

Dear [REDACTED]

DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by Canberra Health Services (CHS) on **Wednesday 6 April 2022**.

This application requested access to:

[REDACTED] requests all documents relating to the review into the ICU Division of Canberra Health Services being conducted by Barbara Deegan. Specifically:

- All briefing notes, emails, correspondence and file notes related to and/or provided to the reviewer for the ICU Review conducted by Barbara Deegan
- The ICU Review conducted by Barbara Deegan – final report'

I am an Information Officer appointed by the Chief Executive Officer of Canberra Health Services (CHS) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. CHS was required to provide a decision on your access application originally by **Monday 9 May 2022** and after an agreed extension of an additional 10 working days changed it to **Monday 23 May 2022**.

I have identified 29 documents holding the information within scope of your access application. These are outlined in the schedule of documents included at [Attachment A](#) to this decision letter.

Decisions

I have decided to:

- grant partial access to 17 documents; and
- refuse access to 12 documents.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as [Attachment B](#) to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request;
- The views of relevant third parties; and
- The *Human Rights Act 2004*.

Refuse Access

I have decided to refuse access to 12 documents at references 12-15 and 17-24 are wholly comprised of information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act as the information contained in these folios is personal information about individuals and information that may prejudice the agency's ability to obtain confidential information.

Public Interest Factors Favouring Disclosure

The following factors were considered relevant in favour of the disclosure of the documents:

- Schedule 2, 2.1 (a)(i) promote open discussion of public affairs and enhance the government's accountability;
- Schedule 2, 2.1 (a)(ii) contribute to positive and informed debate on important issues or matters of public interest; and
- Schedule 2, 2.1 (a)(iv) ensure effective oversight of expenditure of public funds

Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2, Schedule 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the *Human Rights Act 2004*; and
- Schedule 2, Schedule 2.2 (a)(xii) prejudice an agency's ability to obtain confidential information.

On balance, the factors favouring disclosure did not outweigh the factors favouring non-disclosure as release of this information would or could reasonably be expected to have a detrimental effect for the agency's ability to conduct future reviews within the organisation as it may reduce engagement and diminish the participation of staff members completing these feedback requests. Therefore, I determined the information identified is contrary to the public interest and I have decided not to disclose this information.

Partial Access

I have decided to partially grant access to 17 documents that contains information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act.

Public Interest Factors Favouring Disclosure

The following factors were considered relevant in favour of the disclosure of the documents:

- Schedule 2, 2.1 (a)(i) promote open discussion of public affairs and enhance the government's accountability;
- Schedule 2, 2.1 (a)(ii) contribute to positive and informed debate on important issues or matters of public interest; and
- Schedule 2, 2.1 (a)(iv) ensure effective oversight of expenditure of public funds.

Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2, Schedule 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the *Human Rights Act 2004*;
- Schedule 2, 2.2 (a)(iii) prejudice security, law enforcement or public safety;
- Schedule 2, 2.2 (a)(xi) prejudice trade secrets, business affairs or research of an agency or person;
- Schedule 2, 2.2 (a)(xii) prejudice an agency's ability to obtain confidential information;
- Schedule 2, 2.2 (a)(xiii) prejudice the competitive commercial activities of an agency; and
- Schedule 2, 2.2 (a)(xv) prejudice the management function of an agency or the conduct of industrial relations by an agency.

Documents at references 3, 5-8, 10, 25-26 and 28 are partially comprised of personal information of non-ACT Government employees and their contact information. Redactions have also been made to ACT Government employees' mobile numbers. The redacted information would not provide any government information pertinent to your request and therefore, I have decided this factor outweighs the public interest factors in the disclosure of this information.

Documents at references 11 and 16 have redactions to information that could reasonably be expected to be detrimental to the security of the ACT Government. The redacted information contains internal links to Government files, and I have concluded that the release of this information would not advantage the public in disclosing this information.

Documents at references 1-2 and 4 have redactions to ACT Government employees' mobile numbers, non-ACT Government employees and business affairs of a non-ACT Government agency. The release of this information could reasonably expect to prejudice the trade secrets and business affairs of this agency. The comprehensive information contained within the report is presented in various ways, and the data has been developed and refined over many years, therefore, I believe is a third party's intellectual property.

Documents at reference 9 have redactions to ACT Government employees' mobile numbers, non-ACT Government employees and also financial figures.

Documents at references 27 and 29 have redactions to ACT Government employees' mobile numbers and participants' comments/feedback.

I have given significant consideration to the factors favouring disclosure and I believe the factors favouring non-disclosure outweighed these as the information requested. It could reasonably be expected to have a detrimental effect for the agency's ability to conduct future reviews within the organisation as it may reduce engagement and diminish the participation of staff members completing these feedback requests. The identities of individuals could be damaging to those involved and discourage staff to not proactively voice concerns when such matters arise.

Therefore, I have determined the information identified is contrary to the public interest and I have decided not to disclose this information.

Charges

Processing charges are not applicable to this request.

Disclosure Log

Under section 28 of the FOI Act, CHS maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601
Via email: ACTFOI@ombudsman.gov.au
Website: ombudsman.act.gov.au

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
<http://www.acat.act.gov.au/>

Further assistance

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email HealthFOI@act.gov.au.

Yours sincerely



Kalena Smitham
Executive Group Manager
People & Culture
Canberra Health Services

23 May 2022

FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
[REDACTED]	<p>[REDACTED] requests all documents relating to the review into the ICU Division of Canberra Health Services being conducted by Barbara Deegan. Specifically:</p> <ul style="list-style-type: none"> All briefing notes, emails, correspondence and file notes related to and/or provided to the reviewer for the ICU Review conducted by Barbara Deegan The ICU Review conducted by Barbara Deegan – final report' 	CHSFOI21-22.28

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 121	Email with attachment – FW: ICU survey results and next steps	4 January 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy & Schedule 2, 2.2(a)(xi) Business affairs	YES
2.	122 – 244	Email with attachment – ICU survey results and next steps	17 January 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy & Schedule 2, 2.2(a)(xi) Business affairs	YES

3.	245 – 249	Email – RE: ICU survey results and next steps	18 January 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
4.	250 – 372	Email with attachment – FW: ICU survey results and next steps	20 January 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy & Schedule 2, 2.2(a)(xi) Business affairs	YES
5.	373 – 376	Email – RE: ICU survey results and next steps	20 January 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
6.	377 – 382	Email – RE: ICU survey results and next steps	20 January 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
7.	383 – 384	Email – FW: ICU Culture Review: A message from Dave Peffer and Lisa Gilmore	27 January 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
8.	385 – 386	Email – RE: ICU Culture Review: A message from Dave Peffer and Lisa Gilmore	27 January 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
9.	387 – 393	Email – RE: ICU survey results and next steps	27 January 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy, Schedule 2, 2.2(a)(xi) business affairs & Schedule 2, 2.2(a)(xiii) competitive commercial activities	YES
10.	394 – 413	Email with attachment – RE: ICU Power Point presentation	28 January 2022	Partial Release	Schedule 2, 2.2(a)(ii) Privacy	YES
11.	414 – 415	Invite – FW: ICU Culture Meeting	28 January 2022	Partial Release	Schedule 2, 2.2(a)(iii) Security	YES
12.	416	Email – RE: Happy to participate	31 January 2022	Refuse Release	Schedule 2, 2.2 (a)(ii) Privacy & Schedule 2, 2.2 (a)(xii) Obtain confidential information	NO
13.	417	Invite – Teams meeting with Barbara Deegan	4 February 2022	Refuse Release	Schedule 2, 2.2 (a)(ii) Privacy & Schedule 2,	NO

					2.2 (a)(xii) Obtain confidential information	
14.	418 – 419	Email – RE: Teams Meeting with Barbara Deegan	4 February 2022	Refuse Release	Schedule 2, 2.2 (a)(ii) Privacy & Schedule 2, 2.2 (a)(xii) Obtain confidential information	NO
15.	420 – 423	Email – RE: Interviews this week?	4 February 2022	Refuse Release	Schedule 2, 2.2 (a)(ii) Privacy & Schedule 2, 2.2 (a)(xii) Obtain confidential information	NO
16.	424 – 425	Invite – Catch up with Sally and Jim	8 February 2022	Partial Release	Schedule 2, 2.2(a)(iii) Security	YES
17.	426	Invite – ICU Culture Review - Teams meeting with Barbara Deegan	10 February 2022	Refuse Release	Schedule 2, 2.2 (a)(ii) Privacy & Schedule 2, 2.2 (a)(xii) Obtain confidential information	NO
18.	427	Invite – ICU Culture Review	10 February 2022	Refuse Release	Schedule 2, 2.2 (a)(ii) Privacy & Schedule 2, 2.2 (a)(xii) Obtain confidential information	NO
19.	428	Email – Two Appointments for Friday	10 February 2022	Refuse Release	Schedule 2, 2.2 (a)(ii) Privacy & Schedule 2, 2.2 (a)(xii) Obtain confidential information	NO
20.	429	Email – ICU Culture Review	10 February 2022	Refuse Release	Schedule 2, 2.2 (a)(ii) Privacy & Schedule 2, 2.2 (a)(xii) Obtain confidential information	NO
21.	430	Email – ICU Workplace Culture Review	11 February 2022	Refuse Release	Schedule 2, 2.2 (a)(ii) Privacy & Schedule 2,	NO

					2.2 (a)(xii) Obtain confidential information	
22.	431 – 432	Invites – ICU Culture Review	15 February 2022	Refuse Release	Schedule 2, 2.2 (a)(ii) Privacy & Schedule 2, 2.2 (a)(xii) Obtain confidential information	NO
23.	433 – 439	Email – Re: Workplace culture	15 February 2022	Refuse Release	Schedule 2, 2.2 (a)(ii) Privacy & Schedule 2, 2.2 (a)(xii) Obtain confidential information	NO
24.	440 – 441	Email – Re: ICU Culture Review	15 February 2022	Refuse Release	Schedule 2, 2.2 (a)(ii) Privacy & Schedule 2, 2.2 (a)(xii) Obtain confidential information	NO
25.	442 – 443	Email – RE: Draft email to ICU re Culture review participation	16 February 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
26.	444 – 454	Email with attachment – FW: Emailing: ICU Workplace Culture - Communications, WCL - ICU Culture Survey results	16 February 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
27.	455 – 467	Email and attachments – RE: Emailing: ICU Workplace Culture - Communications, WCL - ICU Culture Survey results	21 February 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy, Schedule 2, 2.2 (a)(xii) Obtain confidential information & Schedule 2, 2.2 (a)(xv) Industrial relations	YES
28.	468 – 469	Invite – ICU Review	22 February 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
29.	470 – 476	Email - Re: Emailing: ICU Workplace Culture - Communications, WCL - ICU Culture Survey results	22 February 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy, Schedule 2, 2.2 (a)(xii) Obtain confidential information	YES

					& Schedule 2, 2.2 (a)(xv) Industrial relations	
Total Number of Documents						
29						

From: deLucey, Kara (Health)
Sent: Tuesday, 4 January 2022 16:04
To: Tosh, Jim (Health)
Cc: Smitham, Kalena (Health)
Subject: FW: ICU survey results and next steps
Attachments: #40243 - Intensive Care Unit (CHS) - Main Report.pdf

OFFICIAL: Sensitive

Hi Jim,

Let me know if you need anything once you've met with Lisa (or if I can help with that). From what you outlined this morning, the survey data/insights could inform the starting point for the independent review and the working groups and I'm more than happy to help with the road map/actions.

Cheers
Kara

From: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>
Sent: Tuesday, January 4, 2022 9:49 am
To: Tosh, Jim (Health)
Cc: Gilmore, Lisa (Health); D'Ambrosio, Flavia (Health)
Subject: ICU survey results and next steps

OFFICIAL: Sensitive

Hi,

As you are aware the CE and the executive have made a commitment to action the areas on our operations with the greatest fall in culture or lowest score in culture.

ICU has fallen quite considerably and there are some areas of concern.

- Patient safety
- Management response to concerns of staff
- Action from last survey
- Communication

The message in a bottle text raising issues such as;

- Toxic work environment
- Senior medical staff yelling, abusive and disrespectful to nurses and junior medical staff
- Poor education
- Favouritism and racism

For this group I am thinking due to previous issues raised by staff about trust that we need an initial review done under privilege to assess what are our key cultural issues, validate what are main concerns/themes and to determine if there are any high risk issues for immediate action.

I think it would also be worthwhile setting up a staff working group and a management action group to take some ownership to rectify the key issues once we have them mapped out. I think a small roadmap of activities to address culture on a ppt slide might be a good way to communicate plans. Lisa will have some ideas and should endorse the

plan. You could start by sharing the survey results with the team and then running them through the plan. This survey will result in action!

Could you please initiate securing a quote with a view to have some communication to staff done next week about plans and timeframes.

Thanks!

Kalena Smitham

Executive Group Manager

People and Culture | Canberra Health Services

Level 1, Building 23 | Canberra Hospital

Phone: 5124 9544 | [REDACTED]

Email: kalena.smitham@act.gov.au

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Services**

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C CHECKS O OPTIONS D DEMANDS E ELEVATES

From: Tosh, Jim (Health)
Sent: Monday, 17 January 2022 21:41
To: [REDACTED]
Cc: Green, Sally (Health); [REDACTED] Gilmore, Lisa (Health)
Subject: ICU survey results and next steps
Attachments: #40243 - Intensive Care Unit (CHS) - Main Report.pdf

OFFICIAL: Sensitive

Dear Barbara,

Following our conversation on Friday, I was hoping to confirm your availability to assist with a similar process to that in Cardiology. As described in Kalena Smitham's email below (and evident in the report attached), a number of areas of concern were identified within our Intensive Care Unit (ICU) in a recent Employee Climate Survey, namely issues of:

- Patient safety
- Management response to concerns of staff
- Action from last survey
- Communication

The "message in a bottle" free text sectioned further raises issues such as:

- Toxic work environment
- Senior medical staff yelling, abusive and disrespectful to nurses and junior medical staff
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The scope of the work would be as follows:

- Gathering further information in relation to the cultural issues within the ICU that were identified in the recent employee climate survey;
- Making findings in relation to any further work required by Canberra Health Services to improve culture within the ICU and to make clear our expectations of all staff;
- Gathering any information that may be relevant to misconduct and/or underperformance proceedings arising from your enquiries;
- Assist in drafting any misconduct allegations that may arise as a result of your findings, for the purposes of an investigation.

ACT Government Enterprise Agreements do not contain many limitations in relation to the manner in which such inquiries are to occur, however in order to progress to a misconduct investigation (if that is found to be a relevant pathway) we would need to satisfy the "Preliminary Assessment" provisions of the Enterprise Agreements which are as follows (this excerpt is from the Medical Practitioners Enterprise Agreement):

111. PRELIMINARY ASSESSMENT

- 111.1. In cases where an allegation of inappropriate behaviour or all occurs which may be deemed to be inappropriate behaviour o manager/supervisor will undertake an assessment to determin whether further action is required.
- 111.2. The manager/supervisor may inform and/or seek advice from however the manager/supervisor will be responsible for unde perceived conflict of interest exists.
- 111.3. The assessment will be done in an expedient manner and gen verbal or written) about the allegation or incident, with releva representatives.
- 111.4. Although the principles of procedural fairness apply, this asses may occur after the assessment is undertaken) and is designe determine whether formal investigation or other action is nee manager/supervisor will communicate the outcomes to releva any.
- 111.5. If the manager/supervisor determines that the allegations req will recommend to the head of service that the matter be inve
- 111.6. The head of service may determine that no investigation is ne alleged misconduct and the employee agrees that there is no fully understand the misconduct they are admitting to and ma
- 111.7. Where an employee makes an admission in accordance with s determine the appropriate disciplinary action/sanction in acc must ensure that they have sufficient information concerning misconduct, any mitigating factors, and details of the employe enable a fair and reasonable determination under clause 119 t

The Agreement can be found in full here: [AE510064 \(fwc.gov.au\)](#). Substantively the same provisions can be found in clause 142 of the [Nurses' Enterprise Agreement](#)

On the basis of above, would you be so kind as to provide a quote based on the above terms of reference?

In terms of commencement, Sally Green (HR Business Partner) and I are working towards an announcement of this process on Tuesday of next week (ie, 25 January 2022) with employees of the ICU. There are 2-3 interviews that we would propose commence prior to that date (notwithstanding your availability), possibly towards the end of this week as discussed on Friday.

Please feel free to reach out on the mobile number below to make arrangements. Due to the current Omicron response, we may have to reserve our interviews for Microsoft Teams or similar (as we have in Cardiology).

Kind regards

Jim Tosh
**Senior Director, Business Partnerships
 People & Culture**
 Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: jim.tosh@act.gov.au

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From: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>
Sent: Tuesday, January 4, 2022 9:49 am
To: Tosh, Jim (Health)
Cc: Gilmore, Lisa (Health); DAmbrosio, Flavia (Health)
Subject: ICU survey results and next steps

OFFICIAL: Sensitive

Hi,

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Could you please initiate securing a quote with a view to have some communication to staff done next week about plans and timeframes.

Thanks!

Kalena Smitham
Executive Group Manager

People and Culture | Canberra Health Services

Level 1, Building 23 | Canberra Hospital

Phone: 5124 9544 | [REDACTED]

Email: kalena.smitham@act.gov.au

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Services****Use the Safety C.O.D.E.TM and help prevent unintended harm****C CHECKS O OPTIONS D DEMANDS E ELEVATES**

From: Tosh, Jim (Health)
Sent: Tuesday, 18 January 2022 13:03
To: [REDACTED]
Subject: RE: ICU survey results and next steps

OFFICIAL: Sensitive

Thanks Peter!

Kind regards

Jim Tosh
**Senior Director, Business Partnerships
People & Culture**
Canberra Health Services | ACT Government

Phone: [REDACTED] | **Email:** jim.tosh@act.gov.au
Level 1 Building 23, Canberra Hospital
PO Box 11, WODEN ACT 2606

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[REDACTED]

From: [REDACTED]
Sent: Tuesday, 18 January 2022 12:28 PM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Subject: RE: ICU survey results and next steps

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Thanks Jim, we will provide a quote by tomorrow morning for undertaking the investigation.

Kind regards

Peter

Peter McNulty
Senior Associate

[REDACTED]
Ashurst
[REDACTED]

Ashurst Australia, Level 9, Civic Quarter, 68 Northbourne Avenue, Canberra, ACT 2601, Australia

[REDACTED]
www.ashurst.com | [Global coverage](#)

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From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>

Sent: Monday, 17 January 2022 9:42 PM

To: Deegan, Barbara 64042 [REDACTED]

Cc: Green, Sally (Health) <Sally.Green@act.gov.au>; McNulty, Peter 64037 [REDACTED]; Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>

Subject: RE: ICU survey results and next steps

OFFICIAL: Sensitive

Further to my last, it is difficult to predict the numbers of employees who may be interested in participating in the review, however I would estimate [REDACTED] employees at this stage (similar to the numbers we have seen in Cardiology).

Jim

From: Tosh, Jim (Health)

Sent: Monday, 17 January 2022 9:41 PM

To: [REDACTED]

Cc: Green, Sally (Health) <Sally.Green@act.gov.au> [REDACTED]; Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>

Subject: ICU survey results and next steps

OFFICIAL: Sensitive

Dear Barbara,

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Kind regards

Jim Tosh

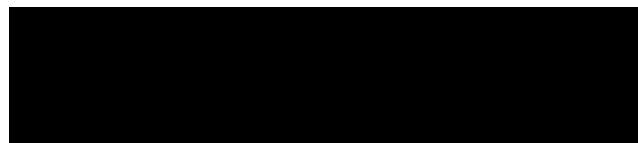
**Senior Director, Business Partnerships
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Phone: [REDACTED] | **Email:** jim.tosh@act.gov.au

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PO Box 11, WODEN ACT 2606

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Sent: Tuesday, January 4, 2022 9:49 am

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Cc: Gilmore, Lisa (Health); DAmbrosio, Flavia (Health)

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Thanks!

Kalena Smitham

Executive Group Manager

People and Culture | Canberra Health Services

Level 1, Building 23 | Canberra Hospital

Phone: 5124 9544 | [REDACTED]

Email: kalena.smitham@act.gov.au

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From: Tosh, Jim (Health)
Sent: Thursday, 20 January 2022 09:17
To: deLucey, Kara (Health)
Subject: FW: ICU survey results and next steps
Attachments: #40243 - Intensive Care Unit (CHS) - Main Report.pdf

OFFICIAL: Sensitive

Hi Kara,

Please see below.

Kind regards

Jim

From: Tosh, Jim (Health)
Sent: Monday, 17 January 2022 9:41 PM
To: [REDACTED]
Cc: Green, Sally (Health) <Sally.Green@act.gov.au>; [REDACTED]; Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>
Subject: ICU survey results and next steps

OFFICIAL: Sensitive

Dear Barbara,

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- Assist in drafting any misconduct allegations that may arise as a result of your findings, for the purposes of an investigation.

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The Agreement can be found in full here: [AE510064 \(fwc.gov.au\)](#). Substantively the same provisions can be found in clause 142 of the [Nurses' Enterprise Agreement](#)

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Please feel free to reach out on the mobile number below to make arrangements. Due to the current Omicron response, we may have to reserve our interviews for Microsoft Teams or similar (as we have in Cardiology).

Kind regards

Jim Tosh

**Senior Director, Business Partnerships
People & Culture**

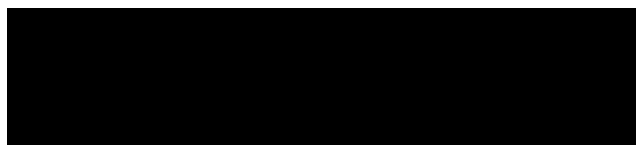
Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: jim.tosh@act.gov.au

Level 1 Building 23, Canberra Hospital

PO Box 11, WODEN ACT 2606

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From: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>

Sent: Tuesday, January 4, 2022 9:49 am

To: Tosh, Jim (Health)

Cc: Gilmore, Lisa (Health); DAmbrosio, Flavia (Health)

Subject: ICU survey results and next steps

OFFICIAL: Sensitive

Hi,

As you are aware the CE and the executive have made a commitment to action the areas on our operations with the greatest fall in culture or lowest score in culture.

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Could you please initiate securing a quote with a view to have some communication to staff done next week about plans and timeframes.

Thanks!

Kalena Smitham

Executive Group Manager

People and Culture | Canberra Health Services

Level 1, Building 23 | Canberra Hospital

Phone: 5124 9544 | [REDACTED]

Email: kalena.smitham@act.gov.au

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From: deLucey, Kara (Health)
Sent: Thursday, 20 January 2022 09:20
To: Tosh, Jim (Health)
Subject: RE: ICU survey results and next steps

OFFICIAL: Sensitive

Got it. Thanks!

From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Sent: Thursday, 20 January 2022 9:17 AM
To: deLucey, Kara (Health) <Kara.DeLucey@act.gov.au>
Subject: FW: ICU survey results and next steps

OFFICIAL: Sensitive

Hi Kara,

Please see below.

Kind regards

Jim

From: Tosh, Jim (Health)
Sent: Monday, 17 January 2022 9:41 PM
To: [REDACTED]
Cc: Green, Sally (Health) <Sally.Green@act.gov.au>; [REDACTED] Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>
Subject: ICU survey results and next steps

OFFICIAL: Sensitive

Dear Barbara,

Following our conversation on Friday, I was hoping to confirm your availability to assist with a similar process to that in Cardiology. As described in Kalena Smitham's email below (and evident in the report attached), a number of areas of concern were identified within our Intensive Care Unit (ICU) in a recent Employee Climate Survey, namely issues of:

- Patient safety
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The "message in a bottle" free text sectioned further raises issues such as:

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The scope of the work would be as follows:

- Gathering further information in relation to the cultural issues within the ICU that were identified in the recent employee climate survey;
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ACT Government Enterprise Agreements do not contain many limitations in relation to the manner in which such inquiries are to occur, however in order to progress to a misconduct investigation (if that is found to be a relevant pathway) we would need to satisfy the "Preliminary Assessment" provisions of the Enterprise Agreements which are as follows (this excerpt is from the Medical Practitioners Enterprise Agreement):

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- 111.3. The assessment will be done in an expedient manner and generally (but not necessarily) verbal or written) about the allegation or incident, with relevant representatives.
- 111.4. Although the principles of procedural fairness apply, this assessment may occur after the assessment is undertaken) and is designed to determine whether formal investigation or other action is needed. The manager/supervisor will communicate the outcomes to relevant representatives.
- 111.5. If the manager/supervisor determines that the allegations require further investigation, they will recommend to the head of service that the matter be investigated.
- 111.6. The head of service may determine that no investigation is needed if the employee has fully understood the alleged misconduct and the employee agrees that there is no further need to investigate. If the employee does not fully understand the misconduct they are admitting to and making an admission, the head of service may determine that an investigation is required.
- 111.7. Where an employee makes an admission in accordance with clause 111.6, the manager/supervisor must determine the appropriate disciplinary action/sanction in accordance with clause 119.1. The manager/supervisor must ensure that they have sufficient information concerning the alleged misconduct, any mitigating factors, and details of the employee's admission to enable a fair and reasonable determination under clause 119.1.

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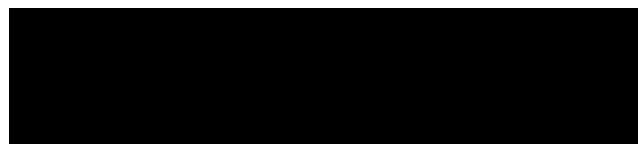
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Kind regards

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Phone: [REDACTED] | Email: jim.tosh@act.gov.au
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PO Box 11, WODEN ACT 2606

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From: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>
Sent: Tuesday, January 4, 2022 9:49 am
To: Tosh, Jim (Health)
Cc: Gilmore, Lisa (Health); DAmbrosio, Flavia (Health)
Subject: ICU survey results and next steps

OFFICIAL: Sensitive

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From: Tosh, Jim (Health)
Sent: Thursday, 20 January 2022 14:03
To: [REDACTED]
Subject: RE: ICU survey results and next steps

OFFICIAL: Sensitive

Thanks Peter,

Jim

From: [REDACTED]
Sent: Thursday, 20 January 2022 8:25 AM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Subject: FW: ICU survey results and next steps

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Jim

Apologies for the delay, the quote will be with you shortly.

Kind regards

Peter

Peter McNulty

Senior Associate

[REDACTED]
Ashurst

Ashurst Australia, Level 9, Civic Quarter, 68 Northbourne Avenue, Canberra, ACT 2601, Australia

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From: McNulty, Peter 64037
Sent: Tuesday, 18 January 2022 12:28 PM
To: 'Tosh, Jim (Health)' <Jim.Tosh@act.gov.au>
Subject: RE: ICU survey results and next steps

Thanks Jim, we will provide a quote by tomorrow morning for undertaking the investigation.

Kind regards

Peter

Peter McNulty

Senior Associate

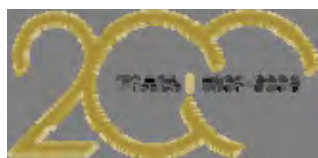
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From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>

Sent: Monday, 17 January 2022 9:42 PM

To: Deegan, Barbara 64042 [REDACTED]

Cc: Green, Sally (Health) <Sally.Green@act.gov.au>; McNulty, Peter 64037 [REDACTED] Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>

Subject: RE: ICU survey results and next steps

OFFICIAL: Sensitive

Further to my last, it is difficult to predict the numbers of employees who may be interested in participating in the review, however I would estimate [REDACTED] employees at this stage (similar to the numbers we have seen in Cardiology).

Jim

From: Tosh, Jim (Health)

Sent: Monday, 17 January 2022 9:41 PM

To: [REDACTED]

Cc: Green, Sally (Health) <Sally.Green@act.gov.au>; [REDACTED]; Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>

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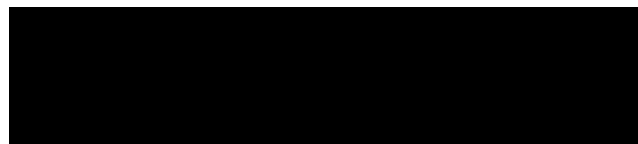
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**Senior Director, Business Partnerships
 People & Culture**
 Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: jim.tosh@act.gov.au

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From: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>

Sent: Tuesday, January 4, 2022 9:49 am

To: Tosh, Jim (Health)

Cc: Gilmore, Lisa (Health); DAmbrosio, Flavia (Health)

Subject: ICU survey results and next steps

OFFICIAL: Sensitive

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Level 1, Building 23 | Canberra Hospital

Phone: 5124 9544 | [REDACTED]

Email: kalena.smitham@act.gov.au

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From: Tosh, Jim (Health)
Sent: Thursday, 27 January 2022 11:34
To: DAmbrosio, Flavia (Health); deLuacey, Kara (Health)
Subject: FW: ICU Culture Review: A message from Dave Peffer and Lisa Gilmore

OFFICIAL

See below

From: Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>
Sent: Thursday, 27 January 2022 11:10 AM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>; Green, Sally (Health) <Sally.Green@act.gov.au>; Green, Margot (Health) <Margot.Green@act.gov.au>
Cc: Peffer, Dave (Health) <Dave.Peffer@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>
Subject: RE: ICU Culture Review: A message from Dave Peffer and Lisa Gilmore

OFFICIAL

Thanks Jim

Looks good

I have highlighted a couple of suggestions

Kind Regards

Lisa Gilmore | Executive Director

Phone: 02 5124 3515 | Email: lisa.gilmore@act.gov.au

Division of Surgery | Canberra Health Services | ACT Government

Building 28, Level 2, Canberra Hospital PO Box 11, Woden ACT 2606 | health.act.gov.au

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From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Sent: Thursday, 27 January 2022 10:54 AM
To: Green, Sally (Health) <Sally.Green@act.gov.au>; Green, Margot (Health) <Margot.Green@act.gov.au>; Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>
Cc: Peffer, Dave (Health) <Dave.Peffer@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>
Subject: ICU Culture Review: A message from Dave Peffer and Lisa Gilmore

OFFICIAL

Hi Team,

Your thoughts on below? Does it need a Comms sheen?

Jim

Dear ICU staff,

Today we met with the clinical leadership of ICU to talk through the recent staff survey results. Appreciating that we have had two difficult years of a pandemic, and the critical role that ICU have played throughout that period, the results were nonetheless concerning **and we are committed to working with you to achieve real change.**

Some of these results include:

- A decline from a culture of “reaction” to a culture of “blame” since the last reporting period
- Patient safety issues
- Limited management response to concerns of staff
- Lack of effective communication

Further, in some of the “Narrative” free text section, many of you raise issues such as:

- Toxic work environment
- Yelling, abusive and disrespectful behaviours, towards nurses and junior medical staff
- Poor or ineffective education and training
- Bullying, favouritism and discrimination

It is evident through these results that we have significant work to do within the Intensive Care Unit to embed our values, and work together to create a positive working environment for everyone. These are important messages to be heard and acted upon, and we thank you for your feedback. We now ask that everyone actively assist in improving our culture. The first step in this process is to undertake a review of the culture to get a better understanding of the issues and provide recommendations for resolution.

We have asked for the assistance of Ms Barbara Deegan, former Commissioner of the Fair Work Commission, to undertake a review of our culture. Many of the survey results express concerns relating to systems, processes, behaviours and education. By speaking directly to you, Ms Deegan will be better placed to provide more detail, and a broad range of recommendations for the improvement of our culture.

If you have experienced or witnessed the more concerning behaviours, such as those **impacting patient or staff safety**, yelling, verbal abuse, bullying and discrimination, we would like to hear from you. In these instances Ms Deegan will be undertaking a Preliminary Assessment where appropriate.

While findings and recommendations will be communicated, your conversations with Ms Barbara Deegan will remain confidential.

If you would like to be involved in this process or have questions, please contact Jim Tosh [REDACTED] or jim.tosh@act.gov.au from People and Culture.

Kind regards

Dave Peffer
CEO

Lisa Gilmore
Executive Director, Division of Surgery

From: Peffer, Dave (Health)
Sent: Thursday, 27 January 2022 13:34
To: Gilmore, Lisa (Health); Tosh, Jim (Health); Green, Sally (Health); Green, Margot (Health)
Cc: CEOHealth
Subject: RE: ICU Culture Review: A message from Dave Peffer and Lisa Gilmore

OFFICIAL

Looking good team – I like Lisa’s additions. Have just finessed some of the language a little. Good to go from my perspective.

Dave

From: Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>
Sent: Thursday, 27 January 2022 11:10 AM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>; Green, Sally (Health) <Sally.Green@act.gov.au>; Green, Margot (Health) <Margot.Green@act.gov.au>
Cc: Peffer, Dave (Health) <Dave.Peffer@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>
Subject: RE: ICU Culture Review: A message from Dave Peffer and Lisa Gilmore

OFFICIAL

Thanks Jim

Looks good

I have highlighted a couple of suggestions

Kind Regards

Lisa Gilmore | Executive Director

Phone: 02 5124 3515 | Email: lisa.gilmore@act.gov.au

Division of Surgery | Canberra Health Services | ACT Government

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Services**

From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Sent: Thursday, 27 January 2022 10:54 AM
To: Green, Sally (Health) <Sally.Green@act.gov.au>; Green, Margot (Health) <Margot.Green@act.gov.au>; Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>
Cc: Peffer, Dave (Health) <Dave.Peffer@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>
Subject: ICU Culture Review: A message from Dave Peffer and Lisa Gilmore

OFFICIAL

Hi Team,

Your thoughts on below? Does it need a Comms sheen?

Jim

Dear ICU team,

Today we met with the clinical leadership of ICU to talk through the recent staff survey results. It's been a tough couple of years with the pandemic, and ICU has had to step up and shoulder a heavy load on top of business as usual admissions. But even then, the survey results aren't good – it tells us we've got some work to do as a team to bring about real change.

Some of these results included:

- A decline from a culture of “reaction” to a culture of “blame” since the last big survey a few years ago
- Patient safety issues
- Limited management response to concerns of staff
- Lack of effective communication

Further, in some of the “Narrative” free text section, many of you raised issues such as:

- Toxic work environment
- Yelling, abusive and disrespectful behaviours, towards nurses and junior medical staff
- Poor or ineffective education and training
- Bullying, favouritism and discrimination

Shaping culture, and creating a great team environment to work in isn't easy. It takes a lot of work, and all of us have a role to play here. Your survey feedback provides an important starting point, and we thank you for being honest. We now ask for your help to turn this around.

Our first step is going to be a deep-dive into the team's culture – and we've asked for the assistance of Ms Barbara Deegan, former Commissioner of the Fair Work Commission, to come and speak with many of you. Many of the survey results express concerns relating to systems, processes, behaviours and education. By speaking directly to you, Barbara will be better placed to provide more detail, and help with some concrete actions to help shape a better culture.

If you've experienced or witnessed more concerning behaviours, such as those impacting patient or staff safety, yelling, verbal abuse, bullying and discrimination, we'd like to hear from you too. We've got a pretty clear organisational position on those sorts of behaviours – and to be honest, we'll never make this a great place to work so long as they exist in CHS. If needed, Barbara will be undertaking a Preliminary Assessment too.

While findings and recommendations will be communicated with the team, your conversations with Barbara remain confidential.

If you'd like to be involved in this process or have questions, please contact Jim Tosh [REDACTED] or jim.tosh@act.gov.au from People and Culture. The more of you who help share your frustrations and experiences, the better we can respond and start to improve.

Kind regards

Dave Peffer
CEO

Lisa Gilmore
Executive Director, Division of Surgery

From: Tosh, Jim (Health)
Sent: Thursday, 27 January 2022 15:20
To: [REDACTED]
Subject: RE: ICU survey results and next steps

OFFICIAL: Sensitive

No problem, I will call then.

Jim

From: [REDACTED]
Sent: Thursday, 27 January 2022 3:04 PM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Subject: RE: ICU survey results and next steps

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Jim
Are you able to talk at 4.30 pm? I have more interviews and two starting from 5 pm today.
Kind regards
Barbara

From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Sent: Thursday, 27 January 2022 11:00 AM
To: McNulty, Peter 64037 [REDACTED] Deegan, Barbara 64042 [REDACTED]
Cc: Vane-Tempest, Paul 64036 [REDACTED] Green, Sally (Health) <Sally.Green@act.gov.au>;
Green, Margot (Health) <Margot.Green@act.gov.au>
Subject: RE: ICU survey results and next steps

OFFICIAL: Sensitive

Hi Peter and Barbara,

Thank you for below.

We agree to the scope and cost outlined below, and I will be in contact with Barbara again today to discuss commencement.

We do have a couple of people that we would like interviewed first, and I will talk that through with Barbara today.

Kind regards

Jim Tosh
**Senior Director, Business Partnerships
People & Culture**
Canberra Health Services | ACT Government

Phone: [REDACTED] | **Email:** jim.tosh@act.gov.au
Level 1 Building 23, Canberra Hospital
PO Box 11, WODEN ACT 2606

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[REDACTED]

From: [REDACTED]
Sent: Thursday, 20 January 2022 11:25 AM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Cc: [REDACTED]
Subject: RE: ICU survey results and next steps

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Dear Jim

Scope of Work

ACT Health has asked us to undertake a preliminary assessment of culture and behaviours within the ICU.

This assessment will involve conducting [REDACTED] interviews.

We will prepare a report which:

- makes observations and recommendations in relation to any further work required by Canberra Health Services to improve culture within the ICU and to make clear the expectations of all staff;
- identifies any misconduct and/or underperformance issues arising from the review; and
- particularises allegations of misconduct which should be the subject of formal investigation.

We confirm that Barbara can commence work on the assessment immediately.

Proposed personnel

Barbara Deegan, consultant, will undertake the preliminary assessment. Barbara will be assisted by Adam Brett, graduate lawyer, who will take notes during the interviews and assist with the preparation of the investigation report.

Paul Vane-Tempest, partner, will review the report for quality assurance purposes.

[REDACTED]

Please don't hesitate to contact us to discuss.

Kind regards

Peter

Peter McNulty
Senior Associate

Ashurst

Ashurst Australia, Level 9, Civic Quarter, 68 Northbourne Avenue, Canberra, ACT 2601, Australia

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Together, we create the extraordinary

From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Sent: Monday, 17 January 2022 9:42 PM
To: Deegan, Barbara 64042 [REDACTED]
Cc: Green, Sally (Health) <Sally.Green@act.gov.au>; McNulty, Peter 64037 [REDACTED] Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>
Subject: RE: ICU survey results and next steps

OFFICIAL: Sensitive

Further to my last, it is difficult to predict the numbers of employees who may be interested in participating in the review, however I would estimate [REDACTED] employees at this stage (similar to the numbers we have seen in Cardiology).

Jim

From: Tosh, Jim (Health)
Sent: Monday, 17 January 2022 9:41 PM
To: [REDACTED]
Cc: Green, Sally (Health) <Sally.Green@act.gov.au>; [REDACTED] Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>
Subject: ICU survey results and next steps

OFFICIAL: Sensitive

Dear Barbara,

Following our conversation on Friday, I was hoping to confirm your availability to assist with a similar process to that in Cardiology. As described in Kalena Smitham's email below (and evident in the report attached), a number of areas of concern were identified within our Intensive Care Unit (ICU) in a recent Employee Climate Survey, namely issues of:

- Patient safety
- Management response to concerns of staff
- Action from last survey
- Communication

The "message in a bottle" free text sectioned further raises issues such as:

- Toxic work environment
- Senior medical staff yelling, abusive and disrespectful to nurses and junior medical staff
- Poor education
- Favouritism and racism

The scope of the work would be as follows:

- Gathering further information in relation to the cultural issues within the ICU that were identified in the recent employee climate survey;
- Making findings in relation to any further work required by Canberra Health Services to improve culture within the ICU and to make clear our expectations of all staff;
- Gathering any information that may be relevant to misconduct and/or underperformance proceedings arising from your enquiries;
- Assist in drafting any misconduct allegations that may arise as a result of your findings, for the purposes of an investigation.

ACT Government Enterprise Agreements do not contain many limitations in relation to the manner in which such inquiries are to occur, however in order to progress to a misconduct investigation (if that is found to be a relevant pathway) we would need to satisfy the "Preliminary Assessment" provisions of the Enterprise Agreements which are as follows (this excerpt is from the Medical Practitioners Enterprise Agreement):

111. PRELIMINARY ASSESSMENT

- 111.1. In cases where an allegation of inappropriate behaviour or all occurs which may be deemed to be inappropriate behaviour o manager/supervisor will undertake an assessment to determin whether further action is required.
- 111.2. The manager/supervisor may inform and/or seek advice from however the manager/supervisor will be responsible for unde perceived conflict of interest exists.
- 111.3. The assessment will be done in an expedient manner and gen verbal or written) about the allegation or incident, with releva representatives.
- 111.4. Although the principles of procedural fairness apply, this asses may occur after the assessment is undertaken) and is designe determine whether formal investigation or other action is nee manager/supervisor will communicate the outcomes to releva any.
- 111.5. If the manager/supervisor determines that the allegations req will recommend to the head of service that the matter be inve
- 111.6. The head of service may determine that no investigation is ne alleged misconduct and the employee agrees that there is no fully understand the misconduct they are admitting to and ma
- 111.7. Where an employee makes an admission in accordance with s determine the appropriate disciplinary action/sanction in acc must ensure that they have sufficient information concerning misconduct, any mitigating factors, and details of the employe enable a fair and reasonable determination under clause 119 t

The Agreement can be found in full here: [AE510064 \(fwc.gov.au\)](#). Substantively the same provisions can be found in clause 142 of the [Nurses' Enterprise Agreement](#)

On the basis of above, would you be so kind as to provide a quote based on the above terms of reference?

In terms of commencement, Sally Green (HR Business Partner) and I are working towards an announcement of this process on Tuesday of next week (ie, 25 January 2022) with employees of the ICU. There are 2-3 interviews that we would propose commence prior to that date (notwithstanding your availability), possibly towards the end of this week as discussed on Friday.

Please feel free to reach out on the mobile number below to make arrangements. Due to the current Omicron response, we may have to reserve our interviews for Microsoft Teams or similar (as we have in Cardiology).

Kind regards

Jim Tosh
**Senior Director, Business Partnerships
 People & Culture**
 Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: jim.tosh@act.gov.au

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From: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>

Sent: Tuesday, January 4, 2022 9:49 am

To: Tosh, Jim (Health)

Cc: Gilmore, Lisa (Health); DAmbrosio, Flavia (Health)

Subject: ICU survey results and next steps

OFFICIAL: Sensitive

Hi,

As you are aware the CE and the executive have made a commitment to action the areas on our operations with the greatest fall in culture or lowest score in culture.

ICU has fallen quite considerably and there are some areas of concern.

- Patient safety
- Management response to concerns of staff
- Action from last survey
- Communication

The message in a bottle text raising issues such as;

- Toxic work environment
- Senior medical staff yelling, abusive and disrespectful to nurses and junior medical staff
- Poor education
- Favouritism and racism

For this group I am thinking due to previous issues raised by staff about trust that we need an initial review done under privilege to assess what are our key cultural issues, validate what are main concerns/themes and to determine if there are any high risk issues for immediate action.

I think it would also be worthwhile setting up a staff working group and a management action group to take some ownership to rectify the key issues once we have them mapped out. I think a small roadmap of activities to address culture on a ppt slide might be a good way to communicate plans. Lisa will have some ideas and should endorse the plan. You could start by sharing the survey results with the team and then running them through the plan. This survey will result in action!

Could you please initiate securing a quote with a view to have some communication to staff done next week about plans and timeframes.

Thanks!

Kalena Smitham
Executive Group Manager

People and Culture | Canberra Health Services

Level 1, Building 23 | Canberra Hospital

Phone: 5124 9544 | [REDACTED]

Email: kalena.smitham@act.gov.au

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Government**Canberra Health
Services****Use the Safety C.O.D.E.TM and help prevent unintended harm****C CHECKS O OPTIONS D DEMANDS E ELEVATES**

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To: Green, Margot (Health); Green, Sally (Health)
Subject: RE: ICU Power Point presentation
Attachments: WCL - ICU Culture Survey results.pdf; WCL - ICU Culture Survey results.pptx; RE: ICU Culture Review: A message from Dave Peffer and Lisa Gilmore

Hi Margot, I need the final message that went out rather urgently, do you have a copy?

From: Green, Margot (Health) <Margot.Green@act.gov.au>
Sent: Friday, 28 January 2022 9:33 AM
To: Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>
Cc: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>; Green, Sally (Health) <Sally.Green@act.gov.au>
Subject: RE: ICU Power Point presentation

OFFICIAL: Sensitive

Hi Lisa,

Please find attached a power point and PDF version of the slide deck. I have removed the duplicate image/icon of the response rate, no other changes.

As discussed:

- Erin and I are sourcing a ICU staff distribution list for comms after the meeting at midday
- PDF version attached for distribution with comms, I have also attached Dave's edits to the text also
- Can we please clarify who will be distributing the comms Dave or yourself? The comms have been written with both your names at the bottom. I have flagged with Erin and can touch base with Liv if it is decided to be distributed by Dave.

Kind Regards

Margot Green | Director of Operations

Phone: [REDACTED] | Email: Margot.Green@act.gov.au

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From: Green, Sally (Health) <Sally.Green@act.gov.au>
Sent: Thursday, 27 January 2022 6:19 PM
To: Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>
Cc: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>; Green, Margot (Health) <Margot.Green@act.gov.au>
Subject: ICU Power Point presentation
Importance: High

OFFICIAL: Sensitive

Hi Lisa,

See attached draft presentation for your review. Feel free to add your own talking notes or additional info. The last slide will then lead into Dave's commentary.

If there are any significant changes or additional information required, let us know and we'll get this amended in the morning.

Regards

Sally Green | HR Business Partner

Divisions of Surgery, Allied Health and Finance & Business Intelligence

Phone: [REDACTED] | Email: sally.green@act.gov.au

People & Culture | Canberra Health Services | ACT Government

PO Box 11, WODEN ACT 2606 | health.act.gov.au

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Workplace Culture Survey 2021
Checking our vitals

Presentation of results to ICU

Prepared by CHS Workplace Culture and Leadership

OUR TEAM'S RESPONSE RATE & DATA VOLUMES IN 2021

SURVEY CENSUS PERIOD: MONDAY, 1ST NOVEMBER TO MONDAY, 15TH NOVEMBER 2021



228
Surveys
Distributed



61
Respondents

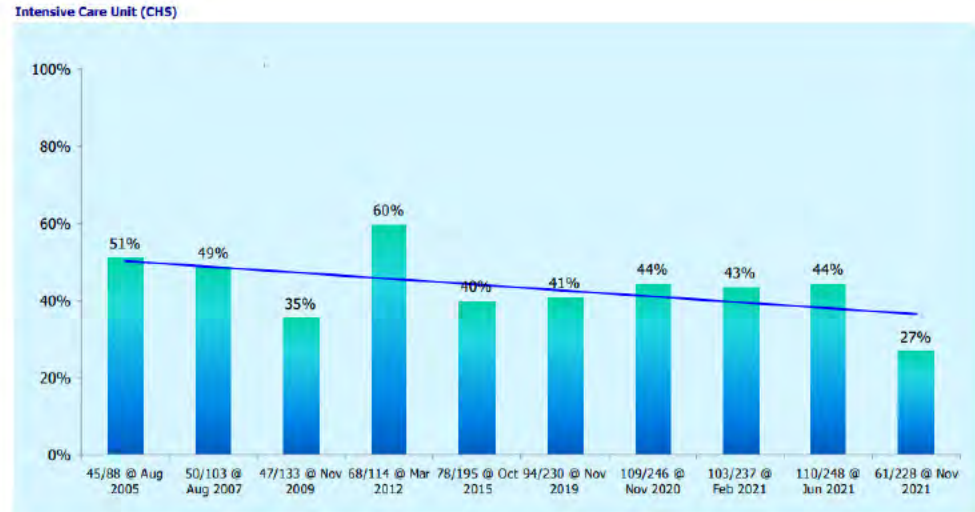


27%
Response
rate in 2021



381
narrative
comments

And our Response Rate between surveys



WHERE IS ICU IN 2021?

398



Intensive Care Unit (CHS)

History for Type of Culture (where available)

%age Engaged + Swinging Voter + Disengaged with ToC

Nov 2021	25%	+ 40%	+ 35%	Blame
Jun 2021	30%	+ 40%	+ 31%	Reaction
Feb 2021	37%	+ 38%	+ 26%	Reaction
Nov 2020	37%	+ 41%	+ 22%	Reaction
Nov 2019	22%	+ 46%	+ 32%	Blame



A Culture of Blame

ENGAGEMENT

20%
30%

Employees are openly pessimistic about the future

It's common to hear:

- communication is poor
- there is no leadership
- morale is bad



Definitions: Day-to-day Work Frustrations

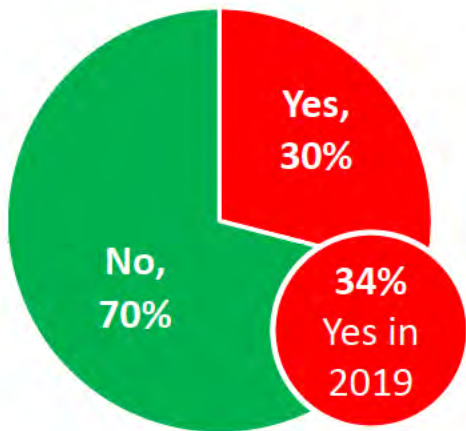
Poor executive management	Poor executive, senior or higher level management.
Unsuitable nursing	Nurses - the quality, competence or number of nursing staff.
Working with clients (-ve)	Negative experiences with the organisation's clients, whether they are called clients, customers, consumers, patients, residents, members, elders, students, individuals or the general public.
Problem avoidance	Avoiding or not addressing problems, issues or concerns.
Poor communication	Poor communication or lack of communication.
Unsuitable care	Poor or inadequate standard of care.
Lack of staff	Inadequate staffing levels, lack of staff, understaffed or short-staffed.
Poor management in general	Poor management or managers in general - does not specifically refer to workplace management or executive management.
Inadequate teamwork	Lack of teamwork or team spirit. Sense of divisiveness or disconnectedness from a team.
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Poor skills	Poor skills, experience or training.
Poor work spaces	Poor or cramped work spaces, building interiors or rooms.

ARE WE GETTING BETTER AT REDUCING UNREASONABLE BEHAVIORS? 400

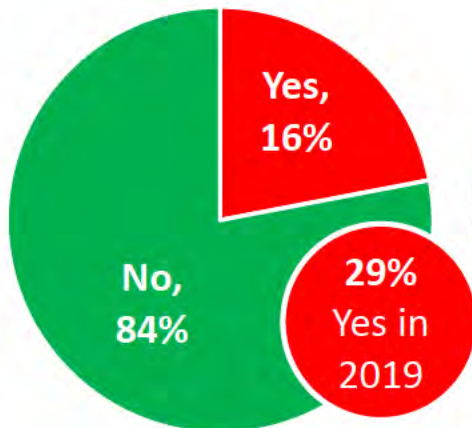


In the last 12 months, I have been subjected to...

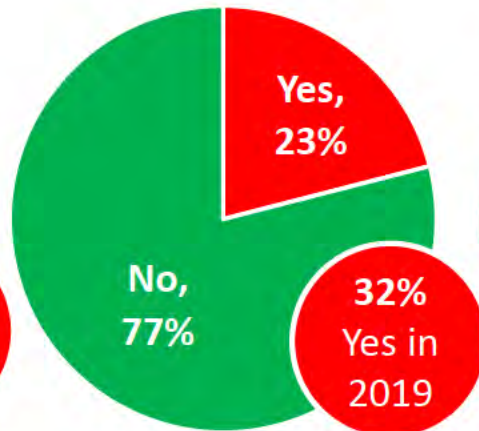
...Bullying
in the workplace
(n=43)



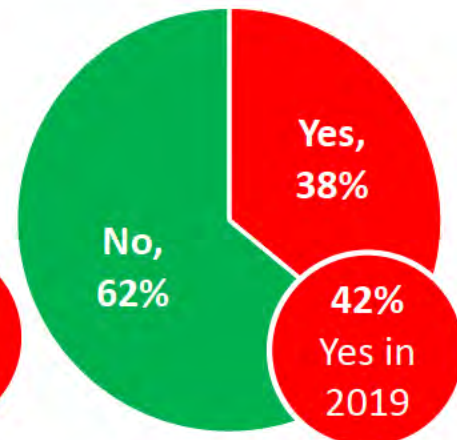
...Harassment
in the workplace
(n=43)



...Discrimination
in the workplace
(n=44)



...Favouritism
in the workplace
(n=42)



NB: A low 'yes' rating is a good outcome

ARE WE GETTING BETTER AT REDUCING UNREASONABLE BEHAVIORS? 401

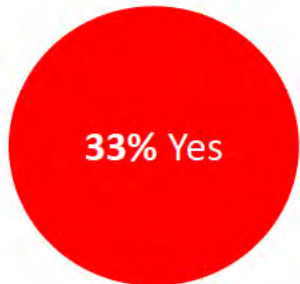


When I experienced bullying or harassment I ...

(n=43)

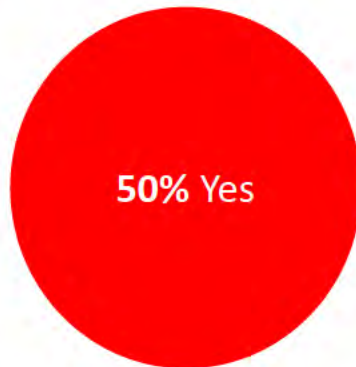
...reported this behaviour

(n=24)



...knew how to go about reporting this behaviour

(n=24)



...TRUSTED that the reported behaviour would be appropriately managed

(n=24)



ICU CONSUMER SAFETY

Our culture is impacting our vigilance, ability to learn and our reliability in relation to consumer safety

We are benchmarking well below other hospitals

BPA Analytics Scorecard			Your Ratings				Public Hospitals & Healthcare Services		
Intensive Care Unit (CHS)			... from this most recent survey (where n>=5)		... compared with the last survey's ratings (where n>=5)		402		
(*) = There is a 95% probability of correctly identifying this difference as statistically significant. *Equal* = There is not enough difference to be statistically significant (for this number of responses). Respondent Norms come from all respondents in a Partner Group, not just those eligible for setting Partner Norms.					(If available)		Long-Term Bell Curve 		
Below the Norm Near the Norm Above the Norm (n=)			% Yes or Agrees (rounded)	% No or Dis-Agrees	Last Survey Rating (rounded)	% Change + Year + Stat Significance (*)	Respondent Norm	Partner Norm - last 3 years	
							No of Respondents	No of Partners	
							Range from Worst to Best		
Consumer Safety Measures - Preventative, Detective & Corrective									
Q# 6116 <i>Client Safety Culture</i>	Commitment - People in my work unit are highly conscious of the potential for adverse consumer safety events.	39	82%	0.0%	74%	8.1% Nov 2019 Equal		87% 107,392	88% 239 PTRs 67% - 99%
Q# 6117 <i>Client Safety Culture</i>	Vigilance - People in my work unit report adverse consumer safety events and complaints quickly and openly.	39	69%	10.3%	58%	11.0% Nov 2019 Equal		83% 106,437	84% 239 PTRs 59% - 97%
Q# 6120 <i>Client Safety Culture</i>	Learning - People in my work unit treat consumer safety events as learning opportunities.	39	62%	7.7%	54%	7.1% Nov 2019 Equal		79% 105,991	80% 238 PTRs 53% - 96%
Q# 11224 <i>Client Safety Culture</i>	Reliability - People in my work unit always follow evidence, guidelines, standards, procedures and pathways no matter how difficult this might be.	39	59%	5.1%	57%	1.6% Nov 2019 Equal		77% 76,391	76% 149 PTRs 58% - 93%
Q# 11225 <i>Client Safety Culture</i>	Escalation - People in my work unit exercise good judgement about when to escalate a deterioration in a consumer's condition.	39	72%	2.6%	78%	-6.1% Nov 2019 Equal		86% 74,917	86% 148 PTRs 66% - 97%
Q# 11226 <i>Client Safety Culture</i>	Perseverance - People in my work unit will persevere in escalating concerns when they believe it's clinically appropriate.	39	67%	5.1%	78%	-11.3% Nov 2019 Equal		85% 72,531	84% 141 PTRs 64% - 97%
Commitment to Consumer Safety									
Q# 30401	I am committed to doing everything I can to ensure consumer safety.	39	90%	0.0%				No benchmarking analysis available	
Q# 12738 <i>Customer Safety Commitment</i>	My Manager is committed to doing everything they can to ensure consumer safety.	39	77%	5.1%	57%	19.6% Nov 2019 Better		No benchmarking analysis available	

The plan from here ...



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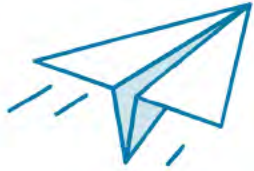
Workplace Culture Survey 2021
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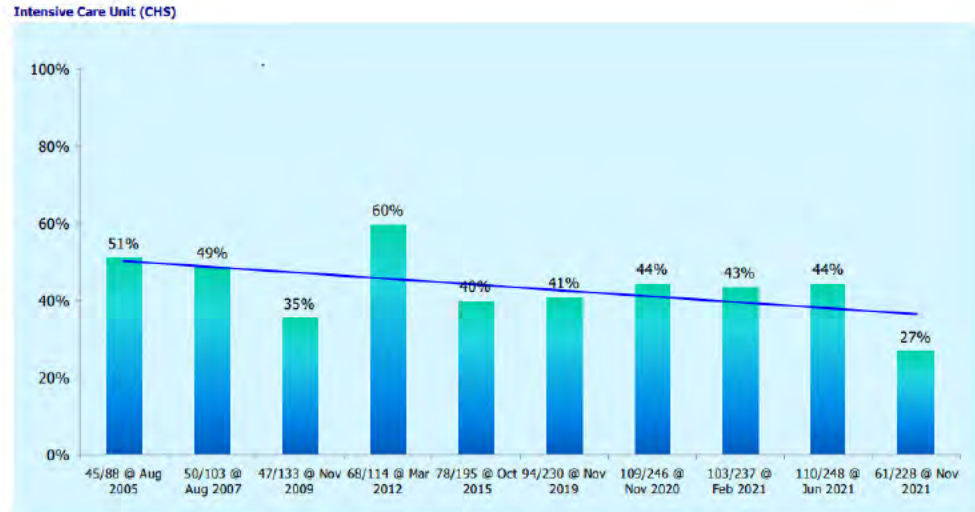


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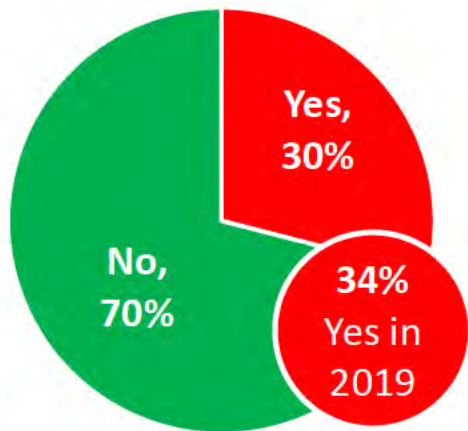
Poor executive management	Poor executive, senior or higher level management.
Unsuitable nursing	Nurses - the quality, competence or number of nursing staff.
Working with clients (-ve)	Negative experiences with the organisation's clients, whether they are called clients, customers, consumers, patients, residents, members, elders, students, individuals or the general public.
Problem avoidance	Avoiding or not addressing problems, issues or concerns.
Poor communication	Poor communication or lack of communication.
Unsuitable care	Poor or inadequate standard of care.
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ARE WE GETTING BETTER AT REDUCING UNREASONABLE BEHAVIORS? 408

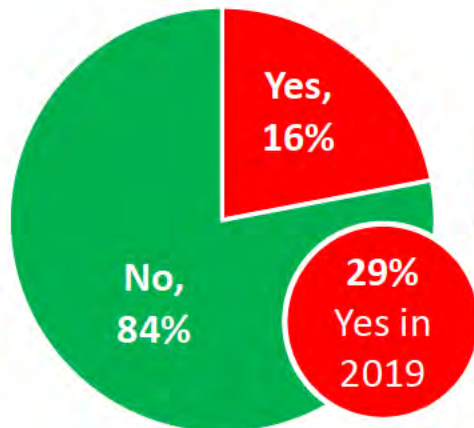


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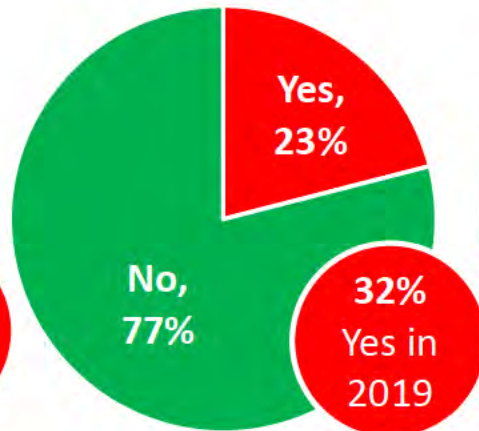
...Bullying
in the workplace
(n=43)



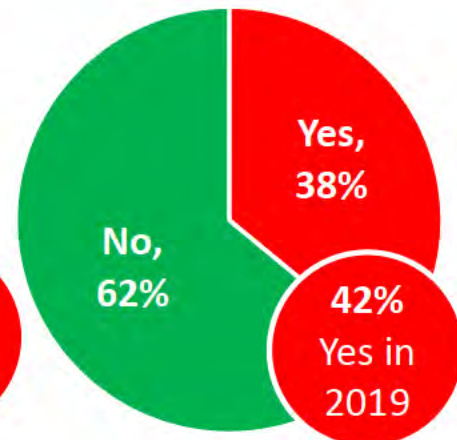
...Harassment
in the workplace
(n=43)



...Discrimination
in the workplace
(n=44)



...Favouritism
in the workplace
(n=42)



NB: A low 'yes' rating is a good outcome

ARE WE GETTING BETTER AT REDUCING UNREASONABLE BEHAVIORS? 409



When I experienced bullying or harassment I ...

(n=43)

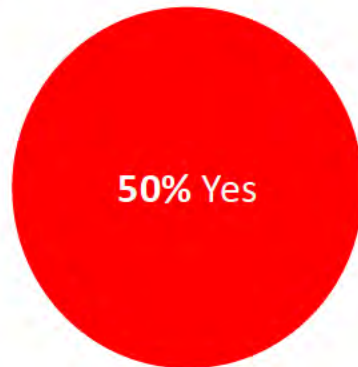
...reported this behaviour

(n=24)



...knew how to go about reporting this behaviour

(n=24)



...TRUSTED that the reported behaviour would be appropriately managed

(n=24)



ICU CONSUMER SAFETY

Our culture is impacting our vigilance, ability to learn and our reliability in relation to consumer safety

We are benchmarking well below other hospitals

BPA Analytics Scorecard				Your Ratings				Public Hospitals & Healthcare Services		
Intensive Care Unit (CHS)				... from this most recent survey (where n>=5)		... compared with the last survey's ratings (where n>=5)		410		
<small>(*) = There is a 95% probability of correctly identifying 1% difference as statistically significant. "Equal" = There is not enough difference to be statistically significant (for this number of responses). Respondent Norms come from all respondents in a Partner Group, not just those eligible for setting Partner Norms.</small>				<small>(# available)</small>		<small>(# available)</small>		Long-Term Bell Curve 		
<small>(n=)</small>				<small>% Yes or Agrees (rounded)</small>		<small>% No or Dis-Agrees</small>		Respondent Norm <small>No of Respondents</small>		
<small>Below the Norm</small> <small>Near the Norm</small> <small>Above the Norm</small>				<small>(rounded)</small>		<small>% Change + Year + Stat Significance (*)</small>		Partner Norm - last 3 years <small>No of Partners</small> <small>Range from Worst to Best</small>		
Consumer Safety Measures - Preventative, Detective & Corrective										
Q# 6116	Client Safety Culture	Commitment - People in my work unit are highly conscious of the potential for adverse consumer safety events.	39	82%	0.0%	74%	8.1%	Nov 2019 Equal	87%	88% 239 PTRs 107,392 67% - 99%
Q# 6117	Client Safety Culture	Vigilance - People in my work unit report adverse consumer safety events and complaints quickly and openly.	39	69%	10.3%	58%	11.0%	Nov 2019 Equal	83%	84% 239 PTRs 106,437 59% - 97%
Q# 6120	Client Safety Culture	Learning - People in my work unit treat consumer safety events as learning opportunities.	39	62%	7.7%	54%	7.1%	Nov 2019 Equal	79%	80% 238 PTRs 105,991 53% - 96%
Q# 11224	Client Safety Culture	Reliability - People in my work unit always follow evidence, guidelines, standards, procedures and pathways no matter how difficult this might be.	39	59%	5.1%	57%	1.6%	Nov 2019 Equal	77%	76% 149 PTRs 76,391 58% - 93%
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Commitment to Consumer Safety										
Q# 30401		I am committed to doing everything I can to ensure consumer safety.	39	90%	0.0%				No benchmarking analysis available	
Q# 37738	Client Safety Communication	My Manager is committed to doing everything they can to ensure consumer safety.	39	77%	5.1%	57%	19.6%	Nov 2019 Better	No benchmarking analysis available	



The plan from here ...

From: Peffer, Dave (Health)
Sent: Thursday, 27 January 2022 13:34
To: Gilmore, Lisa (Health); Tosh, Jim (Health); Green, Sally (Health); Green, Margot (Health)
Cc: CEOHealth
Subject: RE: ICU Culture Review: A message from Dave Peffer and Lisa Gilmore

OFFICIAL

Looking good team – I like Lisa’s additions. Have just finessed some of the language a little. Good to go from my perspective.

Dave

From: Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>
Sent: Thursday, 27 January 2022 11:10 AM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>; Green, Sally (Health) <Sally.Green@act.gov.au>; Green, Margot (Health) <Margot.Green@act.gov.au>
Cc: Peffer, Dave (Health) <Dave.Peffer@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>
Subject: RE: ICU Culture Review: A message from Dave Peffer and Lisa Gilmore

OFFICIAL

Thanks Jim

Looks good

I have highlighted a couple of suggestions

Kind Regards

Lisa Gilmore | Executive Director

Phone: 02 5124 3515 | Email: lisa.gilmore@act.gov.au

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Services**

From: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Sent: Thursday, 27 January 2022 10:54 AM
To: Green, Sally (Health) <Sally.Green@act.gov.au>; Green, Margot (Health) <Margot.Green@act.gov.au>; Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>
Cc: Peffer, Dave (Health) <Dave.Peffer@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>
Subject: ICU Culture Review: A message from Dave Peffer and Lisa Gilmore

OFFICIAL

Hi Team,

Your thoughts on below? Does it need a Comms sheen?

Jim

Dear ICU team,

Today we met with the clinical leadership of ICU to talk through the recent staff survey results. It's been a tough couple of years with the pandemic, and ICU has had to step up and shoulder a heavy load on top of business as usual admissions. But even then, the survey results aren't good – it tells us we've got some work to do as a team to bring about real change.

Some of these results included:

- A decline from a culture of “reaction” to a culture of “blame” since the last big survey a few years ago
- Patient safety issues
- Limited management response to concerns of staff
- Lack of effective communication

Further, in some of the “Narrative” free text section, many of you raised issues such as:

- Toxic work environment
- Yelling, abusive and disrespectful behaviours, towards nurses and junior medical staff
- Poor or ineffective education and training
- Bullying, favouritism and discrimination

Shaping culture, and creating a great team environment to work in isn't easy. It takes a lot of work, and all of us have a role to play here. Your survey feedback provides an important starting point, and we thank you for being honest. We now ask for your help to turn this around.

Our first step is going to be a deep-dive into the team's culture – and we've asked for the assistance of Ms Barbara Deegan, former Commissioner of the Fair Work Commission, to come and speak with many of you. Many of the survey results express concerns relating to systems, processes, behaviours and education. By speaking directly to you, Barbara will be better placed to provide more detail, and help with some concrete actions to help shape a better culture.

If you've experienced or witnessed more concerning behaviours, such as those impacting patient or staff safety, yelling, verbal abuse, bullying and discrimination, we'd like to hear from you too. We've got a pretty clear organisational position on those sorts of behaviours – and to be honest, we'll never make this a great place to work so long as they exist in CHS. If needed, Barbara will be undertaking a Preliminary Assessment too.

While findings and recommendations will be communicated with the team, your conversations with Barbara remain confidential.

If you'd like to be involved in this process or have questions, please contact Jim Tosh [REDACTED] or jim.tosh@act.gov.au from People and Culture. The more of you who help share your frustrations and experiences, the better we can respond and start to improve.

Kind regards

Dave Peffer
CEO

Lisa Gilmore
Executive Director, Division of Surgery

Subject: FW: ICU Culture Meeting

Location: WEBEX

Start: Fri 28/01/2022 12:00

End: Fri 28/01/2022 12:30

Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Gilmore, Lisa (Health)

Hi Flavia,

See below. Sorry, I thought I sent this through!

Jim

-----Original Appointment-----

From: Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>

Sent: Tuesday, 25 January 2022 12:16 PM

To: Gilmore, Lisa (Health); Alderson, Rosalie (Health); Byrne, Liam (Health); Chan, Sean Weng (Health); Erwin, Katie (Health); Evans, Sophie (Health); French, Sarah (Health); Gilligan, Erin (Health); Grove, Kelvin (Health); Herlihy, Louise (Health); Jeffrey, Thomas (Health); Kerr, Alasdair (Health); May, Josephine (Health); McCarthy, Amanda (Health); McDerby, Nicole (Health); Mehta, Rukhshad (Health); Mitchell, Imogen (Health); Nourse, Mary (Health); Oliver, Mark (Health); Parikh, Harshel (Health); Purdy, Misty (Health); Rai, Sumeet (Health); Ramnani, Anil (Health); Robertson, Simon (Health); Singh, Manoj (Health); Socha Hernandez, Astrid (Health); Suwandarathne, Ruwan (Health); Veerendra, Hemanth (Health); Vegunta, Ramprasad (Health); Xu, Tina (Health); Peffer, Dave (Health); Tosh, Jim (Health); Green, Margot (Health)

Cc: Fisher, Kat (Health); Green, Sally (Health); DAmbrosio, Flavia (Health)

Subject: ICU Culture Meeting

When: Friday, 28 January 2022 12:00 PM-12:30 PM (UTC+10:00) Canberra, Melbourne, Sydney.

Where: WEBEX

Please note that this meeting has been changed to WebEx

Good Afternoon ICU Leadership Team,

The workplace culture survey from November 2021 results were provided to CHS at the end of last year. Thank you to staff who completed the survey and provided feedback. The Division of Surgery is working on a plan to present these results to all clinical units and teams.

We would like to meet with the ICU Leadership team to present the results and to start discussions for a plan going forward. This session will be attended by Dave Peffer CEO, Jim Tosh from People and Culture and myself.

We are looking forward to meeting with you and progressing our Workforce Culture Plan.

Kind Regards

Lisa Gilmore | Executive Director

Phone: 02 5124 3515 | Email: lisa.gilmore@act.gov.au

Division of Surgery | Canberra Health Services | ACT Government

Building 28, Level 2, Canberra Hospital PO Box 11, Woden ACT 2606 | health.act.gov.au



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**Canberra Health
Services**

-- Do not delete or change any of the following text. --

When it's time, join your Webex meeting here.

[Join meeting](#)

More ways to join:



Subject: Catch up with Sally and Jim
Location: Lisa Gilmore's Office or Webex

Start: Wed 09/02/2022 13:00
End: Wed 09/02/2022 13:30
Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Gilmore, Lisa (Health)
Required Attendees: Green, Sally (Health); Tosh, Jim (Health)

Good Afternoon,

As requested, meeting to discuss ICU.

Kind regards

Erin Hawthorne | Executive Assistant to
Lisa Gilmore | Executive Director
Division of Surgery | Phone: 02 5124 3515 | Email: erin.hawthorne@act.gov.au
Division of Surgery | Canberra Health Services | ACT Government
Building 28, Level 2, Canberra Hospital | PO Box 11, Woden ACT 2606 | act.gov.au

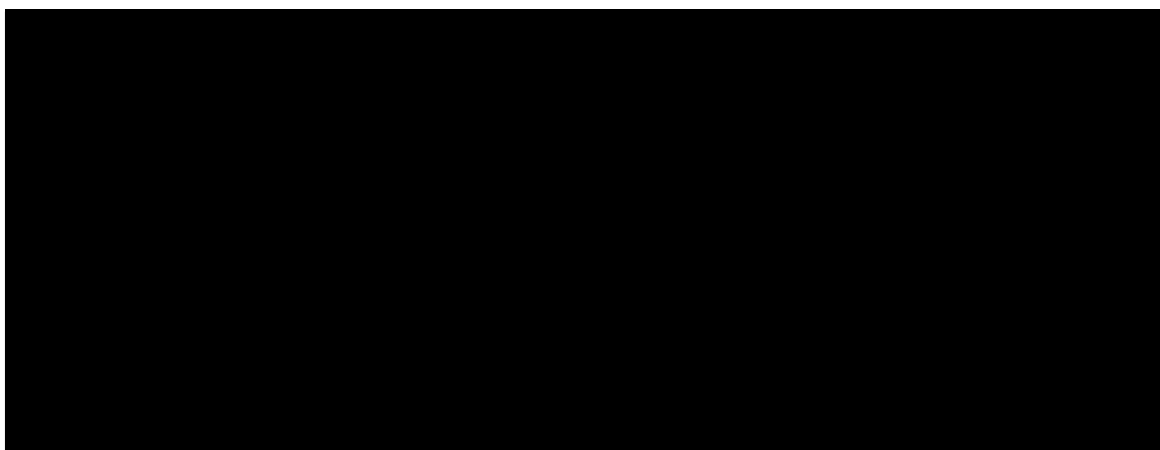
This message, and any attachments to it, may contain information that is confidential. If you are not the intended recipient of this message, you must not review, copy, disseminate or disclose its contents to any other party or take action in reliance of any material contained within it. If you have received this message in error, please notify the sender immediately by return email informing them of the mistake and delete all copies of the message from your computer system.

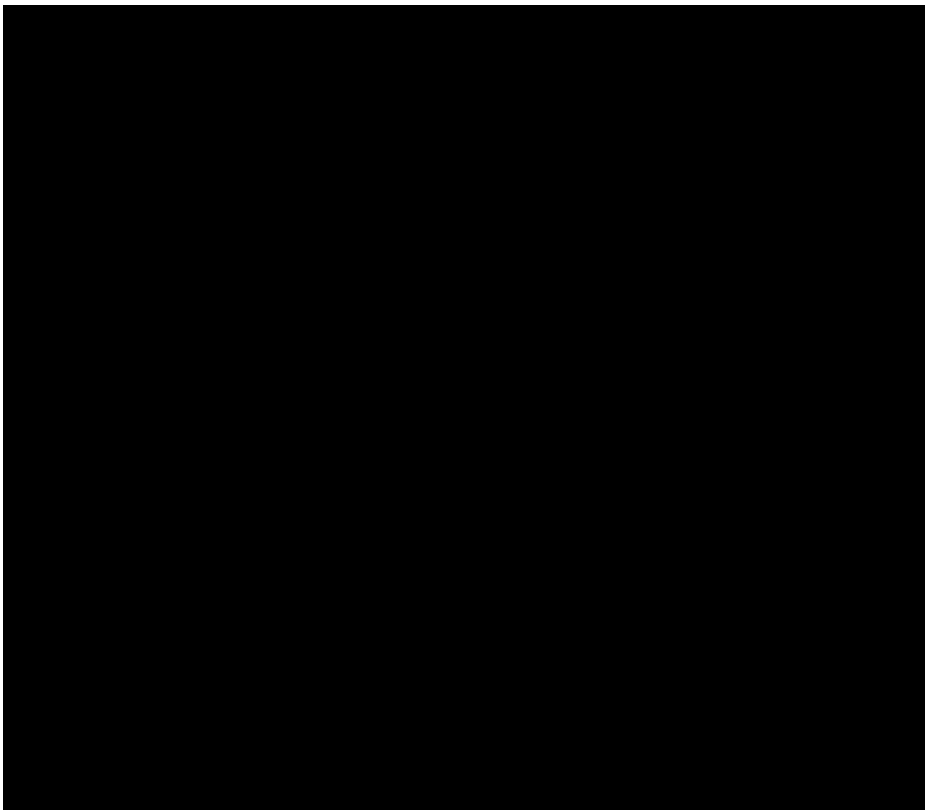
-- Do not delete or change any of the following text. --

When it's time, join your Webex meeting here.

[Join meeting](#)

More ways to join:





From: Tosh, Jim (Health)
Sent: Wednesday, 16 February 2022 11:43
To: Green, Sally (Health)
Cc: Green, Margot (Health)
Subject: RE: Draft email to ICU re Culture review participation

OFFICIAL: Sensitive

Hi Sally,

Small changes below...apologies, the emails were in my draft after the laptop died!

As discussed, can we please have the original message below this latest message when we send out?

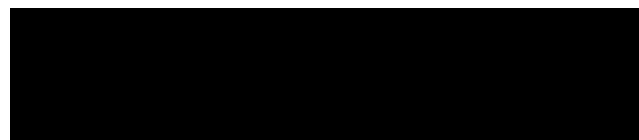
Kind regards

Jim Tosh
**Senior Director, Business Partnerships
People & Culture**
Canberra Health Services | ACT Government

Phone: [REDACTED] | **Email:** jim.tosh@act.gov.au

Level 1 Building 23, Canberra Hospital
PO Box 11, WODEN ACT 2606

Reliable | Progressive | Respectful | Kind



From: Green, Sally (Health) <Sally.Green@act.gov.au>
Sent: Tuesday, 15 February 2022 7:18 PM
To: Tosh, Jim (Health) <Jim.Tosh@act.gov.au>
Cc: Green, Margot (Health) <Margot.Green@act.gov.au>
Subject: Draft email to ICU re Culture review participation

OFFICIAL: Sensitive

Hi Jim, as discussed.

Can you ok/make amendments before we forward to Lisa?

Margot feel free to add your input too.

Thanks
Sally

Good morning all,

You will be aware, following communication to you on 28 January, that review into the culture in the ICU team culture has commenced. This process is not just about identifying poor behaviour, but it is also about identifying opportunities for improvements, in our systems, processes, workflows etc which can all contribute to the workplace culture.

Barbara Deegan has commenced meeting with staff who have already come forward to share their experiences and their ideas for how we can improve ICU together to make ICU a place where staff want to work and enjoy coming to work each day.

I am committed to improving our working environment, but to do this I need your help to come forward and be part of these conversations. I want people to feel safe to share their experiences but also not be afraid to share their ideas for changes and improvements. Your input, ideas and experiences will inform Barbara's recommendations and give me a base from which to drive improvements.

The opportunity to meet with Barbara will not be available for long and I want to encourage you all to seriously consider contributing to this process.

If you would like to have a say in how we move forward with improving the work environment in ICU, please contact Sally Green, HR Business Partner, Sally.green@act.gov.au, or phone [REDACTED] to arrange a time to meet with Barbara Deegan.

All meetings with Barbara are conducted via "Teams", however if this is a problem for you please let Sally know so that other arrangements can be made.

Kind Regards

Lisa Gilmore | Executive Director

Phone: 02 5124 3515 | Email: lisa.gilmore@act.gov.au Division of Surgery | Canberra Health Services | ACT Government Building 28, Level 2, Canberra Hospital PO Box 11, Woden ACT 2606 | health.act.gov.au RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

Sally Green | HR Business Partner

Divisions of Surgery, Allied Health and Finance & Business Intelligence

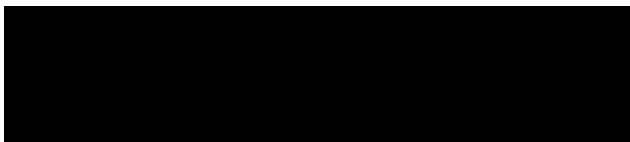
Phone: [REDACTED] | Email: sally.green@act.gov.au

People & Culture | Canberra Health Services | ACT Government

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FOR HR RELATED RESOURCES go to: <https://healthhub.act.gov.au/employment-resources/people-and-culture>



From: Green, Sally (Health)
Sent: Wednesday, 16 February 2022 14:47
To: Gilmore, Lisa (Health); Green, Margot (Health)
Cc: Tosh, Jim (Health)
Subject: FW: Emailing: ICU Workplace Culture - Communications, WCL - ICU Culture Survey results
Attachments: WCL - ICU Culture Survey results.pdf; ICU Workplace Culture - Communications.pdf

OFFICIAL

Hi,

Please see draft email for review and circulation to the ICU/MET staff.

Regards
Sally

Good afternoon all,

You will be aware, following communication to you on 28 January (see below and attached), that a review into ICU team culture has commenced. This process is not just about identifying poor behaviour, but it is also about identifying opportunities for improvements, in our systems, processes, workflows etc which can all contribute to the workplace culture.

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Kind Regards

Lisa Gilmore | Executive Director

Phone: 02 5124 3515 | Email: lisa.gilmore@act.gov.au Division of Surgery | Canberra Health Services | ACT Government Building 28, Level 2, Canberra Hospital, PO Box 11, Woden ACT 2606 | health.act.gov.au RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

-----Original Message-----

From: Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>

Sent: Friday, 28 January 2022 1:12 PM

Subject: FW: Emailing: ICU Workplace Culture - Communications, WCL - ICU Culture Survey results

Good afternoon all,

Earlier today, the CEO Dave Peffer and I spoke with the ICU Operational Leadership team regarding the latest ICU Workplace Culture Survey results.

Please find attached a slide pack with some pre-liminary results and some communication covering what was discussed today and next steps.

In addition we will be distributing more detailed survey results over the coming fortnight.

I am looking forward to working together with you all as we strive to make ICU a truly great place to work.

Kind Regards

Lisa Gilmore | Executive Director

Phone: 02 5124 3515 | Email: lisa.gilmore@act.gov.au Division of Surgery | Canberra Health Services | ACT Government Building 28, Level 2, Canberra Hospital PO Box 11, Woden ACT 2606 | health.act.gov.au RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



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Workplace Culture Survey 2021
Checking our vitals

Presentation of results to ICU

Prepared by CHS Workplace Culture and Leadership

OUR TEAM'S RESPONSE RATE & DATA VOLUMES IN 2021

SURVEY CENSUS PERIOD: MONDAY, 1ST NOVEMBER TO MONDAY, 15TH NOVEMBER 2021

447



228
Surveys
Distributed



61
Respondents



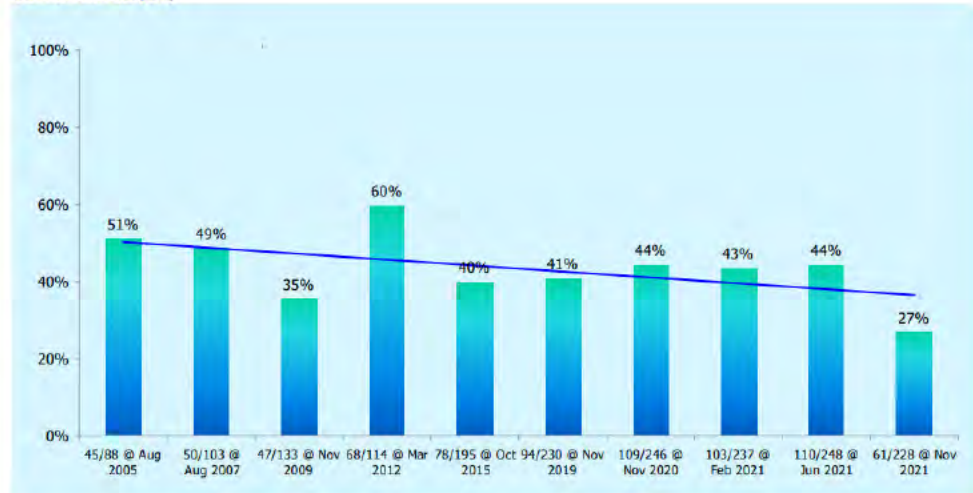
27%
Response
rate in 2021



381
narrative
comments

And our Response Rate between surveys

Intensive Care Unit (CHS)



WHERE IS ICU IN 2021?

Intensive Care Unit (CHS)

History for Type of Culture (where available)

%age Engaged + Swinging Voter + Disengaged with ToC

Nov 2021	25%	+ 40%	+ 35%	Blame
Jun 2021	30%	+ 40%	+ 31%	Reaction
Feb 2021	37%	+ 38%	+ 26%	Reaction
Nov 2020	37%	+ 41%	+ 22%	Reaction
Nov 2019	22%	+ 46%	+ 32%	Blame



A Culture of Blame

ENGAGEMENT

20%
30%

Employees are openly pessimistic about the future

It's common to hear:

- communication is poor
- there is no leadership
- morale is bad



Definitions: Day-to-day Work Frustrations

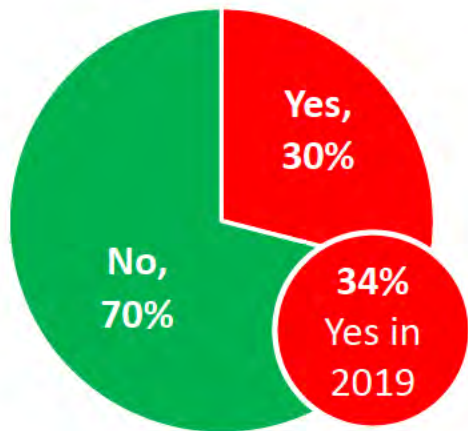
Poor executive management	Poor executive, senior or higher level management.
Unsuitable nursing	Nurses - the quality, competence or number of nursing staff.
Working with clients (-ve)	Negative experiences with the organisation's clients, whether they are called clients, customers, consumers, patients, residents, members, elders, students, individuals or the general public.
Problem avoidance	Avoiding or not addressing problems, issues or concerns.
Poor communication	Poor communication or lack of communication.
Unsuitable care	Poor or inadequate standard of care.
Lack of staff	Inadequate staffing levels, lack of staff, understaffed or short-staffed.
Poor management in general	Poor management or managers in general - does not specifically refer to workplace management or executive management.
Inadequate teamwork	Lack of teamwork or team spirit. Sense of divisiveness or disconnectedness from a team.
Lack of accountability	Neglects accountability, responsibility, delegation, taking ownership or appropriate reporting mechanisms.
Poor skills	Poor skills, experience or training.
Poor work spaces	Poor or cramped work spaces, building interiors or rooms.

ARE WE GETTING BETTER AT REDUCING UNREASONABLE BEHAVIORS? 450

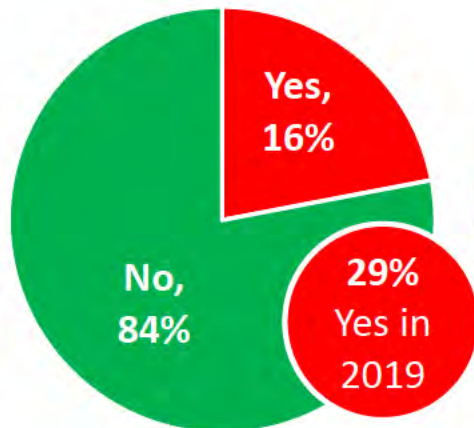


In the last 12 months, I have been subjected to...

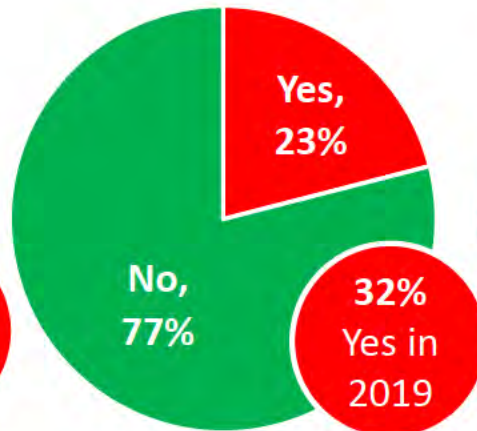
...Bullying
in the workplace
(n=43)



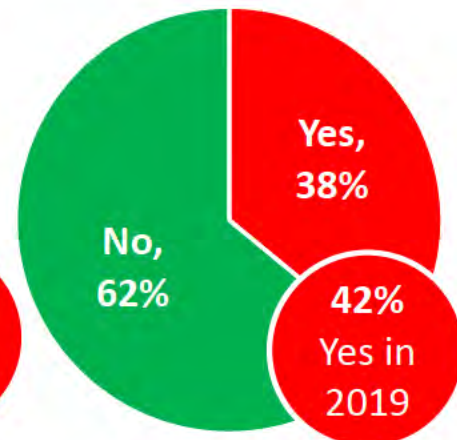
...Harassment
in the workplace
(n=43)



...Discrimination
in the workplace
(n=44)



...Favouritism
in the workplace
(n=42)



NB: A low 'yes' rating is a good outcome

ARE WE GETTING BETTER AT REDUCING UNREASONABLE BEHAVIORS? 451

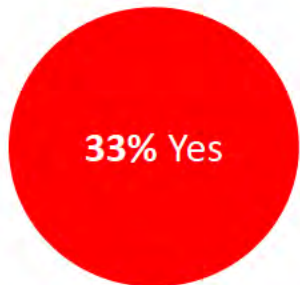


When I experienced bullying or harassment I ...

(n=43)

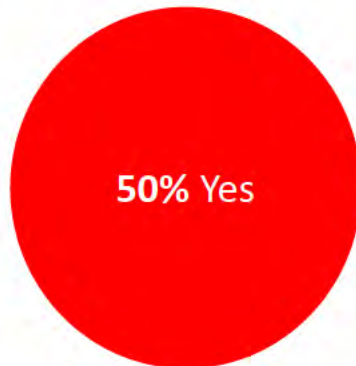
...reported this behaviour

(n=24)



...knew how to go about reporting this behaviour

(n=24)



...TRUSTED that the reported behaviour would be appropriately managed

(n=24)



ICU CONSUMER SAFETY

Our culture is impacting our vigilance, ability to learn and our reliability in relation to consumer safety

We are benchmarking well below other hospitals

BPA Analytics Scorecard						Compared with the Benchmarks						
Intensive Care Unit (CHS)						Your Ratings		Public Hospitals & Healthcare Services				
(*) = There is a 95% probability of correctly identifying this difference as statistically significant. *Equal* = There is not enough difference to be statistically significant (for this number of responses). Respondent Norms come from all respondents in a Partner Group, not just those eligible for setting Partner Norms.						... from this most recent survey (where n>=5)		... compared with the last survey's ratings (where n>=5) (if available)		Long-Term Bell Curve 	Respondent Norm No of Respondents	Partner Norm - last 3 years No of Partners Range from Worst to Best
Below the Norm Near the Norm Above the Norm (n=)						% Yes or Agrees (rounded)	% No or Dis-Agrees	Last Survey Rating (rounded)	% Change + Year + Stat Significance (*)	VL L -A A A+ H VH		
Consumer Safety Measures - Preventative, Detective & Corrective												
Q# 6116 <i>Client Safety Culture</i>	Commitment - People in my work unit are highly conscious of the potential for adverse consumer safety events.	39	82%	0.0%	74%	8.1% Nov 2019 Equal		87%	88% 239 PTRs 107,392 67% - 99%			
Q# 6117 <i>Client Safety Culture</i>	Vigilance - People in my work unit report adverse consumer safety events and complaints quickly and openly.	39	69%	10.3%	58%	11.0% Nov 2019 Equal		83%	84% 239 PTRs 106,437 59% - 97%			
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Q# 11224 <i>Client Safety Culture</i>	Reliability - People in my work unit always follow evidence, guidelines, standards, procedures and pathways no matter how difficult this might be.	39	59%	5.1%	57%	1.6% Nov 2019 Equal		77%	76% 149 PTRs 76,391 58% - 93%			
Q# 11225 <i>Client Safety Culture</i>	Escalation - People in my work unit exercise good judgement about when to escalate a deterioration in a consumer's condition.	39	72%	2.6%	78%	-6.1% Nov 2019 Equal		86%	86% 148 PTRs 74,917 66% - 97%			
Q# 11226 <i>Client Safety Culture</i>	Perseverance - People in my work unit will persevere in escalating concerns when they believe it's clinically appropriate.	39	67%	5.1%	78%	-11.3% Nov 2019 Equal		85%	84% 141 PTRs 72,531 64% - 97%			
Commitment to Consumer Safety												
Q# 30401	I am committed to doing everything I can to ensure consumer safety.	39	90%	0.0%				No benchmarking analysis available				
Q# 12738 <i>Customer Safety Commitment</i>	My Manager is committed to doing everything they can to ensure consumer safety.	39	77%	5.1%	57%	19.6% Nov 2019 Better		No benchmarking analysis available				

The plan from here ...

A message from Lisa Gilmore

Executive Director, Surgery

Dear ICU team,

Today we met with the clinical leadership of ICU to talk through the recent staff survey results. It's been a tough couple of years with the pandemic, and ICU has had to step up and shoulder a heavy load on top of business as usual admissions. But even then, the survey results aren't good – it tells us we've got some work to do as a team to bring about real change.

Some of these results included:

- A decline from a culture of “reaction” to a culture of “blame” since the last big survey a few years ago
- Patient safety issues
- Limited management response to concerns of staff
- Lack of effective communication

Further, in some of the “Narrative” free text section, many of you raised issues such as:

- Toxic work environment
- Yelling, abusive and disrespectful behaviours, towards nurses and junior medical staff
- Poor or ineffective education and training
- Bullying, favouritism and discrimination

Shaping culture, and creating a great team environment to work in isn't easy. It takes a lot of work, and all of us have a role to play here. Your survey feedback provides an important starting point, and we thank you for being honest. We now ask for your help to turn this around.

Our first step is going to be a deep-dive into the team's culture – and we've asked for the assistance of Ms Barbara Deegan, former Commissioner of the Fair Work Commission, to come and speak with many of you. Many of the survey results express concerns relating to systems, processes, behaviours and education. By speaking directly to you, Barbara will be better placed to provide more detail, and help with some concrete actions to help shape a better culture.

If you've experienced or witnessed more concerning behaviours, such as those impacting patient or staff safety, yelling, verbal abuse, bullying and discrimination, we'd like to hear from you too. We've got a pretty clear organisational position on those sorts of behaviours – and to be honest, we'll never make this a great place to work so long as they exist in CHS. If needed, Barbara will be undertaking a Preliminary Assessment too.

While findings and recommendations will be communicated with the team, your conversations with Barbara remain confidential.

If you'd like to be involved in this process or have questions, please contact Jim Tosh [REDACTED] or jim.tosh@act.gov.au from People and Culture. The more of you who help share your frustrations and experiences, the better we can respond and start to improve.

Kind regards

Dave Peffer
CEO

Lisa Gilmore
Executive Director, Division of Surgery

From: Hawthorne, Erin (Health) on behalf of Gilmore, Lisa (Health)
Sent: Monday, 21 February 2022 10:03
Cc: Peffer, Dave (Health); Tosh, Jim (Health); Green, Sally (Health); DAmbrosio, Flavia (Health); Green, Margot (Health); Davis, Jillian (Health)
Subject: RE: Emailing: ICU Workplace Culture - Communications, WCL - ICU Culture Survey results
Attachments: ICU Workplace Culture - Communications.pdf; WCL - ICU Culture Survey results.pdf

OFFICIAL

Good morning all,

You will be aware, following communication to you on 28 January (see below and attached), that a review into ICU team culture has commenced.

Barbara Deegan has begun meeting with staff. Thank you to those staff who have already met with Barbara to share their experiences and ideas for change and improvement.

I am committed to improving our working environment and encourage you to share your ideas. Your input, ideas and experiences will inform Barbara's recommendations and give us the base from which to drive improvements.

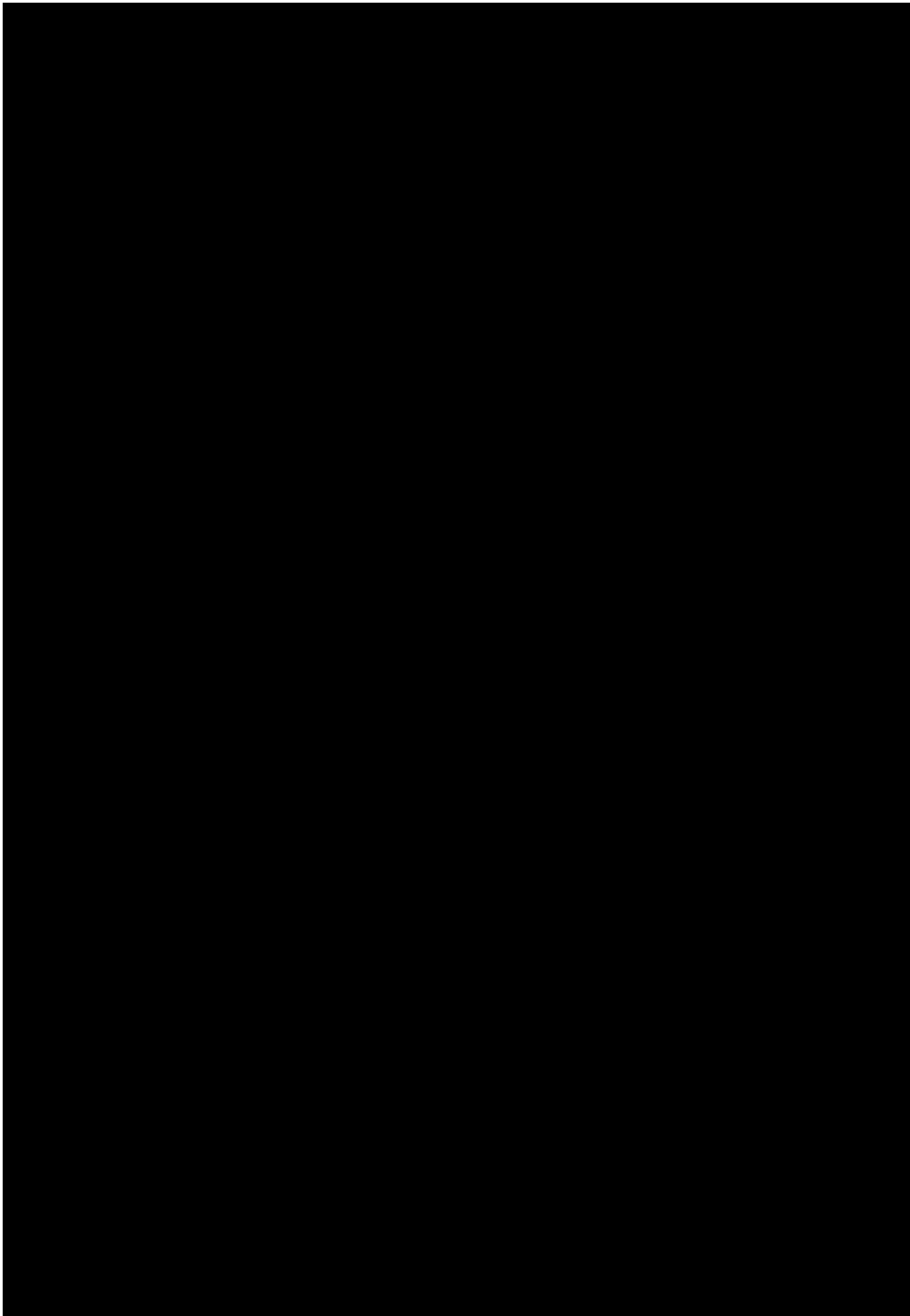
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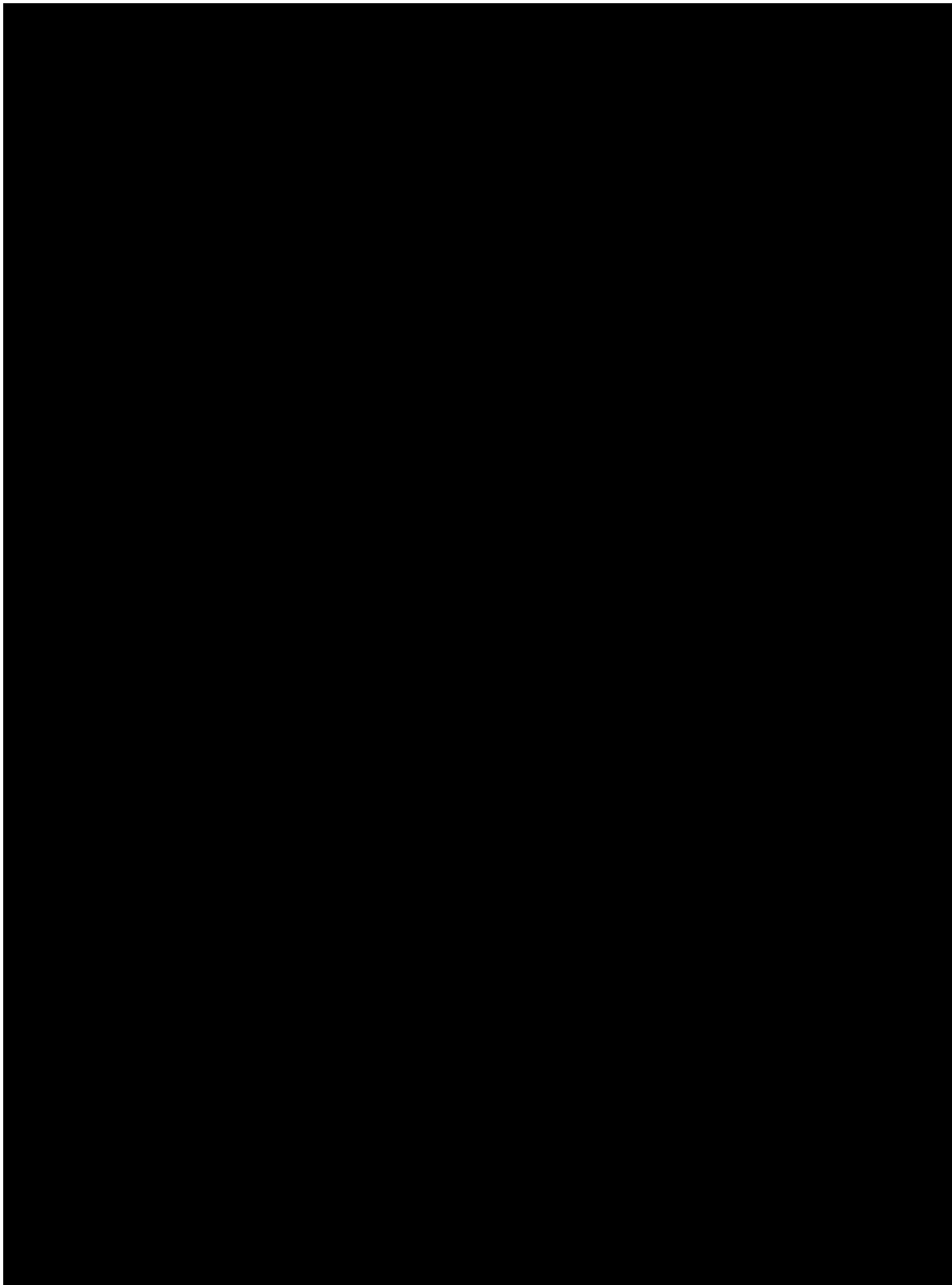
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Lisa Gilmore | Executive Director
Phone: 02 5124 3515 | Email: lisa.gilmore@act.gov.au Division of Surgery | Canberra Health Services | ACT
Government Building 28, Level 2, Canberra Hospital PO Box 11, Woden ACT 2606 | health.act.gov.au RELIABLE | PROGRESSIVE | RESPECTFUL | KIND







Subject: FW: Emailing: ICU Workplace Culture - Communications, WCL - ICU Culture Survey results

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Good afternoon all,

Earlier today, the CEO Dave Peffer and I spoke with the ICU Operational Leadership team regarding the latest ICU Workplace Culture Survey results.

Please find attached a slide pack with some pre-liminary results and some communication covering what was discussed today and next steps.

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I am looking forward to working together with you all as we strive to make ICU a truly great place to work.

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A message from Lisa Gilmore

Executive Director, Surgery

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Kind regards

Dave Peffer
CEO

Lisa Gilmore
Executive Director, Division of Surgery



ACT
Government

**Canberra Health
Services**

Workplace Culture Survey 2021
Checking our vitals

Presentation of results to ICU

Prepared by CHS Workplace Culture and Leadership

OUR TEAM'S RESPONSE RATE & DATA VOLUMES IN 2021

SURVEY CENSUS PERIOD: MONDAY, 1ST NOVEMBER TO MONDAY, 15TH NOVEMBER 2021

461



228
Surveys
Distributed



61
Respondents



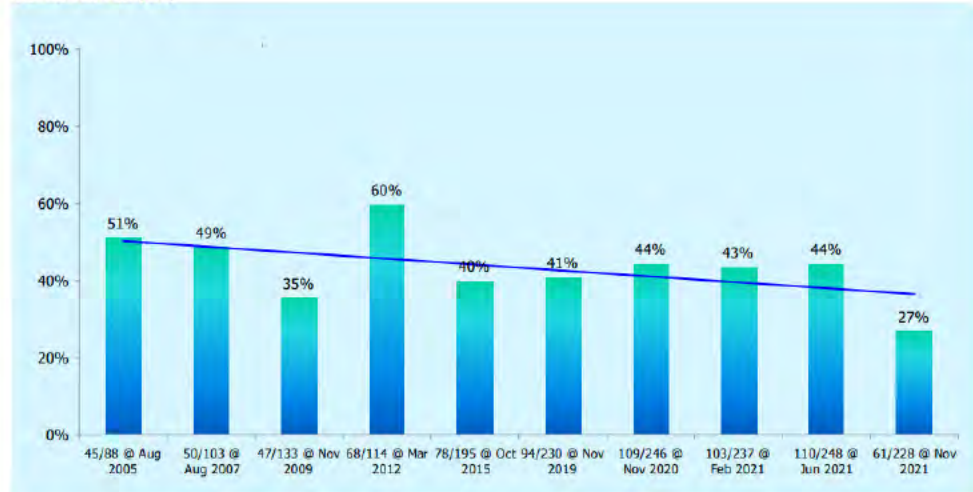
27%
Response
rate in 2021



381
narrative
comments

And our Response Rate between surveys

Intensive Care Unit (CHS)



WHERE IS ICU IN 2021?

Intensive Care Unit (CHS)

History for Type of Culture (where available)

%age Engaged + Swinging Voter + Disengaged with ToC

Nov 2021	25%	+ 40%	+ 35%	Blame
Jun 2021	30%	+ 40%	+ 31%	Reaction
Feb 2021	37%	+ 38%	+ 26%	Reaction
Nov 2020	37%	+ 41%	+ 22%	Reaction
Nov 2019	22%	+ 46%	+ 32%	Blame



A Culture of Blame

ENGAGEMENT

20%
30%

Employees are openly pessimistic about the future

It's common to hear:

- communication is poor
- there is no leadership
- morale is bad



Definitions: Day-to-day Work Frustrations

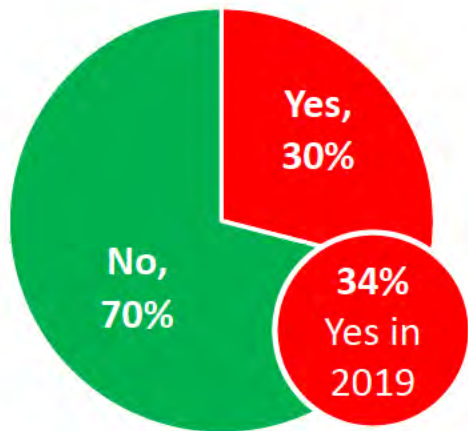
Poor executive management	Poor executive, senior or higher level management.
Unsuitable nursing	Nurses - the quality, competence or number of nursing staff.
Working with clients (-ve)	Negative experiences with the organisation's clients, whether they are called clients, customers, consumers, patients, residents, members, elders, students, individuals or the general public.
Problem avoidance	Avoiding or not addressing problems, issues or concerns.
Poor communication	Poor communication or lack of communication.
Unsuitable care	Poor or inadequate standard of care.
Lack of staff	Inadequate staffing levels, lack of staff, understaffed or short-staffed.
Poor management in general	Poor management or managers in general - does not specifically refer to workplace management or executive management.
Inadequate teamwork	Lack of teamwork or team spirit. Sense of divisiveness or disconnectedness from a team.
Lack of accountability	Neglects accountability, responsibility, delegation, taking ownership or appropriate reporting mechanisms.
Poor skills	Poor skills, experience or training.
Poor work spaces	Poor or cramped work spaces, building interiors or rooms.

ARE WE GETTING BETTER AT REDUCING UNREASONABLE BEHAVIORS? 464

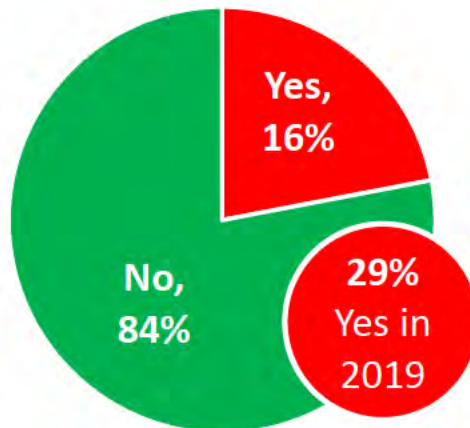


In the last 12 months, I have been subjected to...

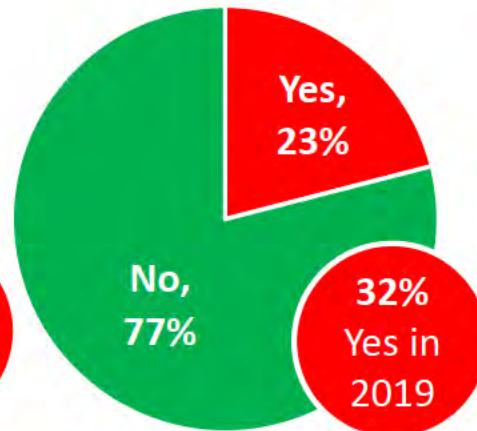
...Bullying
in the workplace
(n=43)



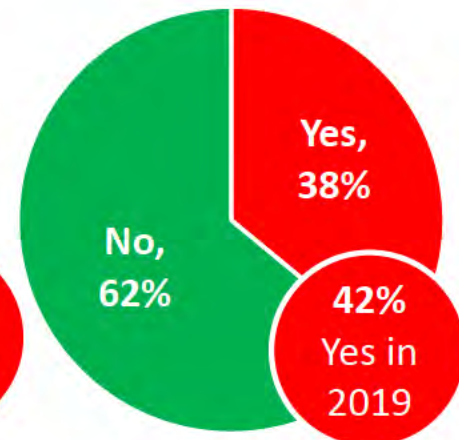
...Harassment
in the workplace
(n=43)



...Discrimination
in the workplace
(n=44)



...Favouritism
in the workplace
(n=42)



NB: A low 'yes' rating is a good outcome

ARE WE GETTING BETTER AT REDUCING UNREASONABLE BEHAVIORS?

465

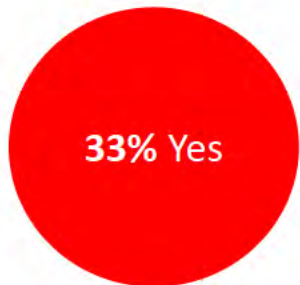


When I experienced bullying or harassment I ...

(n=43)

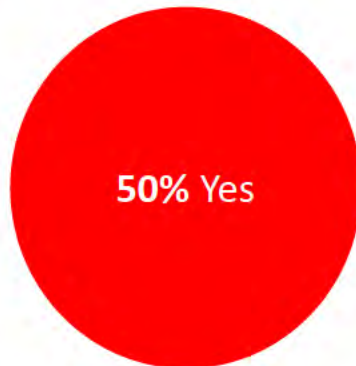
...reported this behaviour

(n=24)



...knew how to go about reporting this behaviour

(n=24)



...TRUSTED that the reported behaviour would be appropriately managed

(n=24)



ICU CONSUMER SAFETY

Our culture is impacting our vigilance, ability to learn and our reliability in relation to consumer safety

We are benchmarking well below other hospitals

BPA Analytics Scorecard				Your Ratings				Public Hospitals & Healthcare Services	
Intensive Care Unit (CHS)				... from this most recent survey (where n>=5)		... compared with the last survey's ratings (where n>=5)		466	
(*) = There is a 95% probability of correctly identifying this difference as statistically significant. *Equal* = There is not enough difference to be statistically significant (for this number of responses). Respondent Norms come from all respondents in a Partner Group, not just those eligible for setting Partner Norms.				% Yes or Agrees		Last Survey Rating		Long-Term Bell Curve Respondent Norm Partner Norm - last 3 years No of Respondents No of Partners Range from Worst to Best	
Below the Norm Near the Norm Above the Norm (n=)				%		%		VL L -A A A+ H VH	
Consumer Safety Measures - Preventative, Detective & Corrective									
Q# 6116	Commitment - People in my work unit are highly conscious of the potential for adverse consumer safety events.	39	82%	0.0%	74%	8.1%	Nov 2019 Equal	87%	88%
Q# 6117	Vigilance - People in my work unit report adverse consumer safety events and complaints quickly and openly.	39	69%	10.3%	58%	11.0%	Nov 2019 Equal	83%	84%
Q# 6120	Learning - People in my work unit treat consumer safety events as learning opportunities.	39	62%	7.7%	54%	7.1%	Nov 2019 Equal	79%	80%
Q# 11224	Reliability - People in my work unit always follow evidence, guidelines, standards, procedures and pathways no matter how difficult this might be.	39	59%	5.1%	57%	1.6%	Nov 2019 Equal	77%	76%
Q# 11225	Escalation - People in my work unit exercise good judgement about when to escalate a deterioration in a consumer's condition.	39	72%	2.6%	78%	-6.1%	Nov 2019 Equal	86%	86%
Q# 11226	Perseverance - People in my work unit will persevere in escalating concerns when they believe it's clinically appropriate.	39	67%	5.1%	78%	-11.3%	Nov 2019 Equal	85%	84%
Commitment to Consumer Safety									
Q# 30401	I am committed to doing everything I can to ensure consumer safety.	39	90%	0.0%				No benchmarking analysis available	
Q# 27738	My Manager is committed to doing everything they can to ensure consumer safety.	39	77%	5.1%	57%	19.6%	Nov 2019 Better	No benchmarking analysis available	



The plan from here ...

Subject: ICU Review
Location: Microsoft Teams Meeting

Start: Tue 22/02/2022 11:00
End: Wed 23/02/2022 12:00
Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Tosh, Jim (Health)
Required Attendees: 'Steve Ross'

Hi Steve,

As discussed, just placing in some time to discuss ICU.

I will send through some data from the staff survey, and run you through the presentation that Dave and Lisa gave to the leadership team.

Kind regards

Jim Tosh
Senior Director, Business Partnerships
People & Culture
Canberra Health Services | ACT Government

Phone: [REDACTED] | **Email:** jim.tosh@act.gov.au
Level 1 Building 23, Canberra Hospital
PO Box 11, WODEN ACT 2606

Reliable | Progressive | Respectful | Kind



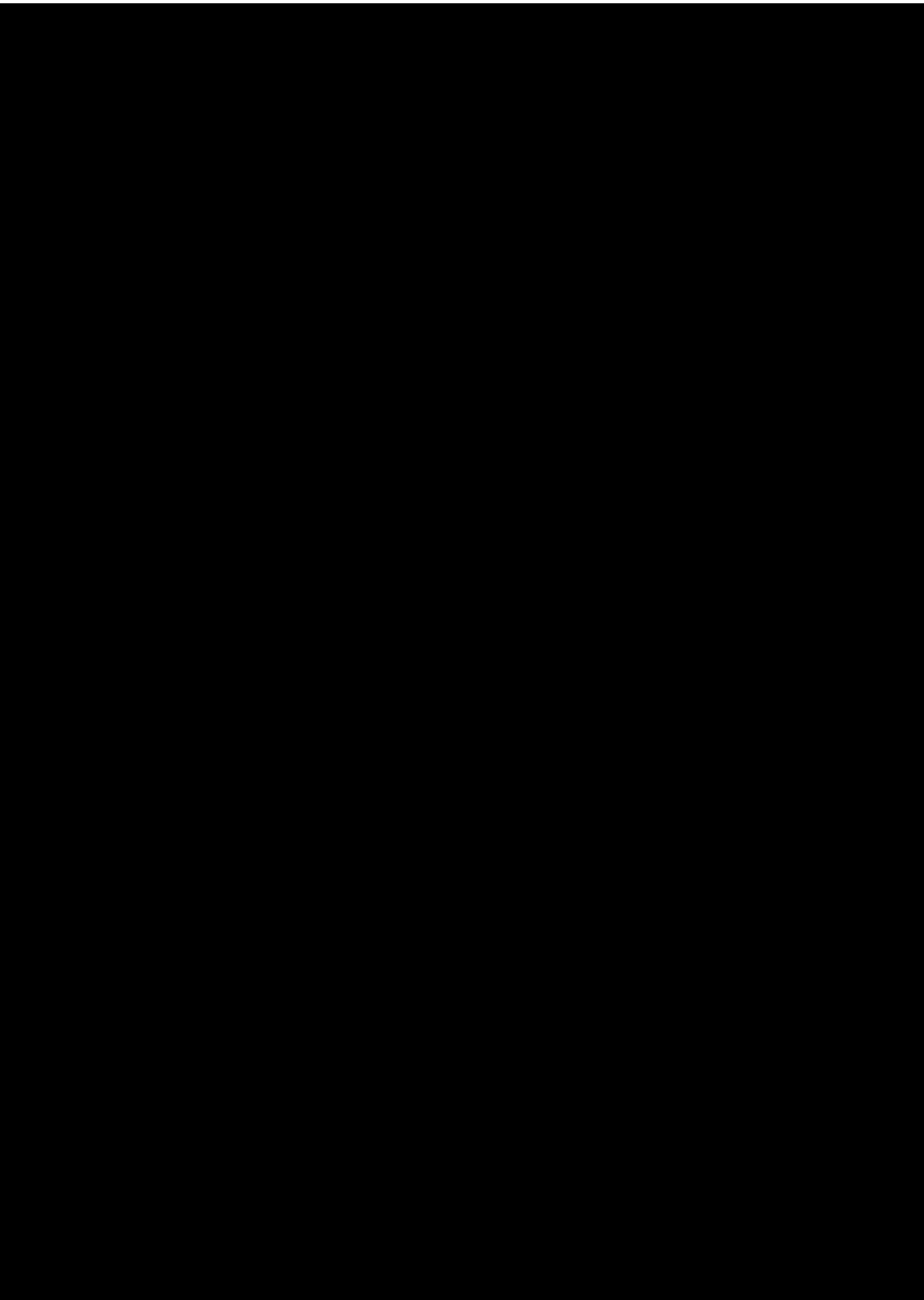
Microsoft Teams meeting

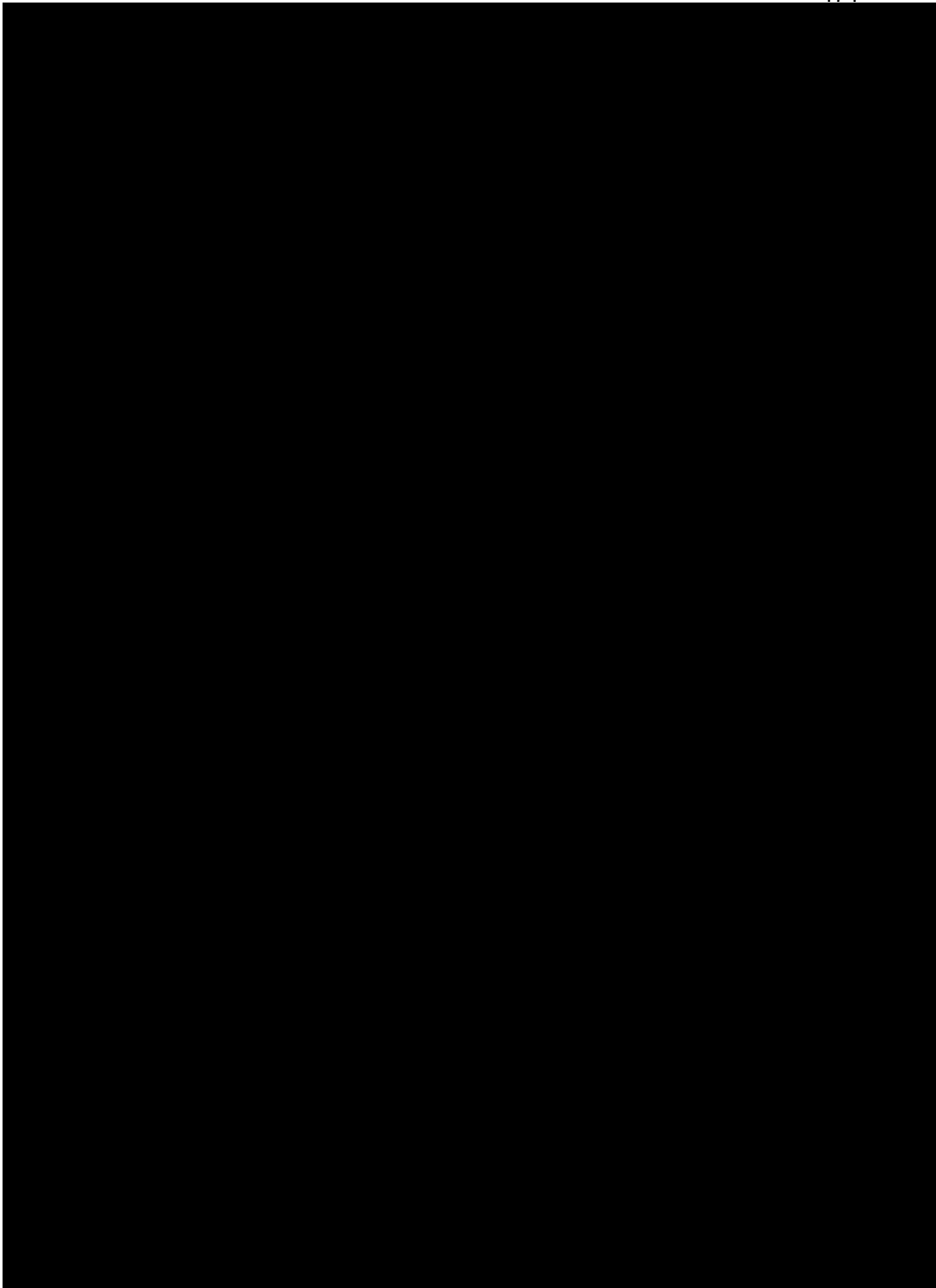
Join on your computer or mobile app

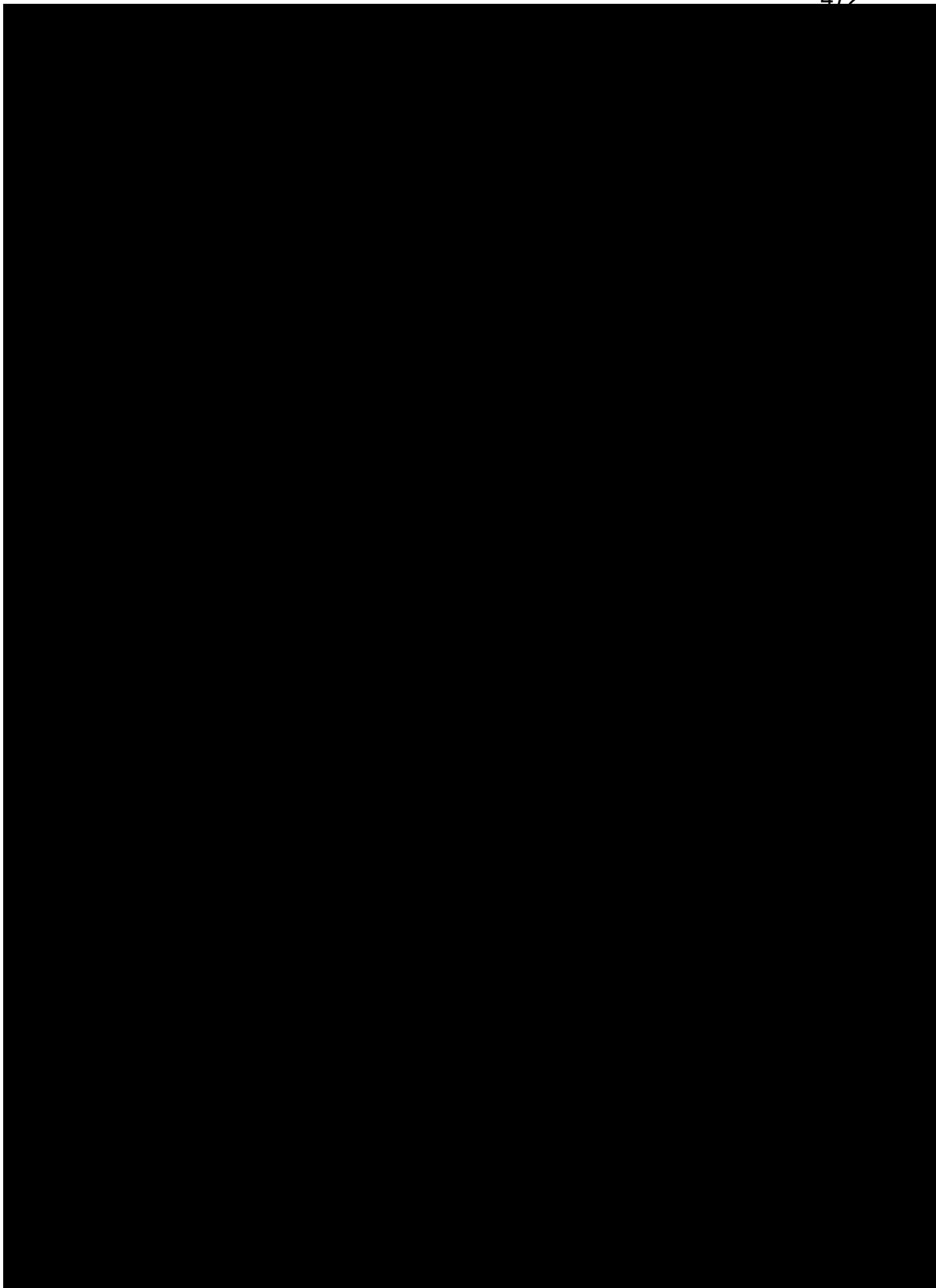
[Click here to join the meeting](#)



[Learn More](#) | [Help](#) | [Meeting options](#) | [Legal](#)







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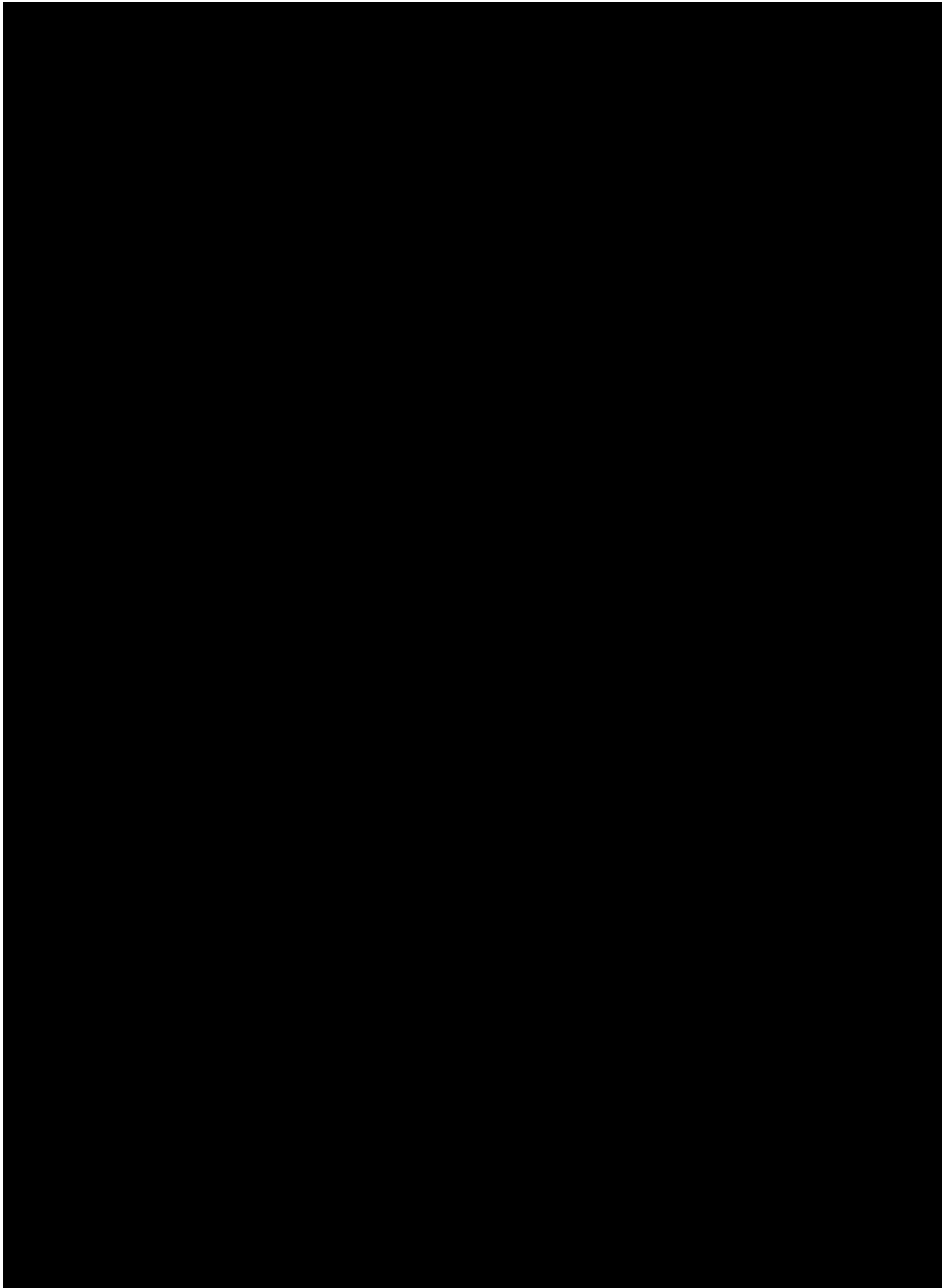
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-----Original Message-----

From: Gilmore, Lisa (Health)

Sent: Friday, 28 January 2022 1:12 PM





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