Guide to implementing the *Framework for promoting a positive workplace culture: preventing bullying, harassment and discrimination*
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Background

The health, safety and wellbeing of Victorian public health service staff is a high priority for the Victorian Government and the Department of Health and Human Services (the department). The sustainability of our health system, the quality of care provided and patient outcomes depend on high-functioning teams and a positive workplace culture.

The Victorian Auditor-General’s March 2016 report *Bullying and harassment in the health sector* considered the nature and extent of bullying and harassment in Victoria’s public hospitals. The report identified ineffective and inconsistent management of bullying and harassment across the public hospital system. The Auditor-General’s findings were consistent with previous reports, confirming that there is a significant problem within the health sector.

The department’s strategy *Our pathway to change: eliminating bullying and harassment in healthcare* (the strategy) was released in April 2016. The strategy aims to drive a consistent approach to cultural change by focusing on leadership and accountability, building the capability of the sector and creating a positive environment that supports both patient and staff safety.

The Bullying and Harassment in Healthcare Advisory Group (the group) was established in June 2016 to advise on implementation of the strategy, and to recommend opportunities to prevent and manage incidents of inappropriate behaviour, including bullying, harassment and discrimination. The group 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 group recommended several initiatives, including the development of an organisational framework for health services.

Shifting deeply ingrained cultural and behavioural norms across the many organisations that comprise our health system will require coordinated and sustained effort – however, the likely pay-offs for organisations include improved performance, a higher standard of service delivery, and increased capacity to manage risk and uncertainty.1 The *Framework for promoting a positive workplace culture: preventing bullying, harassment and discrimination* therefore focuses on building a positive culture within organisations and better workplace experiences for everyone, and promotes a consistent approach to the prevention and management of inappropriate behaviour.

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Definitions

Positive workplace culture in this framework means a workplace culture that is respectful and safe, and where everyone treats each other fairly and reasonably.

Bullying is defined by WorkSafe Victoria as repeated, unreasonable behaviour directed toward a worker, or group of workers, that creates a risk to health and safety.

Discrimination happens when a person, or a group of people, is treated less favourably than another person or group because of their background or a personal characteristic protected by law. This is known as ‘direct discrimination’. It is also discrimination when an unreasonable rule or policy applies to everyone but actually disadvantages some people unfairly because of a personal characteristic they share. This is known as ‘indirect discrimination’. Legislation in Australia at both federal and state levels prohibits both direct and indirect discrimination in the workplace, and outlines the personal characteristics protected by law. Protected characteristics include race, sex, pregnancy, marital status, breastfeeding, age, disability, sexual orientation, gender identity and intersex status.

Harassment includes behaviour such as telling insulting jokes about particular racial groups, displaying racially offensive or pornographic posters or screen savers, making derogatory comments about someone’s race, making humiliating comments about a person’s disability, or asking intrusive questions about someone’s personal life. Harassment can be against the law when it is discriminatory (discrimination), when it includes conduct of a sexual nature (sexual harassment) or when it causes a risk to someone’s health or safety (occupational health and safety).

Sexual harassment is a distinct category of harassment that is prohibited specifically under anti-discrimination laws. Sexual harassment is unwelcome sexual behaviour that could be expected to make a person feel offended, humiliated or intimidated. Sexual harassment can be physical, verbal or written.

Inappropriate behaviour at work covers a range of unacceptable, unprofessional, disrespectful or harmful behaviours that have negative consequences for individuals, for teams and for organisations. Inappropriate behaviour includes bullying, discrimination, harassment and sexual harassment.

Staff refers to any person working in a Victorian healthcare setting, and includes employees, contractors and volunteers.

Managers refers to any person working in a Victorian healthcare setting who has responsibility for the supervision, oversight or management of the work of other staff. This may include directors, managers, team leaders and supervisors.

Leaders refers to senior managers working in Victorian healthcare settings. Leaders include directors, senior executives such as chief executive officers (CEOs) and heads of departments, and board members.

In this document, the abbreviation BHD refers to bullying, harassment (including sexual harassment) and discrimination.

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5 Sex Discrimination Act 1984 (Cth), s 28A.
The framework

Figure 1 shows the Framework for promoting a positive workplace culture: preventing bullying, harassment and discrimination (the framework). The framework is a resource for health services as employers, and can be used by boards, chief executive officers, executives, managers, staff, health and safety representatives, and relevant committees. It should inform and guide every health service’s efforts to prevent and manage incidents of inappropriate behaviour, including bullying, harassment, sexual harassment and discrimination.

Health services are expected to implement the framework by the end of November 2019. The department will be monitoring health services’ progress towards compliance with the principles and minimum standards. This Guide to implementing the Framework for promoting a positive workplace culture: preventing bullying, harassment and discrimination (the guide), along with the other resources referred to in this document, will assist health services to put the framework into action.

The framework is based on research, consultation, state and federal legislation, Victorian public sector values, the Victorian public sector employment principles, the Victorian Charter of Human Rights and Responsibilities, and recognised best practice in the prevention and handling of concerns about BHD. The framework recognises that all health services have existing policies, procedures, practices and workplace cultures, and encourages ongoing review and improvement.

Building a safe and respectful workplace culture requires an organisation-wide effort. The principles and minimum standards in the framework therefore encompass effective governance mechanisms, multifaceted approaches to prevention, fostering learning environments through training, responding to incidents, robust reporting processes, and fair and consistent investigation processes. The following seven principles set out the essential elements for building and strengthening a positive workplace culture:

- Principle 1: Leaders demonstrate commitment to a positive workplace culture.
- Principle 2: The organisation and staff understand and manage risks relating to culture and inappropriate behaviour, including BHD.
- Principle 3: Safe systems of work are in place that reduce risks to health and safety associated with inappropriate behaviour, including BHD, and that promote staff wellbeing.
- Principle 4: The organisation has effective mechanisms for the management of people.
- Principle 5: Staff access appropriate, consistent and effective training.
- Principle 6: Workplace relationships are respectful and built on trust.
- Principle 7: The organisation embraces diversity and is committed to inclusion.

The minimum standards list specific requirements for each principle, and these are detailed in each section of this guide.
Figure 1: Framework for promoting a positive workplace culture: preventing bullying, harassment and discrimination

Framework for promoting a positive workplace culture: preventing bullying, harassment and discrimination

**Victorian health services**

**MINIMUM STANDARDS**

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<tr>
<th>PRINCIPLES</th>
<th>MINIMUM STANDARDS</th>
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<tbody>
<tr>
<td><strong>1</strong> Leaders demonstrate commitment to a positive workplace culture.</td>
<td>The board, CEO and leaders demonstrate a commitment to building a positive workplace culture and preventing, identifying and responding to incidents of BHD.</td>
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<tr>
<td><strong>2</strong> The organisation and staff understand and manage risks relating to culture and inappropriate behaviour, including BHD.</td>
<td>The organisation has an explicit policy framework that identifies and manages risks relating to culture and inappropriate behaviour, including BHD.</td>
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<tr>
<td><strong>3</strong> Safesystems of work are in place that reduce risks to health and safety associated with inappropriate behaviour, including BHD, and that promote staff wellbeing.</td>
<td>The organisation provides a safe workplace environment and has in place strategies to address risks to health and safety associated with inappropriate behaviour (including BHD).</td>
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<td><strong>4</strong> The organisation has effective mechanisms for the management of people.</td>
<td>The organisation has effective people management frameworks (including recruitment, training, performance management, and exit processes) and systems for managing risks to health and wellbeing.</td>
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<td><strong>5</strong> Staff access appropriate, consistent and effective training.</td>
<td>Staff are provided with the resources, information and training they need to carry out their tasks safely and effectively.</td>
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<tr>
<td><strong>6</strong> Workplace relationships are respectful and built on trust.</td>
<td>The organisation promotes diversity and is committed to inclusion.</td>
</tr>
<tr>
<td><strong>7</strong> The organisation embraces diversity and is committed to inclusion.</td>
<td>The organisation actively promotes diversity and inclusion, and acknowledges the value of different perspectives.</td>
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*BHD = bullying, harassment and discrimination*
How to use this guide

This guide provides information to support health services to implement each of the minimum standards in the framework. It also suggests practical steps that health services can take to improve workplace culture and address inappropriate behaviour, and identifies indicators which organisations can use to measure progress.

The guide provides:

- **key components** for each minimum standard, which organisations can work through to identify what needs to be done to meet the standard
- **suggested activities** as a starting point for health services – these are ideas for practical tasks that organisations can choose to do, particularly if they have identified a gap in a specific area
- **possible indicators** that can be used to gather baseline data and measure improvement – both leading⁶ and lagging⁷ indicators are included, and existing data sources are identified where possible
- **useful resources** for health services.

The information is not intended to be exhaustive, but to provide useful examples and suggestions to health services.

Health services are encouraged to share their best practice examples with the department: <https://www2.health.vic.gov.au/health-workforce/worker-health-wellbeing/bullying-harrassment/share-practice>.

The department will update this guide regularly to facilitate continuous improvement.

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⁶ In performance management, ‘leading’ indicators are typically input-oriented and predictive of what may happen, while ‘lagging’ indicators are typically output-oriented and record what has already happened. In the occupational health and safety context, leading indicators of occupational health and safety performance are the positive steps that organisations take that may prevent an occupational health and safety incident from occurring. Leading indicators can provide early warning signals enabling identification and actions to prevent incidents and stop hazardous situations from occurring. See De Cieri et al. 2016, A multistage validation study to assess an OHS leading indicators tool: final report, WorkSafe Victoria, Melbourne, p. 10.

⁷ Lagging indicators measure events or outcomes that have already happened, and therefore provide a measure of past performance. They are tangible events or results, but these results can often be known too late to be helpful in preventing incidents from occurring.
<table>
<thead>
<tr>
<th>Minimum standards</th>
<th>Key components</th>
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<tbody>
<tr>
<td>The board, CEO and leaders demonstrate a commitment to building a positive workplace culture and preventing, identifying and responding to incidents of BHD.</td>
<td>• The CEO and board chair regularly communicate their commitment to building a positive workplace culture and preventing and managing incidents of BHD through staff emails, newsletters, meetings and forums.</td>
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<td></td>
<td>• The board holds the CEO to account for ensuring a positive workplace culture (which is respectful and safe, and in which everyone treats each other fairly and reasonably), and for preventing, managing and responding to BHD.</td>
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<td></td>
<td>• The CEO holds executives to account for ensuring a positive workplace culture and for preventing, managing and responding to BHD.</td>
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<td>• The CEO ensures executive involvement in the organisation’s People and Culture Committee (or equivalent committee).</td>
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<td>• BHD prevention, management and response regularly appear on board agendas.</td>
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<td>• Board members attend regular training on their responsibility for occupational health and safety, and identify BHD as an occupational health and safety risk and a performance risk.</td>
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<td>• Leaders demonstrate compassion by listening without pre-emptive judgement, working with staff to understand challenges and issues, empathising, and engaging with staff to take action.</td>
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<td>• Leaders champion and participate in activities to build positive workplace culture.</td>
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<td>Leaders and managers model the organisational values.</td>
<td>• Leaders’ and managers’ behaviour, decisions and actions are always consistent with the organisation’s values.</td>
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<td>• Appropriate expertise and alignment with the organisation’s values are key factors in the recruitment of leaders and managers.</td>
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<td>• The organisation supports capability building by training new and acting leaders and managers to build a positive workplace culture and to prevent and manage BHD.</td>
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<td>• Expectations about leaders’ and managers’ own behaviour are included in their performance plans.</td>
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<td>• Leadership and management decisions clearly align with the organisation’s policies and procedures, and are linked to the organisation’s values.</td>
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<tr>
<td>Minimum standards</td>
<td>Key components</td>
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<td>Leaders and managers ensure reports of inappropriate behaviour, including BHD, are taken seriously and are addressed sensitively, fairly, promptly and in a manner consistent with the organisation’s policies and procedures.</td>
<td>• Leaders and managers actively engage with staff to identify and address poor workplace culture and inappropriate behaviours.</td>
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<td>• The organisation sets expectations and has in place a clear and fair process for responding to concerns about inappropriate behaviour, including BHD.</td>
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<td>• Leaders and managers receive training in the process for responding to concerns about inappropriate behaviour, including BHD.</td>
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<td>• Leaders and managers follow the relevant process, policies and procedures.</td>
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<td>• Leaders and managers act promptly on reports of inappropriate behaviour.</td>
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<td>• Leaders and managers respond to reports impartially and fairly, without prejudgment, and ensure that support is offered to all parties involved.</td>
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<td>The board receives routine reports on relevant lead and lag indicators and themes relating to workplace culture and inappropriate behaviour (including BHD), and oversees the development of strategies to prevent and manage risks to the organisation and its staff.</td>
<td>• Issues relating to workplace culture and BHD regularly appear on board agendas.</td>
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<td>• Board members receive regular (at least one every six months) detailed reports on the organisation’s culture and BHD issues to understand prevention, risks, prevalence and outcomes of incidents, as well as the organisation’s ongoing work to build and maintain a positive workplace culture.</td>
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<td></td>
<td>• The board requires and supports the development and implementation of an action plan to improve workplace culture and manage risks relating to inappropriate behaviour and BHD. The action plan is developed in consultation with staff.</td>
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Some activities to get started...

- Review agendas for staff meetings and forums, and invite board members and senior leaders to attend and participate. Leaders can use this opportunity to build relationships, and can use the department’s Know Better, Be Better campaign resources <https://health.vic.gov.au/KnowBetterBeBetter> to promote the organisation’s expectations about workplace culture.

- Board members and executives sign up to an organisational pledge and action plan <https://www2.health.vic.gov.au/health-workforce/worker-health-wellbeing/bullying-harrassment/framework> and promote this throughout the health service. Through the pledge, the organisation can make a powerful statement about what it stands for and the behaviour it expects of its workforce. Leaders can make a specific commitment in the pledge about their own behaviours and actions. Leaders can further demonstrate this commitment by supporting and being accountable for an action plan which sets out how the organisation will act on its pledge.

- Introduce a fortnightly ‘walk around’ of work areas by senior leaders. Engage in informal conversations with staff to build relationships and demonstrate that senior leaders are approachable, and help staff to feel comfortable in raising issues relating to culture and BHD with leaders.

- Check your organisation’s training register. Have all board members received training on their responsibility for occupational health and safety? How recently did they complete the training? Did the training include the risk of BHD and how this should be managed? Check whether the training content needs to be updated, and what training (including refresher training) needs to be scheduled.

- Review the rules, guidelines and messages that staff receive about the organisation’s behavioural expectations. Are they clear, consistent and easy to relate to? Is there a plan for communicating these to staff on a regular basis, and has the plan been followed?
## Principle 1

### Possible indicators to measure progress

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<tr>
<th>Information source</th>
<th>Description</th>
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<tr>
<td>Health service training programs</td>
<td>- Percentage of leaders (including those in acting positions) who have completed training on addressing inappropriate behaviour, including BHD complaints</td>
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<tr>
<td>Health service performance plan template</td>
<td>- A review of leaders’ performance plans confirms that expectations about values are included</td>
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<tr>
<td>Internal health service communications</td>
<td>- Staff receive regular communications on workplace culture and preventing and managing incidents of BHD from the CEO and board chair, consistent with the organisation's communications plan</td>
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</table>
| People and Culture Committee (or equivalent committee) records | - A senior executive is a member of the People and Culture Committee and regularly attends meetings  
  - The People and Culture Committee regularly considers lead and lag indicators of BHD and inappropriate behaviour, including complaints data, turnover, exit interviews, employee leave data, use of the employee assistance program and People Matter Survey results |
| Agendas and minutes of board meetings | - Issues relating to culture and BHD – including lead and lag indicators – regularly appear as agenda items, and are discussed |
| Health service data on BHD and inappropriate behaviour complaints | - Improved reporting (shown through increased numbers of formal complaints lodged)  
  - In the longer term, a reduction of BHD complaints |
| Survey of staff in leadership positions (such as a periodic pulse survey) | - Survey results indicate that leaders feel better equipped to address reports of inappropriate behaviour, including BHD |
| People Matter Survey results for the organisation | - Improved results for core survey questions on workplace behaviours (in particular, questions about your manager, senior managers, and your organisation)  
  - Improved results for core survey questions on engagement and job satisfaction  
  - Improved results for core survey questions on your experiences (in particular, questions about bullying, and the proportion of staff satisfied with the way a formal complaint was handled)  
  - Improved results for wellbeing module  
  - Improved results for diversity and inclusion module  
  - Improved results for sexual harassment module (in particular, an increase in the proportion of staff satisfied with the way a formal complaint was handled) |
Principle 1

Resources

- The King’s Fund 2017, *Caring to change: how compassionate leadership can stimulate innovation in health care* <https://www.kingsfund.org.uk/publications/caring-change>.
The organisation and staff understand and manage risks relating to culture and inappropriate behaviour, including BHD.

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<th>Minimum standards</th>
<th>Key components</th>
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| The organisation has a clear policy framework that links policies and procedures with organisational expectations about behaviour. | • The organisation’s policies and/or code of conduct incorporate its values and expectations of staff behaviours in the workplace.  
• Components of the policy framework could include: the definition of key terms; examples of behaviours that do and do not constitute BHD; expected standards of workplace behaviour; defined roles and responsibilities for managers and staff; policy requirements for prevention, early intervention, response, reporting, support, investigations and training; and integration with related policies.  
• Policies relating to culture and inappropriate behaviour cross-reference other relevant policies (for example, the organisation’s policy on bullying links to other policies on occupational health and safety, mental health and wellbeing).  
• Relevant policies: use consistent definitions; are clear and written in plain language; can be easily accessed both in hard copy and via a keyword search on the staff intranet; and include user-friendly instructions and references to resources such as tip sheets and flowcharts.  
• The policy framework includes the date of approval and the scheduled date of review. |
| BHD is managed using a risk management framework and included on the organisational risk register. | • Workplace culture and BHD risk management practices are integrated with other organisational risk management practices.  
• The risk management framework describes the processes used to identify, assess, prevent, manage and monitor risks relating to culture and inappropriate behaviour, including BHD.  
• The CEO nominates a senior executive to have designated accountability for the identified risks and controls. |
### Principle 2

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<th>Minimum standards</th>
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| Risk is assessed regularly in consultation with staff, managers and leaders, and appropriate controls and strategies are adopted. | • Staff are regularly consulted in relation to risk management processes and risk control measures, including policies and procedures for preventing and responding to BHD.  
• Mechanisms for consultation include confidential surveys, meetings and focus groups.  
• The organisation supports staff to participate in organisational surveys (such as the People Matter Survey) by providing the time, privacy, mechanism and appropriate format to complete surveys.  
• Managers monitor their workgroups for signs of BHD (for example, through asking and listening to staff, regular walk arounds of the floor or area, or through pulse surveys).  
• Risk control measures are selected and implemented, and a continuous improvement approach is taken to reviewing controls. Examples of risk control measures include:  
  – defining jobs clearly  
  – seeking regular feedback from staff over roles and responsibilities  
  – having clear policies and procedures in place, and communicating these regularly  
  – promoting the organisation’s values  
  – teams agreeing on ‘above and below the line’ behaviours  
  – providing relevant training, including leadership training  
  – ensuring that leaders and managers act on reports of inappropriate behaviour, including BHD. |
| Risks are managed proactively, allowing for prevention and early intervention. | • Managers are trained to recognise early signs of BHD and inappropriate behaviour, and on their responsibility to intervene early and hold all staff accountable for their behaviour in the workplace.  
• The organisation’s human resources unit supports managers to intervene early and effectively.  
• The organisation sets targets for the timely response to formal complaints, and measures performance.  
• Formal and informal complaints procedures are available and are well understood by staff.  
• Where necessary, interim measures are used to minimise the risk of ongoing harm (for example, temporarily reassigning tasks or staff, or granting leave).  
• Reports and action plans are provided to the executive, the board and relevant committees for regular ‘hotspots’ and areas in the health service that hold greater concerns about inappropriate behaviour and BHD.  
• Proactive interventions for ‘hotspots’ or areas identified through a pulse check are designed and implemented in consultation with relevant stakeholders. These could include facilitated discussions, training or mediation. |
## Principle 2

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<tr>
<td>The organisation analyses and reports against a suite of indicators (including</td>
<td>• The board, executive and relevant committees regularly review quantitative and qualitative data to identify patterns and trends in order to improve prevention and early intervention. Both lead and lag indicators should be reviewed, including:</td>
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<tr>
<td>lead and lag indicators) to benchmark culture, identify trends and monitor and</td>
<td>– workers compensation claims associated with workplace bullying</td>
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<td>reduce risk.</td>
<td>– reports on absenteeism, sick leave, staff turnover, increased intervention by unions and other external representatives, investigations and other relevant data</td>
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<td>– reports on the number of formal and informal complaints lodged, the actions taken, findings from any investigations, and how findings were addressed</td>
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<td>– reports on the timeframes for commencing and completing investigations, the percentage of investigations completed, and the percentage of complainants who have received feedback on the outcome of their complaint</td>
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<td>– information from exit interviews</td>
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<td>– qualitative information on the effects of BHD, in order to give insight and context to the statistical information presented.</td>
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<td>• Any trends identified, together with the preventive actions implemented, are reported to the board, executive and relevant committees.</td>
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<td>• Available data is used to compare the organisation’s BHD performance over the years.</td>
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<td>• Health services develop collaborative peer and regional relationships to benchmark BHD data across like organisations.</td>
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<tr>
<td>Staff understand how and when to report, and are encouraged to do so.</td>
<td>• Staff are trained in recognising BHD, their responsibilities to the organisation and to each other, and reporting processes.</td>
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<td>• All new staff members complete orientation and induction programs, which introduce relevant policies and reporting processes.</td>
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<td>• Relevant policies are regularly communicated to all staff in different forums and via varied mechanisms, and are accessible and tailored to their audience.</td>
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<td>• Executives and senior managers encourage reporting by promoting the process and providing staff with information about how to report.</td>
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<td>• All staff should be told (in the policy and procedure, training and communications) that there are several internal avenues for reporting an incident (for example, reporting to a line manager, another manager, human resources or an organisational leader), as well as external avenues.</td>
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<td>• Leaders and managers treat all reports seriously, do not tolerate the victimisation of individuals who report inappropriate behaviour (including BHD) and take immediate action if they become aware of such treatment.</td>
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<tr>
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| Processes for managing incidents are transparent and based on best practice. | • Policies and procedures set out possible consequences for breaching the code of conduct.  
• Policies and procedures about complaints handling clearly state:  
  – the various processes, interventions and responses that are available to the organisation to handle complaints and concerns with a focus on early and informal resolution where appropriate. Options include: self-management, one-on-one discussions, counselling, mediation, apologies, a requirement to attend awareness training, investigation, coaching, training or disciplinary action such as a written warning or removal of the perpetrator  
  – the organisation decides which process is most appropriate in the circumstances  
  – processes to be followed when a formal complaint is made  
  – the ability for staff to make an anonymous complaint, noting that it can only be investigated if sufficient detail is provided  
  – a set timeframe for responding to complaints, and an indication of the expected duration of an investigation  
  – the process to be followed for investigating an incident  
  – the process for advising affected individuals that a complaint has been made, including their right to procedural fairness and their right to have a support person with them during the process  
  – the process for advising affected individuals of the outcome of the complaint or investigation  
  – the process for seeking a review of a decision, which provides a reasonable avenue of redress against unfair or unreasonable treatment  
  – record-keeping and confidentiality requirements.  
• Complaints are investigated impartially, objectively, thoroughly and procedurally fairly, and external professional services are engaged to assist where necessary.  
• Managers receive training and/or guidance in how the relevant policies and procedures work, how the organisation can handle complaints and concerns of different types, and their responsibilities towards individual staff and their teams while the policies and procedures are being applied.  
• The organisation monitors complaints handling and investigations to ensure that policies and procedures are applied properly and consistently. |
Minimum standards

There is a continuous cycle of review, evaluation and improvement, with appropriate individual and organisational actions taken and feedback given.

Key components

• Clear feedback loops are incorporated into the risk management and complaints-management cycle.
• After a complaint or concern has been addressed, findings and actions are provided to all individuals concerned, together with the organisation’s own learnings about policies, procedures, prevention measures and managing the risk of similar behaviours arising in future.
• The senior executive with accountability for workplace culture and inappropriate behaviour monitors progress and completion of recommended actions, and reports these to the CEO and board.
• Staff are regularly provided with information on the numbers of reports made, how they were resolved and the actions taken.
• Mechanisms for sharing results across the organisation can include emails, intranet, newsletters, forums and meetings.

Some activities to get started...

• Use the department’s Know Better, Be Better campaign resources <https://health.vic.gov.au/KnowBetterBeBetter> to educate your staff about the definition and impact of BHD, and to support staff to speak up and report inappropriate behaviour.
• Form a working group with broad representation (including occupational health and safety representatives, representatives from the People and Culture Committee (or equivalent), the human resources unit, staff from different groups, and management) to review your organisation’s policies and procedures relating to BHD. The working group should assess your organisation’s policies and procedures against the policy checklist and workplace procedure checklist in WorkSafe Victoria’s Your guide to workplace bullying: prevention and response <https://www.worksafe.vic.gov.au/resources/workplace-bullying-prevention-and-response>. Identify any gaps or areas for improvement, and formulate a plan to address these.
## Principle 2

### Possible indicators to measure progress

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<tbody>
<tr>
<td>Health service BHD policies</td>
<td>• A review of policies and procedures relating to BHD confirms that elements listed in this principle are incorporated</td>
</tr>
<tr>
<td>Health service communications</td>
<td>• A communication strategy to inform staff about BHD policies and procedures has been designed and implemented</td>
</tr>
</tbody>
</table>
| Health service risk register                                                      | • BHD appears on the organisation’s risk register  
• Appropriate risk control measures are selected and applied                           |
| Health service data on BHD and inappropriate behaviour complaints                 | • Improved reporting (shown through increased numbers of formal complaints lodged)  
• In the longer term, a reduction of BHD complaints  
• Decrease in the time between lodging a formal complaint and the commencement of an investigation  
• Decrease in the time between lodging a formal complaint and the completion of an investigation  
• Increased percentage of staff who made a formal complaint who have received feedback on the outcome of their formal complaint |
| People Matter Survey results for the organisation                                 | • Improved results for core survey questions on workplace behaviours (in particular, questions about your organisation)  
• Improved results for core survey questions on your experiences (in particular, questions about discrimination and bullying, and the proportion of staff satisfied with the way a formal complaint was handled)  
• Improved results for wellbeing module  
• Improved results for sexual harassment module (in particular, an increase in the proportion of staff satisfied with the way a formal complaint was handled) |
| Ongoing review                                                                    | • The risk management and complaints management processes are regularly reviewed, including feedback from incidents, processes and other developments since the last review |
Resources

**Minimum standards**

- The organisation provides a safe workplace, complies with relevant legislative requirements, and considers BHD in the context of its strategies to address safety, wellbeing and culture.

**Key components**

- The organisation actively identifies, manages and minimises, as far as practicable, inappropriate behaviour and BHD as risks to occupational health and safety.
- The organisation's strategies to address safety, wellbeing and culture align with key components in this Framework for promoting a positive workplace culture: preventing bullying, harassment and discrimination.
- Policies and procedures comply with occupational health and safety legislation.
- Policies and procedures commit to providing staff with a safe working environment.
- The organisation regularly reviews its systems of work, policies and procedures, management skills and other initiatives to ensure a positive workplace culture and to prevent inappropriate behaviours including BHD.

| Staff are provided with the resources, information and training they need to carry out their tasks safely and effectively. | • Handover processes are consistent with the National Safety and Quality Health Service Standard 6: communicating for safety.  
• Relevant clinical information is documented in a timely manner.  
• The organisation facilitates staff attendance at appropriate training to enable staff to undertake their duties safely.  
• Staff are regularly updated on workplace risks and control measures.  
• There is an expectation that clinical and occupational health and safety incidents will be reported. |
|---|---|

| Staff understand their roles and responsibilities, and have the opportunity to provide regular feedback on these. | • Position descriptions and performance measures include the organisation’s values and expected standards of conduct.  
• Performance measures are reasonable and developed in consultation with staff.  
• Leaders and managers regularly consult with staff about their role (for example, through scheduled discussions with individuals and teams).  
• There are clearly defined expectations for managers and staff regarding the level of autonomy and responsibility for decision making. |
|---|---|

| The organisation regularly reviews and monitors staff workloads. | • Workloads are consistent with position descriptions and employee classifications, and are regularly reviewed.  
• The organisation regularly monitors staffing levels, scheduling and rosters, and considers:  
  – the volume of activity in each area of the organisation, and the impact on staff workload, wellbeing and conduct  
  – data on Workcover claims relating to mental health  
  – the risk of fatigue and burnout, and how this should be managed  
  – what support should be provided to staff.  
• The organisation monitors annual leave entitlements and encourages staff to plan leave. |
|---|---|
**Principle 3**

### Minimum standards
The organisation provides access to and information about supports to all staff.

### Key components
- The organisation promotes both internal and external support services for employees who are experiencing challenging or inappropriate behaviours at work including BHD, and avenues for raising concerns about issues they are facing.
- Psychological support services are available to staff, and can be accessed anonymously.
- Employee assistance programs can be accessed without referral, and include face-to-face and telephone services.
- Services are promoted through a variety of mechanisms such as meetings, emails, posters and the intranet.
- When a report of inappropriate behaviour or BHD is made, information about support services is routinely provided to all individuals concerned.

The organisation consults and communicates effectively through periods of change, including restructuring.

### Key components
- The organisation has a consultation and communication strategy that ensures all staff can provide input and receive information about organisational changes.
- The organisation provides practical support for staff during periods of change. Examples could include designated liaison officers and points of contact, and on-site access to the organisation’s employee assistance program.

### Some activities to get started...

- Put yourself in the shoes of an employee who is experiencing bullying or sexual harassment. How easy is it to find the policies and procedures that apply? Would you feel comfortable to raise a concern without fear of reprisal? Could you make a complaint anonymously?
- Review position descriptions. Are they current and appropriate, and do they include the organisation’s values and expected standards of conduct? Are responsibilities and expectations about behaviours at work, and contributing to a positive workplace, clearly stated? Are staff easily able to access a copy?
- Promote your organisation’s employee assistance program. Are staff aware of the employee assistance program and the support that it can offer? Make sure you consider staff who do not routinely use a computer or access the staff intranet – how do you make sure they know about the program, and is it easy for these staff to access?
- Review staff annual leave balances. Are there any areas with high rates of excessive annual leave balances? Could staff in these areas be at risk of fatigue or burnout? Does your organisation have a system to regularly monitor annual leave data? Consider a similar review of sick leave and staff turnover rates.
- Develop a tailored mental health strategy for your organisation using beyondblue’s [Developing a workplace mental health strategy: a how-to guide for health services](https://www.headsup.org.au/healthy-workplaces/information-for-health-services).
### Principle 3

#### Possible indicators to measure progress

<table>
<thead>
<tr>
<th>Information source</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health service training program records</td>
<td>• Increased percentage of staff who have completed training on inappropriate behaviour and BHD</td>
</tr>
<tr>
<td>Health service BHD policies</td>
<td>• Policies and procedures align with:</td>
</tr>
<tr>
<td>Health service staffing data</td>
<td>• Reduced rates of staff turnover</td>
</tr>
<tr>
<td></td>
<td>• Reduced rates of absenteeism</td>
</tr>
<tr>
<td></td>
<td>• Reduced rates of excessive annual leave balances</td>
</tr>
<tr>
<td>Health service data on BHD and inappropriate behaviour complaints</td>
<td>• Improved reporting (shown through increased numbers of formal complaints lodged)</td>
</tr>
<tr>
<td></td>
<td>• In the longer term, a reduction of BHD complaints</td>
</tr>
<tr>
<td>WorkSafe Victoria improvement notices</td>
<td>• Reduced number of improvement notices relating to bullying issued by WorkSafe Victoria</td>
</tr>
<tr>
<td>Workcover claims data</td>
<td>• Increased number of Workcover claims relating to BHD lodged</td>
</tr>
<tr>
<td></td>
<td>• In the longer term, a reduction of Workcover claims relating to BHD</td>
</tr>
<tr>
<td>People Matter Survey results for the organisation</td>
<td>• Improved survey response rate</td>
</tr>
<tr>
<td></td>
<td>• Improved results for core survey questions on workplace behaviours (in particular, questions about you and your job and patient safety)</td>
</tr>
<tr>
<td></td>
<td>• Improved results for core survey questions on your experiences (in particular, questions about feedback)</td>
</tr>
<tr>
<td></td>
<td>• Improved results for wellbeing module</td>
</tr>
<tr>
<td></td>
<td>• Improved results for sexual harassment module</td>
</tr>
</tbody>
</table>
Principle 3

**Resources**

## Principle 4

The organisation has effective mechanisms for the management of people.

<table>
<thead>
<tr>
<th>Minimum standards</th>
<th>Key components</th>
</tr>
</thead>
</table>
| People management frameworks cover the continuum of employment, from new starters through to those leaving the organisation. | • Human resource policies and procedures are clear and comprehensive, and cover the following matters: recruitment, induction, equal employment opportunity, diversity and inclusion, flexible working arrangements, leave, training and development, performance management, occupational health and safety, workplace conduct, values, processes for managing inappropriate behaviour, and leaving the organisation.  
  • Human resource policies and procedures are easily accessible to all staff.  
  • Information on human resource policies and procedures is provided at induction, and is incorporated into training programs. |
| People managers are regularly trained in effective leadership styles and management skills. | • Managers undertake training in leadership styles, emotional intelligence and having difficult conversations about performance and inappropriate behaviour.  
  • Managers have completed training, or have training scheduled, within the first six months of commencing a leadership role. |
| Policies and procedures for people management require fair and objective decision making that is merit based. | • Recruitment processes, including those for acting and higher duty appointments, are clear, transparent and based on best practice.  
  • Recruitment processes, including reference checks, consider the candidate’s alignment with the organisation’s values.  
  • Policies and procedures require all employment decisions (including the conditions and benefits offered as part of employment, selection for training, and consideration for promotion, transfer, retrenchment or dismissal) to be based on merit. |
| Performance management processes provide a robust framework for communicating about performance and providing constructive feedback. | • Staff members’ performance is assessed against clear, relevant and fair criteria.  
  • Feedback on performance is provided both formally and informally, throughout the year.  
  • Annual performance reviews consider career goals and identify development opportunities.  
  • The supervision structure supports regular feedback. |
| Performance management processes reinforce organisational values and expectations. | • Staff set performance goals that are explicitly linked to the organisation’s values.  
  • Templates for performance discussions prompt managers and staff to reflect and provide feedback on behaviour. |
### Principle 4

<table>
<thead>
<tr>
<th>Minimum standards</th>
<th>Key components</th>
</tr>
</thead>
</table>
| Support mechanisms are in place for people managers, including new and acting managers. | • People managers are offered mentoring and/or coaching.  
• Tip sheets for people managers set out the essential steps for managing specific issues, including responding to formal and informal concerns about inappropriate behaviour including BHD.  
• Template agendas for team meetings include updates from the People and Culture Committee (or equivalent) as a standing agenda item. |
| All staff understand what constitutes reasonable management actions and how these should be clearly communicated. | • Training for staff includes an explanation of ‘reasonable management action’ in the context of bullying allegations.  
• Policies and procedures clearly articulate managers’ roles and responsibilities for decision making, and explain what constitutes reasonable management actions.  
• Managers undertake training in communicating decisions and reasonable management actions. |

### Some activities to get started...

- Introduce a mentoring program to support new managers.
- Managers can arrange a mentoring relationship with a peer or a more experienced leader, inside or outside the organisation.
- Develop tip sheets to provide people managers with a ready reference for specific matters. For example, a one-page guide to responding to a report of BHD could cover the process for reporting, steps that the manager must take, support that should be offered, and links to relevant organisational policies and other resources.
Possible indicators to measure progress

<table>
<thead>
<tr>
<th>Information source</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health service training records</td>
<td>• Training targeted to people managers is offered&lt;br&gt;• Review of content confirms that training covers leadership styles and management skills&lt;br&gt;• Percentage of people managers who have completed targeted training</td>
</tr>
<tr>
<td>Manager survey</td>
<td>• Survey results indicate that managers feel better equipped to discuss performance with staff&lt;br&gt;• Survey results indicate that staff feel more comfortable to raise concerns with management and that those concerns will be appropriately addressed</td>
</tr>
<tr>
<td>People Matter Survey results for the organisation</td>
<td>• Improved results for core survey questions on workplace behaviours (in particular, questions about you and your job, your manager, and senior managers)&lt;br&gt;• Improved results for core survey questions on engagement and job satisfaction&lt;br&gt;• Improved results for core survey questions on your experiences (in particular, questions about feedback)&lt;br&gt;• Improved results for wellbeing module</td>
</tr>
</tbody>
</table>

Resources

Staff access appropriate, consistent and effective training.

### Minimum standards

<table>
<thead>
<tr>
<th>Training programs reinforce the organisation's values.</th>
<th>Key components</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Induction, refresher and management programs cover the organisation's values.</td>
<td></td>
</tr>
</tbody>
</table>

### All staff are trained in what constitutes appropriate and inappropriate behaviours, and how to report inappropriate behaviours in the workplace.

<table>
<thead>
<tr>
<th>Key components</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Induction, refresher and management programs cover the organisation's values and expectations about staff behaviour, including what is appropriate and inappropriate, an explanation of BHD, and the impact that inappropriate behaviours have on the organisation's performance, risk management and employee wellbeing.</td>
</tr>
</tbody>
</table>

### All staff are trained in what they can do to help build a positive workplace.

<table>
<thead>
<tr>
<th>Key components</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Induction, refresher and management programs cover the mutual responsibility of all staff to build a positive workplace, including how to intervene if they witness BHD or inappropriate behaviour.</td>
</tr>
</tbody>
</table>

### BHD training programs align with the department's training principles (refer to Workplace culture and bullying, harassment and discrimination training: guiding principles for Victorian health services).

<table>
<thead>
<tr>
<th>Key components</th>
</tr>
</thead>
</table>

### The organisation regularly reviews relevant training programs and assesses their content, quality and effectiveness.

<table>
<thead>
<tr>
<th>Key components</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Training content is reviewed annually to ensure currency and applicability.</td>
</tr>
<tr>
<td>• Training is targeted to the requirements of different staff groups (including specific training for leaders and managers) to ensure appropriate knowledge and skills are attained.</td>
</tr>
<tr>
<td>• Training programs are provided in various forms to support different learning styles.</td>
</tr>
<tr>
<td>• Training programs are evaluated, and staff feedback informs future training program development and quality improvement.</td>
</tr>
</tbody>
</table>

### Appropriate resources to support learning and development are available and accessible to all staff.

<table>
<thead>
<tr>
<th>Key components</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Performance management and appraisal tools support skill and knowledge development both in relation to inappropriate behaviours (including BHD) and generally.</td>
</tr>
<tr>
<td>• Learning and teaching objectives are included in job descriptions and performance plans.</td>
</tr>
<tr>
<td>• The organisation provides opportunities to build local learning communities that are specific to the particular workplace cultures within the organisation.</td>
</tr>
<tr>
<td>• The organisation encourages learning relationships with external partners and professional communities who support the values of the organisation.</td>
</tr>
</tbody>
</table>
Principle 5

Some activities to get started...

- Review the content of your organisation’s training programs. Do training programs reinforce the organisation’s values? Are they practical, relevant and interesting? Do induction, refresher and management programs cover acceptable behaviours, educate staff in how to report inappropriate behaviours, and encourage them to do so?

- Assess your organisation’s BHD training programs against the requirements in the department’s Workplace culture and bullying, harassment and discrimination training: guiding principles for Victorian health services. Do the programs satisfy all training elements set out in the principles?

- Review attendance at training programs. What proportion of staff have completed targeted training? Consider attendance rates for new starters, managers and other staff. Are there particular staff groups where training completion rates are low – what are the barriers experienced by these groups, and what could be put in place to enable these staff to complete training? Once these matters have been considered, set an action plan for training those staff who have not yet attended.

- Evaluate the effectiveness of your organisation’s training. Do staff who have completed the training report increased understanding, awareness and capability? Do staff have the ability and confidence to apply what they have learned?
Possible indicators to measure progress

<table>
<thead>
<tr>
<th>Information source</th>
<th>Description</th>
</tr>
</thead>
</table>
| Health service training program content           | • Review of content confirms that:                                                                                                 
|                                                   |   – training programs reinforce the organisation's values                                                                                                                                       |
|                                                   |   – training programs cover acceptable and inappropriate behaviours                                                                                                                              |
|                                                   |   – training programs cover reporting processes for inappropriate behaviour, including BHD                                                                                                           |
|                                                   |   – training programs are appropriately targeted to the requirements of different staff groups                                                                                                    |
|                                                   |   – training programs are offered in various modes to support different learning styles                                                                                                              |
| Health service training program records           | • Percentage of staff who have completed targeted training (including percentages for new starters, managers and other staff)                                                                             |
|                                                   | • Evaluation of training programs shows:                                                                                               
|                                                   |   – staff satisfaction with training programs                                                                                                                                            |
|                                                   |   – staff report increased understanding, awareness and capability following training                                                                                                    |
| Health service data on BHD and inappropriate behaviour complaints | • Improved reporting (shown through increased numbers of formal complaints lodged)                                                                                      |
|                                                   | • In the longer term, a reduction of BHD complaints                                                                                                                                            |
| People Matter Survey results for the organisation  | • Improved results for core survey questions on workplace behaviours (in particular, questions about your organisation)                                                                            |
|                                                   | • Results for core survey questions on your experiences (in particular, questions about bullying) show an increased proportion of staff submitting formal complaints                                        |
|                                                   | • Results for sexual harassment and bullying modules show:                                                                                                                                       |
|                                                   |   – an increased proportion of staff submitting formal complaints                                                                                                                             |
|                                                   |   – a decreased proportion of staff who did not submit a formal complaint because they did not know who to talk to or how to make a complaint                                                                 |
Principle 5

Resources

<table>
<thead>
<tr>
<th>Minimum standards</th>
<th>Key components</th>
</tr>
</thead>
</table>
| Expected standards of behaviour are clearly communicated and well understood. | • The organisation’s values and expectations of behaviours in the workplace are set out in a code of conduct and/or policies and procedures, and incorporated in position descriptions and employment contracts.  
• For each of the organisation’s values, the organisation explicitly describes the behaviours that are expected and communicates this to all staff.  
• Induction programs, training and other employee communications support and reinforce the organisation’s values and expectations about behaviour.  
• Expected standards of behaviour are communicated to staff, patients and visitors, and action is taken if the standards are not met.  
• Updates to relevant policies and procedures are communicated to all staff. |
| Policies and procedures, including those relating to workplace behaviours and BHD, are developed in consultation with all staff groups. | • Staff, health and safety representatives and the organisation’s People and Culture Committee (or equivalent) are consulted regularly during the development, implementation and review of policies and procedures, including those relating to workplace behaviours and BHD.  
• Mechanisms for consultation could include surveys, meetings, focus groups and working groups. |
| The organisation supports staff to live the values and speak out against inappropriate behaviour. | • The organisation develops a communication strategy to increase staff awareness of the values and related policies and procedures.  
• Leaders model the organisation’s values and expected behaviours.  
• Leaders encourage witnesses to report inappropriate behaviour by taking immediate action.  
• Leaders and managers do not tolerate the victimisation of individuals who report inappropriate behaviour, including BHD, and take immediate action if they become aware of such treatment.  
• Confidentiality is maintained in relation to the specific, identifiable aspects of investigations of inappropriate behaviour, including BHD, but does not prevent the organisation sharing lessons and de-identified case studies.  
• The organisation offers internal and external support opportunities to staff. |
Principle 6

<table>
<thead>
<tr>
<th>Minimum standards</th>
<th>Key components</th>
</tr>
</thead>
</table>
| The organisation’s People and Culture Committee (or equivalent) comprises representatives from all staff groups and includes a health and safety representative, and provides an avenue for regular consultation, communication and feedback. | • The People and Culture Committee has broad representation and comprises representatives from all levels, including the executive.  
• The People and Culture Committee includes a health and safety representative.  
• The People and Culture Committee gives all staff groups the opportunity to provide input.  
• Communication from the People and Culture Committee is regular and is accessible to all staff.  
• Mechanisms for communication can include emails, newsletters, and updates at forums and meetings. |
| The organisation promotes cooperation and collaboration as the norm. | • Leaders build a culture of open and respectful communication by actively engaging with staff, and by seeking and listening to their input and feedback.  
• Leaders encourage formal and informal communication between staff.  
• Leaders report back to staff on what they have learned, and what they are doing differently as a result of staff input. |

Some activities to get started...

- Develop an organisational pledge and action plan [https://www2.health.vic.gov.au/health-workforce/worker-health-wellbeing/bullying-harrassment/framework]. Staff from all levels and areas of the organisation should be involved, including the board and organisational leaders. Through the pledge, the health service publicly commits to a common cause. This can send a powerful message about what the organisation stands for, and expected behaviours. A formal action plan sets out how the organisation will act on its pledge, and so the organisation becomes accountable to its staff.
- Review the terms of reference, membership and activities of the People and Culture Committee (or equivalent). How could that committee increase its impact on improving staff experiences of the workplace culture, and reducing the risk of BHD and inappropriate behaviour?
- Conduct ‘above and below the line’ workshops with staff to explore the organisation’s values, and what these mean in practice. For each value, ask participants to brainstorm behaviours that exemplify that value. Next, ask participants to list actions that would be at odds with that value. Groups should then make an agreed list that sets out the types of actions and conduct that do – and that do not – align with the organisation’s values.
- Check the formal and informal channels that are available to leaders and managers to gather input and feedback from staff. Are leaders and managers using those channels? How does the organisation act on the input and feedback that is gathered?
### Principle 6

#### Possible indicators to measure progress

<table>
<thead>
<tr>
<th>Information source</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health service employment contracts</td>
<td>• All employment contracts contain a clear statement on the organisation’s values and expectations</td>
</tr>
<tr>
<td>Health service position descriptions</td>
<td>• All position descriptions contain a clear statement on the organisation’s values and expectations</td>
</tr>
</tbody>
</table>
| Health service internal communications                  | • A communication strategy is designed and implemented, and covers:  
  – increasing awareness of the organisation’s values and behavioural expectations  
  – increasing awareness of how to report inappropriate behaviour, and leaders' support for this  
  – informing staff of updates to policies and procedures |
| Staff survey                                            | • Staff survey results confirm awareness of the organisation's values and expectations  
  • Staff survey results confirm awareness of how to report inappropriate behaviour and support options  
  • Staff survey results confirm that staff have a positive experience of the workplace culture (for example, that it is respectful) |
| Health service training programs                        | • A review of training programs’ content confirms that:  
  – induction programs cover the organisation’s values and expectations about behaviour  
  – training for staff on performance management covers processes, feedback that can be expected, and what is considered reasonable management action  
  – training for managers on performance management covers communicating feedback and what is considered reasonable management action |
| Records of People and Culture Committee (or equivalent)  | • Committee members are drawn from all staff groups  
  • The committee provides regular updates to staff |
## Principle 6

<table>
<thead>
<tr>
<th>Information source</th>
<th>Description</th>
</tr>
</thead>
</table>
| People Matter<br>Survey results for the organisation | • Improved survey response rate  
• Improved results for core survey questions on workplace behaviours (in particular, questions about whether people in the workgroup treat each other with respect, managers’ behaviours, the organisation’s tolerance of bullying, and confidence about protection from reprisal for reporting improper conduct)  
• Improved results for core survey questions on engagement and job satisfaction  
• Improved results for core survey questions on your experiences (in particular, questions about the code of conduct, discrimination and bullying)  
• Improved results for wellbeing module  
• Improved results for diversity and inclusion module (in particular, questions about working in your organisation)  
• Improved results for sexual harassment module |

### Resources

- The King’s Fund 2017, [Caring to change: how compassionate leadership can stimulate innovation in health care](https://www.kingsfund.org.uk/publications/caring-change).  
The organisation embraces diversity and is committed to inclusion.

### Minimum standards

The organisation actively promotes diversity and inclusion, and acknowledges the value of different perspectives.

### Key components

- The organisation has an equal employment opportunity and inclusion policy that is promoted in the workplace.
- Workforce planning incorporates the organisation's equal employment opportunity and inclusion strategies.
- Position descriptions are inclusive and accurately represent the skills, experience and inherent requirements of the position.
- Recruitment materials are accessible to diverse audiences.
- Flexible workplace policies are clear and easy to access and apply to all staff.
- The organisation works with the local community to build a reputation as an employer of choice.
- All of the organisation's publications, including visual imagery, reflect a diverse workforce.

Recruitment and employment processes comply with relevant legislation and ensure that equal employment opportunity is provided.

- Policies comply with equal opportunity laws.
- Checklists and support packs are provided to support people managers in all aspects of the recruitment process.
- Managers and other decision makers use ‘blind’ shortlisting, and other checks of unconscious bias, where appropriate.
- Professional development and advancement opportunities are available to staff regardless of their personal characteristics.
- The organisation makes reasonable adjustments for staff with a disability.

Employment decisions are based on fairness, equity and diversity.

- Employment decisions are based on merit, and are not influenced by personal attributes that are not relevant.
- Leaders and managers undertake unconscious bias training.

All staff are provided with the opportunity to contribute to the workplace culture.

- The organisation's People and Culture Committee (or equivalent) has broad representation.
- The People and Culture Committee considers diversity and inclusion measures, and how to improve results over time.
- The organisation develops a communication strategy to assist a linguistically diverse workforce to access tools and resources, and options for raising issues or suggesting improvements.
Principle 7

<table>
<thead>
<tr>
<th>Minimum standards</th>
<th>Key components</th>
</tr>
</thead>
</table>
| The organisation regularly measures equal employment opportunity data, and identifies strategies to increase diversity in its workforce. | • Equal employment opportunity data regularly appears as an agenda item for board, executive and relevant committee meetings. Data may include information such as: workforce demographics across work groups, levels of seniority, and salary bands; demographics of new recruits and staff promotions; information on flexible workplace arrangements, including the number of requests made and granted; and retention rates for staff who identify as diverse.  
• Strategies to increase diversity could include: setting diversity targets, unconscious bias training for staff involved in recruitment and promotion, promoting the organisation’s reasonable adjustment policy (or equivalent) when advertising a position, promoting flexible workplace arrangements, and offering support and mentoring to staff who identify as diverse. |

Some activities to get started...

• Review your organisation’s People Matter Survey results to get a better understanding of workforce demographics. Start by looking at results for core survey questions (in particular, the questions on ‘information about you’, in which individuals are asked about gender, age, cultural background, languages spoken, disability and sexual orientation). Does the data show that particular groups are under-represented in your organisation? Make sure you consider representation across work groups, levels of seniority and salary bands. What could your organisation do to increase representation by groups that are under-represented?  
• Look at your organisation’s People Matter Survey data on flexible workplace arrangements, found in the diversity and inclusion module. Are staff aware of your organisation’s policies on flexible workplace arrangements? What proportion of staff make use of these? If only a small proportion of staff have flexible arrangements, consider the reasons for this. Are staff unaware of the policies? Are staff not confident that their request would be considered? Or do staff believe there is a negative culture in relation to employees who use flexible work practices? What could your organisation do to address this? If there is a low awareness of policies, how could these be better promoted?  
• Survey staff to establish what is important to them, and what would help them feel better supported or enable them to contribute to the workplace. What do your staff – in particular, those who identify as diverse – believe would be useful? Do staff need communications in different languages, adjustments to the workplace (for example, prayer spaces), or improved access to flexible working arrangements?  
## Principle 7

### Possible indicators to measure progress

<table>
<thead>
<tr>
<th>Information source</th>
<th>Description</th>
</tr>
</thead>
</table>
| **Health service staffing data** | • Increased diversity across work groups, levels of seniority, and salary bands  
• Reduced rate of turnover for staff who identify as diverse  
• Increased number of staff are using flexible workplace policies  
• Staff have a high rate of return-to-work after taking all types of leave |
| **Health service recruitment data** | • Increased number of applications received from a diverse pool of applicants  
• Recruitment programs include ‘blind’ shortlisting  
• Diversity of successful applicants is increasing |
| **Health service training programs** | • Percentage of staff, including leaders and managers, who have completed diversity and unconscious bias training |
| **People and Culture Committee (or equivalent) records** | • Committee members are drawn from all staff groups  
• The committee considers diversity measures and how to improve results over time  
• The committee provides regular updates to staff |
| **Agendas for board meetings** | • Equal employment opportunity data regularly appears as an agenda item |
| **People Matter Survey results for the organisation** | • Improved survey response rate by diverse groups of people (refer to core survey questions on information about you)  
• Improved results for core survey questions on workplace behaviours (in particular, questions about your organisation and perceptions of gender identity, disability, age, cultural background and sexual orientation as barriers to success)  
• Improved results for core survey questions on your experiences (in particular, questions about discrimination)  
• Improved results for core survey questions on workplace adjustments (refer to core survey questions on information about you)  
• Improved results for wellbeing module  
• Improved results for diversity and inclusion module (all questions) |
Principle 7

Resources
