

addressing directly with Deputy Director Generals, the need for the early identification of suitable, alternate duties or roles to facilitate the timely return to work of injured or ill ACT Health employees.

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

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

3. OCCUPATIONAL MEDICINE UNIT

Staff Screening/Vaccination

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

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

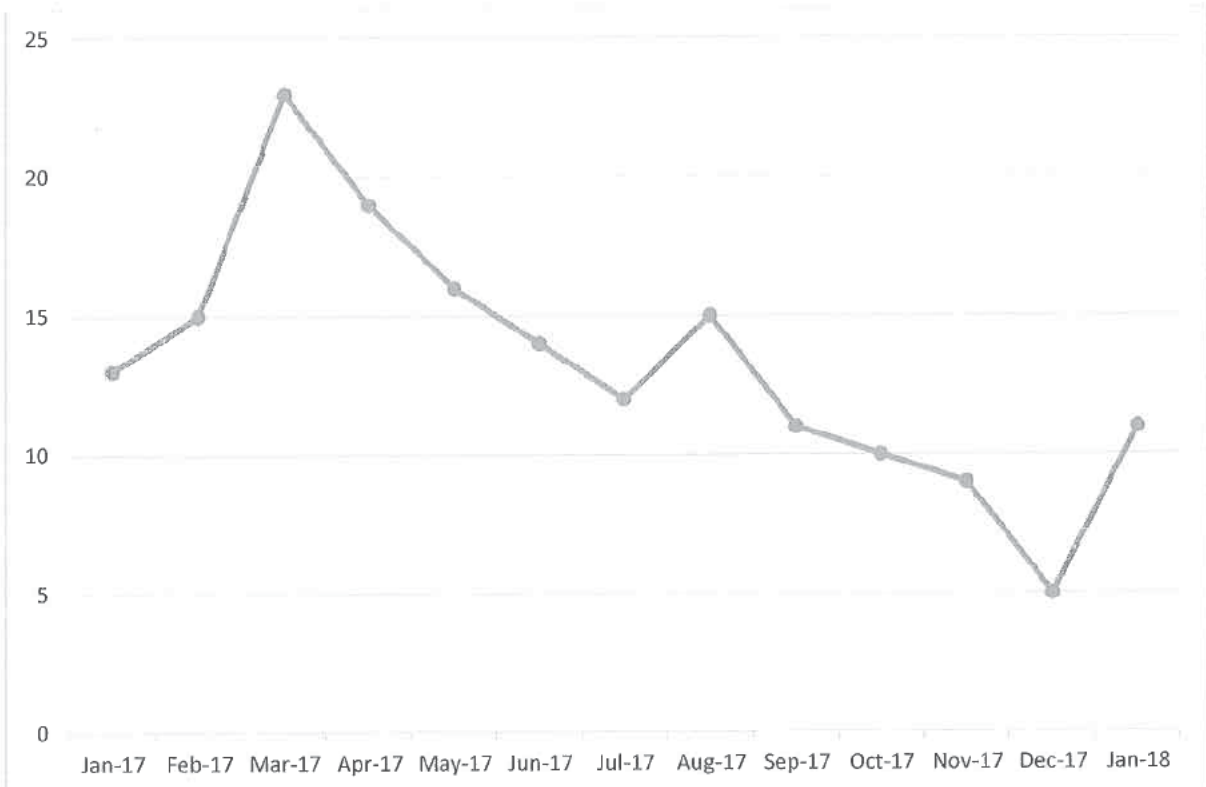
- The issue has been communicated to the CHHS Executive to emphasise the importance of staff screening/vaccination in terms of patient and staff safety, and to gain their support in ensuring that the identified staff participate in staff screening/vaccination.
- Two additional nurses have been employed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

As agreed by CHHS Executive Screening/vaccination will be undertaken by a combination of mobile clinics and booked appointments by the OMU with the following schedule.

- September 2017 – SAOH mobile clinic 18/09/17 – 6/10/17 completed (3 weeks - Operating Theatres)
- October 2017 – Critical Care mobile clinic mobile clinic 16/10/17 – 03/11/17 completed (3 weeks – Emergency Department)
- November 2017 – Women Youth and Children – Mobile Clinic 13/11/2017 - 01/12/2017
- November 2017 – Emails sent to target staff in CACHS, RACC and Clinical Support Services for attendance for appointments at OMU – Building 15, TCH.
- January 2018 – Reminder emails sent to S&OH and Critical Care staff to complete screening vaccinations.

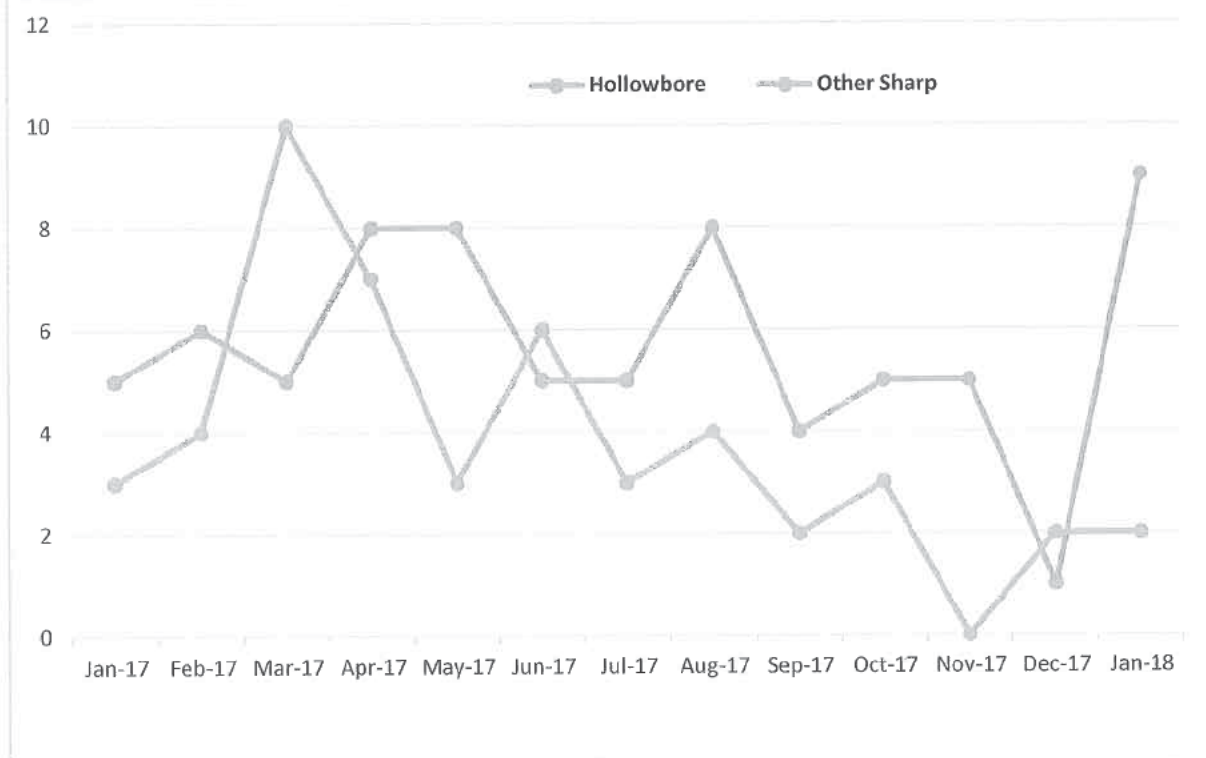
As at January 2018 the total of staff requiring verification of screening/vaccination status has been reduced to 2606 (representing a 39% reduction since 01/04/17).

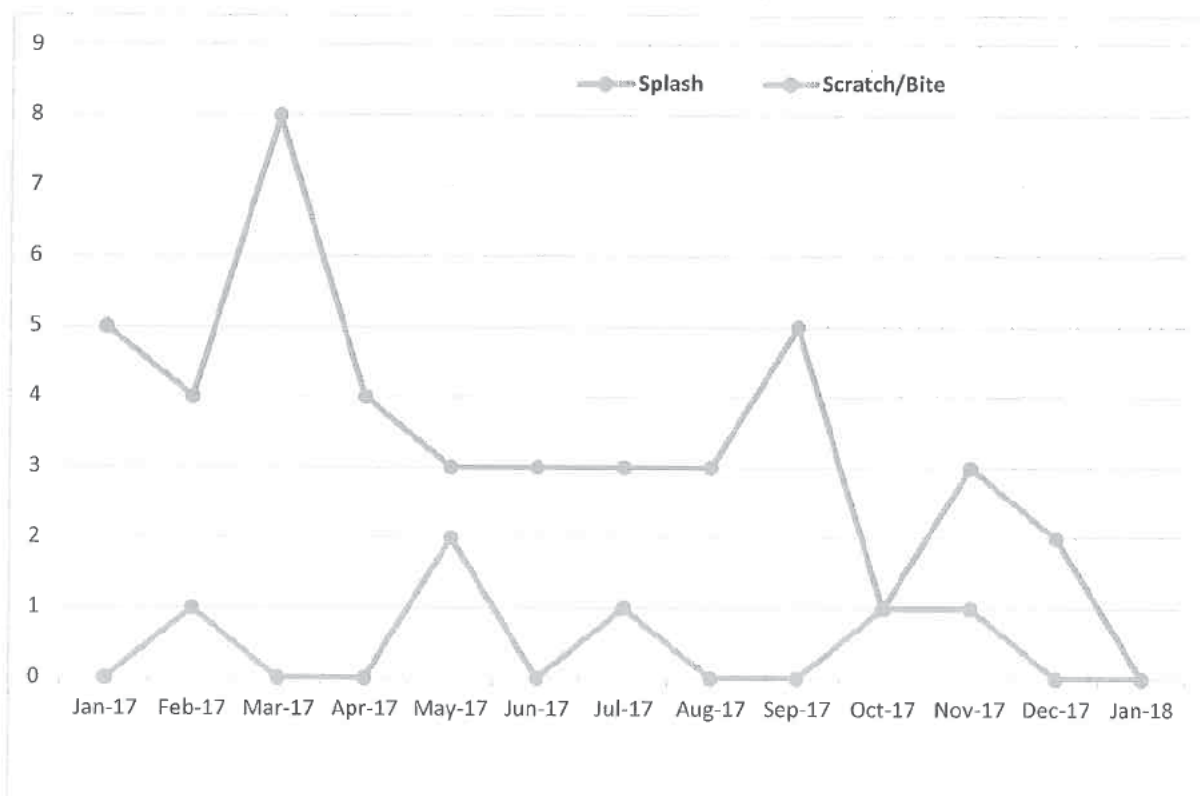
Graph 7 - Staff Blood and Body Fluid Exposure (BBFE) Incidents - 01/01/17-31/01/18



The number of monthly incidents relating to staff blood and body fluid exposure (BBFE) has been on a mostly downwards trend since April 2017 through to January 2018.

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



Graph 9 - Staff BBFE Incidents- Sharp Injury Type- 01/01/17-31/01/18

There is a generally a downward trend in BBFE splash incidents for 2017 that has continued into January 2018.

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

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

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

4. STAFF EARLY INTERVENTION PHYSIOTHERAPY

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

Physiotherapy Appointments for ACT Health Staff - 01/01/17 - 31/01/18

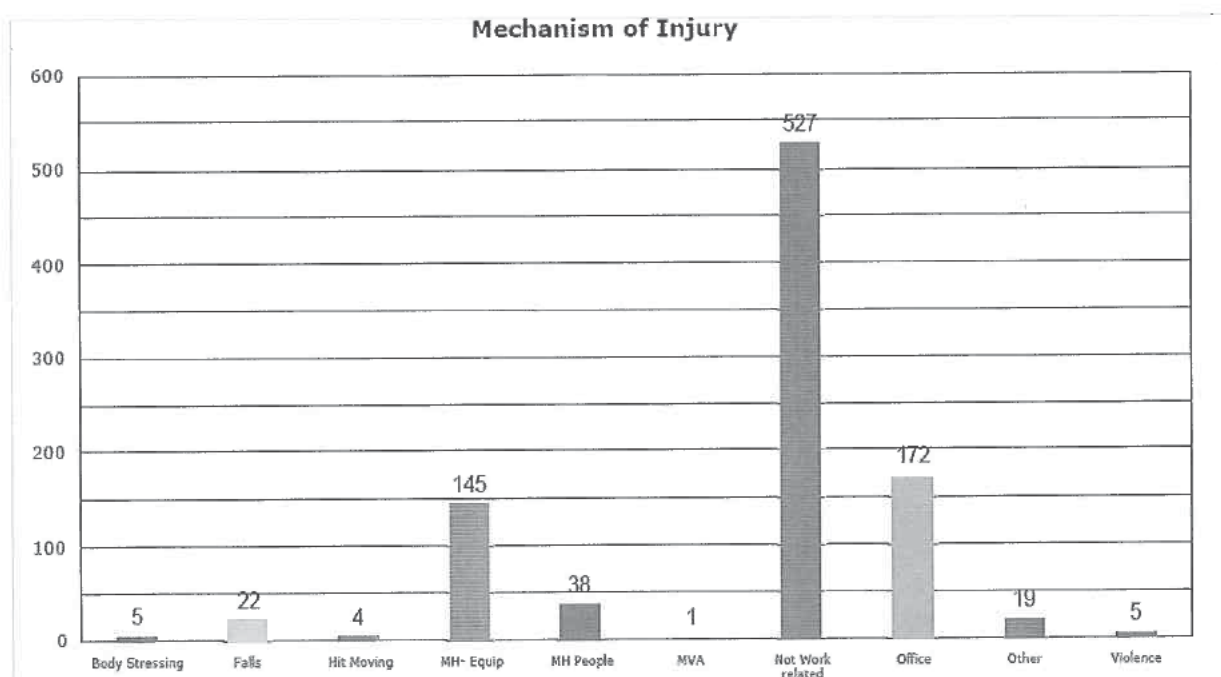
- There have been a total of 2452 clinical appointments and treatments for the year to date, including 925 new referrals.
- There were 1527 review clinical appointments.
- 459 new referrals involved work related injuries (50% of the total) and 30 of these referrals may proceed to a workers' compensation claim.

A breakdown of work activities completed by Early Intervention Physiotherapy for the period 01/01/17 - 31/01/18 is detailed below.

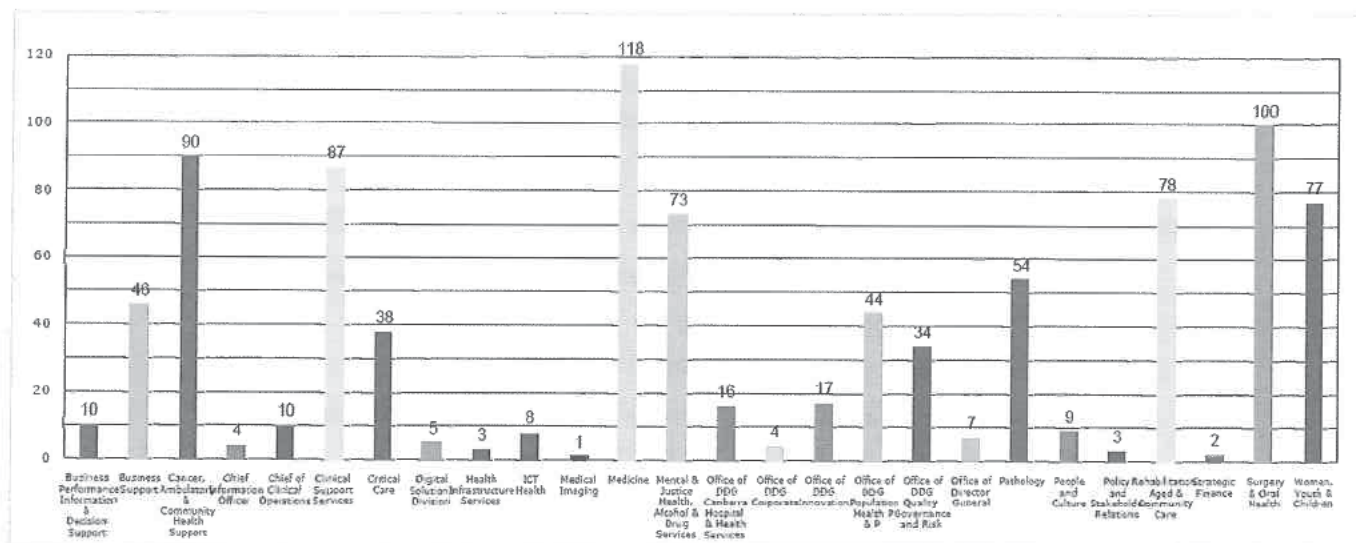
Table 5 - Staff Early Intervention Physiotherapy - Work Activities - 01/01/17 - 31/01/18

	YTD
Clinical physiotherapy appointments	2452
New referrals	925
Workstation assessments	634
Work areas assessed for ergonomic input	42

Graph 10 - Mechanism of Injury (Physiotherapy Classification) - 01/01/17 - 31/01/18



The most common mechanism of injury was 'Not Work Related', followed by 'Office' and 'Manual Handling Equipment'.

Graph 11 - Referrals by Division - 01/01/17 - 31/10/18

An Early Intervention Physiotherapy Case Study

January 2018 - A workstation assessment was organised for an approximately 50 yr old nurse who has been performing office work for the last 2 years but 3 months ago returned to her usual workplace after a period of secondment. After returning to her workstation, she reported 3 months of progressively worsening constant neck, shoulder and arm pain of medium and high intensity. The right arm felt heavy. Aggravating movements included desk work and looking down making it worse by the end of the day.

The workstation was adjusted and an alternate chair that matched her body proportions was located and adjusted for a reasonable ergonomic set-up. The nurse was referred to the Early Intervention Physiotherapy clinical service for musculo-skeletal assessment.

The goal of clinical assessment and treatment was established as pain reduction in the neck and shoulder.

Visit 1: All neck movements were limited by pain and muscle spasm in the neck and shoulder. Physiotherapy treatment led to a reported reduction in arm pain and spasm in the neck.

Visit 2: the neck was reported as fully recovered but now there was a reported feeling of being twisted in the lumbar spine. Further assessment concluded that there was asymmetric muscle spasm and an altered movement pattern when bending. Treatment restored a normal movement pattern and home exercises were given.

Visit 3: The neck and lower back pain had resolved but there was thoracic spine pain and spasm reported. This was treated and further home exercises provided.

Visit 4: The nurse reported that she was symptom free, moving normally and had returned to the gymnasium after a 3 month absence. No further visits were required and discharge followed.

NB This de-identified case study was used with the staff-member's permission.

5. HEALTH INFRASTRUCTURE (Development & Construction)

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

Projects

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

Regular Meetings

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

Construction Sites (External contractors)

In the 4th quarter of 2017 there were 0 lost time injuries and 0 medically treated injuries on construction sites. The current LTIFR for the HIS Projects is 1.1, this compares favourably to the national average for the construction industry, which is 7.4. There have been no major incidents to report since last meeting.

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

The following information details post occupancy WHS issues (if any) from recently completed Health Infrastructure projects.

11A (Acute Care of the Elderly)

Workplace Safety Staff were involved in the design consultation and commissioning stages of this refurbishment project. Since commissioning no safety defects have been detected and user feedback has been positive.

ACT Health Workplace Safety

TIER 1**WORK HEALTH and SAFETY COMMITTEE****Agenda Item 8.0****Work Health and Safety****Year to Date - 31 October 2017 - Report**

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INTRODUCTION

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

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

The purpose of this report is to:

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

All information relates to the period of 01/01/16 to 31/10/17 unless otherwise stated.

Tier 1 Work Health and Safety Committee

1. WHS NOTIFIABLE INCIDENTS AND NOTICES

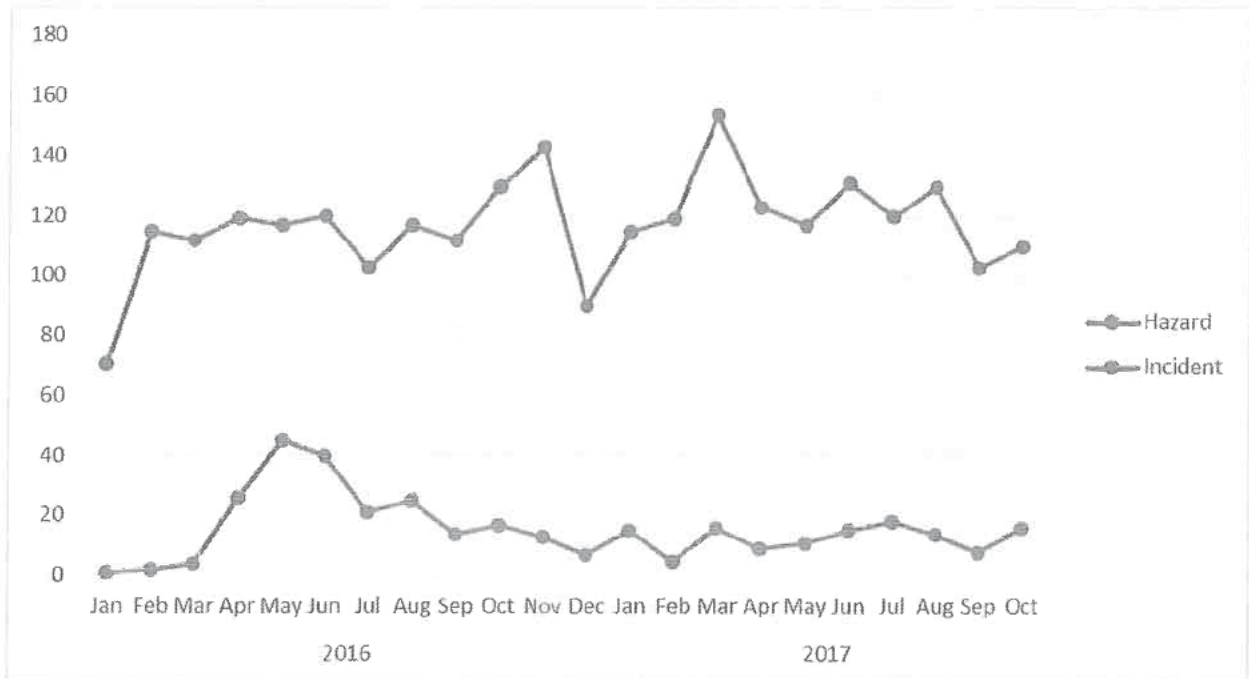
Notifiable Incidents Reported to WorkSafe (i.e. incidents requiring notification to the Regulator).

Between 01/01/17 - 31/10/17 a total of 17 notifiable incidents were reported to WorkSafe ACT as detailed in the table below (In 2016 a total of 16 notifiable incidents were reported).

Table 1 - Analysis of WorkSafe ACT Notifiable Incident Reports from 01/01/17 - 31/10/17

Notification date	Employee Division	Employee work area	Incident Outline
6 Jan 2017	Business Support	Business Support and Development	Steam leaking from both sterilizers at Mitchell sterilizing.
7 March 2017	Mental & Justice Health, Alcohol & Drug Services	Secure Mental Health Unit	Staff member hit hand on metal door, experienced electric shock response and collapsed soon after.
6 Mar 2017	Business Support	Food Services	Fire in deep fryer in Food Services kitchen
6 April 2017	Business Support	Business Infrastructure	Waste water leak in basement which activated fire alarm system and resulted in evacuation of the building.
10 Apr 2017	Health Infrastructure Services	Health Infrastructure Services	An electrical fire occurred in the switch board in Tower block, Basement level resulting in ACT Fire and Rescue attendance and evacuation of some buildings.
10 Apr 2017	Clinical Support Services	Clinical Support Services	Fumes emanating from the Cardiac Catheter Lab
21 April 2017	Health Infrastructure Services	Health Infrastructure Services Recurrent	Bearing was found to have failed causing smoke to enter the HVAC system and enter clinical spaces on levels 3, 4, 5, 6 & 8. Wards 3B, 4B & 5B have been horizontally evacuated.
21 April 2017	Health Infrastructure Services	Health Infrastructure Services Recurrent	Ballast found to have overheated causing a small fire in the light fitting and causing a small amount of damage to the vinyl floor below.
31 May 2017	Office of DDG Quality Governance and Risk	Clinical Safety and Quality	Staff member received electric shock from heater in filing room.
27 July 2017	Clinical Support Services	Demand Management	Staff member received an electric shock when plugging in a sandwich press.
2 Aug 2017	Medicine	Medicine Units	Staff member sustained electric shock when plugging in a chair.
2 Aug 2017	Surgery & Oral Health	Operating Theatres	Ceiling panels fell from ceiling to floor outside the Patient flow Office.
11 Aug 2017	Health Infrastructure Services	Health Infrastructure Services Recurrent	Staff member undertook high risk electrical work without following all safety protocols. No injury occurred, however it was a dangerous incident.
18 Aug 2017	Office of DDG Population Health P & P	Health Protection Service	Staff member potentially exposed to Silver Fulminate when processing samples.
30 Aug 2017	Surgery & Oral Health	Operating Theatres	Staff member received electric shock.
19 Sep 2017	Business Support	Logistic Support	Window shattered outwards from 9th floor to the roof of Building 2, Level 3, after Cleaners from 155 were attempting to open the window.
23 Oct 2017	Rehabilitation, Aged & Community Care	Geriatric Medicine	Patient smashed window and glass fell from level 4 to roof of level 2.

Graph 1 – Staff Incident Reports & Hazard Reports – 01/01/16 – 31/10/17



An average of 122 staff incidents per month have been lodged in 2017 YTD compared to an average of 112 in 2016 (an increase of 10%).

The number of hazard reports per month in 2017 remains consistent.

Divisions are encouraged to focus on trends and patterns in incidents and identified causal factors (refer to table 3 on the following page).

Improvement and Prohibition Notices Issued by WorkSafe

In the period of 01/01/17 to 31/10/17 three Improvement Notices were issued by WorkSafe on ACT Health.

- 1 x Prohibition Notice was issued on ACT Health by WorkSafe ACT on 6 April 2017 in relation to the potential presence and disturbance of asbestos in the electrical switchboard room, Building 1, Canberra Hospital. After tests were conducted by qualified external contractors the prohibition notice was subsequently lifted by WorkSafe ACT on 7 April 2017.
- 1 x Improvement Notice was issued in relation the electric shock from a sandwich press on 27 July 2017. The improvement notice required ACT Health to:
 - Undertake an audit of electrical appliances throughout the Canberra Hospital staff kitchen/kitchenettes, and;
 - Provide to Work Safe ACT documented proof that this process has begun and a robust system for testing and tagging is being implemented.

On 1 September 2017, Work Safe ACT Inspector returned to ACT Health to follow up on actions pertaining to the Improvement Notice issued. As a result of re-inspection the inspector was satisfied that the conditions of the Improvement Notice were met and subsequently lifted the Improvement Notice.

- 1x Dangerous Substances Improvement Notice issued on 30 August 2017 relating to the use of the cleaning product Actichlor Plus. This improvement notice was subsequently revoked on November 7th 2017.

Provisional Improvement Notices issued by Health Safety Representatives

In the period of 01/01/17 to 31/10/17 no Provisional Improvement Notices (PINS) have been issued by Health Safety Representatives on ACT Health sites.

2. WHS INCIDENT STATISTICS AND TRENDS

The statistics below relate to staff incident reports and hazard reports for the period 01/01/16 - 31/10/17.

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

Table 2 - Staff Incident Reports & Hazard Reports - 01/01/16-31/10/17

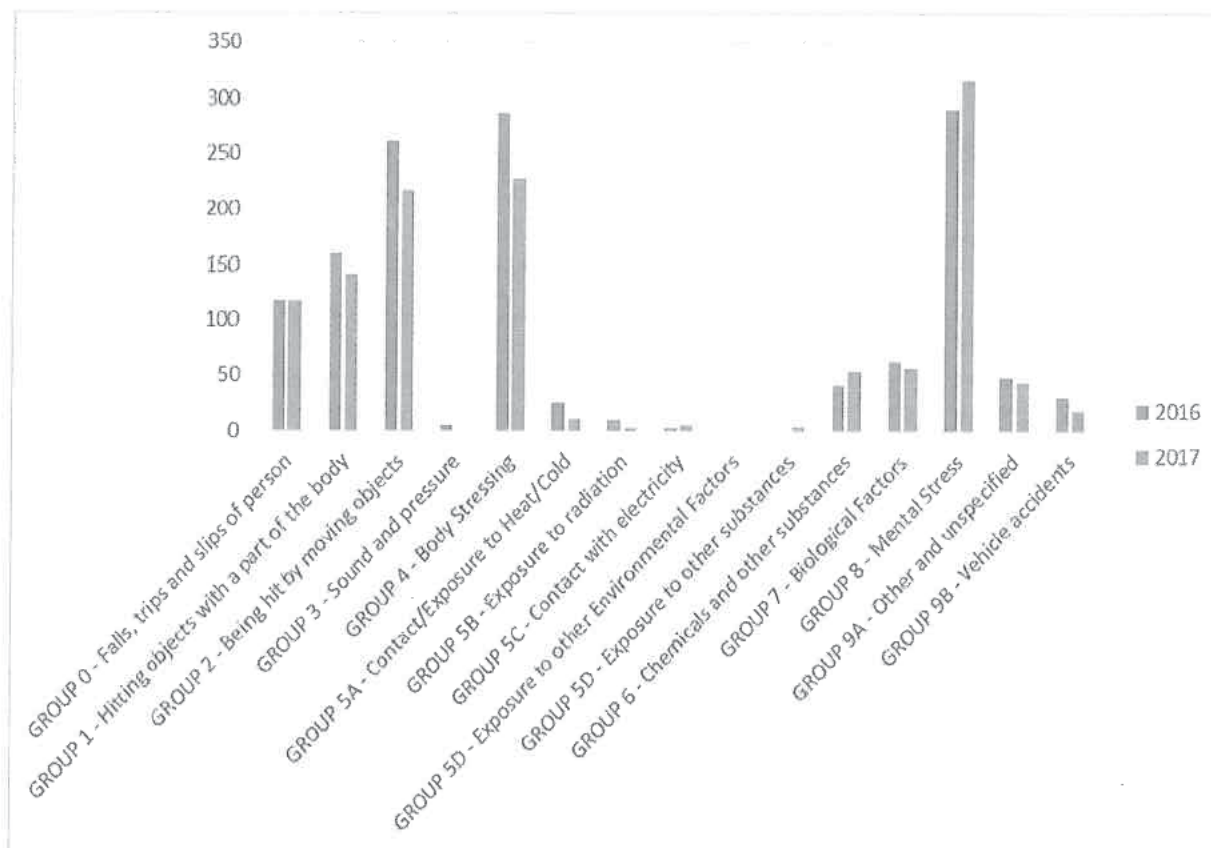
	2016	2017 YTD
Staff Incident Reports	1349	1222
Hazard Reports	215	127

Tier 1 Work Health and Safety Committee

Table 3 - Staff Incidents - Breakdown by Category and Division - 01/01/2017 - 31/10/2017

Division	Group 0 Falls, trips and slips of person	Group 1 Hitting objects with a part of the body	Group 2 Being hit by moving objects	Group 3 Sound and pressure	Group 4 Body Stressing	Group 5 A,B,C and D*	Group 6 Chemicals and other substances	Group 7 Biological Factors	Group 8 Mental Stress	Group 9A Other and unspecified	Group 9B Vehicle accidents	Total
ANU School of Clinical Medicine	0	0	0	0	0	0	0	0	0	0	0	0
Business Performance Information & Decision Support	2	0	0	0	1	3	0	0	0	1	0	7
Business Support	7	9	8	0	12	2	1	1	9	3	1	53
Cancer, Ambulatory & Community Health Support	9	7	5	0	14	0	1	1	7	0	1	45
Chief Medical Administrator Office	0	0	0	0	0	0	0	0	0	0	0	0
Chief Nurse	0	0	0	0	0	0	0	0	0	0	0	0
Chief of Clinical Operations	6	1	4	0	5	0	0	2	3	2	0	23
Clinical Support Services	8	7	15	0	22	1	7	5	14	1	2	82
Critical Care	7	15	19	0	15	0	5	12	29	0	0	102
Digital Solutions Division	1	2	0	0	2	0	0	0	0	0	0	5
Health Infrastructure Services	2	4	3	0	6	1	2	0	0	6	0	24
Medicine	13	16	21	0	38	4	12	9	58	4	1	176
Mental & Justice Health, Alcohol & Drug Services	13	7	54	0	17	0	2	5	88	7	5	198
Office of DDG Canberra Hospital & Health Services	3	4	4	0	5	2	0	2	5	0	0	25
Office of DDG Corporate	2	0	0	0	0	0	0	0	0	0	0	2
Office of DDG Innovation	0	1	0	0	1	0	0	2	2	2		8
Office of DDG Population Health P & P	2	1	1	0	0	2	5	0	3	1	3	18
Office of DDG Quality Governance and Risk	4	2	0	0	4	3	1	0	3	1	1	19
Office of Director General	1	0	0	0	0	0	0	0	0	0		1
Pathology	5	5	3	0	5	1	3	1	2	1	0	26
Policy and Stakeholder Relations	0	0	1	1	0	2	1	0	0	4	0	9
Rehabilitation, Aged & Community Care	9	10	46	0	15	2	2	6	35	2	1	128
Strategic Finance	0	1	0	0	0	0	0	0	0	0	0	1
Surgery & Oral Health	13	34	21	0	45	2	9	9	27	4	1	165
Women, Youth & Children	11	15	12	0	20	2	3	3	31	5	3	105
Grand Total	118	141	217	1	227	27	54	58	316	44	19	1222

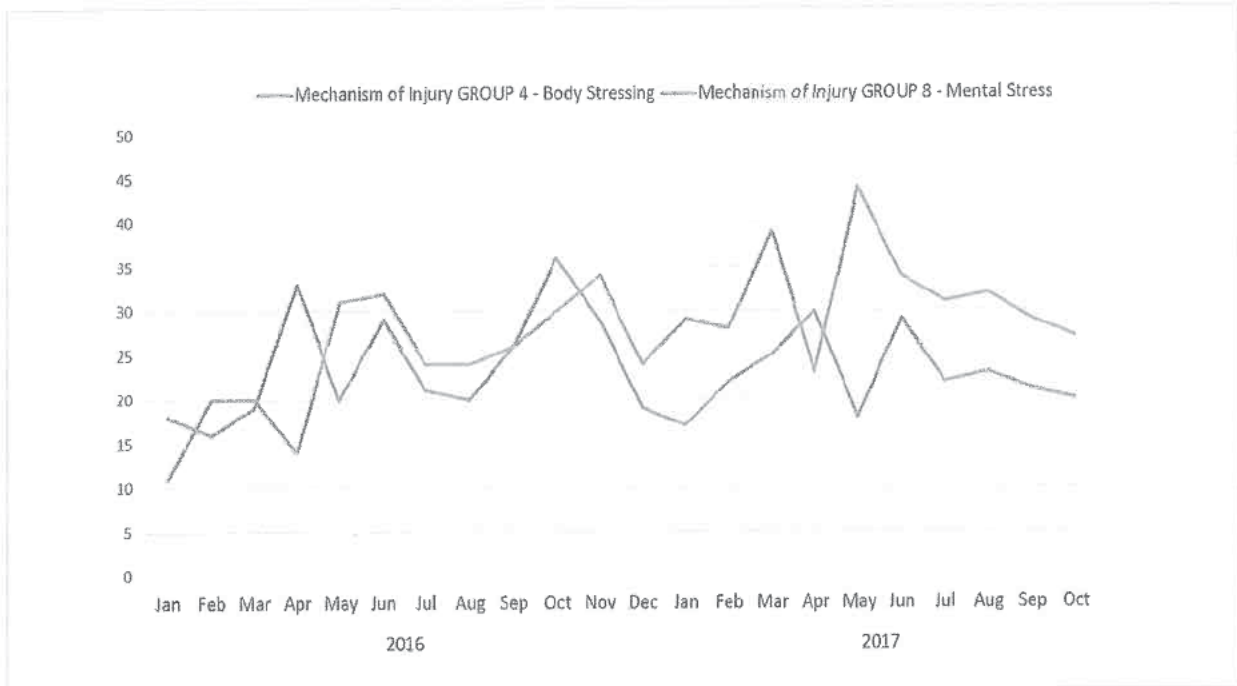
*Source: Riskman Database Note: Hazard incident reports are not included in this table

Graph 2 - Staff Incidents - Breakdown by Category - 01/01/16 - 31/10/17

The highest numbers of staff incidents reported for the period 01/01/2016 - 31/10/2017 were for the categories 'Mental Stress' and 'Body Stressing' (see definitions below). The top five reported categories were as follows.

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

Graph 3 - Staff Incidents - Two Most Common Categories - 01/01/16 - 31/10/17



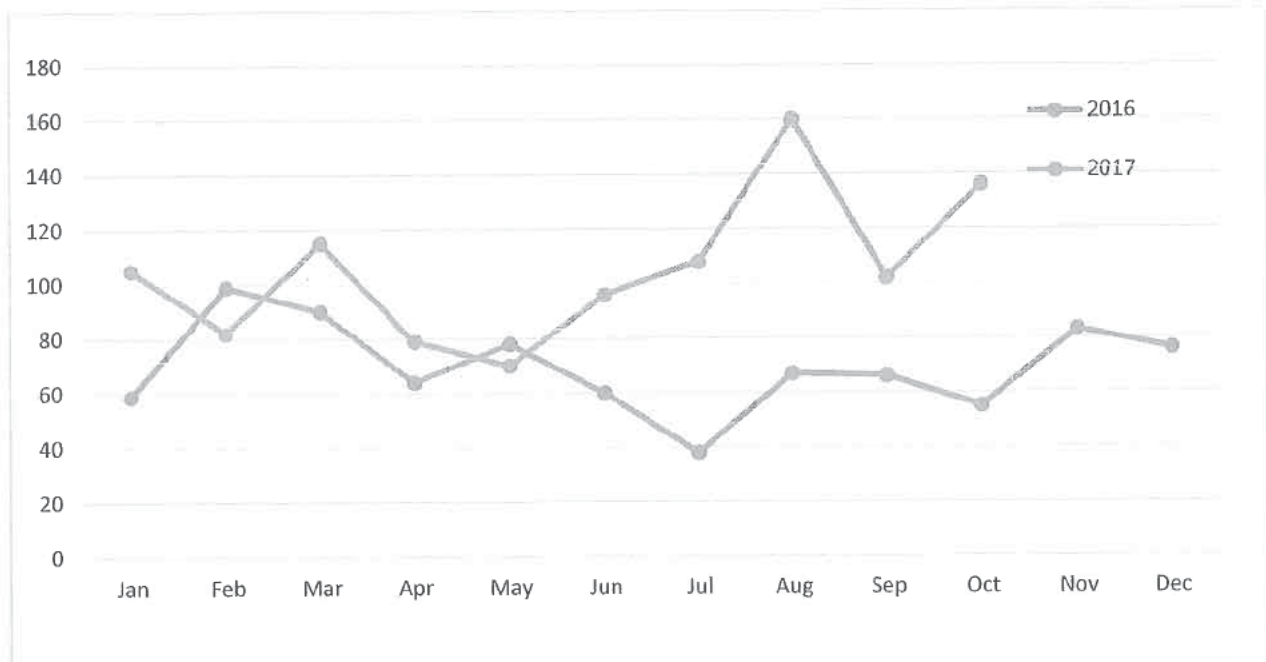
There was an average of 32 Mental Stress incidents per month in 2017 YTD, compared to an average of 24 incidents per month in 2016.

Table 4 - Total Occupational Violence Incidents Reported* - 01/01/16 - 31/10/17

	2016	2017 YTD
Total Occupational Incidents	835	1053
Average per Month	70	105

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

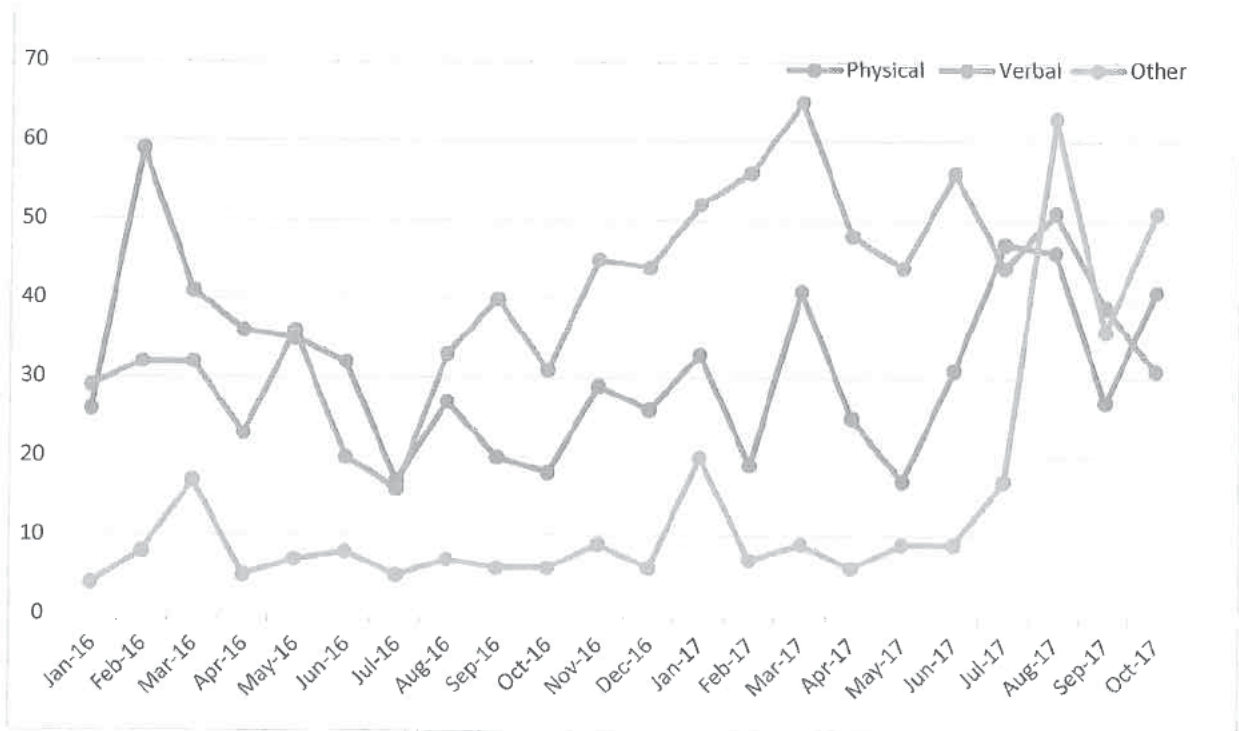
Graph 4 - Total Occupational Violence Incidents Reported * 01/01/16 - 31/10/17



Occupational violence incidents are trending 22% higher in 2017.

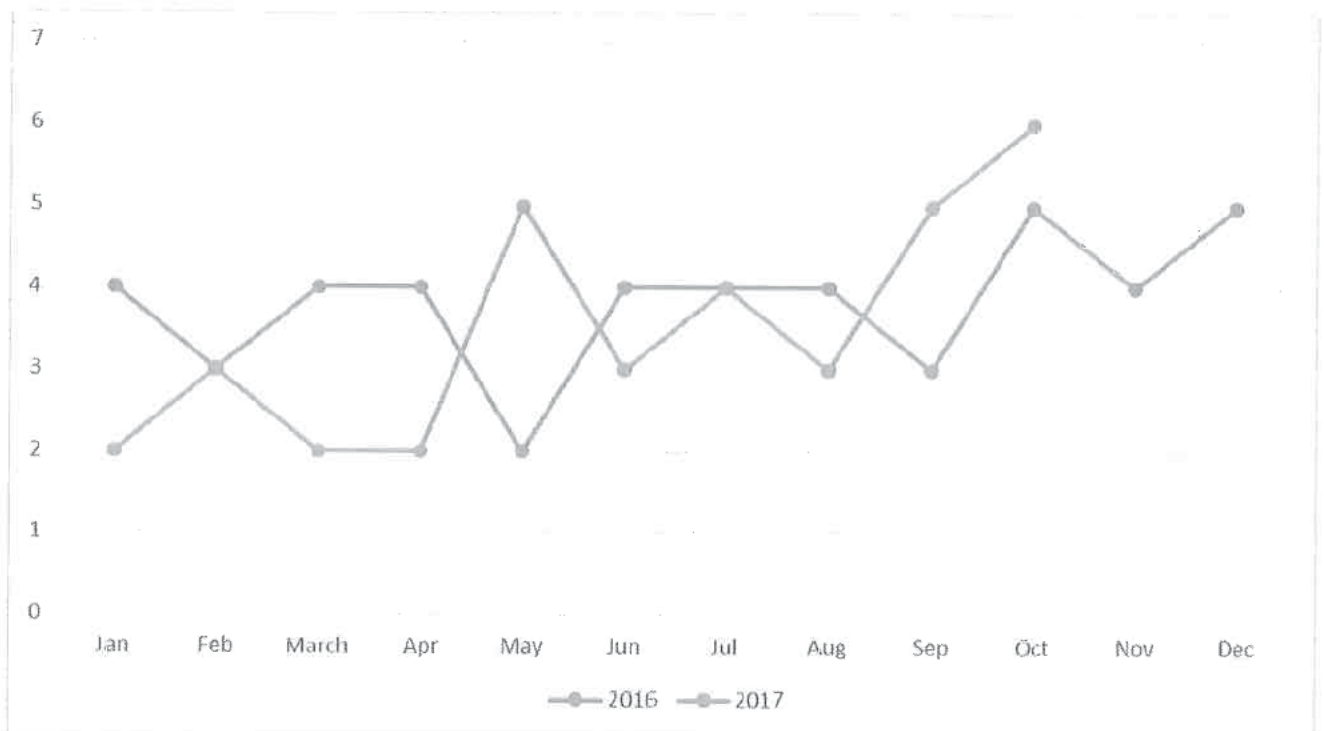
Graph 5 - Incidents Involving Occupational Violence by Category - 01/01/16 - 31/10/17

Tier 1 Work Health and Safety Committee



'Other' Occupational Violence refers to incidents other than verbal/physical (e.g. Property damage, Patient on Patient Assaults, Self-harm incidents). These incidents peaked in August 2017.

Graph 6 - The Number of Workers who are fit to Return to Work but have no Duties Identified



This graph refers to the number of injured employees ready for work within their medical restriction but without suitable duties to return to work. Some of these staff have significant

restrictions which prevents them returning to the position they have been employed in. These factors increase the difficulty of placement in suitable duties.

An inability to find suitable duties within medical restrictions continues to be one of the major challenges for line managers in ACT Health. Executive Director, People and Culture has been addressing directly with Deputy Director Generals, the need for the early identification of suitable, alternate duties or roles to facilitate the timely return to work of injured or ill ACT Health employees. In addition, liaison with CMTEDD has occurred to ensure that injured or ill employees have the correct classification in regards to their medical capacity for work and the availability of suitable, alternate duties

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

The Workplace Health Advisory Unit is currently canvassing across ACT Health Directorates for suitable duties for those six employees. It is anticipated that three of those six employees will be returned to work before the next Tier 1 meeting.

3. OCCUPATIONAL MEDICINE UNIT

Staff Screening/Vaccination

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

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

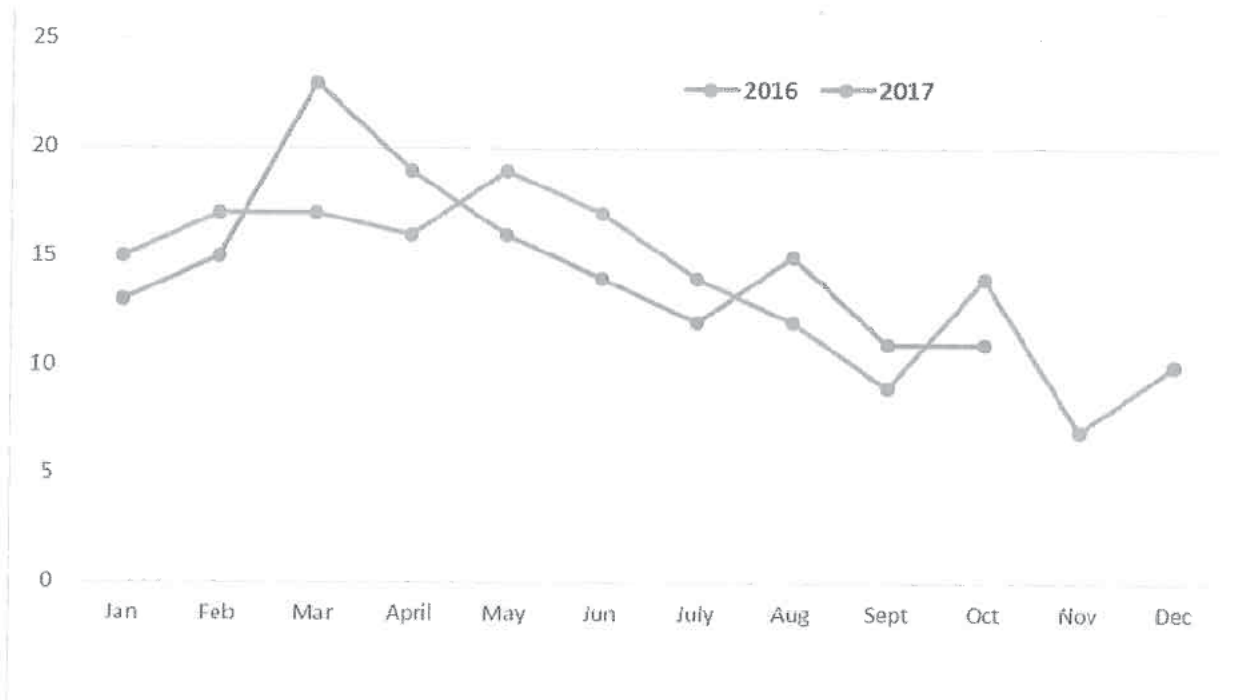
- The issue has been communicated to the CHHS Executive to emphasise the importance of staff screening/vaccination in terms of patient and staff safety, and to gain their support in ensuring that the identified staff participate in staff screening/vaccination.
- Two additional nurses have been employed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

As agreed by CHHS Executive Screening/vaccination will be undertaken by a combination of mobile clinics and booked appointments by the OMU with the following schedule.

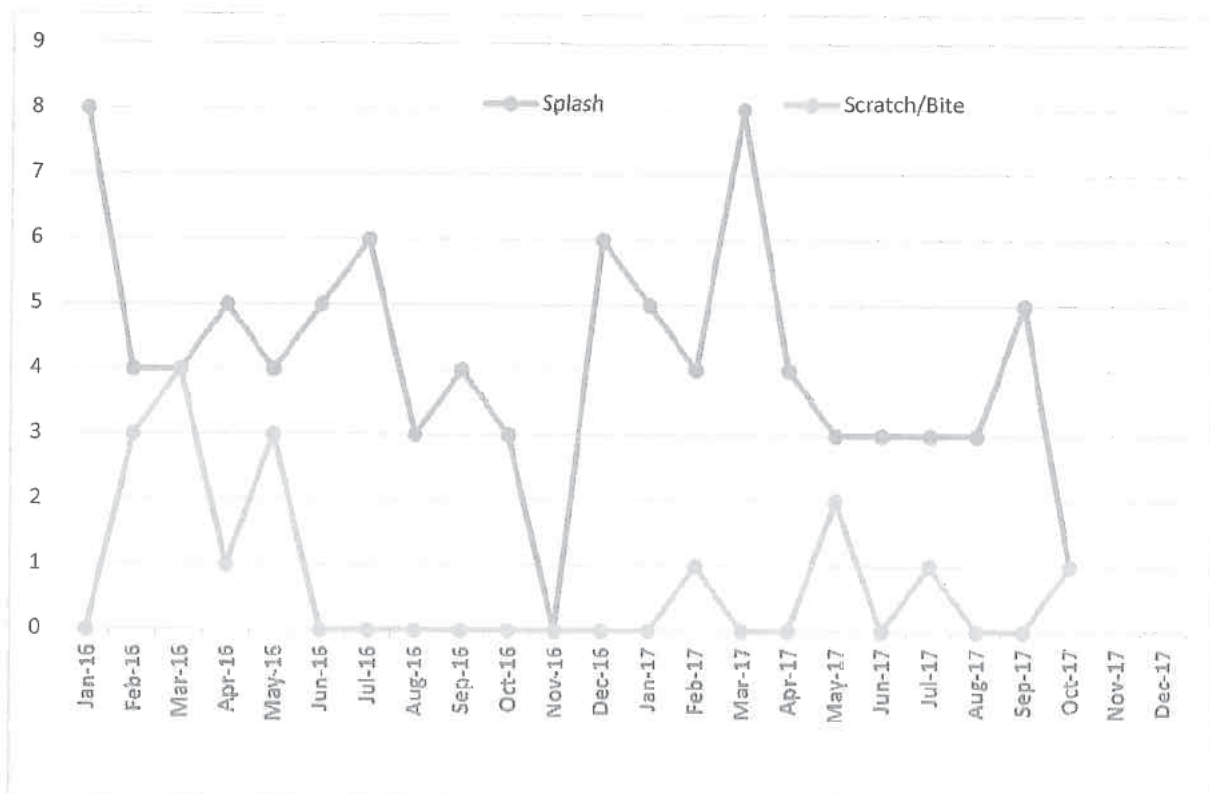
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- October 2017 – Critical Care mobile clinic mobile clinic 16/10/17 – 03/11/17 completed (3 weeks – Emergency Department)
- November 2017 – Women Youth and Children – Mobile Clinic 13/11/2017 - 01/12/2017

As at 31/10/17 the total of staff requiring verification of screening/vaccination status has been reduced to 3271 {representing a 23% reduction since 01/04/17}.

Graph 7 - Staff Blood and Body Fluid Exposure (BBFE) Incidents - 01/01/16-31/10/17

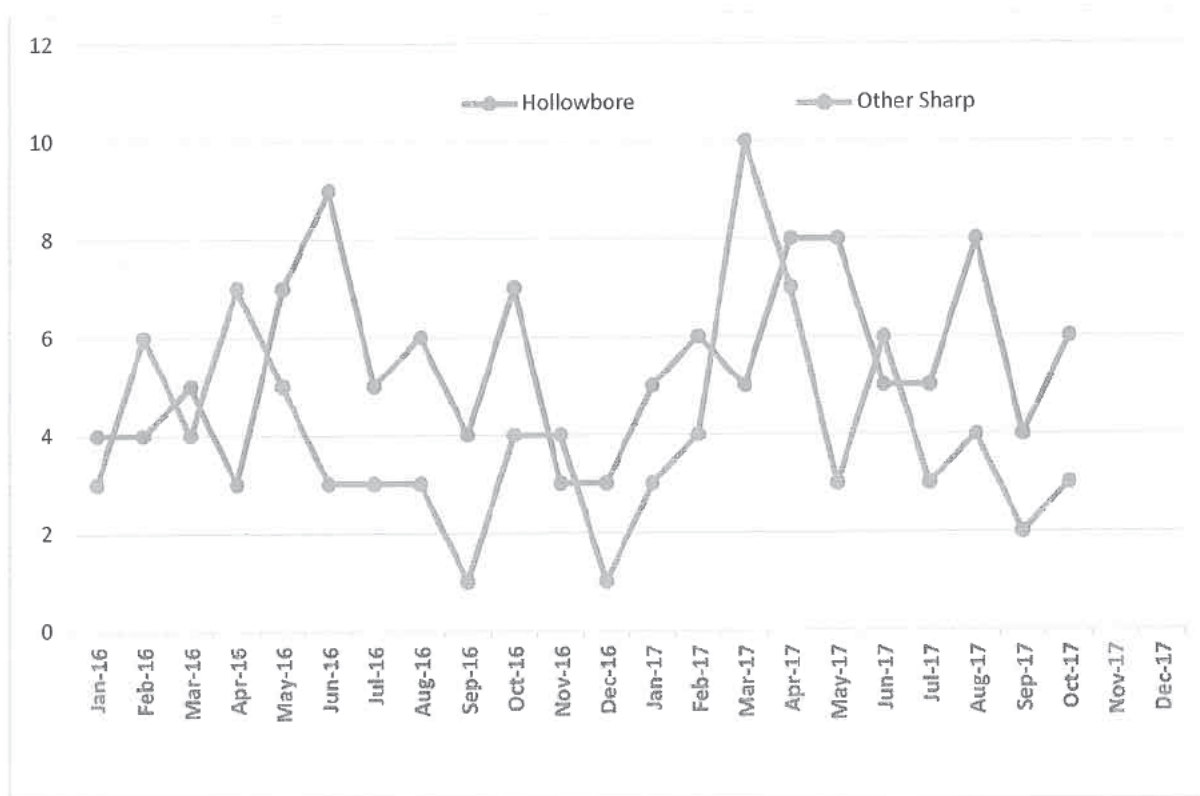


Graph 8 - Staff BBFE Incidents- Splash and Scratch/Bite- 01/01/16-31/10/17



Graph 9 - Staff BBFE Incidents- Sharp Injury Type- 01/01/16-31/10/17

Tier 1 Work Health and Safety Committee



'Other Sharp' BBFE incidents are trending higher in 2017. Note: Definitions for the categories identified above are as follows:

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

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

Staff Influenza Vaccination:

ACT Health offers free flu vaccination to all ACT Health employees including volunteers, Visiting Medical Officers, Locums and students on clinical placement. The 2017 Staff Flu program commenced on 18/04/2017 and as of 31/10/17 there have been 3647 doses given.

4. STAFF EARLY INTERVENTION PHYSIOTHERAPY

Tier 1 Work Health and Safety Committee

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

Physiotherapy Appointments for ACT Health Staff - 01/01/17 - 31/10/17

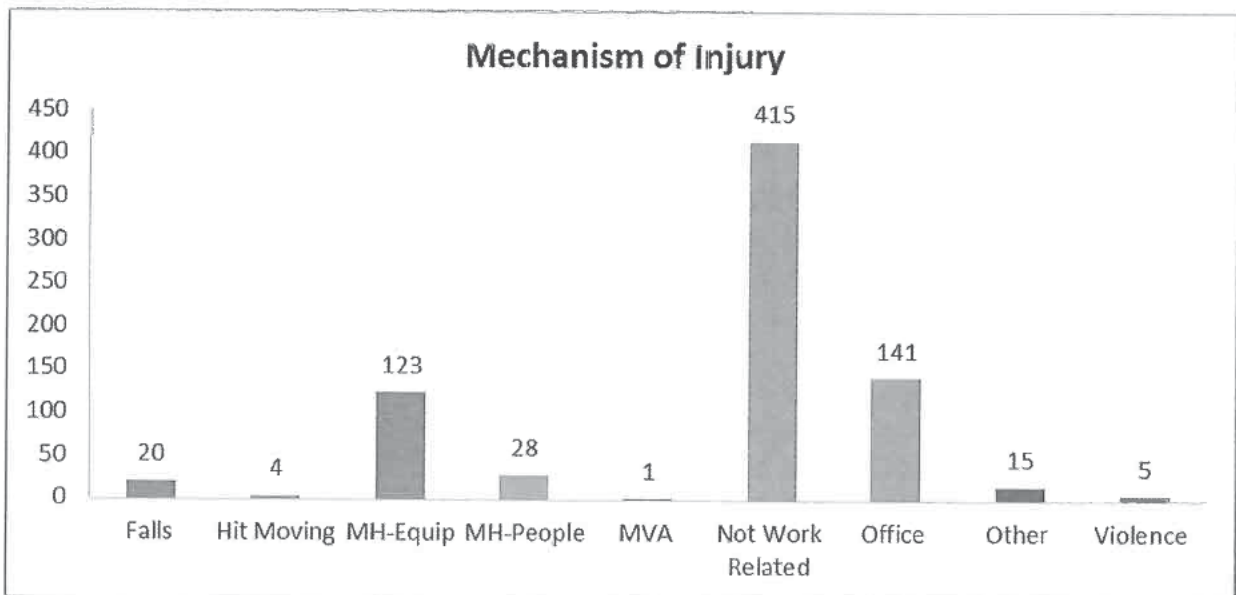
- There have been a total of 1902 clinical appointments and treatments for the year to date, including 731 new referrals so far this year.
- There were 1171 review clinical appointments.
- 377 new referrals involved work related injuries (51% of the total) and 27 of these referrals may proceed to a workers' compensation claim.

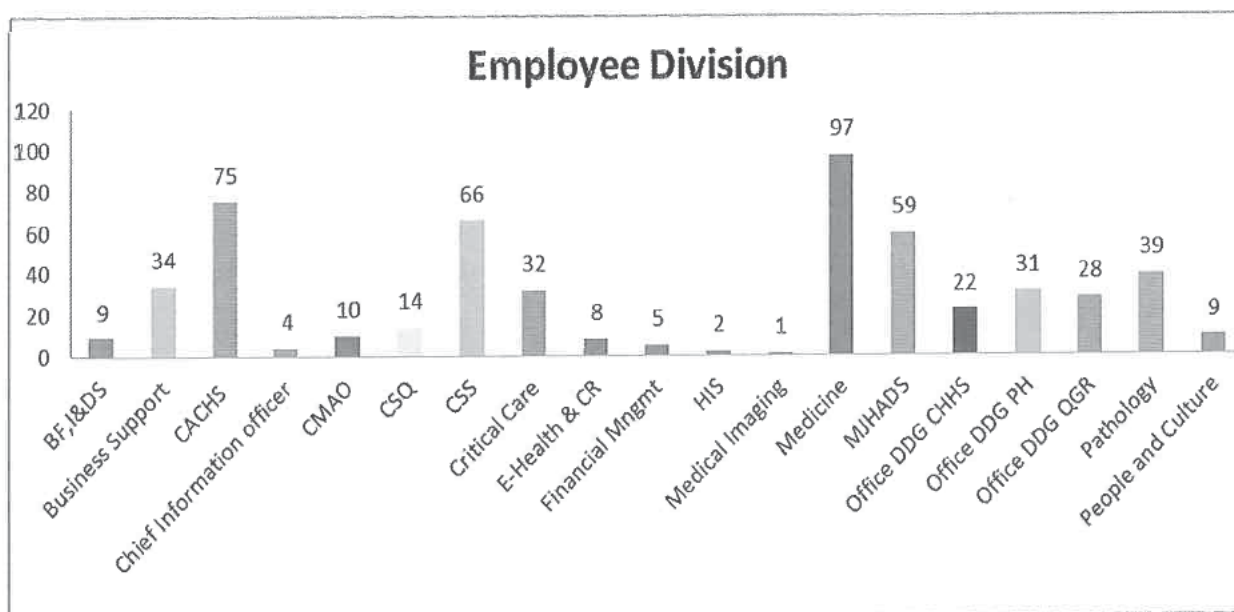
A breakdown of work activities completed by Early Intervention Physiotherapy for the year to date (YTD) 2017 is detailed below.

Table 5 - Staff Early Intervention Physiotherapy - Work Activities - 01/01/17 - 31/10/17

	YTD
Clinical physiotherapy appointments	1902
New referrals	731
Workstation assessments	616
Work areas assessed for ergonomic input	40

Graph 10 - Mechanism of Injury Associated with Clinical Treatment - 01/01/17 - 31/10/17



Graph 11 - Referrals by Division - 01/01/17 - 31/10/17

Office Workplace Issues

WPS Physiotherapists have been involved in completing workstation assessments for ACT Health staff relocated to Bowes Street in Woden. Many staff report significant benefit from access to an electric sit to stand workstation.

There are still some fixed height workstations being used by ACT Health staff. Fixed height workstations are not recommended due to the inability to adjust the work area to suit individual staff member's requirements for correct ergonomic set-up.

5. HEALTH INFRASTRUCTURE (Development & Construction)

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

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

Projects

- University of Canberra Public Hospital
- TCH Continuity of Services of Essential Infrastructure (COSEI)
- Capital Upgrade Program (CUP) User group meetings - currently approximately 5 separate projects

Regular Meetings

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

The following information details post occupancy WHS issues (if any) from recently completed Health Infrastructure projects.

Tier 1 Work Health and Safety Committee

Dulwah Mental Health Unit - November 2016.

- All WHS issues identified as requiring rectification since construction have now been addressed.



ACT
Government

**Canberra Health
Services**

HSEC Submission

Meeting Date:

Agenda Item No:

Subject:

Supporting Respectful Behaviours

Source:

People and Culture. CHS

Purpose:

For Approval

Guidelines for preparing HSEC Submissions

- Please use the formatting styles already set in the template
- Text should be Calibri 11 font
- Clearly label attachments
- Ensure all pages of attachments are numbered

For further advice please contact the Secretariat
EDQ&S@act.gov.au

HSEC Submission

Subject: Supporting Respectful Behaviours
Date submitted: 26 November 2018
Officer Responsible: Ben Flood
Director Responsible: Janine Hammat

Purpose

1. To inform the Executive of an alternative model for the resolution of complaints and allegations of bullying and harassment, which focuses on expedient alternate dispute resolution.

Background and Issues

2. This Minute outlines a new approach to bullying allegations and other interpersonal disputes that places an emphasis on alternate dispute resolution.
3. Currently prescribed ACT Government processes, while anticipating the use of alternative dispute resolution mechanisms, can lead to an overly adversarial approach to complaints management and an emphasis on investigation.
4. While there are well-established processes, frameworks, and a network of 101 Respect Equity and Diversity Contact Officers (REDCO's), these roles are intended to promote values and provide information, rather than actively assist in the resolution of matters:

*"REDCOs model and promote the ACTPS Values and Signature Behaviours to develop positive work cultures across the ACTPS. REDCOs provide information to staff seeking a solution to improve or resolve a workplace issue or situation, which may relate to inappropriate behaviour or misconduct."*¹
5. Existing staffing models within People & Culture focus resources on the more resource intensive formal processes.
6. Where complaints result in investigations, both complainants and respondents lose agency over the process, which by its nature results in findings of fact rather than a resolution to the satisfaction of all parties.
7. Where matters are handled through an investigation, for privacy reasons complainants are not advised of the outcome, only that the matter is finalised. This often compounds the feeling of disempowerment, or the feeling that the matter may not have been taken seriously.
8. This Minute outlines a number of short and medium term strategies and actions being undertaken to shift the focus to early intervention and alternative dispute resolution, and with the intention to recast existing frameworks in a way that results in a more connected approach to employee behavior and positive workplace culture, including:
 - a. The introduction of an Employee Advocate position;
 - b. Restorative Processes (Alternative Dispute Resolution or ADR);
 - c. Modifying existing Preliminary Assessment process for bullying and interpersonal disputes, and the introduction of a Preliminary Assessment Advisor position;
 - d. Utilising the REDCO network to assist with the introduction of the aforementioned approach;
 - e. An external avenue for employees of ACT Health on bullying matters; and
 - f. Future People and Culture structure

¹ 'Role of a REDCO', *GUIDELINES FOR ACT PUBLIC SERVICE RESPECT, EQUITY AND DIVERSITY CONTACT OFFICERS (REDCOS)*, ACT Government (2015): https://www.cmtedd.act.gov.au/_data/assets/pdf_file/0005/824477/REDCO-Guidelines.pdf

Proposed approach

A. Employee Advocate

9. While the role of the REDCOs are recognised as critical in the promulgation of ACTPS Values and Signature Behaviors, these positions are limited to *“provide information to staff.”* This limitation is sensible in context of the voluntary nature of the positions.
10. Whether founded or otherwise, some employees have expressed a reluctance to raise concerns with their line managers or with the Employee Relations function.
11. For the aforementioned reasons, the Canberra Health Service will introduce an Employee Advocate position, which will play a crucial role in providing advice, support, and active involvement in restorative or ADR processes to resolve bullying and interpersonal matters to the satisfaction of all parties. This position will report directly to the CEO, with a ‘dotted line’ reporting relationship to the Director-General of the ACT Health Directorate.
12. This will be for an initial 12 month period after which a review will take place to see if the role should be permanently established.
13. The Employee Advocate will assist complainants in the resolution of bullying matters by coordinating required processes, and providing high level and considered advice to employees experiencing interpersonal difficulties in the workplace.
14. Further detail on this position can be found in the Duty Statement [Attachment A](#) and Fact Sheet [Attachment B](#).

B. Restorative Processes (Alternative Dispute Resolution or ADR)

What are Restorative processes? What is different to the current model?

15. Restorative Processes, or Alternative Dispute Resolution (ADR), seek to provide staff with an alternative model for resolving workplace conflict which focuses on addressing the underlying relationship breakdown. The two most utilised restorative processes are mediation and facilitated conversations, both of which are explained the attached Fact Sheet at [Attachment B](#).
16. This approach differs from the existing ACT Government processes, which tend to treat bullying matters in the same way as other matters of misconduct. As investigations seek to ‘find fact’ and disciplinary action seeks to reprimand, restorative processes aim to mend relationships and set ground rules for how participants engage with each other ongoing.
17. The Canberra Health Service will maintain a panel of preferred providers who will work to an expected standard, and a common approach.
18. Each complaint raised will need to be assessed as appropriate for restorative processes, and referrals will be made by People & Culture, the Employee Advocate, or the relevant Executive Director.
19. While the relevant line area will pay for the costs associated with restorative processes, the People & Culture team will be working to ensure consistency of approach and cost containment by limiting the mediation/facilitated conversations to 2 or 3 sessions. This will be done through accessing a panel of 6 to 8 providers who will be available at short notice to provide services.
20. Any further sessions would indicate a level of seriousness that may require investigation to address the underlying issues.

C. Modifying existing Preliminary Assessment process, and Preliminary Assessment Advisor

21. The current enterprise agreement provisions, government-wide guidance material, and ACT Health's Preliminary Assessment training module all support the view that a Preliminary Assessment is intended to be an expedient means of gathering enough information in order to decide the most relevant course of management action required.

By way of example, the ACTPS *Workplace Behaviors Toolkit* states:

"A preliminary assessment is not a formal investigation; it is an expedient means of determining if, and how, to proceed. The assessment should be conducted as soon as possible, be as short as is practical and should cease as soon as it becomes evident how best to handle the issue."

22. ACT Government Enterprise Agreements articulate six potential outcomes from a Preliminary Assessment, including "other remedial action", which has been read to include mediation, facilitated discussions, or any other alternate dispute resolution mechanisms.
23. Existing ACT Health Preliminary Assessment forms provide the reader with the impression that equal weight should be given to all avenues in such circumstances, and have led to a more exhaustive process than initially intended.
24. The existing Preliminary Assessment forms are currently under review, and will mean for matters of alleged bullying or other interpersonal disagreements, the manager / supervisor or Employee Advocate must advise prior to completing relevant Preliminary Assessment forms:
- a. whether alternative dispute resolution (ADR) mechanisms have been attempted, and what the outcome was; or
 - b. why ADR mechanisms were not appropriate in the circumstances.
25. As this approach represents an addition to, rather than a replacement of, the Preliminary Assessment process, it remains consistent with the existing enterprise agreement framework.
26. With the new approach there will be an immediate and pressing need to assist in undertaking expedient Preliminary Assessments (PA). Also to support the notion of early intervention PA's will need to be undertaken as expediently as possible.
27. A Senior Adviser Preliminary Assessments position will be created and will assist line managers and Executives to complete PA's, relating to bullying complaints primarily, within a short timeframe (within a maximum of 2-3 working days), to ensure that those matters where restorative processes or ADR mechanisms either have not worked, are unlikely to, or are inappropriate, are referred for further appropriate action as early as possible.
28. In the aforementioned contexts, an expedient PA to ensure a timely investigation referral will result in a speedier resolution for the more intractable or serious matters. Please see Attachment C for a Fact Sheet relating to Complaints processes.
29. This position will report directly to the Senior Manager, Employee Services, and will work closely with the Employee Advocate. See Attachment D for the role description.

D. Utilising the REDCO network to assist with the launch and sustainability of the program

30. Once the new approach is communicated, the existing REDCO network will be closely connected with the Employee Advocate and utilised to communicate and promote the new approach to resolving bullying matters, consistent with their remit to “provide information to staff” on respect, equity and diversity matters.
31. Given the voluntary nature of REDCOs, the only costs required to utilise existing staff is on time release for further training/workshops, and the Organisational Development team.

E. External avenue for raising complaint

32. Important to the success of this program that there is a high level of trust from ACT Health employees, that their matter will be resolved with fairness and without bias.
33. To assist in building trust, avenues have been explored to provide ACT Health employees with an external avenue to raise a complaint, or concern that a complaint has not been managed appropriately.
34. The Public Sector Standards Commissioner is legislatively charged with this role for the whole of ACTPS and contact details for the Commissioner will be provided to employees through fact sheets and other communications.

F. Post-transition People & Culture structure

35. Whilst the current structure in People and Culture will remain in place for the foreseeable future, further consideration will be given to the shift towards a strategic HR Business Partner approach where the focus is on providing responsive HR advice regarding all people matters. Business Partners, although reporting into People & Culture, will be closer in proximity to the business/clinical managers with a focus on early intervention.
36. Human Resource Business Partner (HRBP) team will spend most of their time in the “business” (largely clinical & health consumer serving areas) supporting and coaching managers in best practice people management, including dealing with bullying and interpersonal conflicts. This role would take on the role of the Senior Adviser Preliminary Assessments in the longer term and work to ensure early intervention in their area.

Recommendations

That committee members:

1. Note the proposed Supporting Respectful Behaviours program, inclusive of:
 - A renewed focus on restorative processes (or alternative dispute resolution);
 - Modification of the existing Preliminary Assessment process for bullying matters, prioritising early intervention and alternative dispute mechanisms;
 - The appointment of a SOGA Employee Advocate for an initial period of 12 months; and
 - The appointment of a SOGB Senior Advisor - Preliminary Assessments for a period of six months.

NOTED/AGREED/NOT AGREED/ PLEASE DISCUSS

Action Officer: Ben Flood
 Unit: People and Culture
 Extension: 59773



**Canberra Health
Services**

Employee Advocate | People & Culture | Canberra Health Services | Full-time

Classification: Senior Officer Grade A
Position No: P28949
Directorate: Canberra Health Service

Approved Duty Statement Date: 14 November 2018

About us:

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

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

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

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

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

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

Overview of the work area and position:

The Employee Advocate will report directly to the CEO of the Health Service, and will work directly with the Director-General of the ACT Health Directorate. This position will play a key role in providing sound and considered information and advice to employees within Canberra Health Services whilst contributing to the Health Service's compliance with the legislative requirements in relation to employment frameworks.

While the Employee Advocate role is an autonomous role it will work with all areas of the Health Service leadership, including the People and Culture Branch and the Employee Services team who provide employee relations services, support and advice to employees within Canberra Health Services.

The main responsibilities of the role of Employee Advocate will be to;

- Provide high level and considered advice to employees who are experiencing bullying or interpersonal issues in the workplace in accordance with relevant legislation,
- Support staff to achieve the early and informal resolution of conflict, concerns and complaints,
- Empower staff to understand their options for addressing inappropriate behaviour in the workplace and to make informed choices;
- Provide information to staff about internal and external avenues for complaints and support, including external agencies/groups that may be engaged to resolve workplace issues or conflict,
- Report to the CEO and / or DG on any trends or systemic issues which should be addressed, and provide recommendations to achieve improvements, while preserving the confidentiality of individual employees;
- Contribute to positive outcomes through leadership and accountability.

The Employee Advocate does not act for individual employees or represent them in workplace-related processes run by the Health Service or external regulators. The Employee Advocate can assist with organising restorative processes or mediation between staff members, but they do not conduct preliminary assessments or investigations of misconduct.

This is a unique opportunity for a high energy professional interested in playing a key role within Canberra Health Services.

Duties:

1. Act as a contact point, and neutral and independent adviser, for employees experiencing bullying or interpersonal issues in the workplace, to help employees understand the situations they are facing, what their options are (formal and informal), and what resources are available to them to achieve early resolution;
2. Ensure that all conversations with individual employees are kept strictly confidential, with the only exceptions being (1) if the visiting employee discloses an imminent risk of serious harm to themselves or someone else, or (2) if the Employee Advocate is obliged by law to disclose (eg corruption).
3. Coordinate mediations or facilitated discussions to assist employees with resolving their issues with managers, People and Culture and other relevant parties.
4. Exercise independent professional judgement in empowering employees to solve problems and to understand policy, processes and legislative requirements.
5. Provide advice and insights to employees on policies, and processes involved in the resolution of workplace conflict, and help the employee build and practice skills which will help them navigate the processes (such as coaching to have difficult conversations or reviewing draft letters).
6. With the consent of the employee, propose a way forward to resolve complex interpersonal issues, matters and disputes to the Executive Director People and Culture, including coaching, training or the input of a relevant Mediator/ADR practitioner.
7. Coordinate appropriate education and information with the REDCO network in partnership with the Organisational Development Branch.
8. Provide insight into the systems, and data capturing of workplace conflict matters, and the outcomes of dispute resolution, preserving confidentiality of individual cases.
9. Identify and report to the CEO on systemic issues and opportunities for improvement of the Health Service as a safe, fair, positive and respectful workplace, and provide recommendations to achieve improvements.
10. Undertake other duties appropriate to this level of classification which contribute to the operation of the section with the delivery of high quality person and family centred, safe and high quality patient care.

Personal Attributes:

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

- Well-developed emotional intelligence and interpersonal skills with the ability to effectively communicate with staff at all levels as well as with individuals from diverse cultural backgrounds, and with external providers, including the ability to listen and communicate in a confidential and sensitive manner.
- Strong organisational skills with a high degree of drive.
- Adaptability and flexibility to accommodate change and provide responsive services to meet clients' needs.
- The ability to work respectfully in partnership with a range of stakeholders.
- A sound understanding of employees' experience of large organisations, conflict-resolution and complaints-handling systems, as well as the regulation of workplace relations, occupational health and safety, equal opportunity and integrity in government agencies.
- The ability to maintain confidentiality, neutrality and withhold judgments with respect to individuals and issues.

Qualifications and experience:

Desirable:

- A tertiary qualification in organisational development, psychology, social work, alternative dispute resolution or workplace relations
- Knowledge of and experience in the application of human resources policy and procedure as it relates to behaviour in the workplace
- Knowledge of and experience in conflict resolution

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

- Undergo a pre-employment Police check.

Selection Criteria

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

(Please note that it is not necessary to address the capabilities and behaviours individually).

1. Proven ability to provide high level advice and support to employees and managers on issues relating to workplace and/or interpersonal issues, including a good understanding of and extensive experience in the use of alternative dispute resolutions and methodologies.
2. Understanding of and experience in the application of the principles of confidentiality, procedural fairness, and independence.
3. Problem solving skills and the ability to collate and analyse information from various sources to identify key issues and trends.
4. Highly developed communication skills with the ability to communicate complex information in writing, logically and persuasively, and support the negotiation of fair and reasonable outcomes for all parties.
5. Demonstrated commitment to work, health and safety (WH&S) and the positive patient experience and displays behaviour consistent with Canberra Health Service's values of Care, Excellence, Collaboration and Integrity.

Performance Expectations: SOG A

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

Creates Solutions	Demonstrates Agility	Communicates Effectively	Leads with Commitment	Collaborates with Purpose	Accountable for Quality Outcomes
<ul style="list-style-type: none"> Champions better ways of doing business. Develops and communicates long-term organisational vision, interpreting political and economic trends to identify opportunities. Anticipates and pre-empt problems from a holistic perspective, considering systemic as well as local impact. Identifies and pursues solutions that align with strategic objectives. Encourages others to question traditional assumptions, supporting them to look for more efficient approaches, then ensuring uptake. Anticipates and acknowledges the risks inherent in creating new ways of doing business, supporting innovation while demonstrating effective leadership in managing risk. Understands and promotes organisational strategy as it relates to the achievement of team, Directorate and government objectives. 	<ul style="list-style-type: none"> Anticipates and translates strategy into operational goals and creates a shared sense of purpose. Fosters agility by demonstrating willingness to relinquish existing approaches and roles to motivate others to do the same. Responds constructively to setbacks. Anticipates future organisational priorities when setting short-, medium- and long-term goals. Seeks new information, approaches and ideas. Sustains high levels of productivity in a dynamic environment by championing the benefits of new approaches and securing stakeholder support. Motivates others to maintain focus and productivity by communicating a clear and compelling rationale for leadership decisions. Develops an agile workforce by applying skills in a range of situations and coaching others to use skills flexibly. Maintains and models composure under pressure. 	<ul style="list-style-type: none"> Approaches discussions and negotiations with an understanding of key issues to deliver successful outcomes. Positively presents messages in a clear and articulate manner, translating strategic vision to suit the audience. Delivers high quality, fit-for-purpose communication that achieves organisational objectives. Prepares and participates constructively in discussions and negotiations, demonstrating a strong grasp of key issues, stakeholders and strategic objectives. Listens and responds to others' verbal and non-verbal cues, checking understanding by asking probing questions. Builds morale by communicating leadership decisions effectively. Anticipates the perspectives of others in discussions and negotiations, and is prepared to engage. 	<ul style="list-style-type: none"> Builds organisational capability, anticipating future needs and ensuring the organisation is ready to respond. Actively manages succession by coaching and mentoring others to share knowledge and build capability. Displays awareness of self and others by adjusting leadership style to suit the environment. Manages a group of teams carrying out diverse tasks in the same general type of work or a group of teams where skills are similar and tasks related. Embraces responsibility for actions and decisions. Takes responsibility for direct reports and teams, and invests in their development. Sets clear performance expectations, and provides timely, constructive feedback. Addresses performance shortfalls in an appropriate, constructive and timely manner. Supports other leaders, including direct reports, to manage performance. Acknowledges and rewards the contributions of others. Upholds and models the APS Values, Code of Conduct and Employment Principles. 	<ul style="list-style-type: none"> Anticipates stakeholder perspectives and needs, and pre-empt problems, and responds effectively to stakeholder issues. Resolves conflict with diplomacy. Champions the benefits of a workforce with diverse experience, education and backgrounds, encouraging others to work together. Manages competing stakeholder interests and viewpoints. Creates and sustains internal and external networks that align with strategy and enhance organisational performance. Brings together diverse experts where appropriate to deliver outcomes and improve productivity. Actively seeks input from relevant stakeholders to build relationships. Demonstrates and promotes collaborative work practices. Anticipates and pre-empt barriers to collaboration, managing them effectively. 	<ul style="list-style-type: none"> Promotes and models a culture of achievement, delivering high quality outcomes on time and on budget. Understands staff capacity and makes decisions in a timely manner to allow staff to progress work. Manages risk without compromising deliverables. Actively contributes to strategic workforce planning managing resources effectively to ensure achievement of organisational objectives. Accepts responsibility for business planning, risk management and corporate outcomes. Maintains a continuous improvement approach, reflecting on own performance and striving to improve outcomes. Makes sound judgements about priorities, balancing short-, medium- and long-term goals.

Job Demands Checklist

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

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

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

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

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

Supporting Respectful Behaviours

What is Supporting Respectful Behaviours?

The *Supporting Respectful Behaviours* program is aimed at approaching bullying and harassment and other workplace conflicts in a different way. Bullying allegations and complaints relating to interpersonal conflict are generally treated in the same way as other misconduct allegations where an employee fails to meet their obligations outlined in Section 9 of the *Public Sector Management Act 1994*. Existing processes can often lead to an overly adversarial complaints management process, and an emphasis on preliminary assessments and investigations which aim to establish fact, and could result in disciplinary action. While this process is important to ensure that we are dealing with complaints appropriately, it rarely resolves the source of conflicts or relationship breakdowns.

The Supporting Respectful Behaviours program:

- Provides staff an alternative avenue for getting advice, and addressing issues regarding workplace issues, to a source independent of their direct line of management or the People and Culture function. This will be done through the introduction of the new role of **Employee Advocate**. The Employee Advocate is confidential, impartial, independent and neutral, and promotes the early and informal resolution of disputes where possible. This role will report directly to the CEO;
- Seeks to resolve workplace conflict issues early and to focus our approach on providing **restorative processes** aimed at addressing underlying relationship breakdowns wherever possible;
- Provides assistance (through People and Culture) to managers to conduct **preliminary assessments** as quickly as possible to ascertain the appropriate action to take; and
- Connects **REDCOs** to the Employee Advocate to ensure our approach is successful, sustainable and that it is embedded within the organisations already existing processes.

What is a restorative process?

Restorative processes are designed to repair relationships that have been damaged. Not all situations can be dealt with through a restorative process. A lot of situations start with a report or complaint. When someone makes a complaint, it is handled through the processes set out in the relevant enterprise agreement. As complainants (the person who makes the complaint) are not informed of the process of assessment, investigation or the outcome, this often compounds the feeling of disempowerment or the feeling that the matter may not have been taken seriously. Conversely, respondents (the person the complaint is about) often raise concern that they were not aware of the impacts of their

behaviour on others, and that no one had ever raised concern with them. Restorative processes aim to provide all parties with the tools to resolve conflict at the early stages, and establish future expectations relating to interactions.

Two restorative processes used are facilitated conversations, and mediation;

Facilitated conversations

Facilitated conversations provide a process in which a facilitator guides participants in reaching acceptable solutions to the issues they face, and are particularly useful as an 'early intervention' step prior to serious breakdown's in relationships. It provides individuals with an opportunity to engage in a respectful and confidential discussion where they can, for example:

Mediation

In some cases, for example where matters have been unaddressed for some time, mediation may be necessary. While Facilitators and Mediators apply many of the same techniques, mediation is a more formal process where parties have been unable or unwilling to resolve their dispute previously. The objective in mediation is usually to achieve a binding and enforceable agreement settling all matters in dispute, and any expectations ongoing.

Additional information

If after undertaking a restorative process and interpersonal conflicts are still present and causing issues within the workplace, please review the following resources for advice on the next steps for the process:

- [Complaints Processes](#)

Further information and support

For any further information or support regarding workplace issues and interpersonal conflict, please contact;

Workforce Relations Unit 620 51445 –or- HealthEmployeeRelations@act.gov.au

ACCESSIBILITY

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



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

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



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

Classification: Senior Officer Grade B

Position No:

Directorate: Canberra Health Services

Approved Duty Statement Date: 14 November 2018

About us:

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

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

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

Overview of the work area and position:

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

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

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

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

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

Duties:

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

Personal Attributes

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

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

Qualifications and experience:

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

- undergo a pre-employment Police check.

Selection Criteria

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

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

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

Performance Expectations: SOG B

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

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

Job Demands Checklist

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

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

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

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

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