

Leading a Safe and Ethical Workplace Culture in Health

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Resources to promote positive cultural change

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Resources

The following is a sample collection of the resources relating to today's forum available to boards.

Promoting positive culture change

The Gathering of Kindness

Go to www.gatheringofkindness.com for inspirational ideas and stories of changes organisations have made to improve the culture of their workplace

ChangeDay

Change Day is a people led, accessible and energetic social movement for better health outcomes.



You can pledge to make a personal change, or a change as an organisation. A good example is the 'Hi my name is' pledge being made by health professionals and organisations across the country. As an example, go to <https://changedayatpetermac.wordpress.com/> to see some of the changes the Peter MacCallum Cancer Institute pledged for change day. Some examples are:

- **Hello my name is...** This is about properly introducing yourself. This has the added benefit of reducing the power gap between patient and clinician.
 - <http://changeday.com.au/hellomynameis-at-the-peter-maccallum-cancer-centre/>
- **Show up** – this is about being present and mindful when talking to a patient. Look them in the eyes, listen to what they are saying, rather than just looking at charts and equipment. In addition to benefiting the culture of the organisation, it has the potential to significantly reduce medical errors.
- **Letter to me** – writing outpatient letters in 'people' language rather than medico language. This places the patient first and at the centre of your care.
 - Watch the video here: <https://www.youtube.com/watch?v=9XmEd7X5kFs>

Visit <http://changeday.com.au/> for inspiration and ideas on how to shift the culture in your organisation

Monash Health Change Day – have a look here: <https://vimeo.com/159161818/17664964df>

Austin Health change day – have a look here: <https://www.youtube.com/watch?v=z3eAxAHCtqI>

Women in Medicine

Monash Health developed a training and support program aiming to build a culture of equal opportunity for all at Monash Health.

Watch the video here: www.youtube.com/watch?v=YubzIGN9S4k

Six components of Great Corporate Culture

Article: Coleman, John 'Six Components of a Great Corporate Culture' (06 May 2013) Harvard Business Review <<https://hbr.org/2013/05/six-components-of-culture>>.

Bullying in the workplace

Victorian Auditor General's Report (March 2016) Bullying and Harassment in the Health Sector

Last year the Minister for Health, Jill Hennessy, requested the Victorian Auditor-General investigate the nature and extent of bullying and harassment in the public health system and identify opportunities for change.

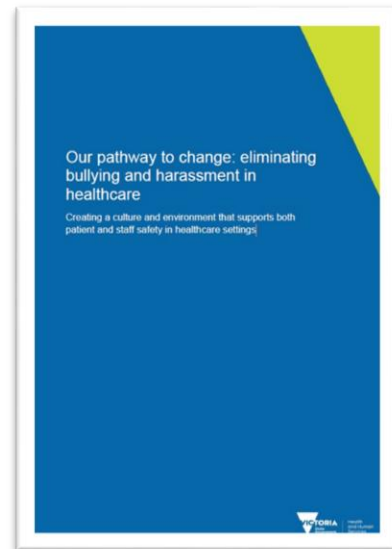
View the report here: www.parliament.vic.gov.au/file_uploads/20160323-Bullying_G5h4ggMC.pdf

Our pathway to change: eliminating bullying and harassment in healthcare

This is the Victorian Government's response to VAGO's report into bullying in the health sector. Its aim is creating a culture and environment that supports both patient and staff safety in healthcare settings.

View the strategy here:

<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/dhhs-eliminating-bullying-and-harassment-strategy>



Worksafe: Your guide to Workplace bullying – prevention and response (October 2012)

Find the guide here: www.worksafe.vic.gov.au/safety-and-prevention/health-and-safety-topics/workplace-bullying

Royal Australasian College of Surgeons: Let's operate with Respect

The Royal Australasian College of Surgeons (RACS) have put together a range of materials, including a Code of Conduct for the profession, to address bullying in the workplace.

You can also read the RACS *Action Plan: Building Respect, Improving Patient Safety* which focuses on three main areas: Culture and leadership; improving surgical education; and strengthening complaints management.



LET'S OPERATE WITH RESPECT

View the resources here: <https://www.surgeons.org/about-respect/> and ask your surgeons to tell you about the Let's operate with Respect program.

The Australian Nursing and Midwifery Federation (ANMF) have a policy and guidelines for addressing bullying in the workplace.

The ANMF will also be hosting a *Prevention of Workplace Bullying Conference* on 20 October 2016. View their website for more information.

Australian Medical Association: Workplace Bullying and Harassment (Revised 2015)

View the AMA's position statement here: <https://ama.com.au/position-statement/workplace-bullying-and-harassment>

Article on rise of bullying

Nossal, Brigid and Fred Wright, 'A Perfect Storm: The Rise in Claims of Bullying in the Context of Change'

Occupational Health & Safety

Victorian Auditor-General's report on Occupational Health and Safety Risk in Public Hospitals (Nov 2013)

View the report here: http://www.audit.vic.gov.au/reports_and_publications/latest_reports/2013-14/20131128-ohs-in-hospitals.aspx

Occupational Violence

Victorian Auditor-General's report on *Occupational Violence against Healthcare Workers* (May 2015).

View the report here:

http://www.audit.vic.gov.au/reports_and_publications/latest_reports/2014-15/20150506-occ-violence.aspx

Violence in Healthcare Taskforce report - taking action to reduce violence in Victorian hospitals

The Minister for Health announced the release of the Taskforce's report Violence in Healthcare Taskforce report - taking action to reduce violence in Victorian hospitals. The Taskforce has endorsed a strategy that outlines the approach to change, key strategic objectives and a suite of projects that address organisational management and response, sharing best practice, incident reporting, workforce training, health facility design, security and community awareness as well as a set of key performance measures.

The strategy has a strong focus on shifting organisational culture and behaviour through the use of initiatives that will raise awareness of the problem and potential solutions,

build knowledge and competency among the workforce and public and embed systems and processes that enable actions to be taken at the individual, service and system level. A reference group will now be established to assist with the implementation of the Taskforce endorsed work.

View the report here: <https://www2.health.vic.gov.au/about/publications/researchandreports/violence-in-healthcare-taskforce-report>

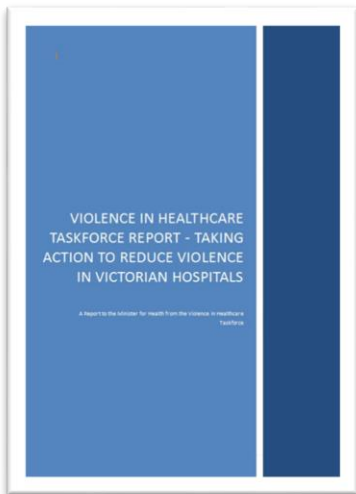
Monash Health Occupation Violence and Aggression: We're not going to take it

Monash Health developed a video for staff to help them address occupational violence which has been recognised with two significant industry awards.

Watch it here: www.youtube.com/watch?v=s8ArBCNhK0M&feature=youtu.be.

Guidance for the patients and visitors

Several services have guidelines on community behaviour also – documenting the expected behaviour of patients and visitors. For example, Peter MacCallum Cancer Institute have a patient charter that sets out the rights and responsibilities of patients and guests. View the Charter here: <https://www.petermac.org/about/patient-charter>



Case studies to use with your board

Board Governance and Ethics: Case studies

The Department of Health and Human Services has created the following case studies on the basis of real examples. Each one poses a different scenario followed by questions to guide a discussion about Board governance and ethics.

Boards can discuss these case studies in Board meetings, as part of their ongoing professional development. Questions are provided to prompt discussion and debate.

Remember that in many ethical dilemmas, there is no 'right answer'. Ethical challenges arise because there is more than one possible path forward, and none provides a simple, clear-cut way of managing competing priorities and interests. It is likely that directors on your Board will have different ideas and contributions in your discussion of these case studies.

Case study one: Powerful CEO

The Prince Charles Health Centre has a strong CEO, Kenneth Ng, who has been in the role for 11 years. Kenneth is a strong and confident CEO, while the board has tended to play a more deferential role. Kenneth often reminds the Board that his professional reputation is on the line, and he is not a volunteer (whereas the Board members are unpaid). The Board is aware that it is accountable to multiple stakeholders, and they bear personal, individual liability. However they know from stories of previous Board members that Kenneth was hard to recruit. At the most recent Board meeting, Kenneth presented some disappointing news: the organisation would fall far short of its WEIS target this financial year, and there had been a spike in OHS incidents. One board member expressed the concern that Kenneth had not done more to avoid these issues, and that the notification had come late in the year, to which Kenneth responded angrily "It's been in your papers – were you even present in past meetings?"

- How do you respond to this?
- Has the Board allowed the balance of power to move too far in the CEO's favour?
- What could the Board do to improve their working relationship with the CEO?
- What responsibility does the Board have to ensure the financial sustainability of the health service?

Case study two: The Christmas Party

The Directors of Minefields Regional Health Service have had a big year, and managed some complex financial, reputational and governance issues. They are unpaid, and the tradition has always been that the MRHS treats them to a special Christmas lunch to thank them for their work. In past years, the Christmas lunch has been held at a local bistro, which is reasonably priced, or held at the health service with in-house catering. This year, the Chair has been approached by the local pharmacy which has offered financial support for the Board lunch. The pharmacy has offered to pay for a river cruise including an open bar and a wine tasting at a winery up the river, if the health service agrees to pay \$60 per head towards the cost. The river cruise is well known locally as it often hosts raucous parties.

- What considerations should the Board take into account as it considers this offer?
- Is there anything wrong with accepting the pharmacy's offer of financial support?
- Is there anything wrong with going on the river cruise?
- What principles are relevant here that are specific to the public sector?

Case study three: Drop-in visits by a new board member

Geraldine was advised at the end of June that her application to be a Board member of Hanover Health Service has been approved and she will be able to attend her first Board meeting in mid-July. In order to prepare herself, Geraldine visits two of the community health centres, the Emergency Department and the Renal Dialysis Unit that the health service operates. Her drop-in is not expected by staff, who are surprised when she introduces herself as a Board Member.

- How should this be handled? I.e. How should the Board respond?
- What should the orientation/induction process include for new Board members including Geraldine? Should there have been any initial advice on first contact with her?
- Should Board members visit staff or partner agencies without prior arrangement by the CEO or the Chair? Why / why not?

Case study four: Public statements

Doreen has been on the board of Riverdale Health Service for many years. Driven by strong political views, she has become increasingly exasperated with the RHS' relationship with the unions. Doreen feels that the health service has not been vocal enough in its support for various union-related causes that are live in the community. A reporter from the local newspaper calls Doreen and asks for her opinion on the negotiation of Enterprise Bargaining Agreements of a related organisation of RHS.

- Should Doreen provide any comment to the newspaper?
- Does she need to add any disclaimer or qualification to her comments?
- If she does speak to the newspaper, should Doreen talk to any of her board colleagues first? If so, about what?

Case study five: Board performance review

The Board of Blythmore Health Service, a large regional health service, is undergoing a performance review. Several Board members are concerned about the conduct of meetings, including that the Chair can be abrasive and non-inclusive towards certain Board members, some Board members appear not to have read their papers, the majority of the Board seems disinclined to discuss the BHS perilous financial state, and the failure to send Board members their papers more than 24 hours before the meeting starts.

The board performance review instigated by two of the three recently appointed Board members, Sandeep and Janet, who don't have much experience and are only just getting to know their board colleagues.

- Is a formal board performance review the best way for Sandeep and Janet to raise concerns? How else could they do so?
- In the performance review process, much of the feedback collected from Board members will be anonymous. Should Sandeep and Janet try to talk to the Chair first?
- If the report on the Board performance review is very positive, and does not make any recommendations which address Sandeep and Janet's concerns, what should they do next?

Case study four: Helpful Harry

Harry, an energetic Board member is anxious to make a contribution to Argyle Regional Health Service. He constantly name-drops who he knows, offers to use his political influence, and declares that the health service should be contacting this company or that. In tonight's Board meeting, he expressly states that he is willing to work with management to prepare a paper on why a major capital purchase should be made.

- As a fellow Board member, how would you respond to this?
- Has Harry crossed the line between governance and management? If so, how? Is there anything else that concerns you about Harry's conduct?
- How should Harry's suggestion be handled by the Board Chair?

Case study five: Bullying

A surgical nurse, Claire, who was meant to be in theatre, has to leave during the procedure – she had been reduced to tears and had to exit to re-scrub. Apparently, the anaesthetist, Alex, also exited under similar circumstances, with the procedure continuing without appropriate monitoring. 'Everyone' knows that this particular surgeon, Sam, is a bully. However, the Executive are concerned that his skillset is such that they do not think they could easily replace him – it is a small hospital and he was seen as a prize catch. This has not been reported to the board. The Executive don't want to upset the surgeon and have not acted on complaints, indeed

they actively discourage complaints about this surgeon, remarking 'It's just Sam's manner, you know what he's like'. Due to this, no formal complaints have been made.

- As the board, what is your role in this situation?
- How could the Board become aware of this risk for employees? What questions should the Directors be asking?
- When the Board hears of an incident involving a couple of employees, how can the Board make sure that its discussion remains at the governance level?
- If the CEO assures the Board that this is a one-off incident, and it has been resolved, how much discussion should the Board invest in the issue? Does the Board need to receive any further reports in future?

Case study six: Gender dynamic

In a phone call between Board meetings, one of your fellow board members, David, complains about Helen, claiming she was too aggressive at the last meeting. He said that Jack had noticed too. You recall that meeting and do not recall anything untoward. At the next meeting, you take the time to pay attention to the dynamic. You notice that David and Jack often exchanged boisterous and very critical, often disrespectful, responses to Helen's contributions but when she asserts herself, they appear offended. In your opinion, Jack and David appear to be disrespectful to most of the female board members, and react differently when a male board member disagrees with them.

- As a Board director, what sorts of things are you thinking about when you hear this scenario?
- What are your options to intervene and raise your concern about Jack and David's conduct in the boardroom?
- How could you seek the Chair's help in improving the directors' conduct in meetings?

You speak to David who justifies his reactions to Helen and is offended. He says he treats all directors on merit, male and female, and that robust debate is essential at Board level. Then at the next meeting his behaviour gets worse, actively targeting Helen in meetings. What do you do?

Case study seven: Healthy eating partnership

Board Member of Central Melbourne Health Service (CMHS) John is the CEO of Healthy Eating, a small not-for-profit organisation based in Victoria. John sees that there could be synergies with partnering with the health CMHS, to which he has just been appointed.

John suggests that a joint conference could be held, and public relations, catering and other costs could be shared.

- As a member of the Board, what should be your response to his request?
- Does John have a conflict of interest? Why / why not?
- As a fellow Board member, how would you raise the question of the conflict of interest? How would you suggest that the conflict of interest be handled by John, and by the rest of the Board?
- John disagrees and says that he does not have a conflict of interest. He appears offended at the suggestion. What do you say to John?
- What factors should the Board take into account as it considers whether the public health service should partner with the other organisation?
- What are the risks of this partnership for CMHS? If it were to go ahead, what safeguards would be needed?

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