RED Contact Officers and supervisors/managers are available to provide support and advice throughout the process.*

## GUIDING PRINCIPLES

There are four guiding principles by which workplace issues are to be managed and resolved in the ACTPS:

- 1) Respect at Work;
- 2) Natural Justice;
- 3) Procedural Fairness; and
- 4) Confidentiality and Privacy.

### RESPECT AT WORK

The ACTPS operates under a 'no tolerance' approach to work bullying, harassment and discrimination. *Respect at Work* sets the expectation for all employees to nurture positive workplace cultures, where the inherent uniqueness and dignity of individuals is respected and we treat each other in a fair, courteous manner. Under *Respect at Work*:

- work bullying, discriminatory or harassing conduct will not be tolerated;
- appropriate action will be taken against individuals who engage in work bullying, discriminatory or harassing conduct; and
- all forms of inappropriate behaviour and/or misconduct will be treated seriously, promptly and fairly with due regard to procedural fairness, natural justice and confidentiality.

### NATURAL JUSTICE

*Natural Justice* means that individuals involved in resolving a workplace issue are given the right to respond and that the resolution process is managed with an absence of bias. No one in the ACTPS should make decisions about any case of inappropriate behaviour or misconduct in which they may be, or may fairly be suspected to be, biased.

Bias does not only relate to actual bias – it can also relate to perceived bias. Actual bias is where it is established that the delegate (that is, the relevant decision-maker involved in resolving workplace issues) was prejudiced for or against a party. Perceived bias is where a reasonable person would have a view that the delegate could be reasonably suspected to be biased.

## PROCEDURAL FAIRNESS

Adhering to *Procedural Fairness* means ensuring that fair and proper procedures are used by supervisors and managers when managing inappropriate behaviour and/or misconduct, and by delegates when making decisions relating to the resolution of workplace issues.

Ensuring that an employee responding to allegations of inappropriate behaviour or misconduct is granted *Procedural Fairness* requires that:

- the employee receives a hearing appropriate to the circumstances;
- there is no bias in the process or decisions resulting from that process;
- there is sufficient evidence to support a decision; and
- that enquiries are made into any disputed matters.

*Procedural Fairness* includes the employee's right:

- to reasonable advance notice and the offer of a support person where formal discussions relating to workplace issues are scheduled;
- to reply in a way that is appropriate for the circumstances;
- that their reply be received and considered before any decision is made; and
- to receive all relevant information before preparing their reply.

For *Procedural Fairness* to be met when making decisions about a particular case, the employee must receive the following information:

- a description of the possible decision;
- the criteria for making that decision; and
- the facts/evidence upon which any such decision would be based.

## CONFIDENTIALITY AND PRIVACY

*Confidentiality and Privacy* means ensuring that the management and resolution of workplace issues is treated confidentially by all parties involved in the process, and that any disclosure of information relating to the workplace issue is limited to those legitimately involved in resolving it. Appropriate records must also be maintained in line with relevant legislation.

## WORKPLACE ISSUES

Workplace issues are incidents that are seen as inappropriate by the person experiencing or observing the issue; they can arise every day and in many different situations (e.g. social networking forums, face-to-face). Workplace issues can vary in terms of seriousness; they may be low level or a one off incident that is inappropriate in nature, or they may be more serious incidents such as work bullying. Workplace issues include a wide range of behavioural, environmental, cultural, relationship and performance issues, such as:

- communication – staff attitudes, assumptions, rudeness, misunderstandings;
- information – inadequate or incorrect information;
- process – inadequate procedures, failure to provide sufficient information, or a failure to consult in decision-making; and
- professional conduct.

While everyone will react and respond differently to workplace issues, some examples of the negative impact that inappropriate behaviour or misconduct can have includes:

- an impact on the individuals involved, such as stress, anxiety, panic attacks, sleeping problems, loss of self-esteem and confidence, isolation, strain on relationships, absenteeism, reduced work performance and work dissatisfaction, impaired concentration or ability to make decisions and decreased productivity;
- an impact on the wider team, such as reduced team morale and increased tension at work; and
- an impact on the organisation, such as decreased productivity, increased turnover, reduced performance, absenteeism, decrease morale, damage to brand and reputation, work disruption and costly workers compensation claims and/or legal action.



## WHAT IS NOT A WORKPLACE ISSUE?

### PERSONALITY CLASHES, ROBUST DISCUSSION, TEAM DYNAMICS

Disagreement or differences of opinion between employees do not always result in inappropriate behaviour or misconduct. The ACTPS promotes respectful, robust discussion between employees to enhance productivity, which is a characteristic of a mature workplace culture.

#### A bad day at the office

*Not everyone will get it right all the time!*  
Anyone can have a bad day and sometimes people will cause offence.

However, it is not acceptable to use adverse circumstances as an excuse to treat others in the workplace badly. All employees must be aware of how they communicate and adapt their behaviour so that it is appropriate for any given situation.

This is where the importance of resolving workplace issues effectively and promptly at the local level becomes critical; the timeliness of an apology, and the exercise of graciousness, will help to maintain a positive work culture and avert a negative cultural impact that may lead to inappropriate behaviour and misconduct.

This can involve challenging each others' opinions, and may sometimes be frustrating for those involved. Similarly, not everyone in the workplace will always get along easily.

In each case, your tone, body language and choice of language when engaging with others can significantly impact the outcome of any given situation.

Remaining patient, courteous and respectful to each other will help minimise the likelihood of workplace issues arising.

### REASONABLE MANAGEMENT ACTION

Managers and supervisors have a responsibility to direct and maintain work flow and ensure both service delivery and client outcomes are achieved. Reasonable managerial actions may include:

- providing reasonable directions about work and setting reasonable goals;
- providing appropriate and constructive feedback about an employee's work performance and managing the performance;
- allocating work in a fair and equitable way;
- ensuring workplace policies are implemented;
- addressing unacceptable workplace behaviour;
- allocating particular hours of work to meet operational requirements (e.g. 8.30am commencement, having regard to the employment framework);
- making justifiable decisions related to recruitment and selection for an employee's promotion and/or other opportunities;
- applying organisational change or restructuring;
- transferring or re-deploying an employee for operational reasons;
- being objective and confidential when informing an employee of unreasonable or inappropriate behaviour;
- following the principles of Respect at Work, Natural Justice, Procedural Fairness and Confidentiality and Privacy; and
- acting in accordance with the ACTPS Values and policies.

Although some of the above actions may be challenging or confronting for some employees, this does not automatically make them inappropriate or unreasonable actions.

*"A public employee shall, in performing his or her duties, comply with any lawful and reasonable direction given by a person having authority to give direction" (section 9 of the PSM Act)*

## INAPPROPRIATE BEHAVIOUR VERSUS MISCONDUCT

Workplace issues relating to how we treat each other in the workplace tend to occur on a sliding scale of severity; at the lower end of the scale is behaviour that is inappropriate but still needs to cease and not reoccur, while on the higher end of the scale the behaviour may amount to misconduct – that is, behaviour that may justify disciplinary action if it is found to have occurred.

**Inappropriate behaviour** is generally a one-off event that is not serious in nature, or a repetitive pattern of low level actions that disturbs the work environment. A reasonable person, having regard to the circumstances, would find the behaviour to be unacceptable or unreasonable. Inappropriate behaviour can usually be resolved locally in a non-disciplinary way.

**Inappropriate behaviour** can escalate to misconduct if the individual conducting the behaviour does not cease or adjust their actions to meet the expected standard.

**Misconduct** occurs when an employee's behaviour is willfully or deliberately unsatisfactory, breaches their contract of employment, or intentionally fails to meet the requirements of their duties. In the ACTPS, an intentional or reckless breach of employee obligations/standards amounts to misconduct. Serious misconduct is misconduct of such a nature that it would be unreasonable or inconsistent for the employer to continue the employee's employment and usually warrants termination of employment or the suspension of the employee without pay. Employees found to have engaged in misconduct or serious misconduct may have disciplinary action imposed against them.

## PREVENTING WORKPLACE ISSUES

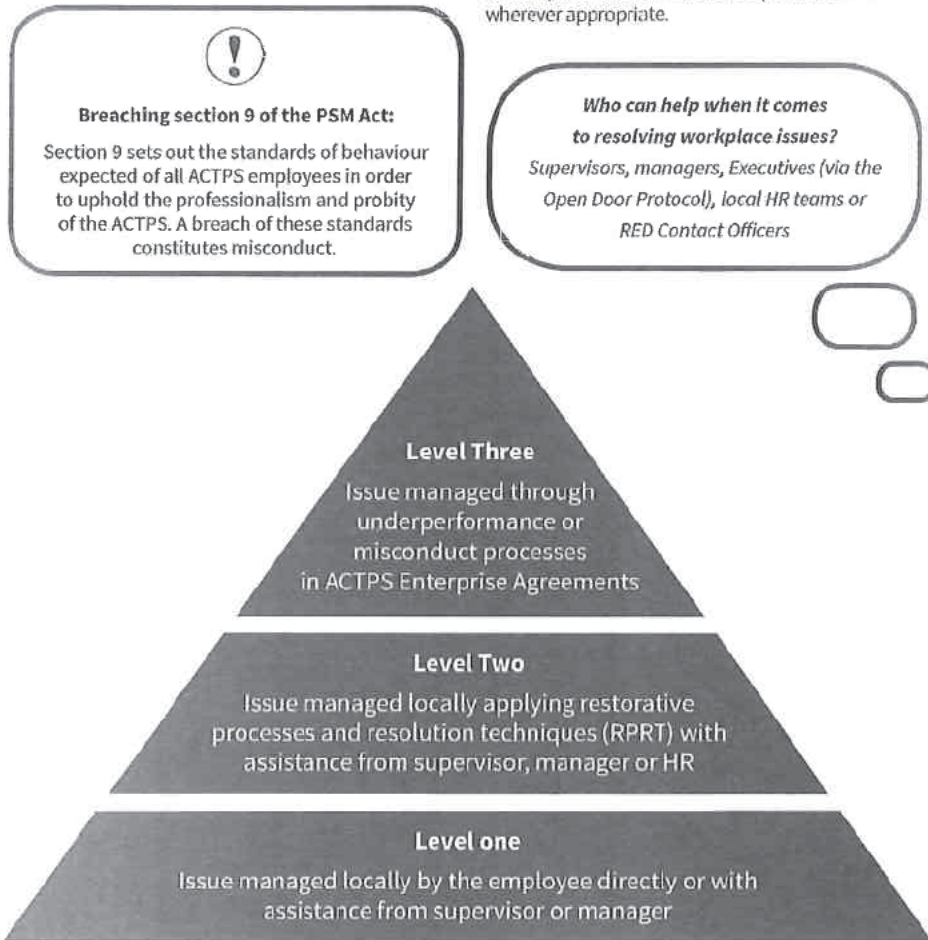
All ACTPS employees have a responsibility to contribute to positive work cultures and not engage in behaviour that is inappropriate or constitutes misconduct.

The *Public Sector Management Act 1994* (the PSM Act) sets out the standards of behaviour expected of all ACTPS employees in order to uphold the professionalism and probity of the ACTPS. Stemming from the PSM Act, the ACTPS Code of Conduct specifies four key values which all employees must uphold; Integrity, Collaboration, Innovation and Respect. Upholding these values involves treating each other with sensitivity and courtesy, acting professionally and collegiately, being honest and dependable, not shirking responsibility, working together and seeking new and better ways of doing business.

In addition, the ACTPS Respect, Equity and Diversity (RED) Framework promotes positive work cultures through upholding the values of Respect, Equity and Diversity in the workplace. This means respecting individual difference, celebrating diversity and treating people equitably. Personal commitment to these values and behaviours will help minimise the likelihood of a negative culture where inappropriate behaviour or misconduct is likely to occur.

## RESOLVING WORKPLACE ISSUES

The seriousness of a workplace issue and the appropriate options for resolution can be determined by categorising the offending behaviour/s into one of three levels, as per the below diagram. This process is founded upon the ACTPS commitment to creating positive workplaces and promotes the resolution of workplace issues at the lowest possible level wherever appropriate.





A range of strategies are available at each level to support the efficient and effective resolution of the workplace issue, as described below. Regardless of the Level at which a workplace issue is managed and resolved, any action taken should focus on positively influencing the employee's future behaviour.

The goal is for the behaviour to cease or improve and not re-occur, and it is important to start with this objective in mind.

### **LEVEL ONE: EMPLOYEE MANAGES AND RESOLVES WORKPLACE ISSUES AT THE LOCAL LEVEL**

Resolving workplace issues that are inappropriate at Level One is a key means by which all employees can contribute to the ACTPS goal of creating positive work cultures. The features of a Level One workplace issue can include:

- one-off or irregular occurrence;
- not serious in nature;
- a series of low level, minor events;
- inappropriate in nature;
- does not appear to constitute misconduct as outlined in ACTPS Enterprise Agreements; or
- able to be resolved easily and quickly at the local level.

Level One workplace issues can generally be resolved quickly, locally, and directly by the employee who experienced or observed the behaviour. The employee may seek the assistance of their supervisor or manager, but this is not mandatory.

Employees are encouraged to promptly address and resolve issues early and directly with the employee/s they are experiencing the issue with, rather than ignore it. This provides the best opportunity for a positive resolution as it focuses on maintaining and/or improving working relationships, minimises the likelihood that a minor issue will escalate into a serious one, and supports continuity of work.

*A key goal of Level One is for employees to feel empowered to deal with inappropriate workplace issues as they arise.*

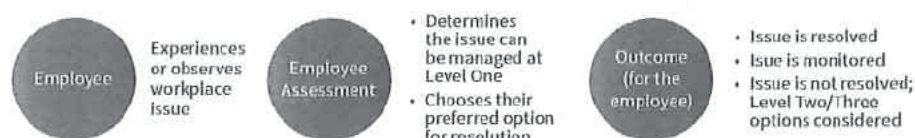
Options for resolving Level One workplace issues include:

- take no further action but monitor the situation;
- seek support and advice from a trusted and confidential source;
- seek counselling from an Employee Assistance Program (EAP) provider;
- seek personal development (e.g. training for resilience, having difficult discussions etc);
- have a direct conversation with the individual; or
- have a discussion with their own supervisor or manager about the issue (or if the issue involves their direct supervisor or manager, consult with next level of management or HR).

It should be noted that the outcome of a Level Two or Three process may be that a decision is made to resolve the workplace issue through Level One at the local level.

The desired outcome at Level One is that the issue is successfully resolved in a non-disciplinary way, with ongoing monitoring to determine that the resolution is effective. If the issue is not resolved, Level Two options for resolution may need to be considered.

## LEVEL ONE PROCESS FLOW



### LEVEL TWO: EMPLOYEE MANAGES AND RESOLVES WORKPLACE ISSUES AT THE LOCAL LEVEL WITH ASSISTANCE

Workplace issues of inappropriate behaviour and some instances of misconduct may be resolved at Level Two. The features of a Level Two workplace issue can include:

- the nature of the workplace issue is complex;
- there are disputed facts;
- it involves a one off event that is serious in nature;
- there is a pattern of ongoing behaviour/s that are inappropriate;
- Level One or Two options for resolution have already been attempted without success; or
- a Preliminary Assessment is required to determine the best way forward.

At Level Two, employees seek the assistance of their manager or supervisor to resolve the workplace issue. For a workplace issue to be resolved at Level Two, the manager or supervisor must undertake a Preliminary Assessment, the outcome of which must indicate that the matter can potentially be resolved using non-disciplinary measures at the local level.

It should be noted that this is not the only possible outcome of a Preliminary Assessment; other outcomes include the issue being escalated to Level Three or resolved through other processes (e.g. Internal Review procedures under performance processes). However, if the workplace issue is to be managed at Level Two, then a range of restorative processes and resolution techniques (RPRT) are available to support resolution.



Managers and supervisors who become aware of a workplace issue need to know how to conduct a **Preliminary Assessment** to determine the appropriate means of resolution. More information on this is available in *Resolving Workplace Issues: Resources for Managers and Supervisors*.

RPRT are cooperative approaches that focus on repairing the negative impact caused by the behaviour through communication, openness to others' views, cooperation and reasonableness. The key advantage of RPRT is that they are educative and positive in nature, encouraging increased awareness of people's feelings, standards of behaviour in the workplace and team dynamics. RPRT are based on the notions that:

- the best decision makers are usually the people directly involved;
- to effectively resolve an issue, people need to hear and understand each other; and
- workplace issues are best resolved on the basis of the employees' interests and needs.

RPRT:

- address and resolve issues at the earliest possible time and lowest possible level;
- are non-blaming and non-disciplinary;
- focus on hearing and understanding others to effectively resolve an issue;
- encourage ownership of issues;
- encourage individual/s to learn from their mistake/s and shape their future behaviour to ensure it is appropriate; and
- focus on a resolution, a positive workplace and continuation of healthy working relationships.

Some advantages of RPRT include:

- early, quick and effective resolution of workplace issues;
- maintenance of privacy and confidentiality;
- employees having an element of control of the process which can result in higher levels of satisfaction and empowerment;
- increased cooperation and productiveness because employees see that issues are addressed seriously;
- openness of facts, identifying issues and exploring new options;

- supporting personal and professional relationships within the workplace due to the non-disciplinary nature of RPRT; and
- cost and time savings for the organisation and employees compared to conducting proceedings under ACTPS Enterprise Agreements.

Examples of RPRT include conducting a facilitated discussion, mediation process, or workplace conferencing/coaching, mentoring and targeted development. Supervisors and managers can contact their local HR team for assistance regarding RPRT.

It should be noted that the outcome of a Level Three process may also be that a decision is made to resolve the workplace issue through Level Two or One options at the local level.

The desired outcome at Level Two is that the issue is successfully resolved with no further action required, or the issue is resolved with ongoing monitoring by management to ensure the resolution is effective. If the issue is not resolved, Level Three options for resolution may need to be considered.



## LEVEL TWO RPRT PROCESS FLOW



### LEVEL THREE: MANAGE AND RESOLVE WORKPLACE ISSUE VIA ACTPS ENTERPRISE AGREEMENTS

Workplace issues that may constitute misconduct are resolved at Level Three. The features of a Level Three workplace issue can include:

- Level One or Two options for resolution have already been attempted without success;
- repeated behavioural lapses or continuing underperformance;
- complex workplace issues where facts are not known or are contested; or
- the workplace issue appears to involve:
  - a breach of Section 9 of the PSM Act;
  - engaging in conduct that has or may bring the ACTPS into disrepute;

- unauthorised absence/s where no satisfactory reason is provided;
- convictions of a criminal offence, an offence where no conviction is recorded or failure to notify the ACTPS of criminal charges; or
- making vexatious or knowingly false allegations against another employee.



*Some workplace issues are so serious that they are immediately managed at Level Three, or may transition to Level Three at an earlier stage, including: allegations of serious misconduct, work bullying, harassment or discrimination, or ongoing underperformance.*

At Level Three, employees seek the assistance of their manager or supervisor to resolve the workplace issue. The manager or supervisor undertakes a Preliminary Assessment to determine the best way forward. For a workplace issue to be managed at Level Three, the outcome of this assessment must indicate either substance to the allegation, or that more information is required. The manager or supervisor forwards this recommendation to the delegate for consideration and consultation with the local HR team. This may result in an investigation being undertaken in accordance with Section H (Workplace Values and Behaviours) of ACTPS Enterprise Agreements. Following the investigation, the relevant delegate will make a decision based upon the findings regarding the alleged misconduct, which may involve imposing disciplinary action against any employee/s found to have engaged in the alleged behaviour/s.



*The delegate may determine a workplace issue can be resolved using non-disciplinary measures, at which point the issue may be managed using Level One Two options for resolution.*

The types of disciplinary action that may be imposed by a delegate include:

- a written warning and admonishment;
- a financial penalty which can:
  - reduce the employee's incremental level;
  - defer the employee's incremental advancement;
  - impose a fine on the employee;
  - fully or partially reimburse the employer for damage wilfully incurred to property or equipment; or
  - remove an SEA/ARIn benefit.
  - transfer the employee temporarily or permanently to another position at level or to a lower classification level; or
- terminate the employee's employment.

More information on the processes in ACTPS Enterprise Agreements is available in the *Resolving Workplace Issues: Misconduct and Investigations* resource.

#### **Public Interest Disclosures (PIDs)**

The *Public Interest Disclosure Act 2012* encourages and enables anyone witnessing serious wrongdoing that falls within the definition of 'disclosable conduct' to raise concerns and guarantees these concerns will be seriously considered and investigated where warranted. The PID process can be conducted outside of the procedures discussed in this resource.

Disclosable conduct is more serious than a technical breach of policy or procedures: it is action (or inaction) that has a significant or widespread negative impact, and the person disclosing information of this sort needs special protection. Examples of disclosable conduct include:

- corrupt conduct, e.g. accepting money or other benefits in exchange for helping someone to avoid prosecution, win a contract or gain Government approval;
- fraud or theft, e.g. falsifying documents or information, or stealing an employer's property or funds;
- official misconduct or maladministration, e.g. gaining personal benefit by not revealing a conflict of interest;
- harassment, intimidation or discrimination, e.g. assaulting a person during the course of carrying out their work functions, duties or responsibilities; or
- practices endangering the health or safety of staff, the community or the environment.

Refer to the PID Guidelines for more information:  
<http://www.legislation.act.gov.au/nj/2014-357/default.asp>

## RESPONSIBILITIES

ACTPS directorates, executives, managers, supervisors and employees have various responsibilities associated with managing and resolving workplace issues, as outlined below:

### DIRECTORS-GENERAL/ DIRECTORATES

- *Must promote the ACTPS Values and Signature Behaviours as per the ACTPS Code of Conduct to create positive workplace cultures where workplace issues are resolved efficiently and effectively at the local level as they arise, where appropriate.*
  - *Must actively prevent workplace issues of an inappropriate or misconduct nature, including work bullying, discrimination and harassment by adhering to whole-of-government procedures and guidelines, providing supervision and training for staff and undertaking ongoing risk management.*
  - *Must identify, assess, and eliminate or control the risk factors that contribute to a work culture where work bullying is likely to occur.*
  - *Must ensure that directorate specific guidelines and procedures are in accordance with ACTPS Enterprise Agreements and whole-of-government resources to support employees to raise workplace issues and access mechanisms to resolve inappropriate behaviour and misconduct.*
  - *Must ensure that executives, managers, supervisors and employees know what to do if work bullying, discrimination or harassment occurs.*
  - *Must investigate work bullying, discrimination or harassment as soon as possible in accordance with the procedures set out in ACTPS Enterprise Agreements and other applicable procedures.*
- *Must ensure that all parties of an investigation under Section H of ACTPS Enterprise Agreements are aware they will be informed of the outcome with due regard being given to privacy concerns, the nature of the complaint and the proportionality of information applicable to each party.*
  - *Must keep accurate records of complaints of work bullying, discrimination and harassment.*
  - *Must provide data on work bullying, discrimination and harassment to the Commissioner for Public Administration as part of the annual Agency Survey process.*

### EXECUTIVES, MANAGERS AND SUPERVISORS

- *Must model and promote the ACTPS Values and Signature Behaviours as per the ACTPS Code of Conduct to create positive workplace cultures where workplace issues are resolved efficiently and effectively at the local level as they arise, where appropriate.*
- *Must treat staff with respect and ensure that their own conduct is above reproach, examining their own preconceptions, biases and stereotypes concerning workplace issues that are of an inappropriate nature or may constitute misconduct.*
- *Must "call out" inappropriate behaviour as soon as they see it or become aware of it.*

- Must communicate the whole-of-government resources and related procedures to staff to ensure that they are aware of their rights and responsibilities.
- Must actively prevent work bullying, discrimination and harassment by addressing workplace issues and taking necessary corrective and preventative action.
- Must treat all issues of work bullying, discrimination or harassment seriously and respond promptly and confidentially in accordance with ACTPS Enterprise Agreements and whole-of-government resources.
- Must take all reasonably practicable steps to prevent employees that are involved in the management and resolution of workplace issues from being victimised.
- Should familiarise themselves with their directorate's relevant guidelines and procedures relating to management and resolution of workplace issues.
- Should offer support to anyone who is subject to inappropriate behaviour or misconduct, and if possible let them know where they can obtain help and advice.
- Must not raise workplace issues that are frivolous or malicious.
- Must participate in the management and resolution of workplace issues in good faith and with confidentiality.

### **ALL EMPLOYEES**

- Must commit to and promote the ACTPS Values and Signature Behaviours as per the ACTPS Code of Conduct to create positive workplace cultures and treat others with respect.
- Must comply with lawful and reasonable directions given to them by any person having the authority to give the direction.
- Must understand their own behaviour and consider how it may be perceived by, and impact upon, others at work.
- Should actively prevent workplace issues from recurring by talking to the person/s conducting inappropriate behaviour, or raising concerns about workplace issues with their manager, supervisor or executive, a RED Contact Officer, Work Safety Representative or relevant HR team.





## **Agenda Item 5: ACT Health Clinical Culture Committee Report for the Minister for Health**

### **Recommendation:**

It is recommended that the Committee:

- Endorse the draft Clinical Culture Committee report to the Minister for Health.

### **Background**

The Clinical Culture Committee Terms of Reference require that a six-monthly report be provided to the Minister for Health. A draft report is attached for comment – this is the first report to be presented to the Minister by the CCC.

The Report provides the Minister with an update on the activities of the CCC and their work. The Report outlines the Medical Culture Action Plan which was developed to address the recommendations of the KPMG *Review of Clinical Training Culture at Canberra Hospital and Health Services* (September 2015) and the findings of the Royal Australasian College of Surgeons' report on discrimination, bullying and sexual harassment. It also outlines the timeframes for implementation and progress to date.



## ACT HEALTH CLINICAL CULTURE COMMITTEE

### TERMS OF REFERENCE

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#### 1. Context

The Clinical Culture Committee (CCC) is established by the ACT Minister for Health, Simon Corbell MLA, as a Governance body in response to the findings of the KPMG Review of the Clinical Training Culture at Canberra Hospital and Health Services (CHHS) and the findings of the Royal Australasian College of Surgeons report on discrimination, bullying and sexual harassment.

#### 2. Purpose

The purpose of the CCC is to develop, oversee and monitor initiatives to deliver appropriate behaviours and remove inappropriate behaviours within medical programs and across ACT Health.

#### 3. Scope

The CCC will:

- 3.1 Develop, endorse and oversight initiatives established to improve the leadership, cultural and professional environment within medical training programs in ACT Health in relation to:
  - findings from the Review of the Training Culture Report (September 2015);
  - findings and recommendations of the Royal Australasian College of Surgeons Expert Advisory Group Report on discrimination, bullying and sexual harassment; and
  - other issues relevant to the prevention of inappropriate clinical behaviour within ACT Health.
- 3.2 Establish processes that ensure medical staff are supported through the provision of a respectful and values based work environment.
- 3.3 Monitor progress in implementation of cultural improvement and leadership initiatives and improvements in the medical training culture in ACT Health.
- 3.4 Provide leadership in the development of education and training programs that improve the culture within ACT Health.
- 3.5 Provide a forum for the discussion and resolution of inappropriate behaviours in medical training programs.



- 3.6 Review the effectiveness of existing governance mechanisms relevant to responding to complaints of bullying, discrimination or harassment.
- 3.7 Develop, endorse and oversight initiatives established to improve the leadership, cultural and professional environment within medical training programs in ACT Health.
- 3.8 Provide a platform for engaging with strategic partners and the governance of shared initiatives.
- 3.9 Develop linkages and agreements with partners and education providers to:
- i) confirm that the cultural environment is consistent with the expectations of external partners; and
  - ii) foster sharing of expertise and information relevant to improving culture within medical training programs within ACT Health.
- 3.10 Receive feedback from medical trainees regarding relevant matters pertaining to culture within ACT Health.

#### 4. Outputs

- 4.1 The CCC will develop an action plan addressing:
- o findings from the Review of the Training Culture Report (September 2015);
  - o findings and recommendations of the Royal Australasian College of Surgeons Expert Advisory Group Report on discrimination, bullying and sexual harassment; and
  - o other issues relevant to the prevention of inappropriate behaviour within ACT Health.
- 4.2 The CCC will provide 6 monthly reports to the Minister for Health on the progress against each action item as well as progress against other identified pieces of work.

#### 5. Membership

The CCC membership is:

Member	Position	Member/Attendee
Ms Nicole Feely	Director-General	Chair
Mr Ian Thompson	Deputy Director-General, Canberra Hospital and Health Services	Member
Dr Denise Riordan	Clinical Director, Child and Adolescent Mental Health Services	Member
Prof Klaus-Martin Schulte	Professor of Surgery	Member
Prof Walter Abhayaratna	Clinical Director, Medicine	Member
Dr Bryan Ashman	Clinical Director, Surgery	Member
Ms Veronica Croome	Chief Nurse	Member
Dr Frank Bowden	Chief Medical Administrator	Member
[REDACTED]	[REDACTED] Calvary Hospital	Member
[REDACTED]	[REDACTED] ANU Medical School	Member
Tom Lea-Henry	Medical Registrar	Member



**ACT**  
Government  
Health

Eleni Baird-Gunning	Surgical Registrar	Member
Ms Liesl Centenera	Ag/Director PSSB	Observer

**6. Sub-Committees**

The Chair may form other sub-committees / working groups to consider particular issues, having regard to the need for relevant expertise and a balance of views.

**7. Chair**

The Chair will be the Director-General.

**8. Secretariat**

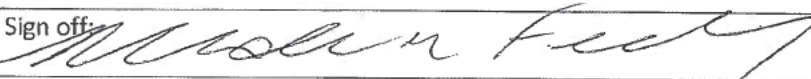
Secretariat functions will be provided by ACT Health.

**9. Meeting Frequency**

The CCC will meet monthly or as determined by the Chair. The Committee is expected to operate for a minimum of 3 years.

**10. Terms of Reference Review**

Terms of Reference and membership will be reviewed annually.

Sign off: 	
Director-General: Nicole Feely	Date: 30/11/2015





**ACT Health Clinical Culture Committee Members  
as at December 2016**

<b>Name</b>	<b>Position</b>
Ms Nicole Feely	Director-General, ACT Health (Chair)
Prof Walter Abhayaratna	Member, Clinical Director, Medicine, ACT Health
Dr Bryan Ashman	Member, Clinical Director, Surgery, ACT Health
Dr Eleni Baird-Gunning	Member, Surgical Registrar, ACT Health
Dr David Blythe	Member, A/g Director Medical Services, ACT Health
Ms Veronica Croome	Member, Chief Nurse, ACT Health
Dr Tom Lea-Henry	Member, Medical Registrar, ACT Health
[REDACTED]	Member, [REDACTED] ANU Medical School
Dr Denise Riordan	Member, Clinical Director, Child and Adolescent Mental Health Services, ACT Health
Dr Klaus-Martin Schulte	Member, Professor of Surgery, ACT Health
Mr Ian Thompson	Member, Deputy Director-General, Canberra Hospital and Health Services (CHHS), ACT Health
[REDACTED]	Member, [REDACTED] Calvary Hospital
Dr Christina Wilkinson	Member, Director of Medical Administration, CHHS, ACT Health
Ms Patricia O'Farrell	Observer, Executive Director, People & Culture (P&C), ACT Health
Ms Yu-Lan Chan	Observer, A/g Innovation Partner Executive Director, Workforce and Culture, ACT Health
Ms Bronwen Overton-Clarke	Observer, Public Sector Standards Commissioner and Deputy Director-General, Workforce Capability and Governance, Chief Minister, Treasury and Economic Development Directorate