

*"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 focussed on medical practitioners have not~~ 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<sup>(28,30)</sup> 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-staff~~ reporting stream outside a prescribed hierarchy. A site trial is expected to commence shortly.

.....

*“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 lead 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

.....

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.”~~ <sup>(30)</sup> Implementation of CORS has been shown to significantly reduce the number of complaints that require ~~intervention.~~ <sup>(31)</sup> Combining CORS and PARS resulted in an overall reduction in the number of future complaints. <sup>(32)</sup>

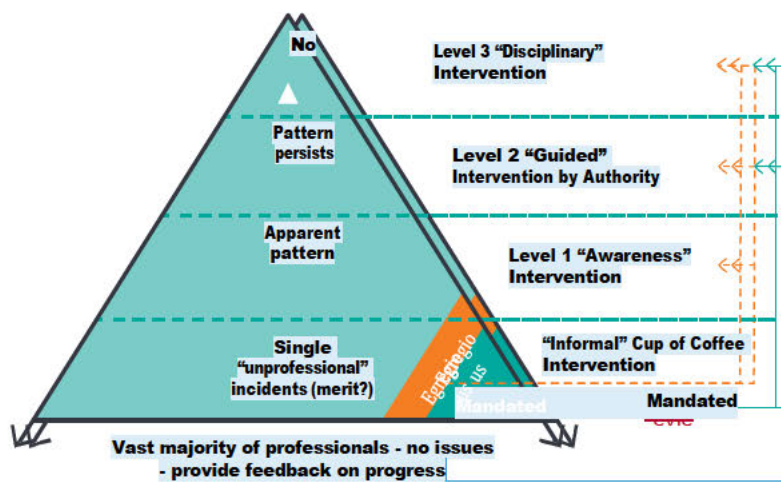
The program provides an opportunity for a staff member to receive and consider feedback early and ~~ideally,~~ modify their behaviour. The program employs a graduated coaching model to support the individual in reducing complaints by adjusting their behaviour. The individual is supported in that process,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

peer reviews: <sup>(29)</sup>(31)



The Professionalism Pyramid demonstrates the communication escalation process for unprofessional behaviour. 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 (6+33)



Commented [HJ(7): unchanged

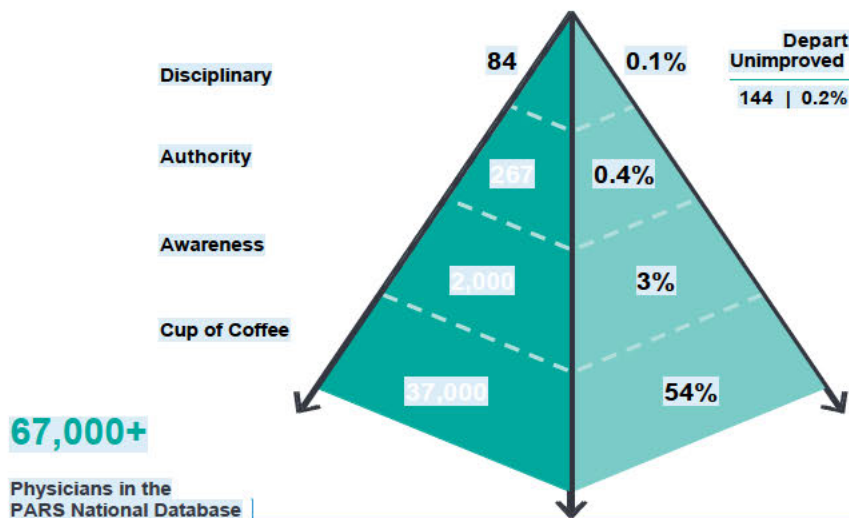
The Pyramid is built on the premise:

- 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. (30) (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. (29) (31)

Figure 2: Patient Advocacy Reporting System (PARS) Trends (2015-20)



Commented [HJ(8): unchanged

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<sup>(35)</sup>, and the St Vincent's Health Australia Ethos Program<sup>(36)</sup>. Other similar programs have been successfully implemented internationally, examples include the Brigham and Women's ~~Hospital Center~~ [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<sup>(37)</sup>.

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<sup>(38)</sup>. 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).<sup>(33)(35)</sup>

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.<sup>(33)(35)</sup>

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~~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~~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 Centre's Patient Advocacy Reporting System (PARS) and Co-worker Observation Reporting System (CORS).~~

**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

~~When considering mechanisms to improve workplace culture, the importance of partnerships cannot be ignored.~~

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 ~~particularly reflecting and this is seen to reflect~~ new executive appointments at both Calvary Public Hospital and the Health Directorate ~~and this change is~~. 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<sup>(39)</sup>.

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.



*"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*

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 at 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, ~~related to this concern~~ 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. ~~In~~ Over recent years ~~no~~ productive forum has ~~not~~ 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 quickly rectifying 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 Drugs 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's statement~~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 ~~Consumer~~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.

.....

## Recommendation 6

---

*"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—"*

*—Quotes from submissions*

---

*“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 ~~programme~~ program for all clinical and emergency medical staff in respectful staff communications, particularly in stressful situations.”*

– Quotes from submissions

## 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. <sup>(37)(40)</sup> 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.

**Recommendation 6**

.....  
.....  
*"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*  
.....

**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 ~~and~~ junior doctors across NSW hospitals
- greater ACT participation in NSW clinical policy development ~~and~~ 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



#### Recommendation 7

- 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.

#### ~~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 services for joint Ministerial consideration.~~

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.<sup>(38)(41)</sup> 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.<sup>(39)(42)</sup>

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 ~~type of~~ information sharing, the Royal Australasian College of Surgeons (RACS) is putting in place MOUs with Health services across the country.<sup>(40)(43)</sup>

## 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 ~~no~~ 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.~~

~~of changes to improve the safety and quality of care. In a disengaged system, doctors, nurses and allied health workers carry out their duties, putting their patients first, as is appropriate. Despite the positive feedback they receive from their patients and recognising at an individual patient level the outcomes they achieve, disengaged. 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.

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<sup>(44)</sup>.

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.



*"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

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 ~~the following~~ 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~~ 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

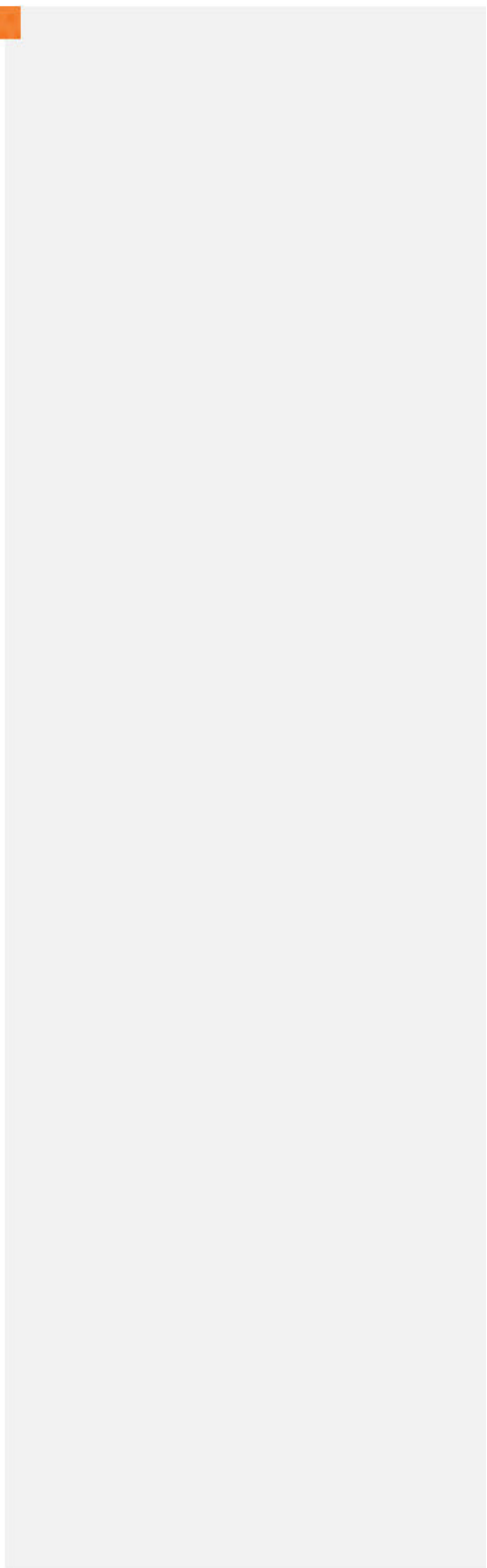
✓ service / divisional performance should be some of such measures.

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 initiatives.~~





**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. ~~One specific issue raised in the submission from the~~The ACT Visiting Medical Officers Association ~~was the perception of VMOs in the workplace. Their submission (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."*

~~This statement highlights~~*"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 ~~of the medical workforce.~~

*"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. ~~(44)(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 – ~~is~~ 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.<sup>4(113)</sup> 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<sup>111</sup>



#### National Model Clinical Governance Framework

Commented [HJ(9): unchanged

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

1. ~~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.
2. ~~Teamwork~~ – whereby effective teams perform better and produce better results.
3. ~~Effective communication~~ – required not just between patient and clinician, but between clinicians and management.
4. ~~Ownership~~ – whereby staff within health services are empowered to take responsibility, solve problems and effect change.
5. ~~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, ~~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<sup>(42)(6)</sup> 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.<sup>(43)(7)</sup>

**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.~~

**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

The previous 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 Interim 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 ~~Support Services~~
- ~~Community, Aged Care and Rehabilitation~~, Aged and Community Services
- Critical Care
- Mental Health, Justice Health and Alcohol and ~~Drugs/Drug~~ Services
- Women, Youth and Children
- Surgery, and
- Medicine

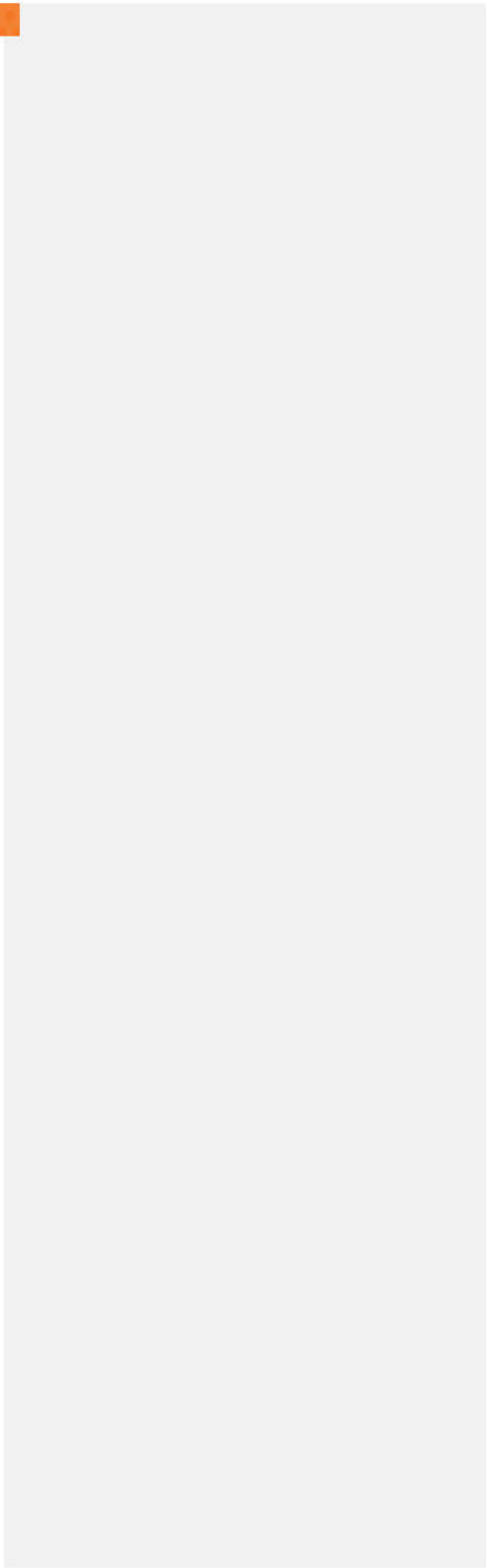
This slight reduction in Clinical Divisions, coupled with the creation of a cross Divisional Clinical Council, is fully supported as it will help moderate the silos that have evolved to the detriment of a good corporate culture. Each division in the current and proposed structure is led by an Executive 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.

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

*—Quote "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 ~~submission~~ submission*



## 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. ~~44(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.~~

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. <sup>(13)</sup>



## Growing Clinical Leaders

Initially there should be a discovery process with the Executives of both health services, with input from the Ministerial Clinical Leadership Forum<sup>4</sup> that will help guide the program design. ~~This recommended approach aligns with the findings of the previous KPMG Culture Review.<sup>423</sup>~~

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 Clinical Directors and executive leaders. This program should include both current and emerging leaders.~~

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

**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

### 9.

#### 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 ~~to the Review~~ 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”~~ “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. <sup>(17)</sup> 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. <sup>(45)(49)</sup> 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 40%–41% of NSW health employees – a figure which is itself unsatisfactory.

.....  
 .....  
 “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.”

– *Quotes from submissions*

.....



## Work Already Underway

At the time of preparing this ~~Interim~~ 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*<sup>(5)</sup> 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<sup>(4650)</sup> that help maximise the contribution of HR:

1. **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~~ Report, those needs are reflected in the complex interplay of values, strategy and leadership.
2. **Agility:** a coordinated, agile, flexible approach across all of the ACT Public Health System is necessary for maximising organisational performance.
3. **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~~ 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<sup>(51)</sup>. Underestimating the role of HR in workplace culture change<sup>7</sup>, 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<sup>(47)(52)</sup>,

*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 ~~Procedure~~,<sup>(42)</sup> ~~Policy~~<sup>(52)</sup> 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 ~~for~~ 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.

*"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 ~~speciality~~ 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."*

– Quotes from submissions:

Notwithstanding the tension cited earlier, greater transparency in adherence to the recruitment processes and principles by the ACT Public Health System would, ~~in addition to~~

~~ameliorating~~ 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.~~

**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~~ 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.

---

*"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*

---

.....

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.

.....

*"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

.....

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<sup>(3)</sup>.

## Preliminary ~~assessments~~ Assessments

The ACTPS Enterprise Agreements<sup>(40)(51)</sup> allow for managers to undertake ~~preliminary assessments~~ 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.



*"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

The Reviewers heard many examples of matters that should ~~not~~ 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 ~~(44)~~. 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 ~~65~~ 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~~(49)(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 and~~ unscheduled leave, and casual usage which are often used to measure the health of an organisation's culture.<sup>(55)</sup>

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. ~~This coupled with~~ issues in access and provision of HR data seems to relate to the lack of transparency and complexity multiple disparate systems used to process HR related information within ACT Health. ~~The Reviewers heard many examples of processes was identified as frustrating and disengaging for~~ 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.

*"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*

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 ~~and~~, 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 backdrop 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.

~~The recent commissioning and development~~ Availability of HR ~~these~~ data dashboards is important. This data should be available as a set of KPIs which also ~~ongoing and 'pushed out' to cost centre managers. This is common in other health jurisdictions.~~ Dashboards should ~~monitor the enabling of devolved~~ 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 ~~feoused~~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.”*



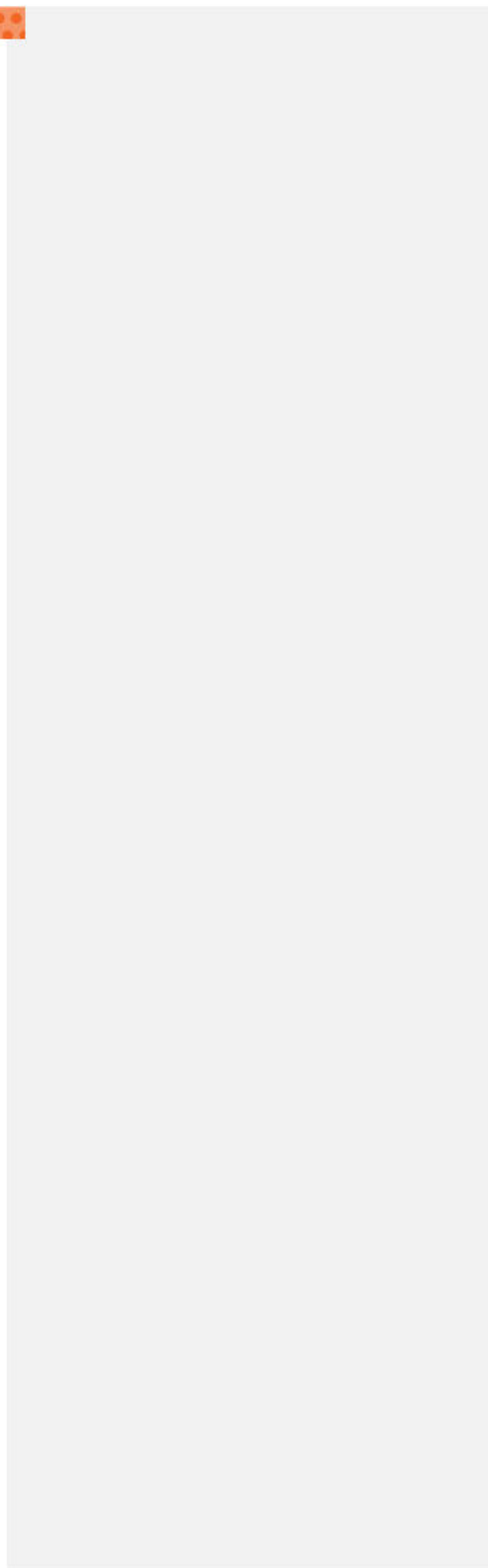
.....

An array of training opportunities ~~exists~~exist within the health sector in the ACT which ~~address~~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 ~~and incorporate the requirements of the~~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.~~



## 10. Implementation

### Introduction

There was a degree of scepticism expressed in both submissions and meetings ~~with staff~~ that any recommendations arising from this Review would be aggressively pursued. On the basis of history, this scepticism is well founded.

### Introduction

Should the recommendations be accepted, a sustained, transparent and measurable approach to their implementation is required. First and foremost, ~~amongst these the~~ Reviewers believe there should be a collective public statement of commitment by all parties involved ~~to~~ in ongoing cultural improvement.

#### **Recommendation 17**

~~Should the recommendations of this Review be accepted, a public commitment should be jointly made by the Ministers for Health and Wellbeing, and Mental Health, the Director-General (ACT Health), the CEO (Canberra Health Services), the General Manager (Calvary Public Hospital), Senior Executives across ACT Public Health System and key representative organisations to collectively implement the recommendations of this Review to ensure ongoing~~

### Committing Publicly

#### **Recommendation 17**

Should the recommendations of this Review be accepted, a public commitment should be jointly made by the Ministers for Health and Wellbeing, and Mental Health, the Director-General Health Directorate, the CEO Canberra Health Services, the General Manager Calvary Public Hospital and key representative organisations to collectively implement the recommendations of this Review to ensure ongoing cultural improvement across the ACT Public Health System.

Consideration could be given for this public commitment to be expressed by way of a signed agreement between the Ministers, the Director-General ~~(ACT Health)~~, Directorate, the CEO ~~(Canberra Health Services)~~, the General Manager ~~(Calvary Public Hospital)~~, relevant and representative organisations / unions and Specialist Medical Colleges.

### Tracking Implementation Process

Structural mechanisms are required to collectively oversight the implementation of the recommendations. The Health Directorate, Canberra Health Services and Calvary Public Hospital should each develop their own internal mechanisms – the nature of these mechanisms is ~~more~~ more appropriately the remit of the respective ~~senior executive~~ Senior Executive teams. However, across the ACT Public Health System, it is proposed the Minister for Health and Wellbeing establish and chair a ~~“~~Cultural Review Oversight ~~Committee~~ Group’ for collective oversight. This ~~Committee~~ Group should have a defined lifespan (for example, three years) with membership including the Ministers, the CEO, the Director-General, the General Manager, ~~relevant unions, CPSU AMA and the AMA,~~ Healthcare Consumers-~~Association of ACT and Specialist Medical Colleges.~~ Association of ACT. It is important that the Group determine how and when they will consult with other interested parties (colleges, unions, NGO’s) as an early priority.

This ~~Committee~~ Group should not allow alternate membership ~~(no proxies)~~ and should issue a regular joint public statement on progress (for example, every six months).

The Minister for Health and Wellbeing’s proposed Clinical Leadership Forum should also have an important role in contributing to the implementation of the Review recommendations. Their area of interest would particularly relate to the Sections on Clinical Engagement and Clinical Governance.

**Recommendation 18**

A 'Cultural Review Oversight Group' should be established to oversight the implementation of the Review's recommendations. The Group should be chaired by the Minister for Health and Wellbeing, and include the Minister for Mental Health, the Director-General Health Directorate, the CEO Canberra Health Services, the General Manager Calvary Public Hospital, Senior Executives across the ACT Public Health System, the Executive Director Health Care Consumers Association of the ACT, President of the AMA (ACT), Branch Secretary ANMF (ACT), and Regional Secretary CPSU.

## Independent Review

In addition to the proposed internal mechanism for overseeing the Review recommendations, it is proposed an independent, external review be conducted, using the same methodology as this Review, once a year over at least the next three years. This should be under the auspices of the 'Cultural Review Oversight ~~Committee~~ Group'.

This external review should also include input from quantitative findings from staff surveys conducted across the three arms of the ACT Public Health System. Such a staff survey could include metrics such as the one last undertaken in 2015. The findings of the external review should be released publicly.

**Recommendation 19**

That the 'Cultural Review Oversight Group' auspice for the next three years, an annual, independent and external review of the extent of implementation of the recommendations of the Review and consequent impact on cultural changes within the ACT Public Health System.

## Communicating Outcomes

An obvious aspect that will need to be addressed by the ~~'Cultural~~ Cultural Review Oversight ~~Committee~~ Group is the ~~mechanisms~~ mechanism for ~~talking~~ establishing and maintaining effective communications with staff, patients ~~and~~, the community, specialist colleges, NGOs and consumer groups concerning the findings of this Review and progress towards implementation.

Communication will be necessary, not only on those recommendations seeking to address inappropriate cultural practices, but also highlighting positive areas of cultural improvements. Engagement with staff in the development of this strategy would be desirable.

**Recommendation 20**

As a result of this Review, the 'Cultural Review Oversight Group' should engage with staff in the development of a change management and communications strategy, which clearly articulates to staff, patients/clients and the community the nature of the issues to be addressed and the mechanisms for doing it.



## Implementation Timeline







The following timeline was developed in collaboration with the Director-General Health Directorate, CEO Canberra Health Services and General Manager Calvary Public Hospital. It is designed to guide ACT Public Health Services in implementing the recommendations of this Review.

### Implementation Timeline:

Recommendation	Implementation lead/s	Actions	2019	2020	2021
<p>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.</p>	All	Commence values and vision work	6 months		
		Embed Vision and Values		12 months	
		Evaluate			6 months
<p>2. That Canberra Health Services and Calvary Public Hospital in conjunction with the Health Directorate develop an appropriate suite of measures that:</p> <ul style="list-style-type: none"> <li>• reflect on elements of a great health service - both culture and strategy</li> <li>• monitor patient/client perspectives of outcomes/experience, and</li> <li>• engage clinicians in their development.</li> </ul>	Canberra Health Services and Calvary Public Hospital	Commence developing suite of measures	6 months		
		Implement/monitor suite of measures		12 months	
	All	Conduct all staff survey (evaluate)	3		3

Recommendation	Implementation lead/s	Actions	2019	2020	2021
<p>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).</p>	All	<p>Planning procurement and foundational work</p>		9 months	
		<p>Implementation</p>			12 months
		<p>Program delivery</p>			Ongoing
<p>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.</p>	Health Directorate	Plan and conduct first summit	6 months		
<p>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.</p>	Canberra Health Services	Review mechanisms and integrate Community Health Services		Commenced and Ongoing	
<p>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.</p>	Health Directorate	Commence re-opening of communication lines	6 months		
		Establish NGO Leadership Group		6 months	
		Continue meetings			Ongoing

Recommendation	Implementation lead/s	Actions	2019	2020	2021
<p>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.</p>	Health Directorate	Review existing arrangements (develop relationships, define positions)	9 months		
		Produce academic partnership and training strategy	6 months		
		Implement academic partnership and training strategy		12 months	
<p>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.</p>	Health Directorate	Commence negotiations	9 months		
		Implement MOU		3 months	
<p>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.</p>	Canberra Health Services and Calvary Hospital	Agree measures	9 months		
		Ongoing monitoring and reporting			Ongoing

Recommendation	Implementation lead/s	Actions	2019	2020	2021
<u>10. There should be a clear requirement for senior clinicians to collaboratively participate in clinical governance activities.</u>	<u>Canberra Health Services and Calvary Hospital</u>	<u>Develop governance participation plan</u>			
		<u>Commence participation</u>	 6 months		
		<u>Monitor participation</u>		 Ongoing	
<u>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.</u>	<u>Canberra Health Services and Calvary Hospital</u>	<u>Assess program</u>	 6 months		
		<u>Implement and monitor</u>		 Ongoing	
					

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.



[Canberra Health Services](#)

Conduct pilot

Rollout full recommendations

12 months

21

**Recommendation 20**

~~As a result of this Review, the 'Cultural Review Oversight Committee' should prioritise the development of a change management and communications strategy, which clearly articulates to staff, patients/clients and the community the nature of the issues to be addressed and the mechanisms for doing it.~~

months

68 | Final Report

|  
|



<u>Recommendation</u>	<u>Implementation lead/s</u>	<u>Actions</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>
13. <u>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.</u>	All	<u>Planning</u>	12 months		
		<u>Implementation</u>		21 months	
14. <u>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.</u>	All	<u>Conduct initial review</u>	9 months		
		<u>Implement changes</u>		12 months	
		<u>Evaluate</u>			3
15. <u>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.</u>	All	<u>Review staff advice including intranet material and implement changes as required</u>	6 months		
		<u>Continually monitor/evaluate recruitment activity</u>		Ongoing	
16. <u>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.</u>	All	<u>Conduct training program review</u>	9 months		
		<u>Implement changes</u>		6 months	

Recommendation	Implementation lead/s	Actions	2019	2020	2021			
<p><u>17. Should the recommendations of this Review be accepted, a public commitment should be jointly made by the Ministers for Health and Wellbeing and Mental Health, the Director-General Health Directorate, the CEO Canberra Health Services, the General Manager Calvary Public Hospital, and key representative organisations to collectively implement the recommendations of this Review to ensure ongoing cultural improvement across the ACT Public Health System.</u></p>	<p><u>Ministers and Executive</u></p>	<p><u>Deliver public commitment</u></p>	<p>3</p>					
<p><u>18. A 'Cultural Review Oversight Group' should be established to oversight the implementation of the Review's recommendations. The Group should be chaired by the Minister for Health and Wellbeing, and include the Minister for Mental Health, the Director-General Health Directorate, the CEO Canberra Health Services, the General Manager Calvary Public Hospital, Senior Executives across the ACT Public Health System, the Executive Director Health Care Consumers Association of the ACT, President of the AMA (ACT), Branch Secretary ANMF (ACT) and Regional Secretary CPSU.</u></p>	<p><u>Minister and Health Directorate</u></p>	<p><u>Commence Group activities</u></p>	<p>3</p>					
		<p><u>Quarterly Group Meetings</u></p>		Ongoing				
<p><u>19. That the 'Cultural Review Oversight Group' auspice for the next three years, an annual, independent and external review of the extent of implementation of the recommendations of the Review and consequent impact on cultural changes within the ACT Public Health System.</u></p>	<p><u>Cultural Review Oversight Group</u></p>	<p><u>Annual review</u></p>		<p>3</p>	<p>3</p>	<p>3</p>		
<p><u>20. As a result of this Review, the 'Cultural Review Oversight Group' should engage with staff in the development of a change management and communications strategy, which clearly articulates to staff, patients/clients and the community the nature of the issues to be addressed and the mechanisms for doing it.</u></p>	<p><u>Cultural Review Oversight Group</u></p>	<p><u>With staff, collaboratively develop a change management and communication strategy</u></p>	12 months					

## Appendix A: Reviewer Biographies

### Mick Reid [AM](#) (Chair)

Mick Reid has undertaken many roles in the Australian health system during a career that spans four decades. His experience includes bureaucrat, consultant and academic, giving him a breadth of experience and depth of knowledge of the Australian health care system.

Mr Reid was Director General of Health in two States. For five years until 2002, he held the position of Director General of New South Wales Health. More recently, until 2011, he spent three years as Director General of Queensland Health.

When not engaged in the public sector, Mr Reid is Principal of his consulting company, Michael Reid & Associates, which has undertaken health and science projects throughout Australasia, for governments in Asia and the Pacific and with UN organisations.

Broad areas of consultation have related to macro health systems development and evaluation, health workforce reform, clinical engagement, services planning, indigenous health,

coordination and translation of health and science research, and performance analysis. He provides mentoring services to many people engaged in senior positions within the health sector.

Mr Reid holds Adjunct Professorships in both the Faculty of Medicine at the University of Sydney and the School of Science and Health at the University of Western Sydney and is an Honorary Fellow of the Australian College of Nursing. In 2011, he was awarded the AHHA Sidney Sax Medal for contributions to Australian Health Services.

### Fiona Brew (Member)

Fiona Brew is a senior health executive with more than 10 years' experience managing public health services and aged care in various senior roles.

With a background in nursing and regional health, she is an advocate for strong partnerships and collaboration in meeting the health needs of all clients.

Ms Brew is a values based leader and an expert in reforming culture in health services with a long-standing passion for governance, service improvement and hospital performance. [She applies](#) ~~She applies~~ her knowledge through service redesign, models of care and health informatics to achieve improvements and is a passionate advocate of education for health professionals and workforce innovation to meet the changing needs of the health environment.

Ms Brew understands the complex relationship with Visiting Medical Officers and other staff who are not permanently based or employed, and how the nursing culture can positively or negatively affect that and patient outcomes.

Ms Brew has been acting in a number of health service CEO roles, focusing on improved governance and culture to bring about significant changes to improve safety in clinical delivery.



## David Watters AM OBE (Member)

David Watters was President of the Royal Australasian College of Surgeons (RACS), from 2015 to 2016. During this time, RACS established an Expert Advisory Group to combat discrimination, bullying, and sexual harassment in the health sector. This included looking at how RACS could lead the elimination of bullying and harassment from hospitals and health departments.

Professor Watters has a strong interest in workplace culture and professionalism issues across the health sector.

Professor Watters is Professor of Surgery at Deakin University working at Barwon Health and the University Hospital Geelong.

Professor Watters chairs the Safety and Quality Committee for the surgical and critical care program at Barwon Health and is a member of the Board Safety and Quality committee. He is a general surgeon with interests in general, colorectal and endocrine surgery, actively engaged in advocating for global surgery after spending almost 20 years working in many developing countries prior to migrating to Australia in 2000.

He is an Edinburgh University graduate with over 150 peer reviewed publications and six books including *Stitches in Time - Two centuries of Surgery in Papua New Guinea (PNG)* (Xlibris, 2012) and the recently published *Anzac Surgeons of Gallipoli* (RACS 2015).

In addition to the FRACS, David is a fellow of the Edinburgh, Hong Kong, and East Central and Southern Africa Colleges of Surgeons and was awarded a Life Membership to the Medical Society of PNG (2017), the title of Alfred Deakin Professor (Aug 2016) and appointed Honorary Member of the Asian Surgical Association (2015).

In recognition of his contribution to surgery and surgical training in PNG he was awarded the OBE (2012) and Rotary's Paul Harris Fellowship (2000). He was recently awarded (Queen's Birthday June 2018) the AM for significant service to surgery and professional organisations.

## Appendix B: Previous Reports

### Introduction

The Culture Review Terms of Reference outline the reasons for, and parameters of, this Review. The Terms of Reference refer to three earlier reports which have been undertaken in relation to workplace culture within the ACT Public Health System.

Those reports are:

- The KPMG Review into the Clinical Training Culture in ACT Health (2015)
- The ACT Auditor-General Report – ACT Health’s management of allegations of misconduct and complaints about inappropriate workplace behaviour (2018), and
- Report of the ACHS National Safety and Quality Health Service (NSQHS) Standards Survey of ACT Health (2018).

This Review has taken the findings and recommendations of these reports into account –when conducting its activities and writing this ~~report~~Report. This appendix summarises each report, outlining its key findings and recommendations.

### The KPMG Review into the Clinical Training Culture in ACT Health (2015)

The KPMG Review was conducted over four weeks, it received 54 submissions and held focus groups with 62 internal stakeholders and three external stakeholders. At the time, The Canberra Hospital and Health Directorate were combined along with Calvary Public as a single organisation – ACT Health.

The Review focused on organisational culture (not individual behaviour), and asked the following questions:

- To what extent is there a culture that supports bullying, discrimination and/or harassment?
- What is contributing to the culture that exists?
- What can be done to shift behaviours and improve the overall culture of the hospital?

### KPMG Review Findings

The Review found cultural factors evidenced at the Canberra Hospital and Health Services Directorate that were similar to other medical work environments. That is a culture that accepts or condones bullying and harassment behaviours (76% of submissions observed a culture of accepting bullying and harassment). The Review found variability across the organisation in the cultural issues identified.

The elements found to be driving the culture included:

- a lack of compliance with legislation and policies and a lack of action around non-compliance
- less than desirable inter-personal skills and inappropriate performance feedback, and
- fears of victimisation and limited support for individuals experiencing bullying.



Disharmony amongst consultant staff was found to impact on trainees, including confusion about correct medical management. Attracting specialists to Canberra was considered challenging and efforts to retain senior consultants included not challenging inappropriate behaviours. Trainee's sign 12-month contracts and feared raising concerns would result in their contract not being renewed.

Trainee welfare was raised in the report as a major concern. Evidence of a power differential in the organisation and fewer numbers of supervisors was thought to lead to a greater likelihood of inappropriate conduct.

These factors were considered to be exacerbated by frameworks and policies that were not easily accessible, understood by staff or complied with consistently. In addition, the KPMG Review found:

- Perceptions that action to resolve issues were ineffective and untimely, inappropriate behaviour was considered normal and therefore accepted or excused, some staff did not speak up as they were fearful of detrimental consequences and there was a lack of support mechanisms and strategies to assist those with a complaint or issue.

## Recommendations

The KPMG Report provided seven high level recommendations:

- Work with the Executive and Clinical Directors to conduct further detailed analysis of those areas noted in this Review as having a culture that accepts or condones bullying, discrimination and/or harassment.
- Engage senior leaders and staff across TCH and HS in developing a statement of the desired culture for success.
- Using the statement of desired culture as the basis, to develop, implement and embed a 'saturation' communications campaign.
- Adjust reward and performance measures for leaders to reflect desired leadership behaviours and capabilities.
- Develop and institute mandatory leadership and management training for all clinicians who hold a leadership or management position.
- Review governance structures in relation to the accountabilities and reporting requirements associated with bullying and harassment.
- Strengthen policy statements to clarify and commit to consequences for unacceptable behaviour.

## Opportunities

The Review found it would be important for the organisation to demonstrate a commitment to eradicating inappropriate behaviours and suggested a focus on engaging with staff in improvement activities to ensure a safe, positive culture. The Review suggested ACT Health focus on driving improvements through:

- Improving Leadership
- Building a culture of acceptance
- Increasing awareness and understanding, and
- Implementing a process to resolve inappropriate behaviours.

## The ACT Auditor-General Report – ACT Health’s management of allegations of misconduct and complaints about inappropriate workplace behaviour (2018)

In this report the ACT Auditor-General found that ACT Health did not effectively manage allegations of misconduct initiated by former Director-General and former Deputy Director-General, Corporate (Executives) against two former employees. These employees ~~prepared performance data and reports and the accuracy of these had been of concern to~~ ~~prepared performance data and reports and the accuracy of these had been of concern to~~ the Executives. The audit also considers allegations of inappropriate complaint handling by the Executives in relation to complaints made by the employees of inappropriate workplace behaviours by the Executives.

The issue arose when:

- in mid to late 2016 concerns about the accuracy of ACT Health’s performance information and reporting were raised by the Executives
- on 1 July 2016, the employees complained about inappropriate workplace behaviour by those ~~Executives, and~~ ~~Executives, and~~
- on 29 July 2016, ACT Health wrote to the former employees to notify them of misconduct allegations against them and suspend their employment.

These matters were referred to the ACT Government Professional Standards Unit for investigation. That investigation found that one of the employees had not engaged in misconduct. There was no formal resolution for the second employee, as their employment contract with ACT Health had expired by this time.

### Audit Findings

The Auditor-General found:

- ▲ The decision to initiate a misconduct investigation into the former employees was precipitous. There was insufficient documentation to justify the investigation or the potential misconduct. Documentation to support the investigation was not produced until three weeks after the
  - decision to investigate and suspend the employees was made.
- ACT Health’s management of complaints regarding inappropriate workplace behaviours
  - ▲ (including allegations of bullying) made by the former employees was ineffective. The intent of the procedure was not followed by the Executives.
- Key discussions between HR and the former employees regarding the complaints were not adequately documented. This is particularly important if the allegations are related ~~to executives.~~ ~~to executives.~~
- While the former Public Sector Standards Commissioner implemented appropriate process
  - ▲ in response to the complaints, the communication advising the two former employees of a determination that the matters did not constitute a public interest disclosure was confusing.



## Recommendations

The Report provided three recommendations, as follows:

- 1.1 Training for executives and managers:** ACT Health should implement training for executives and managers for the handling of allegations of potential breaches of the ACT Public Sector —Code of Conduct. This training should include:
  - a) managing and documenting the conduct of preliminary assessments
  - b) the need to fully consider options available prior to proceeding with a misconduct investigation, and
  - c) processes for managing and documenting allegations of breaches of the ACT Public Sector Code of Conduct.
- 2.1 Professional standards unit guidance material:** The Public Sector Standards Commissioner should review guidance materials for ACT Government Agencies with respect to the documentation of allegations of potential breaches of the Code of Conduct, and should address:
  - a) the need to document the relevant and clear connection between an employee's behaviours and any alleged breach
  - b) the role of Directors-General to consider and investigate the actions and conduct of staff in the first instance and refer allegations that are particularly serious or complex to the Commissioner in a timely manner, and
  - c) the need to communicate with the Professional Standards Unit as early as possible when allegations of potential breaches may be referred to the Commissioner for action.
- 3.1 Receiving and managing allegations of inappropriate workplace behaviours:** ACT Health should implement awareness training for executives and managers to reinforce requirements —for receiving, document and managing reports of inappropriate workplace behaviours.

## Opportunities

In going forward, the Auditor-General found that ACT Health needs to confirm and articulate the desired culture and the values to be fostered across the organisation. There should be an emphasis on how allegations of misconduct are to be managed, including the processes to be used for making and responding to complaints of inappropriate workplace behaviour.

Additionally, it would be timely for the Public Sector Standards Commissioner and the Professional Standards Unit to raise awareness of their roles and the merits of early contact with them, especially for allegations of serious misconduct.

## Report of the ACHS National Safety and Quality Health Service (NSQHS) Standards Survey of ACT Health (2018)

In July 2018, the organisation was assessed against the National Safety and Quality Health Service (NSQHS) Standards and achieved ACHS accreditation.

The survey found the organisation had changed dramatically since its interim survey in March 2018. During the period between the two surveys, ACT Health had implemented sustainable systems and processes that provided direction and strong governance. The surveyors

acknowledged the extensive work undertaken to achieve this result. ACT Health had moved from a fragmented divided organisation to one that was client focused and cohesive. While the survey notes this work must be sustained over the longer-term, the new systems and processes will drive towards excellence and safety. All recommendations made in the interim survey were addressed and closed.

### Survey Findings

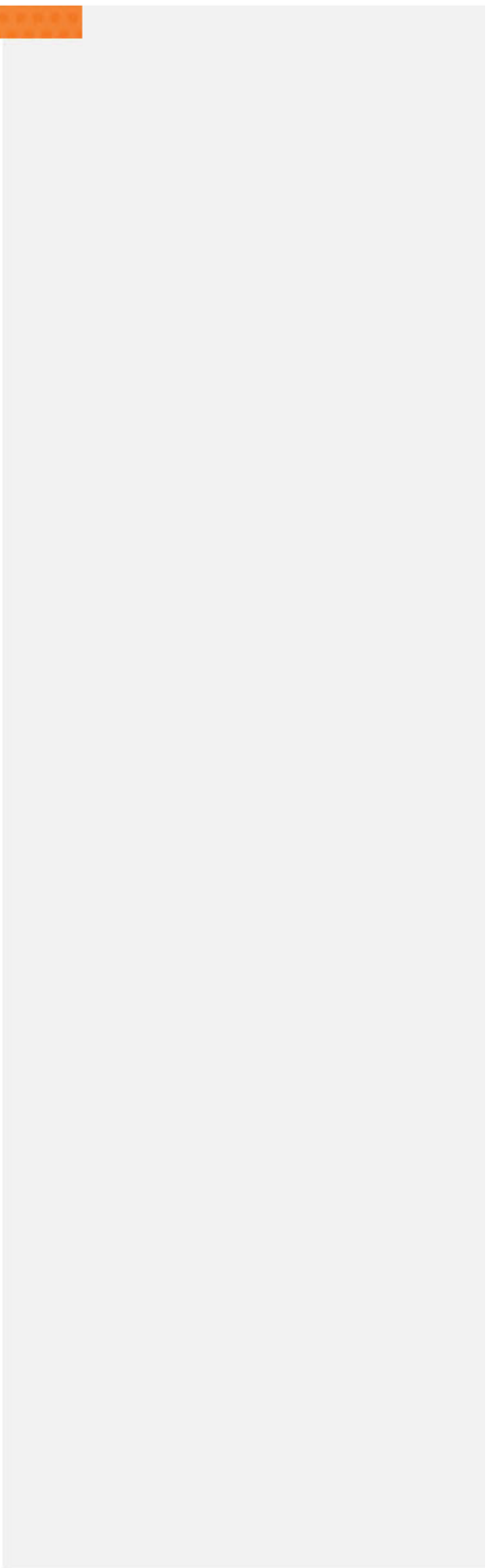
The Survey found that a number of significant workforce culture activities had been undertaken:

- The Strategic Corporate Plan 2018 – 2023 now provides direction, strategic objectives and goals that align with Business Plans.
- The new Corporate and Clinical Governance Framework 2018-2023 was rolled out and provides-
  - ▲ clear guidance on role definition and accountabilities.
- A new centralised governance process was introduced for the management of clinical pathways to ensure organisational consistency.
- The new Quality Framework has been implemented and supported by an Implementation-
  - ▲ Plan and Measurement Framework 2018-2020.
- New systems and process have given assurance that staff are aware of their delegated safety and quality roles and responsibilities.
- An Independent External Review of the Mental Health Justice Health and Drug Services-
  - ▲ (MHJDADS) was conducted and tabled on 1 June 2018 to respond to workplace issues and the number of suicides over the past three years.
- A Mental Health Review Advisory body was established.
- The new Workforce Strategy is under development and will include workforce accountabilities and responsibilities supported by education to ensure awareness of roles.
- The generic performance development tool updated to make it suitable for the clinical workforce following consultation with clinical leads - the template now incorporates specific performance review criteria for Health employees.
- Risk Management Policy, Framework and Guidelines were updated and endorsed. The organisation now has a single Risk Register which has been reviewed and updated to reflect current risks and accountabilities with ongoing monitoring.
- Employees are receiving calls to acknowledge and thank them for their work. This has been-
  - ▲ very powerful in assisting with cultural change.

### Opportunities

The survey also identified a number of opportunities to build upon the actions taken already and these include:

- Establishing mechanisms for engaging consumers and/or carers in organisational governance, as well as strategic and operational planning for ACT Health services.
- Implementing a system to identify and track disclosures related to or following an ~~investigation~~ investigation.





## Appendix C: Submission Analysis

Table of Submissions from Individuals

Individual Themes	Individual Themes	Deleted Cells
Non-supportive manager / leadership		266
Inefficient procedures / processes / training		211
Bullying / not addressed		204
Micro-managing / poor leadership		203
Repeated unreasonable behaviour		201
Bureaucratic / process driven		165
Mistrust / dishonest behaviour		148
Lack of opportunities		137
Favouritism		126
Inducing fear / anxiety		119
Inappropriate Recruitment		119
Exclusion / Isolation e.g. from meetings		104
Poor skill development / insufficient training		103
Reprisal e.g. using roster as punishment		94
Humiliation		74
Conflict / verbal abuse		64
Hardworking and dedicated <u>staff</u>	<u>staff</u>	Deleted Cells
Supportive Team		59
Good training		43
Supportive leadership		37
General improvement		34
Solid procedures		28
Lack of diversity		28
Offensive Behaviour		25
Sex-based / gender bias		20
Sexual Behaviour		15
Racism		11

Table of Submissions from Organisations

Organisation Themes	Occasions mentioned
Inefficient procedures / processes / training	31
Bureaucratic / process driven	28
Inappropriate Recruitment	22
Non-supportive manager / leadership	22
Poor skill development / insufficient training	19
Micro-managing / poor leadership	18
Bullying / not addressed	12
Repeated unreasonable behaviour	11
Conflict / verbal abuse	11
Offensive Behaviour	10
Mistrust / dishonest behaviour	10
Lack of opportunities	10
Inducing fear / anxiety	8
Favouritism	6
Reprisal e.g. using roster as punishment	6
Exclusion / Isolation e.g. from meetings	5
Humiliation	5
Hardworking and dedicated staff	4
Racism	3
Sex-based / gender bias	3
Supportive team	3
General improvement	3
Supportive leadership	2
Good training	2
Solid procedures	2
Lack of diversity	1
Sexual Behaviour	0



## Appendix D: Survey Results

### Survey Results

#### 1. Workplace

Calvary Public Hospital 17%

Health Directorate 27%

Canberra Health Services 57%

#### 2. Position

Administration 24%

Allied Health 17%

Clinical support 1%

Medical Officer 9%

Nursing/Midwifery 33%

Support Services 2%

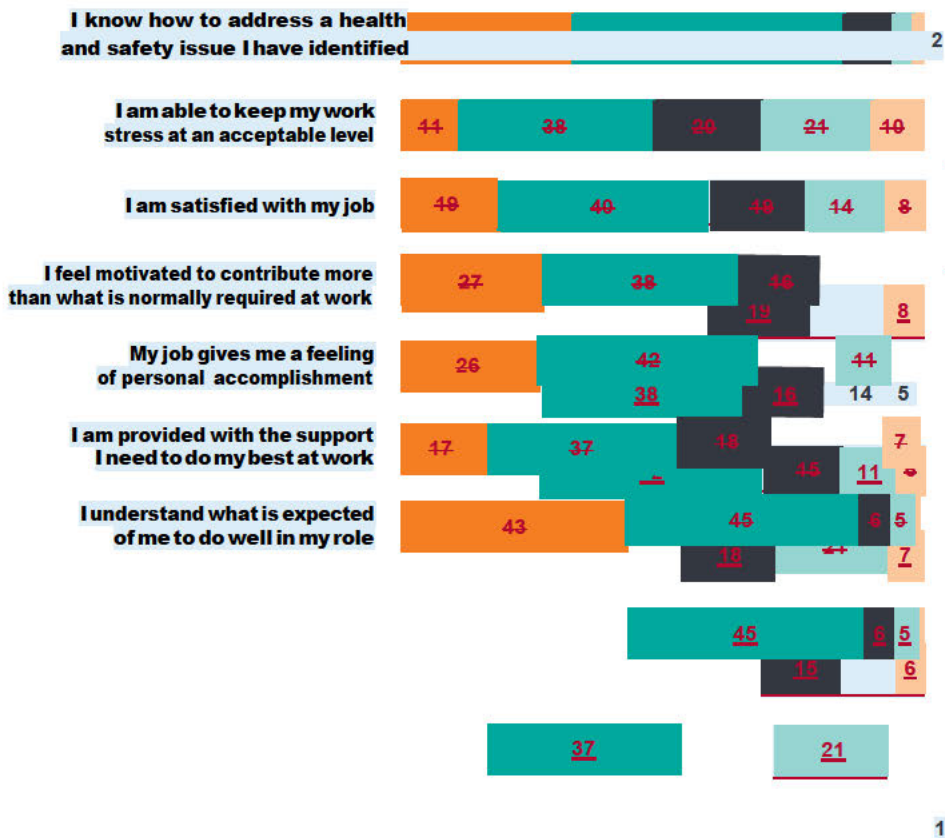
Senior Management 7%

Executive 1%

Another type of position 4%

Prefer not to say 2%

3. How strongly do you agree or disagree with the following statements?



Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

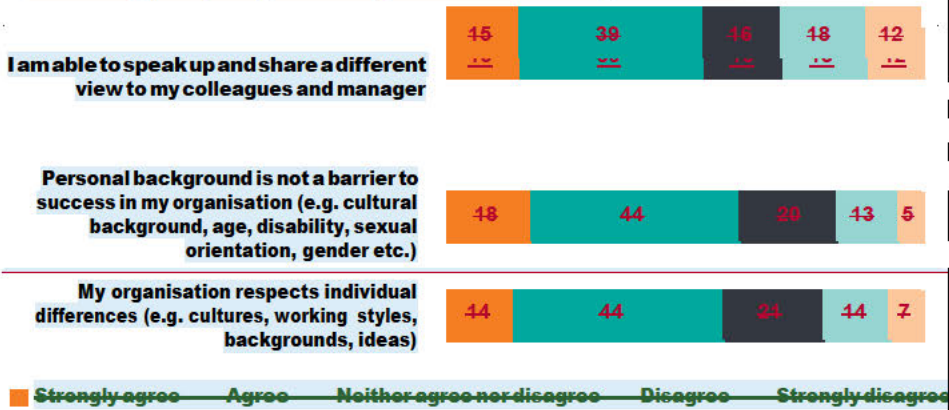
4. How strongly do you agree or disagree with the following statements?







5. How strongly do you agree or disagree with the following statements?



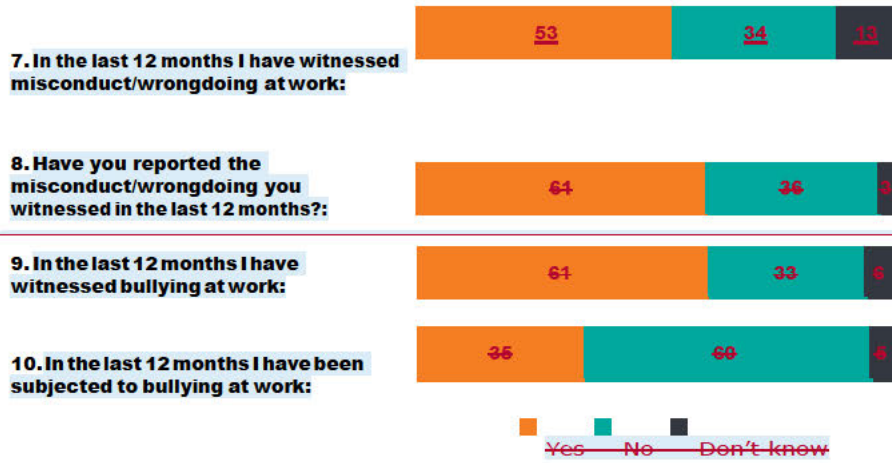
Resolving Grievances



Resolving Grievances

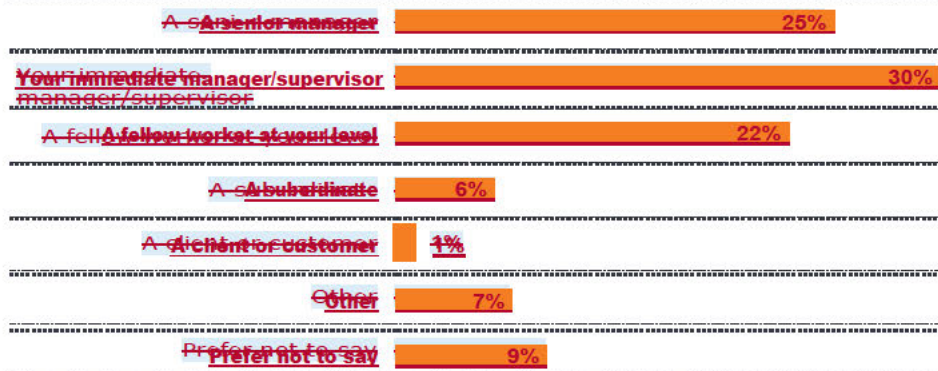


## Workplace Conduct

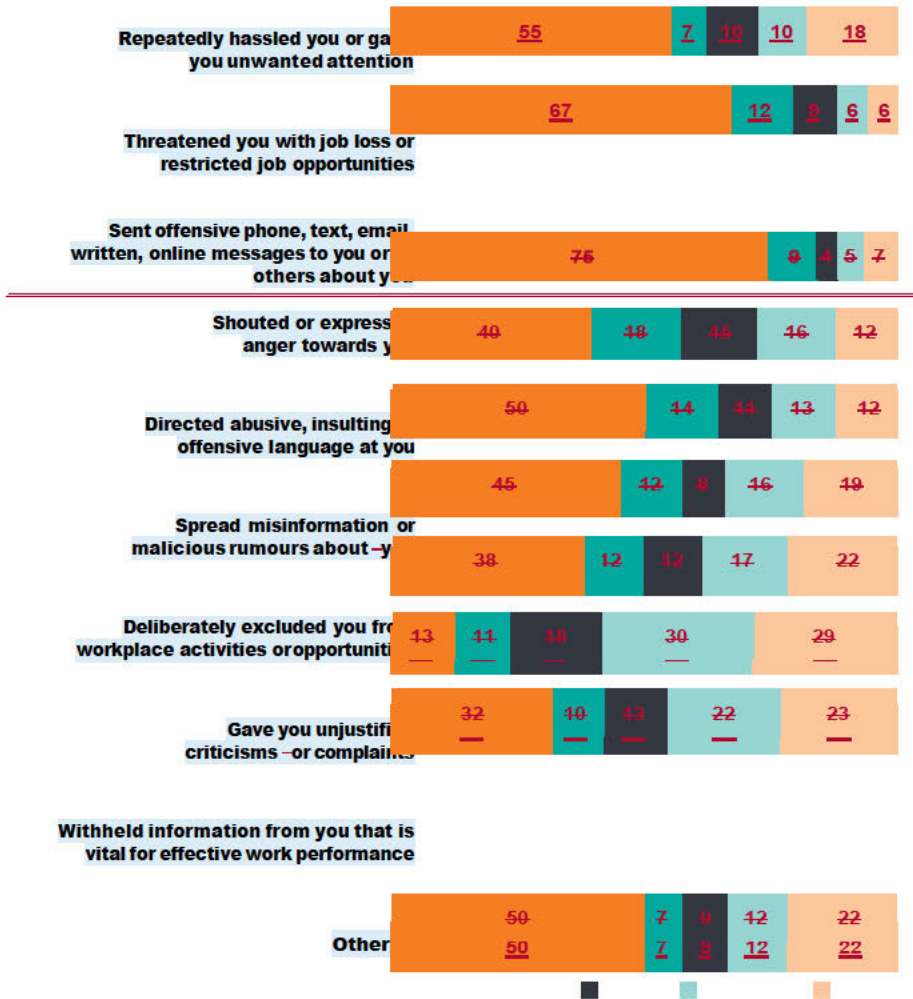


Yes
  No
  Don't know

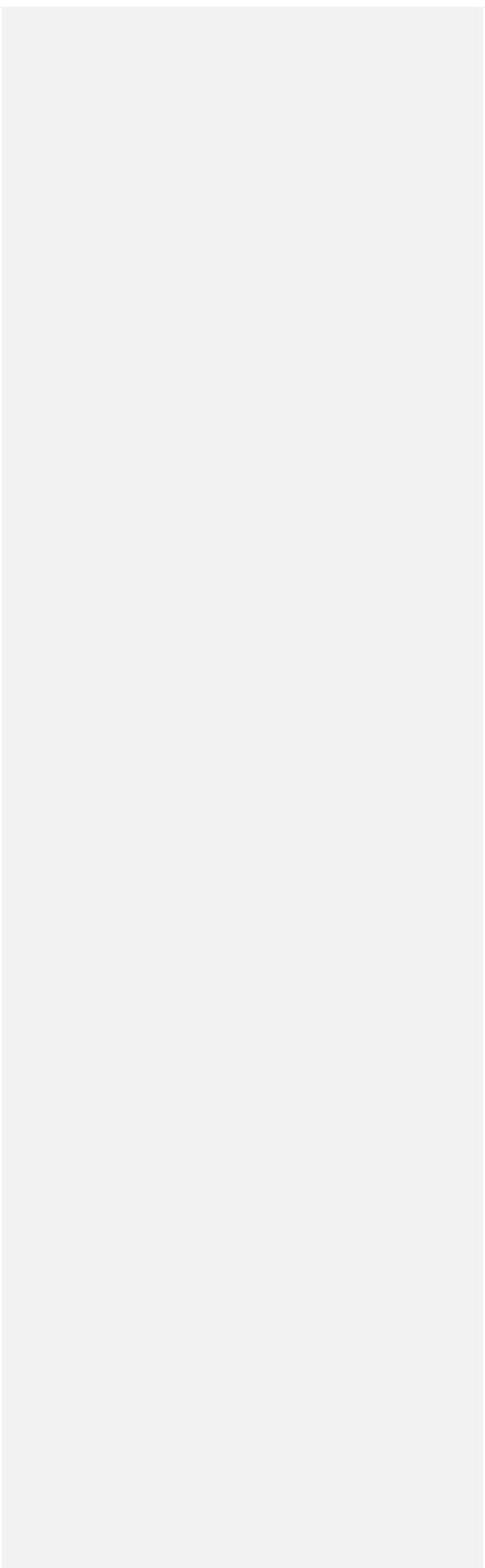
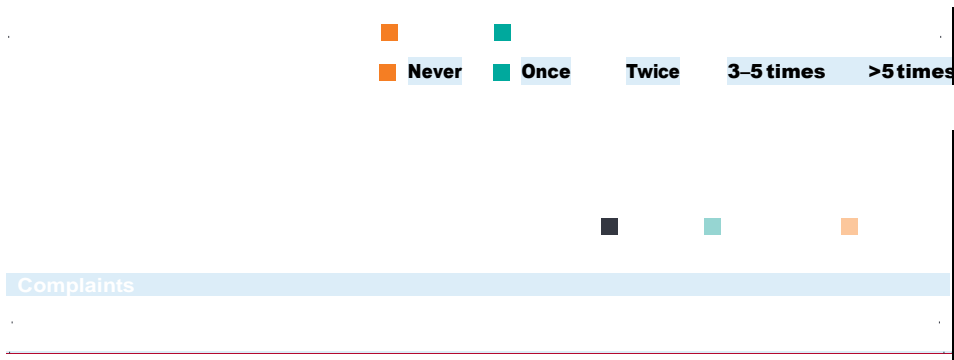
11. Who was the source of the most serious bullying?



12. How frequently did this person engage in the following repeated and unreasonable behaviour







43. Have you submitted a formal

13. complaint regarding the bullying you were subjected to in the last 12 months?



14. Was your complaint resolved to your satisfaction?



15. Did the bullying you experienced cause you to take sick leave?



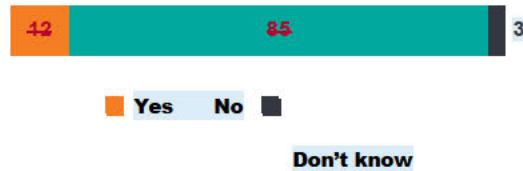
16. Did the bullying you experienced cause you to make a workers' compensation claim?



Don't know

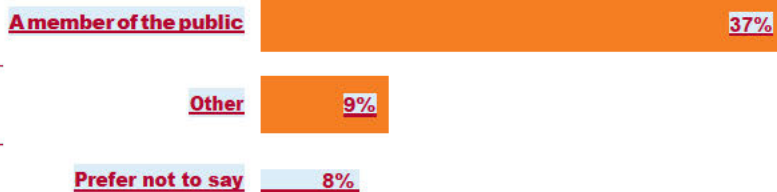
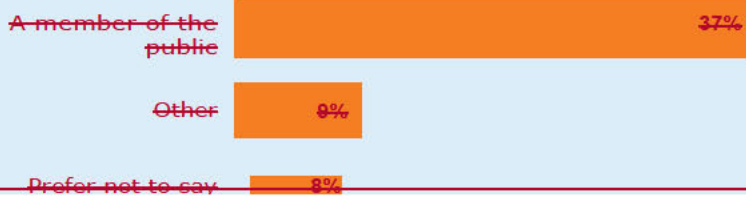
Unacceptable Conduct

17. In the last 12 months I have been subjected to physical harm, sexual harassment or abuse at work:



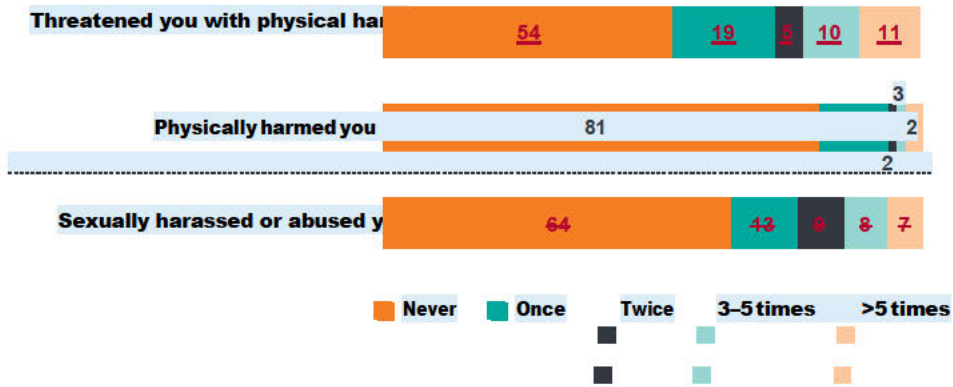
18. Who has been the source of the most serious physical harm and/or sexual harassment or abuse?

A person at work 46%



19. How frequently did this person engage in the following repeated and unreasonable behaviour?





Complaints Handling



20. Have you submitted a formal complaint regarding the incident/s you were subjected to in the last 12 months?

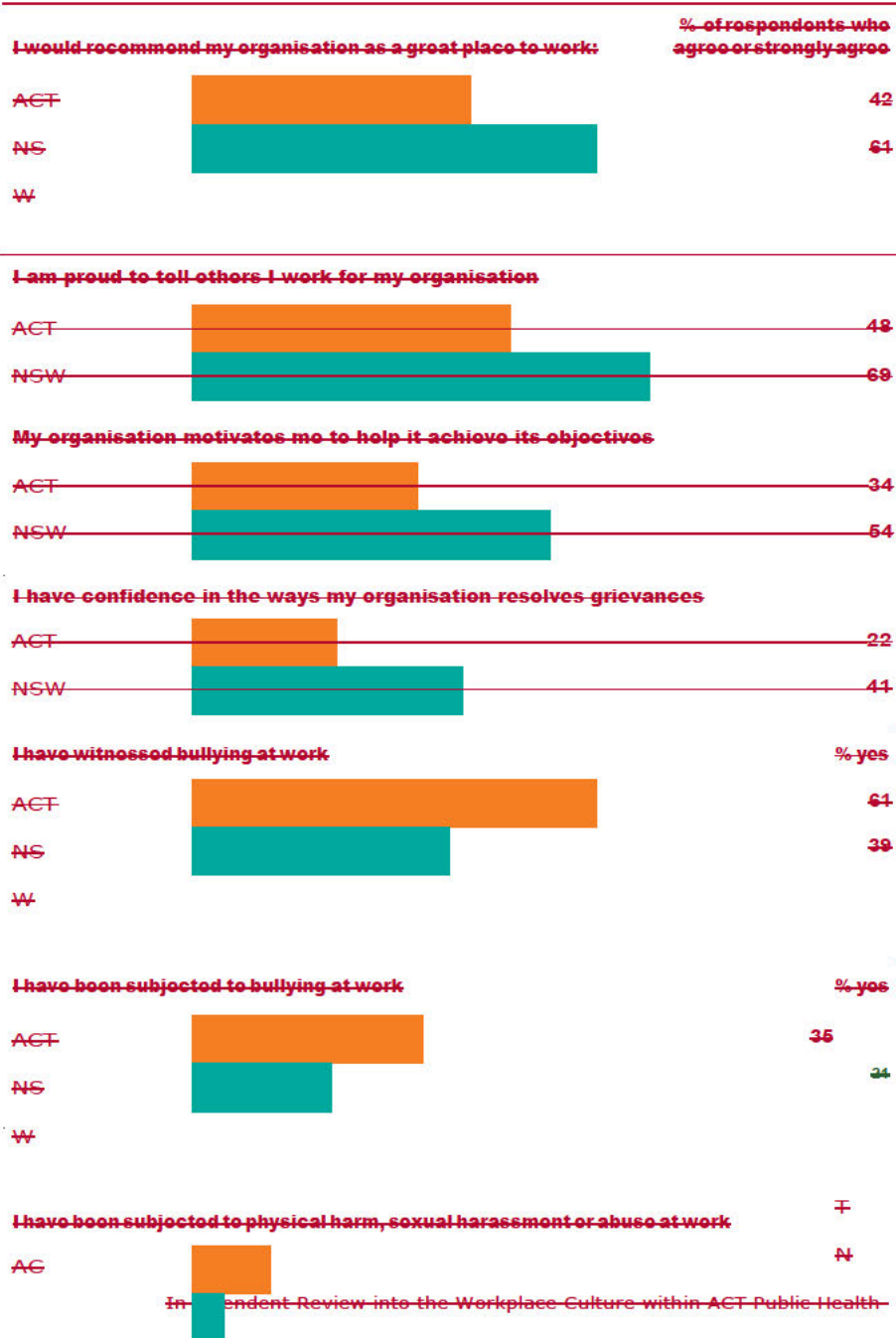


21. If yes, were you satisfied with the outcome of the formal complaint process?

Yes No Don't know

Commented [HJ(10): unchanged

### Comparing ACT and NSW





SW

%yes

42

5

88-Inte-im

## Appendix E: Joint ~~Peak's statement~~ Peak Statement



### **Shared statement on opportunities for action to improve outcomes and relationships between the ACT Health Directorate and community non-government organisations**

#### **Follow up briefing to ACT Health's *Independent Review into the Workplace Culture within ACT Public Health Services* (the Review).**

January 2019

#### **About this document**

This statement has been prepared by the health peak bodies the Alcohol Tobacco and Other Drug Association ACT (ATODA) and the Mental Health Community Coalition ACT (MHCC ACT).

This statement has been developed following ATODA's meeting with the Chair of the Panel for the Independent Review in the Workplace Culture within ACT Public Health Services in December 2018. It seeks to provide a brief summary of immediate opportunities for action to improve outcomes and relationships between the ACT Health Directorate and community non-government organisations (NGOs). The information contained focuses on the organisational level relationships with NGOs and the ACT Health Directorate, and as such, does not seek to address issues or resolutions as they relate to the community or workforce engagements in the Review.

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. It is hoped, however, that a commitment to some immediate actions as outlined in this briefing, will make solid steps and reparations that will allow NGOs to work effectively with the ACT Health Directorate towards the values of care, excellence, collaboration and integrity.

#### **Opportunities for action**

~~Independent Review into the Workplace Culture within ACT Public Health~~

NGOs should be acknowledged and engaged as key stakeholders within the ACT Health Directorate's ongoing change management process, it is recommended that in the short term the following steps are undertaken:

- Review and re-affirm ACT Health Directorate's commitment to *The Social Compact: A relationship framework between the ACT Government and Community Sector*,

which sets out a vision for the ACT Government to “build Canberra as a place where all people reach their potential, make a contribution and share the benefits of an inclusive community.”<sup>1</sup> The Social Compact “is intended to promote mutual understanding and guide community sector and Government representatives to adopt processes and behaviours that value the role, contribution and expertise of both the Government and community sector.” Further, it notes that “the two sectors need to plan, learn and work together, building on existing strengths, encouraging innovation and making sound decisions informed by evidence.”

- Re-convene or establish appropriate governance mechanisms to engage with peak bodies representing community NGOs and stakeholders, many of which have fallen by the wayside in recent years.
- Commence regular formal communication with all the NGOs funded by the ACT Health Directorate including providing details of the transition arrangements of ACT Health into two organisations, a revised organisational chart and identification of key contacts.
- Implement training for ACT Health Directorate employees to build a culture of, and competence in, NGO engagement, consultation and collaboration in policy making and implementation. This training could be modelled on previously provided Social Compact training and would include:
  - Ensuring that all officers who work with NGOs understand that NGOs are typically organisations with limited resources and capacity, and that appropriate expectations and timeframes are required in all engagement.
  - Acknowledging the crucial role of NGO partners in the ACT health system and understanding the nature of genuine partnership.
  - Acknowledging and redressing existing power imbalances between government and NGO partners, particularly as it relates to access to information and decision making.
- Undertake to get back to NGOs with information or documentation within promised timelines. If the timelines can't be met, NGOs should be advised of changes and provided with new information about revised processes including dates.
- Establish mechanisms for community NGO stakeholders to provide feedback on the ACT Health Directorate as it undertakes its change processes, and monitor and solve problems as they arise. This could include anonymous annual surveying of NGO stakeholders with results to be analysed collaboratively with NGO critical friends.
- Formally establish a Non-Government Organisations Leadership Group (e.g. of peaks) to facilitate this new partnership moving forward, as was recommended by ATODA, ACTCOSS and MHCC ACT in correspondence to ACT Health in December 2018.

<sup>1</sup> Community Services Directorate, *The Social Compact: A relationship framework between the ACT Government and Community Sector*, ACT Government, Canberra, 2012.

## Acronyms and Abbreviations

ACHS	Australian Council on- Healthcare Standards		Association
ACT	Australian Capital Territory	_HR	Human Resource
ACTPS	Australian Capital Territory Public Service	JMO	Junior Medical Officer
ACU	Australian Catholic University		
_AH	Allied Health		
AHHA	Australian Healthcare and Hospitals Association		
AHRC	Australian Human Rights Commission		
AM	Member of the Order of Australia		
<del>AMA</del>	<del>Australian Medical Association</del>		
<del>ANMF</del>	<del>Australian Nursing and Midwifery Federation</del>		
<del>AMA</del>	<del>Australian Medical Association</del>		
<del>ANMF</del>	<del>Australian Nursing and Midwifery Foundation Midwifery Federation</del>		
ANU	Australian National University		
ATODA	Alcohol Tobacco & Other Drugs Association		
CEO	Chief Executive Officer		
_CHC	Community Health Centre		
_CHN	Capital Health Network		
_CORS	Co-worker Observation- Reporting System		
CPSU	Community and Public Sector Union		
<del>DG</del>	<del>Director General</del>		
<del>eMR</del>	<del>electronic Medical Record</del>		
FRACS	Fellow of Royal Australasian		
_College of Surgeons			
GPs	General Practitioners-		
HCCA	Health Care Consumers'		



JMW	Junior Medical Workforce	_KPI	Key Performance Indicators
		NEAT	National Emergency Access Targets
		_NEST	National Elective Surgery Targets
		NGO	Non-government organisation-
		NPS	National Prescribing Service
		NSQHS	National Safety and Quality Health Service
		NSW	New South Wales
		MHCC	Mental Health Community _Coalition
		_MHJDAD	Mental Health JusticeHealth and Drug Services
		MLA	Member of the Legislative Assembly
		_MOU	Memorandum of Understanding
		MPS	Medial Protection Society
		OBE	Order of the British Empire
		_PA	Preliminary Assessment
		PHN ACT	Primary Health NetworkACT-
		PARS	Patient Advocacy _Reporting System
		_PNG	Papua New Guinea
		PPA	Promoting Professional Accountability
		PSM Act	Public Sector Management Act 1994
		PSSC	Public Sector Standards- <del>Commissioner</del> <u>Commissioner</u>
		RACS	Royal Australasian College- of Surgeons
		UC	University of Canberra
		_VMO	Visiting Medical Officer
		WHS Act	Work Health and Safety Act 2011

## References

1. Minister for Health and Wellbeing. Statement on ACT Health culture. *ACT Government – Open Government Website*. [Online] [Cited: 12 December 2018.] [https://www.cmtedd.act.gov.au/open\\_government/inform/act\\_government\\_media\\_releases/meegan-fzharris-mia-media-releases/2018/statement-on-act-health-culture](https://www.cmtedd.act.gov.au/open_government/inform/act_government_media_releases/meegan-fzharris-mia-media-releases/2018/statement-on-act-health-culture).
2. Minister for Health and Wellbeing. ACT Health - Culture Review Terms of Reference. [Online] [Cited: 22 November 2018.] <https://www.health.act.gov.au/about-our-health-system/culture-review/terms-reference>.
3. KPMG. *Review of the Clinical Training Culture: The Canberra Hospital and Health Services*. Canberra: ACT Government, Health Directorate, 2015.
4. ACT AUDITOR–GENERAL. *ACT Health’s Management of Allegations of Misconduct and Complaints about Inappropriate Workplace Behaviour*. Canberra: ACT Government, 2018.
5. Minister for Health and Wellbeing–Meegan–Fitzharris–. Launch of the Nurses and Midwives: Towards a Safer Culture – the First Step – Strategy. *ACT Health*. [Online] [Cited: 1 January 2019.] <https://www.health.act.gov.au/news/launch-nurses-and-midwives-towards-safer-culture-first-step-strategy>.
6. Australian Council on Healthcare Standards. *Report of the Australian Council on Healthcare Standards (ACHS) National Safety and Quality Health Service (NSQHS) Standards Survey*. Canberra: s.n., 2018.
7. *Prevalence of bullying, discrimination and sexual harassment among trainees and Fellows of the College of Intensive Care Medicine of Australia and New Zealand*. Venkatesh B, Corke C, Raper R, Pinder M, Stephens D, Joynt G, Morley P, Bellomo R, Bevan R, Freebairn R, Varghese B, Ashbolt M, Hawker F, Jacobs S, Yong S. 4, December 2016, Critical Care and Resuscitation: Journal of the Australasian Academy of Critical Care Medicine, Vol. 18.
8. *Prevalence of bullying, discrimination and sexual harassment in surgery in Australasia*. Wendy Crebbin, Graeme Campbell, David A. Hillis and David A. Watters. 2015.
9. *Nursing curriculum and bullying: An integrative literature review*. Sidhu S, Park T. 9, Nurse – Education Today, June 2018, Vol. 65, pp. 169–176.
10. Drennan, D. *Transforming Company Culture*. London: McGraw-Hill, 1992.
11. ACSQHC. *National Model Clinical Governance Framework*. Sydney: Australian Commission on Safety and Quality in Health Care, 2017.
12. *Patient Complaints and Adverse Surgical Outcomes*. Catron, T. F., Guillaumondegui, O. D., Karrass, J., Cooper, W. O., Martin, B. J., Dmochowski, R. R., ... Hckson, G. B. 2016, American Journal of Medical Quality, Vol. 31(5), pp. 415–422.
13. AHRC. Workplace discrimination, harassment and bullying. *Australian Human Rights Commission*. [Online] [Cited: 20 December 2018.] <https://www.humanrights.gov.au/employers/good-practice-good-business-factsheets/workplace-discrimination-harassment-and-bullying>.
14. ACT Gov. Bullying and harassment in the workplace. *ACT Government: Access Canberra*. [Online] [Cited: 20 December 2018.] [https://www.accesscanberra.act.gov.au/app/answers/detail/a\\_id/3160/~/bullying-and-harassment-in-the-workplace](https://www.accesscanberra.act.gov.au/app/answers/detail/a_id/3160/~/bullying-and-harassment-in-the-workplace). [Online] [Cited: 20 December 2018.] [https://www.accesscanberra.act.gov.au/app/answers/detail/a\\_id/3160/~/bullying-and-harassment-in-the-workplace](https://www.accesscanberra.act.gov.au/app/answers/detail/a_id/3160/~/bullying-and-harassment-in-the-workplace).
15. Fair Work Ombudsman. Bullying & harassment. *Australian Government Fair Work Ombudsman*. [Online] [Cited: 20 December 2018.] <https://www.fairwork.gov.au/employee-entitlements/bullying-and-harassment>.
16. Protection from discrimination at work. *Australian Government: Fair Work Ombudsman*. [Online] [Cited: 20 December 2018.] <https://www.fairwork.gov.au/employee-entitlements/protections-at-work/protection-from-discrimination-at-work>.
17. Australian Government. Work Health and Safety Act. Commonwealth of Australia, 2011. C2018C00293. [Independent Review into the Workplace Culture within ACT Public Health Services | 89](#)

18. *Using Workshops for Strategic Management of Policy Reform*. Brinkerhoff, D. Washington: USAID, 1994, Vol. 6.

19. NSW Government, Public Service Commission, *People Matter Employee Survey: 2018 Report*. [Online] 2018. [Cited 20 December 2018]. <https://www.psc.nsw.gov.au/reports---data/people-matter-employee-survey>.

20. *The Leader's Guide to Corporate Culture*. Goyebas, D., Lee, J., Preece, J., & Cheng, J.Y.J. January–February 2018, *Harvard Business Review*.



20. *Effective workplace culture: the attributes, enabling factors and consequences of a new concept.* Manley, K. 2011, *International Practice Development Journal* Vol. 1.

21. *Royal College of Surgeons (United Kingdom). Making the most of trainee doctors' insights: A discussion paper.* [Online] November 2015. [Cited: 18 February 2019.] <https://www.rcseng.ac.uk/about-the-rcs/government-relations-and-consultation/post-on-statements-and-reports/surgical-profession/>.

22. *The Leader's Guide to Corporate Culture.* Groysberg B., Lee J., Price J. & Cheng J.Y. January - February 2018. *Harvard Business Review*.

23. ACT Government. ACT Health Values. *ACT Health*. [Online] [Cited: 9 January 2019.] <https://www.health.act.gov.au/careers/values>.

24. Values and Behaviours. *ACTPS Employment Portal*. [Online] [Cited: 9 January 2019.] <https://www.cmteed.act.gov.au/employment-framework/managers-And-supervisors/managers-toolkit/values-and-behaviour>.

25. Calvary. Mission and Values. *Calvarycare*. [Online] [Cited: 9 January 2019.] <https://www.calvarycare.org.au/about/mission-and-values/>.

26. *Organisational culture and quality of health care.* Davies HTO, Nutley SM, Mannion R. 2000, *BMJ Quality & Safety*, Vol. 9, pp. 111-119.

27. *Dynamics of performance measurement and organisational culture.* Umit S. Bititci, Kepa Mendibil, Sai Nudurupati, Patrizia Garengo, Trevor Turner. 12, *International Journal of Operations & Production Management*, Vol. 26, pp. 1325-1350.

28. Safe Work Australia. Bullying. *Safe Work Australia*. [Online] [Cited: 3 January 2019.] <https://www.safeworkaustralia.gov.au/bullying>.

29. Preventing Work Bullying Guidelines: Guide to prevent on and management of work bullying. Chief Ministers Department. [Online] 2010. [Cited: 6 January 2019.] [http://www.cmd.act.gov.au/\\_data/assets/pdf\\_file/0007/171871/preventworkbully.pdf](http://www.cmd.act.gov.au/_data/assets/pdf_file/0007/171871/preventworkbully.pdf).

30. Vanderbilt University. The Center for Patient and Professional Advocacy (CPPA) Vanderbilt University Medical Center (VUMC). s.l. : Vanderbilt Center for Patient and Professional Advocacy.

31. Center for Patient and Professional Advocacy. Vanderbilt Center for Patient and Professional Advocacy - Introduction to PARS and CORS. *Vanderbilt university Medical Center*. [Online] [Cited: 9 January 2019.] <https://prd-medweb-cdn.s3.amazonaws.com/documents/cppa/files/CPA%20INTRO%206-20-18.pdf>.

32. *Using Coworker Observations to Promote Accountability for Disrespectful and Unsafe Behaviors by Physicians and Advanced Practice Professionals.* Webb LE, Dmochowski RR, Moore IN, Pichert JW, Catron TF, Troyer M, Martinez W, Cooper WO, Hickson GB. 4, April 2016,

The Joint Commission on Quality and Patient Safety, Vol. 42, pp. 149-161.

33. Vanderbilt University Medical Center. Vanderbilt Center for Patient and Professional Advocacy - Professionalism Triangle. *Vanderbilt University Medical Center*. [Online] 2007. [Cited: 24 December 2018.] <https://www2.mc.vanderbilt.edu/cppa/45627>.

34. *A Complementary Approach to Promoting Professionalism: Identifying, Measuring, and Addressing Unprofessional Behaviors.* Hickson GB, Pichert JW, Webb LE, Gabbe SG. 11, November 2007, *Academic Medicine*, Vol. 82.

35. Cognitive Institute. Promoting Professional Accountability Programme. *Cognitive Institute*. [Online] [Cited: 24 December 2018.] <https://www.cognitiveinstitute.org/programmes/promoting-professional-accountability/>.

36. St Vincents Hospital Sydney. The Ethos Program. *St Vincents Hospital Sydney*. [Online] [Cited: 3 January 2019.] <https://www.svhs.org.au/ethos/ethos>.

37. Brigham and Women's Hospital. Center for Professionalism & Peer Support. *Brigham and Women's Hospital*. [Online] [Cited: 11 January 2019.] <https://www.brighamandwomens.org/medical-professionals/center-for-professionalism-and-peer-support/cpps-overview>.



363. St Vincents Hospital Sydney. St Vincent's launches ETHOS, a new workplace support program for staff-. *St Vincents Hospital Sydney NewsRoom*. [Online] [Cited: 24 December 2018.] <https://www.svhs.org.au/newsroom/svhs-news/st-vincents-launches-ethos>.

38. ACT Government. *Modernisation of Calvary Public Hospital for a growing Canberra*. [Online] May 2018. [Cited: 18 February 2019]. <https://www.cmtedd.act.gov.au/open-government/inform/act-government-media-releases/meeqan-fitzharris-mla-media-releases/2018/modernisation-of-calvary-public-hospital-for-a-growing-canberra>.

39. *Organisational benefits of a strong research culture in a health service: a systematic review*. Harding Katherine, Lynch Lauren, Porter Judi, Taylor Nicholas F. 2016, *Australian Health Review*, Vol. 41, pp. 45-53.

41. Royal Australasian College of Surgeons. About Respect: Addressing bullying and harassment. *Royal Australasian College of Surgeons*. [Online] 11 January 2019. <https://www.surgeons.org/about-respect/>.
42. ABC News. Sydney's Westmead Hospital stripped of ICU training accreditation following bullying claims. *ABC News*. [Online] [Cited: 11 January 2019.] <https://www.abc.net.au/news/2018-10-27/bullying-harassment-claims-at-westmead-sees-icu-training-revoked/10436704>.
43. Royal Australasian College of Surgeons. Building Respect, Improving Patient Safety: RACS Act on Plan on Discrimination, Bullying and Sexual Harassment in the Practice of Surgery. [Online] [Cited: 11 January 2019.] [https://www.surgeons.org/media/22260415/RACS-Action-Plan\\_Bullying-Harassment\\_F-Low-Res\\_FINAL.pdf](https://www.surgeons.org/media/22260415/RACS-Action-Plan_Bullying-Harassment_F-Low-Res_FINAL.pdf).
44. Strömaren, Eriksson, Bergman, & Dellve. Social capital among healthcare professionals: A prospective study of its importance for job satisfaction, work engagement and engagement in clinical improvements. 2016. *International Journal of Nursing Studies*, 53, 116-125.
45. NSQHS Standards. Clinician Fact Sheet: Clinical Governance. *NSQHS Standards*. [Online] May 2018. [Cited: 9 January 2019.] <https://www.nationalstandards.safetyandquality.gov.au/topic/clinician-fact-sheets-nsqhs-standards/clinician>.
46. Choosing Wisely Australia. About Choosing Wisely Australia. *Choosing Wisely Australia*. [Online] [Cited: 7 January 2019.] <http://www.choosingwisely.org.au/about-choosing-wisely-australia>.
47. Champion Health Services. *Choosing Wisely Australia*. [Online] [Cited: 7 January 2019.] <http://www.choosingwisely.org.au/members/champion-health-services>.
48. *The importance of clinical leadership in the hospital setting*. Daly, J, Jackson, D, Mannix, J, Davidson, PM & Hutchinson, M. 2014, *Journal of Healthcare Leadership*, Vol. 6, pp. 75-83.
49. *Linking Human Resource Management and Knowledge Management via Commitment to Safety*. Kuimet, Järvis, Virovere, & Hartšenko. 1, *Safety of Technogenic Environment*, Vol. 7, pp. 17-25.
50. Deloitte. High Impact Talent Analytics: Building a World Class HR Measurement and Analytics Function. *Deloitte*. [Online] 2013. [Cited: 20 December 2018.] <https://www2.deloitte.com/content/dam/Deloitte/global/Documents/HumanCapital/gx-hc-high-impact-hr-pov.pdf>.
51. *Bloomberg Law. 2018 HR Department Benchmarks and Analysis*. Bloomberg Law. 2018.
52. ACT Health. Jobs and Recruitment. *HealthHub*. [Online] [Cited: 9 January 2019.] <https://healthhub.act.gov.au/employment-resources/jobs-and-recruitment>.
53. ACT Government. Enterprise Agreements. *ACTPS*. [Online] [Cited: 4 January 2019.] <https://www.cmtedd.act.gov.au/employment-framework/for-employees/agreements>.
54. *Public sector reform: Downsizing, restructuring, improving performance*. Moore, M. Geneva: World Health Organisation, 1996. Forum on Health Sector Reform. Vol. 7.
55. *The effectiveness of strategies to change organisational culture to improve healthcare performance: a systematic review*. al, Parmelli et. al, 2011, *Implementation Science*, 2011, Vol. 6.
56. Fitzharris, Minister. Statement on ACT Health Culture. *ACT Government*. [Online] 10 September 2018. <https://www.cmtedd.act.gov.au/open-government/inform/act-government-media-releases/mcegan-fitzharris-mla-media-releases/2018/statement-on-act-health-culture>.
57. AHRC. Sexual Harassment (A Code in Practice) - Other duties of employers. *Australian Human Rights Commission*. [Online] 24 March 2004. [Cited: 20 December 2018.] <https://www.humanrights.gov.au/publications/sexual-harassment-code-practice-other-duties-employers>.
58. St Vincents Health Care. The St Vincent's Ethos program FAQs. [Online] [Cited: 2018 December 2018.] <https://www.svhs.org.au/Attachments/1242/Ethos%20program%20FAQs.pdf.aspx?embed=y>.
94. Final Report

W: [December Law 2019 / R: Department Benchmark and Analysis 6.1. - December Law 2019](#)

96 | [Final Report](#)



I



**Lowes, Shannon (Health)**

---

**From:** Vlahos, Tania (Health)  
**Sent:** Wednesday, 27 March 2019 10:19 AM  
**To:** [REDACTED]tevenson, Nicole (Health); CEOHealth  
**Subject:** FW: Inaugural Culture Review Oversight Meeting - 28 March 2019  
**Attachments:** 00 Agenda - Culture Review Oversight Group - 28 March 2019.docx

**Importance:** High

UNCLASSIFIED

Hi Nic and [REDACTED]

Not sure if you received my email below.

The Minister will be sending out the agenda and agenda papers today for the meeting in the morning.

Would you like me to print off a copy of the meeting papers for Bernadette and Barb or will you do it from your office?

Thanks and kind regards

Tania

**From:** Vlahos, Tania (Health)  
**Sent:** Monday, 25 March 2019 3:05 PM  
**To:** [REDACTED]  
**Subject:** FW: Inaugural Culture Review Oversight Meeting - 28 March 2019  
**Importance:** High

UNCLASSIFIED Sensitive: Cabinet

**From:** Vlahos, Tania (Health)  
**Sent:** Monday, 25 March 2019 3:04 PM  
**To:** [REDACTED] CEOHealth  
 <CEOHealth@act.gov.au>  
**Subject:** Inaugural Culture Review Oversight Meeting - 28 March 2019  
**Importance:** High

UNCLASSIFIED Sensitive: Cabinet

Dear Nic and [REDACTED]

As you would be aware, the inaugural Culture Review Oversight Group (CROG) meeting is on Thursday at 10am in the Legislative Assembly Building.

The draft agenda and papers are currently with the Minister for Health and Wellbeing.

I have attached the draft agenda for your information, noting it is yet to be cleared.



I'd like to draw your attention to Item 4.2. The three Leaders (D-G, CEO & Reg CEO) are to provide a verbal high level overview on early work underway in each arm of the portfolio towards implementing the recommendations.

I also draw your attention to Item 3.3 which will require input from each Leader.

Please contact me if you require any further information.

Thanks and kind regards

Tania

Tania Vlahos | Senior Manager  
Phone: 6251249435 | Email: [tania.vlahos@act.gov.au](mailto:tania.vlahos@act.gov.au)  
Culture Review Implementation Team | Director-General's Office  
Level 5, 6 Bowes St, WODEN ACT 2606  
[www.health.act.gov.au/Culture-Review](http://www.health.act.gov.au/Culture-Review)



**Lowes, Shannon (Health)**

---

**From:** Vlahos, Tania (Health)  
**Sent:** Monday, 1 April 2019 9:16 AM  
**To:** [REDACTED] Stevenson, Nicole (Health); CEOHealth  
**Subject:** Government Response to the Final Report of the Independent Review into Workplace Culture  
**Attachments:** 4.1 zAttachment Implementation Timeline - working document.docx  
**Importance:** High

UNCLASSIFIED

Hi [REDACTED] and Nicole

The Government response is being drafted this week for the Cabinet process which starts on Thursday (!).

I would be grateful if as a first step, you would send me the notes that were drafted for Barb and Bernadette for the update to the CROG meeting- they didn't do a formal update at the meeting due to time constraints.

Also I've attached the implementation timeline – if Calvary and CHS would like to provide any comments or input please send it to me by Wednesday lunchtime. Sorry for the tight timeline.

Kind regards

Tania

Tania Vlahos | Senior Manager  
Phone: (02) 62512 49435 | Email: [tania.vlahos@act.gov.au](mailto:tania.vlahos@act.gov.au)  
Culture Review Implementation Team | Director-General's Office  
Level 5, 6 Bowes St, WODEN ACT 2606  
[www.health.act.gov.au/Culture-Review](http://www.health.act.gov.au/Culture-Review)

**Implementation Timeline:**

Recommendation	Implementation lead/s	Actions	2019	2020	2021
<p>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.</p>	<p>All</p>	<p>Commence values and vision work</p> <p>Embed Vision and Values</p> <p>Evaluate</p>	<p>6 months</p>	<p>12 months</p>	<p>6 months</p>

Recommendation	Implementation lead/s	Actions	2019	2020	2021
<p>2. That Canberra Health Services and Calvary Public Hospital in conjunction with the Health Directorate develop an appropriate suite of measures that:</p> <ul style="list-style-type: none"> <li>• reflect on elements of a great health service - both culture and strategy</li> <li>• monitor patient/client perspectives of outcomes/experience, and</li> <li>• engage clinicians in their development.</li> </ul>	Canberra Health Services and Calvary Public Hospital	Commence developing suite of measures	6 months		
	All	Implement/monitor suite of measures		12 months	
		Conduct all staff survey (evaluate)	3	3	



Recommendation	Implementation lead/s	Actions	2019	2020	2021
<p>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).</p>	<p>All</p>	<p>Planning, procurement and foundational work</p>	<p>9 months</p>	<p>12 months</p>	<p>Ongoing</p>