Bullying and Harassment in Healthcare Advisory Group

Final report to the Minister for Health and the Department of Health and Human Services

July 2017
Message from the Chair

Reducing inappropriate behaviour, including bullying, harassment and discrimination, in our healthcare services must be a major priority, and I am sure that I speak for all members of the Bullying and Harassment in Healthcare Advisory Group (the advisory group), when I say what a privilege it has been to be part of this process. We trust that the work of this group, which represents different parts of the health sector, will enable the Minister for Health and the Victorian Government to achieve this end.

The advisory group had a specific remit to consider different facets along the continuum of prevention to response, from an awareness campaign to an independent review process when systemic issues may exist.

As the advisory group worked through the different facets, the critical importance of leadership and efforts to build a positive workplace culture and prevent issues of inappropriate behaviour, including bullying, harassment and discrimination were evident.

The initiatives presented in this report will not have the system-wide impact of addressing inappropriate behaviour if considered individually. Their interconnected design is to address the full spectrum of the continuum.

However, the advisory group did not reach consensus on all facets of the work. Of particular note, not all members had full confidence in the scope and function of the independent facilitator, with questions remaining on the true nature of the independence of this role and the lack of an investigative function.

As you read this report you will see the recommendations of the advisory group revolve around the need to improve:

• awareness of appropriate workplace behaviours
• the consistency at which organisations identify risk and prevent and respond to inappropriate behaviours
• the capability of healthcare leaders and workers
• reporting of bullying, harassment and discrimination and supports for workers
• opportunities to share learnings, best practice and innovations
• accountability of healthcare leaders to act to prevent and respond to risks to organisational culture, including inappropriate behaviours.

The advisory group recommends the Department of Health and Human Services (the department) concentrate its effort on promoting positive workplace cultures across the health system through a multifaceted approach.

This approach will focus on:

• setting expectations for acceptable behaviour
• creating a culture that promotes positive working relationships and supports individuals to speak up when values are not upheld
• strengthening leadership and accountability
• preventing bullying, harassment and discrimination by improving engagement, respect and communication
• improving the way the healthcare sector prevents, responds and learns from incidents of bullying, harassment and discrimination.
The advisory group also recommends that appropriate resources are made available to implement the full suite of initiatives outlined in this report.

The advisory group’s recommendations set a clear direction along with practical actions for the department and health services to better support the necessary changes to improve the culture and the prevention and response to inappropriate behaviour and encourage the sector to work together to improve the health and wellbeing of healthcare workers in Victoria.

We thank the Minister for Health for her commitment and for affording this group the opportunity to make our health services in Victoria safe and productive places that serve the needs of all Victorians.

Dr Helen Szoke

Chief Executive, Oxfam
Acknowledgements

As Chair I would like to thank all members of the Bullying and Harassment in Healthcare Advisory Group for the role they played in bringing together their considerable knowledge, wealth of experience, and expert advice that led to the development of key recommendations contained within this report. Without their time and generous input this would not have been possible.

- Dr Lorraine Baker, President, Australian Medical Association Victoria
- Mr Graeme Campbell, Vice-President, Royal Australasian College of Surgeons
- Ms Kathy Chrisfield, Occupational Health and Safety Unit Coordinator, Australian Nursing and Midwifery Federation, Victorian Branch
- Ms Bridgid Connors, Executive Director, People and Culture, Melbourne Health
- Ms Simone Corin, Director Policy and Planning, Department of Health and Human Services
- Mr Andrew Davies, General Manager, Service Delivery, Victorian Managed Insurance Authority
- Mr David Eden, Assistant Secretary, Health Workers Union
- Ms Denise Ferrier, Acting Director, Policy and Planning, Department of Health and Human Services (February–April)
- Mr Paul Healey, Assistant State Secretary, Health and Community Services Union, Victorian Branch
- Professor Judith Savige, Chair, Victorian State Committee, Royal Australasian College of Physicians
- Mr Luke Smeaton, Industrial Organiser, Victorian Allied Health Professionals Association
- Ms Linda Timothy, Executive Director, External Affairs, WorkSafe Victoria
- Mr Damian West, Deputy Commissioner, Victorian Public Sector Commission
- Ms Sue Williams, Chief Executive Officer, Peninsula Health
- Associate Professor Andrew Wilson, Chief Medical Officer, Safer Care Victoria (previously Department of Health and Human Services)

I am particularly grateful for the assistance given to me by the department who provided the secretariat services for the group.
The Bullying and Harassment in Healthcare Advisory Group (advisory group) was established by the Minister for Health in June 2016 with Dr Helen Szoke, Chief Executive, Oxfam, as the Chair. The role of the advisory group was to support the implementation of the Department of Health and Human Services (the department) strategy, *Our pathway to change: eliminating bullying and harassment in healthcare*, and to make recommendations to the Minister for Health on opportunities to prevent, respond to and manage incidents of inappropriate behaviour, including bullying, harassment and discrimination, in the health sector.

The advisory group met six times and was specifically tasked with providing advice to the department on a system-wide approach for the prevention, early intervention and response to inappropriate behaviour including bullying, harassment and discrimination within the health sector. The advisory group was also tasked with advising on options to support independent complaints processes, minimum standards of training, the development of system-wide indicators, and an approach to collecting and disseminating information at an organisational and system level.

Discussions also considered the Victorian Auditor-General’s report, *Bullying and harassment in the health sector*, relevant research and employer and employee perspectives. The advisory group also examined existing strategies and initiatives, both within the health sector and other industries, such as the Department of Environment, Land, Water and Planning, Department of Defence and Victoria Police.

As a result, the advisory group has arrived at findings and recommendations to reduce inappropriate behaviour, including bullying, harassment and discrimination. The advisory group strongly believes that change will occur through an integrated, comprehensive and collaborative approach that focuses on supporting and building positive workplace culture across the health system. Workplace culture change can only be achieved by raising awareness of the issue, building the knowledge, skill and competency to respond, and building the capability of our health services to appropriately act to prevent and manage incidents.

As with any culture change, leadership and accountability will be critical in determining success.

The advisory group makes the following recommendations:

**Initiative 1: Awareness campaign**

- Research by the department and organisations such as WorkSafe Victoria informs the development and implementation of a targeted awareness campaign.
- Explore opportunities to partner with existing campaigns that focus on acceptable workplace behaviours and the prevention, early intervention and management of bullying, harassment and discrimination.
**Initiative 2: Pledge and organisational framework**

- Establish a template that health services can use to develop local pledges at different levels of the organisation, to promote a commitment to prevent and respond to inappropriate behaviour, and focus on creating a positive workplace culture.
- Establish an organisational framework to support early identification of the risks of inappropriate behaviour, including bullying, harassment and discrimination, and identify control measures to prevent, minimise and respond to these risks.

**Initiative 3: Learning and development**

- Develop best practice guiding principles, including specific requirements to be covered under each principle.
- Review a number of existing training programs against these principles and requirements, and make the results available to health services.
- Develop tools and links to useful resources, to help health services enhance their local training programs. The tools should include scenarios that provide practical demonstrations of the guiding principles.

**Initiative 4: Lead and lag indicators**

- Develop a set of indicators that are collectively used by health service boards and the department to benchmark positive culture and monitor and reduce the risk of inappropriate behaviour, including bullying, harassment and discrimination.
- The department continues to work collaboratively with relevant agencies to seek agreement on the use of a consistent definition of bullying, harassment and discrimination.

**Initiative 5: Strengthening grievance processes and support**

- Develop a set of standardised guidance.
- Establish an independent facilitator role as a two-year pilot with full evaluation to be undertaken.
- Strengthen existing independent mechanisms for complaint lodgement, investigation, and resolution.
- Explore the need and feasibility of an independent role with authority to investigate and resolve individual complaints.

**Initiative 6: Expert review appointment**

- The department clearly articulates to the health sector the process for engagement of an expert from the panel of independent experts to review health services’ workplace culture and management of inappropriate behaviour and provide support to make improvements where issues remain unresolved.
Background

At the request of the Minister for Health, the Victorian Auditor-General investigated the nature and extent of bullying, harassment and discrimination within Victoria’s public hospitals. The Victorian Auditor-General’s March 2016 report *Bullying and harassment in the health sector*, found that the audited health services:

- placed insufficient priority on identifying and understanding the risk of bullying, harassment and discrimination
- showed inadequate leadership, oversight and accountability for managing bullying and harassment risk
- experienced widespread under-reporting of inappropriate behaviour
- had inadequate policies, procedures, training and education
- were ineffective in the management of formal complaints
- had ineffective early intervention strategies.

The audit also found that the department, WorkSafe Victoria and the Victorian Public Sector Commission do not provide adequate guidance and assistance to the health sector, and do not exchange information to support health service leadership to reduce the risks of bullying, harassment and discrimination. The report identified an urgent need for stronger sector-wide collaboration to develop evidence-based, best practice guidance and programs tailored to the health sector.

These findings are consistent with findings of previous reports and surveys, including those undertaken by the Royal Australasian College of Surgeons and Monash University's survey of members of the Australian Nursing and Midwifery Federation (Victorian Branch), showing there is a significant problem within the health sector.

The strategy

The department’s strategy *Our pathway to change: eliminating bullying and harassment in healthcare* (the strategy), released in April 2016, recognises the importance of actively driving cultural change from a system perspective as well as at the local service level. Shifting deeply ingrained cultural and behavioural norms across the many diverse organisations that comprise the health system will require coordinated and sustained effort.

The strategy’s three priority areas are:

- leadership and accountability
- building sector capability
- creating a positive environment that supports both patient and staff safety.

The advisory group

The advisory group was established in June 2016. It was time limited, and chaired by Dr Helen Szoke, Chief Executive, Oxfam Australia. It included representatives from the department, WorkSafe Victoria, public hospitals, the Victorian Public Sector Commission, medical colleges, professional associations, unions, and the Victorian Managed Insurance Authority.
The specific remit of the advisory group was to provide advice to the department on:

- the development of a system-wide approach for the prevention and management of bullying, harassment and discrimination in healthcare
- options for an independent bullying, harassment and discrimination complaints process
- minimum standard training for the health sector on bullying, harassment and discrimination
- the development of system-wide indicators and the approach to collecting and disseminating information at an organisational and system level.

Figure one highlights the continuum of work the advisory group considered.

The suite of six initiatives will combine together with work currently underway by the department to produce a unified and multifaceted approach to address the components of the strategy.

**Figure 1: The intervention continuum – addressing bullying, harassment and discrimination in Victorian public hospitals**

The advisory group focused on healthcare settings in public health services, however the recommendations are relevant to broader health sector organisations. The advisory group also acknowledges that much work has already been done by the health sector, key health profession bodies, unions and other industries to improve workplace culture. It is this work that the advisory group spent time understanding, and, where appropriate, leveraging, to support the development of their recommendations.

The advisory group is committed to progressing practical and implementable actions that build a positive workplace culture. This includes identifying opportunities to share knowledge and success via broader public sector alignment with key agencies and networks, including the Public Sector Occupational Health and Safety Leadership Group and Safer Care Victoria.
Challenges

Throughout the series of meetings, the advisory group identified key challenges, including the:

• long-term nature of workplace culture change versus the imperatives of the sector
• complexity of the system, with multiple agencies having varying roles and responsibilities
• risk of duplicating effort, where organisations are developing local solutions in isolation
• different levels of organisational capability in proactively responding to risks and incidents
• requirement for additional resources to support the implementation of some of the recommendations.

In addition to these challenges, a number of issues were raised during the meetings that sit outside the remit of the advisory group. These issues, however, should be considered in the context of the department’s broader work and role in this area. They include:

• undertaking research regarding the impacts of behaviour on patient safety
• options to address concerns regarding individuals who have been the perpetrator of a substantiated claim
• considering the impact of gender, hierarchy and power when considering future directions
• the role of the department in developing guidance on legal obligations and sharing of information
• the need to understand the distinction between higher level charter versus a code for sector employees.

The advisory group acknowledges that these issues require further engagement and consultation with key stakeholders and broader department involvement in order to fully consider the issues and identify opportunities. The advisory group recommends that the department undertake further work with stakeholders and report back to the Minister for Health on recommended approaches to address the identified challenges.
Suite of initiatives

Workplace culture change depends on the presence of enablers including strong leadership and management commitment and accountability, organisational readiness, motivation and capability, and flexible and accessible activities to build worker engagement, knowledge and skills.

Sustained and transformative culture change requires long-term commitment. It also needs the active engagement of workers at all levels within healthcare organisations, and a strong commitment by key influential change champions. In addition, organisations also need appropriate tools and resources to support the design and implementation of targeted strategies and initiatives that are specifically aimed at shifting the culture.

To ensure that organisations are well placed to build positive workplace cultures, the advisory group developed a suite of initiatives that focus on prevention, early intervention and response, as highlighted in the intervention continuum (see Figure 1). The design of the initiatives supports implementation over the immediate, medium and longer term to ensure actions are sustainable.

Initiative 1: Awareness campaign

The advisory group emphasises the importance of preventive strategies and creating a positive workplace culture to address an entrenched, industry-wide problem. Currently there are neither communication materials specific to the health sector that increase awareness of appropriate and acceptable workplace behaviours, nor the supports available for addressing inappropriate behaviour, including bullying, harassment and discrimination.

The advisory group recommends the department engage with other organisations to undertake research and implement a targeted campaign to increase awareness, and change attitudes and behaviours across the sector. This will ensure there is clear and consistent messaging across the health sector on acceptable workplace behaviours, and the actions and lines of responsibility needed to address instances where these behaviours are not upheld.

The advisory group recognises the value of leveraging the good work of organisations such as the Royal Australasian College of Surgeons, the Australian Medical Association Victoria, the Australian Nursing and Midwifery Federation (Victorian Branch), and the Australian Defence Force to increase the profile and awareness of the issue. The advisory group therefore recommends the department explore partnership opportunities on existing awareness campaigns to support the integration of tools and resources that can be used across the health sector.

Recommended actions

- Research by the department and organisations such as WorkSafe Victoria informs the development and implementation of a targeted awareness campaign.
- Explore opportunities to partner with existing campaigns that focus on acceptable workplace behaviours and the prevention, early intervention and management of bullying, harassment and discrimination.
Initiative 2: Pledge and organisational framework

The advisory group strongly believes that leadership and accountability are critical to changing culture across the health sector. To assist health service leaders to make a commitment and act to implement strategies to build a respectful workplace culture, the advisory group has considered support materials such as a model pledge and organisational framework.

To support an organisational commitment and approach to prevent and reduce inappropriate behaviour, including bullying, harassment and discrimination, the advisory group recommends the department develop a pledge template and organisational framework to be made available to health services.

This will ensure health services have:

- an opportunity to make a public commitment to preventing, minimising and responding to the risk of inappropriate behaviour, including bullying, harassment and discrimination and create action plans and activities that practically demonstrate the commitment
- appropriate guidance in taking an organisation-wide approach in prevention, early identification and response to inappropriate behaviour, including bullying, harassment and discrimination.

Recommended actions

- Establish a template that health services can use to develop local pledges at different levels of the organisation, to promote a commitment to prevent and respond to inappropriate behaviour, and focus on creating a positive workplace culture.
- Establish an organisational framework to support early identification of the risks of inappropriate behaviour, including bullying, harassment and discrimination, and identify control measures to prevent, minimise and respond to these risks.
Initiative 3: Learning and development

Current training to help prevent bullying, harassment and discrimination in health services is ineffective because it is superficial, ad hoc, largely not mandatory, variable across the sector and not evaluated for effectiveness. It also doesn’t focus on building important skills that contribute to a positive organisational culture such as leadership and communication skills and understanding of acceptable and unacceptable workplace behaviours.

The advisory group recommends the department establish a standard set of principles and requirements to provide a consistent minimum standard for training to prevent and minimise inappropriate behaviour, including bullying, harassment and discrimination. This will ensure there is a consistent minimum standard of training across the health sector, will raise awareness and increase knowledge and skills, such as those required by managers, as well as supporting culture change, promoting positive workplace behaviours and calling out inappropriate behaviour.

Recommended actions

- Develop best practice guiding principles, including specific requirements to be covered under each principle.
- Review a number of existing training programs against these principles and requirements, and make the results available to health services.
- Develop tools and links to useful resources, to help health services enhance their local training programs. The tools should include scenarios that provide practical demonstrations of the guiding principles.
Initiative 4: Lead and lag indicators

Currently there is no agreed minimum set of indicators that health services should collect and report to their boards and the department about the risk of inappropriate behaviour, including bullying, harassment and discrimination. Often the indicators that health services use are lag indicators which do not provide information on how they are responding to complaints when they are received.

Collecting good data means leadership teams can respond effectively to inappropriate behaviour or determine if they are reducing the risk of it occurring. Additionally, information reported to boards should identify or quantify the causes, prevalence and impact of bullying, harassment and discrimination.

By understanding and integrating indicators and collecting richer data on the complaints process, healthcare organisations can determine the prevalence and impact of bullying, harassment and discrimination.

The advisory group recommends the department develop and promote a set of indicators that should be used both by health service boards and the department to benchmark positive culture and monitor and reduce the risk of inappropriate behaviour, including bullying, harassment and discrimination.

Recommended actions

- Develop a set of indicators that are collectively used by health service boards and the department to benchmark positive culture and monitor and reduce the risk of inappropriate behaviour, including bullying, harassment and discrimination.
- The department continues to work collaboratively with relevant agencies to seek agreement on the use of a consistent definition of bullying, harassment and discrimination.
Initiative 5: Strengthening grievance processes and support

The current complaints management processes across the health sector are variable, often poorly managed and not trusted, which has resulted in under-reporting of inappropriate behaviour.

In particular, the advisory group acknowledges the fear of staff of perceived repercussions for raising issues or making formal complaints. There are significant gaps in policies and procedures, including avenues of support available to staff, and thresholds for when an investigation is required or the circumstances under which an investigation should be undertaken by an external party.

The advisory group recommends the department develop best practice guidance to help standardise the way health services manage staff concerns and complaints. The guidance should include:

- model policies and procedures
- clear criteria for instigating an independent investigation of a complaint
- minimum standards for how investigations are undertaken
- advice on systems health services should have in place to manage complaints and reports of inappropriate behaviour
- minimum feedback and reporting requirements that support prevention of inappropriate behaviour and the creation of a positive workplace culture.

The advisory group did not reach full consensus on the role and scope of the independent facilitator, however it recommends the department establish and trial independent facilitator roles to improve support to health sector staff to navigate the existing independent complaints processes and provide an independent avenue for support.

The facilitator should offer staff:

- a confidential service that helps to clarify issues and prioritise concerns
- access to information, resources and tools, and advice about the options available that best meet an individual’s needs
- preferences in managing their complaint, and facilitate improved access to independent complaints processes.

The independent facilitator role should be routinely monitored every six months and evaluated for effectiveness of the defined scope of support. The evaluation should also determine if the role should be expanded to include an investigative function that would complement existing investigation roles, such as those provided by WorkSafe Victoria.

**Recommended actions**

- Develop a set of standardised guidance.
- Establish an independent facilitator role as a two-year pilot with full evaluation to be undertaken.
- Strengthen existing independent mechanisms for complaint lodgement, investigation, and resolution.
- Explore the need and feasibility of an independent role with authority to investigate and resolve individual complaints.
Initiative 6: Expert review appointment

Reviews of health service workplace culture have been undertaken using various processes, depending on the circumstances, capabilities within the health service, and the involvement of other agencies, such as WorkSafe Victoria.

In line with the Minister’s commitment in April 2016, an independent expert can be appointed to assist health services requiring a greater need for support in improving their workplace culture.

The advisory group recommends that the department clearly articulates, with the health sector, the monitoring and escalation practices in relation to reviewing health services’ organisational culture.

It is recommended that a member of the independent panel will be appointed to review a health service’s workplace culture and management of inappropriate behaviour, and will provide support to make improvements, where issues remain unresolved. The process should provide independent assessment, advice and support to the health service to improve prevention, early intervention and response strategies. It should also establish a clear action plan to be overseen by the health service board and department.

The department will monitor the implementation of recommendations from the review through the performance monitoring process. Where there is evidence that implementation of the recommendations has not occurred or improvements are not evident, the department may seek further advice from an expert panel member.

The process will provide the department with a way to review and improve consistency in health service management of inappropriate workplace behaviour, including the risk of bullying, harassment and discrimination.

The recommendation supports health services, in their role as the employer, to be the first initiator of a local review addressing workplace culture. Health services will have access to the independent expert panel or identify an alternative reviewer who can provide the appropriate skills based on the scope of work required.

Recommended action:

- The department clearly articulates to the health sector the process for engagement of an expert from the panel of independent experts to review health services’ workplace culture and management of inappropriate behaviour, and provide support to make improvements where issues remain unresolved.
Appendix 1: proposition sequences
Aim: To build positive workplace cultures within Victorian health services and prevent and manage bullying, harassment and discrimination.

**Prevention**

1. **Awareness campaign**
   - Research, develop and implement a sector awareness campaign
   - Partner with other organisations on campaigns

2. **Pledge and organisational framework**
   - Model pledge template for health services
   - Organisational framework for building a positive workplace culture

**Early intervention**

3. **Learning and development**
   - Best practice principles for learning and development
   - Review existing training programs
   - Training tools and resources

4. **Indicators**
   - Lead and lag indicators for health services and department

**Response**

5. **Strengthening grievance processes and support**
   - Guidance on independent investigations
   - Independent facilitator trial
   - Strengthen existing mechanisms
   - Feasibility of a central investigation role

6. **Expert review appointment**
   - Independent expert panel to review health service culture and development improvement plans
   - Department monitoring

**Expected outcomes**

- Increased awareness of acceptable workplace behaviours
- Increased knowledge about how to raise concerns
- Improved organisational response to prevention and management
- Improved ability to identify, investigate and intervene in areas of concern
- Improved staff skills in critical conversations
- Health services have effective controls in place for managing complaints
- Improved leadership capability and accountability
- Improved workplace culture
Proposed approach

1. **Awareness campaign**
   - Issue: There is a lack of consistent messaging about workplace behaviours in the healthcare sector.
   - **Engage with organisations to undertake research for a targeted awareness campaign**
   - **Undertake research**
   - **Identify existing campaigns**
   - **Explore opportunities to partner on existing awareness campaigns**

2. **Expected outcomes**
   - **Increased awareness of acceptable workplace behaviours**
   - **Increased awareness of the impact of negative workplace behaviours**
   - **Consistent set of messages across the healthcare sector**
   - **Increase in positive and respectful workplace behaviours**

3. **Awareness campaign**
   - **Implement awareness campaign**
   - **Evaluate impact of campaign**
   - **Develop campaigns with partners**
   - **Explore opportunities for partnership and collaboration**
2 Pledge and organisational framework

Issue: There is a lack of guidance to help health services prevent and address inappropriate behaviour.

Proposed approach

Develop a model pledge template to build positive workplaces and help health services prevent inappropriate behaviour

- Develop model pledge template
- Health services adapt the pledge to local needs
- Health services use pledge to publicly build commitment to positive workplaces

Develop best practice guidance to support health services build positive workplace culture

- Safe systems of work
- Identify, understand and manage risk
- Diversity and inclusion
- People management
- Leadership commitment and accountability
- Productive and respectful workplace relationships
- A learning culture

Expected outcomes

- Increased knowledge about how to raise concerns
- Improved ability to identify, investigate and intervene in areas of concern
- Improved positive workplace culture
- Health services have effective controls in place to manage complaints and create and maintain a positive workplace culture
3 Learning and development

Issue: The current approach to learning and development is ineffective.

Proposed approach

Develop best practice guiding principles for learning and development

- Develop best practice guiding principles
- The principles are applied by all health services
- The principles apply to all workplace culture development programs and modes of training

Review existing training programs

- Review a sample of existing training programs against principles and share results with health services
- Health services assess against their own training to gauge equivalency
- Health services use as a basis for recognition of prior learning

Develop tools and links to useful resources

- Tools and links to resources provided for use by health services
- Resources include scenarios showing practical application of the guiding principles
- Health services use the links and resources to enhance their own training programs

Expected outcomes

- Improved positive workplace culture
- Improved consistency of training programs
- Improved leadership capability
- Increased awareness of acceptable workplace behaviours
- Improved staff skills in critical conversations
Issue: There is no agreed minimum set of indicators that health services should collect and report on to their boards and the department.

Proposed approach

Establish a minimum dataset for use across health services and the department

Indicators include measures and information recommended for public sector organisations by the Public Sector Occupational Health and Safety Improvement Interdepartmental Committee

- Policies
- Claims
- OHS

- Staff turnover and absenteeism rates
- Training participation rates
- Patient perceptions and experiences
- Staff perceptions and experiences
- Complaints and investigations
- Organisational culture agenda for boards

Expected outcomes

- A minimum data set, incorporating both leading and lagging indicators which in year one will provide a baseline
- Improved ability to identify, investigate and intervene in areas of concern
- Additional information to feed into the department's performance monitoring framework and processes
- An additional source of information for identifying trends and learnings
- The department and health services have a better understanding of bullying, harassment and discrimination risk to enable a preventative risk management approach to be adopted
**Proposed approach**

**Develop best practice guidance to support independent investigation of complaints**

Best practice guidance includes the following:
- Model policies and procedures
- Clear criteria for instigating an independent investigation
- Minimum standards for how investigations are done
- Advice on systems health services should have in place
- Minimum feedback and reporting requirements

**Establish an independent facilitator role**

The facilitator offers a confidential service to staff including:
- Clarifying and prioritising issues
- Providing access to resources and tools
- Advising about available options
- Acting as an intermediary
- Helping staff members evaluate pathways

Facilitators are accessible:
- Consistent management of complaints
- Increased knowledge about how to raise concerns
- Access to independent, confidential support

**Strengthen existing mechanisms for complaints management**

The department works with WorkSafe Victoria, the Fair Work Commission and the Victorian Equal Opportunity and Human Rights Commission, to strengthen existing complaint, investigation and resolution processes.

In the longer term, the department undertakes an evaluation of the need for, and feasibility of, an independent role with the authority to accept, investigate and seek resolution of complaints.
Proposed approach

**Identification**
Systemic workplace culture issues are identified

**Department checks**
Has an independent organisational review or WorkSafe investigation taken place?

**Action**
The health service implements actions and recommendations from the investigation or review

**Monitoring**
Actions and recommendations feed into the performance monitoring process

**Expert appointment**
If issues remain, department appoints an independent expert to conduct an organisational culture review

**Assurance**
Department holds the health service to account for implementing the resulting action plan

Expected outcomes

- Health services have effective controls in place to manage complaints and create and maintain a positive workplace culture
- Clear process for appointment of an independent expert panel member
- Additional information to feed into the department's performance monitoring framework and processes
- An additional source of information for identifying trends and learnings

Issue: Management of inappropriate behaviour is inadequate in many health services.