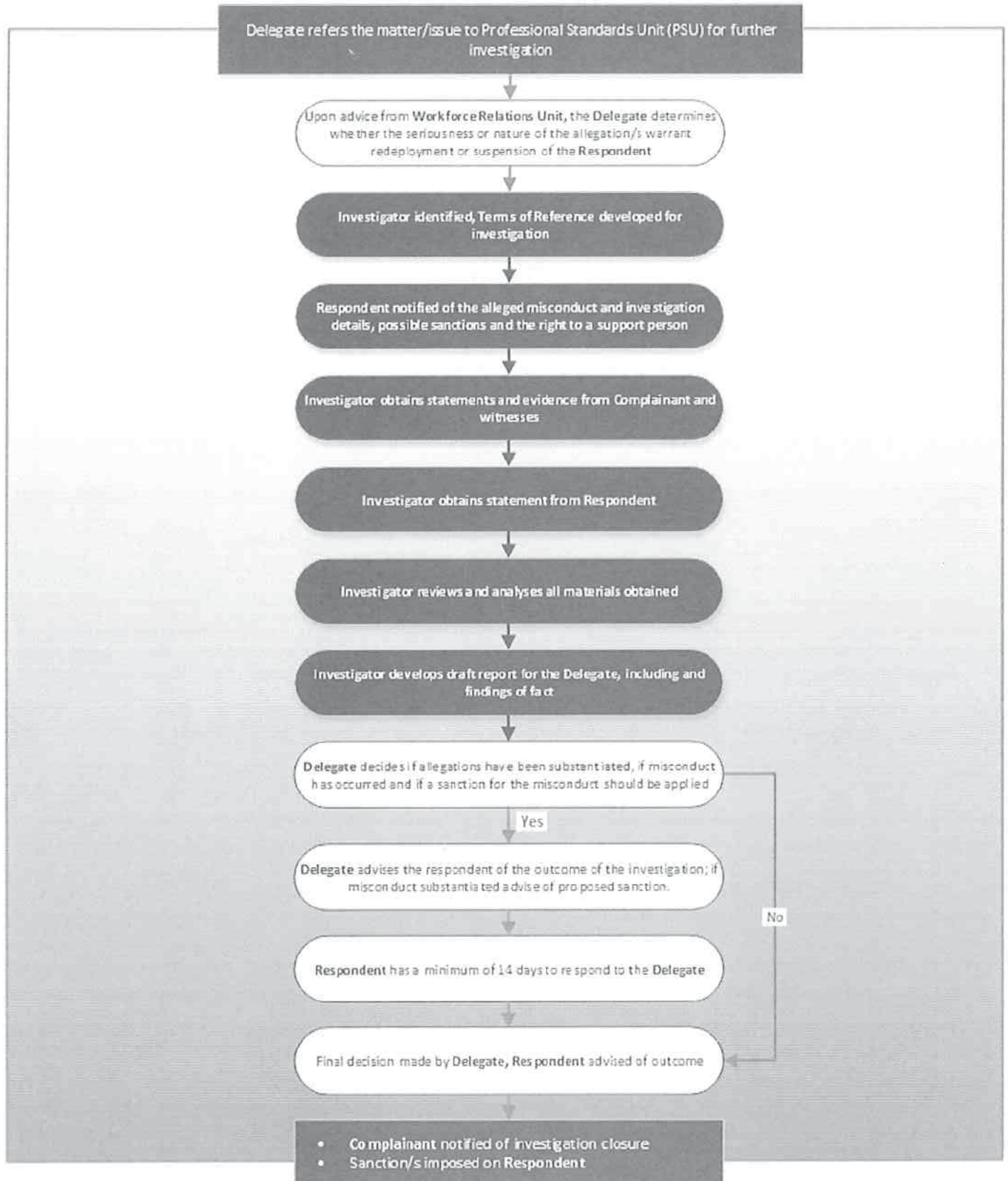


Investigations Process



Complaints Processes

Avenues to raise an issue or concern include:

- Discuss the matter with your **supervisor or line manager**, who has responsibility to take the concern seriously and act with procedural fairness and natural justice. It is their role to remain neutral and maintain confidentiality and to have a discussion with all parties which will determine if further action is required.
- Approach the **Employee Advocate**. Their role is to provide sound, considered and consistent information and guidance to employees within Canberra Health Services whilst actively supporting staff consistent with the legislative requirements and the employment framework. These conversations are kept strictly confidential, except where there is an imminent risk to someone's health or safety, or the law requires the Employee Advocate to escalate or report the issue (eg corruption allegations)
- Talk to a **Respect, Equity and Diversity (RED) Contact Officer**. They can offer you support and information in managing and preventing bullying, harassment and discrimination in the workplace. Their role is to provide objective and accurate information and support all staff.
- Lodge a complaint through the **Workforce Relations Unit**; report through RISKMAN (which is primarily an accident and injury reporting system) are generally redirected to the Workforce Relations Unit for further advice and management.
- An alternate avenue for employees to raise complaints is through the **Public Sector Standards (PSS) Commissioner**. The PSS Commissioner is independent of the ACT Public Service, reporting directly to the Chief Minister.

How are bullying allegations managed?

Appendix A outlines the Preliminary Assessment (PA) processes that are contained within each of the [ACT Public Service Enterprise Agreements](#).

Due to the nature of government investigations, and our obligations to maintain confidentiality, complainants do not receive any information regarding the outcome of such a process, particularly any action taken against the respondent.

Enterprise Agreement (EA)	Clause	Sub-section
<u>Medical Practitioners</u>	Workplace Values and Behaviours	N
<u>Nursing and Midwifery</u>	Workplace Values and Behaviours	O
<u>Administrative and Related Classifications</u> <u>Support Services</u> <u>Health Professionals</u> <u>Technical and Other Professional</u> <u>Infrastructure Services</u>	Workplace Values and Behaviours	H



What is Misconduct?

Misconduct occurs when an employee fails to meet the obligations outlined in Section 9 of the *Public Sector Management (PSM) Act 1994* or engages in conduct that has brought, or is likely to bring the Directorate or the ACTPS into disrepute.

Examples of misconduct include:

- bullying and harassment
- discrimination
- improper use of territory resources
- unauthorised absence without satisfactory reason
- failure to notify / disclose
- making knowingly false (vexatious) allegations
- failure to comply with lawful and reasonable direction
- taking improper advantage of their position

NOTE: The list of examples above is not exhaustive. Please contact **Workforce Relations** on **620 51646** for further advice regarding specific instances of alleged misconduct in the workplace.

Investigations Process

Following a PA being completed, if there are concerns of a potential breach of Section 9 of the PSM Act this will warrant further investigation, conducted by the Professional Standards Unit (PSU) within CMTEDD. **Appendix B** outlines the Investigations Process.

Investigations are conducted in accordance with the core principles of **natural justice** and **procedural fairness**;

Natural Justice

Ensuring that fairness is provided to all parties. Principles include;

- Allegation should be investigated promptly;
- Person who is alleged to have committed the bullying should be treated as innocent, unless allegations are proven to be true;
- All allegations need to be put to the person they are made against;
- Both parties must be given the opportunity to respond and explain their version of the events, and provide all information to ensure their response is complete; and
- Any disciplinary action needs to be commensurate with the seriousness of the offence

Procedural Fairness

Following a process that is neutral, unbiased and respectful to the rights of all parties involved in the investigation. Principles include;

- Right to be heard;
- Right to be treated without prejudice;
- Right to be informed of all allegations being made;
- Opportunity to respond; and
- Right to enquire about the status of the grievance.

Definitions

Complainant – The individual, or group of people that initiate the complaint/allegation.

Respondent – The individual, or group of people that respond to the complaint/allegation.

Employee representative – A person chosen by an employee, or a group of employees to represent the employee(s) and includes a Delegate or official of the union, a friend, a colleague or any employee member of a workplace consultative forum established under the Enterprise Agreement.

Bullying – is repeated, unwelcome behaviour of a person/s which has the potential to cause harm to a person's wellbeing (eg. verbal abuse, spreading rumours or innuendo, making vexatious allegations, exclusion, interfering with personal property or work equipment).

- Bullying behaviour can be characterised by continued aggressive behaviour that intimidates, humiliates or undermines a person/s;
- Bullying can involve the deliberate misuse of power, and can come from people at level, above or below the recipient in the organisational hierarchy;
- Bullying can also occur outside of work location and hours and still affect the employees work performance or well-being.
- Bullying is not reasonable and appropriately handled management action, eg. Addressing unacceptable behaviour at work. If in doubt please get advice from your manager, the Employee Advocate, your REDCO or People and Culture.

Further information and support

For any further information or support regarding workplace issues and interpersonal conflict, please contact;
Workforce Relations Unit 620 51445 –or- HealthEmployeeRelations@act.gov.au

ACCESSIBILITY

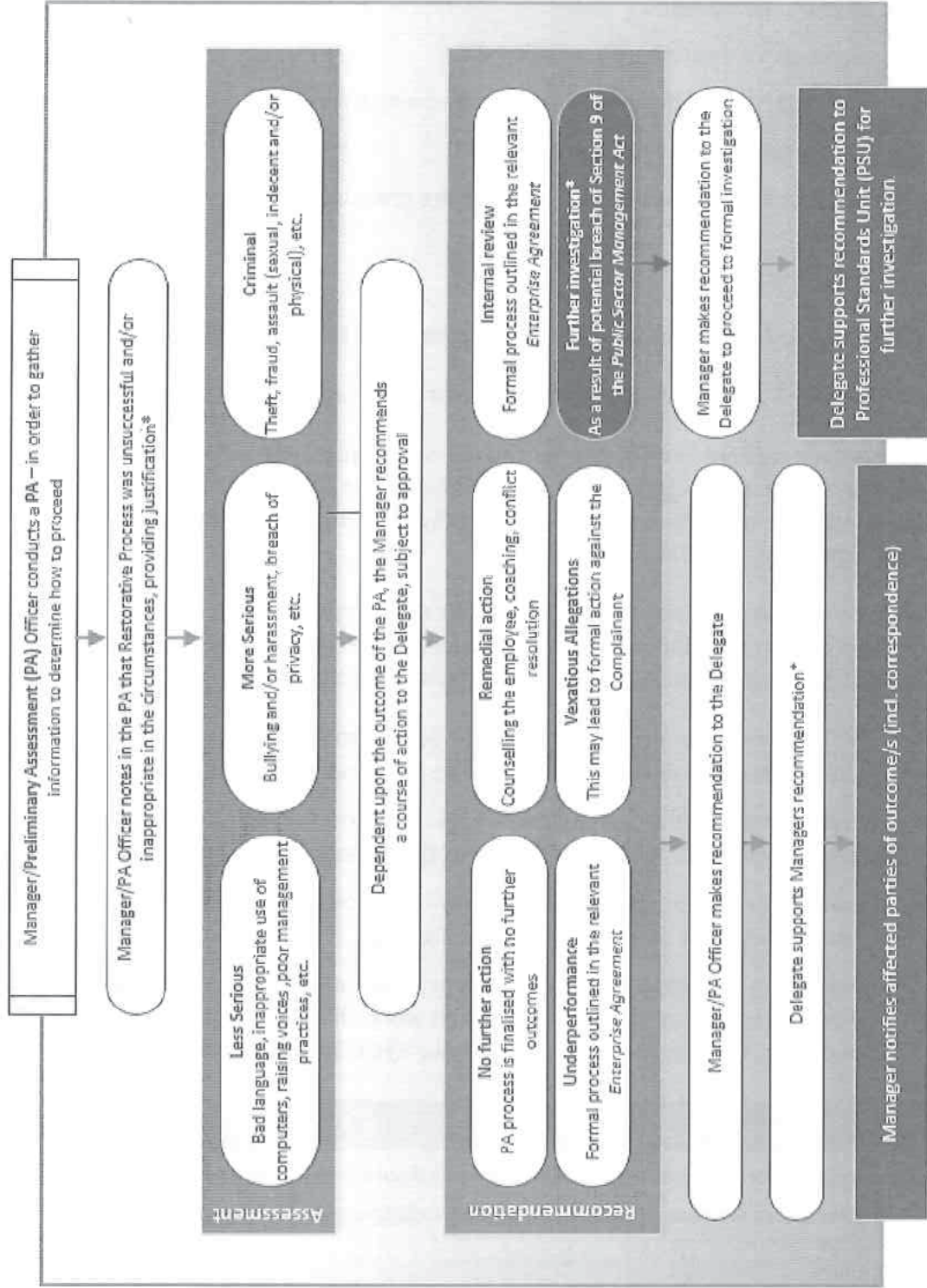
If you have difficulty reading a standard printed document and would like an alternative format, please phone 13 22 81.



If English is not your first language and you need the Translating and Interpreting Service (TIS), please call 13 14 50.

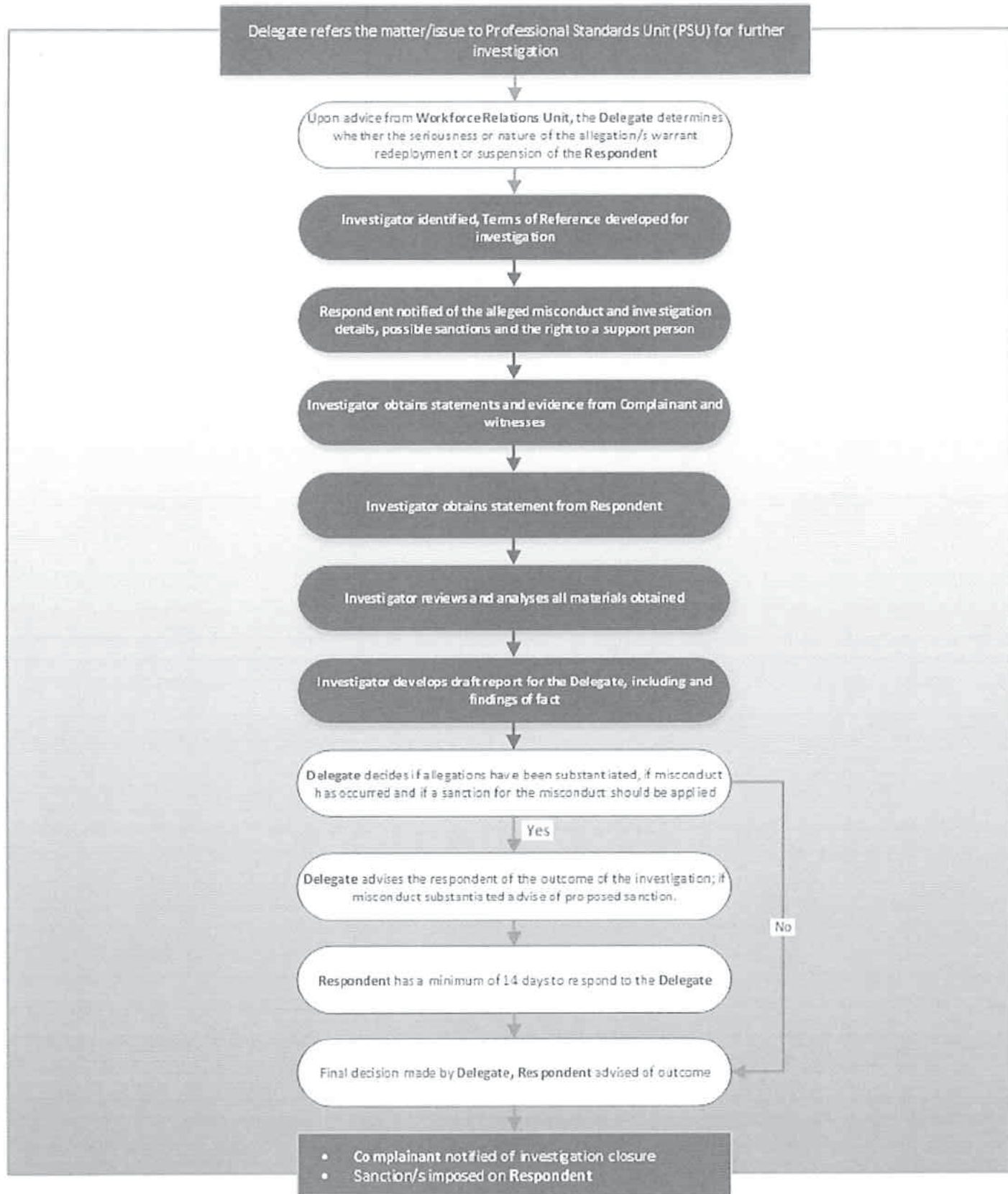
For further accessibility information, visit: www.health.act.gov.au/accessibility

Preliminary Assessment Process



* PLEASE NOTE – The outcome of a PA process and/or Investigation is deemed private information relating to the Respondent, therefore the outcome of a PA and/or Investigation is not communicated to the Complainant

Investigations Process





ACT
Government

**Canberra Health
Services**

Senior Advisor | Preliminary Assessments | People & Culture | Quality Governance and Risk | Full-time

Classification: Senior Officer Grade B

Position No:

Directorate: Canberra Health Services

Approved Duty Statement Date: 14 November 2018

About us:

Canberra Health Services is a values-led Directorate. Our values guide our day-to-day actions, behaviours, decisions and communications to successfully deliver the best services to meet the needs of our community. They were developed by us, for us and are unique to our work.

Canberra Health Services provides acute, sub-acute, primary and community-based health services to the ACT and surrounding region.

Canberra Health Services is committed to the delivery of person and family centred, safe and high quality care in a sustainable health system. This will be achieved with key strategic priorities for CHS which includes ensuring the delivery of Canberra Health Service's Quality Strategy and government priorities, and aligning them with ACT Health's Territory Wide Services Framework.

The key strategic priority for acute services is to deliver timely access to effective and safe hospital care services. The hospital delivers a full range of medical, surgical and obstetric services, including complex procedures in areas such as cardiac surgery, neurosurgery and neonatal intensive care.

Strong links exist between hospital and community-based services, as many of the operational divisions deliver services across the continuum of care to ensure continuity of care for patients. The community based services of Canberra Health Services include early childhood, youth and women's health; dental services, rehabilitation and community care; mental health and alcohol and drug services. In addition, justice health services are provided within the Territory's' detention facilities.

Canberra Health Services is a partner in teaching with the Australian National University, the University of Canberra and the Australian Catholic University.

Overview of the work area and position:

The People and Culture Branch is responsible for providing strategic leadership and operational implementation of human resource strategies relating to a diverse range of human resource and industrial relations functions across Canberra Health Services.

Working closely with other ACT Health Division's the People and Culture portfolio delivers strategically-aligned workforce solutions in areas including change management, diversity and inclusion, learning and development, industrial and employee relations, pay and benefits, rewards and recruitment.

The Branch also plans, designs, communicates and monitors ACT Health's Workforce Strategy with a focus on building organisation and change management capability, and providing workforce data to

support strategic decision-making to enable Canberra Health Services to deliver on its strategic agenda. Quality expert advice and support is provided through the People Strategy and Services integrated teams.

Notes: This is a temporary position available for a period of up to six months initially with the possibility of permanency.

Duties:

1. Lead the completion of Preliminary Assessments in relation to Bullying and Harassment and other interpersonal disputes, working with line managers to expediently assess matters to determine the most form of appropriate action.
2. Provide high level advice and assistance to managers within Canberra Health Services in relation to the employment framework.
3. Lead the learning and development of managers' capability to undertake expedient preliminary assessment processes.
4. Provide advice and assistance to delegates regarding misconduct processes and conduct preliminary assessments when required- i.e. complaint about a senior staff member, complex matter or where there is a conflict of interest in the work area, or provide advice on how these are to be conducted.
5. Co-ordinate the referral of misconduct investigations to the ACT Public Service (ACTPS) centralised unit.
6. Provide responses to external review bodies, such as ACT Ombudsman, Human Rights Commission, and Auditor General.
7. Provide advice in the drafting of policy documents and guidelines in relation to Bullying and other conduct related matters.
8. Undertaking other duties appropriate to this level of classification which contribute to the operation of the section with the delivery of high quality person and family centred, safe and high quality patient care.

Personal Attributes

To be successful in this position, it is expected that the successful candidate will have the following attributes:

- Strong organisational skills with a high degree of drive.
- Adaptability and flexibility to accommodate competing demands.
- Sound communication, liaison and negotiation skills.
- Experience and skill in being an effective team collaborator and contributing to successful team dynamic.

Qualifications and experience:

Please note prior to commencement successful candidates will be required to:

- undergo a pre-employment Police check.

Selection Criteria

These are the key criteria for how you will be assessed in conjunction with your resume and experience.

Your statement of claims against the selection criteria should summarise how your skills and experiences would enable you to fulfil the responsibilities of the position. It is therefore in the interests of candidates to present their application in a way that demonstrates significant outcomes associated with each of the criteria, as well as the capabilities and behaviours that underpin them.

1. Proven experience in providing general HR advice to Managers in line with the ACTPS employment framework, including experience in information gathering into alleged workplace misconduct.
2. Well-developed knowledge and understanding of the principles of conducting preliminary assessments and the processes and policies as set out in relevant ACT Public Service enterprise agreements.
3. Demonstrated comprehensive written and oral communication skills, including negotiation and liaison skills, with the ability to foster productive relationships with key stakeholders.
4. Demonstrated experience in setting priorities and managing a diverse range of duties, including self-management, project management skills, research and analytical skills.
5. Demonstrates a commitment to work, health and safety (WH&S) and the positive patient experience and displays behaviour consistent with Canberra Health Service's values of Care, Excellence, Collaboration and Integrity.

Performance Expectations: SOG B

The **Performance Expectations** outlines the capability needs of employees to enable them to achieve organisational outcomes in an increasingly complex and changing environment. The performance expectations guide consistent performance at each classification, regardless of the nature of an employees work. The Performance Expectations do not replace, but are aligned to the **ACTPS Work Level Standards (WLS)**.

Creates Solutions	Demonstrates Agility	Communicates Effectively	Leads with Commitment	Collaborates with Purpose	Accountable for Quality Outcomes
<ul style="list-style-type: none"> Identifies and pursues solutions that align with strategic objectives. Anticipates and acknowledges the risks inherent in creating new ways of doing business, supporting innovation while demonstrating sound judgement in managing risk. Translates organisational strategy for others, drawing attention to the links between tasks and strategic objectives. Understands and promotes organisational strategy as it relates to the achievement of team, Directorate and government objectives. Questions traditional assumptions, coaching and supporting others to explore better ways of doing business. Develops solutions with an orientation to the future, balancing immediate business needs with medium- and long-term objectives. 	<ul style="list-style-type: none"> Anticipates future organisational priorities when setting short-, medium- and long-term goals. Supports others to maintain focus and productivity by communicating a clear and compelling rationale for leadership decisions. Acts on new information, approaches and ideas Recognises when organisational priorities have shifted, and adjusts individual and team behaviour to meet the new goals. Demonstrates a flexible approach to work, displaying willingness to meet evolving organisational needs. Maintains and models composure under pressure. Sustains high levels of productivity following setbacks and during periods of uncertainty. Contributes to the development of an agile workforce by applying skills in a range of situations and coaching others to use skills flexibly. 	<ul style="list-style-type: none"> Demonstrates flexibility and sound judgement in use of communication channels to influence outcomes, deliver results and support organisational strategy. Anticipates the perspectives of others in discussions and negotiations, and is prepared to engage. Delivers high quality, fit-for-purpose communication that is well structured and achieves strategic objectives. Prepares and participates constructively in discussions and negotiations. Demonstrating a strong grasp of key issues, stakeholders and strategic objectives. Listens and responds to others' verbal and non-verbal cues, checking understanding by asking probing questions. Influences others, including more senior stakeholders, by understanding different perspectives and finding common ground. Builds team morale by communicating leadership decisions effectively. 	<ul style="list-style-type: none"> Supports other leaders, including direct reports, to manage performance. Takes responsibility for shaping team culture. Delegates tasks appropriately to facilitate development and build team capability. Manages a large team or a group of teams where skills are similar and tasks related. Takes responsibility for direct reports and teams, and invests in their development. Accepts accountability for actions of self and team. Builds corporate knowledge and expertise by guiding, coaching and mentoring others. Sets clear performance expectations, and provides timely, constructive feedback. Addresses performance shortfalls in an appropriate, constructive and timely manner. Acknowledges and rewards the contributions of others. Upholds and models the ACTPS Values, Code of Conduct and Employment Principles. 	<ul style="list-style-type: none"> Improves productivity by working with others to reduce duplication and bring where appropriate. Liaises with stakeholders to maintain productive relationships, resolve conflict, keep relevant parties informed and achieve outcomes. Anticipates and pre-empt barriers to collaboration, managing them effectively. Appropriately manages competing stakeholder interests and viewpoints. Develops internal and external relationships that align with strategy, harness expertise and enhance performance. Promotes and models collaborative work practices. Seeks input from team, colleagues and other stakeholders. 	<ul style="list-style-type: none"> Maintains quality control over team output by setting and adhering to relevant performance standards. Anticipates changes in business needs and ensures team is equipped to respond. Anticipates problems and takes steps to minimise or prevent them. Manages resource allocation responsively to ensure achievement of team and organisational objectives. Makes sound judgements about priorities, balancing short-, medium- and long-term goals. Takes responsibility for timely delivery of individual and team outcomes. Maintains a continuous improvement approach to individual and team work. Uses expertise of self and others effectively.

Job Demands Checklist

For frequency, choose from: frequent, occasional or not applicable (N/A)

Physical Demands	Frequency
Sitting - remaining in a seated position to perform tasks	Frequent
Standing - remaining standing without moving about to perform tasks	Occasional
Walking - Floor type: even / uneven / slippery, indoors / outdoors, slopes	Occasional
Running - Floor type: even / uneven / slippery, indoors / outdoors, slopes	N/A
Bend/Lean Forward from Waist - Forward bending from the waist to perform tasks	N/A
Trunk Twisting - Turning from the waist while sitting or standing to perform tasks	Occasional
Kneeling - remaining in a kneeling posture to perform tasks	N/A
Squatting / Crouching - Adopting a squatting or crouching posture to perform tasks	N/A
Leg / Foot Movement - Use of leg and / or foot to operate machinery	N/A
Climbing (stairs/ladders) - Ascend / descend stairs, ladders, steps	N/A
Lifting / Carrying - Light lifting & carrying: 0 - 9 kg	N/A
Lifting / Carrying - Moderate lifting & carrying: 10 - 15 kg	N/A
Lifting / Carrying - Heavy lifting & carrying: 16kg & above	N/A
Reaching - Arms fully extended forward or raised above shoulder	N/A
Pushing / Pulling / Restraining - Using force to hold / restrain or move objects toward or away from the body	N/A
Head / Neck Postures - Holding head in a position other than neutral (facing forward)	N/A
Hand & Arm Movements - Repetitive movements of hands and arms	N/A
Grasping / Fine Manipulation - Gripping, holding, clasping with fingers or hands	N/A
Driving - Operating any motor powered vehicle	N/A

Sensory Demands	Frequency
Sight - Use of sight is an integral part of work performance e.g. Viewing of X-Rays, computer screens	N/A
Smell - Use of smell is an integral part of work performance e.g. Working with chemicals	N/A
Touch - Use of touch is an integral part of work performance	N/A

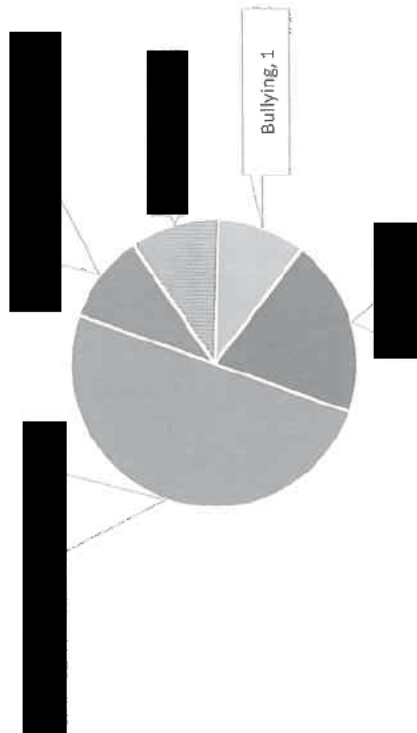
Psychosocial Demands	Frequency
Distressed People - e.g. Emergency or grief situations	N/A
Aggressive & Uncooperative People - e.g. drug / alcohol, dementia, mental illness	N/A
Unpredictable People - e.g. Dementia, mental illness, head injuries	N/A
Restraining - involvement in physical containment of clients/consumers	N/A
Exposure to Distressing Situations - e.g. Child abuse, viewing dead / mutilated bodies; verbal abuse; domestic violence; suicide	N/A

Environment Demands	Frequency
Gases - Working with explosive or flammable gases requiring precautionary measures	N/A
Liquids - Working with corrosive, toxic or poisonous liquids or chemicals requiring PPE	N/A
Hazardous substances - e.g. Dry chemicals, glues	N/A
Noise - Environmental / background noise necessitates people raise their voice to be heard	N/A
Sunlight - Risk of sunburn exists from spending more than 10 minutes per day in sunlight	N/A
Confined Spaces - areas where only one egress (escape route) exists	N/A
Slippery or Uneven Surfaces - Greasy or wet floor surfaces, ramps, uneven ground	N/A
Inadequate Housekeeping - Obstructions to walkways and work areas cause trips and falls	N/A
Biological Hazards - e.g. exposure to body fluids, bacteria, infectious diseases	N/A

Number of Cases Closed in the Reporting Period 01.11.2018 to 30.11.2018

Number of Preliminary Assessments Completed Total: 10

Number of Investigations Completed by PSU
Total: 0



There were no completed investigations into Bullying or Harassment for the reporting period.

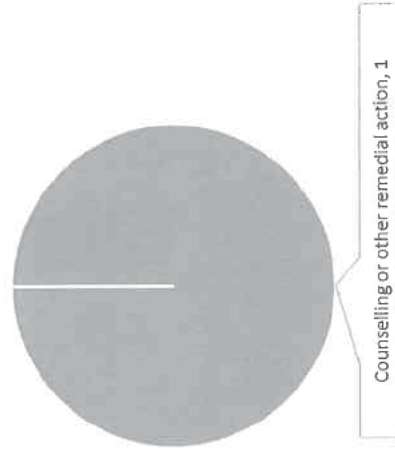
Please note:

1. Closed cases refer to any case, preliminary assessment, investigation or allegation that has been finalised and close off within the reporting period
2. 'Other' refers to a case that doesn't fit within the categories defined within the database. Work is being undertaken to upgrade these categories
3. When a Preliminary Assessment is referred to the PSU the case is closed and a new case is reported as an investigation

Outcome of Preliminary Assessments

01.11.2018 to 30.11.2018

Outcome of Completed Preliminary Assessments
into Bullying & Harassment - 1



Please note:

Chart 1: This chart below reflects cases that relate to Bullying or Harassment

Chart 2: All other cases.



Outcome of Investigations

01.11.2018 to 30.11.2018

Outcome of Completed Investigations into Bullying and Harassment

There were no completed Investigations into Bullying or Harassment for the reporting period in relation to Bullying and Harassment

Outcome of all Other Completed Investigations

There were no completed Investigations into Bullying or Harassment for the reporting period in relation to Bullying and Harassment

ACT Health Workplace Safety



TIER 1

WORK HEALTH and SAFETY COMMITTEE

Agenda Item 8.0

Work Health and Safety Report

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2. WHS INCIDENT STATISTICS AND TRENDS.....	4
3. OCCUPATIONAL MEDICINE UNIT	9
4. STAFF EARLY INTERVENTION PHYSIOTHERAPY	13
5. HEALTH INFRASTRUCTURE – Development and Construction.....	14

INTRODUCTION

This report provides key Work Health Safety (WHS) information to the Tier 1 - WHS Committee including:

- WHS incidents notified to WorkSafe (the Regulator) as required by legislation
- Improvement Notices and Prohibition Notices Issued by WorkSafe ACT
- Provisional Improvement Notices Issued by health and safety representatives (ACT Health staff)
- WHS statistics and trends *
- Activities and updates in relation to the Occupational Medicine Unit, Staff Early Intervention Physiotherapy and Health Infrastructure Services (e.g. development and construction activities) *

**Please note: information and statistics relate to the period of 01/04/18 to 30/06/18.*

The purpose of this report is to:

- Bring to the attention of the committee matters reportable under the *Work Health and Safety Act 2011*.
- Identify WHS trends, patterns and hotspots and strategies to address WHS risks

1. WHS NOTIFIABLE INCIDENTS AND NOTICES

Notifiable Incidents Reported to WorkSafe ACT (i.e. incidents requiring notification to the Regulator)

Between 01/04/18 - 31/08/18 **nine** notifiable incidents were reported to WorkSafe ACT as detailed in the table below (In 2017 a total of 18 notifiable incidents were reported).

Table 1 - Analysis of WorkSafe ACT Notifiable Incident Reports from 01/04/18 - 31/08/18

No.	Incident date	Employee Division	Employee work area	Incident Outline
1	3 May 2018	Business Support	Business Support and Development	Equipment failure at Mitchell Sterilising causing internal flooding.
2	19 Jun 2018	Medicine	Cardiology	Staff member sustained an electric shock from light switch. (static electric shock)
3	21 Jun 2018	Clinical Support Services	Ward Services	Copper conduit fell from above falling on area that staff member had just been working in.
4	24 Jun 2018	Surgery & Oral Health	Surgery	Staff member received electric shock from light switch. (static electric shock)
5	17 Jul 2018	Medicine	Chronic Disease	Staff member received electric shock from metal sink. (confirmed as static electric shock)
6	22 Jul 2018	Women, Youth & Children	Paediatrics	Staff member received shock when pulling a cord out of a power point.
7	18 Jul 2018	Business Support	Client Services, Security and Emergency	Consumer/Patient accessed and fired firearm at Emergency Department
8	20 Aug 2018	Mental & Justice Health, Alcohol & Drug Services	Clinical Services	Staff member slipped and fell, knocked unconscious
9	22 Aug 2018	Mental & Justice Health, Alcohol & Drug Services	Adult Acute Mental Health Services	Code Red – Mattress fire.

Improvement and Prohibition Notices Issued by WorkSafe

In the period of 01/04/18 to 31/08/18 no Improvement notices were issued by WorkSafe on ACT Health.

Provisional Improvement Notices issued by Health Safety Representatives

In the period of 01/04/18 to 31/08/18 no Provisional Improvement Notices (PINS) were issued by Health Safety Representatives on ACT Health sites.

2. WHS INCIDENT STATISTICS AND TRENDS

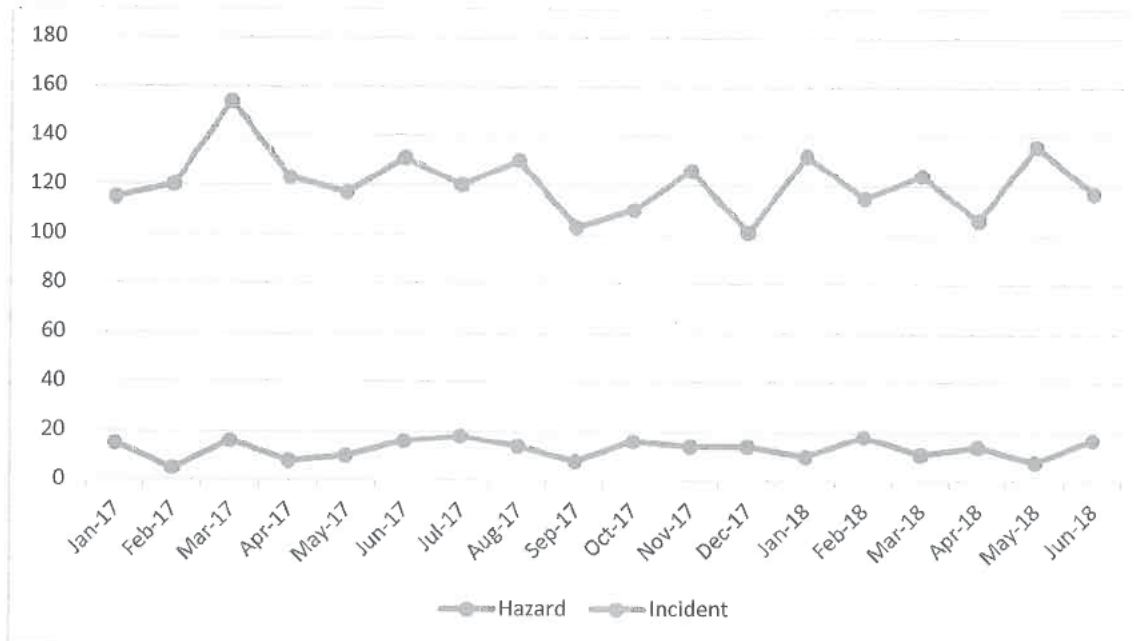
The statistics below relate to staff incident reports and hazard reports for the period 01/01/17 - 30/06/18.

- **Staff Incident Reports** - relate to events that involve a WHS incident or injury.
- **Hazard reports** - relate to a reported hazard (e.g. a trip hazard) that may result in an incident or injury if not addressed (i.e. an incident has not occurred).

Table 2 - Staff Incident Reports & Hazard Reports - 01/01/17-30/06/18

	2017	2018 YTD
Staff Incident Reports	1450	730
Hazard Reports	154	78

Graph 1 – Staff Incident Reports & Hazard Reports – 01/01/17 – 30/06/2018



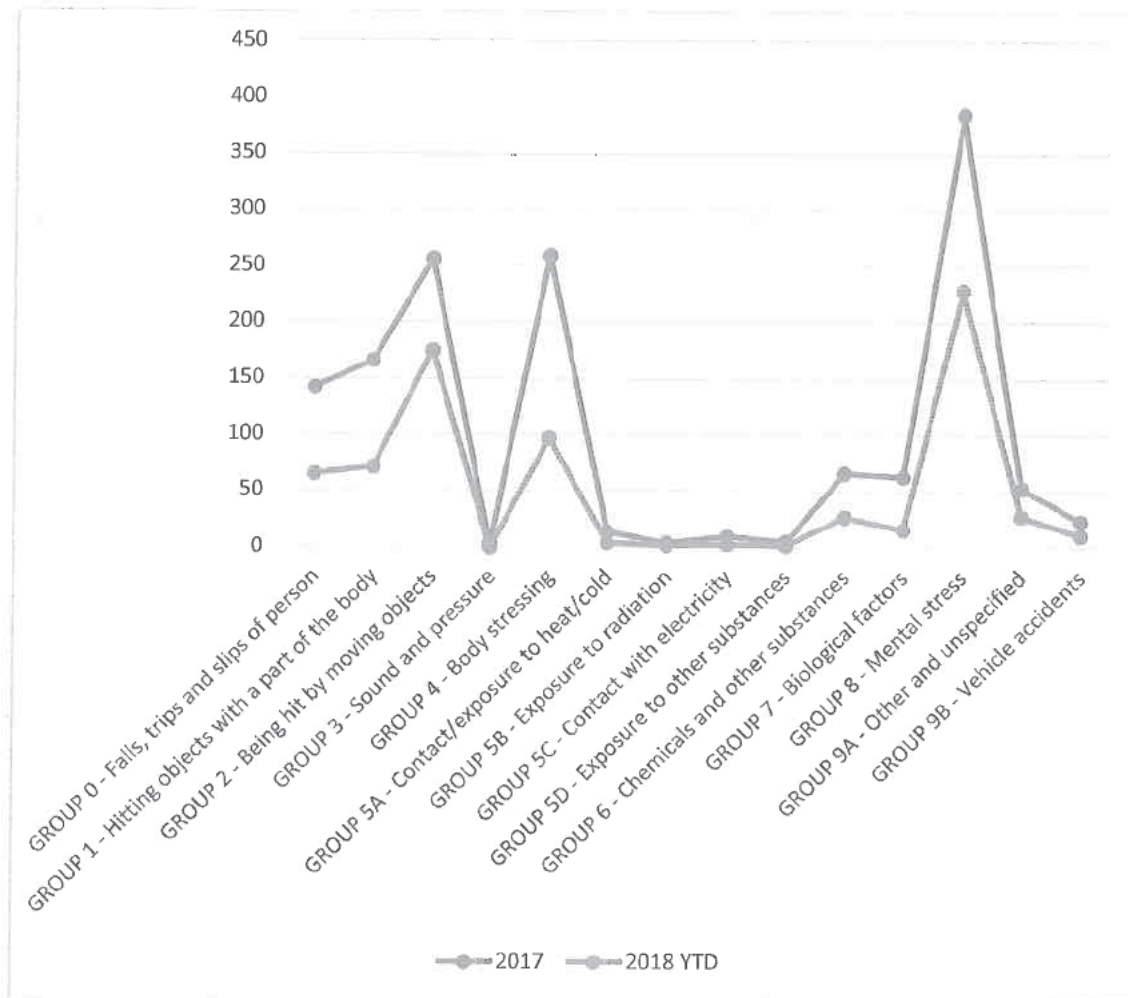
Incidents in 2018 have the same monthly average as 2017. This was 121 incidents per month.

Tier 1 Work Health and Safety Committee

Table 3 - Staff Incidents - Breakdown by Category and Division - 01/01/2017 - 30/06/2018

Division	Group 0 Falls, trips and slips of person	Group 1 Hitting objects with a part of the body	Group 2 Being hit by moving objects	Group 3 Sound and pressure	Group 4 Body Stressing	Group 5A,B,C and D*	Group 6 Chemicals and other substances	Group 7 Biological Factors	Group 8 Mental Stress	Group 9A Other and unspecified	Group 9B Vehicle accidents	Total
ANU School of Clinical Medicine	0	0	0	0	0	0	0	0	0	0	0	0
Business Performance Information & Decision Support	2	1	0	0	2	7	0	0	0	1	0	13
Business Support	16	19	21	1	23	6	2	2	17	20	1	128
Cancer, Ambulatory & Community Health Support	16	12	9	0	17	1	4	1	19	5	2	86
Chief Medical Administrator Office	0	0	0	0	0	0	0	0	0	0	0	0
Chief Nurse	0	0	0	0	0	0	0	0	0	0	0	0
Chief of Clinical Operations	6	1	4	0	7	0	0	2	3	2	0	25
Clinical Support Services	12	13	39	0	36	6	12	9	34	8	3	172
Critical Care	14	23	37	0	23	0	5	22	51	2	0	177
Digital Solutions Division	4	2	0	0	2	0	0	0	2	0	0	10
Health Infrastructure Services	7	5	3	0	7	2	4	0	2	9	0	39
Medicine	27	31	41	0	60	7	21	12	124	13	3	339
Mental & Justice Health, Alcohol & Drug Services	21	12	128	0	27	5	5	4	188	28	11	429
Office of DDG Canberra Hospital & Health Services	4	6	7	0	9	2	0	3	10	2	0	43
Office of DDG Corporate	4	0	0	0	0	0	0	0	0	0	0	4
Office of DDG Innovation	3	1	4	0	2	1	3	2	2	13	0	31
Office of DDG Population Health P & P	5	2	2	2	1	12	12	0	7	9	4	56
Office of DDG Quality Governance and Risk	12	2	1	0	9	4	4	0	3	2	2	39
Office of Director General	2	0	0	0	0	1	0	0	0	0	0	3
Pathology	12	8	4	0	12	2	5	4	3	6	1	57
Policy and Stakeholder Relations	2	0	1	2	1	5	1	0	1	4	0	17
Rehabilitation, Aged & Community Care	18	21	70	0	39	6	5	8	60	6	5	238
Strategic Finance	1	2	0	0	0	0	0	0	3	0	0	6
Surgery & Oral Health	18	64	47	0	67	7	16	16	74	6	1	316
Women, Youth & Children	16	21	20	0	30	2	6	5	67	12	5	184
Grand Total	222	246	438	5	374	76	105	90	670	148	38	2412

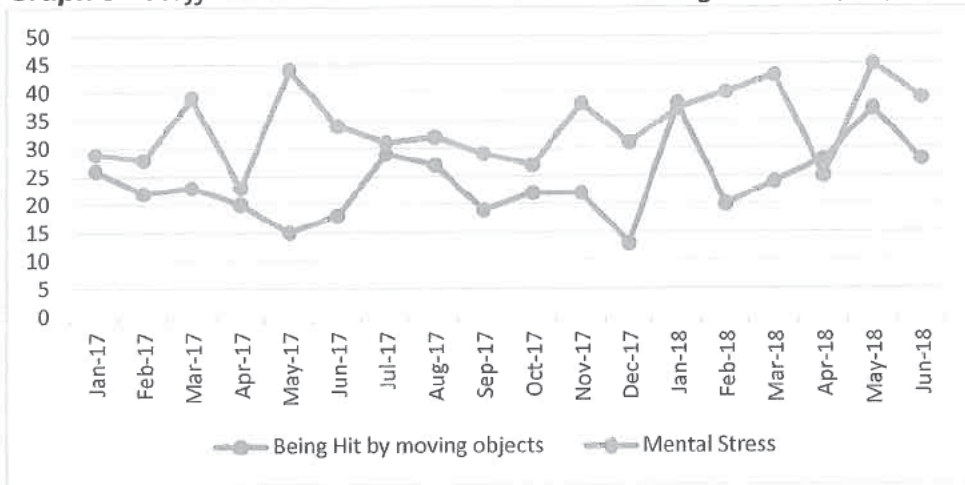
*Source: Riskman Database. Note: Hazard incident reports are not included in this table

Graph 2 -Staff Incidents - Breakdown by Category - 01/01/17 - 30/06/18

The highest numbers of staff incidents reported for the period 01/01/2017 - 30/06/2018 were for the categories 'Mental Stress' and 'Being hit by Moving Object'. The top five reported categories were as follows.

- Mental stress - exposure to traumatic events/occupational violence/work pressures/work related harassment and/or bullying
- Being hit by moving objects - hit by moving objects/persons accidentally and assaulted by persons
- Body stressing - manual handling, repetitive tasks, ergonomic related incidents
- Hitting objects - hitting stationary objects (includes needle stick incidents)
- Falls, trips and slips - falls on same level, falls from height and stepping kneeling and sitting on objects.

Graph 3 - Staff Incidents - Two Most Common Categories - 01/01/17 - 30/06/18



'Being hit by moving Objects' increased to an average of 29 reported incidents in 2018 compared to an average of 21 incidents of the same category per month in 2017.

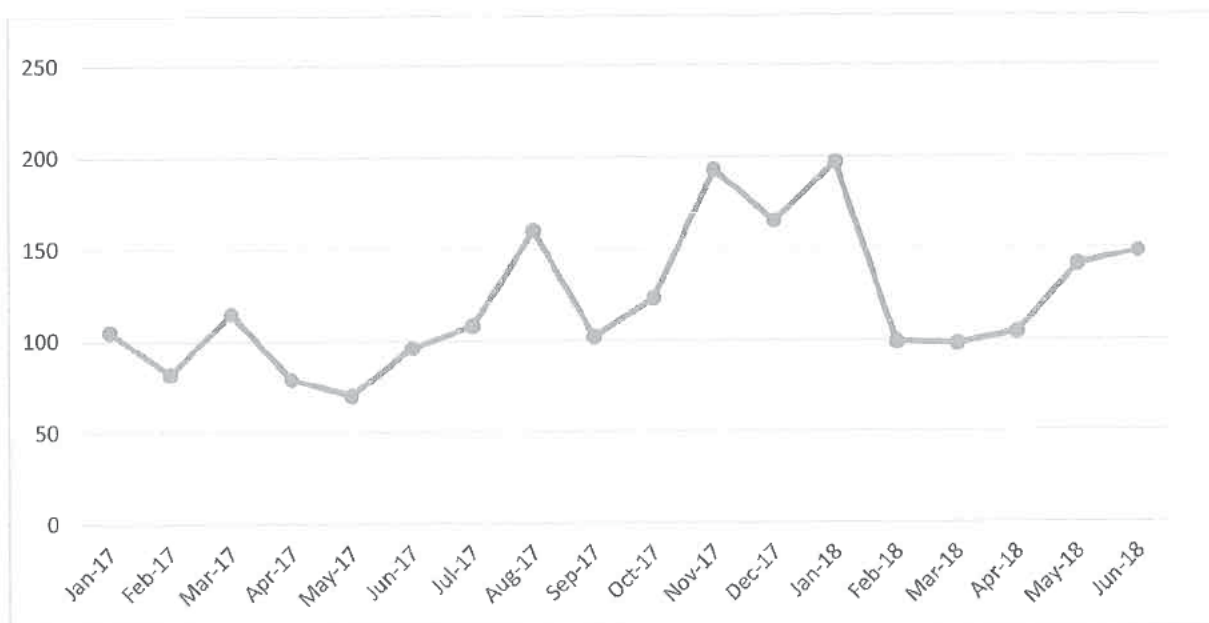
'Mental Stress' increased to an average of 38 incidents in 2018 compared to an average of 32 incidents in 2017.

Table 4 - Total Occupational Violence Incidents Reported* - 01/01/17 – 30/06/18

	2017	2018 YTD
Total Occupational Violence Incidents	1398	911
Average per Month	117	130

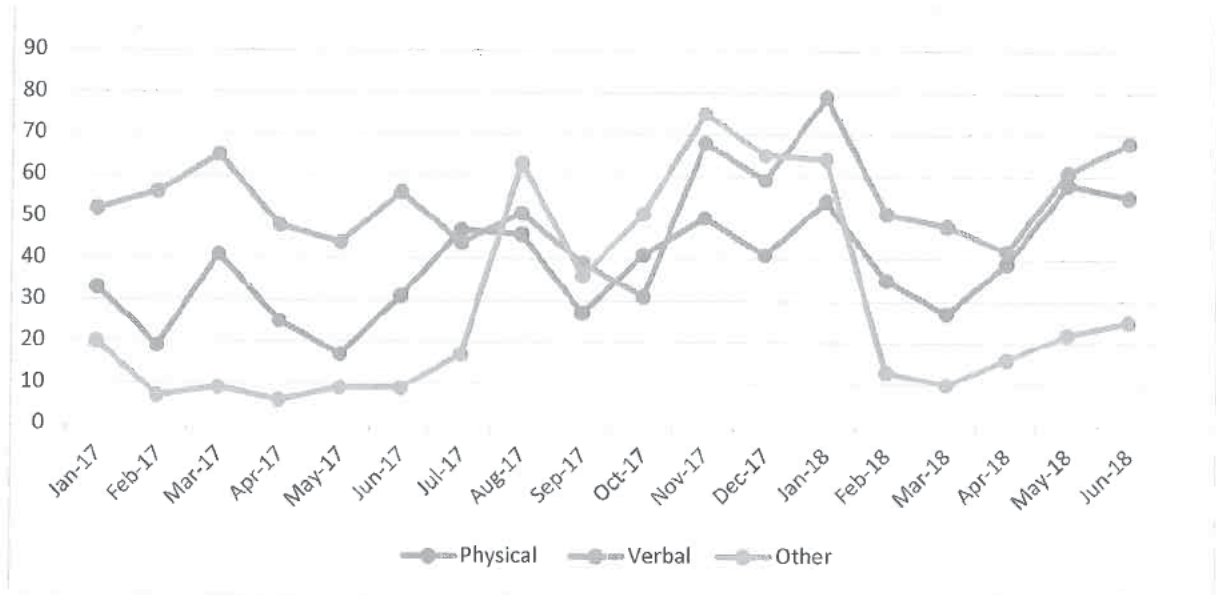
*Note - This data includes both staff incidents and clinical incidents reported as occupational violence.

Graph 4 - Total Occupational Violence Incidents Reported - 01/01/17 – 30/06/2018



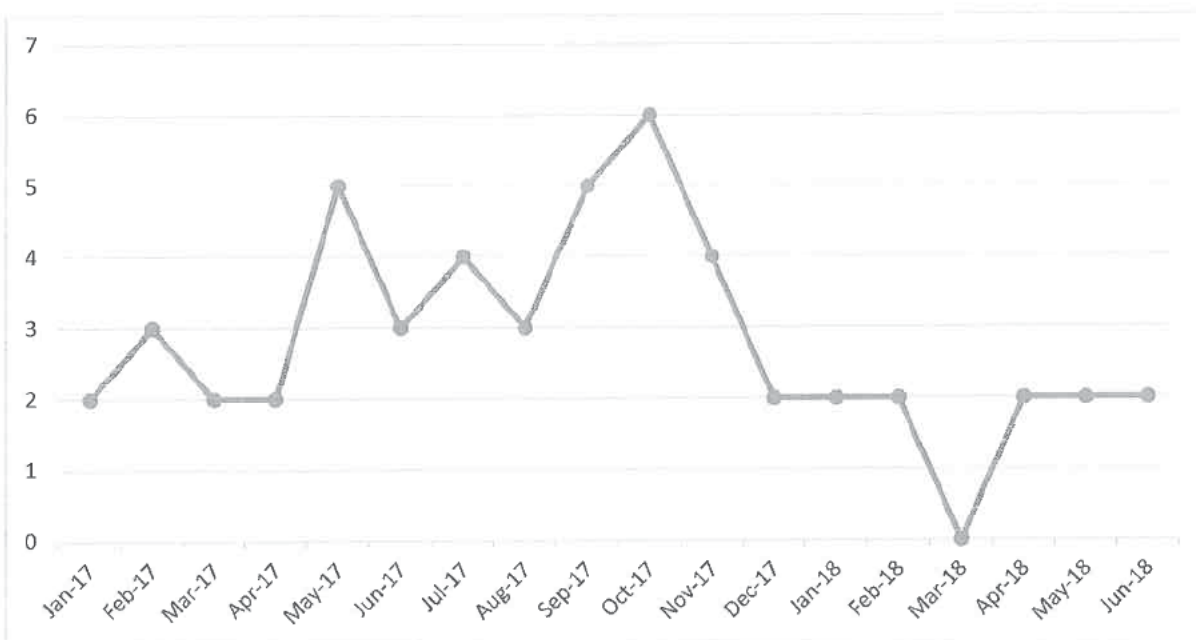
*Note - This data includes both staff incidents and clinical incidents reported as occupational violence.

Graph 5 - Incidents Involving Occupational Violence by Category - 01/01/17 – 30/06/2018



**Note – ‘Other’ Occupational Violence refers to incidents other than verbal/physical (e.g. Property damage, Patient on Patient Assaults, Self-harm incidents).*

Graph 6 - The Number of Workers who are fit to Return to Work but have no Duties Identified
01/01/2017 – 30/06/2018



- There has been a reduction in the number of work ready staff not placed into suitable positions from six (6) in October 2017 to one (1) in August 2018.
- Whilst the number of work ready staff not placed into suitable positions varies quarterly, it should be noted that it's not necessarily the same employees that are reported on each quarter.
- The Workplace Health Advisory Unit continues to canvass across ACT Health Directorate for suitable duties.
- An inability to find suitable duties within medical restrictions continues to be one of the major challenges for line managers in ACT Health, in particular those in clinical and specialist roles. Executive Director, People and Culture has been addressing directly with Deputy Director Generals, the need for the early identification of suitable, alternate duties or roles to facilitate the timely return to work of injured or ill ACT Health employees.
- Increasingly, Managers are finding themselves under budgetary pressures as they have to find suitable duties, for returning injured staff to non-substantive positions while at the same time backfilling the role to ensure the work is done.
- People and Culture have been emphasising the importance of early intervention, by which line managers rapidly and appropriately respond once there is knowledge of any work-related or non-work-related problem or circumstance that may impact upon an employee's physical or psychological wellbeing and ability to remain at work, irrespective of whether a claim for workers' compensation has been or will be made.
- People and Culture also liaises with CMTEDD to ensure that injured or ill employees have the correct classification in regards to their medical capacity for work and the availability of suitable, alternate duties.

3. OCCUPATIONAL MEDICINE UNIT

Staff Screening/Vaccination

Staff screening/vaccination involves screening for measles, mumps, rubella, chicken pox, Hepatitis B and baseline screening for blood borne viruses. Screening/vaccination is the most effective method to prevent the transmission of vaccine preventable diseases and thereby improve both patient safety and staff safety.

In April 2017 it was identified that a total of 4270 existing staff have not had their screening/vaccination status verified by the Occupational Medicine Unit (OMU). The following actions have been taken to support the verification of the screening/vaccination status of these staff:

- The issue has been communicated to the CHHS Executive to emphasize the importance of staff screening/vaccination in terms of patient and staff safety, and to gain their support in ensuring that the identified staff participate in staff screening/vaccination.
- Two additional nurses have been employed at the OMU to support the large scale screening/vaccination of staff.

As at end of July 2018 the total of staff requiring verification of screening/vaccination status has been reduced to 1886 (representing a 56% reduction since 01/04/17).

Staff Influenza Vaccinations

In 2018 flu vaccine stock was increased by an additional 13.5% for ACT Health staff compared to 2017. In the first four weeks of the 2018 program 3806 staff received the flu vaccine which exceeds the total of the entire 2017 staff flu program.

There was a national shortage of Flu vaccine, 353 flu vaccines were available to the following highest risk areas

- Neonatology and Maternity Services
- Intensive Care Unit
- Oncology/ Haematology

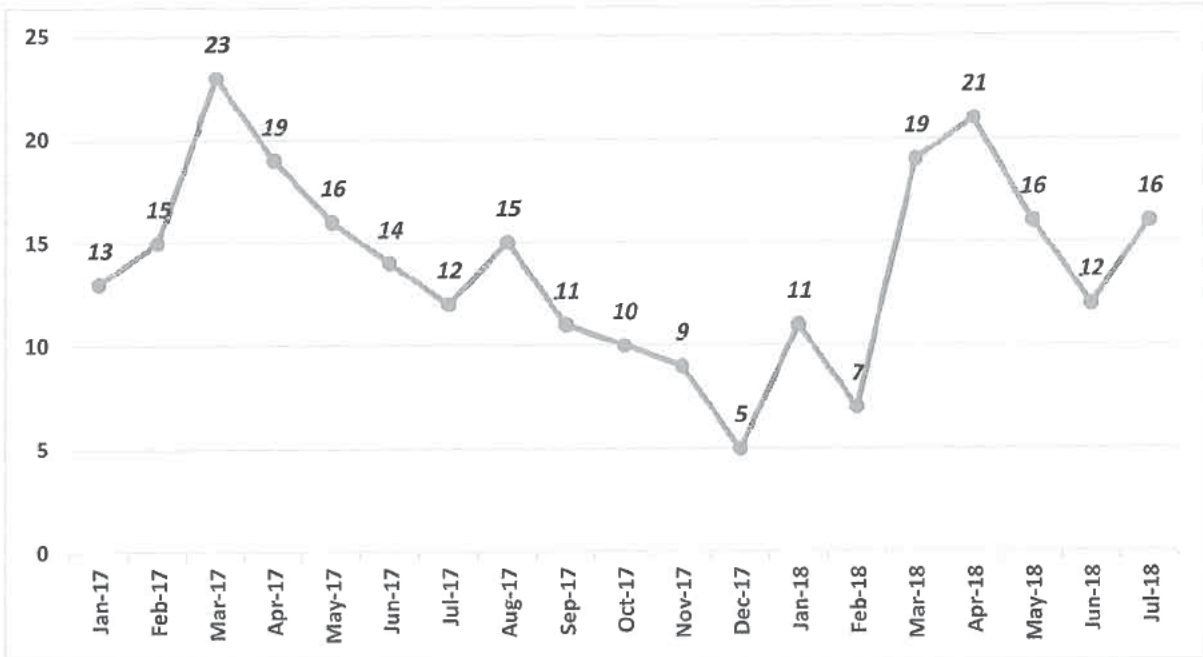
The decision to prioritise these areas was based on the Australian Influenza Specialist Group recommendations of the clinical areas where there is the greatest risk of patients not being vaccinated, having a sub-optimal vaccine response or suffering significant consequences from the flu.

In early August, additional flu vaccines became available to all staff and notification via Staff Bulletin and internal flyer. An A Frame signage was also placed outside of Building 15.

Blood and Body Fluid Exposures (BBFE)

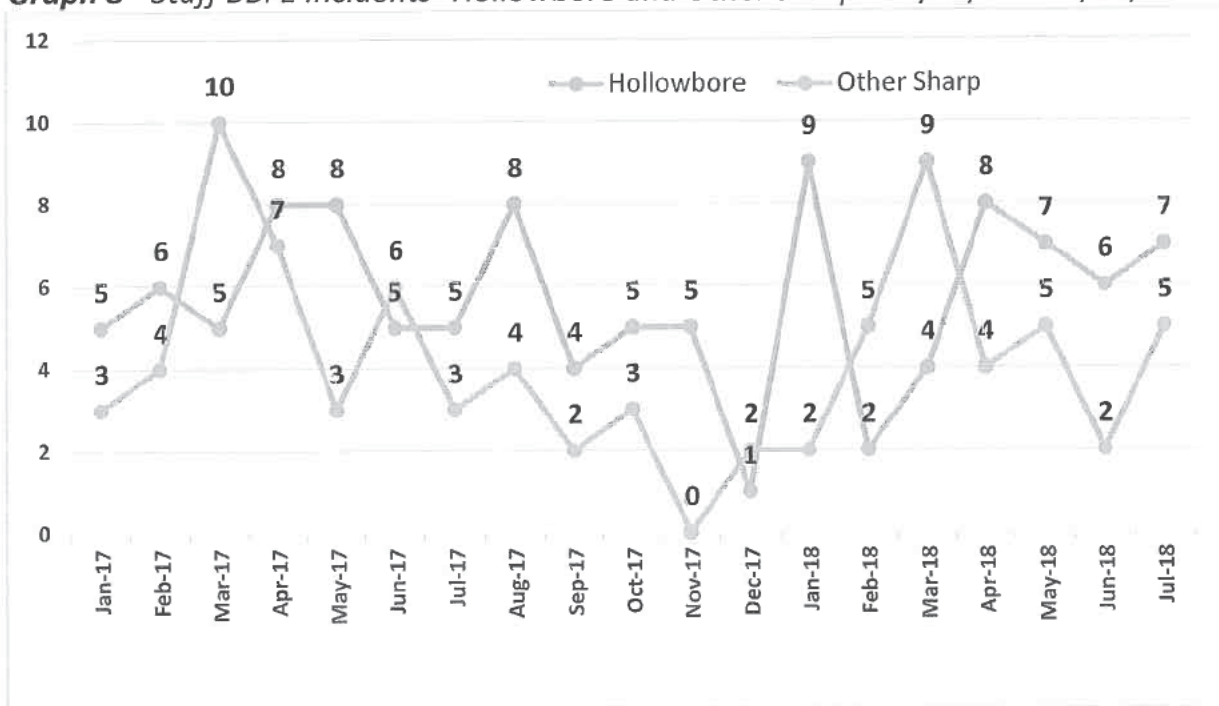
In 2018 blood and body fluid exposure has decreased 37% compared to 162 incidents in 2017.

Graph 7 - Staff Blood and Body Fluid Exposure Incidents - 01/01/17 – 31/07/18

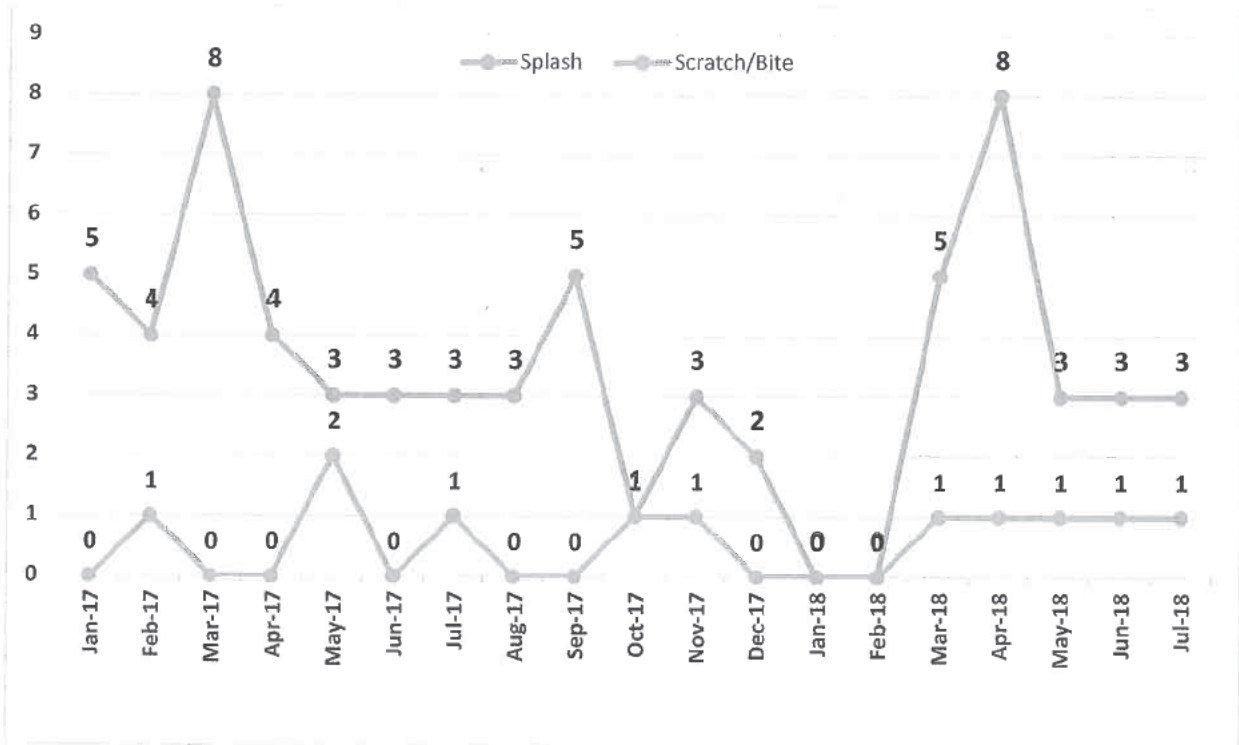


The number of monthly incidents relating to staff blood and body fluid exposure (BBFE) has decreased between March 2018 and July 2018.

Graph 8 - Staff BBFE Incidents- Hollowbore and Other Sharp - 01/01/17 - 31/07/18



Graph 9 - Staff BBFE Incidents- Splash and Bite/scratch Injury Type- 01/01/17 – 31/07/18



There is an increase of splash incidents in March and April 2018.

Note: Definitions for the categories identified above are as follows:

- Hollowbore - e.g. 19G/20G/22G/23G/25G needle, 22G cannula, 23G scalpvein, Clexane injection and Vacutte/Vacutainer
- Other sharps - e.g. forceps, suture, scalpel and wire
- Splashes - e.g. blood and body fluids, spittle, haematemesis, local anaesthetic, nasogastric and saliva
- Scratch/bite - e.g. scratch/ bite by patient

OMU reinforces the importance of always using appropriate personal protective equipment (PPE) to prevent BBFEs at staff/corporate orientation and following BBFE incidents.

4. STAFF EARLY INTERVENTION PHYSIOTHERAPY

Staff Early Intervention Physiotherapy provides both clinical review and a risk reduction/injury prevention approach for ACT Health staff. The service also supports managers in meeting their legislated responsibilities to staff via Riskman reports, referral to the Physiotherapy service, requests for workstation assessments or broader ergonomic and safety input into the workplace.

Physiotherapy Appointments for ACT Health Staff - 01/04/18 – 30/06/18

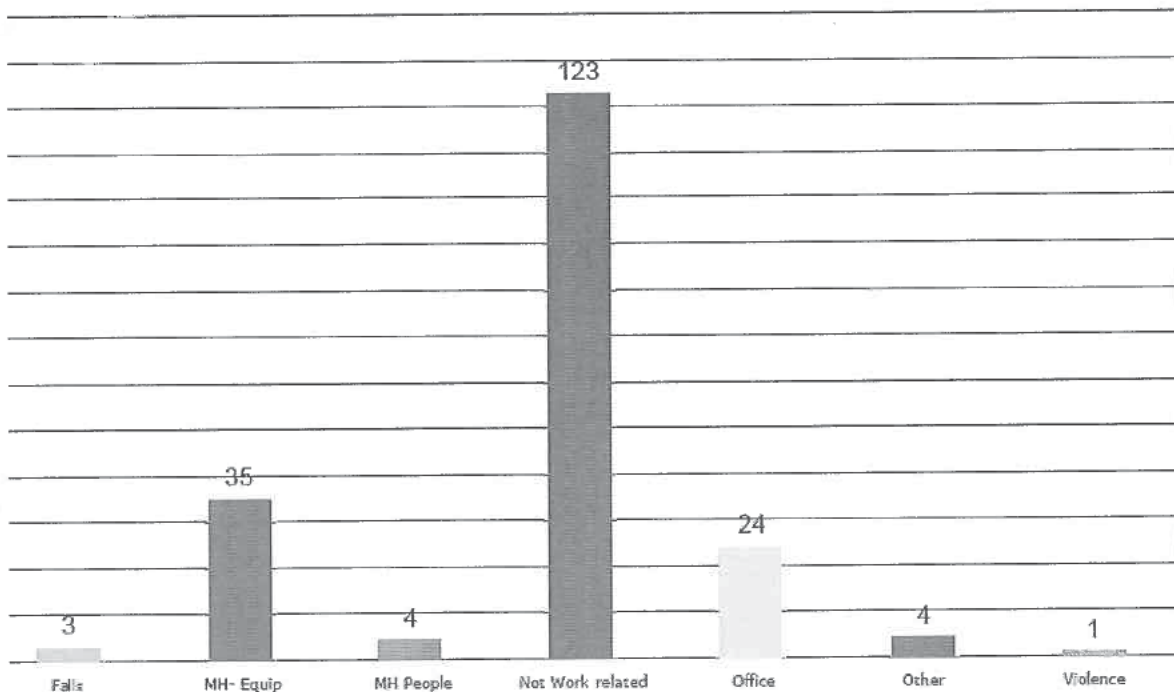
- There have been a total of 495 clinical appointments and treatments for the dates above, including 188 new referrals.
- There were 307 review clinical appointments.
- 82 new referrals involved work related injuries (44% of the total) and 3 of these referrals may proceed to a workers' compensation claim.

A breakdown of work activities completed by Early Intervention Physiotherapy for the period 01/04/18 – 30/06/18 is detailed below.

Table 5 - Staff Early Intervention Physiotherapy - Work Activities - 01/04/18 – 30/06/18

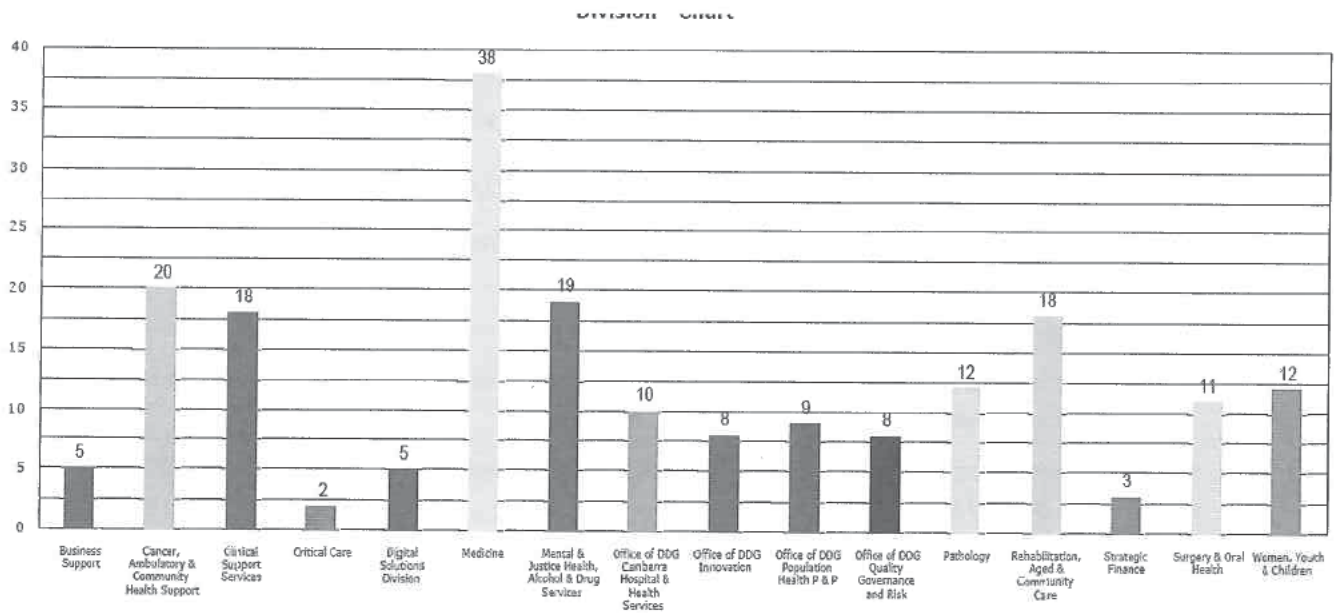
Clinical physiotherapy appointments	495
New referrals	188
Workstation assessments	156
Work areas assessed for ergonomic input	15

Graph 10 - Mechanism of work-related Injury (Physiotherapy Classification) - 01/04/18 – 30/06/18



The most common mechanism of work related injury was 'Manual handling equipment', followed by 'Office' work.

Tier 1 Work Health and Safety Committee

Graph 11 - Referrals by Division - 01/04/18 – 30/06/18

5. HEALTH INFRASTRUCTURE – Development and Construction

Workplace Safety staff attended and provided WHS input during consultative forums and meetings.

Regular Meetings

- Quarterly - HIS Construction Safety Forum
- Weekly - Disturbance or Interference with Services, Safety or Traffic (DISST) Forum for the consideration/approval for planned works in ACT Health.

Construction Sites (External contractors)

In the 2nd quarter of 2018 there were 0 lost time injuries and 0 medically treated injuries on construction sites. The current LTIFR for the HIS Projects is 0.9, this compares very favourably to the national average for the non-residential construction industry, which is 8.1. There have been no major incidents to report since last meeting.

All Health Infrastructure construction sites have regular assurance inspections undertaken to monitor safety conditions, along with Active Certification Audits every 13 weeks.

ACT Health Workplace Safety

TIER 1**WORK HEALTH and SAFETY COMMITTEE****Agenda Item 8.0****Work Health and Safety****1 January 2017- 30 April 2018 Report**

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5. HEALTH INFRASTRUCTURE (Development & Construction)	Error! Bookmark not defined.

INTRODUCTION

This report provides key Work Health Safety (WHS) information to the Tier 1 - WHS Committee including:

- WHS incidents notified to WorkSafe (the Regulator) as required by legislation
- Improvement Notices and Prohibition Notices Issued by WorkSafe ACT
- Provisional Improvement Notices Issued by health and safety representatives (ACT Health staff)
- WHS statistics and trends
- Activities and updates in relation to the Occupational Medicine Unit, Staff Early Intervention Physiotherapy and Health Infrastructure Services (e.g. development and construction activities)

The purpose of this report is to:

- Bring to the attention of the committee matters reportable under the *Work Health and Safety Act 2011*.
- Identify WHS trends, patterns and hotspots and strategies to address WHS risks

All information relates to the period of 01/01/17 to 30/04/18 unless otherwise stated.

1. WHS NOTIFIABLE INCIDENTS AND NOTICES

Notifiable Incidents Reported to WorkSafe (i.e. incidents requiring notification to the Regulator)

Between 01/01/18 - 30/04/18 two notifiable incidents were reported to WorkSafe ACT as detailed in the table below (In 2017 a total of 18 notifiable incidents were reported).

Table 1 - Analysis of WorkSafe ACT Notifiable Incident Reports from 01/01/18 - 30/04/18

Notification date	Employee Division	Employee work area	Incident Outline
10 Jan 2018	Business Support	Logistic Support	Staff member potentially in contact with asbestos. The material was later confirmed as not containing asbestos.
29 Jan 2018	Surgery and Oral Health	Surgical In-Patient	Staff member suffered stroke while attending to an aggressive patient.

Improvement and Prohibition Notices Issued by WorkSafe

In the period of 01/01/18 to 30/04/18 no Improvement notices were issued by WorkSafe on ACT Health.

Provisional Improvement Notices issued by Health Safety Representatives

In the period of 01/01/18 to 30/04/18 no Provisional Improvement Notices (PINS) were issued by Health Safety Representatives on ACT Health sites.

2. WHS INCIDENT STATISTICS AND TRENDS

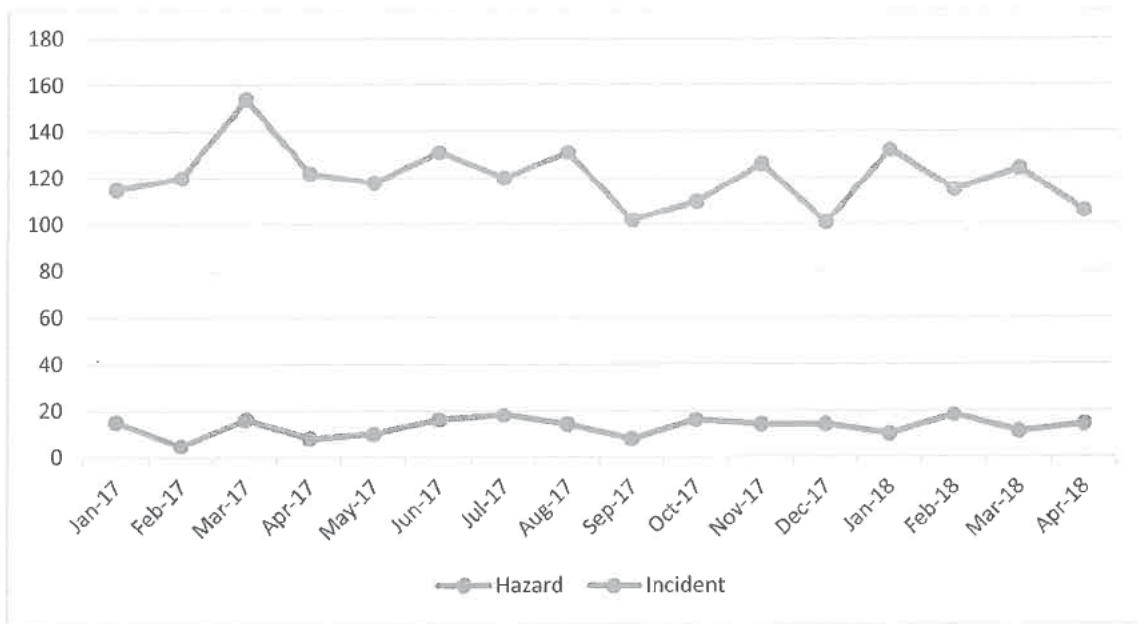
The statistics below relate to staff incident reports and hazard reports for the period 01/01/17 - 30/04/18.

- **Staff Incident Reports** - relate to events that involve a WHS incident or injury.
- **Hazard reports** - relate to a reported hazard (e.g. a trip hazard) that may result in an incident or injury if not addressed (i.e. an incident has not occurred).

Table 2 - Staff Incident Reports & Hazard Reports - 01/01/17-30/04/18

	2017	2018 YTD
Staff Incident Reports	1450	477
Hazard Reports	154	53

Graph 1 – Staff Incident Reports & Hazard Reports – 01/01/17 – 30/04/2018



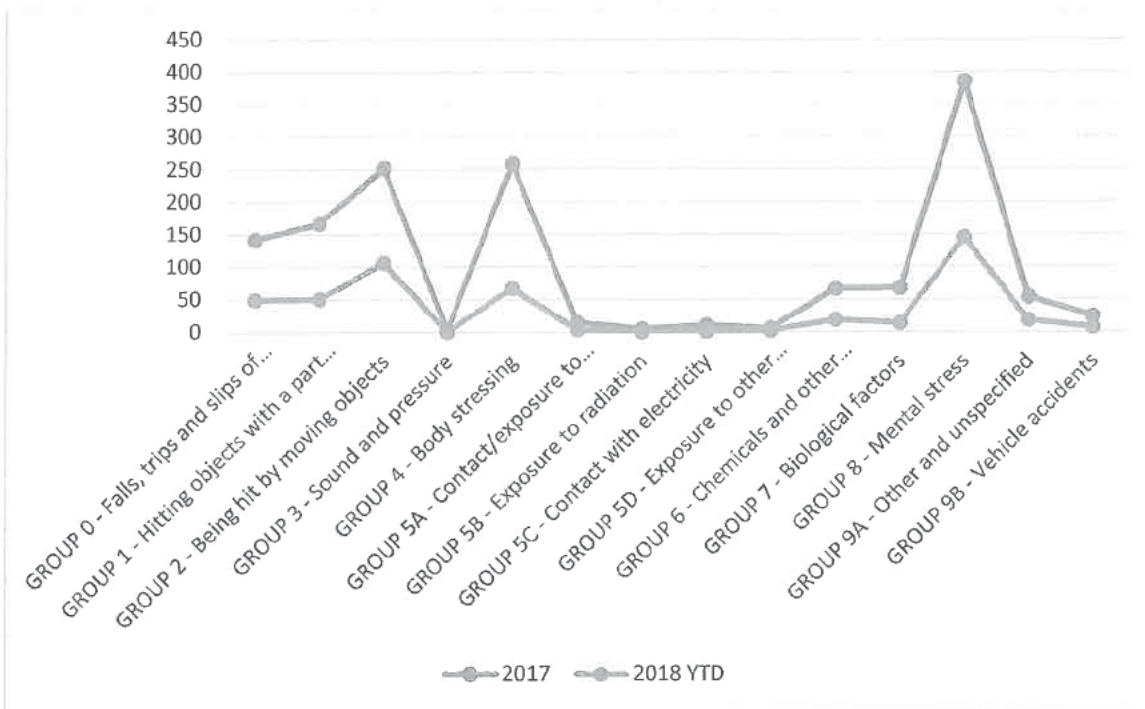
Incidents in 2018 are tracking slightly lower than 2017. The monthly average for 2017 was 121 incidents per month.

Tier 1 Work Health and Safety Committee

Table 3 - Staff Incidents - Breakdown by Category and Division - 01/01/2017 - 30/04/2018

Division	Group 0 Falls, trips and slips of person	Group 1 Hitting objects with a part of the body	Group 2 Being hit by moving objects	Group 3 Sound and pressure	Group 4 Body Stressing	Group 5A,B,C and D*	Group 6 Chemicals and other substances	Group 7 Biological Factors	Group 8 Mental Stress	Group 9A Other and unspecified	Group 9B Vehicle accidents	Total
ANU School of Clinical Medicine	0	0	0	0	0	0	0	0	0	0	0	0
Business Performance Information & Decision Support	2	1	0	0	2	4	0	0	0	1	0	10
Business Support	13	16	19	0	20	2	2	1	16	7	1	97
Cancer, Ambulatory & Community Health Support	14	10	8	0	16	0	4	1	12	2	2	69
Chief Medical Administrator Office	0	0	0	0	0	0	0	0	0	0	0	0
Chief Nurse	0	0	0	0	0	0	0	0	0	0	0	0
Chief of Clinical Operations	6	1	4	0	5	0	0	2	3	2	0	23
Clinical Support Services	12	11	26	0	32	3	9	5	27	3	2	130
Critical Care	13	22	35	0	19	0	5	20	40	1	0	155
Digital Solutions Division	4	2	0	0	2	0	0	0	0	0	0	8
Health Infrastructure Services	4	5	3	0	7	1	3	0	0	8	0	31
Medicine	23	26	33	0	56	6	15	12	102	4	2	279
Mental & Justice Health, Alcohol & Drug Services	19	10	100	0	22	0	2	6	151	11	9	330
Office of DDG Canberra Hospital & Health Services	4	6	6	0	7	2	0	3	8	1	0	37
Office of DDG Corporate	3	0	0	0	0	0	0	0	0	0	0	3
Office of DDG Innovation	1	1	3	0	1	1	3	2	2	3	0	17
Office of DDG Population Health P & P	3	1	2	2	1	5	10	0	7	5	4	40
Office of DDG Quality Governance and Risk	9	2	0	0	7	3	3	0	3	1	1	29
Office of Director General	2	0	0	0	0	0	0	0	0	0	0	2
Pathology	8	7	3	0	9	2	4	3	3	2	1	42
Policy and Stakeholder Relations	1	0	1	1	1	2	1	0	1	4	0	12
Rehabilitation, Aged & Community Care	16	18	66	0	32	4	3	7	52	2	3	203
Strategic Finance	1	1	0	0	0	0	0	0	3	0	0	5
Surgery & Oral Health	17	59	32	0	61	2	15	14	56	7	1	264
Women, Youth & Children	16	17	17	0	26	2	5	4	44	6	4	141
Grand Total	191	216	358	3	326	39	84	80	530	70	30	1927

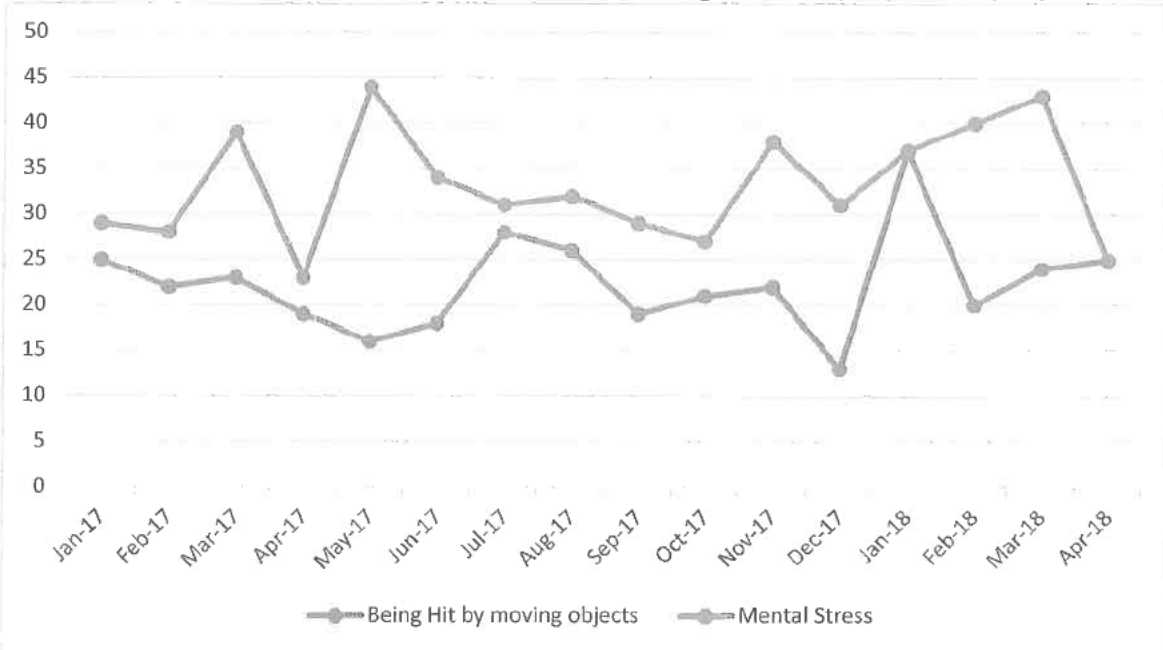
*Source: Riskman Database. Note: Hazard incident reports are not included in this table

Graph 2 - Staff Incidents - Breakdown by Category - 01/01/17 - 30/04/18

The highest numbers of staff incidents reported for the period 01/01/2017 - 30/04/2018 were for the categories 'Mental Stress' and 'Hit by Moving Object' (see definitions below). The top five reported categories were as follows.

- Mental stress - exposure to traumatic events/occupational violence/work pressures
- Hit by moving objects - hit by moving objects/persons accidentally and assaulted by persons
- Body stressing - manual handling, repetitive tasks, ergonomic related incidents
- Hitting objects - hitting stationary objects (includes needle stick incidents)
- Falls, trips and slips - falls on same level, falls from height and stepping kneeling and sitting on objects.

Graph 3 - Staff Incidents - Two Most Common Categories - 01/01/17 - 30/04/18



'Being hit by moving Objects' increased to 37 reported incidents in January 2018 compared to an average of 21 incidents of the same category per month in 2017.

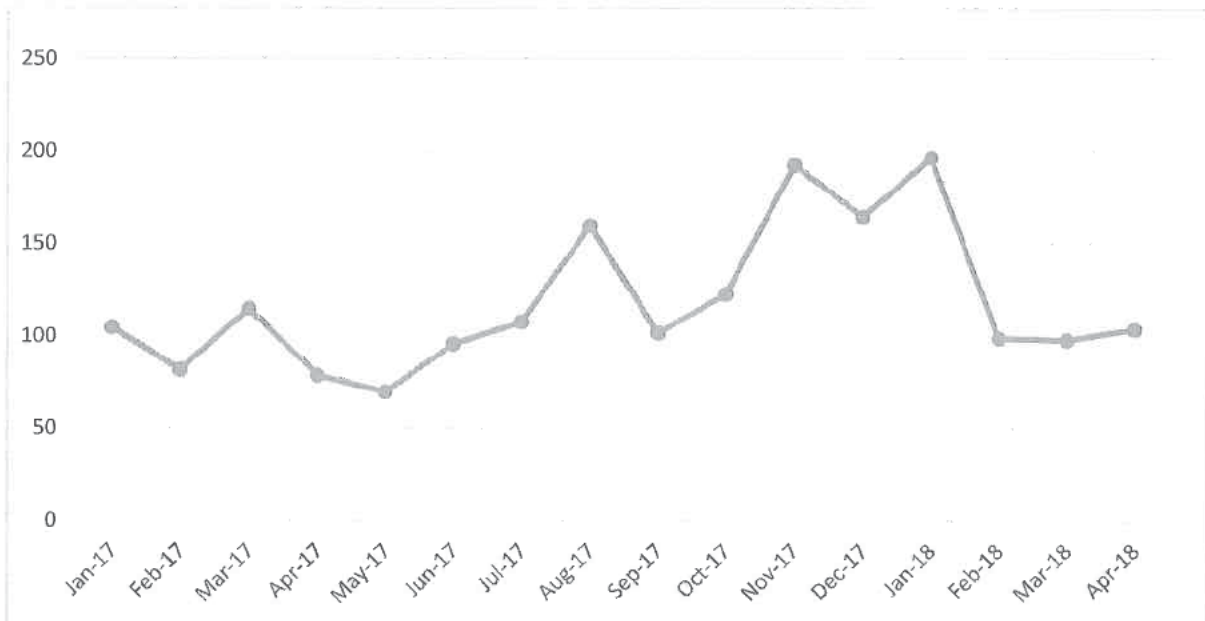
'Mental Stress' increased in March 2018 with 43 reported incidents for that month.

Table 4 - Total Occupational Violence Incidents Reported* - 01/01/17 – 30/04/18

	2017	2018 YTD
Total Occupational Violence Incidents	1398	498
Average per Month	117	125

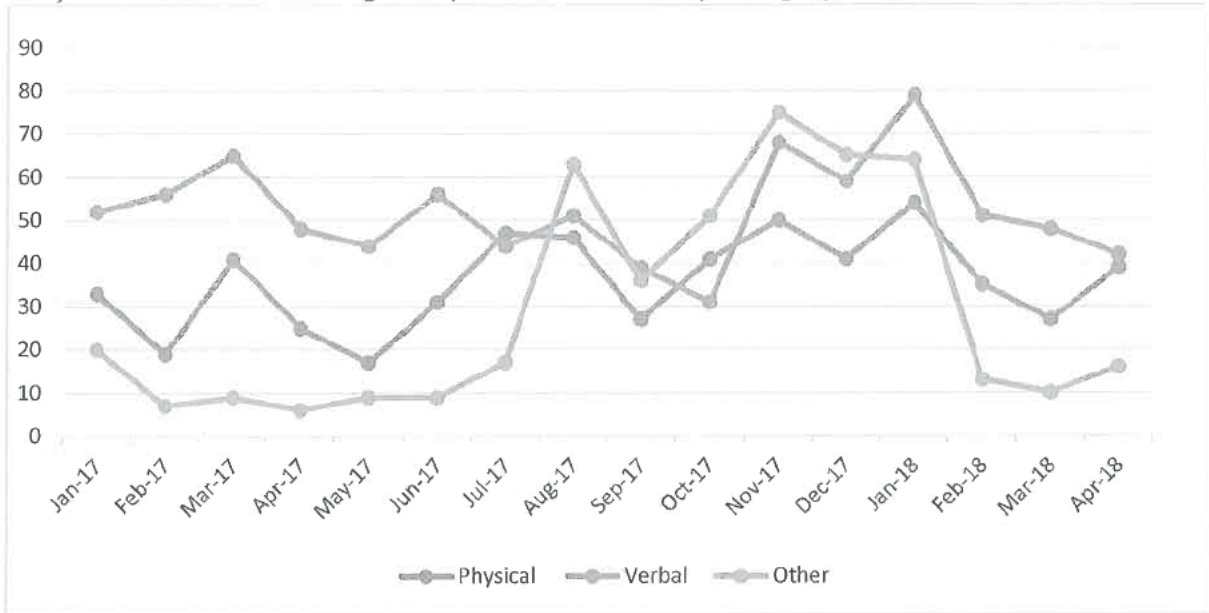
*Note - This data includes **both staff incidents and clinical incidents** reported as occupational violence.

Graph 4 - Total Occupational Violence Incidents Reported - 01/01/17 – 30/04/2018



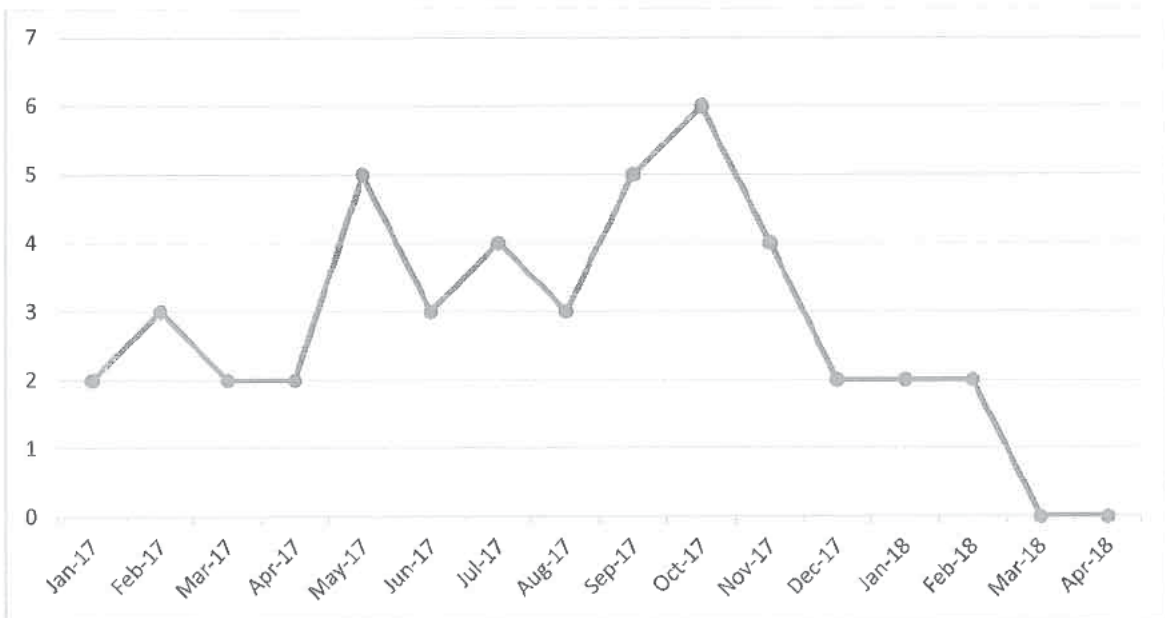
Reported incidents of Occupational Violence have decreased from February 2018, through to April 2018 after a significant increase in January 2018 with 197 incidents reported for that month.

Graph 5 - Incidents Involving Occupational Violence by Category - 01/01/17 – 30/04/2018



*Note – ‘Other’ Occupational Violence refers to incidents other than verbal/physical (e.g. Property damage, Patient on Patient Assaults, Self-harm incidents).

Graph 6 - The Number of Workers who are fit to Return to Work but have no Duties Identified 01/01/2017 – 30/04/2018



There has been a reduction in the number of work ready staff not placed into positions from six in October 2017 to zero in April 2018. The Workplace Health Advisory Unit continues to canvass across ACT Health Directorate for suitable duties.

An inability to find suitable duties within medical restrictions continues to be one of the major challenges for line managers in ACT Health. Executive Director, People and Culture has been addressing directly with Deputy Director Generals, the need for the early identification of suitable, alternate duties or roles to facilitate the timely return to work of injured or ill ACT Health employees.

Increasingly, Managers are finding themselves under budgetary pressures as they have to find suitable duties, for returning injured staff to non-substantive positions while at the same time backfilling the role to ensure the work is done.

People and Culture have also been emphasising the importance of early intervention, by which line managers rapidly and appropriately respond once there is knowledge of any work-related or non-work-related problem or circumstance that may impact upon an employee's physical or psychological wellbeing and ability to remain at work, irrespective of whether a claim for workers' compensation has been or will be made.

People and Culture has also liaised with CMTEDD to ensure that injured or ill employees have the correct classification in regards to their medical capacity for work and the availability of suitable, alternate duties.

3. OCCUPATIONAL MEDICINE UNIT

Staff Screening/Vaccination

Staff screening/vaccination involves screening for measles, mumps, rubella, chicken pox, Hepatitis B and baseline screening for blood borne viruses. Screening/vaccination is the most effective method to prevent the transmission of vaccine preventable diseases and thereby improve both patient safety and staff safety.

In April 2017 it was identified that a total of 4270 existing staff have not had their screening/vaccination status verified by the Occupational Medicine Unit (OMU). The following actions have been taken to support the verification of the screening/vaccination status of these staff:

- The issue has been communicated to the CHHS Executive to emphasize the importance of staff screening/vaccination in terms of patient and staff safety, and to gain their support in ensuring that the identified staff participate in staff screening/vaccination.
- Two additional nurses have been employed at the OMU to support the large scale screening/vaccination of staff.

As at May 2018 the total of staff requiring verification of screening/vaccination status has been reduced to 2145 (representing a 50% reduction since 01/04/17).

Staff Influenza Vaccinations

In 2018 flu vaccine stock was increased by an additional 15% for ACT Health staff compared to 2017. In the first four weeks of the 2018 program 3806 staff received the flu vaccine which exceeds the total of the entire 2017 staff flu program.

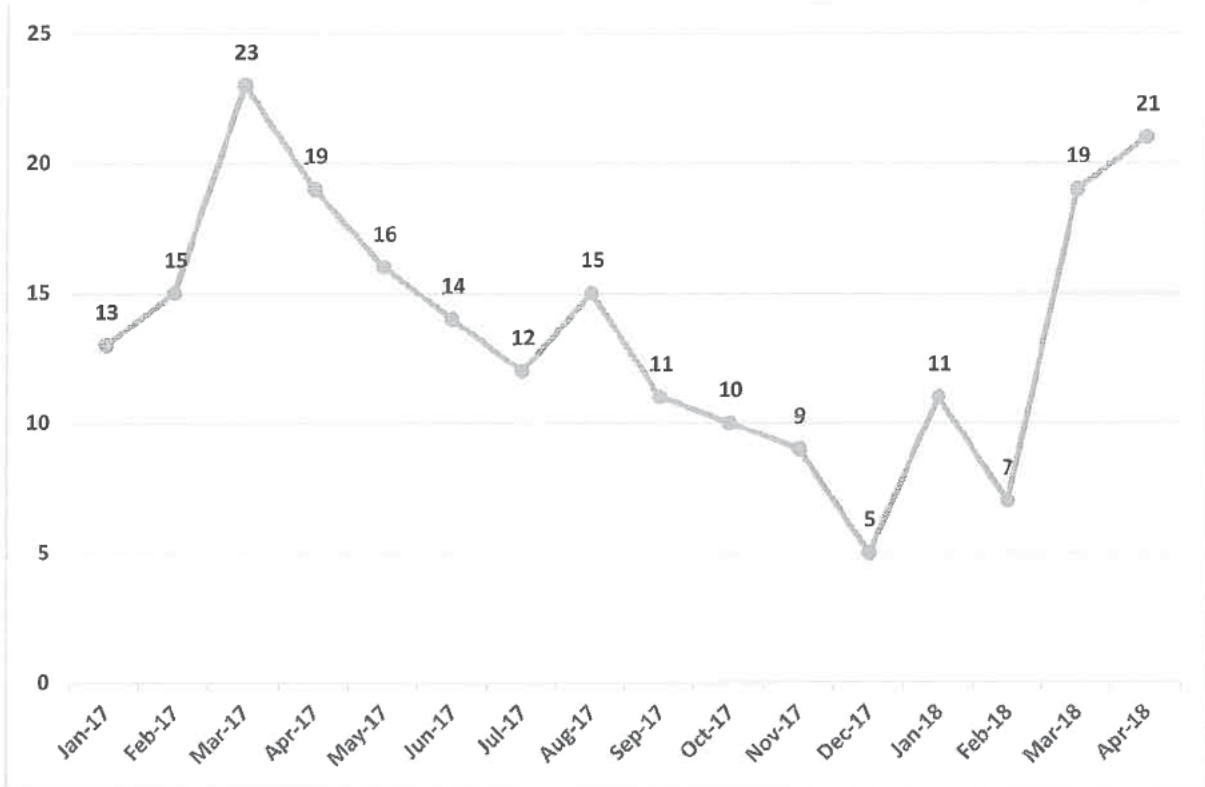
353 flu vaccines remain in stock and will be distributed to the following highest risk areas

- Neonatology and Maternity Services
- Intensive Care Unit
- Oncology/ Haematology

The decision to prioritise these areas was based on the Australian Influenza Specialist Group recommendations of the clinical areas where there is the greatest risk of patients not being vaccinated, having a sub-optimal vaccine response or suffering significant consequences from the flu.

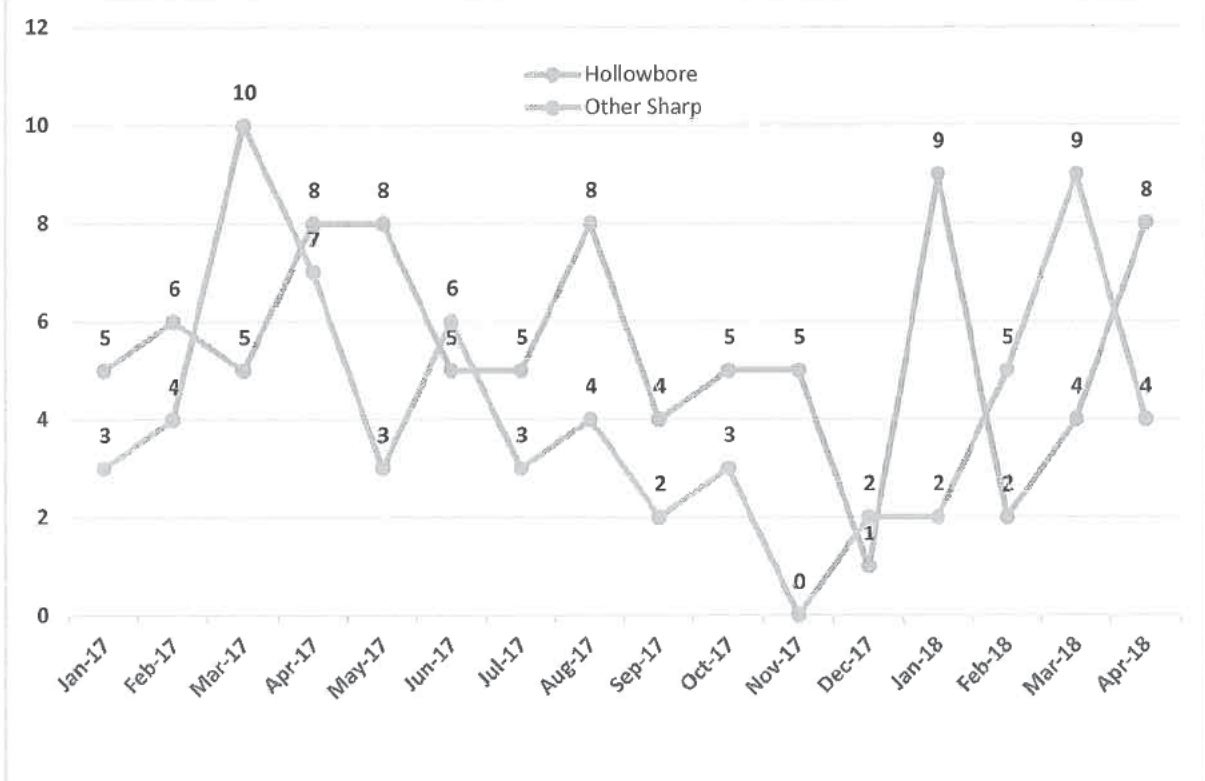
Should additional flu vaccine stock become available (potentially in July), further provision of the vaccine to the next highest priority work areas will occur.

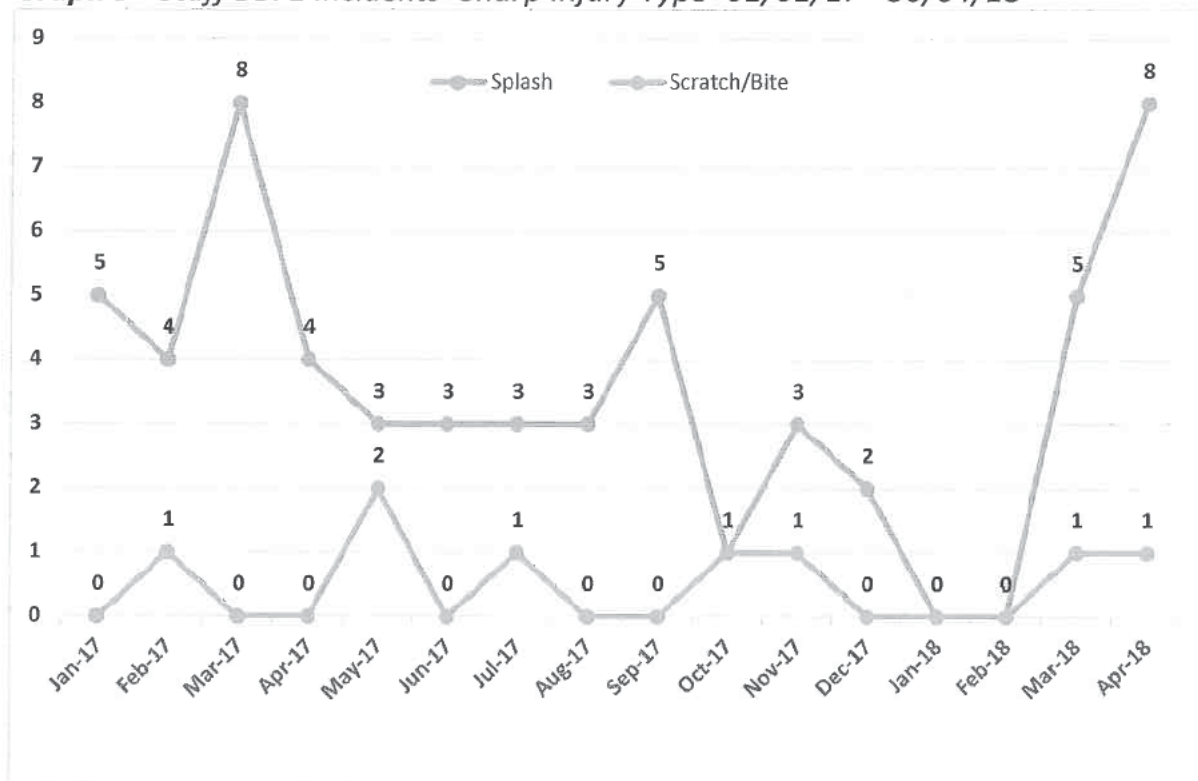
Graph 7 - Staff Blood and Body Fluid Exposure (BBFE) Incidents - 01/01/17 - 30/04/18



The number of monthly incidents relating to staff blood and body fluid exposure (BBFE) has increased between February 2018 and April 2018.

Graph 8 - Staff BBFE Incidents- Hollowbore and Other Sharp - 01/01/17 - 30/04/18



Graph 9 - Staff BBFE Incidents- Sharp Injury Type- 01/01/17 - 30/04/18

There is an increase of splash incidents in March and April 2018.

Note: Definitions for the categories identified above are as follows:

- Hollowbore - e.g. 22G/23G/25G/27G needle, 20 G cannula, 21G/23G/25G scalp vein, and Clexane injection
- Other sharps - e.g. dental scissors, dental burr, suture, scalpel and wire
- Splashes - e.g. blood and body fluids, spittle, haematemesis, local anaesthetic, nasogastric and saliva
- Scratch/bite - e.g. scratch/ bite by patient

OMU reinforces the importance of always using appropriate personal protective equipment (PPE) to prevent BBFEs at staff/corporate orientation and following BBFE incidents.

4. STAFF EARLY INTERVENTION PHYSIOTHERAPY

Staff Early Intervention Physiotherapy provides both clinical review and a risk reduction/injury prevention approach for ACT Health staff. The service also supports managers in meeting their legislated responsibilities to staff via Riskman reports, referral to the Physiotherapy service, requests for workstation assessments or broader ergonomic and safety input into the workplace.

Physiotherapy Appointments for ACT Health Staff - 01/01/17 – 30/04/18

- There have been a total of 2719 clinical appointments and treatments for the dates above, including 1009 new referrals.
- There were 1710 review clinical appointments.
- 498 new referrals involved work related injuries (49% of the total) and 30 of these

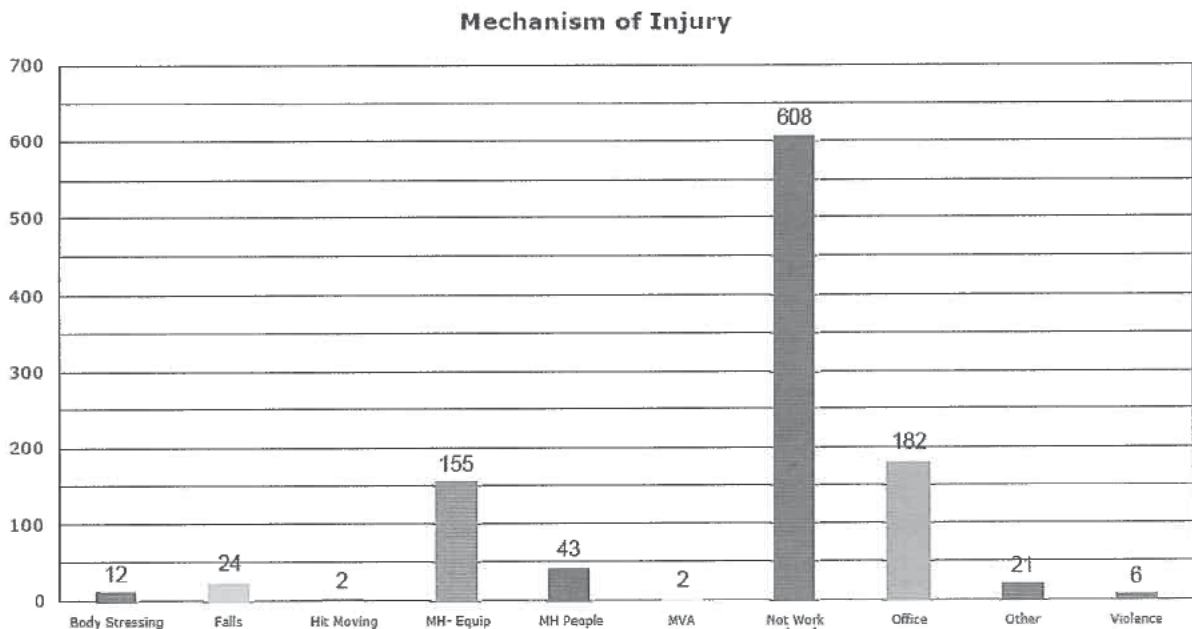
referrals may proceed to a workers' compensation claim.

A breakdown of work activities completed by Early Intervention Physiotherapy for the period 01/01/17 – 30/04/18 is detailed below.

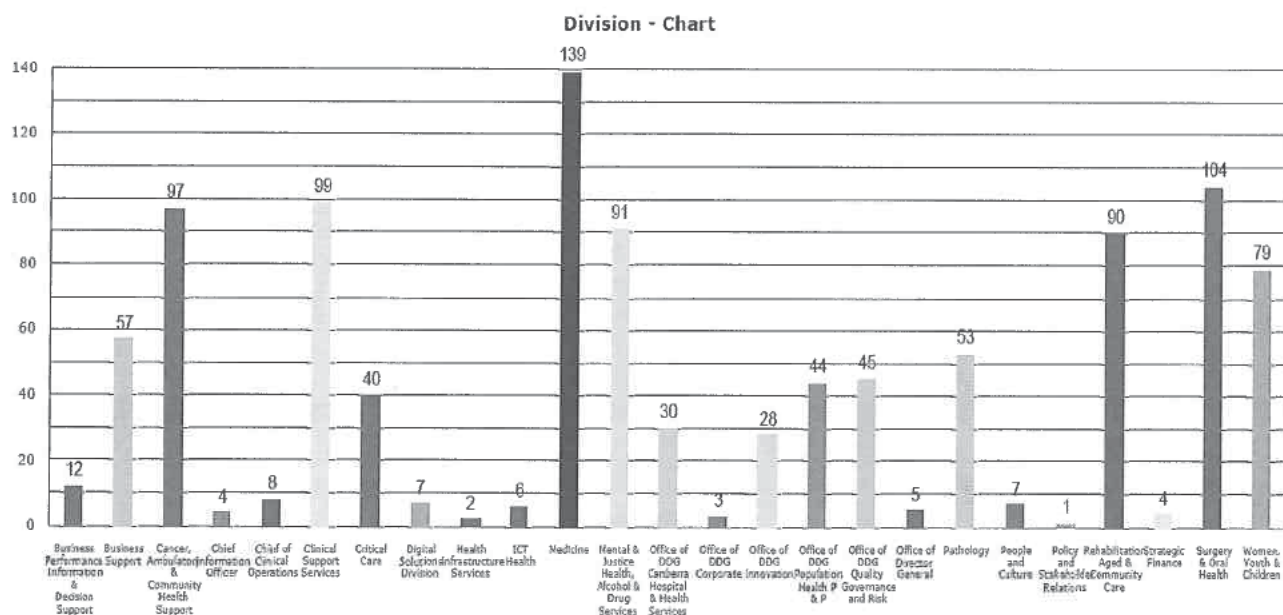
Table 5 - Staff Early Intervention Physiotherapy - Work Activities - 01/01/17 – 30/04/18

	YTD
Clinical physiotherapy appointments	2719
New referrals	1009
Workstation assessments	693
Work areas assessed for ergonomic input	56

Graph 10 - Mechanism of work-related Injury (Physiotherapy Classification) - 01/01/17 – 30/04/18



The most common mechanism of work related injury was 'Office' work, followed by 'Manual Handling Equipment'.

Graph 11 - Referrals by Division - 01/01/17 – 30/04/18

An Early Intervention Physiotherapy Case Study

A 30+yr old male staff member reported a right shoulder area ongoing discomfort for greater than 5 years. Aggravating actions included side lying, lifting the arm above shoulder height and lift and carry greater than 3kg.

The assessment suggested a hypothesis of a rib dysfunction causing the shoulder symptoms. The rib was treated and exercises were provided.

The follow-up appointment was cancelled as the shoulder was symptom free. Please note: This was an interesting and relatively rare presentation.

5. HEALTH INFRASTRUCTURE (Development & Construction)

Workplace Safety staff attended and provided WHS input during the following consultative forums and meetings.

Projects

- University of Canberra Public Hospital
- Upgrade and Maintain ACT Health Assets (UMAHA)
- Better Infrastructure Fund Projects
- Legacy Health Infrastructure Program Projects

Regular Meetings

- Quarterly - HIS Construction Safety Forum
- Weekly - Disturbance or Interference with Services, Safety or Traffic (DISST) Forum for the consideration/approval for planned works in ACT Health.

Construction Sites (External contractors)

In the 1st quarter of 2018 there were 0 lost time injuries and 1 medically treated injuries on construction sites. The current LTIFR for the HIS Projects is 0.9, this compares very favourably to the national average for the non-residential construction industry, which is 11.7. There have been no major incidents to report since last meeting.

All Health Infrastructure construction sites have regular assurance inspections undertaken to monitor safety conditions, along with Active Certification Audits every 13 weeks.

ACT Health Workplace Safety

TIER 1**WORK HEALTH and SAFETY COMMITTEE****Agenda Item 8.0****Work Health and Safety
1 January 2017- 31 January 2018 Report**

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1. WHS NOTIFIABLE INCIDENTS AND NOTICES

Notifiable Incidents Reported to WorkSafe (i.e. incidents requiring notification to the Regulator)

Between 01/01/18 - 31/01/18 one notifiable incident was reported to WorkSafe ACT as detailed in the table below (In 2017 a total of 18 notifiable incidents were reported).

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Notification date	Employee Division	Employee work area	Incident Outline
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In the period of 01/01/18 to 31/01/18 no Improvement notices were issued by WorkSafe on ACT Health.

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2. WHS INCIDENT STATISTICS AND TRENDS

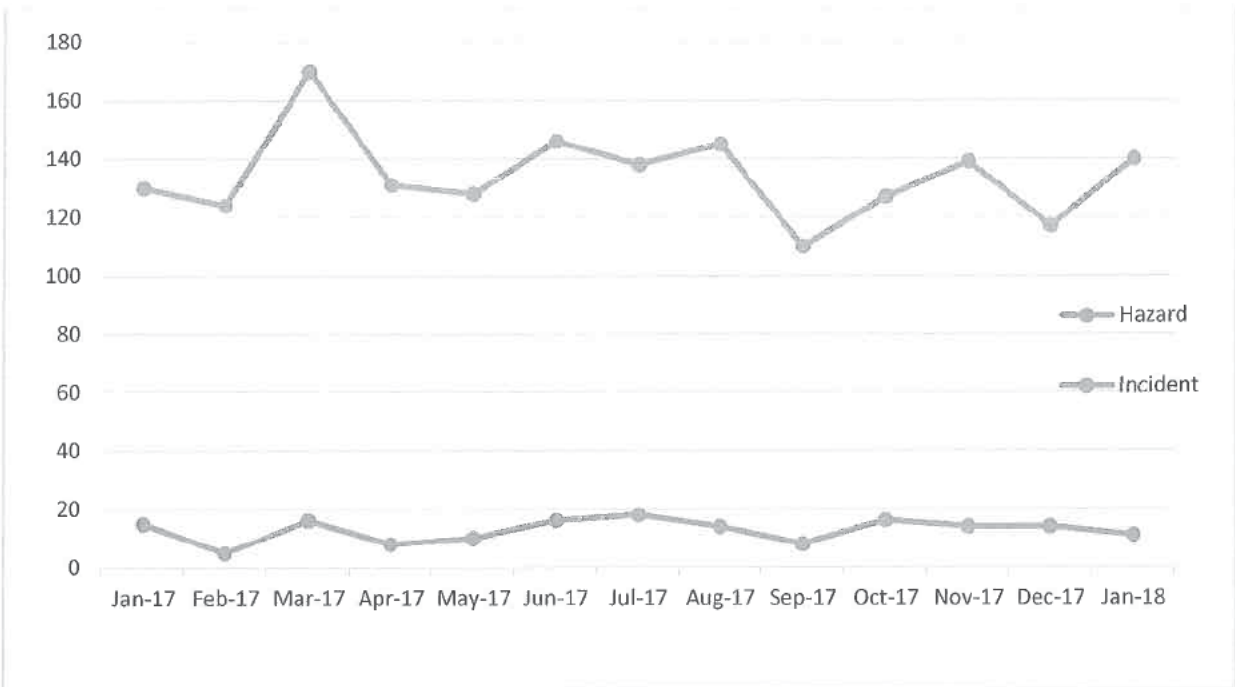
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Table 2 - Staff Incident Reports & Hazard Reports - 01/01/17-31/01/18

	2017	2018 YTD
Staff Incident Reports	1451	129
Hazard Reports	154	11

Graph 1 – Staff Incident Reports & Hazard Reports – 01/01/17 – 31/01/2018



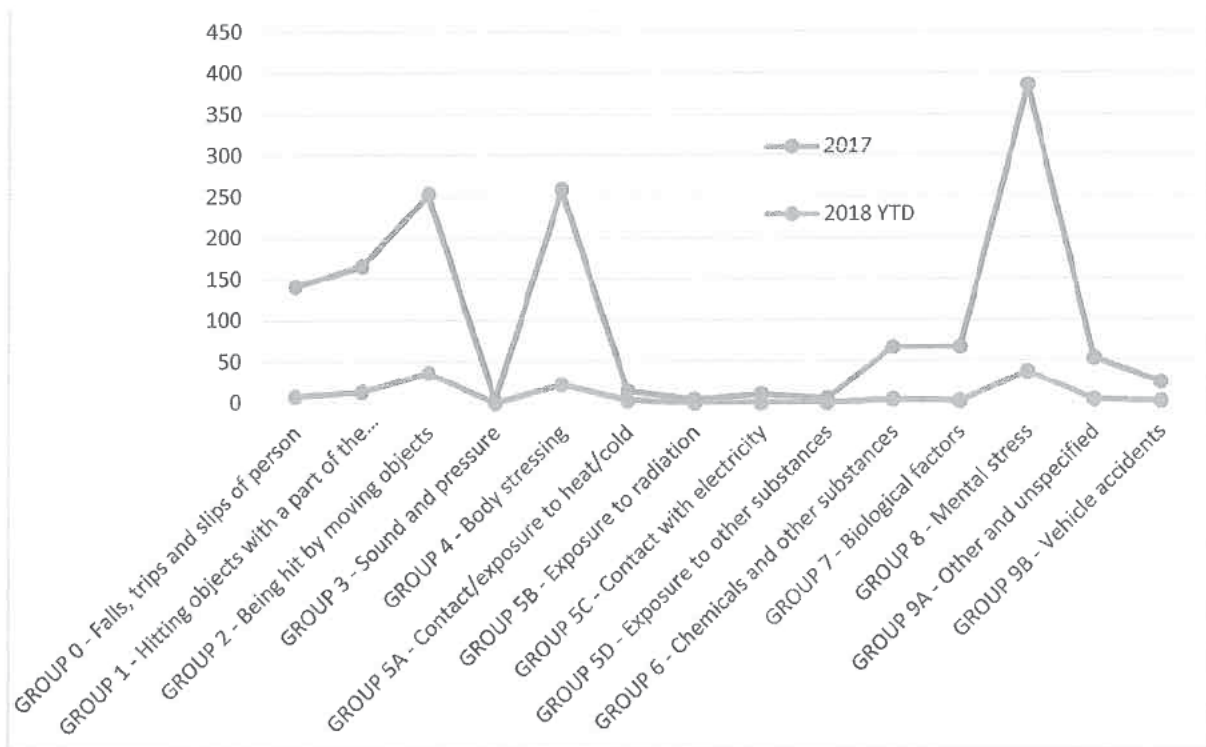
The number of incidents was 129 for the month of January 2018. The monthly average for 2017 was 121 incidents per month.

Tier 1 Work Health and Safety Committee

Table 3 - Staff Incidents - Breakdown by Category and Division - 01/01/2017 - 31/01/2018

Division	Group 0 Falls, trips and slips of person	Group 1 Hitting objects with a part of the body	Group 2 Being hit by moving objects	Group 3 Sound and pressure	Group 4 Body Stressing	Group 5A,B,C and D*	Group 6 Chemicals and other substances	Group 7 Biological Factors	Group 8 Mental Stress	Group 9A Other and unspecified	Group 9B Vehicle accidents	Total
ANU School of Clinical Medicine	0	0	0	0	0	0	0	0	0	0	0	0
Business Performance Information & Decision Support	2	0	0	0	1	4	0	0	0	1	0	8
Business Support	11	14	13	0	17	2	2	1	12	4	1	77
Cancer, Ambulatory & Community Health Support	11	8	5	0	15	0	3	1	9	0	2	54
Chief Medical Administrator Office	0	0	0	0	0	0	0	0	0	0	0	0
Chief Nurse	0	0	0	0	0	0	0	0	0	0	0	0
Chief of Clinical Operations	6	1	4	0	5	0	0	2	3	2	0	23
Clinical Support Services	9	9	21	0	29	2	8	5	20	2	2	107
Critical Care	11	20	25	0	19	0	5	17	37	1	0	135
Digital Solutions Division	1	2	0	0	2	0	0	0	0	0	0	5
Health Infrastructure Services	3	4	3	0	7	1	2	0	0	8	0	28
Medicine	16	20	28	0	47	5	12	11	86	4	1	230
Mental & Justice Health, Alcohol & Drug Services	14	9	84	0	19	0	2	5	116	9	6	264
Office of DDG Canberra Hospital & Health Services	3	5	4	0	6	2	0	3	6	0	0	29
Office of DDG Corporate	2	0	0	0	0	0	0	0	1	0	0	3
Office of DDG Innovation	0	1	2	0	1	0	1	2	2	2	0	11
Office of DDG Population Health P & P	2	1	1	2	0	5	10	0	6	3	4	34
Office of DDG Quality Governance and Risk	6	2	0	0	5	3	2	0	3	1	1	23
Office of Director General	1	0	0	0	0	0	0	0	0	0	0	1
Pathology	7	7	3	0	8	2	3	2	3	1	1	37
Policy and Stakeholder Relations	0	0	1	1	1	2	1	0	0	4	0	10
Rehabilitation, Aged & Community Care	13	15	54	0	24	4	3	6	45	2	2	168
Strategic Finance	1	1	0	0	0	0	0	0	0	0	0	2
Surgery & Oral Health	15	45	28	0	51	2	13	10	40	6	1	211
Women, Youth & Children	15	15	13	0	24	2	4	4	33	6	4	120
Grand Total	149	179	289	3	281	36	71	69	422	56	25	1580

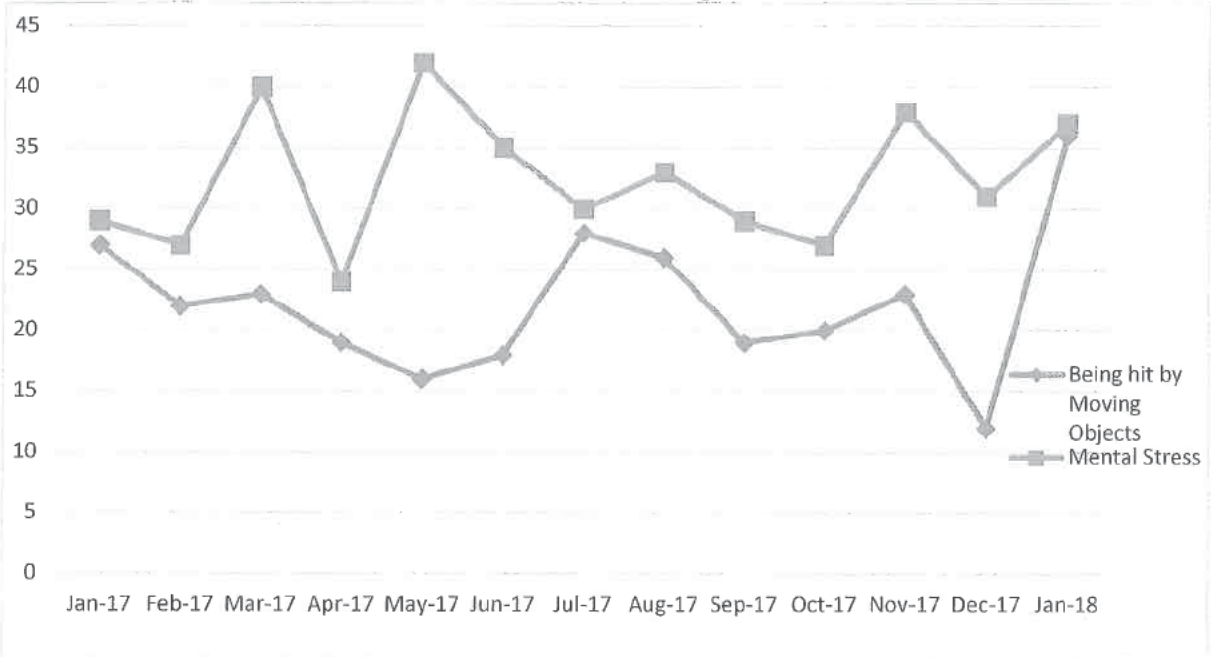
*Source: Riskman Database. Note: Hazard incident reports are not included in this table

Graph 2 - Staff Incidents - Breakdown by Category - 01/01/17 - 31/01/18

The highest numbers of staff incidents reported for the period 01/01/2017 - 31/01/2018 were for the categories 'Mental Stress' and 'Hit by Moving Object' (see definitions below). The top five reported categories were as follows.

- Mental stress - exposure to traumatic events/occupational violence/work pressures
- Hit by moving objects - hit by moving objects/persons accidentally and assaulted by persons
- Body stressing - manual handling, repetitive tasks, ergonomic related incidents
- Hitting objects - hitting stationary objects (includes needle stick incidents)
- Falls, trips and slips - falls on same level, falls from height and stepping kneeling and sitting on objects.

Graph 3 - Staff Incidents - Two Most Common Categories - 01/01/17 - 31/10/18



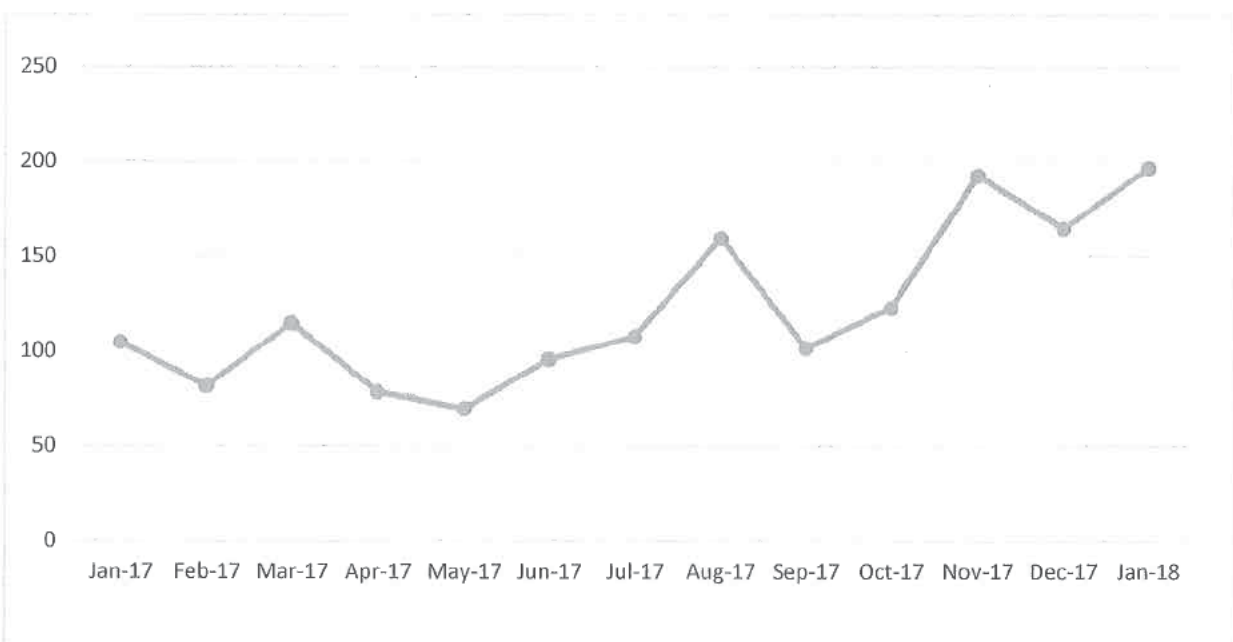
January 2018 had 36 'Being hit by moving Objects' incidents reported compared to an average of 21 incidents of the same category per month in 2017.

Table 4 - Total Occupational Violence Incidents Reported* - 01/01/17 – 31/01/18

	2017	2018 YTD
Total Occupational Violence Incidents	1398	197
Average per Month	117	197

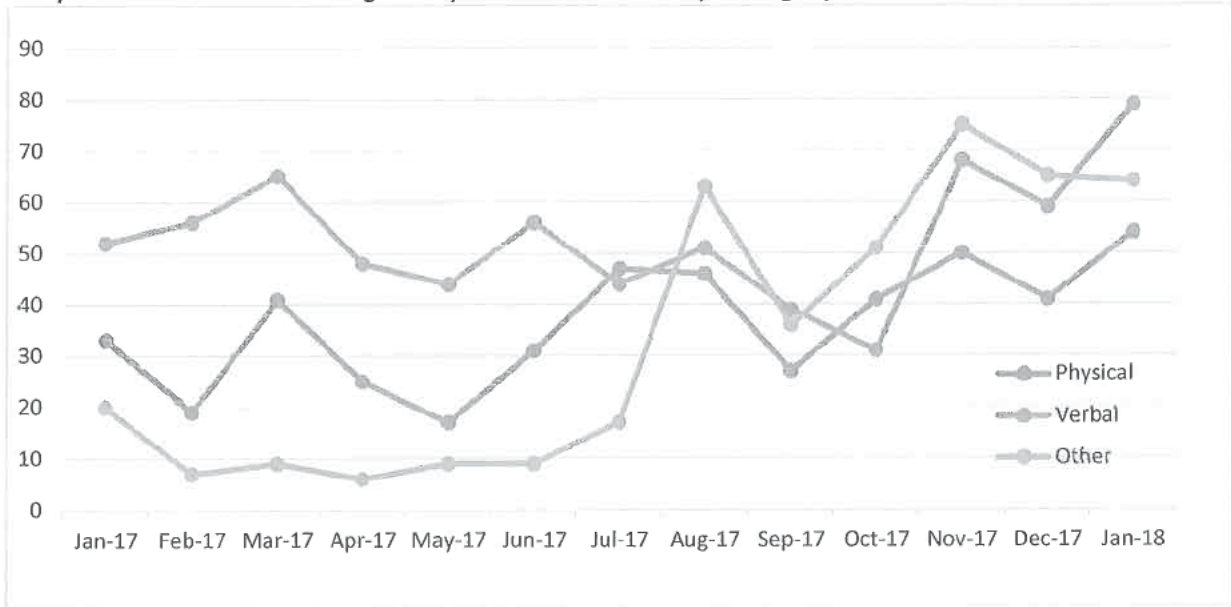
*Note - This data includes **both staff incidents and clinical incidents** reported as occupational violence.

Graph 4 - Total Occupational Violence Incidents Reported * 01/01/17 – 31/01/2018



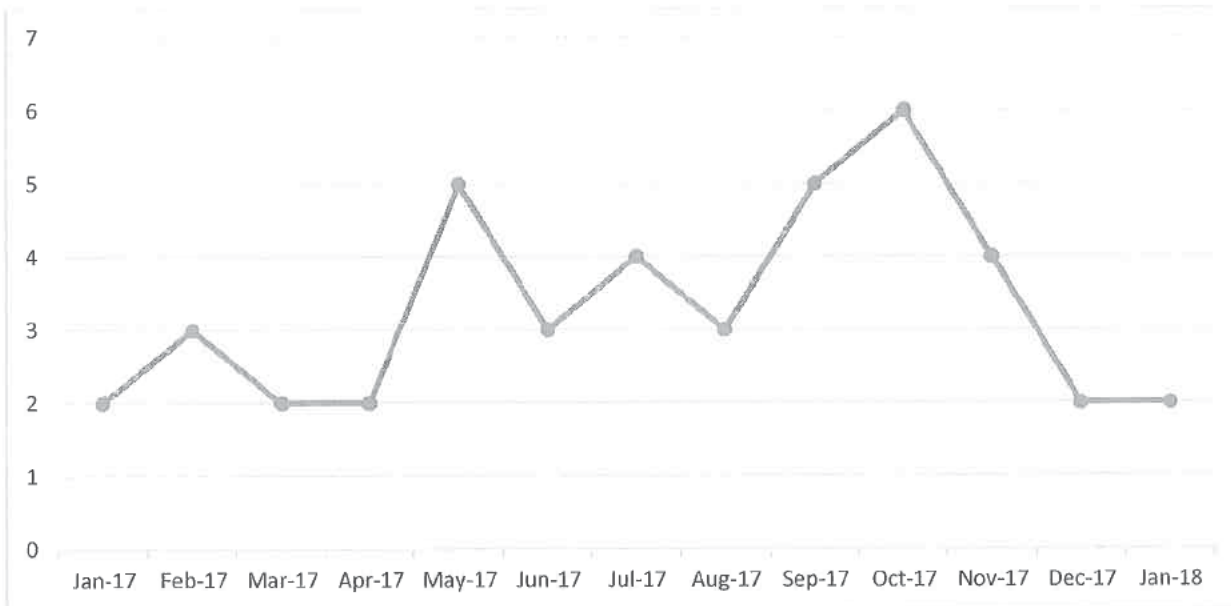
There is an upwards trend from September 2017 through to January 2018 in reported occupational violence incidents. Comparison of the 2017 monthly reporting average of 117, to the 197 incidents reported in January 2018 suggests statistical significance given the 68% increase.

Graph 5 - Incidents Involving Occupational Violence by Category - 01/01/17 – 31/01/2018



*Note – ‘Other’ Occupational Violence refers to incidents other than verbal/physical (e.g. Property damage, Patient on Patient Assaults, Self-harm incidents).

Graph 6 - The Number of Workers who are fit to Return to Work but have no Duties Identified 01/01/2017 – 21/01/2018



This graph refers to the number of injured employees ready for work within their medical restriction but without suitable duties to return to work. Some of these staff have significant restrictions which prevent them returning to the position they have been employed in. These factors increase the difficulty of placement in suitable duties.

There has been a reduction in the number of work ready staff not placed into positions from six in October 2017 to two in January 2018. The Workplace Health Advisory Unit is currently canvassing across ACT Health Directorates for suitable duties for those two employees.

An inability to find suitable duties within medical restrictions continues to be one of the major challenges for line managers in ACT Health. Executive Director, People and Culture has been