

2. Methodology

Introduction

A combination of methods was adopted to assess existing workplace culture. The Review sought submissions, held a series of workshops and forums and conducted a wide range of one-on-one meetings. Submissions were received from, and interviews and workshops held with, current and former staff (administrative, medical, nursing, midwives, allied health workers, executive and support services), members of the public, non-government organisations (NGOs), unions, health professional bodies and other interested parties. The insight and in-depth understanding gained through these qualitative measures was complemented by data gathered via an all staff workplace culture 'pulse survey'.

It would have been beneficial to analyse HR data, such as unscheduled leave and staff turnover to support the methods applied by this Review. Unfortunately this data was not readily available.

Submissions

To ensure consumers, staff and interested parties were aware of the Review, the opening of submissions was advertised in local magazines and newspapers (including digital) on seven occasions during the submission period. Approximately 600 posters were displayed in public and restricted areas of ACT Health buildings (Health Directorate, Canberra Hospital, University of Canberra Hospital, Calvary Public Hospital and Community Health Centres). Information about the Review was published on the ACT Health internet and intranet. These activities were supported by advertising on digital billboards across ACT Health sites and screen savers on the ACT Government network.

Emails were sent to all current staff (including those on leave), staff that had left the ACT Public Health System within the last two years and interested parties advising of the submission process. Reminders were sent advising that submissions would soon close. Many NGOs and other external organisations independently informed their membership of the Review.

Consumers were well represented in the submissions lodged either individually or through an NGO. The concerns and opportunities raised in those submissions is included in the analysis below.

In some instances, Reviewers contacted individuals to discuss their submission. This only occurred where the person lodging the submission agreed to being contacted. At times the concerns raised in those submissions, with the agreement of the individual, were referred to an appropriate authority for further action or investigation.

During analysis, it became apparent that a number of submissions repeatedly citing bullying and inappropriate behaviours were clustered in a few sections of the ACT Public Health System. As previously mentioned, it was outside the scope of this Review to investigate such allegations. Nevertheless, where these clusters were identified, the relevant Senior Executive was advised. The confidentiality of submissions was maintained in these referrals.

Consideration was given by the Reviewers to identify these clusters in this Report. On balance, it was thought this would focus attention on these areas to the detriment of recognising the pervasive nature of poor workplace behaviours throughout the ACT Public Health System. One of the tasks of the 'Cultural Review Oversight Group' proposed in Section 10, should be to monitor ongoing improvements in these areas. Where Reviewers were particularly concerned during interviews about the wellbeing of an individual, with the agreement of that individual, again the relevant Senior Executive was notified and/or the option was given to the individual to refer their issue to the ACT Public Sector Standards Commissioner.

Meetings and Interviews

Over the past few months, the Reviewers conducted fifty-nine (59) in-person meetings and nineteen (19) phone meetings for individuals and groups. These meetings were at the request of individuals or instigated by the Reviewers. Many of these meetings constituted verbal submissions providing insight into the workplace culture through experiences, examples and suggestions on how culture might be improved. Individual conversations also took place with consumers and former patients, ensuring their experiences and ideas were heard and included in the findings of this Review.

In addition to these meetings, the Reviewers conducted thirty-nine (39) workshops with groups including nurses, midwives, allied health workers, medical practitioners, support and administrative staff, NGOs, Community Health personnel, ACT Public Health System Executives and unions to share information about the Review, discuss areas of best practice, and seek input for change. These workshops were held both prior to the release of the Interim Report and subsequently to assist in the preparation of this Final Report.

These meetings ensured the Review took into account a broad set of perceptions and ideas, thus complementing the information provided in submissions. They provided opportunities for establishing common ground through questioning, discussion and information sharing⁽¹⁸⁾ and, in particular they enabled conversations about what was working well, what was not, and ways to improve the current workplace culture.

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"I think that this Review is a really valuable process for the organisation to go through because there is a lot of potential for ACT Health to learn from the mistakes that have been made and move towards being a world class health service."

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– Quote from submission

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Staff Survey

An all staff 'pulse survey' was conducted to enable the Reviewers to create a snapshot of the current workplace culture and set a benchmark for tracking workplace culture improvements. The survey replicated a subset of questions used in a 2018 NSW Government People Matter Survey⁽¹⁹⁾ to facilitate some comparisons with NSW Health. The survey was sent to all ACT Public Health System staff. The Review sought permission from the NSW Public Service Commission both to reuse their questions and to compare the ACT Public Health System results against publicly available NSW Health outcomes.

Overall Assessment

There was a degree of scepticism by some staff that this Review would result in any meaningful change in the workplace culture of the ACT Public Health System. The Reviewers were forewarned by a number of external organisations, including the Health Complaints Commissioner, that trust and confidence in the Review process may be low. Such scepticism is understandable, however, others were more positive and the large number of submissions, pleasing response to the survey and willing engagement of staff, unions, professional groups and NGOs in forums to discuss possible changes evidences this.

"Talking to my ex-colleagues, I have asked a number of them if they wish to make a submission to the Review. They all replied "no" as they believe that nothing will come of it. I want the Review team to prove them wrong, just this one time so we can improve the health of all Canberra residents."

– Quote from submission

3. The Evidence

Submissions

A high number of formal submissions were provided to the Review. In total there were 391 submissions of which 353 were from individuals and a further thirty-eight (38) from organisations. The submissions came from a broad spectrum of staff, former staff, members of the public, patients from Canberra Health Services and Calvary Public Hospital, NGOs, health care groups and unions. Each submission was analysed for workplace culture related information (both positive and negative) using a consistent set of criteria. A number of common themes were identified as described in the following tables. It should be noted that virtually all submissions addressed more than one theme.

Table 1: Top themes from 353 individual submissions

Non-supportive manager / leadership	266
Inefficient procedures / processes / complaints management	211
Bullying not addressed	204
Mistrust / dishonest behaviour	148
Lack of opportunities	137
Favouritism	126
Inappropriate Recruitment	119
Poor skills development / insufficient training	103
Hardworking and dedicated staff	82
Supportive team	59

Table 2: Top themes from 38 organisation submissions

Inefficient procedures / processes / complaints management	31
Bureaucratic / process driven	28
Inappropriate Recruitment	22
Non-supportive manager / leadership	22
Poor skills development / insufficient training	19
Micro-managing / poor leadership	18
Bullying / not addressed	12
Repeated unreasonable behaviour	11
Hardworking and dedicated staff	4
Supportive team	3

Submission Analysis

Most of the submissions, both from individuals and organisations, cited issues such as:

- poor leadership and management at many levels throughout the ACT Public Health System
- inefficient and inappropriate HR practices, including recruitment
- inadequate training in dealing with inappropriate workplace practices
- inefficient procedures and processes including complaints handling
- inappropriate behaviours and bullying and harassment in the workplace, and
- inability to make timely decisions.

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"I raised numerous complaints with HR, management and the director which were never actioned."

"The management and human resource policies and decisions need to provide for the philosophy of – how can we genuinely assist the worker in this matter."

"Middle management keeps ACT Health afloat as all leaders tend to be in acting positions – leading back to a lack of decision making, lack of leadership, lack of knowledge and lack of management skills."

– Quotes from submissions

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A much smaller number of submissions pointed to positive themes, such as supportive leadership and cohesive team work. These submissions tended to relate to specific entities within the ACT Public Health System.

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"There are some excellent examples of positive culture [redacted] have put a lot of time into developing a positive culture, supporting new graduates and building clinical leadership skills in their managers."

"My current program is supportive, often acknowledging my achievements and encourages learning and both professional and personal growth. I feel appreciated every day and look forward to coming to work. I no longer hesitate in asking for support and age is not the defining factor of experience and knowledge."

– Quotes from submissions

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A full submission analysis is available at Appendix C.

Staff Survey

As mentioned, as part of this Review an online survey of the ACT Public Health System was offered to staff at:














- Canberra Health Services
- ACT Health Directorate, and
- Calvary Public Hospital

The questions mirrored some of the questions included in the 2018 NSW Government's People Matter Survey⁽¹⁹⁾. The online survey remained open for eight days and 1953 responses were received (which constitutes 20% of the workforce of the ACT Public Health System). The key findings are described below, and full details are at Appendix D.

There was a fairly equal response rate from each of the three services reflecting their workforce. Similarly, the response rate was fairly evenly distributed across occupational categories and is demonstrated in the following tables.

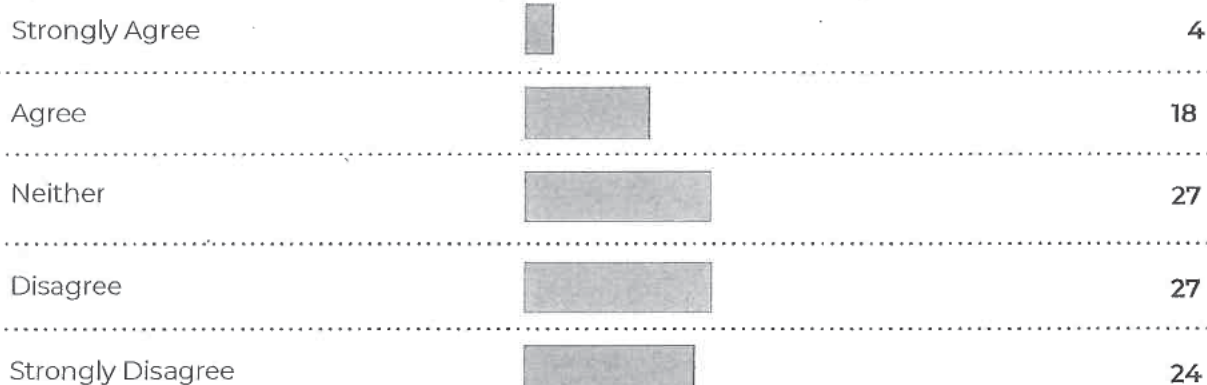
The survey focused on the past twelve months, and hence, reflected some leadership turbulence. Overwhelmingly 88% of staff perceive they understand what is required of them in their role. More than 68% feel a sense of accomplishment from doing their job, and more than 64% are motivated to contribute more than is required of them. These results would suggest that ACT Public Health System staff are motivated and care about achieving good patient care outcomes.

There was not a lot of difference between the findings for each of the three arms of the ACT Public Health System. The issues identified were common to all.

Workplace		Respondents	
		%	No.
Calvary Public Hospital		17	324
Health Directorate		27	520
Canberra Health Services		57	1109
Position		ACT Public Health System %	
Administration		24	
Allied Health		17	
Clinical support		1	
Medical Officer		9	
Nursing/Midwifery		33	
Support Services		2	
Senior Management		7	
Executive		1	
Another type of position		4	
Prefer not to say		2	

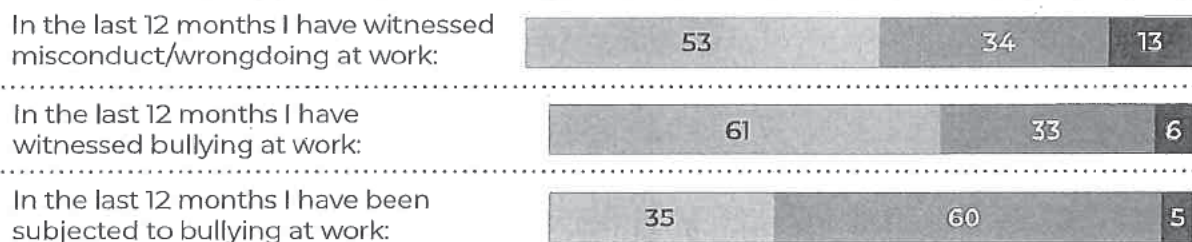
Resolving Grievances

I have confidence in the ways my organisation resolves grievances: ACT Public Health System %



Workplace Conduct

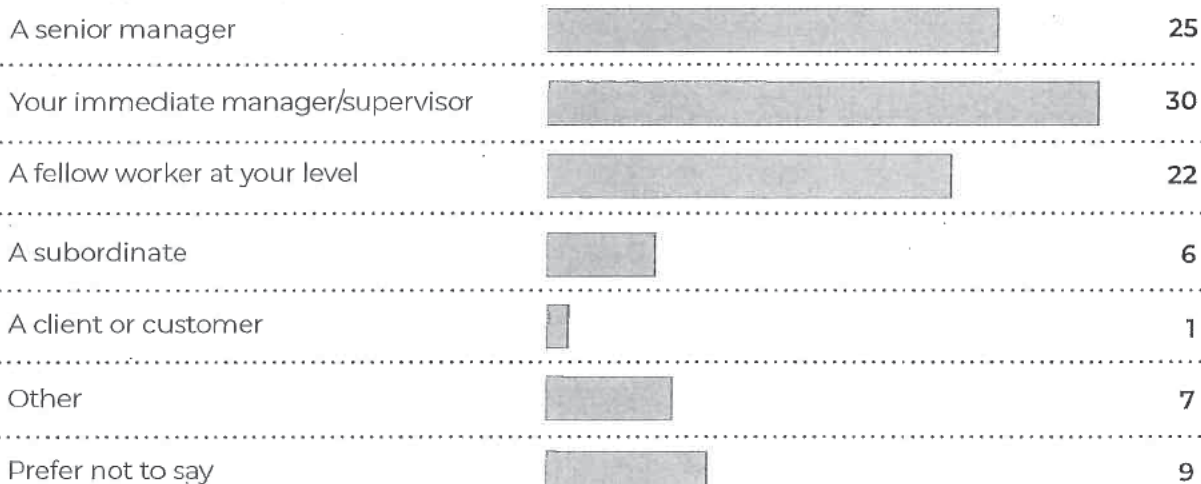
ACT Public Health System %



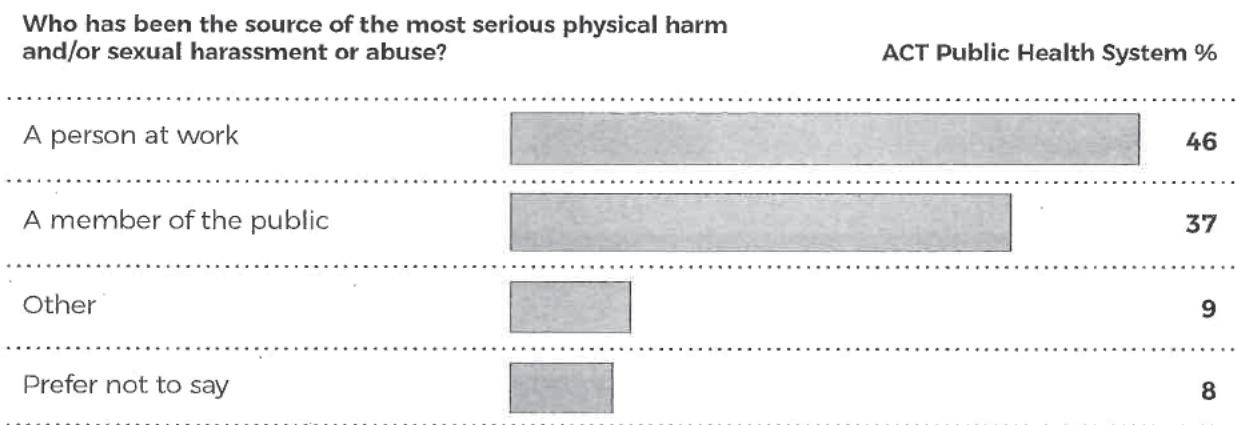
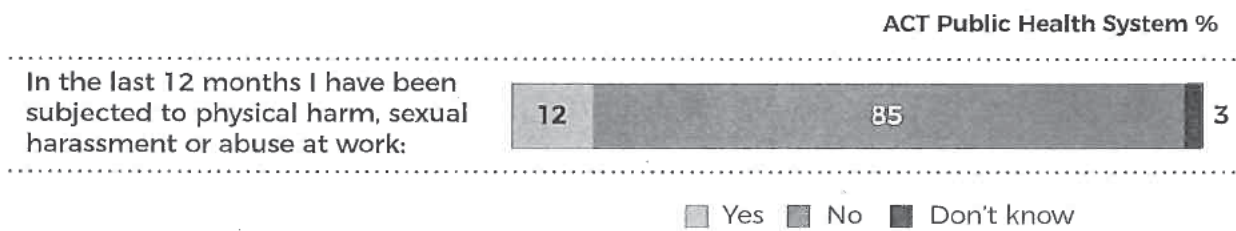
Yes No Don't know

Who was the source of the most serious bullying?

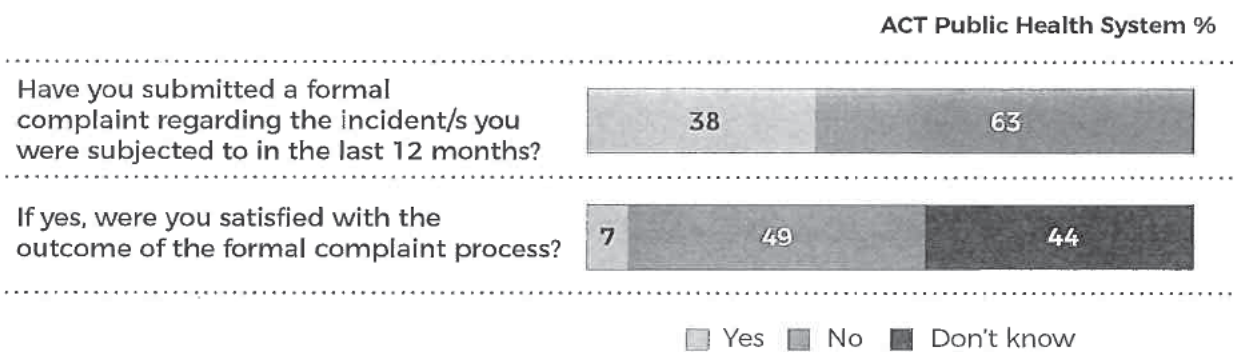
ACT Public Health System %



Unacceptable Conduct



Complaints Handling



These survey results are similar to those shared with the Reviewers by the CPSU and the AMA, ACT Branch.

CPSU Survey

The CPSU represents a large number of public sector employees including ACT Public Health System staff. As part of their submission to the Review, they reported on their own 2018 survey of 745 of their members where over half (54%) of ACT Public Health System respondents did not feel adequately trained and supported in their day-to-day work. Two thirds (68%) disagreed or strongly disagreed with the statement that staff are treated fairly and with respect.

Bullying and harassment was identified by respondents of the CPSU survey as being one of the major contributors to the poor wellbeing and workplace culture within the ACT Public Health System. Three quarters (75%) of respondents reported they had been bullied in the workplace and four in five (81%) reported they had witnessed bullying in their workplace. These figures are higher than those reported in the Review survey.

AMA (ACT) Hospital Health Check Survey Summary

Similarly, the AMA in their submission, presented data from a 2018 survey of doctors in training at Canberra Hospital whereby:

- 42% have experienced bullying and harassment
- 39% have witnessed a colleague being bullied or harassed
- 68% feared negative consequences of reporting inappropriate workplace behaviours
- 58% rated staff morale as fair, while 39% rated it poor or very poor, and
- 54% rated the workplace culture as fair, while 29% rated it poor, or very poor.

Comparing ACT with NSW

As mentioned previously, the questions in the 'pulse survey' mirrored those in the 2018 NSW Governments 'People Matter Survey'⁽¹⁹⁾. Drawing comparisons between the two results should be treated with some caution, as, although the questions were the same, the response rate and the methodology for undertaking the respective surveys varied. Nevertheless, notwithstanding this caveat, a comparison of the surveys revealed significant variation between the two jurisdictions.










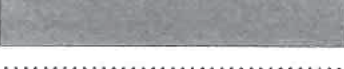




Workplace Culture

Generally, by comparison to the average for NSW Health, staff in the ACT Public Health System have:

- less pride in the organisation
- witnessed or experienced bullying in the workplace at higher levels
- been subject to physical harm or sexual harassment at higher levels, and
- less confidence in how the organisation resolves complaints and grievances.

Strong links have been drawn between poor workplace culture and reduced quality of health care⁽²⁰⁾ resulting in a higher likelihood that patient safety concerns may go unaddressed⁽²¹⁾. For this reason, it is important that workplace cultures in health settings support staff to ask questions and seek assistance from a senior staff member. A number of patient submissions highlighted they are very much aware of altercations and perceived bullying of staff-on-staff, and were concerned about the welfare of the bullied staff member and the impact on the quality of care being delivered.

Comparing ACT and NSW

		% of respondents who agree or strongly agree
I would recommend my organisation as a great place to work:		
ACT		42
NSW		61
I am proud to tell others I work for my organisation		
ACT		48
NSW		69
My organisation motivates me to help it achieve its objectives		
ACT		34
NSW		54
I have confidence in the ways my organisation resolves grievances		
ACT		22
NSW		41
I have witnessed bullying at work % yes		
ACT		61
NSW		39
I have been subjected to bullying at work % yes		
ACT		35
NSW		21
I have been subjected to physical harm, sexual harassment or abuse at work % yes		
ACT		12
NSW		5

Conclusion

The information gathered from submissions, individual and group interviews and the staff survey reveal a worrying and pervasive poor culture across the ACT Public Health System. There are pockets of high performance where staff are proud of the quality of their work and were keen to demonstrate it to the Reviewers.

By contrast, there were areas where a very poor culture had persisted over many years, and where bullying and other poor performance had not been addressed. It is very concerning that over 60% of staff who have experienced bullying, harassment or unacceptable behaviour did not report it. It should be emphasised that medical, nursing, midwifery and allied health students were not well represented in both submissions or the staff survey. Nevertheless, the Reviewers recognised that as students are particularly vulnerable to inappropriate workplace behaviours, some may not have come forward for fear of impacting their future career prospects.

Pride in working for the ACT Public Health System is low, bullying is common and confidence in how the organisation resolves grievances is extremely low.

Whilst the contribution of poor leadership within the ACT Public Health System over the past few years was regularly raised in submissions, it was also generally acknowledged that the poor culture had been a feature of the ACT Public Health System over a number of years. In certain areas of the three health services, this poor workplace behaviour has reportedly been exacerbated by staff shortages and/or workload demand.

Cautious optimism was expressed by many regarding the new leadership in the Health Directorate, Canberra Health Services and Calvary Public Hospital. However, it was acknowledged by all that establishing a great health service was a long-term proposition.

The remainder of this Report suggests mechanisms for how this may be achieved.

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"What is clear is that the issue needs to be addressed. There is a growing body of evidence that there is a direct link between poor communication, bullying and poor patient outcomes. I would urge all those involved in this Review to recognise the ultimate aim of the whole process. That is, of course, high quality health care, with the best possible outcomes for those that have put their trust in us to care for them."

"When my family and I complained to the hospital and then to the ACT Health Commissioner, the hospital and nursing staff at [redacted] informed my daughter and I on three separate occasions that the reason no registered medical officer could attend my mother that weekend was due to 'the culture' of not calling medical staff on the weekend due to the fear of a backlash. In other words, the culture of bullying and harassment of staff. As you are aware, the hospital has done nothing to change this culture despite our many pleas and requests both in person and writing."

– Quotes from submissions

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4. Elements of a Great Health Service

What constitutes a great health service and how is it achieved?

Culture

It is increasingly recognised across both the public and private sectors that the combined impacts of culture *and* strategy are the primary levers for organisational effectiveness⁽²²⁾. It is common for organisations to have detailed plans for strategy development and implementation. Less common is an understanding of the power of culture, which is often of secondary importance and is not integrated with strategy. The Reviewers believe this is an accurate description of the ACT Public Health System.

Ideally senior leadership of an organisation constantly expresses and lives their stated values – thus promoting the desired culture daily. These values need to underpin strategy documents and operational plans. Similarly, job descriptions for recruitment of senior personnel, and their Performance Development reviews need to pay far greater attention to the candidates understanding and acceptance of the organisational values.

Culture is the tacit social order of an organisation, which shapes behaviours and defines what is encouraged, discouraged, accepted, or rejected within a group. Such cultural norms, both good and bad, build over many years and are durable.

Effective workplace cultures⁽²⁰⁾ are person-centred, learning-focused and evidence-based, adaptive to changing healthcare requirements and supported by staff who take responsibility for delivering quality outcomes.

In such organisations, staff hold a shared understanding of what they need to achieve individually and collectively. Innovation and creativity are encouraged and supported and appropriate change is driven at all levels of the organisation.

The formal governance arrangements in high performing health services enable continual evaluation of systems and processes, taking on board feedback from staff, patients and stakeholders at regular intervals. Shared governance is in place to ensure evidence from a variety of sources is considered when making decisions.

High performing health services are happy places to work and make for safer patient care and improved staff wellbeing. They display the following traits:

- they deliver outcomes that matter to patients
- everyone is treated with respect and staff trust each other
- collaboration between staff, patients and stakeholders is common place
- there is confidence in leadership
- staff are proud of the service they provide and the place they work, and
- when problems occur, multiple stakeholders work together to identify issues and drive quality improvement.

The evidence presented in Section 3 of this Report reveals public health services that require significant attention towards rebuilding, achieving, and sustaining a healthy culture. This finding aligns with those included in the previous KPMG⁽³⁾ and ACT Auditor-Generals⁽⁴⁾ reports.

Values

How the values of an organisation are understood and adopted broadly by the entire workforce, is a key mechanism to cultural strengthening.

It is worth examining the values of the ACT Public Health System and the degree to which behaviours reflect those values.

The values of the pre-existing ACT Health⁽²³⁾ state the following aspirations:

Improving the quality of healthcare across the ACT is a key priority for ACT Health, as we aim to be the safest healthcare system in Australia, delivering high-quality, person-centred care that is effective and efficient. We often see people in our community at their most vulnerable. The way we interact with them is extremely important and directly influences their experience of our care.

Care

Go the extra distance in delivering services to our patients, clients and consumers. Be diligent, compassionate and conscientious in providing a safe and supportive environment for everyone. Be sensitive in managing information and ensuring an individual's privacy. Be attentive to the needs of others when listening and responding to feedback from staff, clinicians and consumers.

Excellence

Be prepared for change and strive for continuous learning and quality improvements. Acknowledge and reward innovation in practice and outcomes. Develop and contribute to an environment where every member of the team is the right person for their job and is empowered to perform to the highest possible standard.

Collaboration

Actively communicate to achieve the best results by giving time, attention and effort to others. Respect and acknowledge everyone's input, skills and experience by working together and contributing to solutions. Share knowledge and resources willingly with your colleagues.

Integrity

Be open, honest and trustworthy when communicating with others and ensure correct information is provided in a timely way. Be accountable, reflective and open to feedback. Be true to yourself, your profession, consumers, colleagues and the government.

More broadly, the values and signature behaviours espoused by the ACT Public Service⁽²⁴⁾ across all agencies are enshrined in the Public Sector Management Standards and describe a system that:

In demonstrating respect

We take pride in our work

We value the contribution of others

We relate to colleagues and clients in a fair, decent and professional manner

In demonstrating integrity

We do what we say we'll do, and respond appropriately when the unexpected occurs

We take responsibility and are accountable for our decisions and actions

We engage genuinely with the community, managing the resources entrusted to us honestly and responsibly

In demonstrating collaboration

We work openly and share information to reach shared goals

We take on board other views when solving problems and welcome feedback on how we can do things better

In demonstrating innovation

We look for ways to continuously improve our services and skills

We are open to change and new ideas from all sources

The Calvary Mission and Values⁽²⁵⁾ align to the Little Company of Mary and are as follows:

Our Values are visible in how we act and treat each other. We are stewards of the rich heritage of care and compassion of the Little Company of Mary. We are guided by these values.

Hospitality

Demonstrates our response to the desire to be welcomed to feel wanted and to belong. It is our responsibility to extend hospitality to all who come into contact with our Services by promoting connectedness, listening and responding openly.

Healing

Demonstrates our desire to respond to the whole person by caring for their spiritual, psychological and physical wellbeing. It is our responsibility to value and consider the whole person, and to promote healing through reconnecting, reconciling and building relationships.

Stewardship

Recognises that as individuals and as a community, all we have has been given to us as a gift. It is our responsibility to manage these precious resources effectively now and for the future. We are responsible for striving for excellence, developing personal talents, material possessions, our environment, and handing on the tradition of the Sisters of the Little Company of Mary.

Respect

Recognises the value and dignity of every person who is associated with our Services. It is our responsibility to care for all with whom we come into contact with justice and compassion, no matter the circumstances, and we are prepared to stand up for what we believe and challenge behaviour that is contrary to our values.

Some observations on these three value statements are warranted:

- Whilst Calvary Public Hospital is one of the three arms of the ACT Public Health System, engagement with the Health Directorate is by way of the Calvary Network Agreement and Performance Plan which were agreed with the Little Company of Mary Health Care. It is appropriate, in these circumstances, that the values of Calvary Public Hospital should reflect those of the Little Company of Mary Health Care as specified in the Calvary Network Agreement, and not be conflated with ACT Health values. What would be appropriate in future iterations of the contract, however, is to collectively agree and incorporate other aspects in the Performance Plan, which reflect how the needed cultural changes and other areas of collaboration are being initiated and monitored.
- The Health Directorate should adopt the values of the ACT Public Service rather than the values for ACT Health, which are much more health service specific. It is understood the adoption of these values is supported by the Director-General.
- The existing ACT Health Values align with the service specific values of Canberra Health Services – Care, Excellence, Collaboration and Integrity. It is understood the CEO for Canberra Health Services is commencing discussions with staff regarding the appropriateness of these values given the new organisational arrangements. Such a process is fully endorsed by the Reviewers.
- The organisational arrangements whereby the unified ACT Public Sector Agency reports to a single Head of Service appropriately reflects the relative smallness of ACT compared to other jurisdictions. What is important in such an arrangement is that the Minister for Health and Wellbeing remains fully engaged with the Head of Service in head of agency appointments, contract development and performance monitoring. There is an important role for the Minister in contributing to workplace culture and such involvement enables this to occur.
- There is little doubt that the values of care and excellence (ACT Health) and healing (Calvary Public Hospital) are shared broadly across the ACT Public Health System. As a norm, the vast majority of staff provide high quality care and strive for excellence. As the evidence in Section 3 indicated, the values of Collaboration, Integrity and Respect are less embedded.

It is clear that there is a discrepancy between the stated and lived values of each of the three arms of the ACT Public Health System. Addressing this difference will be the key mechanism to establishing a great health service.

"The organisation does not live by its values and the strength of good leadership is not felt."

"I feel that the core values of 'Care and Excellence' are severely compromised by the push for statistics - the need to show increased numbers of referrals and discharges and shorter treatment times. This leads to changes in practices to improve numbers, but which are not necessarily beneficial to clients."

"When you are overworked and under-resourced your ability to CARE is less, the commitment to EXCELLENCE wanes to the point of doing just enough and your ability to COLLABORATE and act with INTEGRITY at all times is seriously restricted by the need to – just get stuff done."

"ACT Health does not only need values, it needs to relearn ethical conduct."

– Quotes from submissions

Focused attention on the organisational values is required⁽²⁶⁾. The organisational strategy and desired leadership traits across the three arms of the ACT Public Health System should be much more embedded in the stated values. Monitoring the broader adoption of values should be reflected through a clear set of Key Performance Indicators (KPIs). The Health Directorate, in addition to ensuring attention to its own staff, should have a role in facilitating this process across the ACT Public Health System.

Recommendation 1

That the three arms of the ACT Public Health System should commence a comprehensive process to re-engage with staff in ensuring the vision and values are lived, embraced at all levels, integrated with strategy and constantly reflected in leadership. To achieve this the Health Directorate should take the lead in providing the necessary tools and guidelines and coordinate the implementation by Canberra Health Services, Calvary Public Hospital and the Health Directorate.

Measuring Organisational Effectiveness

As emphasised earlier in this Section, organisational effectiveness is the combined impact of culture and strategy. Appropriate measurement and monitoring of performance is a necessary element of demonstrating ongoing and durable changes in the culture of the ACT Public Health System, and hence, building a great health service⁽²⁷⁾.

It became clear during discussions with management and clinicians that, not unlike many other health services in Australia, such performance monitoring/measurement which reflected the organisational values and strategic goals was not in place.

"Collecting data, analysis, developing plans and goals and measuring outcomes against the achievement of goals is fundamental to cultural change. Collecting good, meaningful data is necessary to understanding what problems exist. Change in that data over time can then be used to identify recurring issues or trends, make improvements to systems and processes and allow services to improve their reputation."

"A process to support the implementation, review and monitoring of [anti-bullying and harassment] policy. Systems must be in place to determine the extent of bullying and harassment behaviours in an organisation or workplace and to understand the perspective and effect on those who have been harassed."

"We have consistently raised issues with the lack of both planning to evaluate, and the actual evaluation of, policies (including workforce and health service delivery policies) after implementation."

"Set people up with tools for success. Each unit needs a common reporting line to ensure proper procedures are being followed."

– Quotes from submissions

Some of the features cited in the current process for performance monitoring included:

- A compliance approach rather than using performance data for continual system improvement. The way data is fed back to clinicians to enable individual and collective performance improvement is critical.
- A misplaced emphasis on a limited number of measures. Whilst National Emergency Access Targets (NEAT) and National Elective Surgery Targets (NEST) are important access indicators, they need to be balanced against other performance indicators, particularly those that measure outcomes that matter to patients and communities.
- Inadequate engagement of clinicians in developing the appropriate performance measures and monitoring the extent of ongoing engagement.
- Inadequate attention on measures of staff wellbeing and their professional development.
- The desire of patients for best outcomes and optimal experience when receiving care should be essential elements of performance measuring and monitoring. A focus on things that can't be easily measured (care, compassion, comfort and help) is important in addition to quality and timeliness of clinical interventions.

A number of these features were cited in organisational submissions including the AMA.

Recommendation 2

That Canberra Health Services and Calvary Public Hospital in conjunction with the Health Directorate, develop an appropriate suite of measures that:

- reflect on elements of a great health service - both culture and strategy
- monitor patient/client perspectives of outcomes/experience, and
- engage clinicians in their development.

5. Addressing Bullying and Harassment

Obligations and Reality

There are a number of relevant ACT and Commonwealth pieces of legislation that directly deal with the obligations of employers to ensure a healthy and safe workforce. Key amongst these is the WHS Act⁽¹⁷⁾ which deals with bullying and harassment through an employer requirement to take all reasonably practicable steps to manage health and safety risk in their workplaces. As submissions to the Review indicated, it is not enough that the ACT Public Health System take 'reasonable steps' to prevent the conduct. Instead, it must take 'all reasonable steps' to have a competent defence against allegations the workplace is unsafe, which requires at least⁽²⁸⁾:

- having a plan to identify and address unacceptable behaviour
- learning to recognise through training what is and what is not acceptable behaviour and what behaviour is acceptable or valued (including likely consequences for wrong behaviour)
- having a bullying prevention policy and procedures to address bullying in the workplace, and
- having processes for managing complaints (both informal and investigative) that are procedurally fair, transparent, timely and allow for external, impartial providers of mediation/investigation.

Similarly, the then ACT Public Service Commissioner for Public Administration issued a document in 2010 titled: *Preventing work bullying guidelines – Guide to prevention and management of work bullying* (2010 Guidelines)⁽²⁹⁾. The introduction to this document succinctly states:

"The ACT Public Service (ACTPS) aims to create a positive work environment that is free from work bullying, harassment and all forms of discrimination. Respectful and courteous behaviour is essential to creating great ACTPS workplaces which are productive and effective.

Every ACTPS worker has the right to work in an environment that is free from work bullying, discrimination and harassment and to be treated with dignity and respect. Organisations that value and promote dignity and respect are likely to have reduced occurrences of inappropriate behaviour. Chief Executives, executives, managers, employees and all workers of the ACTPS have a responsibility to ensure that the working environment is safe and equitable by preventing conduct that constitutes work bullying, discrimination or harassment."

The *Public Sector Management Act 1994* (PSM Act) establishes the core values and behaviours expected of all workers. As stated in the PSM Act, workplace bullying is not tolerated and is a breach of the ACTPS code of ethics.

There appears to be a clear disconnect between the obligations of employers described in the WHS Act, the aspirations of the ACTPS Work Bullying Guidelines and the reported evidence of workplace bullying and harassment presented in Section 3 of this Report.

It is apparent that the 2010 Guidelines are not delivering on their stated aims in the ACT Public

Health System. While broader than the scope of this Review, it would be appropriate for the ACTPS to review the content, agency adoption and implementation of the 2010 Guidelines.

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"In my years as a registered nurse, employed in both public and private hospitals across the UK and Australia, the workplace culture within the [redacted] is the worst by far that I have seen."

"The treatment of staff in [redacted], is appalling. I have worked in [redacted] for nearly [xx] years and have never witnessed such a disgraceful approach to work ethics. There has been a number of staff leave the area due to the stress of how they were treated. At ACT Health, we feel there is nowhere to go, no one who will listen, no one who will stand up for us, that shows that Health support the bullying of managers."

"I have been subjected to bullying and witnessed bullying in [redacted] for many years now. I have reported through every means available to me but not one of the following means of reporting has ever been followed through. No outcome has ever come of me making any reports. I believe ACT Health only has these programs to be able to tick the box to say that we have all these programs and no one really cares about what is reported."

"I consider myself to be highly professional, competent and trustworthy. Until recently, I have felt very well supported by those in leadership roles, and I in turn have actively supported them (both past and present leaders) to achieve their vision(s) to improve health care within the ACT. Unfortunately, I now find myself in the position where I am seriously considering progressing a bullying and harassment claim. A disappointing outcome, and one that makes me seriously question my desire to continue to be associated with people whose values appear to be so different to mine."

"The endless emotional abuse and mind games by management has resulted in many staff members feeling like the only way anything will change is if they find work elsewhere. Staff members, including myself, have voiced concerns to other members within the branch over the culture within the unit and the way that people are being treated, however feel that nothing has been done to change the behaviour. Many feel that making a formal complaint would only make matters worse, for fear of later being the target of poorer treatment. I, and others, have been keeping documentation of incidents of poor treatment or those that do not align with the ACT Government's Preventing Work Bullying Guidelines."

"There is ZERO consequence for the bully or even at the least feedback about how their behaviour may be contributing. There is no such thing as mediation. So the person who suffers the most is the person who has been bullied. They suffer more if they report it, because it usually changes their workplace, which is a big upheaval. But the biggest psychological insult is that they are invalidated."

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– Quotes from submissions

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"When I think about the culture within ACT Health and what I have experienced in my time here, I feel shocked and disgusted. The culture within the division is the most toxic, dysfunctional and prehistoric that I have ever worked in. In the [xx] years I have worked, I feel that I have been a target for bullying from managers and colleagues. As a result, in 2019 I will be looking to leave the public health system."

"The focus should not be limited to bullying and harassment. There appears to be widespread unprofessional behaviours demonstrated by all professional groups that does not meet the definition of bullying, however it contributes to a negative workplace culture. Previous strategies that have focused on medical practitioners have not been effective. The solution must include all professional groups and clinical and non-clinical staff."

– Quotes from submissions

Not all submissions presented such a dysfunctional workplace. Some highlighted very positive or improving work environments while others warned against conflating what might be bullying and harassment to one person as appropriate performance management to another. These submissions, however, were very much in the minority.

"I am proud to say we are respectful and supportive of each other at all times and that by setting the expectation my staff know where we stand in relation to respect at work. What I would say in regard to our own culture is that we are asked to do more and more with no improvement to staffing."

"I am mindful that when a Review is called that there is a risk of only receiving negative feedback. I have worked for ACT Health for the last [xx] years both in training and middle management jobs, I have never been sexually harassed and mostly very well supported in the job. The department that I work for have been through ups and downs but I viewed that as part of the flux of life. I acknowledge there are wide range of experiences out there but I feel this Review must provide a realistic view on the workplace."

"Staff members use the term bullying and harassment loosely and may not fully understand the true meaning which then has an effect on the manager and/ or supervisor who is just trying to do their job. I think further information sessions should be held across the board for staff to fully understand the term bullying and harassment with more support provided to managers and supervisors when these matters arise. Staff need to be made aware of making such false allegations will lead to further ramifications against the individual."

– Quotes from submissions

What practical steps can the ACT Public Health System implement to effect cultural change through making the workplace a safer, happier place? Research⁽⁵⁰⁾ shows that early intervention strategies can prevent inappropriate behaviour escalating into bullying and harassment.

At the moment, when an incident arises, staff either enter it into RiskMan or it is dealt with locally, by managers who may conduct a Preliminary Assessment (refer to further information on Preliminary Assessments set out in Section 9). RiskMan is a licensed software product which serves as an integrated incident and risk management system. It is understood staff are encouraged to use RiskMan as the first step in notifying a bullying incident, as it allows for it to be logged and for data to be collected and reported. However, the Reviewers found that there was no clear thresholds or guidance on when an incident should be entered into RiskMan, versus managed locally. This has resulted in matters escalating quickly, rather than supporting early intervention.

It is understood Calvary Public Hospital has been working to develop a tailored system which permits a staff-to-staff reporting stream outside a prescribed hierarchy. A site trial is expected to commence shortly.

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"Use RiskMan as intended - a tool for supporting continuous quality improvement, not as a threat to staff or as part of a culture of blame. As part of using effective incident reporting, patients and families should also be able to report incidents in real time."

"Finally, there is a blame culture that exists at [redacted]. One nurse reported to me that they are too scared to put in RiskMan reports because her friend had been reprimanded and told it was her own time management that led to the incident she had reported."

"While working at another facility where lots of medication errors occurred I placed many incident reports to enable improvement of issues which were rarely acted upon and when I left the manager made a comment to me about the number of incidents I put in [RiskMan] as if to say I was a pain and created work for her."

– Quotes from submissions

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A strategy to address early intervention is now described and proposed for widespread adoption throughout the ACT Public Health System.

Early Intervention Strategies

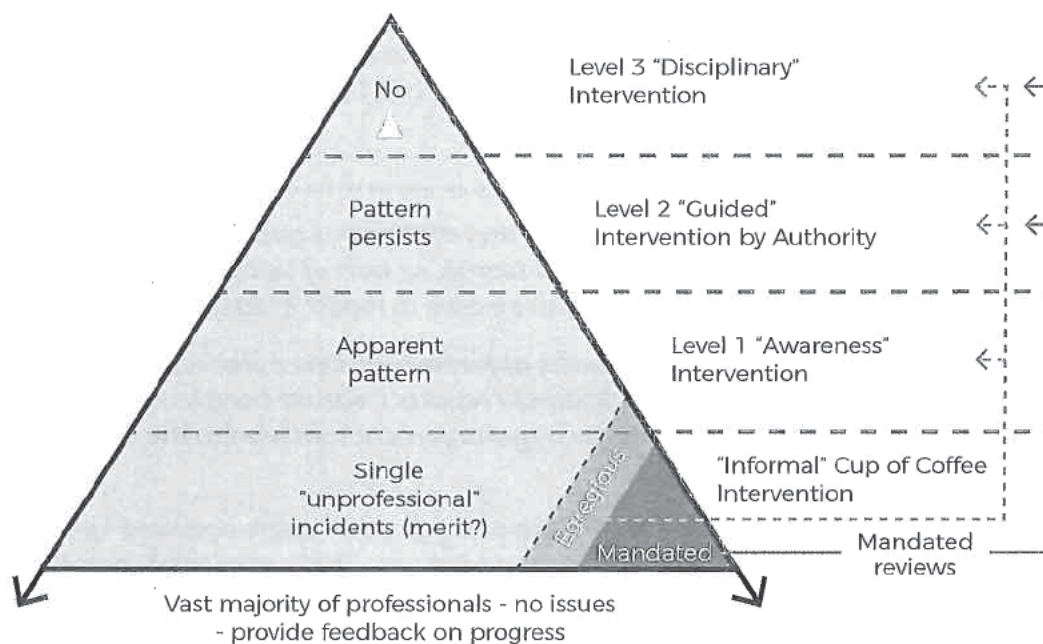
Vanderbilt University Medical Center Programs

Programs such as the Vanderbilt University Medical Center's Patient Advocacy Reporting System (PARS) and Co-worker Observation Reporting System (CORS) are built around early intervention that supports the delivery of safe, compassionate and reliable healthcare⁽³⁰⁾. Implementation of CORS has been shown to significantly reduce the number of complaints that require intervention⁽³¹⁾. Combining CORS and PARS resulted in an overall reduction in the number of future complaints⁽³²⁾.

The program provides an opportunity for a staff member to receive and consider feedback early and modify their behaviour. The program employs a graduated coaching model to support the individual in reducing complaints by adjusting their behaviour. The individual is supported in that process, through peer-to-peer coaching, joint action planning and referral to peer reviews⁽³¹⁾.

The Professionalism Pyramid demonstrates the communication escalation process for unprofessional behaviour⁽³³⁾. As illustrated at the base of the triangle (see Figure 1), the Pyramid recognises the vast majority of professionals conduct themselves in exemplary ways. However, for those who don't, the program describes mechanisms for early intervention to reduce the unnecessary escalation to HR (as described in Section 9) reducing time spent on preliminary assessments and formal complaints processes.

Figure 1: The Vanderbilt Professionalism Pyramid⁽³³⁾



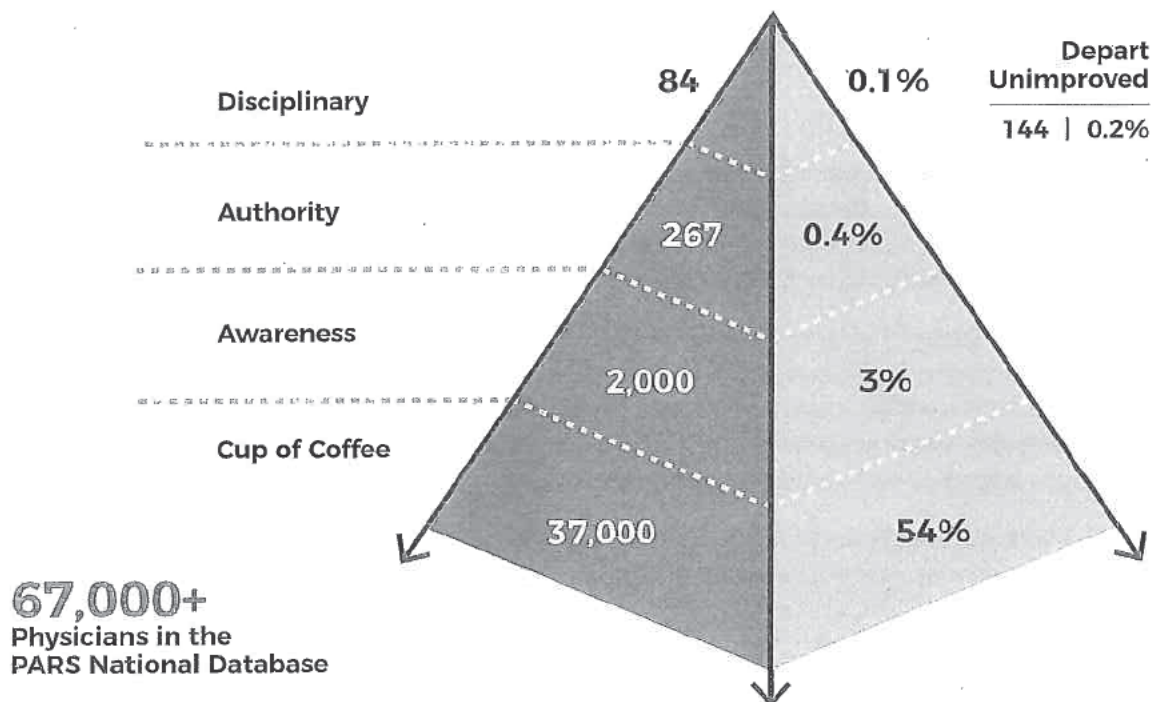
The Pyramid is built on the premise:

- most staff are good people, doing the right thing for the right reasons
- rewards should exist for people who are behaving well (includes acting as leadership symbols)
- of peer accountability, peer messaging and peer comparison
- creating micro/macro environments to intervene early and often
- of data and safety driven interventions, and
- having systems in place to enable the right culture.

Evaluations have been undertaken of the Vanderbilt programs which consistently demonstrate that the programs improve patient outcomes, reduce risk management costs and improve adherence to safety, quality and risk prevention initiatives^{(32) (34)}.

Evaluation also shows that most of the clinicians tracked by the PARS program did not develop a pattern of behaviour requiring disciplinary intervention - the majority (54% of incidents), were resolved at the initial chat stage⁽³¹⁾.

Figure 2: Patient Advocacy Reporting System (PARS) Trends⁽³⁰⁾



Programs, some based on the Vanderbilt model, exist in the Australian context. Examples include the Cognitive Institute's Promoting Professional Accountability and Speaking Up programs⁽³⁵⁾, and the St Vincent's Health Australia Ethos Program⁽³⁶⁾. Other similar programs have been successfully implemented internationally, examples include the Brigham and Women's Hospital Center for Professionalism and Peer Support which supports a range of programs including the Professionalism Initiative, Culturally Competent Leadership, Peer Support, Disclosure and Apology Coaching, and Wellness training⁽³⁷⁾.

The Vanderbilt Program was designed for physicians in the United States, while both the programs of the Cognitive Institute and Ethos described below have broadened the scope of Vanderbilt to embrace all personnel within a health organisation.

St Vincent's Health Australia Ethos Program

The Ethos program was introduced at St Vincent's Health Australia in July 2017, and is being rolled out across all St Vincent Health's twenty five Australasian hospitals⁽³⁸⁾. The program takes a pragmatic approach to addressing entrenched cultural problems in the health sector by embedding safe, respectful and professional behaviour and addressing conduct that undermines patient and staff safety. Based on Vanderbilt, the Ethos program includes:

- an accountability pathway, which provides a transparent and equitable way to provide feedback to staff about their behaviour
- a web-based online reporting tool, which is private and confidential and provides a safe avenue for all staff to report either positive or negative behaviours, and
- a package of capability building and training, to equip leaders and staff with the skills needed to role model safe and respectful behaviour.

St Vincent's Health Australia is partnering with the Australian Institute of Health Innovation at Macquarie University to evaluate the Ethos Program. Metro North Hospital and Health Service (Brisbane) has also recently joined this program.

The Cognitive Institute

The Cognitive Institute is a not-for-profit mutual organisation and is part of the Medical Protection Society (MPS) for doctors, dentists and healthcare professionals. It offers two organisation-wide programs to build a culture of safety and quality by empowering staff to support each other and raise concerns; Speaking Up for Safety™ and Promoting Professional Accountability (PPA)⁽³⁵⁾.

Speaking Up for Safety™ aims to help healthcare organisations overcome entrenched behaviours that can lead to poor patient outcomes and achieve cultural change through improved communication. They offer a train the trainer program and recommend implementation of an organisation-wide PPA and speaking up culture. Like the Ethos Program, the Cognitive Institute programs are based on the Vanderbilt model⁽³⁵⁾.

The Cognitive Institute clients in Australia include public and private hospitals, general practices, mental health services, community health centres and primary health care networks.

Proposed Approach

It is proposed that a program based on the Vanderbilt Model be implemented as a matter of priority throughout Calvary Public Hospital, Canberra Health Services and the Health Directorate. This proposal aligns with the suggestions put forward by individuals working in the hospitals, medical and nursing staff participating in round table discussions held by the Reviewers and external organisations including NGOs and unions. The program should be jointly developed and simultaneously implemented and evaluated across all three arms of the ACT Public Health System. As these programs include mechanisms for early intervention and resolution of issues and complaints, they are expected to reduce unnecessary escalation to HR and effort on Preliminary Assessments and formal complaints processes.

Recommendation 3

That a program designed to promote a healthier culture to reduce inappropriate workplace behaviour and bullying and harassment be implemented across the ACT Public Health System. The model adopted should be based on the Vanderbilt University Medical Center Patient Advocacy Reporting System (PARS) and Co-worker Observation Reporting System (CORS).

6. Partnerships and Relationships

There are a number of partnerships and relationships that the ACT Public Health System needs to foster and grow in order to provide high quality health care. The Reviewers found opportunities for improved engagement exists both within the ACT Public Health System and with key external bodies.

Internal relationships include those between:

- Canberra Health Services, Calvary Public Hospital and the Health Directorate
- the acute care sector and the community-based health services, and
- the Clinical Divisions at Canberra Health Services.

Critical external relationships include those with:

- universities
- peak NGOs
- professional bodies
- Capital Health Network (CHN), the Primary Health Network (PHN) for the ACT
- NSW Health, and
- consumers.

Internal Relationships

Calvary Public Hospital

It is clear that the relationship between Calvary Public Hospital, the Health Directorate and Canberra Health Services deteriorated over the past few years. Examples were cited in submissions and interviews of alleged inappropriate behaviour and disrespect to Calvary Public Hospital Executive and clinical personnel by previous senior ACT Health Executives – behaviours starkly discordant with the stated values of both organisations. Other examples were cited of inappropriate behaviour of Calvary Public Hospital Executives toward Executives at the Health Directorate and Canberra Health Services.

There has recently been an improvement in those relationships and this is seen to reflect new executive appointments at both Calvary Public Hospital and the Health Directorate. The new partnership agreement between ACT Health and Calvary Public Hospital announced by the Minister and the Chair of Little Company of Mary in May 2018, is another positive step⁽³⁹⁾.

Notwithstanding these improvements, a number of areas were identified in submissions where further improvements, particularly in clinical coordination could be achieved, thus breaking down what is still, to many, an 'us and them' mentality.

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"Relationships between the key stakeholders in the ACT Health care system are fraught and strained."

"There is a distinct lack of strategic planning or direction due to the inability of [redacted] to effectively plan and poor relationships between the two services. This makes it very hard for individual departments to plan, grow, innovate and attract staff and challenge staff in an effort to keep them engaged (recruitment and retention strategies)."

"There have often been issues with appropriate rostering of rotating doctors [redacted] often seems to be allocated staff based on "what is available" which can be questionable at times."

– Quotes from submissions

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There is a lack of coordination between the two hospitals in clinical services planning and provision. This extends from simple coordination of clinical services between the two hospitals and the more complex barriers to cooperation and coordination of services for an ACT wide approach. Reportedly, clinical service planning has historically been disjointed, overly prolonged, and uncoordinated. This has created a high level of distrust, confusion and angst from clinicians who are asked to deliver services in an environment that they either do not understand or have had little opportunity to be consulted on.

Secondly, performance management between the two hospitals needs to be more transparent with negotiated outcomes based on one set of guiding principles for all and clear accountability.

Thirdly, there needs to be greater clinician employment flexibility between the two hospitals including opportunities for Calvary Public Hospital staff to be welcomed at Canberra Hospital training sessions.

It is understood that some of these areas of concern are being actively addressed, but even these still require greater inter-hospital collaboration. It is proposed that, in the interests of ACT residents and staff at both hospitals, a summit be convened by the Health Directorate with senior clinicians and hospital administrators to map a plan of improved coordination.

Recommendation 4

The Health Directorate convene a summit of senior clinicians and administrators of both Canberra Health Services and Calvary Public Hospital to map a plan of improved clinical services coordination and collaboration.

Community Health Sector

Unlike most other States and Territories of Australia, Canberra Health Services operates a number of comprehensive Community Health Centres (CHCs) that provide a range of general and specialist health services to people of all ages.

Forums with staff at two CHCs indicate a generally positive culture within the centres. However, there are two major concerns – firstly that their services are shrinking given the demands of the acute sector and secondly, that the community health contribution to alleviating the pressures on acute care is neither fully harnessed, nor recognised.

“The acute sector treats the community sector with disrespect. Patients are discharged home without correct discharge processes/information being followed. The hospital wards do not care as it is not their problem once the patient has gone. Patients are told that they will receive home visits even when they are not eligible even though we provide constant education that this is not the case. Community nurses then have to deal with irate and rude patients who tell us that they have been promised home visits. Patients who could self-care at home are not taught and are discharged home, and community nurses have to teach patients to do the task that the hospital should have taught them to do. This is a waste of community nursing time and demonstrates the lack of respect the hospital has for community nurses.”

– Quote from submission

The various clinical groups within community health (for example: mothers and children, aged care, mental health), organisationally sit within the divisional structures of Canberra Health Services thus, in principle, providing the potential for an integrated service. Many community health staff however, do not consider they are adequately involved in divisional discussions, and hence, integrated care is sub-optimal. This concern should be assessed and, if necessary, addressed by the CEO and Executive of Canberra Health Services.

Recommendation 5

The CEO of Canberra Health Services should review mechanisms to better integrate clinical streams of the community health services within the Clinical Divisional Structures.

Inter Divisional Relationships

One issue which became apparent during clinical discussions was the lack of interactions between the Clinical Divisions of Canberra Health Services. Over recent years no productive forum has existed to enable such discussions to occur. Many individuals and submissions commented on the deep narrow silos that exist between Clinical Divisions.

It is encouraging that the new CEO of Canberra Health Services is seeking to rectify this anomaly.

A range of mechanisms to improve communication and engagement across the divisional structures are being developed by the CEO. These include a:

- proposed clinician council
- medical advisory committee
- nursing advisory council, and
- medical unit directors forum.

These initiatives to break down barriers between Clinical Divisional structures are strongly supported and should be sustained.

External Relationships

Non-Government Organisations (NGOs)

One of the prime mechanisms available to the ACT Public Health System to help reduce avoidable demand for health services, facilitate better care coordination and enable a broader range of views to be incorporated into strategic development, is through their relationship with NGOs and peak bodies. Discussions revealed historical dissatisfaction with ACT Health's alleged lack of commitment to its own value of collaboration.

A number of NGOs claimed they have experienced, over the years, a lack of respect, professionalism and responsiveness from ACT Health staff. Meetings allegedly have been difficult to schedule and are often cancelled at short notice, or ACT Health representatives do not attend. There are reportedly, very poor response times to emails, phone calls are not answered, voicemail messages are not actioned, and staff do not follow through on agreed actions.

Many NGOs pinpointed 2015 as the time when relationships declined significantly. Even with the establishment of a new executive structure within the Health Directorate, some mentioned there is still significant room for improvement.

It is emphasised that NGO health care groups play an important care coordination role across the ACT. Greater collaboration and input on the design, funding models and governance of strategies to improve health policy is needed from:

- service organisations such as Winnunga Nimmityjah Aboriginal Health
- Capital Health Network, PHN ACT - which represents those working at the coalface, including GPs and other primary healthcare clinicians, and
- peak body organisations such as the Mental Health Community Coalition (MHCC) and the Alcohol Tobacco & Other Drug Association (ATODA) ACT.

Discussions with CHN indicated a number of collaborative efforts between the Health Directorate, Canberra Health Services and CHN have reportedly ceased or been held in abeyance, suggesting to CHN a lack of commitment and collaboration by ACT Public Health Services. These have included the Transitions of Care Project, the Chronic Heart Failure Project and development of a Data Sharing Agreement, all of which were being conducted under the Commonwealth/ACT Government Bilateral Agreement.

With respect to the Transitions of Care project, which was designed to improve patient transition between hospital, primary health care and community services; following the findings of the external evaluation of the program, the CHN Board resolved to cease the project early as it was poorly accepted and integrated within Canberra Health Services. Similarly, the Chronic Heart Failure Project has stalled, awaiting support from Canberra Health Services to roll out the agreed ACT model of care.

Other service organisations, such as Winnunga, highlighted the inadequacy of provision of timely consolidated patient information available when hospital patients are discharged to a community service provider.

The reviewers received a Joint Peak Statement from ATODA and MHCC outlining concerns about their relationship with ACT Health, and a proposed set of practical steps to improve engagement. Their statement (attached in full at Appendix E) notes:

"Health services delivered by NGOs are an essential component of our ACT health system. The impact of systemic issues and workplace culture within ACT Health has adversely impacted relationships with NGO stakeholders, resulting among other things in reduced quality of policy outcomes and contract management relationships across sub-sectors.

The ACT Health Directorate needs to rebuild its corporate knowledge, relationships and specialist expertise in multiple sub-sector areas to enable genuine health service planning and implementation going forward; this will take considerable time, resources and processes."

A concerted effort will be required to regain trust and reopen lines of communication. One practical step suggested was the creation of an NGO Group (e.g. of peak groups) to facilitate a reinvigorated partnership with the Health Directorate.

Recommendation 6

That the Health Directorate re-establish open lines of communication with the NGO sector and other external stakeholders. The proposal by the Alcohol, Tobacco and Other Drug Association (ATODA) and the Mental Health Community Coalition ACT (MHCC) to establish a peak NGO Leadership Group to facilitate this new partnership is supported.

Consumers

The Reviewers received a range of submissions from consumer advocacy groups, individual consumers and family members of former patients.

Feedback received from the Health Care Consumers' Association (HCCA)—the peak health care consumer association in the ACT—indicated that consumers want health care that is timely, of a high quality and focused on consumer needs. They want health care teams to work collaboratively to ensure a consumer-centred approach to care. Key issues raised included; insufficient staff resulting in limited time for care of consumers, communication delays, unbalanced focus on targets and accreditation processes rather than sustained quality of care, and limited options for reporting and addressing staff related issues including bullying. They also expressed a dissatisfaction with the handling of consumer-initiated complaints.

Submissions received from individual consumers and family members of patients of both Canberra Hospital and Calvary Public Hospital identified a number of inappropriate workplace interactions between staff members and poor communication with patients and family members. This highlights the importance of a health care system where staff trust each other and communicate freely about the needs of patients.

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"I was in the ED that made me wonder about the culture – one was when I fell over and couldn't get back up again, no-one saw me for quite a while, even though I was trying to call out and they were standing at the end of my bed, second was the bullying behaviour of the surgeon who came to assess me. So although I felt that I was given a high level of care, I noticed that there seems to be some elements in the system who are not team players – and honestly, raised voices and bullying don't have any place in the workplace."

"A friend of mine recently had surgery at [redacted]. During her patient in stay she witnessed nurses bullying a nurse. It was so relentless that she, the patient said "will you stop bullying her!" The nurses were surprised and momentarily stopped. My friend was recovering and unwell and spoke to the nurse who was bullied about putting a complaint in. The nurse begged her not to complain because she said – it will just make my life harder."

"Overwhelmingly, consumers observed that health professionals seemed rushed, or were often too busy to talk or listen to a consumers' concerns. Some consumers had witnessed bullying and harassment of staff, including disrespectful behaviour between colleagues in the presence of patients. Tension between doctors and nurses in particular, was mentioned as an area requiring better cooperation and respect."

"I have requested on several occasions that [redacted] hospital take direct action in relation to staff bullying. I have requested, in writing and verbally to the CEO and senior executive staff, that they conduct a compulsory program for all clinical and emergency medical staff in respectful staff communications, particularly in stressful situations."

– Quotes from submissions

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Universities

Many submissions highlighted the need for a much more coordinated research strategy across the ACT Public Health System noting a lack of support for research in the face of service demands. Research partners such as the Australian National University (ANU), and the University of Canberra (UC) are important to the future quality of health services in Canberra. In addition to Universities, the role of the NGO sector in collaborative research is vital.

A more coordinated research strategy will improve reputation, offer opportunities for research and help bring or retain the best health workers within the ACT⁽⁴⁰⁾. It will mean there is competition for positions and the ACT will become an increasingly sought-after place to work. Research needs to be supported, valued, planned for and governed. A strong research agenda significantly enhances clinical engagement, which in turn contributes to improved culture.

The ACT Public Health System needs to include research and growing the research base as part of its health strategy. A collaborative strategy would take advantage of opportunities and raise the profile and output of research. The focus for research should particularly include translational and health system research, in addition to opportunities for basic research. The recent research summit, under the auspices of the Minister for Health and Wellbeing is a positive initiative.

With three excellent universities in close proximity (ANU, UC and the Australian Catholic University (ACU)), the ACT Public Health System has a unique opportunity to build a learning culture and promote the importance of academic learning within its workforce. The Reviewers found evidence that to date developing a learning culture within the ACT Public Health System was not valued, and that striving for academic excellence and greater academic output was often not encouraged. This situation needs to be rectified.

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"There is a real culture of not participating in education and not allowing Junior Medical Officers time to attend education opportunities."

"We have a medical school etc we do research, but you don't feel this in the hospital."

– Quotes from submissions

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Recommendation 7

The initiatives already underway to develop a valued and more coordinated research strategy in partnership with the academic sector and others are strongly supported. These provide a mechanism to encourage professional development and address culture, education, training, research and other strategic issues.

NSW Health

One of the main complexities of Canberra Health Services is that it comprises a University Teaching Hospital with a relatively small population base within ACT. There is consequently heavy dependence on the significant net inflow of NSW patients into Canberra Hospital in order to sustain the breadth of clinical subspecialties.

Interactions between NSW Health and the ACT Public Health System significantly revolve around the end of year financial adjustments from NSW to ACT to reflect the net value of NSW residents receiving clinical care in the ACT.

It is argued that some of the long-standing cultural issues are attributable to the relative isolation of the ACT Public Health System. The culture of the ACT Public Health System could be enhanced through broader clinical and executive experience in, and exposure to other health services – and given the importance of patient flows, particularly NSW Health. Initiatives could include:

- wider clinical experience of trainees / junior doctors across NSW hospitals
- greater ACT participation in NSW clinical policy development, safety and quality initiatives and adoption of best practice pathways
- greater collaboration in translational and health service research
- participation in NSW Executive Leadership programs
- specific mechanisms to improve workplace culture

- a better understanding of catchment populations for Canberra Hospital and relationships with other NSW hospitals within that catchment population, and
- better understanding and planning for patient flows both into and out of the ACT.

It is proposed that discussions at a senior level take place between the two services with a view to developing a Memorandum of Understanding (MoU) of collaboration for joint Ministerial consideration. This MoU should be a public document.

One important outcome of those discussions would be a clearer understanding of the future vision for the Canberra Hospital as a tertiary, academic institution. Such a vision can not be developed in isolation of the hospital's role external to the population of the ACT.

Recommendation 8

That discussions occur between ACT and NSW with a view to developing a Memorandum of Understanding (MoU) for improved collaboration between the two health systems for joint Ministerial consideration.

Specialist Medical Colleges

Developing and sustaining relationships and ongoing dialogue with the Specialist Colleges is important for the ACT Public Health System.

Specialist Medical Colleges conduct education and training for doctors on a pathway to become consultants. They accredit hospital units through regular inspections and by providing feedback on the experience of their trainees. While the trainee may be an employee of the ACT Public Health System, the College is responsible for their selection and for assessing their progression through the specialist training program.

Australian Colleges are increasingly taking bullying, discrimination and harassment very seriously⁽⁴¹⁾. Modules covering these workplace issues are included in the training they provide. Specialist units have recently been discredited where a particular college has identified issues with workplace bullying⁽⁴²⁾.

When an allegation of discrimination, bullying or sexual harassment is made there is a requirement for both the employer (the Health Service) and the training body (the College) to investigate. There is a need to share relevant information as the College cannot send trainees to a unit or hospital where they are at risk, nor should a trainee who is a persistent bully be allowed to continue training. For example, to facilitate this information sharing, the Royal Australasian College of Surgeons (RACS) is putting in place MOUs with Health services across the country⁽⁴³⁾.

7. Clinical Engagement and Governance

Clinical Engagement

A necessary prerequisite to good clinical governance in any health system is clinical engagement.

The Review found the need for greatly improved clinical engagement across the ACT Public Health System. Issues cited in submissions and workshops included a lack of clinical engagement in development and monitoring of the performance measures, and clinician frustration at overly burdensome administrative processes.

A number of very dedicated clinicians, including medical clinicians, have fully engaged with this Review, even though some expressed reservations regarding the Review's likely impact. However, it was apparent that, unlike nurses, midwives and allied health workers, the significant majority of the medical workforce did not engage. This was indicative to the Reviewers that such disengagement is symptomatic of clinicians' general disengagement from the management of the hospitals and health services. The Reviewers emphasise that this statement is not intended as an allocation of blame and hence, reinforcing the problem. Rather, whatever the genesis, it is now opportune and important to address the disengagement.

Clinicians who are disengaged usually continue to provide high quality care to their individual patients, which is why these hospitals still achieve good clinical outcomes. However, such disengagement means that the health system does not benefit from the knowledge and input of individual clinicians who provide little consistent input to opportunities to improve the quality of care across the system. This point was made by a number of organisations representing medical and nursing staff. Engagement brings clinicians into strategic decision making, helps inform the response to near misses, complications or adverse events, identifies opportunities to learn from them, and ensures they will help drive implementation of changes to improve the safety and quality of care. Disengaged clinicians are usually cynical, distrustful of the system, lack pride in their organisation, and are often unhappy in the workplace. Their interactions with bureaucracy are in consequence frustrated, sometimes angry, and breed resentment.

The Reviewers heard of situations where clinicians had raised work health and safety issues only to find they were not taken seriously, or not adequately resolved. Involving clinicians in the identification and remedy of work health and safety issues is an important factor in building work engagement and improving job satisfaction⁽⁴⁴⁾.

Many examples were put to the Reviewers of both inappropriate clinician behaviour in the workplace and of administrative red tape contributing to a disengaged clinical workforce.

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"Morale is low, we are fatigued from chronic under-staffing, and we are experiencing debilitating instability. Administrative processes are onerous and obstructionist, and I am genuinely shocked when someone has enough reserve to actually help me when I am desperate enough to ask."

"I have seen and experienced countless examples of poor leadership which arguably affect patient care and team morale. Whether it be a senior colleague on the end of the phone who has no patience for a consult, or a disorganised ward round with a rushed consultant who fails to adequately convey their intent or take the time to engage their team, staff at all levels seem to accept this as the norm."

"I know from discussions with colleagues that it is the interesting patient case load that we manage that largely keeps a lot of us coming to work rather than the great team environment. The outdated systems used within ACT Health, the lack of adequate administration processes and well-trained staff to undertake these tasks adds to the low morale within the service."

"There are many examples of invitations to valuable planning and information sessions being delivered at short notice. This precludes the involvement of clinicians in decision making processes and is a missed opportunity to receive valuable input on the design of patient services, leading to the promulgation of poorly considered policies and service designs. It also leads to a lack of awareness and frustration among clinicians about decisions made."

– Quotes from submissions

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The progressive delegation of responsibility for sensible decision making about appropriate approvals is needed as one tool to re-engage with the clinical workforce. One strategy to do this is discussed in Section 8.

A focused attempt in improving clinical engagement across the ACT Public Health System is critical. Better clinical engagement was advocated for by a number of organisations including the RACS and the AMA. It is noted that the Senior Executives at both Canberra Health Services and Calvary Public Hospital are appropriately endeavouring to address this issue. Their success needs to be measured and monitored. Participation in safety, quality and improvement meetings, as well as willingness to attend meetings scheduled at reasonable times of the day to discuss system / service / divisional performance should be some of such measures.

The onus to engage should be equally recognised and acknowledged by both the individual clinicians and the system in which they work. It is important to ensure clinicians are enabled reasonable time within their working arrangements to attend such governance activities and workloads are adjusted appropriately.

Recommendation 9

Clinical engagement throughout the ACT Public Health System, particularly by the medical profession, needs to be significantly improved. Agreed measures of monitoring such improvement needs to be developed through consensus by both clinicians and executives. Such measures should include participation in safety, quality and improvement meetings, reviews and other strategy and policy related initiatives.

Visiting Medical Officers (VMOs)

The Visiting Medical Officers (VMOs) represent a skilled and valued element of the health service workforce that need to be engaged and included in governance activities. The ACT Visiting Medical Officers Association (VMOA) stated:

"Frequent claims, often from senior clinical academics, are that VMOs will not participate within the subspecialty unit, are not interested in education or research, and make no contribution other than doing paid clinical work. These claims are false."

"There has been a deliberate and steady reduction of the proportion of VMOs in public hospitals in the ACT in recent years, to the extent that there are now no VMOs in radiology, nephrology, psychiatry, infectious diseases, and medical and radiation oncology in Canberra Hospital."

These statements highlight the possible tensions between VMOs and the salaried medical workforce (not uncommon in the Australian health industry) and the need for improved clinical engagement to actively include both groups.

"If VMO's are not engaged and participating in the decision making of the hospital then that is a very dangerous situation. If you can't comment as the expert then the health system is missing out on your knowledge and expertise."

"VMO's often don't know about things that are going on – I don't know how to access the system as I have never had an orientation."

– Quotes from submissions

Clinical Governance

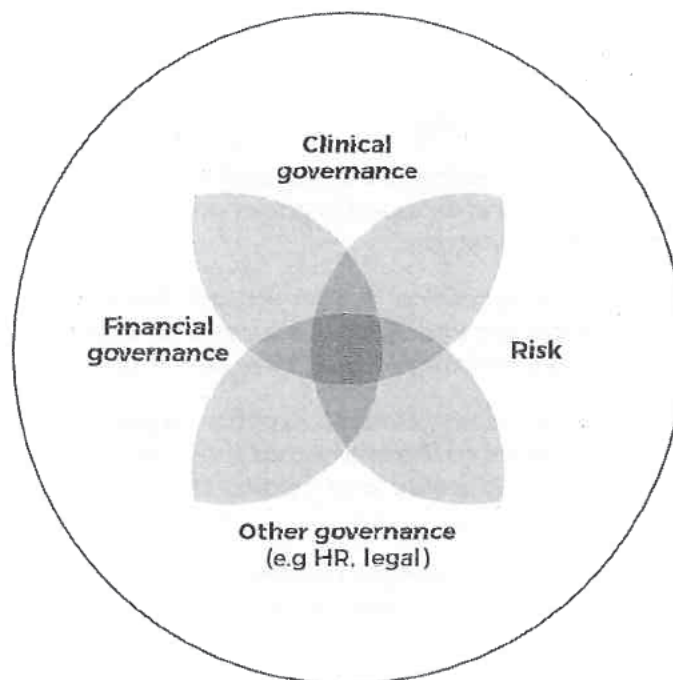
As previously stated, improved clinical engagement enables better clinical governance.

Clinical governance is the set of relationships and responsibilities established by a health service organisation between the Ministers, owners (for Calvary), executive, clinicians, patients, consumers and other stakeholders to ensure good clinical outcomes⁽⁴⁵⁾. It ensures that the community and health service organisations can be confident that systems are in place to deliver safe and high-quality health care, and continuously improve services.

Clinical governance is an integral component of corporate governance of health service organisations which ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – are accountable to patients and the community for assuring the delivery of health services that are safe, effective, integrated, high quality and continuously improving.

Good corporate governance cannot be achieved in a health service organisation without appropriate clinical governance – this is one of the key messages that prompted the Australian Commission for Safety and Quality in Healthcare to develop a National Clinical Governance framework^(m). Financial, Medico-Legal, Risk and HR governance overlap and must be integrated with clinical governance. Figure 3 highlights the overlapping of governance responsibilities in a health setting.

Figure 3. Clinical Governance as part of the Governance Responsibilities^(m)



National Model Clinical Governance Framework

All clinicians should participate in clinical governance in line with the following five principles:

- **Systems awareness** – which involves an understanding of the complex network of diagnostic, primary care, acute care and post-acute care settings that patients need to negotiate.
- **Teamwork** – whereby effective teams perform better and produce better results.
- **Effective communication** – required not just between patient and clinician, but between clinicians and management.
- **Ownership** – whereby staff within health services are empowered to take responsibility, solve problems and effect change.
- **Leadership** – effective leaders are required within all levels of management and clinical structures. Such leaders need to be provided with the appropriate skill set to be effective.

Reportedly, across the ACT Public Health System there is currently good acceptance of this responsibility by nursing, midwifery and allied health workers, but less so amongst medical specialists. For the medical workforce, both salaried doctors and VMOs, this requirement should be as part of the terms and conditions of employment / contract. In addition to health workers, the involvement of consumers in clinical governance is vital. As part of clinical governance, all senior clinicians should be provided with regular data which monitors the delivering of care according to agreed protocols and measures clinical outcomes.

“Consumer and family complaints, concerns and compliments provide a rich source of information about where improvements may be needed and what patients appreciate. These provide an active opportunity for learning and action.”

– Quote from submission

When clinicians are disengaged from the health system, the principles guiding good clinical governance are compromised.

Recommendation 10

There should be a clear requirement for senior clinicians to collaboratively participate in clinical governance activities.

Choosing Wisely

Choosing Wisely, an initiative of the National Prescribing Service (NPS) Medicine Wise⁽⁴⁶⁾, is an excellent mechanism for clinical engagement. This program has widespread adoption throughout Australia, but not in the ACT Public Health System. Implementing an initiative of this type would provide opportunities to focus clinical engagement on practical issues, thus contributing to better clinical and corporate governance.

Improved consumer care is the core objective of Choosing Wisely as the initiative focusses on improving the safety and quality of patient care by reducing unnecessary tests, treatments and procedures. While the primary focus is on improving care, the initiative also has the capacity to reduce inefficiencies and costs associated with unnecessary test and treatments.

Medical colleges and professional societies participate in Choosing Wisely by developing and disseminating the lists of tests and treatments thought to be overused or misused.

Many Australian health services and hospitals are also implementing Choosing Wisely through clinician-led initiatives. This may involve bringing specialists, or champions of evidence-based care, from across a hospital or broader health service to work collaboratively to identify opportunities to reduce unnecessary tests, treatments and procedures.

The Choosing Wisely program should be considered for adoption within the ACT Public Health System⁽⁴⁷⁾.

Recommendation 11

Canberra Health Services and Calvary Public Hospital should assess the appropriateness of the Choosing Wisely initiative as a mechanism for improving safety and quality of care, developing improved clinical engagement and greater involvement in clinical governance.

8. Clinical Leadership

Section 7 highlighted the extent of clinical disengagement in the ACT Public Health System and proposed mechanisms to enhance such engagement. One consequence of enhanced engagement is the capacity and desire for improved clinical leadership. The lack of clinical leadership was considered by some to be a root cause of the current poor culture within the ACT Public Health System.

The voice of clinicians, particularly the senior medical workforce, needs to be amplified throughout the ACT Public Health System.

Leadership Structure

At the time of preparation of this Report, the CEO of Canberra Health Services had announced a proposed new organisational structure, which reduces the number of Clinical Divisions to seven:

- Cancer and Ambulatory Services
- Rehabilitation, Aged and Community Services
- Critical Care
- Mental Health, Justice Health and Alcohol and Drug Services
- Women, Youth and Children
- Surgery, and
- Medicine

This slight reduction in Clinical Divisions, coupled with the creation of a cross Divisional Clinical Council, is supported as it will help moderate the silos that have evolved to the detriment of a good corporate culture. Each division in the current and proposed structure is led by an Executive Director. Currently there is no requirement for that Executive Director to have a clinical background from within the relevant division.

One frequently mentioned feature of the existing organisational structure is that there is limited devolved autonomy to the Divisional Executive Directors / senior clinicians.

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“Clinical excellence requires the careful development of people, their skills, ambitions, and the service framework which enables their talent.”

“I think it needs to start with strong leaders who can build trust in the organisation, give us a shared purpose and goal, demonstrate that everyone is accountable for patient safety, and encourage real collaboration between the areas of the hospital and with our colleagues in other jurisdictions.”

– Quotes from submissions

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Clinical Leads

There are various organisational models which would better amplify the senior clinical voices within hospital governance structures. One model, favoured by the Reviewers is that, progressively, Divisions all become clinically led by a senior clinician from within the Division and that increased autonomy is accorded to those Divisional Directors⁽⁴⁸⁾. Such clinically led arrangements are common elsewhere in Australia and internationally. Each Divisional Director should be supported by a Business Manager. It should not be assumed that the Divisional Directors will be medically qualified, though many will be, there may sometimes be co-director arrangements in place with a registered nurse or midwife or allied health professional. It could also be more appropriate in some Divisions for the lead to be a nurse or allied health worker. Again, this is common in other hospitals. Clearly the appointment of Divisional Directors is led by the CEO. However, it would be important that there be consultation with the Divisional clinical workforce regarding any preferred appointment. Such consultation would ideally promote some collective responsibility.

Earned Autonomy

This should be an 'earned autonomy' arrangement where the Clinical Director demonstrates his or her attributes to lead a division with clear strategic goals within budget and demonstrating the desired culture of the health service.

To successfully implement a more autonomous clinically led Divisional structure will require ready access to understanding of and response to safety, quality and business data.

Growing Clinical Leaders

To provide the skills to facilitate this earned autonomy, a targeted senior leadership and mentoring program should be developed and implemented – available to participants in medicine, nursing, allied health and executive personnel. This leadership and mentoring program should facilitate participation by Calvary Public Hospital clinicians and executive and be specifically designed to develop current and future Clinical Directors and executive leaders. Participation in the leadership and mentoring program should be by nomination / application and be dependent on the requirements of the relevant executive. The program would assist in succession planning and be open to existing and emerging leaders and reasonable time should be allocated for staff to undertake the program.

It is worth noting that this approach aligns with the recommendations of the previous KPMG Culture Review of ACT Health⁽³⁾.

Initially there should be a discovery process with the Executives of both health services, with input from the Ministerial Clinical Leadership Forum that will help guide the program design. Elements of such a program emanating from this discovery process may include:

- 360° feedback to increase self-awareness
- personal development programs
- mentoring by external senior clinicians
- one-on-one executive coaching
- opportunities to connect and collaborate with cross-industry peer level leaders
- conduct of strategic projects to drive clinical, cultural and financial performance across the services, and
- an improved understanding of the health industry and use of budget setting using activity based funding.

Recommendation 12

That Canberra Health Services adopt the progressive evolution of clinically qualified Divisional Directors across each Clinical Division with Business Manager support and earned autonomy in financial and personnel management.

Recommendation 13

That an executive leadership and mentoring program be introduced across the ACT Public Health System specifically designed to develop current and future leaders. This program should include both current and emerging leaders.

9. Role of Human Resources

Workforce Strategy

The role of the HR function in assisting the resetting of the culture within the ACT Public Health System is critically important. Improving workforce recruitment and training strategies, and the underpinning policies and processes that apply to them, are all essential elements of meaningful workplace culture change. Indeed, a core deliverable of HR, should be an alignment of workforce strategies with the needs of the ACT Public Health System by helping to acquire, develop, and retain talent essential in building a strong health system with shared, collective perceptions, attitudes and behaviours among its employees.

Supporting Staff

Submissions to the Review from both individuals and organisations highlighted the inadequacy of the HR practices across all levels of the ACT Public Health System, particularly around HR systems and the local implementation of policies and procedures. Consistently raised themes include: inappropriate recruitment practices, lack of 'customer' focus by HR staff, opaque, often heavy-handed processes of complaints handling, a perception of insufficient and uncoordinated training programs and general inefficiencies and duplication of HR processes and practices.

This is a clear reflection that leaders, managers and HR staff have a number of challenges to address in improving the workplace culture of the ACT Public Health System.

Looking after employees by providing a safe workplace is a legal requirement of all Australian workplaces⁽⁷⁾. Research has shown that there is a close relationship between employee's engagement in the workplace (such as participating in cultural change or simply participating as a member of a workplace team) and their health and wellbeing⁽⁴⁹⁾. Dealing with inappropriate behaviours, bullying, harassment and workplace violence appropriately and quickly is an essential element of a safe workplace for employees.

Unfortunately, within the ACT Public Health System, employees do not have confidence in how such issues are dealt with – only one in five respondents to the workplace survey outlined in Section 3 indicated confidence in how grievances are resolved. This is well below the 41% of NSW health employees - a figure which is itself unsatisfactory.

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"When getting assistance from HR, it is common to get different advice from different HR managers."

"There is a lack of trust with HR and HR processes."

"When contacting HR the advice is often conflicting, never in writing and dependent on who you talk to. I do a significant amount of fact checking after receiving advice."

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– Quotes from submissions

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Work Already Underway

At the time of preparing this Report, a number of initiatives were underway designed to improve staff welfare. For example, the Ministers for Health and Wellbeing and for Mental Health announced the *Nurses and Midwives: Towards a Safer Culture – the First Step – Strategy*⁽⁵⁾ in mid-December 2018. This strategy supports the fundamental rights of nurses and midwives to be safe and protected in the workplace. This work outlines the vision where staff, patients and visitors are protected from harm and feel safe at all times across Canberra Health Services and Calvary Public Hospital.

Similarly, the new CEO of Canberra Health Services informed the Review of strategies she is implementing in areas such as:

- reducing occupational violence
- establishment of an employee advocate role, and
- targeted facilitated workshops for teams and departments with recognised disharmony and poor culture.

All these initiatives are supported by the Reviewers. However, it needs to be emphasised that effecting the necessary improvements will be a long process that will require sustained attention.

The reorganisation of ACT Health has seen a clearer distinction of the functions of workforce policy and macro workforce planning now residing within the Health Directorate, whilst the operational aspects of capacity building and HR functions reside in Canberra Health Services and Calvary Public Hospital.

The Reviewers witnessed endeavours in each of the three arms of the ACT Public Health System to now strengthen the HR collaboration. Such collaboration will be a major contribution to the sustained improvement of workplace culture throughout the ACT Public Health System.

Future Focus

HR has an important role to play in positioning the ACT Public Health System into the future. There are a number of principles⁽⁶⁾ that help maximise the contribution of HR:

- **Organisational alignment** – The HR strategy and function must be informed by the current and future needs of the ACT Public Health System. As emphasised earlier in this Report, those needs are reflected in the complex interplay of values, strategy and leadership.
- **Agility** – a coordinated, agile, flexible approach across all of the ACT Public Health System is necessary for maximising organisational performance.
- **Engagement beyond the ACT Public Health System** – engagement with unions, NGOs and the education sector is essential in understanding future demand, changing health practices, technological improvements and consumer requirements. This knowledge must be embedded in workforce strategies and the way HR operates.

By building upon these principles, HR will contribute to the ACT Public Health System being best placed to establish an agile and adaptable workforce ready to meet the changing demands of its community.

HR Staff Numbers

Through its deliberations, it became clear to the Reviewers that the number of designated HR staff may not be adequate to support the necessary strategic workforce planning requirements as well as the ongoing operational requirements⁽⁵¹⁾. Underestimating the role of HR in workplace culture change may well undermine the success of any program of change embarked upon. The Reviewers consistently heard that there does not appear to be the staff to complete the work that needs to be done.

It must be noted that every organisation is unique, and within ACT some HR related services are provided by the ACT Government Shared Services. However, the Reviewers recommend a review be undertaken in a timely fashion of HR staffing numbers to ensure there are sufficient HR staff with the appropriate skills to address both the existing HR requirements and those arising from this Review.

Recommendation 14

The three arms of the ACT Public Health System should review their HR staffing numbers and functions in light of the concerns staff have expressed regarding timeliness and confidence in current HR procedures, and the future needs for HR, as proposed in this Review.

Recruitment

The Reviewers heard about many concerns and issues that resulted from high numbers of long-term acting arrangements within the ACT Public Health System. The issues included inability to make decisions, long-term career uncertainty and what many described as a lack of meritorious recruitment processes.

Recruitment practices within the ACT Public Health System were cited in submissions as inconsistent and lacking transparency leading to dissatisfaction from both successful and unsuccessful applicants. The need for recruitment to occur in a timely manner was also raised. Where this doesn't occur, teams are reportedly left short staffed for prolonged periods increasing the workload pressures on existing staff and further contributing to the poor culture.

According to ACT Recruitment Policy⁽⁵²⁾:

Recruitment processes in ACT Health must follow the principles outlined in the Enterprise Agreements, Public Sector Management Act (1994) and Standards, and relevant Procedures. The principles that must be demonstrated by any selection process are:

- *Selection is based on merit*
- *Procedural fairness*
- *Clear advertising and opportunity to apply*
- *Accountability; and*
- *Privacy and confidentiality.*

In its Recruitment Policy⁽⁵²⁾, ACT Health states:

"To comply with legislation, managers are reminded that permanent officers must be considered for a temporary vacancy in the first instance. Where a suitable permanent officer can undertake a temporary role, this must take precedence over a temporary employee undertaking that role." Refer section 106 Public Sector Management Act (1994)."

A tension exists between the principles of providing upskilling opportunities for existing staff and applying merit-based selection for vacancies / new positions.

Subsequently, it was argued to the Reviewers that there is lack of opportunity for external applicants to enter the services and ultimately secure permanent positions. The ability to refresh and grow the workforce is consequently inhibited. Recognising legislative compliance, enterprise agreements and policy requirements, has given rise to a system with many people occupying 'acting' roles, often over long periods. Substantive roles are not relinquished, further creating an insular workforce.

In addition, submissions to the Review maintained the process of recruitment is often protracted resulting in good people being 'lost' from the system and inconsistency in recruitment practices leads to a culture of suspicion with people allegedly appointed to positions without due process.

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"Recruitment is not consistent throughout the organisation. There has been a number of examples of poor recruitment decisions."

"Recruitment does not appear to be open and transparent. There are examples of when employees have been put into positions, without a position being advertised."

"Recruitment is micromanaged and takes months to sort, we cannot recruit anyone good."

"Recruitment, selection and promotion practices should be open, competitive and based on merit."

"While overall merit should be the overriding consideration of any application for appointment or employment, organisation should have in place a range of positive strategies and initiatives to attract doctors from diverse backgrounds to its workplace, profession and specialty."

"Every director and executive director resigned and was replaced with an acting person and that is still occurring, people are still acting."

"We need a greater focus on recruiting skilled people and developing skills in the junior staff."

"Recruitment processes take too long as the delegations for sign off are too high."

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– Quotes from submissions:

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Notwithstanding the tension cited earlier, greater transparency in adherence to the recruitment processes and principles by the ACT Public Health System would ameliorate some of the staff and union concerns and enhance organisational culture.

Recommendation 15

The recruitment processes in the ACT Public Health System should follow principles outlined in the Enterprise Agreements, *Public Sector Management Act 1994* and relevant standards and procedures.

The impact of adopting this recommendation would be an overall reduction in the number and length of acting arrangements. This data should be part of the metrics that are monitored.

Whilst the above comments relate to all ACT Public Health System staff, there is a specific recruitment issue concerning the Junior Medical Workforce (JMW) recruitment process. The general recruitment cycle of the JMW in Australia runs on an annual basis, with the clinical year usually commencing in the second or third week of January and finishing fifty-two weeks later. Most junior doctors are offered a twelve month temporary contract requiring further application to roles half way through their intern year.

Most State and Territory health authorities advertise junior doctor posts centrally, usually during the preceding June or July. In addition, there is frequent communication advising when recruitment will be open. It is a highly competitive marketplace, with many hundreds of applications being received for limited positions. Not surprisingly, most jurisdictions have a specific section for junior doctor recruitment on their websites improving access and transparency.

The Junior Medical Officers (JMOs) have advised that in the ACT training opportunities are advertised after NSW and Victoria. The positions are not differentiated from general recruitment and time of advertising is not generally known. There appears to be considerable room for improvement in the JMO recruitment cycle within the ACT Public Health System.

Attraction and Retention

The challenges of attracting and retaining highly skilled workers in the ACT are similar to those challenges experienced in other jurisdictions. A more coordinated, or even integrated approach with NSW Health could be considered as part of the proposed MoU between ACT and NSW Health discussed in Section 6.

In addition, the Review received many examples of staff not being supported to attend training. This limits staff opportunities for professional development within the system. Many staff advised they were looking to leave the ACT Public Health System and join an organisation that would support them in developing their skills. This sentiment was shared by JMOs who felt there was a lack of support for specialty training programs in the ACT.

Similarly, in their submission to the Reviewers, the Canberra Region Medical Education Council noted that their 2016 evaluation of supervisor capacity and quality found the vast majority of supervisors identified the lack of time available to teach as a significant downside. While supervisors are keen to teach and share their knowledge and experience, in most cases there was reportedly no allocated time to provide this valuable training, and as a result, is usually done on top of patient care. In addition, a lack of KPIs and targets that reflect or measure the amount of supervision and teaching taking place is also absent, leaving supervisors with a sense that the work is not valued.

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"It is difficult for nursing staff to get study days, support and funding around conferences."

"Trainees have reported strict administrative rules in relation to work hours, which impede clinical exposure and limit learning and training."

"We have no learning culture – we think mediocrity is ok."

– Quotes from submissions

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One strategy to achieve improved attraction and retention is to enable greater mobility of staff between Canberra Health Services and Calvary Public Hospital so that staff can upskill and increase capability within the ACT Public Health System. Many submissions and discussions pointed to the complexities and inconsistencies in the application of the existing policy and procedures applied to staff seeking temporary transfers between the two hospitals. At the local level this leads to dissatisfaction and disengagement within the workplace.

For example, access to entitlements is not consistent across the ACT Public Health System (or even within each of its arms). This can create tension between staff and managers due to perceived inequity.

Consistent application of entitlements will facilitate greater staff mobility between services through secondments, temporary transfers, higher duties and ongoing employment arrangements.

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"Staff at Calvary are not offered the same training opportunities as staff at Canberra Hospital."

"A staff member was required to resign their position from Canberra Health Services to take up a non-ongoing opportunity at Calvary. They had to have all their leave arrangements paid out and were not able to transfer or take leave without pay to accept the position and improve their skills."

"Attracting and retaining staff is very difficult."

– Quotes from submissions

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Where possible, there should be greater consistency of HR policies and practices, and their application across Canberra Health Services and Calvary Public Hospital. Such improved consistency will aid recruitment, retention, mobility and staff satisfaction.

Performance Development

A number of submissions highlighted the inadequacy of the performance development process throughout the ACT Public Health System. This was seen as a contributing factor to poor workplace culture. Clinical and Executive leaders should be performance assessed and receive feedback. Similarly these leaders should be assessing their team members and be able to give feedback without fear of accusations of bullying. Performance Development enables all employees to have open and regular conversations with their reviewer about their development, role, achievements, contributions, career aspirations and alignment with the organisations values⁽³⁾.

Preliminary Assessments

The ACTPS Enterprise Agreements⁽⁵³⁾ allow for managers to undertake Preliminary Assessments (PA) of staff members' work performance or conduct in cases where an allegation of inappropriate behaviour is made. In this situation, a PA is used to determine whether further action is required. The manager or supervisor chooses if they will inform HR of the assessment and may also seek the assistance of HR in the assessment process.

The application, timeframe and management of PAs was raised consistently in submissions and the consultation process as confusing for both the manager and the staff member. The outcomes delivered through the conduct of PAs was consistently called out as being opaque, unsatisfactory and in many circumstances damaging to both the manager and the staff member. Many managers and staff were not sure of how formal and reviewable the PA process was. Understanding of how the PA process aligned with formal investigations also varied greatly.

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"The application of Preliminary Assessments is a very bureaucratic approach to managing human behaviour."

"Too many issues are escalated to HR, as a first point of call. They become blown out and this causes damage to the relationships of the people involved."

"The PA process is more like an investigation process. It is heavy handed for minor issues that may be better managed by and early facilitated discussion between parties."

– Quotes from submissions

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The Reviewers heard many examples of matters that should / could be resolved over a cup of coffee being escalated, rather than de-escalated as a result of a PA process. Not only does this seem to have impacted on resolution timeframes and workload, but evidence to the Review indicated it has frequently caused psychological harm to both parties involved. This Review is not the first to identify issues in the understanding and application of PA and performance management processes. Similar issues were raised in the 2018 Auditor-General's Report⁽⁴⁾. Several managers noted that the process ended up with them having a bullying claim brought against them, and staff who had undergone an assessment, reported that they were not advised of outcomes for months or in some cases, years.

The proposed introduction of the Vanderbilt based model of early intervention in Section 5 is designed to significantly reduce those grievances which are formally escalated to HR and result in a PA. This is expected to reduce the issues caused by the PA process and ensure greater appropriateness of PA referrals and, hopefully, improved timeliness of their resolution in the future.

Enabling Systems and HR Data

A high degree of frustration was expressed across the sector on duplication of effort by managers to administer basic payroll systems. Leave applications may be entered into three separate systems and rostering and reconciliation processes are reported as time consuming and cumbersome. When HR management systems are not functioning, capacity to manage at unit level is inhibited and scope to use incentive schemes to engage and motivate employees is limited⁽⁵⁴⁾.

Unfortunately, the Reviewers were unable to readily access up-to-date information in a useful format on HR metrics such as staff turn-over, unscheduled leave and casual usage which are often used to measure the health of an organisation's culture⁽⁵⁵⁾.

The Reviewers experience was also shared by managers across the ACT Public Health System. Frustration at the inability to access meaningful HR data for effective decision making and action by managers was repeatedly expressed. Issues in access and provision of HR data seems to relate to the multiple disparate systems used to process HR related information within ACT Health. The Reviewers heard many examples of managers and leaders spending hours every week entering HR related information such as timesheets into various systems without any ability to later produce meaningful reports. This core data will be important for the ACT Public Health System to closely monitor and report on during the implementation of cultural change activities.

Over time, the ability to deal with issues at a local level has diminished. Many reasons have been cited that have contributed to the current state, but a common important thread is lack of access to meaningful HR data.

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"There are a number of managers who come into work on weekends to complete the fortnightly payroll acquittal."

"The manager spends 40 hours per month on rostering staff onto shifts."

– Quotes from submissions

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ACT Government Shared Services is cognisant of these deficits with a vision for improvement which has stated an intention to:

"evolve the HR capability through the implementation of an integrated technology backbone to improve process efficiency and effectiveness, allowing resources to focus on higher value add activities."

It is recognised that a large body of work has been recently commissioned that will hopefully provide useful data dashboards on such information as turnover, staffing profiles, unscheduled leave, workers compensation and injury management. The new system would allow users to drill down to the individual level and access trending and comparison data.

There is opportunity to further develop management capability in making this information available to all managers to create a management culture of 'accountability with autonomy' as described in Section 8.

Development of key performance indicators is acknowledged as an essential first step. Transparency, interpretation and regular monitoring of these indicators will be essential in understanding and responding to those trends at a local and organisational level.

Against this back drop of perception, there is also opportunity. The Reviewers believe that there is a genuine appetite by HR management and many staff to do things differently – to do things well!

HR creates value by building capability in that it helps create a culture that fosters innovation, and it helps mitigate 'people risks'. Every HR activity including recruiting, on-boarding, training, leadership development, performance management, compensation and benefits, rewards and

recognition, is in service to one or more of these goals. This perspective provides the building blocks for the narrative for telling a smarter story.

Availability of these data dashboards should be ongoing and 'pushed out' to cost centre managers. This is common in other health jurisdictions. Dashboards should provide all general HR data including contracts, staff leave, training, workers compensation and injury management.

Leadership Training

Building capability

A common theme emerged throughout the consultation and submission process was the opportunity to improve the skill levels of the various management groups in terms of people management.

"Appropriate management and leadership training must be provided and should be a requirement for those in leadership and supervisory roles. This includes education in performance management, providing constructive feedback, communicating about difficult issues and effective complaints management to prevent issues escalating where possible."

"Where an organisation's leaders are insensitive, or of poor standard, inconsistent, unfair, stale or not transparent and/or where its people are not aware of their rights and how to enforce them safely, the opportunities to enhance clinical team efficiency, maintain quality and develop employer of choice characteristics is reduced."

"Building leadership competency in medicine should form part of the process towards cultural change."

"Leadership courses and mentors/coaches should also be made available. Leadership competence should be taken into account more strongly during the recruitment process."

"There is clear evidence in our organisation of not adequately responding to underperformance or not knowing how to address unacceptable workplace behaviour. The sense is that senior leadership lacks willingness to have difficult conversations and that these are either poorly focused or targeted at the individuals concerned or simply overlooked."

– Quotes from submissions

Ongoing guidance and education is required for all staff at all stages of their career to recognise and address inappropriate workplace behaviour. This should include the appropriate management and escalation of complaints. As identified by the AMA in their submission:

"Training in appropriate behaviour, resilience, performing under pressure and how to speak up when bullying and harassment occurs, needs to be embedded in all education and training programs. The link between appropriate behaviour, and patient safety should be incorporated into ACT Health's induction program, particularly for new managers."

An array of training opportunities exist within the health sector in the ACT which addresses people management skills deficits. However, the Reviewers were not convinced these programs represented a coherent whole, and believe it would be timely to reflect on the purpose, target audience, curriculum and training styles of such programs. Such a review would be particularly timely in the light of the findings of this Review.

Any additional or more coordinated training should complement the Leadership and Mentoring Program and recommended roll-out of the Vanderbilt based Program across the ACT Public Health System.

Recommendation 16

The range of training programs for staff offered by the ACT Public Health System should be reviewed with respect to their purpose, target audience, curriculum, training styles and outcomes so that they address the issues raised in this Review.