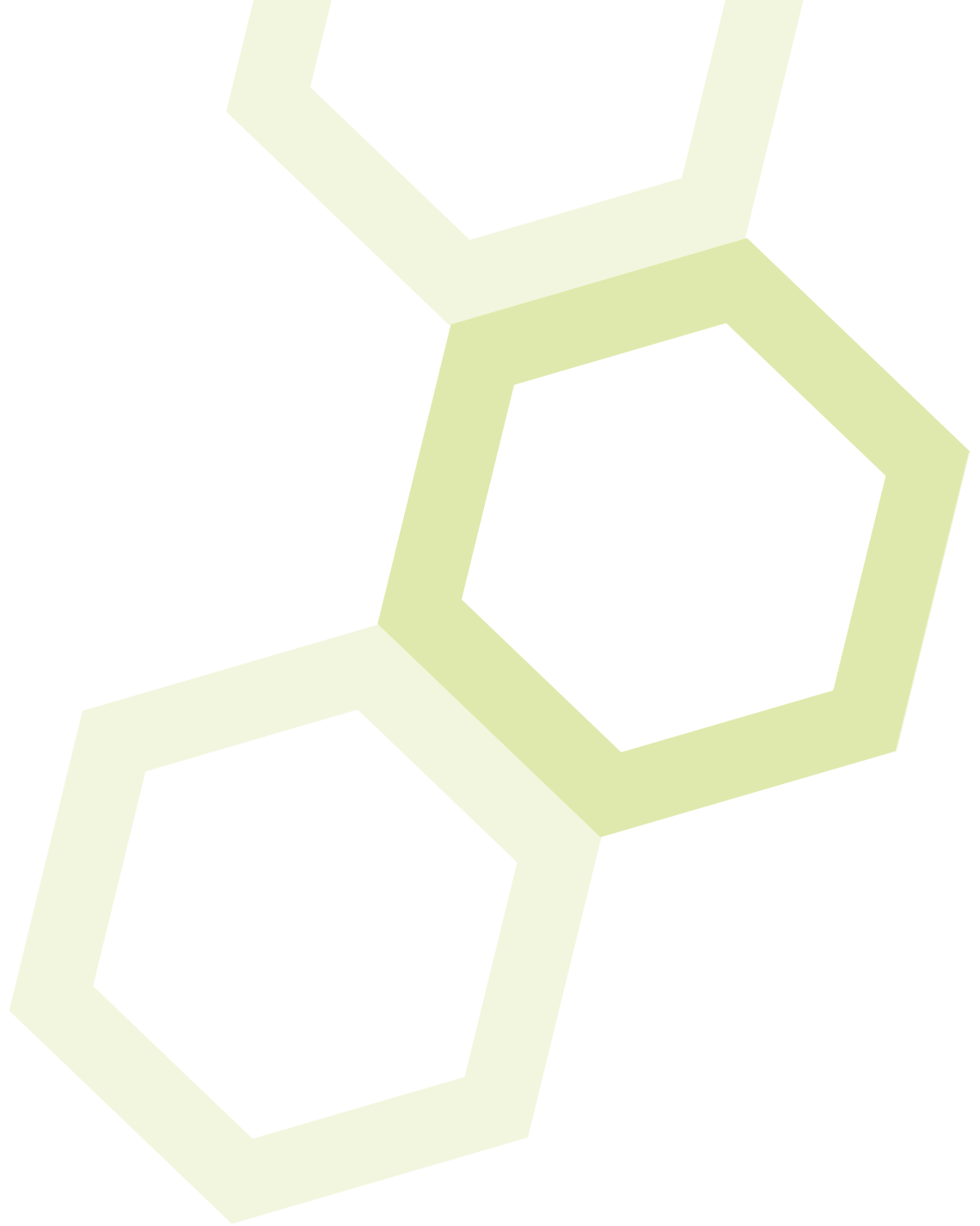




Evaluation of targeted aspects of the **Central Adelaide Local Health Network**



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Central Adelaide Local Health Network**

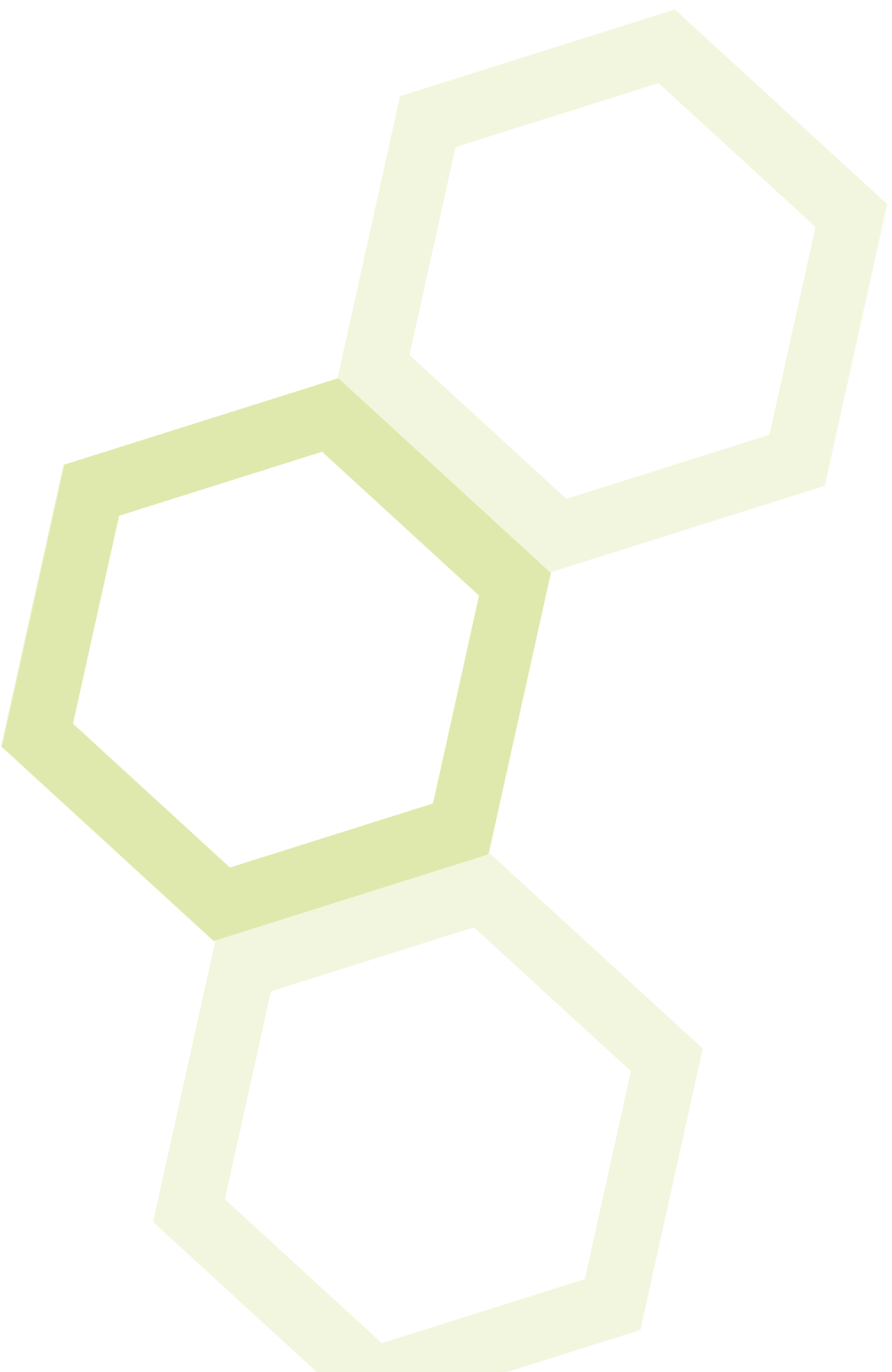
Published November 2022

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Letter of Transmittal

29 November 2022

The Hon. Terence Stephens MLC
President
Legislative Council
Parliament House
North Terrace
ADELAIDE SA 5000

The Hon. Daniel Cregan MP
Speaker
House of Assembly
Parliament House
North Terrace
ADELAIDE SA 5000

Dear President and Speaker

In accordance with sections 40(3) and 41(2) of the *Independent Commission Against Corruption Act 2012* (SA) I present to each of you the report of the Commission's evaluation of targeted aspects of the Central Adelaide Local Health Network.

Sections 40(4) and 41(3) of the Act require that you each lay the report before your House of Parliament on the first sitting day after receiving it.

Yours sincerely



Paul Alsbury
DEPUTY COMMISSIONER



DEPUTY COMMISSIONER'S FOREWORD

Deputy Commissioner's foreword



Effective complaint management prevents corruption.

Complaints are a barometer of an agency's culture, and the manner in which complaints are dealt with is an important contributor to an agency's culture. Does the agency take complaints seriously, investigate them thoroughly and promptly, and act on findings appropriately? Does the agency encourage the reporting of wrongdoing and support complainants? Does the agency actively discourage and combat behaviour that detracts from a culture that supports the making of complaints?

Confidence in complaint and internal investigation processes, as well as the appropriateness of outcomes and sanctions, impact on the detection of wrongdoing and weaknesses in governance. Where employees do not report, behaviours that are inappropriate continue and systems and processes that allow the behaviour to take root remain unchanged. Moreover, behaviours become normalised and accepted, leading to corruption or other misconduct and the failure of public administration to serve the South Australian public's best interests. Ultimately, the reputation of the public sector suffers.

The evaluation uncovered a number of ways complaint, investigation and disciplinary process management can be improved within the Central Adelaide Local Health Network (the Network). Twenty-five recommendations have been made to assist the Network and the Department for Health and Wellbeing (the Department) pursue necessary improvements.

I am grateful for the positive engagement from the Network's senior leadership, including its Governing Board. Senior leaders have indicated support for the evaluation and recommendations directed to the Network. The Network is commended for improvements implemented as a result of and during the course of the evaluation, and its commitment to implement further improvements. Indeed, senior leadership see their response to the evaluation as adding to the important reforms already commenced in response to the former Commissioner, the Honourable Bruce Lander KC's *Troubling Ambiguity: Governance in SA Health* report (the Troubling Ambiguity Report).¹

I would like to thank the Network's Chief Executive Officer, Professor Lesley Dwyer, Statewide Clinical Support Services Group Executive Director, Julie Hartley-Jones and the Governing Board Chair, Raymond Spencer, for their support of the evaluation. I also extend my thanks to the Commission's evaluation team, Peter Healey, Michelle Elliott and Angela Melville.

I am confident that many of the issues identified in this evaluation exist in most agencies across the public sector. Employees from other agencies will also find this report helpful.

A handwritten signature in black ink, appearing to read 'Paul Alsbury'.

Paul Alsbury
DEPUTY COMMISSIONER

1: Independent Commissioner Against Corruption, *Troubling Ambiguity: Governance in SA Health* (Report, 2019) <https://www.icac.sa.gov.au/publications/published-reports/troubling-ambiguity-governance-sa-health>.



EXECUTIVE SUMMARY

Executive Summary

More often than not, when inappropriate conduct occurs in a workplace it does not go unnoticed. Those that observe it want to see that something is done about it.

For this to occur, the conduct needs to be reported to those who *can* do something about it. Indeed, the reporting of inappropriate conduct by employees is widely considered to be the single most important trigger for bringing integrity concerns to light – and often the first.²

Leaders need to engender a culture of reporting in the workplace. Employees must have trust in the process of making a complaint. They must be confident that complaints will be dealt with independently, fairly, objectively and in a timely manner. Those that are doing the wrong thing must be, and be seen to be, held to account.

Reporters, and any victims, must be supported through the process.

If employees do not have confidence in the complaint process they are unlikely to report inappropriate conduct. In workplace cultures where poor behaviour is tolerated or goes unchecked, small indiscretions often develop into more serious acts, including corruption.

The evaluation of the Network's complaint system has focussed on how well it encourages employees to report inappropriate conduct and how well it works to discourage and deal with corruption.

The Board and senior leaders' commitment to necessary cultural reform is obvious. A number of initiatives by the Network are underway to improve complaint management at Network sites. These are noted throughout the report. However, the evaluation has identified opportunities for further improvement.

During the course of the evaluation Network employees and other interested parties were given the opportunity to provide written submissions and to participate in interviews. Around seven per cent of Network employees responded to a survey. The Commission also reviewed documents relating to past complaints and investigations managed by the Network. This information, together with the analysis of network and departmental policy and related documents, has revealed two broad aspects of complaint management where improvements ought to be made.

The first relates to the attributes of workplace culture that impact on an employee's willingness to report.

2: Transparency International Australia and Griffith University, *Australia's National Integrity System: The Blueprint for Action (National Integrity System Assessment, Australia)* (November, 2020) page E-04 https://www.griffith.edu.au/_data/assets/pdf_file/0017/1212326/NIS_FULL_REPORT_V1_Nov_26_Web.pdf (accessed 4 November 2022).

In respect of the Network's workplace culture, the presence of bullying and harassment underpins a reluctance by employees to report. This is particularly an issue where employees who might be the subject of a complaint are in positions of authority.

The Commission was provided with information that suggests management does not consistently encourage the reporting of inappropriate behaviour, with some employees suggesting reporting is even discouraged to avoid reprisals from those with power.

This is perhaps more of an issue for junior employees who must consider the consequences of reporting the very people who make decisions about their future career opportunities.

This is an unenviable dilemma.

Some employees were not confident that, if they did make a report, anything would be done about it, and one third of employees responding to the survey did not even know how to make a report, even if they wanted to.

The second aspect is the real or perceived deficiencies within the complaint management process itself. It is clear there are improvements to be made.

There was a widely held view by surveyed employees that there are inconsistencies in decisions that are made in the way complaints are dealt with, and a lack of equity in relation to how different employees are brought to account. In particular, there is the perception that certain groups of employees are treated more favourably than others during the complaint process.

Indeed, the Commission's review of previous investigations revealed that the sanctions imposed for similar types of conduct sometimes varied widely.

This variation could be as much as issuing a warning for one employee, while terminating the employment of another where the offending was the same but subject to separate investigations. Often, the basis for the decision made was not recorded to explain the different treatment.

This points to a lack of guidance to those managing complaints. More information about complaints and criteria to use for establishing the approach to be followed would improve consistency and transparency in the process. A register of sanctions would also help to support equitable decision making for future investigations.

The evaluation also identified occasions where the timeliness of the investigation process was wholly unsatisfactory.

The Commission's review identified one matter where complete evidence relevant to a misconduct allegation was not obtained and properly considered for over ten months. The findings against the employee were eventually withdrawn, but the entire process took nearly 12 months to resolve.

One employee told the Commission they were not advised they were the subject of a complaint until three weeks after it was reported. Another employee did not learn of the details of an allegation until three months after it was made. Others told the Commission it was not unusual to await the outcome of a complaint for up to a year, clearly demonstrating a need to streamline processes.

The personal and professional impact this can have on individuals is enormous. No doubt this weighs heavily upon those contemplating whether or not to report inappropriate conduct. Fortunately, for some time the Network has been working on timeliness. Although progress has been made, more improvement is required.

Ultimately, organisations must strive for an environment that encourages and supports employees to report inappropriate conduct, and for a system of managing complaints that is consistent, objective and transparent.

This report provides 25 recommendations to assist the Network improve its complaint management process and the reporting culture of its workforce – although, because of the legal and policy framework in which the Network operates, many recommendations are directed to the Department and one is directed to the Commissioner for Public Sector Employment.

The recommendations are also likely to assist other public sector agencies review their own practices, so that when inappropriate conduct comes to light in their agency, it is reported and something is done about it.



RECOMMENDATIONS

Recommendations

RECOMMENDATION 1

The Network ensure that the annual communications plan includes at least quarterly messaging from the Chief Executive Officer and the Governing Board Chair aimed at reinforcing the lack of tolerance for bullying and harassment, and encouraging a culture of supporting the reporting of corruption, misconduct, and other inappropriate conduct.

RECOMMENDATION 2

The Network provide more information to complainants about the outcome of investigations and disciplinary processes arising from their complaints.

RECOMMENDATION 3

The Department publish anonymised details of disciplinary sanctions imposed.

RECOMMENDATION 4

The Network ensure the way in which relevant information, policies, procedures, and guidelines are made available to employees over intranet sites makes them easy to search, locate and access.

RECOMMENDATION 5

The Network prepare and publish a Guide Book for employees detailing, in plain language:

- ▶ the avenues for making complaints, and the consequences arising from each avenue
- ▶ how employees who do not have ready access to work email or computers in a private setting can go about making complaints in a confidential way
- ▶ how a complaint is assessed
- ▶ processes and protections under the *Public Interest Disclosure Act 2018*, and when they do and do not apply
- ▶ the differences between formal and informal resolution of complaints
- ▶ how a disciplinary investigation is conducted
- ▶ how a disciplinary process is conducted
- ▶ relevant considerations for the imposition of disciplinary sanctions
- ▶ relevant timeframes
- ▶ how interested employees (whether they are complainants, accused employees or witnesses) can obtain information about an ongoing investigation or process, and when information or updates will be provided to them as a matter of course
- ▶ the extent to which complaints and information provided during a disciplinary investigation or process is kept confidential, and
- ▶ access to the Employee Assistance Program (EAP).

RECOMMENDATION 6

The Department implement one policy (preferably the Commissioner for Public Sector Employment Guidelines) that applies to all employees, regardless of the statutory framework under which they are employed, that deals with the management of unsatisfactory performance and misconduct. The policy should include the assessment of complaints, disciplinary investigations and processes, and the imposition of sanctions.

RECOMMENDATION 7

That all Network managers receive training through the Manager Fundamentals training program or otherwise about how to identify and deal with appropriate disclosures under the *Public Interest Disclosure Act 2018*.

RECOMMENDATION 8

The Department provide guidance about the making of assessment decisions, including criteria for deciding whether a complaint will be resolved by way of performance management or a misconduct investigation.

RECOMMENDATION 9

The Network record assessment decisions in a consistent way and record the rationale or reasons for assessment decisions.

RECOMMENDATION 10

The Network implement a case management system for all complaints regarding employee conduct.

RECOMMENDATION 11

The Department provide clearer guidance on directions to remain absent and suspension of employment, including timeframes for decision making, and implement a more streamlined process for making and communicating these decisions to employees.

RECOMMENDATION 12

The Department implement a code of conduct for investigators, dealing with objectivity and independence.

RECOMMENDATION 13

The Department provide guidance for investigators dealing with the timeframe during which accused employees may be spoken with during a disciplinary investigation and the manner in which that should occur.

RECOMMENDATION 14

The Department provide guidance for investigators dealing with the emergence of new allegations during a disciplinary investigation to ensure new allegations are investigated and dealt with appropriately.

RECOMMENDATION 15

The Department provide guidance dealing with timeframes and the manner in which information that may identify a complainant is disclosed during disciplinary investigations and disciplinary processes, including to comply with procedural fairness obligations.

RECOMMENDATION 16

The Commissioner for Public Sector Employment provide a statement of principles on the manner in which procedural fairness obligations may be discharged.

RECOMMENDATION 17

The Department provide guidance to accused employees about the circumstances and the manner in which they may approach witnesses (including character witnesses) during a disciplinary investigation and/or a disciplinary process.

RECOMMENDATION 18

The Department provide guidance to investigators about how to respond to requests by accused employees to interview witnesses who have not previously been interviewed as part of a disciplinary investigation.

RECOMMENDATION 19

The Department alter relevant managerial directions to provide clarification regarding if and when an accused employee may approach witnesses in relation to a disciplinary investigation and/or a disciplinary process.

RECOMMENDATION 20

The Department introduce into policy a requirement that all decision makers involved in complaint management, investigations and disciplinary processes actively consider and record whether or not they are or could be perceived to be biased, or they have any conflict of interest in relation to matters they are dealing with, and ensure decision makers receive relevant training.

RECOMMENDATION 21

The Network adopt a consistent approach to investigations after a resignation - provided an investigation would have been pursued if the employee had not resigned, an investigation should still be conducted and a disciplinary process be seen through to findings with an indication of the likely sanction.

RECOMMENDATION 22

The Department provide clearer guidance on concurrent investigations with external agencies which makes it clear that a disciplinary investigation should not be delayed because of an investigation by an external agency, unless the external agency requests the disciplinary investigation be held in abeyance and there are good reasons for agreeing to the request.

RECOMMENDATION 23

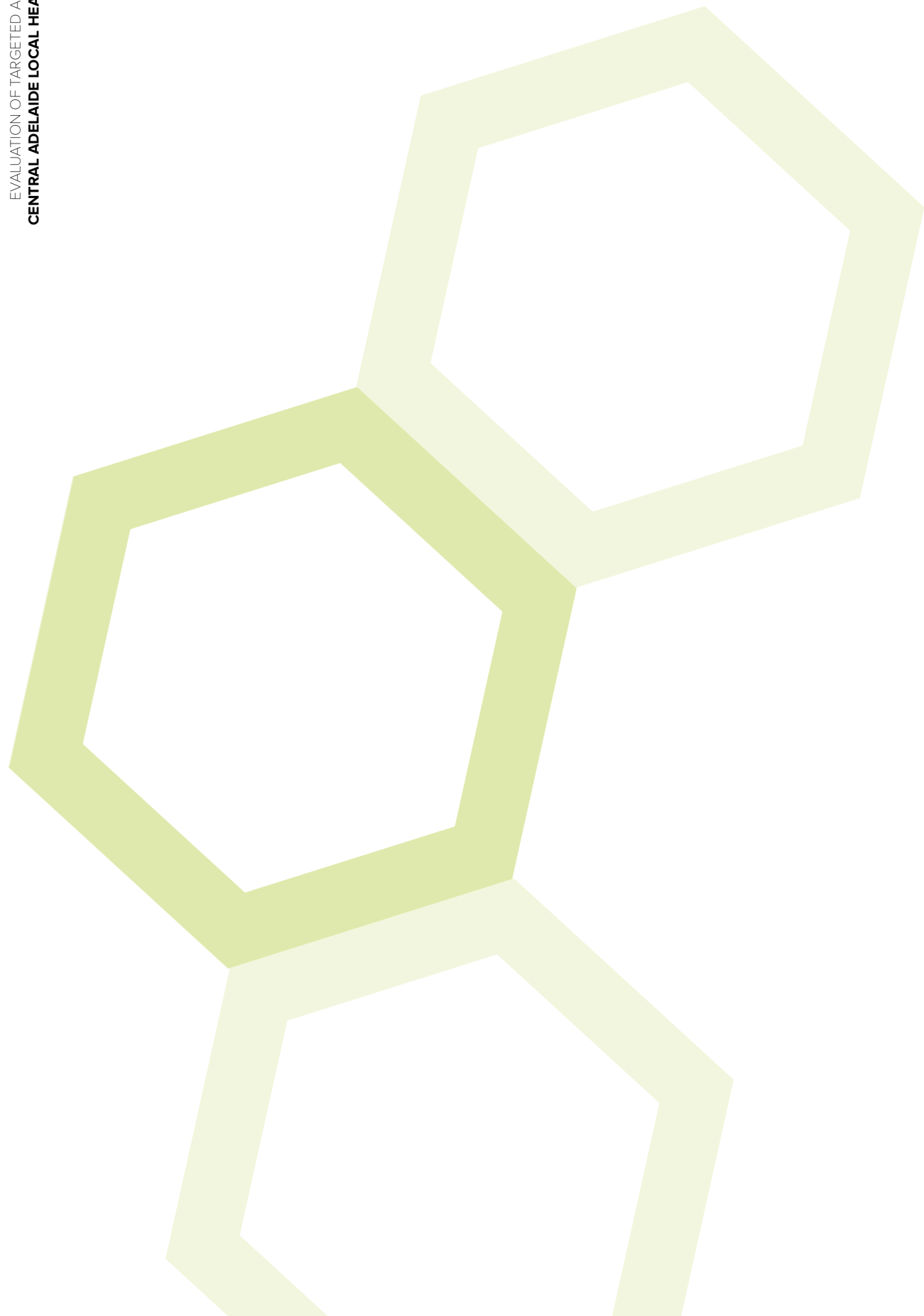
The Department keep a register of sanctions and make it available to those responsible for making sanction decisions across all health networks.

RECOMMENDATION 24

The Department provide guidance as to the weight that should be attributed to personal circumstances as compared to the seriousness of the conduct.

RECOMMENDATION 25

The Network implement a consistent approach for briefing memoranda, including templates, and prescribe the content and considerations required for briefing memoranda.





CHAPTER ONE

INTRODUCTION

Chapter One: Introduction

The Network is the largest health network in South Australia, and comprises the Royal Adelaide Hospital, The Queen Elizabeth Hospital, Hampstead Rehabilitation Centre, Statewide Rehabilitation Services and mental health services at Glenside Health Service and elsewhere. It is also responsible for delivering a range of specialised community and clinical health services across the state such as SA Dental, SA Prison Health Service, all corporate and administrative functions, and Statewide Clinical Support Services (Statewide)³ which includes SA Pathology, BreastScreen SA, SA Medical Imaging and Pharmacy SA.

The Network employs over 18,000 employees⁴, including over 2,000 medical professionals, 6,500 nurses and 2,000 allied health professionals. It is the most densely populated health network in South Australia, covering almost 27% of South Australia's population. Additionally, the Network's highly specialised capabilities and statewide services mean many people from rural and remote communities access the Network's services. The Network has also been at the forefront of the State's COVID-19 pandemic response.⁵

While the Office for Public Integrity (the OPI) was responsible to the Commission, it received around 500 complaints and reports about the Network and its employees, many of which resulted in criminal or disciplinary investigations. The most recent Public Integrity Survey reported survey participants from health networks were more likely than participants from the Department or the public sector overall to agree their organisation places its reputation over addressing problems, or that they were too intimidated to report corruption or were confused about reporting. Participants from health networks suggested that reporting in their workplace was especially difficult, and many described being fearful of victimisation should they report.⁶

The Commission was of the view that an evaluation of the Network, focused on specific aspects of the practices, policies and procedures of the Network as they relate to the receipt, management, investigation and outcomes of complaints, was in the public interest.

- 3: While Statewide comes under the Network's umbrella, it operates, in a number of ways, as a separate entity. Statewide's practices and procedures in relation to complaint management and investigations differ from those of the rest of the Network. Where it is necessary to distinguish between Statewide and the rest of the Network in this report, "Statewide" and "Network Hospitals" will be used.
- 4: Employees are engaged under two different statutory frameworks – the *Health Care Act 2008* (SA) (the HC Act), and the *Public Sector Act 2009* (SA) (the PS Act). For HC Act employees, the *SA Health (Health Care Act) Human Resources Manual* (the Health Manual) applies, and for PS Act employees, the *Guideline of the Commissioner for Public Sector Employment – Management of Unsatisfactory Performance, Including Misconduct* (the CPSE Guideline) applies. The Commissioner for Public Sector Employment is currently developing new guidelines to replace the CPSE Guideline.
- 5: Central Adelaide Local Health Network Submission, EXH 0259, page 2.
- 6: Independent Commission Against Corruption, *ICAC Public Integrity Survey 2021 – SA Health* (Report, 2022) (unpublished).

Terms of reference

The evaluation has examined the receipt, management, investigation and outcomes of complaints.

The terms of reference for the evaluation are:

1. The degree to which the Network's systems and culture encourage reporting of wrongdoing, the means by which the Network provides opportunities to report, and the manner in which the Network receives and assesses reports of wrongdoing, including its compliance with the *Public Interest Disclosure Act 2018*.
2. The robustness of the decision making within the Network related to complaints management and escalation to investigation, including the extent to which decisions are supported by adequate information, consistent with legislation and policy, and appropriately documented and consistent with other decisions.
3. The practices, policies and procedures in place to guide the appropriate conduct of internal investigations, including an audit to test the degree to which investigations are conducted objectively and according to the principles of procedural fairness and the rule against bias.
4. The extent to which disciplinary sanctions and outcomes (including managerial guidance):
 - a. are imposed by the Network in a timely way
 - b. reflect the seriousness of the proven conduct, and
 - c. are consistent with sanctions and outcomes for similar conduct.

The evaluation process

The evaluation involved:

- ▶ collecting details relating to complaints received, investigations conducted, and sanctions imposed between 1 October 2019 and 31 March 2022
- ▶ collecting relevant documents
- ▶ seeking submissions
- ▶ auditing 28 selected disciplinary files in relation to terms of reference 3 and 4
- ▶ administering an employee survey, with approximately seven per cent of the workforce responding⁷
- ▶ conducting interviews with Network employees and other stakeholders
- ▶ consolidating and analysing information received
- ▶ preparing a report.

On 10 October 2022, a draft report was provided to the Network, the Department and to the Commissioner for Public Sector Employment for comment. Responses provided on 26 October (except for Attachment 2), 18 November and 31 October 2022 respectively are appendices to this report.

The survey responses received by the Commission are referenced throughout this report. The qualitative comments reproduced in this report have not been edited and may contain typographical errors.

It is important to note that the survey results reflect employee perceptions. While this information is subjective, it is valuable in illustrating participants' attitudes, experiences, and broader issues relevant to organisational culture and employee morale.

Approximately seven percent of the Network's workforce responded to the survey. It is likely that the results are biased towards the views of respondents who are highly motivated to participate, for instance those who have had a negative experience. The results should not be taken to be representative of all Network employees. Nevertheless, over 1,300 employees responded to the survey, and these views should not be dismissed. The survey results are supported by other evidence received during the evaluation.

Quantitative data from the survey⁸ has been separately published on the Commission's website.

7: Administered so all Network employees could take part in the evaluation, and anonymously provide their views in relation to the issues being examined. It was open between 13 June and 22 July 2022, and received 1,342 responses.

8: EXH 0433.

Complaints and investigations

The evaluation was provided with details of 290 complaint matters received by Network Hospitals.⁹ Most investigations related to unprofessional conduct; improper use / access to information; excessive force / assault / intimidation / threats; sexual harassment / sexual impropriety; and improper or unauthorised use of employment entitlements.¹⁰

Details of 117 complaint matters in relation to Statewide were received.¹¹ Most investigations related to unprofessional conduct; improper use / access to information; failure of duty, inaction or inadequate exercise of power; improper recruitment / deception in employment; and improper or unauthorised use of employment entitlements.¹²

A number of examples of investigation and disciplinary matters have been discussed in Chapters 5 – 7 of this report. The examples discussed are not necessarily reflective of systemic issues. Rather, they are discussed to highlight risks and / or deficiencies in practices, policies and procedures.

9: Approximately 51% of complaints related to unprofessional conduct (which includes disrespectful behaviour, bullying and harassment, and inappropriate use of social media, amongst other conduct); 14% related to failure of duty, inaction or inadequate exercise of power; 9% related to improper use / access to information; 5% related to improper recruitment / deception in employment; and 4% related to sexual harassment / sexual impropriety.

10: EXH 0354.

11: Approximately 54% of complaints related to unprofessional conduct; 8% related to failure of duty, inaction or inadequate exercise of power; 14% related to improper use / access to information; 7% related to improper recruitment / deception in employment; 4% related to sexual harassment / sexual impropriety; and 8% related to improper or unauthorised use of employment entitlements.

12: EXH 0353.

Formal v informal ways to deal with complaints

In both Network Hospitals and Statewide, complaints can be dealt with in a formal manner. This involves a process which can proceed from an assessment of the complaint, to investigation, to a disciplinary process and then to the imposition of a sanction. Some other form of resolution not constituting a sanction (for example, a caution, managerial guidance or counselling) is also possible after a formal investigation.

Alternatively, a complaint can be dealt with in a less formal manner where, following initial assessment, responses such as mediation, managerial guidance, counselling or other performance management strategies are utilised.

These different approaches reflect the wide spectrum of conduct that may be the subject of a complaint. The less formal approach does not result in disciplinary sanctions, is quicker, and will typically be pursued when the conduct involved is not dealt with as misconduct.

Misconduct¹³ is a subset of unsatisfactory performance, and the line between what conduct should be dealt with as misconduct and what conduct should be dealt with as unsatisfactory performance not constituting misconduct is often a matter of professional judgment. The situation is explained in the *Guideline of the Commissioner for Public Sector Employment - Management of Unsatisfactory Performance, Including Misconduct* (the CPSE Guideline) as follows:

Other than conduct constituting misconduct, the term 'unsatisfactory performance' is to be interpreted broadly as referring to the inadequate performance by an employee of the duties of their role and includes consideration of the adequacy of their behaviour/conduct.

Misconduct is a form of unsatisfactory employee performance that is managed in a particular way. Some employee conduct may be legitimately characterised as unsatisfactory performance per se or unsatisfactory performance in the nature of misconduct.¹⁴

13: "Misconduct" is defined in section 3 of the PS Act as "(a) a breach of a disciplinary provision of the public sector code of conduct [i.e. the *Code of Ethics for the South Australian public sector*] while in employment as a public sector employee; or (b) other misconduct while in employment as a public sector employee, the term includes making a false statement in connection with an application for engagement as a public sector employee and being convicted, while in employment as a public sector employee, of an offence punishable by imprisonment".

14: EXH 0023, CPSE Guideline, page 7.

Differences in practices and procedures

Statewide utilises human resource officers to assess complaints and to carry out investigations. Network Hospitals utilises human resource officers to conduct initial assessments and preliminary inquiries, and investigations are conducted by investigators¹⁵ in a separate section. Network Hospitals also have a Principal Integrity Officer¹⁶ whose role includes providing high level strategic advice in relation to corruption, misconduct and maladministration; overseeing the assessment of complaints and reports about misconduct and corruption; and assessing serious and complex complaints.¹⁷

During the course of the evaluation, Statewide indicated they would move to a model similar to that operating at Network Hospitals – one with dedicated investigators sitting apart from human resource practitioners, in addition to a Principal Integrity Officer. Recruitment for investigator and Principal Integrity Officer positions commenced during the preparation of this report.

15: The role title is “Senior Investigation Officer”. A second Senior Investigation Officer position was introduced in response to the Commission’s Troubling Ambiguity Report.

16: This position was introduced in response to the Troubling Ambiguity Report.

17: EXH 0392.

The public sector landscape

The Network is subject to numerous policies issued by the Department. These policies also cover other health networks. One such policy is the *SA Health (Health Care Act) Human Resources Manual* (the Health Manual), from which the Network cannot unilaterally deviate. The Chief Executive of the Department is the employing authority for employees of the Network.¹⁸ Accordingly, while the evaluation has focused on the Network, the Department has been involved in the evaluation, and many of the recommendations are directed to the Department as ‘owner’ of relevant policies.

The Network and the Department are part of the South Australian public sector, over which the Commissioner for Public Sector Employment has significant oversight. The Commissioner for Public Sector Employment will shortly be issuing new guidelines to replace the CPSE Guideline, which will include enhanced guidance on managing unsatisfactory performance and misconduct, aimed at increasing consistency and transparency across the public sector.

As the Commissioner for Public Sector Employment’s response to the draft report indicates, she has already met with representatives from the Network and the Department to consider the report’s recommendations, and will continue to liaise with the Network, the Department and the Commission as she finalises her new guidelines.

18: *Health Care Act 2008* (SA) s 34.



CHAPTER TWO **ORGANISATIONAL** **CULTURE**

Chapter Two: Organisational culture

Introduction

An organisation with a culture that tolerates bullying, harassment and other inappropriate conduct is an organisation at risk of corruption.

A poor organisational culture will erode employee loyalty and can create resentment. In these circumstances employees are less likely to be committed to the organisation's vision and purpose, and will aim to serve their own interests over that of the public. This type of behaviour can quickly become normalised.

The Network's leadership understands this risk and is committed to addressing it.

In 2019, Commissioner Lander, in his Troubling Ambiguity Report, observed that "the overall effect of an organisation that is culturally unwilling or frightened to report corruption or inappropriate conduct is that it will become an organisation that learns to tolerate such conduct as part of its operations."¹⁹ The Commissioner also observed that employees who are or fear being bullied or harassed are less likely to report conduct and less likely to assist in or participate in an investigation of that type of conduct. The result is a reduction in the ability of the organisation to appropriately address that conduct and the harm it causes.²⁰

Bullying and harassment is a problem at the Network. In the Network's submission to the Commission, it referred to 2021 I Work for SA (IWFSa) survey results, showing that 43% of Network Hospitals respondents had witnessed bullying or harassment in the workplace, with 26% indicating they had been subjected to bullying or harassment.²¹ The figures were an improvement on the 2018 results,²² and the Board Chair and Chief Executive Officer have both stressed that dealing with bullying and harassment remains a priority area for the Network.²³

19: Independent Commissioner Against Corruption, *Troubling Ambiguity: Governance in SA Health* (Report, 2019) page 15 <https://www.icac.sa.gov.au/publications/published-reports/troubling-ambiguity-governance-sa-health>.

20: Independent Commissioner Against Corruption, *Troubling Ambiguity: Governance in SA Health* (Report, 2019) page 16 <https://www.icac.sa.gov.au/publications/published-reports/troubling-ambiguity-governance-sa-health>.

21: EXH 0259, page 4. The 2021 result for Statewide was 37% and 21% respectively – EXH 0434.

22: 50% and 27% respectively – EXH 0259, page 4. The 2018 result for Statewide was 41% and 22% respectively – EXH 0259, page 14.

23: EXH 0259, page 4.

The evaluation survey asked a number of questions about attitudes to reporting. The response below is typical of many of the responses received:

Currently it is far too easy for individuals to be recognised through the content of any report made given the specialties/subspecialties involved and issues being reported. Anonymity in SA Health is impossible. Moreover this is important as there are repercussions for whistleblowing with inappropriate support for whistleblowers whilst enquiries and investigations are being undertaken, and individuals suspected of wrongdoing left in positions of significant power, influence and responsibility whilst serious investigation is undertaken. The use of suspension or removal from duties during any investigation is seen as punitive rather than protecting both the individual being investigated and the others who may be interviewed and reporting. Currently in CALHN there is a toxic culture whereby bullying and harassment are allowed to go unchecked and exist at the highest levels of the organisation and there is a tokenism in the response to this by the organisation

Perception and experiences about complaints

A number of submissions raised issues about the Network failing to address complaints about poor behaviour,²⁴ reluctance to make a complaint,²⁵ the Network's culture not encouraging the making of complaints,²⁶ and complaints not being taken seriously or not being addressed.²⁷

Less than one in four survey respondents believed the Network would take action if they reported. This is worrying.

There were a number of common themes in the survey comments, supported by matters raised in submissions. Many respondents commented on a lack of confidence in the Network's response to complaints, not receiving information regarding outcomes of processes, reluctance to make a complaint because of relationships between the alleged wrongdoer and people in authority, and management discouraging reporting.

I have personally reported 2 issues of what I classified as fraud and corruption... Every time I contacted them [the Network's Whistleblower Hotline] they had nothing to report and said they had made attempts to raise these issues with [a former Network employee] but had not heard anything back. This does not give me any confidence in reporting future issues to this hotline as I feel my concerns were not taken seriously.

Workforce incorrectly relying on privacy aspects regarding outcome. A person should be informed at the minimum if their complaint has been upheld or not.

My Manager said to zip up as [position omitted] was powerful personal friend of [position omitted], they would destroy you...

I feel that the reporting of or questioning of inappropriate behaviours is discouraged by management and there is a lot of intimidation at CALHN.

Manager's don't appear to be confident in the reporting process therefore aren't guiding staff below them appropriately.

24: EXH 0130; EXH 0327; EXH 0334.

25: EXH 0334; EXH 0342; EXH 0416.

26: EXH 0135; EXH 0308; EXH 0311.

27: EXH 0135; EXH 0313; EXH 0327; EXH 0330; EXH 0416.

One submission said that reporting was only superficially encouraged by management but, overall, it was viewed negatively at all levels, like “dobbing”.²⁸ However, a number of survey responses were positive in relation to the support provided by management, for example:

A colleague who felt bullied and was upset came to me. I took her to our line manager who was able to resolve the problem to the satisfaction of both staff. It was a process she managed over several weeks.

Initiatives and messaging

Organisational initiatives and messaging, supported by the Network’s senior leaders, is extremely important in combating bullying and harassment. The tone of an organisation is set at the top. The Network’s Governing Board has high level oversight and a keen interest in the delivery of programs to address bullying and harassment, which the Commission commends.

In response to the Troubling Ambiguity Report, the Network commenced a number of initiatives, with the support of the Board. Among other things, the Network developed a cultural transformation road map through the development of a People First Strategy and the IWFS Action Plan.²⁹ The People First Strategy includes a Professional Accountability Program, an online bullying and harassment training module, and the establishment of a Manager Fundamentals training program for new and existing managers.³⁰ The Network has also advised that the Manager Fundamentals training has been strengthened with respect to understanding and promoting reporting obligations.³¹

The Network submitted:

The [Professional Accountability Program] is based on peer accountability, peer messaging and peer comparison. It encourages positive behaviour based on feedback and self-reflection on unprofessional behaviour. This model will assist us to value and provide a voice for our workforce – particularly our junior medical staff – safeguarding our workforce’s wellbeing and professional development.

... The reporting system allows any CALHN employee to report instances where they witness or in some way experience behaviour that is inconsistent with our values. Reports are managed through a triaging process with an appropriate peer messenger assigned to deliver the conversation. Any instances of suspected misconduct reported through the system are referred to the CALHN Principal Integrity Officer in the Workforce team.

The Professional Accountability Program is an innovative program with a strong evidence base that enables early intervention conversations to occur from a respected peer to promptly address behaviour that is inconsistent with CALHN’s values and at the same time reinforcing the desired behaviours.³²

28: EXH 0334.

29: EXH 0259, page 4.

30: EXH 0259, page 5.

31: EXH 0429 (Attachment 2) – Amendments sought by the Network to draft report.

32: EXH 0259, page 8.

One of the anticipated benefits of the Program is that it increases patient safety by reducing the risk of poor outcomes and complications arising from unprofessional and unsafe behaviour.³³ The Program is in its infancy.³⁴ However, it represents a significant investment by the Network in combatting bullying and harassment and improving culture. The Governing Board Chair speaking at the program's launch in May 2022 highlighted the commitment of senior leadership to the program, and its importance.

The Network also advised that Statewide had launched the Synergy Program which maps a route to developing and improving culture. The first priority for the program is the values and behaviours component that includes the introduction of core values – Integrity, Compassion, Accountability, Respect and Excellence (ICARE).³⁵

These sorts of initiatives are vitally important and represent a commitment by the Network's leadership to creating a better culture.

While there has been some messaging from senior executives about cultural and integrity issues since 1 October 2019,³⁶ it could be more regular and targeted. The messaging should reinforce the lack of tolerance of senior leaders to bullying and harassment and encourage the making of complaints. An annual communications plan has been developed to ensure more regular communication for employees on cultural and integrity matters is provided.³⁷ On 28 July 2022, the first of the Network Hospitals' Executive Director Workforce Management and Reform's monthly 'People First' newsletter was published. It included information about Code of Ethics awareness training and reporting options.³⁸ Similar messaging was sent by Statewide's Group Executive Director to Statewide employees on 16 August 2022.³⁹

The Network ensure that the annual communications plan includes at least quarterly messaging from the Chief Executive Officer and the Governing Board Chair aimed at reinforcing the lack of tolerance for bullying and harassment, and encouraging a culture of supporting the reporting of corruption, misconduct, and other inappropriate conduct.

RECOMMENDATION 1

33: EXH 0349, page 2.

34: Between the launch of the Program in May 2022 until 26 October 2022, 32 reports have been received, the majority of which relate to inappropriate communication. They have been dealt with by way of informal 'peer messenger' conversations – EXH 0429 (Attachment 2) – Amendments sought by the Network to draft report.

35: EXH 0259, page 15.

36: EXH 0107; EXH 0108.

37: EXH 0401; EXH 0429 (Attachment 2) – Amendments sought by the Network to draft report.

38: EXH 0401.

39: EXH 0412.

Lack of confidence by employees in complaint processes

There is the perception that the making of complaints is not encouraged, complaints are not taken seriously, and poor behaviour is not addressed. Some perceive that poor behaviour is not addressed because of relationships between the alleged wrongdoer and people in authority. These perceptions no doubt fuel a lack of confidence in relevant processes, leading to a reluctance to make complaints.

The Network can improve confidence in complaint handling by doing a number of things which are dealt with throughout this report. Employees who responded to the survey expressed frustration about not receiving information regarding the outcome of their complaint. Providing more information about the outcome of complaints, specifically to complainants, and more generally, can increase confidence in the process. This information will help dispel incorrect perceptions which serve to undermine confidence.

Complainants have an interest in the outcome of complaints, particularly if the conduct complained about has been detrimental to them, for example, bullying. They will be disillusioned if such conduct is repeated, especially if they believe the initial conduct was not addressed. They will stop complaining about wrongdoing. They will tell their colleagues that it is not worth making a complaint. They will leave.

The Network provide more information to complainants about the outcome of investigations and disciplinary processes arising from their complaints.

RECOMMENDATION 2

It is important for employees to see that misconduct and other inappropriate behaviour is being dealt with. This can be achieved by providing employees with information about sanctions imposed where misconduct has been found to be substantiated. The identity of the wrongdoer in this regard is not important – the important thing is the message that wrongdoing has been dealt with by way of an appropriate sanction. In addition to improving confidence in complaint handling, such messaging should also have a deterrent effect on those considering engaging in similar conduct. Publishing anonymised details of sanctions imposed will address corruption risks on a number of fronts.

The Department publish anonymised details of disciplinary sanctions imposed.

RECOMMENDATION 3



CHAPTER THREE

COMPLAINT PROCESSES

Chapter Three: Complaint processes

Introduction

If we want public officers to speak up, then they need to have confidence in complaint processes. They need to know how to complain and what they should expect. They need to feel as comfortable as possible with the process and how it will protect them. Processes that induce anxiety and produce uncertainty will simply not be utilised. Wrongdoing will not be reported and corrupt actors will exploit this.

Making complaints

Complaints can be made by Network employees in a number of ways:

- ▶ to a line manager
- ▶ to a workforce business partner
- ▶ to senior or executive management
- ▶ through the Safety Learning System (SLS)⁴⁰
- ▶ through the SA Health Stop Line⁴¹
- ▶ to a Responsible Officer⁴²
- ▶ to the OPI or Ombudsman
- ▶ to regulatory bodies such as the Australian Health Practitioner Regulatory Agency (AHPRA), and/or
- ▶ to law enforcement agencies such as South Australia Police (SAPOL).

There are sufficient avenues for Network employees to make complaints. However, there are different consequences for both the complainant and an accused employee depending on what avenue is chosen. For example, in relation to a complaint via the SA Health Stop Line, a person consulting the legislation may form the view that a complaint to the Stop Line will not be protected under the *Public Interest Disclosure Act 2018 (SA)* (the PID Act). However the Network has confirmed it will treat such a complaint as an appropriate disclosure under the PID Act if the complainant asks for it to be treated as an appropriate disclosure, or it is otherwise assessed as one.

40: The Safety Learning System is an application that enables all SA Health services to record, manage, investigate and analyse patient and worker incidents as well as consumer feedback. It has a notifications module, which provides a mechanism for nominated managers to record certain categories of notifiable incidents, including employee disciplinary matters, medical malpractice matters and alleged sexual assault and sexual misconduct. See EXH 0101.

41: Often referred to as the 'Whistleblower Hotline'.

42: A Responsible Officer is a person designated as a Responsible Officer under section 12 of the *Public Interest Disclosure Act 2018 (SA)*. Responsible Officers undergo training by the Commission. Since the commencement of the evaluation, Statewide identified the need for its own Responsible Officers (rather than utilising Network Hospitals' Responsible Officers), and two employees have undertaken the training provided by the Commission.

Another example is that a complaint submitted through the SLS may not have the same level of confidentiality as complaints submitted through other means. Sufficient, clear, and easily locatable information needs to be provided to employees about such ramifications. For a particular type of complaint, it may be more appropriate for one avenue to be chosen over another, and information should be provided to employees in this regard.

Relevant policies, procedures and guidelines can be accessed by Network employees through intranet sites (e-Central), and the internet sites of agencies such as the Office of the Commissioner for Public Sector Employment (OCPSE), the OPI, and the Commission. The Network advises that the intranet site includes a page containing general information for employees including links to key legislation, codes, policies and procedures. Employees are also able to ask their Human Resources Business Partner for a copy of relevant policies, procedures, and guidelines.⁴³

Training modules offered by the Network, the OPI, the OCPSE and the Commission also contain information about where employees can source applicable policies, procedures and guidelines.⁴⁴ The Network's mandatory online orientation was updated in June 2022 to include reference to the PID Act, the Commission's *Public Interest Disclosure Guidelines*, and the OPI and departmental websites.⁴⁵ An online module in the Learning Management System regarding reporting obligations and reporting pathways has been developed, with the module being delivered as an in person session for Network executive employees. This module's development has now been communicated to all employees.⁴⁶ A Principal Integrity Officer will lead the development of content for a Managing Misconduct Masterclass.⁴⁷

Despite the Network's efforts to provide information to its employees, approximately one third of evaluation survey respondents did not know how to make a complaint or had not been provided with information about making a complaint. More than one in four were confused about what conduct should be reported.

One in four survey respondents never or rarely used written policies and procedures relating to reporting inappropriate conduct in their day to day work. The most common reason given was that policies were too burdensome or difficult to find.

I would be good if it is made easily available in a central area. I find that sometimes the policies are located in various different areas on the intranet or completely unavailable. The CALHN intranet search bar is not a very good search engine.

It is very difficult to find policies and procedures on the intranet site, and if you do find something, it is hard to know if you have the current version.

Staff are not made aware of all policies and procedures other than in a vague way. Staff are also not clearly made aware of avenues of reporting and especially escalation pathways if management are unresponsive and/or if management are the subject of the complaints and disrespectful or corrupt behaviours.

There is difficulty in knowing which policies to look for ie SA Health or CALHN-specific. There is also limited information on the CALHN intranet which is notoriously difficult to find things on...

43: EXH 0401.

44: EXH 0401.

45: EXH 0401.

46: EXH 0401 and EXH 0429 (Attachment 2) – Amendments sought by the Network to draft report.

47: EXH 0401.

Some positive responses were given:

I believe CALHN's policies and procedures are clear. What has caused confusion is the change to ICAC and inclusion of OPI plus changes to the definitions of misconduct and maladministration partnered with the removal of the training.

The policies and mechanisms of reporting have been well communicated to employees

The Network clearly makes relevant policies, procedures, guidelines and information available to its employees relating to complaint, investigation and disciplinary processes, and has made important improvements since the commencement of the evaluation. Recommendations are made below, aimed at further improving access to, and understanding of, relevant information.

Submissions also raised issues about logistical challenges which impact on confidentiality – difficulty in finding a private place to report⁴⁸ or having to involve others in making complaints due to limited access to work email or computers⁴⁹. It is important for the Network to ensure all employees are able to make complaints, and are aware of how they can do so, from a logistical perspective, in a confidential manner.

Two policies apply in relation to Network employees insofar as complaint, investigation and disciplinary processes are concerned. This creates confusion and unnecessary red tape. One policy should be implemented. The Commissioner for Public Sector Employment has submitted that her guidelines should be followed, except where it is necessary to deviate from them. This is sensible.

The Network ensure the way in which relevant information, policies, procedures and guidelines are made available to employees over intranet sites makes them easy to search, locate and access.

RECOMMENDATION 4

48: EXH 0334.

49: EXH 0330.

The Network prepare and publish a Guide Book for employees detailing, in plain language:

- ▶ the avenues for making complaints, and the consequences arising from each avenue
- ▶ how employees who do not have ready access to work email or computers in a private setting can go about making complaints in a confidential way
- ▶ how a complaint is assessed
- ▶ processes and protections under the *Public Interest Disclosure Act 2018*, and when they do and do not apply
- ▶ the differences between formal and informal resolution of complaints
- ▶ how a disciplinary investigation is conducted
- ▶ how a disciplinary process is conducted
- ▶ relevant considerations for the imposition of disciplinary sanctions
- ▶ relevant timeframes
- ▶ how interested employees (whether they are complainants, accused employees or witnesses) can obtain information about an ongoing investigation or process, and when information or updates will be provided to them as a matter of course
- ▶ the extent to which complaints and information provided during a disciplinary investigation or process is kept confidential, and
- ▶ access to the Employee Assistance Program (EAP).

RECOMMENDATION 5

The Department implement one policy (preferably the Commissioner for Public Sector Employment Guidelines) that applies to all employees, regardless of the statutory framework under which they are employed, that deals with the management of unsatisfactory performance and misconduct. The policy should include the assessment of complaints, disciplinary investigations and processes, and the imposition of sanctions.

RECOMMENDATION 6

Disclosures under the PID Act, confidentiality and support

There are a number of benefits to making a complaint which constitutes an appropriate disclosure under the PID Act, including confidentiality and protection from victimisation. These benefits flow through to the agency and help manage corruption risk as they increase confidence in the complaint process and make it more likely that misconduct and other inappropriate conduct will be reported.

Whether a complaint is an appropriate disclosure will depend on factors such as who the complaint is made to, what the complaint is about, and who makes the complaint. However, many of the requirements of the PID Act, including those relating to assessment, confidentiality, communication to the complainant and protection from victimisation, constitute best practice in complaint management. It is often simpler and more conducive to promoting confidence in complaint handling to adopt PID Act processes regardless of whether a complaint comes within the PID Act. Moreover, if there is any uncertainty as to whether a complaint constitutes an appropriate disclosure, then it should be taken to come within the PID Act.

The Network is covered by the Department's policies, fact sheets and intranet content relating to appropriate disclosures. It also has its own fact sheets and intranet content for the benefit of employees and decision makers. All matters classified as appropriate disclosures are reported to the Department, which has broad oversight of them.

Public sector agencies should do everything they can to protect complainants from victimisation as a result of making a complaint. However, the PID Act specifically protects a maker of an appropriate disclosure from victimisation, making it an offence.⁵⁰ The PID Act also includes requirements for the identity of a maker of an appropriate disclosure to be kept confidential, although the identity of such a person may be disclosed "so far as may be necessary to ensure that the matters to which the information relates are properly investigated".⁵¹

It must be acknowledged that in some matters, the identity of the complainant will be obvious due to the nature of the complaint, or because the complainant is the only person who could have knowledge of the alleged wrongdoing. In other matters, the identity of the complainant will need to be disclosed to effectively investigate the matter, or to provide procedural fairness to the accused employee. That does not, of course, detract from the position under the PID Act that the identity of a complainant should not be disclosed without their consent unless it is necessary to do so to properly investigate the matter.

Half of the evaluation survey respondents believed that they would not be protected from negative repercussions if they made a complaint. A third would be worried about their job. A number of comments were made by survey respondents and in submissions⁵² about confidentiality and fear of reprisal, for example:

It is my understanding that many staff, who did not need to know, were aware of the complaint.

im sure that there would be negative repercussions in [name of section omitted] if something was reported. Things like reporting events are always held against a staff member.

50: *Public Interest Disclosure Act 2018 (SA)* s 9.

51: *Public Interest Disclosure Act 2018 (SA)* s 8.

52: EXH 0318; EXH 0330; EXH 0334.

One employee did comment:

It does appear to have been kept confidential.

Many respondents raised issues regarding job security or adverse career prospects, for example:

...every time I raise such concerns about the interactions between the leadership group and the poor behaviours demonstrated I feel insecure about my own temporary contract and the impact that reporting such behaviour might have.

*Difficult for junior medical staff to report the above. The people we need to report to about such issues are often responsible for deciding which junior doctors get onto particular training programs
So raising an issue may black list you from training programs*

A submission made by a union also raised the fact that casual employees or those on short term contracts are reluctant to make complaints due to issues around job security.⁵³ The survey results show that employees on short term contracts were particularly worried about negative repercussions if they reported.

Around 79% of participants who had been the subject of a complaint were aware of the identity of the person who made the complaint. Participants who manage employees were significantly more likely to agree that the process was kept confidential from people who were not involved in the process.

Another important aspect of the PID Act is the requirement that a person who receives an appropriate disclosure assess the information as soon as practicable, take appropriate action, and take reasonable steps to notify the person who made the disclosure of the action being taken (or, if no action is being taken, the reasons why).⁵⁴ The person who made the disclosure must also be advised of the outcome of action taken in relation to an appropriate disclosure.⁵⁵

Some evaluation survey respondents commented on a lack of information about the process:

...lack of acknowledgement from line manager followed by lack of support and limited information about process. HR reluctant to share details of complaint but expected a response regardless. Unable to seek support from colleagues due to confidentiality, despite their knowledge of the complaint from other sources.

I believe there needs to be more open communication to those who put in complaints. Offering EAP is not enough. They need to be informed of the process and the outcomes

Comments about a lack of information regarding the outcome of complaints have previously been referred to in this report.

It is noted that recommendations two and five will address some of these issues.

53: EXH 0416.

54: *Public Interest Disclosure Act 2018 (SA) s 7(1).*

55: *Public Interest Disclosure Act 2018 (SA) s 7(3).*

Appropriate disclosures can be made to different categories of people, including Responsible Officers under the PID Act and also people who are responsible for the management and supervision of the employee who is the subject of the disclosure. Information provided during the evaluation raised issues about whether complaints made to managers were being identified as appropriate disclosures at the time or shortly after they were made, or even at all.⁵⁶ The potential ramifications of this include the complainant not receiving the benefits of confidentiality and advice as to action taken and the outcome, as well as the protection against victimisation not being brought to the attention of the complainant.

That all Network managers receive training through the Manager Fundamentals training program or otherwise about how to identify and deal with appropriate disclosures under the *Public Interest Disclosure Act 2018*.

RECOMMENDATION 7

Employee Assistance Program

The Employee Assistance Program (EAP) is available to all Network employees, including employees who have made complaints and those who are the subject of complaints. General policies and procedures about access to the EAP are available to employees on Network intranet sites.

Recommendation five recommends information about the EAP be included in the Guide Book.

The Network has recently partnered with its EAP provider to deliver additional and proactive support for employees who are the subject of a misconduct investigation. Employees will be offered a wellbeing check-in at specific stages of the investigation process. If the employee agrees, the employee will receive a proactive call from a specialist EAP clinician who has experience responding to workplace incidents and events, and can provide an assessment of impact, as well as strategies to relieve the immediate effect. The process has also been improved to ensure regular wellbeing checks and updates about the investigation process are provided to the employee. Discussions are taking place to extend this process to those who have made appropriate disclosures under the PID Act.

The Network is also implementing improved communication to these groups about the EAP.

56: EXH 0239; EXH 0282; EXH 0295.

A decorative graphic on the left side of the page consisting of four stacked hexagons. Each hexagon is composed of a dark green outer ring and a lighter green inner hexagon. The hexagons are arranged vertically, with the top one slightly offset to the right and the bottom one slightly offset to the left.

CHAPTER FOUR **COMPLAINT** **ASSESSMENT**

Chapter Four: Complaint assessment

Introduction

Initial decisions relating to how a complaint will be dealt with are vitally important to ensure matters are dealt with appropriately and in a timely way. Incorrect assessment decisions can result in missed opportunities – for example, opportunities for a timely resolution or to gather important evidence. This creates a corruption risk, as misconduct or other inappropriate behaviour can be missed or not addressed, and trends relating to particular conduct or individuals can be overlooked and not appropriately managed.

Consistency at this stage of the process is also important to ensure Network employees have confidence in the process. Inconsistency can, for example, fuel concerns about favouritism. Employees are less likely to use a process they perceive to be arbitrary and biased towards or against certain people.

Not all complaints will be dealt with in the same way. Some will contain insufficient detail to enable the matter to be productively pursued, or will relate to conduct that has already been dealt with. In such cases, it is appropriate to take no further action. Other complaints will not require an investigation, either because the matter is not serious, is more appropriately dealt with by way of performance management, and/or the facts are clear and no further information is required for decisions to be made. Some complaints will need to be investigated due to the seriousness of the matter and/or the need to pursue lines of inquiry to allow the relevant facts to be determined.

Given the importance of complaint assessment, it was surprising how little guidance there was about how assessment decisions should be made, and how scant the recorded reasons for decisions were (if indeed reasons were recorded at all). Assessment decisions were recorded inconsistently, and records were sometimes difficult to locate. Network officers commented on the difficulty of locating some records in response to requests made by the evaluation team.

Consistency and lack of guidance

It is accepted that achieving consistency across many assessment decisions made by different decision makers at different times and dealing with a multitude of different circumstances is challenging. Recommendations made throughout this report are directed to improving consistency in decision making as it increases transparency and confidence in complaint processes, meaning that people are more likely to make complaints so that misconduct and inappropriate behaviour is more likely to be dealt with.

A number of submissions⁵⁷ and a substantial number of respondents to the evaluation survey referred to a lack of consistency or equality in relation to how different employees were dealt with:

... There is inequity in how executive members and general staff are managed.

CALHN generally manages complaints ok. the problem is the lack of reporting due to the issues experienced such as favouritism and the fact that Medical Staff are untouchable in the eyes of Executive.

Consistency, supported by appropriate guidance, improves decision making.

The CPSE Guideline refers to a decision maker forming a suspicion that an employee has committed misconduct as a prerequisite for an investigation. Only then will an investigation be pursued where required, the purpose being to gather evidence to inform the decision maker as to whether, on the face of it, an employee has committed misconduct.⁵⁸

However, the Health Manual refers to a determination being made as to whether a full investigation is required, something which “will usually be obvious by the nature and seriousness of the allegations/ suspicions as well as the possible consequences if they are proven”. The Health Manual makes clear that an investigation is intended to establish the facts, in circumstances of alleged or suspected misconduct or unsatisfactory performance, in a timely manner.⁵⁹

The undesirability of having two policies has been mentioned previously in this report.

Statewide has the benefit of further guidance by way of a “Misconduct Flowchart”, which provides advice beyond the CPSE Guideline and the Health Manual about when no investigation is required at all, when a preliminary investigation is required, and when a factual (or full) investigation is required.⁶⁰

Assessment decisions should be made relatively quickly, transparently, and as consistently as possible. The decisions need to be appropriate and driven primarily by the nature and seriousness of the complaint – factors about which only minimal, high level guidance is currently given. What is lacking is criteria to assist decision makers in determining whether, for example, conduct complained about should be dealt with by way of performance management, or investigated as possible misconduct.

57: EXH 0135; EXH 0308; EXH 0313; EXH 0416.

58: EXH 0023, CPSE Guideline, page 18.

59: EXH 0029, Health Manual, page 70.

60: EXH 0051.

One survey respondent commented:

... And there is significant confusion even for those in leadership roles as to whether behavioural/competence/misconduct issues are managed through performance process only or via mandatory notifications.

An experienced Network employee involved in complaint assessment, when asked about whether they would recommend a hypothetical matter be dealt with by way of managerial guidance or a misconduct investigation, indicated a particular position.⁶¹

While it seemed reasonable, it was inconsistent with how such matters had invariably been dealt with by other employees when assessing complaints. The question was posed without notice, and the response must be viewed in that light. However, it indicates the risk of inconsistent decision making without any criteria or guidance.

The Department provide guidance about the making of assessment decisions, including criteria for deciding whether a complaint will be resolved by way of performance management or a misconduct investigation.

RECOMMENDATION 8

61: EXH 0418.

Record keeping

As best as could be ascertained from examination of records,⁶² the assessment decisions made were broadly consistent and supported by adequate information. However, the reasons or rationale for assessment decisions were not usually documented. The decisions were consistent with legislation and policy but, as identified, only high level guidance is given by relevant policies.

Assessment decisions were not documented in a consistent way. For example, some assessment decisions were found in the record of a meeting, while others had to be located by examining email chains. In relation to Network Hospitals, assessment decisions were generally not recorded in the Misconduct Assessment Panel (MAP)⁶³ forms, despite there being a field in the form for that purpose.

The reasons or rationale for assessment decisions were generally not documented. This detracts from the transparency and consistency of the decision making. The Network has confirmed the rationale for assessment decisions is now being recorded, and MAP forms have been amended to prompt this record being made.⁶⁴

In response to the Troubling Ambiguity Report, the Network now records all disciplinary investigations and processes in the SLS. The SLS is used to track the progress of investigations and disciplinary processes. While not recorded in the SLS, there is regular review and monitoring of the progress of complaints not referred for investigation and/or a disciplinary process.

There is no one integrated system in relation to complaint management. The Network have reported that “Human Resources are reviewing the availability of case management systems within the public sector that might be able to be procured by [the Network] to improve our case management practice (including proactive reminders and alerts) and records keeping. This initiative will be dependent on funding capability.”⁶⁵ A number of Network employees spoken to during the course of the evaluation supported the implementation of a case management system.⁶⁶ There is certainly a benefit to having a case management system covering all aspects of the complaint journey – receipt, assessment, informal resolution / performance management, investigation, disciplinary process and imposition of sanction. The case management system could capture reasons for decisions, assist in managing timeframes, prompt consideration of important issues, such as whether a complaint constitutes an appropriate disclosure under the PID Act, and provide a database of the outcomes of previous matters to assist in future decision making.

62: In relation to complaint assessment, records were examined in relation to 60 Network Hospitals matters and 27 Statewide matters. These matters related to allegations of inappropriate access to patient records; breaching confidentiality; undertaking outside employment without approval; nepotism; dishonesty in various contexts; theft of drugs; inappropriate restraint; and sexual harassment/ sexual impropriety.

63: The Misconduct Assessment Panel, consisting of senior Network employees with human resource, industrial and legal backgrounds, makes decisions about complaints of potential misconduct, including whether such complaints should be investigated.

64: EXH 0424.

65: EXH 0401.

66: EXH 0345; EXH 0346; EXH 0418.

A human resource officer provided feedback that the evaluation had reinforced to them the importance of keeping good records, including records of meetings and telephone discussions.⁶⁷ A case management system could assist in keeping such records, and allow them to be searched and accessed efficiently if needed.

.....

The Network record assessment decisions in a consistent way and record the rationale or reasons for assessment decisions.

RECOMMENDATION 9

.....

The Network implement a case management system for all complaints regarding employee conduct.

RECOMMENDATION 10

67: EXH 0422.



CHAPTER FIVE

INVESTIGATIONS

Chapter Five: Investigations

Introduction

Complainants want allegations of misconduct to be investigated competently and in a timely manner. Employees who are accused of misconduct expect that also. Confidence is eroded when outcomes take too long, are inconsistent with evidence, or appear to be ill considered.

Confidence in complaint processes is vital to fostering a culture where people are prepared to make complaints. Effective investigations are far more likely to uncover misconduct and inappropriate behaviour and identify cultures, practices, policies and procedures that have enabled misconduct and inappropriate behaviour. And effective and efficient investigations will support more timely and well informed decision making that is more robust and less likely to be subject to challenge (which would extend timeframes even further).

Directions to remain absent and suspension

DIRECTIONS TO REMAIN ABSENT

In some cases following an incident or allegation of potential misconduct, a direction is issued to the employee to remain absent and follow other managerial directions. This is used as an immediate response pending a decision on suspension.⁶⁸ Limited guidance about directions to remain absent is given. The CPSE Guideline stipulates that a direction to remain absent is not a substitute for following a suspension process.

In light of the serious nature of directions to remain absent, both the Health Manual and the CPSE Guideline should provide more guidance for decision makers and accused employees. Guidance should be included about when they should be used and applicable pay arrangements.⁶⁹

A review of the timing of directions to remain absent suggested that directions to remain absent were not always being used with the requisite level of urgency. In some instances, the details of the incident were not escalated immediately to a decision maker or there was a delay in the decision being approved. In one matter, allegations against a senior Network employee of inappropriate touching and comments towards a number of other employees and patients resulted in a delay of over a month.⁷⁰

A direction to remain absent needs to be an immediate response to an incident. The principal reason for a direction to remain absent should be to address risk, and this is undermined if there is delay.⁷¹

68: EXH 0339, paragraph 50.

69: In one matter, an employee had to seek clarification, through their union representative, about whether the requirement to stay away would impact their usual pay - EXH 0339, paragraph 53.

70: EXH 0420.

71: EXH 0339, paragraphs 56 – 58.

SUSPENSION

Both the Health Manual and CPSE Guideline identify the importance of making suspension decisions promptly after the incident.

The decision to suspend an employee requires procedural fairness before it is made.⁷² The Health Manual suggests that procedural fairness should not be an onerous process with respect to the suspension decision (it indicates that suspension processes can be informal and carried out orally). However, the Network does adopt a more formal approach to suspension, with the process involving a long period of time for the employee to be able to respond at a time when the employee has usually been the subject of a direction to remain absent from work for some time.⁷³

In the files audited where suspension decisions were made, the approach taken by the Network meant that suspension decisions tended to be made long after the incident had occurred.⁷⁴ Any undue delay in making suspension decisions undermines confidence in the process and is contrary to policy.

The Department provide clearer guidance on directions to remain absent and suspension of employment, including timeframes for decision making, and implement a more streamlined process for making and communicating these decisions to employees.

RECOMMENDATION 11

72: EXH 0339, paragraph 64.

73: EXH 0339, paragraphs 69 and 70.

74: 129; 111; 65; 52; 50; and 14 days - EXH 0339, paragraph 71.

Investigations

WITNESS STATEMENTS

Those conducting investigations for the Network are responsible for collecting the evidence for the decision maker. This includes interviewing witnesses, drafting witness statements (based on interviews), reviewing documentary evidence, and analysing the evidence obtained. They have independence and discretion in leading the inquiry into the alleged events.⁷⁵

The Health Manual provides little guidance on the investigation process in this regard,⁷⁶ indicating that notes of conversations should be recorded using the actual language used as much as is possible. It contains little detail about the independence, purpose and objectivity required of an investigator. The CPSE Guideline provides guidance on how an investigator should carry out certain tasks.⁷⁷

Witness statements play an important role in ensuring procedural fairness as they allow an accused employee to see the evidence that supports the allegations. However, the accused employee will have had no opportunity to influence or scrutinise the manner in which the statements were obtained. A decision maker will also rely on statements, and may be misled in assessing the reliability and weight of what a witness has said if the witness's words are not faithfully used.⁷⁸ This is particularly serious when it comes to important factual issues.

75: EXH 0339, paragraphs 76 and 77.

76: EXH 0029, Health Manual, Section 4-1-7-3, including Management Guideline 2.

77: EXH 0023, CPSE Guideline, part 5.

78: EXH 0339, paragraphs 84-86.

TIMELY SCRUTINY OF EVIDENCE

In relation to an investigation of an allegation that an employee inappropriately accessed a patient record without valid cause or clinical reason, findings were made against the employee, based on an extract of IT data. However, a proper analysis of the full IT data, performed approximately 315 days after the initial complaint, identified for the first time that there was likely a legitimate reason for accessing the patient record. The finding of misconduct made against the employee ultimately had to be withdrawn, but the process took 358 days. The lengthy duration of the process could have been avoided if the evidence was reviewed more vigorously at the start, highlighting the crucial role that investigators play.⁷⁹

Consideration has been given to whether a recommendation should be made about where, structurally, investigators should be, including whether they should sit inside or outside the Network structure. Such a recommendation is not considered necessary, given other recommendations, including the one below. The Network has expressed a commitment to recruiting and retaining appropriately qualified investigators and implementing regular training and development opportunities for investigators. This will help ensure continuous improvement of processes and practices and reinforce investigators' independence.⁸⁰ The Workplace Investigation Services panel, administered by the OCPSE, is also available and should be utilised where appropriate.

The Department implement a code of conduct for investigators, dealing with objectivity and independence.

RECOMMENDATION 12

79: EXH 0339, paragraphs 88 and 89.

80: EXH 0370.

MISSED OPPORTUNITIES FOR EARLY DISCUSSION WITH ACCUSED EMPLOYEES

In relation to most of the matters reviewed, the accused employee was not spoken with about the alleged misconduct until a significant period of time had passed. Generally, investigations were completed without the accused employee being spoken with at all. A detailed allegation letter with all the supporting evidence was the first opportunity for the employee to provide a response.

Such an approach is not always practical, as it misses opportunities for early resolution of matters. In many of the audited files, the employee admitted the conduct immediately in response to the allegation letter, possibly as a result of seeing the weight of the evidence, or possibly as a result of an appreciation of their wrongdoing.⁸¹

There will be instances where the accused employee knows what has occurred and is in a good position to explain their version of events – matters involving allegations of excessive or inappropriate restraint are good examples.⁸² A further relevant feature is that, in delaying speaking with an accused employee, there is a risk that the employee's recollection will be affected by the passage of time, and that this will be to their disadvantage.⁸³ A survey response spoke to this issue:

was not told of the complaint until 3 weeks after it was reported. i did not recall the incident happening.

A matter audited provided an example of the benefits of speaking with an accused employee at an early stage. In relation to an allegation involving medication mismanagement, the investigator was unable to determine what occurred, and it was only after a conversation with the employee that the investigator was able to uncover how the medication was being taken.⁸⁴ Nothing is lost by attempting to speak with an employee at an early stage about an incident, and there is real scope that this will materially reduce the length of the investigation process.⁸⁵

Neither the Health Manual, nor the CPSE Guidelines, prevent investigators speaking with an accused employee during the course of a disciplinary investigation, even at early stages. There is some limited guidance in the CPSE Guidelines.⁸⁶

The Department provide guidance for investigators dealing with the timeframe during which accused employees may be spoken with during a disciplinary investigation and the manner in which that should occur.

RECOMMENDATION 13

81: EXH 0339, paragraphs 92-93.

82: EXH 0339, paragraph 94.

83: EXH 0339, paragraph 95.

84: EXH 0339, paragraph 96.

85: EXH 0339, paragraph 97.

86: EXH 0023, CPSE Guideline, part 5.6.

ONE-DIMENSIONAL APPROACH TO INVESTIGATION

There were several files where the investigation and disciplinary process highlighted a rigid, one-dimensional approach.⁸⁷

By way of example, one of the audited files initially involved an allegation that someone accessed the complainant's health record. The initial investigation involved an interview with the complainant, who provided evidence that the accused employee had engaged in conduct that was objectively very serious, including providing sensitive information to colleagues, stalking, blackmail over compromising photos, and assault. Despite the provision of this evidence, the investigation and disciplinary process was not adjusted to cover these additional issues. The accused employee was issued an allegation letter relating only to the access of health records, and a warning was issued.⁸⁸

Management Guideline 2 in the Health Manual indicates that if new allegations come to light, then the investigator should seek advice from Workplace Relations. However, it would be useful to provide more guidance to investigators about when other or more serious allegations emerge.⁸⁹

The Department provide guidance for investigators dealing with the emergence of new allegations during a disciplinary investigation to ensure new allegations are investigated and dealt with appropriately.

RECOMMENDATION 14

87: EXH 0339, paragraph 98.

88: EXH 0339, paragraphs 101 and 102.

89: EXH 0339, paragraphs 99 and 102.

INFORMATION TO WITNESSES ABOUT DISCLOSURE

The Network's approach to disciplinary processes involves, as a matter of course, providing copies of all evidence obtained in the investigation to the accused employee.⁹⁰ The approach has the potential to impact employees' attitudes to making complaints and providing information as part of an investigation process, especially employees who have fears about their evidence being disclosed. Equally there is the potential that an employee will not raise conduct that may be less serious and more fitting of informal resolution because they will be working with the accused employee in the future.⁹¹

In one of the audited files, an employee expressed concerns about their evidence being disclosed. The employee had provided a screenshot relevant to the investigation, but was not told when they provided it that it would be disclosed. When this was raised with the witness, they became uncomfortable and tried to withdraw their consent – the witness was advised that they could not.⁹²

A survey respondent spoke to this issue:

I have reported a violation of the Code of Ethics to HR but was unable to proceed as anonymous because I was told the person who committed the misconduct had the right to know who made the report. I was uncomfortable proceeding with this due to the possibility I felt of there being repercussions at work or socially. Is there protection or incentive to report violators?

The Department provide guidance dealing with timeframes and the manner in which information that may identify a complainant is disclosed during disciplinary investigations and disciplinary processes, including to comply with procedural fairness obligations.

RECOMMENDATION 15

In this context, it is noted that recommendation five recommends that information relating to this issue be included in the Guide Book.

90: EXH 0339, paragraph 103.

91: EXH 0339, paragraph 104.

92: EXH 0339, paragraph 105.

Allegations, response and findings

STANDARD OF PROOF

Both the Health Manual and the CPSE Guideline state, correctly, that decisions about whether misconduct has occurred should be based on the balance of probabilities standard of proof – that is, whether the alleged conduct is more likely than not to have occurred. This is the standard that applies in civil courts and most tribunals, and applies to all allegations in the present context.⁹³

The Health Manual and the CPSE Guidelines both state that the balance of probabilities standard requires that the more serious the allegation the more the decision maker should be convinced that the alleged conduct has occurred. The CPSE Guideline cites the High Court judgment of *Briginshaw v Briginshaw* (1938) 60 CLR 336 in support of this proposition.

The proposition that more serious allegations require a greater degree of satisfaction before they can be considered proven is a misstatement of law.⁹⁴

A decision maker applying this guidance might determine that a serious allegation is not proved because they are applying a higher standard of proof, and as a result conduct of a serious nature may not receive appropriate sanctions. At the same time, less serious conduct might be considered to be established flippantly if the standard of proof is understood to slide or shift down because of the nature of the allegations. A further risk is that the sliding or shifting approach to the standard of proof introduces the risk of inconsistent and poor decision making as it introduces subjective elements which can negatively impact proper misconduct management.⁹⁵

The Commissioner for Public Sector Employment has been consulted during the course of the evaluation in relation to this issue and has sought legal advice about it. In light of this, no recommendation is being made.

93: EXH 0339, paragraph 108.

94: *Refjek and Another v McElroy and Another* (1965) 112 CLR 517, 521-522; *Fleming v Advertiser-News Weekend Publishing Company Pty Ltd* [2016] SASCFC 109, paragraphs 101-108.

95: EXH 0339, paragraphs 110-118.

OBSERVATIONS REGARDING FINDINGS

Most findings made in relation to the audited files were open to be made by the decision maker.⁹⁶

However, there were findings that were not open on the evidence, including:

File 1:

This file related to an allegation that the accused employee accessed health records of a colleague and then unnecessarily disclosed that information to another employee. The accused employee described the colleague as “naughty” and boasted about their level of access to records.

As part of the disciplinary process the accused employee admitted they had seen that the colleague had visited a clinic while the accused employee was doing data entry, disclosed that information to another colleague, describing the colleague as naughty, and said they could see everything. The response from the accused employee admitted each of the material facts of the allegation.

Despite the factual admission, the decision maker determined that the allegation was not proven. The records do not indicate how the decision maker arrived at that conclusion.⁹⁷

File 2:

This was an allegation that the accused employee inappropriately forwarded a confidential email to two email addresses outside the SA Health network. Those external email addresses forwarded the confidential emails, including to the media. The investigation report relied on copies of the emails themselves which clearly showed the initial disclosure from the accused employee’s email account.

The investigation report indicated that it was open to find that the accused employee controlled the external email accounts that received the confidential SA Health emails, and that they further redistributed the confidential emails to the media from those external email accounts.

The investigation did not produce evidence of the owner of the external email accounts and while it *could* be that the accused employee was the owner, equally it *could* be that other concerned colleagues were the owners and the accused employee simply knew of the email accounts. The evidence did not establish on the balance of probabilities that the accused employee was the owner and redistributed the emails.⁹⁸

It is difficult to conclude whether the decisions referred to above are an indication of bias in the process, confusion about the standard of proof, or are the result of errors or oversights.⁹⁹ While no specific recommendation is made in relation to this issue, it highlights the importance of prompt and complete investigations, and careful consideration of disciplinary matters by decision makers.

96: EXH 0339, paragraph 120.

97: EXH 0339, paragraphs 121-123.

98: EXH 0339, paragraphs 129-130.

99: EXH 0339, paragraphs 132.

PROCEDURAL FAIRNESS

Procedural fairness is important as it ensures processes are carried out in a fair way. They are less likely to be challenged, and so are resolved more quickly. Observing procedural fairness also increases confidence in processes.

Seven and a half per cent of survey participants had been the subject of a complaint in relation to corruption or inappropriate conduct. Bullying / harassment and disrespectful behaviour were the most common types of complaint.

A number of evaluation survey respondents made comments about issues relating to procedural fairness:

... What was a problem was this was a predetermined outcome - the complainants version was accepted without me being given an opportunity to provide my version of events and I was to be given a formal warning - all predetermined before my meeting with management. Only my insistence on presenting my side and the threat of involving SASMOA enabled me to present my side of the story and management backed off.

Not having natural justice, not having management support or transparency of a disciplinary action. Management not following the correct legal channels

A number of people and organisations who made submissions also raised issues about procedural fairness¹⁰⁰, including insufficient time given to respond to allegations¹⁰¹ and a lack of particularity or details of the allegations being made.¹⁰²

It is clear from the audit that great lengths are being taken to ensure detailed allegations are being put to accused employees and relevant evidence is being provided to employees. For example, where there was CCTV footage of an incident, employees were invited to make a time to view the footage before the response was due.

There is a tension between complying with these procedural fairness requirements, the desirability of efficient processes, and causing unease among employees who are required to provide witness statements.

How procedural fairness is provided to an accused employee is often a matter about which reasonable minds differ. The Network and other agencies are understandably worried about proceeding in a way that may attract criticism in a court or tribunal. The Network and the Commissioner for Public Sector Employment have raised this issue. However, there will be situations where appropriately worded guidance will result in procedural fairness processes being streamlined and disciplinary processes being dealt with more promptly.

The Commissioner for Public Sector Employment provide a statement of principles on the manner in which procedural fairness obligations may be discharged.

RECOMMENDATION 16

100: EXH 0009; EXH 0309; EXH 0330.

101: EXH 0009; EXH 0416.

102: EXH 0416.

RIGHTS OF AN ACCUSED EMPLOYEE DEFENDING THEMSELVES

An integral part of providing procedural fairness to an accused employee is that they are given an opportunity to defend themselves against the allegations made against them. Greater clarity is required so that employees understand how they can do this.¹⁰³

One of the audited files involved an allegation that the accused employee inappropriately restrained a patient. The investigator interviewed a number of witnesses, but not all witnesses. The accused employee had been given a managerial direction not to contact Network employees (apart from the accused employee's line manager and human resource officers) about the incident. However, 11 days after the direction was given, they had an exchange with a Network colleague over social media where they asked the colleague if they were interviewed and whether they could provide a statement or affidavit for the accused employee. The communication was notified to Network management, and it became the subject of an additional allegation in the disciplinary process.¹⁰⁴

Another issue with that file was that, as part of their response to the allegations, the accused employee requested that other employees be interviewed as potential witnesses. The request was not taken up. The situation creates difficulties for accused employees seeking to defend themselves by ensuring all potential witness evidence is available to the decision maker.¹⁰⁵

The file referred to above can be contrasted with another file, where another employee accused of inappropriate restraint of a patient provided a character reference from one of his supervisors, which suggested the accused employee had discussed the investigation with the supervisor. The disclosure, correctly, was not the subject of an additional allegation. In fact, the character reference was used as a mitigating factor with respect to sanction.¹⁰⁶

103: EXH 0339, paragraph 139.

104: EXH 0339, paragraphs 140-143.

105: EXH 0339, paragraph 144.

106: EXH 0339, paragraph 145.

Neither the Health Manual, nor the CPSE Guideline discuss in detail how an accused employee may obtain their own witness statements.¹⁰⁷

The Department provide guidance to accused employees about the circumstances and the manner in which they may approach witnesses (including character witnesses) during a disciplinary investigation and/or a disciplinary process.

RECOMMENDATION 17

The Department provide guidance to investigators about how to respond to requests by accused employees to interview witnesses who have not previously been interviewed as part of a disciplinary investigation.

RECOMMENDATION 18

The Department alter relevant managerial directions to provide clarification regarding if and when an accused employee may approach witnesses in relation to a disciplinary investigation and/or a disciplinary process.

RECOMMENDATION 19

¹⁰⁷: EXH 0339, paragraph 146.

BIASED DECISION MAKING

Both the Health Manual and the CPSE Guideline discuss the rule against bias in similar terms. However, the Health Manual omits one part of the CPSE Guideline, which provides, as an example of bias, a decision maker rubber stamping the views of others due to the decision maker not objectively and personally making the decision.¹⁰⁸

One audited file indicates that there was great care taken to avoid potential bias in the decision making process¹⁰⁹ – it was identified that it was not appropriate for the usual decision maker to be involved as they were a witness in relation to the alleged conduct. The investigation report was critical of the usual decision maker's involvement in the incident. Quite rightly, a new decision maker was appointed.

An experienced human resource officer interviewed during the evaluation provided an example where they obtained approval for an external investigator to conduct an investigation of a misconduct allegation. The human resource officer considered that they could not be involved in the investigation as they had a conflict of interest as a result of being involved in a performance management process about conduct regarding the same accused employee.¹¹⁰ This was an appropriate decision, however it was informed by the human resource officer's experience and expertise, and not by any policy, procedure or guideline.

Not all human resource officers will be as experienced and/or will consider such an issue. It is considered that a requirement to consider bias and conflicts of interest should be included in relevant policy.

The Department introduce into policy a requirement that all decision makers involved in complaint management, investigations and disciplinary processes actively consider and record whether or not they are or could be perceived to be biased, or they have any conflict of interest in relation to matters they are dealing with, and ensure decision makers receive relevant training.

RECOMMENDATION 20

In many instances in matters reviewed the language used in the briefing memorandum recommended that the decision maker confirm the author's view. Often there would be draft correspondence written on the assumption of agreement, with the memorandum pre-empting the next step. In the majority of files audited, the decision maker approved the course recommended in the briefing memorandum and approved the draft correspondence. The approach where recommendations and draft correspondence are together provided to the decision maker for approval raises the question of whether the views of the author are being rubber stamped.

108: EXH 0339, paragraphs 147-149.

109: EXH 0339, paragraph 150.

110: EXH 0418.

Having said that, there were several instances where the briefing memorandum gave the decision maker a choice about different sanctions to approve, and other instances where it is clear that the recommended course was not approved and some other course of action was instead followed.

The files audited did not suggest any actual bias and the relevant decision makers interviewed during the evaluation clearly took their responsibilities seriously. However, the approach taken to briefing memoranda introduced the risk of rubber stamping, or a perception of it.¹¹¹

INVESTIGATIONS FOLLOWING RESIGNATION

The file audit identified different approaches to investigations and finalising matters where the accused employee was no longer employed by the Network. In some cases, it seemed the employee had resigned because of the investigation and, in others, the employee resigned for unrelated reasons.

It is desirable to have a consistent approach to investigations where the employee has resigned. Provided an investigation would have been pursued if the employee had not resigned, an investigation should still be conducted and a disciplinary process should be seen through to findings with an indication of the likely sanction. This will assist with ensuring the Eligibility for Re-Employment Register meets its purpose.¹¹²

The Network adopt a consistent approach to investigations after a resignation - provided an investigation would have been pursued if the employee had not resigned, an investigation should still be conducted and a disciplinary process be seen through to findings with an indication of the likely sanction.

RECOMMENDATION 21

111: EXH 0339, paragraphs 151-153.

112: EXH 0339, paragraph 160. Information regarding the Register can be accessed on the OCPSE's website at <https://www.publicsector.sa.gov.au/hr-and-policy/re-employment-register> (accessed 4 November 2022). The Eligibility for Re-Employment Register is administered by the OCPSE, and assists agencies to check if former South Australian Public Sector employees are eligible for re-employment in the public sector. The Register includes records of former public sector employees and public officers who have been dismissed on the grounds of misconduct and/ or have resigned during a misconduct investigation. The Register was developed in response to recommendations made by former Commissioner Lander.

APPROACH TO EXTERNAL AGENCY INVESTIGATIONS

Several of the files reviewed involved concurrent investigations with SAPOL and AHPRA.¹¹³ The Health Manual provides limited guidance on the interaction between internal and external investigations, other than that disciplinary processes must be undertaken irrespective of the status or outcome of criminal proceedings. The Health Manual does not, for example, provide guidance on whether investigations or disciplinary processes should be held in abeyance pending external investigations and action. The file audit identified different approaches to external investigations.¹¹⁴ Also, a Union which provided a submission to the evaluation referred to case studies demonstrating different approaches by health networks to this issue.¹¹⁵

The Department provide clearer guidance on concurrent investigations with external agencies which makes it clear that a disciplinary investigation should not be delayed because of an investigation by an external agency, unless the external agency requests the disciplinary investigation be held in abeyance and there are good reasons for agreeing to the request.

RECOMMENDATION 22

113: EXH 0339, paragraph 161.

114: EXH 0339, paragraphs 162-163.

115: EXH 0330.



CHAPTER SIX

SANCTIONS

Chapter Six: Sanctions

Introduction

The imposition of a sanction is an important part of a disciplinary process. Consistency is important to give employees confidence in disciplinary processes. And where serious conduct is involved, appropriate sanctions should be imposed. Where conduct is serious enough to warrant dismissal, decision makers should feel confident to impose that sanction. In many cases, dismissal of an employee for serious misconduct will constitute the removal of a corruption risk from the organisation. Even a sanction other than dismissal will reduce the likelihood of similar misconduct occurring in the future by correcting the behaviour of the employee involved and deterring others.

Inconsistent sanctions

There were some notable inconsistencies in the sanctions imposed, although it is acknowledged that it is difficult to ensure consistency in sanctions given the range of factors that are relevant, and also the different sanctions available.¹¹⁶

The Health Manual sets out a range of factors that should be considered when determining the sanction, including how other employees have been treated in similar circumstances. The Health Manual notes that it should be kept in mind that each matter needs to be judged according to its own individual facts. The CPSE Guideline adopts a similar range of factors.

Both the Health Manual and CPSE Guideline require the decision maker to consider matter-specific issues such as the duration of service, previous employee record, relative seniority of the employee, any admissions and contrition from the employee, and their level of cooperation.

There were several files in the audit where the accused employee appeared to receive a harsher sanction when compared to other employees, with the factors mentioned above not providing obvious reasons for the differences.¹¹⁷

There were six matters audited where there were allegations of employees taking medication. However, only one accused employee had their employment terminated. That matter related to an employee who took two prescriptions and presented them to a pharmacy without authority to do so. The accused employee showed significant remorse for their conduct, and explained that they had developed a dependency on medication following previous injuries.¹¹⁸

In comparison, another file involved an employee who repeatedly took medication for personal use, and admitted that they would wait for other employees to forget to log out of medication towers and then take medication which was assigned against the colleague's account. That accused employee also showed remorse, and explained that they had developed a dependency on medication following previous injuries. That employee received a warning.¹¹⁹

¹¹⁶: EXH 0339, paragraphs 173-174.

¹¹⁷: EXH 0339, paragraphs 175-178.

¹¹⁸: EXH 0339, paragraphs 179 and 180.

¹¹⁹: EXH 0339, paragraph 181.

In another matter, an employee who had provided a fraudulent prescription to a pharmacy did not admit the conduct, nor cooperate with the process. The accused employee resigned and the outcome communicated to them was that, had they not resigned, their employment would have been terminated. There is consistency with the first employee mentioned above. However, the first employee's cooperation and mitigating circumstances were not sufficient to withstand termination, while similar circumstances were sufficient to withstand termination in relation to the second employee.¹²⁰

The audit also included two physical restraint matters. One related to a physical restraint applied by the accused employee against a patient. The restraint involved touching the neck and throat region. The other file also related to a physical restraint in the same region. Both employees were responding to signs of aggression from a patient, although it appears clear that the risk of aggression in the first matter was greater than in the second matter. Despite that, the first employee was dismissed and the second was issued with a warning.¹²¹

These examples are raised to highlight ways to improve sanction consistency, and the Commission should not be taken to be suggesting the lighter sanctions were necessarily appropriate for all matters. Generally speaking, dishonestly dealing with medication and prescriptions and excessive use of force are serious and termination of employment will often be an appropriate sanction.

In two matters audited, sanction consistency was actively considered. In one, there was reference in the file to the decision maker considering it was appropriate to impose the same sanction given to another employee. In another, the decision maker considered a decision of the South Australian Industrial Relations Commission, although distinguished the matters.¹²² However, the briefing memoranda reviewed do not as a matter of course discuss sanctions for similar matters.

Until recently, a register of sanctions has not been kept within the Network to allow a comparison for similar matters. If the Health Manual and CPSE Guideline both indicate that how other employees were treated for similar conduct is a relevant consideration, then more needs to be done to track sanctions. Presently, an accused employee is unlikely to be in a position to make a submission on sanction that addresses consistency because they will not be aware of other matters (in most cases).

The Department keep a register of sanctions and make it available to those responsible for making sanction decisions across all health networks.

RECOMMENDATION 23

It is noted that the keeping of such a register will allow implementation of recommendation 3 relating to the publication of anonymised details of disciplinary sanctions imposed.

120: EXH 0339, paragraph 183.

121: EXH 0339, paragraph 186.

122: EXH 0339, paragraphs 188 and 189.

Weight given to personal and mitigating circumstances

Both the Health Manual and the CPSE Guideline indicate that the personal circumstances of the accused employee, any remorse shown and any other mitigating circumstances are relevant when determining sanction. Neither the Health Manual nor the CPSE Guideline give any indication of the weight to be given to each relevant consideration. Arguably, the most important factor should be the seriousness of the proven conduct.

Guidance would address the risk that personal and mitigating circumstances are overlooked or given too much weight in imposing sanctions.

The Department provide guidance as to the weight that should be attributed to personal circumstances as compared to the seriousness of the conduct.

RECOMMENDATION 24



CHAPTER SEVEN

BRIEFING MEMORANDA AND TIMELINESS

Chapter Seven: Briefing Memoranda and Timeliness

Introduction

Briefing memoranda are, to most, an invisible part of the disciplinary process. They are an important administrative step, primarily to assist decision makers. But they come with risk – the risk that they will mislead a decision maker and the risk that they will cause the duration of a process to blow out. If these risks materialise, the integrity of the process suffers and confidence is undermined.

Briefing memoranda

In the course of the evaluation, the Network has confirmed that:

The purpose of a briefing memo is to efficiently convey the relevant materials (e.g. investigation report, witness statements, relevant policies) to the decision maker, with context, to enable the decision maker to make their decision. The briefing memo may properly include actions for endorsement and this may be in the form of recommendations, for example, to take a particular disciplinary action. The decision maker should be made aware of all the options available in the circumstances. In cases where a particular disciplinary action is recommended, there is and should be provision for the decision maker to come to an alternative decision.¹²³

The variation in briefing memoranda in the audit files was significant. In some instances the author of the briefing memorandum did little other than provide basic context to the decision maker and the relevant documents, while in other instances the memorandum almost advocated for particular outcomes or criticised an employee's response. Some memoranda made recommendations about the next step or decision, while others were hands off and gave the decision maker options. In some instances the author tried to summarise or highlight parts of the investigation report or employee's response or effectively shine a light on information they considered important. Briefing memoranda introduce a level of risk to the disciplinary process especially due to the lack of uniformity.

The time to prepare briefing memoranda ranged from some that were prepared on the same day that an investigation report was finalised, to 232 days, with the average being just over 61 days. Four of the five memoranda prepared on the same day were Statewide matters. Each of those matters had briefings that were simpler and put the information in front of the decision maker without going into great detail summarising the evidence or providing any opinions.¹²⁴

123: EXH 0370.

124: EXH 0339, paragraph 205.

Significant delays were also observed between the time an employee had provided a response to the allegations and the response being communicated to the decision maker; and the time between an employee responding to the intended sanction and that response being communicated to the decision maker.¹²⁵

If the briefing memorandum process is streamlined, there is potential to reduce disciplinary matters by weeks, if not months.

There is also a risk that the memorandum author's views on a matter may unfairly focus on one particular issue or not summarise matters to the decision maker in a manner that puts the issues fairly.¹²⁶

Two examples were a memorandum that used unnecessarily colourful language, including describing part of the accused employee's response as "self-evidently absurd"¹²⁷, and another memorandum which failed to convey the most likely explanation for the accused employee's conduct.¹²⁸ The second memorandum also put an irrelevant consideration before the decision maker – the fact that the employee had a failed workers compensation claim the year before.¹²⁹ Consistent approaches to briefing memoranda would reduce the risks of these issues occurring.

The Network implement a consistent approach for briefing memoranda, including templates, and prescribe the content and considerations required for briefing memoranda.

RECOMMENDATION 25

125: EXH 0339, paragraphs 206 and 207.

126: EXH 0339, paragraphs 210 and 211.

127: EXH 0339, paragraph 212.

128: EXH 0339, paragraph 214.

129: EXH 0339, paragraph 215.

Overall timeliness

Timeliness was also raised in a number of submissions. This was in the context of the stress caused, the impact on future career prospects, and the reduction in income experienced by accused employees awaiting the resolution of investigations and disciplinary processes.¹³⁰ It was a common theme in the survey respondents' comments:

Whilst reporting does occur: response times are often lengthy, requiring at times having to 'chase' for a response....

There is a lengthy delay in the outcome and management of complaints - whilst acknowledging peoples right of reply and the due diligence in managing the complaint often the alleged offender will have to wait 6 -12 months to hear a resolution or outcome of the issue.

It took nearly five months to resolve. I was moved to another role for four months which destroyed my mental health. I was isolated from my entire team which was devastating. I felt there was no support - although I understand there was management action trying to achieve a faster resolution. I returned to my role.

... I was relieved of my duties and banished from the workplace for more than 6 months in total. It was three months before the allegation was put to me, at which time I asked if the Director had been interviewed - "No". Subsequent FOI request show that the Director was interviewed the following day and confirmed what I said. It was more than another 3 months before they told me and apologised.

Eleven of the matters reviewed took over 180 days between the incident occurring/ complaint being made and the disciplinary process being finalised.

Former Commissioner Lander has previously criticised the time taken for misconduct investigations when the accused employee is suspended with pay. He identified that, in many cases, delays were the result of poor management, poor communication, inefficient processes, or "procedures that are so elaborate as to be akin to a criminal prosecution".¹³¹ This evaluation found similar issues with investigations, whether or not suspensions were in place.

During the course of this evaluation, senior leaders at the Network have confirmed their commitment to improving timeliness in relation to investigations and disciplinary processes.

Timeliness had already been identified as a problem. Historically, the Network had over 100 misconduct matters in progress with up to a three year backlog. Currently, the Network has 16 misconduct files with an average time of six months to finalise matters. The Network should continue to embrace opportunities for streamlining disciplinary investigations and processes, including through necessary changes to resourcing models, practices, policies, and procedures. It is possible and desirable for most disciplinary investigations and processes to be finalised in substantially less than six months.

130: EXH 0009; EXH 0135; EXH 0307; EXH 0317; EXH 0318; EXH 0330; EXH 0416.

131: Independent Commissioner Against Corruption, ICAC SA & OPI Annual Report 2016-2017 (Report, 2017) pages 12 – 13 https://www.icac.sa.gov.au/_data/assets/pdf_file/0007/362923/2016-2017_ICAC_OPI_Annual_Report.pdf.



CONCLUSION

Conclusion

The principal purpose of the Network is to address the health needs of the community. It does so as a part of the integrated South Australian health system. Effective and efficient delivery of health services is vital to support the wellbeing and prosperity of South Australians. If there was any doubt about that, the ongoing COVID-19 pandemic has demonstrated the importance of a properly functioning health system.

The focus on staffing a health system must be on ensuring a suitable number of properly trained and qualified frontline employees are employed. But the delivery of health services must also be supported by corporate and governance functions, and the management of complaint, investigation and disciplinary processes is one such function. It is an integral part of managing human resources and optimising the capacity of the workforce to perform their roles well and contribute to the achievement of important health objectives.

Few corporate and governance functions in any organisation ever reach perfection. A culture of continuous improvement must be embraced – one which constantly evaluates how practices can be improved and looks at what is working well in other organisations. During this evaluation, senior leaders in the Network, while keen to highlight important initiatives implemented over the last few years, were equally keen to engage with the evaluation and commit to further improvement. Some of this further improvement has already commenced.

The recommendations made in this report have been made after consultation with senior leaders at the Network and the Department, and the Commissioner for Public Sector Employment. All are sincerely thanked for their commitment to improving complaint handling, and their co-operation during the evaluation.

The recommendations aim to achieve a number of things – first and foremost to increase confidence in complaint handling and to increase the chances of corruption being prevented or, if it does occur, detected and dealt with appropriately. The end goal is an organisation where all employees are committed to its objectives, and resources are not wasted in dealing with the detrimental effects of corruption and other poor behaviour.



APPENDICES

Appendices

Appendix 1: Central Adelaide Local Health Network response to the Commission's draft report

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Our reference:
File: 2022-12046
Doc: A4360471

Paul Alsbury
Deputy Independent Commissioner Against Corruption
GPO Box 11066
ADELAIDE SA 5001

Dear Mr Alsbury

Thank you for the opportunity to respond to the draft report of the Independent Commission Against Corruption's Evaluation of Targeted Aspects of the Central Adelaide Local Health Network (CALHN).

Attached is CALHN's response (inclusive of Statewide Clinical Support Services (SCSS)) to the draft recommendations, amendments sought to the draft report and a summary of improvements implemented and in progress. We trust that the final report will have regard to the matters we have raised.


As you will note in our attached response, CALHN supports many of the recommendations which have been made in respect of CALHN and the Department for Health and Wellbeing (DHW) and commits to working with the DHW and the Office of the Commissioner for Public Sector Employment (OCPSE) to ensure we have a consistent approach to the matters which are the subject of the evaluation. We are also committed to adopting new OCPSE Building Integrity, bullying, harassment and discrimination policies and guidelines, which are in development.

CALHN is on a cultural transformation journey and is totally committed to a culture that supports the making of complaints and encourages reporting by building confidence in our processes. In this regard, we value the observations and learnings arising from your evaluation.

However, there is a key item in regard to the draft that we would like to highlight. There is significant reliance placed on the staff survey which only 7% (1,342 responses) of employees participated in. The report does not sufficiently highlight the small sample size in the body of the report and extrapolates from the findings of the survey to a conclusion that the views expressed are "widely held". We would prefer that the report highlight the sample size in the body of the report. The report notes that 7.5% of survey participants had been the subject of a complaint in relation to corruption or inappropriate conduct, which is less than 1% of the organisation's workforce.

We note that CALHN's 2021 I Work for SA Survey had a 30% participation rate and the results indicated a decline in the percentage of staff who reported witnessing bullying and harassment from the previous 2018 survey, an indication that we are progressively improving our culture.


We have made significant inroads through our People First Strategy, including initiatives such as the Professional Accountability Program, which we have committed to roll out to all staff, and the launch of SCSS' Synergy program, and have demonstrated many



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improvements to our processes, both before and during this evaluation. We appreciate your acknowledgement of CALHN's efforts in this regard. Notwithstanding this, bullying and harassment is not acceptable and more needs to be done to address this and the other issues raised such as continuing to promote a culture where employees feel safe and confident to report. You have our assurance that the Board and Executive are focused on addressing this and the ICAC report will accelerate the work we already have planned and facilitate the implementation of new initiatives suggested in the report.

We also note that most recommendations are directed towards DHW rather than CALHN. This reflects the legal and policy framework in which CALHN operates. This, and the influence the legal and policy framework has on CALHN's approach, could be made clearer in the report. CALHN will work with DHW and OCPSE in respect of the recommendations directed at DHW.

Thank you for the opportunity to work with you on the CALHN evaluation. We appreciate your collaborative approach and look forward to the continued communication with your office in these final stages of the evaluation.

We would be pleased to meet with you to discuss our response further.

Yours sincerely



RAYMOND SPENCER
Chair, Governing Board
Central Adelaide Local Health Network

26 October 2022



PROFESSOR LESLEY DWYER
Chief Executive Officer
Central Adelaide Local Health Network

26 October 2022

Attachments: Attachment 1 – CALHN response to the ICAC draft recommendations
Attachment 2 – CALHN amendments sought on the draft report
Attachment 3 – Summary of improvements implemented and in progress

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Attachment 1 – CALHN response to the ICAC draft recommendations

#	ICAC draft report recommendations 10-10-22	CALHN response
1	The Network ensure that the annual communications plan includes at least quarterly messaging from the Chief Executive Officer and the Governing Board Chair aimed at reinforcing the lack of tolerance for bullying and harassment, and encouraging a culture of supporting the reporting of corruption, misconduct, and other inappropriate conduct.	<p>Central Adelaide Local Health Network (CALHN) accepts this recommendation and will continue to implement its Workforce Communications plan as business as usual.</p> <p>CALHN's Workforce communications plan uses a variety of communication channels to, amongst other things, promote our desired culture. This includes reinforcing the lack of tolerance for bullying and harassment and encouraging and maintaining a culture of supporting the reporting of corruption, misconduct, and other inappropriate conduct.</p> <p>The communications plan provides for messaging from the Board Chair, Chief Executive Officer or Executive Director Workforce Management and Reform on such matters at least three times a year. Additional communications will be issued where particular trends or issues emerge.</p>
2	The Network provide more information to complainants about the outcome of investigations and disciplinary processes arising from their complaints.	<p>CALHN accepts this recommendation and will provide information to the complainant about the outcome of investigations and disciplinary processes to the extent lawfully permitted and mindful of its confidentiality and privacy obligations.</p> <p>CALHN Workforce is developing guidance for the Principal Integrity Officer and a template outcome letter to the complainant to address this recommendation.</p>
3	The Department publish anonymised details of disciplinary sanctions imposed.	CALHN will be guided by the Department for Health and Wellbeing (DHW) and the Office for the Commissioner for Public Sector Employment (OCPSE) on this recommendation.
4	The Network ensure the way in which relevant policies, procedures, guidelines and information are made available to employees over intranet sites are easy to search, locate and access.	<p>CALHN accepts this recommendation and will implement measures to improve methods to ensure relevant policies, procedures, guidelines and information are made available to employees through a range of mechanisms.</p> <p>CALHN has recently improved its training and communications about various policies, procedures and guidelines, in particular around reporting pathways and obligations, and the Code of Ethics.</p> <p>CALHN Workforce (with Communications) is making improvements to the Workforce landing page on the intranet so that information is easier to locate and access.</p>

#	ICAC draft report recommendations 10-10-22	CALHN response
5	<p>The Network prepare and publish a Guide Book for employees detailing, in plain language:</p> <ul style="list-style-type: none"> • The avenues for making complaints, and the consequences arising from each avenue • How employees who do not have ready access to work email or computers in a private setting can go about making complaints in a confidential way • How a complaint is assessed • Processes and protections under the PID Act, and when they do and don't apply • The differences between formal and informal resolution of complaints • How a disciplinary investigation is conducted • How a disciplinary process is conducted • Relevant considerations for the imposition of disciplinary sanctions • Relevant timeframes • How interested employees (whether they are complainants, accused employees or witnesses) can obtain information about an ongoing investigation or process, and when information or updates will be provided to them as a matter of course • The extent to which complaints and information provided during a disciplinary investigation or process is kept confidential, and • Access to the Employee Assistance Program (EAP). 	<p>CALHN accepts this recommendation. CALHN is developing plain language communication material for employees and notes that information may be required in different forms for different purposes.</p> <p>CALHN Workforce has recently improved its communication and proactive wellbeing checks for staff subject of a misconduct process, with the intention to extend this further. SCSS Workforce is considering implementing a similar process.</p> <p>CALHN Workforce is finalising its plain language communication material for employees, which addresses this recommendation, and includes information for staff who need to make a complaint; staff about whom a complaint is made; and line managers.</p>
6	<p>The Department implement one policy (preferably the CPSE Guidelines) that applies to all employees, regardless of the statutory framework under which they are employed, that deals with the management of unsatisfactory performance and misconduct. The policy should include the assessment of complaints, discipline investigations and processes, and the imposition of sanctions.</p>	<p>CALHN will be guided by DHW and OCPSE on this recommendation.</p>
7	<p>That all network managers receive training through the Manager Fundamentals training course or otherwise about how to identify and deal with appropriate disclosures.</p>	<p>CALHN accepts this recommendation.</p> <p>CALHN Workforce is developing a plan to address this recommendation.</p>

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#	ICAC draft report recommendations 10-10-22	CALHN response
8	The Department provide guidance about the making of assessment decisions, including criteria for deciding whether a complaint will be resolved by way of performance management or a misconduct investigation.	CALHN will be guided by DHW and OCPSE on this recommendation. We are advised that new Commissioner's Guidelines (currently in draft) will, where appropriate, seek to address the issue raised in this recommendation. CALHN Workforce is finalising a Misconduct Assessment Panel working instruction which provides further guidance about the making of assessment decisions.
9	The Network record assessment decisions in a consistent way and record the rationale or reasons for assessment decisions.	CALHN accepts this recommendation and notes it is already implemented as part of CALHN's Misconduct Assessment Panel (MAP) process. SCSS is implementing a process similar to CALHN's MAP following appointment of their Principal Integrity Officer.
10	The Network implement a case management system for all complaints regarding employee conduct.	CALHN is considering options for a case management system.
11	The Department provide clearer guidance on directions to remain absent and suspension of employment, including timeframes for decision making, and implement a more streamlined process for making and communicating these decisions to employees.	CALHN will be guided by DHW and OCPSE on this recommendation. CALHN Workforce is developing guidance for the Principal Integrity Officer and employees on this matter.
12	The Department implement a code of conduct for investigators, dealing with objectivity and independence.	CALHN will be guided by DHW and OCPSE on this recommendation. CALHN Workforce is developing guidance for investigators on this matter and, as outlined in the draft report, is committed to implementing regular training and development opportunities to ensure continuous improvement of its processes and practices and to reinforce the requirement for independence.
13	The Department provide guidance for investigators dealing with the timeframe during which accused employees may be spoken with during a disciplinary investigation and the manner in which that should occur.	CALHN supports DHW and OCPSE implementing this recommendation. We are advised that new Commissioner's Guidelines (currently in draft) will, where appropriate, seek to address the issue raised in this recommendation. CALHN Workforce is developing guidance for investigators on this matter.

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#	ICAC draft report recommendations 10-10-22	CALHN response
14	The Department provide guidance for investigators dealing with the emergence of new allegations during a disciplinary investigation to ensure new allegations are investigated and otherwise dealt with appropriately.	<p>CALHN supports DHW and OCPSE implementing this recommendation.</p> <p>We are advised that new Commissioner's Guidelines (currently in draft) will, where appropriate, seek to address the issue raised in this recommendation.</p> <p>CALHN Workforce is developing guidance for investigators on this matter.</p>
15	The Department provide guidance dealing with timeframes and the manner in which information that may identify a complainant is disclosed during disciplinary investigations and disciplinary processes, including to comply with procedural fairness obligations.	<p>CALHN will be guided by DHW and OCPSE on this recommendation.</p> <p>We are advised that new Commissioner's Guidelines (currently in draft) will, where appropriate, seek to address the issue raised in this recommendation.</p> <p>CALHN Workforce is developing guidance for the Principal Integrity Officer/Investigators on this matter.</p>
16	The Department provide a statement of principles on the manner in which procedural fairness obligations may be discharged.	<p>CALHN supports DHW implementing this recommendation in consultation with OCPSE.</p> <p>We are advised that new Commissioner's Guidelines (currently in draft) will, where appropriate, seek to address the issue raised in this recommendation.</p> <p>CALHN Workforce is reviewing its own processes to improve on timeliness without compromising its commitment to procedural fairness.</p>
17	The Department provide guidance to accused employees about the circumstances and the manner in which they may approach witnesses (including character witnesses) during a disciplinary investigation and/or a disciplinary process.	<p>CALHN will be guided by DHW and OCPSE on this recommendation.</p> <p>We are advised that new Commissioner's Guidelines (currently in draft) will, where appropriate, seek to address the issue raised in this recommendation.</p> <p>CALHN Workforce is developing information for employees and reviewing its letter template to address this matter.</p>

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#	ICAC draft report recommendations 10-10-22	CALHN response
18	The Department provide guidance to investigators about how to respond to requests by accused employees to interview witnesses who have not previously been interviewed as part of a disciplinary investigation.	<p>CALHN supports DHW and OCPSE implementing this recommendation.</p> <p>We are advised that new Commissioner's Guidelines (currently in draft) will, where appropriate, seek to address the issue raised in this recommendation.</p> <p>CALHN Workforce is developing guidance for investigators on this matter.</p>
19	The Department alter relevant managerial directions to provide clarification regarding if and when an accused employee may approach witnesses in relation to a disciplinary investigation and/or a disciplinary process.	<p>CALHN will be guided DHW and OCPSE on this recommendation.</p> <p>We are advised that new Commissioner's Guidelines (currently in draft) will, where appropriate, seek to address the issue raised in this recommendation.</p> <p>CALHN Workforce is developing information for employees and has reviewed its letter template to address this matter.</p>
20	The Department introduce into policy a requirement that all decision makers involved in complaints management, investigations and disciplinary processes actively consider and record whether or not they are or could be perceived to be biased, or they have any conflict of interest in relation to matters they are dealing with, and ensure decision makers receive relevant training.	<p>CALHN will be guided by DHW and OCPSE on this recommendation.</p>
21	The Network adopt a consistent approach to investigations after a resignation – provided an investigation would have been pursued if the employee had not resigned, an investigation be conducted and a disciplinary process be seen through to findings and an induction of the likely sanction.	<p>CALHN accepts this recommendation and is finalising documenting its approach to investigations after a resignation.</p> <p>We are advised that new Commissioner's Guidelines (currently in draft) will, where appropriate, seek to address the issue raised in this recommendation.</p>
22	The Department provide clearer guidance on concurrent investigations with external agencies which makes it clear that a disciplinary investigation should not be delayed because of an investigation by an external agency, unless the external agency requests the disciplinary investigation be held in abeyance and there are good reasons for agreeing to the request.	<p>CALHN will be guided by DHW and OCPSE on this recommendation.</p> <p>We are advised that new Commissioner's Guidelines (currently in draft) will, where appropriate, seek to address the issue raised in this recommendation.</p> <p>CALHN Workforce is developing guidance for the Principal Integrity Officer on this matter.</p>

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#	ICAC draft report recommendations 10-10-22	CALHN response
23	The Department keep a register of sanctions and make it available to those responsible for making sanction decisions across all health networks.	<p>CALHN will be guided by DHW and OCPSE on this recommendation.</p> <p>CALHN and SCSS Workforce already have in place a register of sanctions, which is updated with accurate, timely information. The register is used by Industrial Relations in preparing briefings and recommendations to the decision maker on misconduct matters.</p>
24	The Department provide guidance as to the weight that should be attributed to personal circumstances as compared to the seriousness of the conduct.	<p>CALHN will be guided by DHW and OCPSE on this recommendation.</p> <p>We are advised that new Commissioner's Guidelines (currently in draft) will, where appropriate, seek to address the issue raised in this recommendation.</p> <p>CALHN Workforce is developing guidance for the Principal Integrity Officer on this matter.</p>
25	The Network implement a consistent approach for briefing memoranda, including templates, and prescribe the content and considerations required for briefing memoranda.	<p>CALHN accepts this recommendation.</p> <p>CALHN Workforce is reviewing its briefing templates.</p>

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Attachment 3 – Summary of improvements implemented and in progress**Improve workforce communication on cultural and integrity matters**

Completed and operational:

- ✓ Developed an annual workforce communications plan to achieve more regular communications to staff on workforce matters, and in particular on cultural and integrity matters. The communications plan provides for messaging from the Board Chair, CEO or Executive Director Workforce Management and Reform on this matter to promote our desired culture.
- ✓ First *People First* all-staff email included information about Code of Ethics training and avenues for reporting unprofessional behaviour (including reporting obligations)
- ✓ Second *People First* email included information about Performance Review and Development and mandatory training, with a link to CALHN mandatory training, which includes Orientation and Code of Ethics training
- ✓ Third *People First* email included information about respectful behaviours, including resources for staff and leaders (policies and toolkit), reporting unprofessional behaviour and associated training on both matters
- ✓ Developed an information sheet for CALHN leaders regarding the ICAC Public Integrity Survey 2021
- ✓ Statewide Clinical Support Services (SCSS) has launched the Synergy program across all of its services. One of the key components of the Synergy program is to embed consistent, shared values and behaviours across the five SCSS services and corporate team to achieve the goal of a culture of respect for everyone that is built on trust and psychological safety. Facilitated workshops have been undertaken throughout SCSS services, across the state to communicate and share the SCSS Values (i.e. Integrity, Compassion, Accountability, Respect, Excellence) and articulate the behaviours that demonstrate the Values in the workplace.
- ✓ A consideration of SCSS Values has been incorporated in a range of activities including Group Executive Director communications, employee recognition, recruitment and the performance and development review process.

In development:

- SCSS - Leading Values workshops and a review of the Leadership Development program are in progress to ensure that leaders will be able to effectively demonstrate and lead the demonstration of SCSS Values in their work area.

Improve communication and wellbeing during investigation processes

Completed and operational:

- ✓ Developed a process for regular communication and wellbeing checks (including proactive EAP support) for staff undergoing a misconduct investigation process, this includes a guide and template for Managers/Workforce and guide for staff

In development:

- Consider adopting a similar process to the above for informants of public interest disclosures (PIDs)
- Plain language communication material for complainants and accused employees to explain the complaints and investigations process, including supports for staff

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- ☐ Template letter to complainant about the outcome of the matter (to the extent lawfully permitted and consistent with confidentiality and privacy obligations)

Improve reporting awareness, including PIDs, through induction and training

Completed and operational:

- ✓ Updated online orientation (mandatory) to include reference to PID Act, ICAC Guideline, OPI website, SA Health intranet (which includes how to make a report and CALHN Responsible Officers)
- ✓ Strengthened content in Manager's Fundamentals training for leaders to understand and promote reporting obligations and recruitment and selection best practice
- ✓ Developed an online module regarding reporting obligations and reporting pathways, available via the learning management system and launched to all staff
- ✓ Rolled out promotional material (e.g. posters) for the Professional Accountability Program (PAP), with a QR code to access the reporting system
- ✓ Improved communications to all staff on reporting pathways and obligations

In development:

- ☐ Delivery of an in-person training session on reporting obligations and pathways to CALHN Executive based on the new online module
- ☐ Plan to ensure all managers receive training through Manager's Fundamentals or otherwise about how to identify and deal with appropriate disclosures

Raise awareness and understanding of expected behaviours in the workplace

Completed and operational:

- ✓ Adopted SA Health respectful behaviour toolkit and two new online training modules, which have been uploaded to the learning management system and communicated to staff
- ✓ Continued to promote PAP and CALHN Values through discussions with clinical units, an increase in posters displayed on site and other communication methods
- ✓ SCSS has launched the Synergy program across all of its services. Facilitated workshops have been undertaken throughout SCSS services to communicate and share the SCSS Values and articulate the behaviours that demonstrate the Values in the workplace.
- ✓ A consideration of SCSS Values has been incorporated in a range of activities including Group Executive Director communications, employee recognition, recruitment and the performance and development review process.

In development:

- ☐ SCSS - Leading Values workshops and a review of the Leadership Development program are in progress to ensure that leaders will be able to effectively demonstrate and lead the demonstration of SCSS Values in their work area.

Improve the ability of managers and leaders in the organisation to have difficult conversations around differing clinical opinions, performance management and professional behaviours in the workplace

Completed and operational:

- ✓ Strengthened content in Manager's Fundamentals training for leaders to have difficult conversations

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In development:

- ☐ Options for specific training for leaders to have difficult conversations are being explored

Provide regular training and development opportunities for specific IR positions to ensure continuous improvements to our internal investigation processes and practices

Completed and operational:

- ✓ Options explored for training and development opportunities for internal investigators, Principal Integrity Officer and Director, IR, including to reinforce the requirement for objectivity and independence

Improve induction and training for IR and HR staff relating to complaints, investigations and misconduct processes

Completed and operational:

- ✓ Members of HR/IR attended an information session by OPI regarding reporting obligations

In development:

- ☐ Induction/training for IR/HR staff regarding complaints, investigations and misconduct processes
- ☐ Managing Misconduct masterclass for leaders and HR staff
- ☐ Induction process about complaints, investigations and misconduct processes for new executives (who have delegation for misconduct sanctions)

Review policies, procedures and guidelines to determine where improvements are required (to be raised with DHW and the OCPSE where relevant)

Completed and operational:

- ✓ Developed a register to identify all in-scope Workforce related policies, procedures, guidelines, document owner and review dates
- ✓ Liaised with OCPSE and DHW about recommendations from Mr Peter Healey's submission to ICAC as part of the Evaluation process

In development:

- ☐ Flow chart to clarify reporting avenues including Stopline, PAP, PID – will be used as part of training and communications material
- ☐ Gap analysis to identify any additional CALHN procedures or instructions that are required and/or existing documents that require review – action plan will follow
- ☐ Update the CALHN intranet site to make the way in which relevant policies, procedures, guidelines and information available to staff easy to search, locate and access

Streamline the investigation process further, improve consistency, clarity, utility and provide further guidance to investigators, workforce staff and employees

In development:

- ☐ Reviewing templates to streamline, improve consistency and the utility of our internal practices
- ☐ Guidance for specific Workforce staff to improve consistency, clarity and utility of our internal practices

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Completed and operational:

- ✓ Previous Misconduct Assessment Panel (MAP) reviewed and re-instated with changes to improve consistency and recording of reasons for assessment decisions. This includes: HR completes MAP referral form (reviewed and improvements made to form); daily meetings held, as required (Panel members include Director, IR, Director Workforce Operations, Manager HR Operations, Principal Integrity Officer); minutes taken; record on MAP form who the matter was assessed by, the outcome (investigate or not) and reason for decision.

In development:

- ☐ Internal working documentation summarising the MAP process

Ensure outsourcing of investigations is undertaken consistent with CALHN policies and procedures

In development:

- ☐ Working instruction for outsourcing of investigations

Ensure consistency of decision making with respect to disciplinary sanctions within CALHN

Completed and operational:

- ✓ Developed a register of disciplinary sanctions within the organisation, which will be updated with accurate, timely information – used by IR in preparing briefs and recommendations to the decision maker on misconduct matters

Expand reporting measures on culture, integrity and psychological safety and wellbeing

In development:

- ☐ Consideration and inclusion of new measures into the People First Dashboard – PAP reporting added to People First Dashboard

Improve storage, information sharing and records management of confidential workforce matters

Completed and operational:

- ✓ Commenced exploration of options for a suitable case management system to support HR/IR case management activities and related record management

In development:

- ☐ Guideline/procedure for storage, information sharing and records management of confidential workforce matters, including for PIDs
- ☐ Review requirements for Objective licences across Workforce, and facilitate additional licences and training as required

Improve the process for documenting and records management of complaints that do not result in an investigation, formal disciplinary sanction or reporting to external bodies

In development:

- ☐ Process for documenting consideration/decision and records management of complaints that do not result in an investigation, formal disciplinary sanction or reporting to external bodies – in part this has been addressed through the revised MAP process and form, process requires formal documentation

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Improve the ability to obtain a register of complaints for reporting and review purposes

In development:

- ☐ Implementation plan to support consolidated monitoring, reporting and review of complaints – this may be addressed through a case management system referred to above

Review the governance, processes and approach to workforce management of CALHN and SCSS

Completed and operational:

- ✓ SCSS Group Executive Director now considers all misconduct and disciplinary investigations across SCSS, consistent with CEO delegation across CALHN
- ✓ New Principal Integrity Officer and Senior Investigator positions within the SCSS workforce structure advertised – this aligns with the CALHN workforce structure. The positions will have a working relationship with the CALHN Principal Integrity Officer to achieve greater consistency and share best practice/improvements to processes, guiding documents, templates and training across both teams

In development:

- ☐ Following commencement of SCSS' Principal Integrity Officer, SCSS is implementing a process similar to MAP
- ☐ SCSS is implementing the provision of similar workforce reports to the SCSS Committee of Board to those provided by CALHN to the Board and the CEO
- ☐ Further collaboration on a range of matters, including PIDs, and standardised approach

Appendix 2: Department for Health and Wellbeing response to the Commission's draft report

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Health
Department for
Health and Wellbeing

A4465137

Deputy Chief Executive
Citi Centre Building
11 Hindmarsh Square
Adelaide SA 5000

PO Box 287, Rundle Mall
Adelaide SA 5000
DX 243

Mr Paul Alsbury
Deputy Commissioner
Independent Commission Against Corruption
GPO Box 11066
ADELAIDE SA 5001

Dear Mr Alsbury

RE: CALHN ICAC EVALUATION

Thank you for the opportunity to respond to the draft report of the Independent Commission Against Corruption's Evaluation of Targeted Aspects of the Central Adelaide Local Health Network (CALHN).

The Department for Health and Wellbeing (DHW) supports the recommendations made and has met with and is committed to working with, CALHN and the Office of the Commissioner for Public Sector Employment (OCPSE) to progress the recommendations.

In relation to your recommendations directed specifically at DHW working with the OCPSE, it is not DHW's role to make across-government policy/procedures and I note that the OCPSE's response is consistent with this view.

DHW bases its policies and guidelines, manuals etc on OCPSE information and advice as they operate on an across-government basis. Any changes to policies and guidelines by the OCPSE would almost definitely be reflected in the DHW policies and guidelines (with the caveat that the DHW would consult with stakeholders and make any relevant changes) and then widely communicated with the Local Health Network's and SA Ambulance Service.

As previously advised, DHW is currently working through the revision of its Policy Framework and this work is anticipated to be completed by 30 June 2023.

Yours sincerely

JULIENNE TEPOHE
Deputy Chief Executive
Corporate and System Support Services

18/11/2022

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Appendix 3: Office of the Commissioner for Public Sector Employment response to the Commission's draft report

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Government of South Australia

Office of the Commissioner
for Public Sector Employment

Your Ref: A665398

Mr Paul Alsbury
Deputy Commissioner
Independent Commission Against Corruption

Ground Floor
State Administration Centre
200 Victoria Square
Adelaide SA 5000
GPO Box 464
Adelaide SA 5001
DX 336

By Email: [REDACTED]

Dear Sir *Paul*

Re: Draft Report - Evaluation of aspects of the practices, policies and procedures of the Central Adelaide Local Health Network

I refer to your letter dated 10 October 2022 ("your letter") and the draft report in relation to the above matter that was enclosed with your letter ("draft report").

Thank you for affording me the opportunity to comment on your draft report.

Following receipt of your letter, I met with representatives from the Central Adelaide Local Health Network ("CALHN") and the Department for Health and Wellbeing ("Department") to consider the recommendations within your draft report. As outlined below, I have sought to address a number of those recommendations by amending the content of my new Guideline on Management of Misconduct ("Guideline"), which is yet to be published. I previously provided you with an earlier draft version of the Guideline. Please find **enclosed** an updated version of the Guideline, which contains track changes to indicate where amendments have been made in response to the recommendations in your draft report and additional feedback I have received from CALHN or the Department. I will continue to liaise with CALHN and the Department before finalising and publishing the Guideline, so that they can consider any amendments they may wish to make to their policies and/or the SA Health Human Resources Manual.

Having regard to the updated content of the Guideline and the recommendations in your draft report, I provide feedback as set-out in the table below. I confirm that I have not commented on all recommendations.

Recommendation	CPSE Comments
3	<p>You have recommended that the Department publish anonymised details of disciplinary sanctions imposed.</p> <p>This recommendation is linked to number 23, so please refer to my comments for that recommendation.</p>
8	<p>You have recommended the Department provide guidance about the making of assessment decisions, including criteria for deciding whether a complaint will be resolved by way of performance management or a misconduct investigation.</p>

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	Pages 10 - 12 of my Guideline provide some guidance on this issue. It will be a matter for the Department as to whether it wishes to provide supplementary guidance. However, I request that, if so, this be done in consultation with my office ("OCPSE") in light of its potential relevance across the public sector.
11	<p>You have recommended that the Department provide clearer guidance on directions to remain absent and suspension from duty. I submit that it is appropriate for me to provide such guidance, and I have updated the content of my Guideline accordingly, at pages 15 -16.</p> <p>You have also recommended that the Department provide guidance regarding timeframes for decision making and implementation of a more streamlined process for making and communicating suspension decisions to employees. I agree that it will be appropriate for the Department to provide such guidance, but request that this be done in consultation with OCPSE.</p>
13	<p>You have recommended that the Department provide guidance for investigators dealing with the timeframe during which accused employees may be spoken to during an investigation and the manner in which that should occur. I submit that it is appropriate for me to provide such guidance, and I have updated the content of my Guideline accordingly, at pages 12 and 21.</p> <p>It will be a matter for the Department as to whether it wishes to provide supplementary guidance. However, I request that, if so, this be done in consultation with OCPSE in light of its potential relevance across the public sector.</p>
14	You have recommended the Department provide guidance for investigators dealing with the emergence of new allegations during a disciplinary investigation. I have not currently sought to address this issue in my Guideline. I agree that, if necessary, it may be appropriate for the Department to provide guidance and training to its internal investigators in relation to this issue. I would be happy to assist in that process.
16	You have recommended the Department provide a statement of principles on the manner in which procedural fairness obligations may be discharged. I submit that it would be appropriate for any such statement to be provided by me, following legal advice from the Crown Solicitor's Office. Once you have had an opportunity to consider the enclosed Guideline, I would welcome your views on whether a separate statement of principles is necessary and/or whether my Guideline already satisfactorily addresses this issue.
17	You have recommended the Department provide guidance to accused employees about the circumstances and the manner in which they may approach witnesses during a disciplinary process. I submit that any approach on this issue should ideally be

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	consistent across the public sector, and may best be addressed through amendments to the templates for correspondence to employees during a disciplinary process. I intend to liaise with the Department and CALHN further in relation to this issue.
18	You have recommended the Department provide guidance to investigators about how to respond to requests by accused employees to interview witnesses who have not previously been interviewed. I submit that it would be appropriate for such guidance to be consistent across the public sector and I have therefore amended page 22 of my Guideline in this regard.
19	You have recommended the Department alter relevant managerial directions to provide clarification regarding if and when an accused employees may approach witnesses during a disciplinary process. I submit that any approach on this issue should ideally be consistent across the public sector, and may best be addressed through amendments to the templates for correspondence to employees during a disciplinary process. I intend to liaise with the Department and CALHN further in relation to this issue.
21	You have recommended CALHN adopt a consistent approach to situations where an employee resigns before an investigation or disciplinary process is complete. I agree with this recommendation and encourage CALHN and/or the Department to seek guidance from me on this issue should they so wish.
22	You have recommended the Department provide clearer guidance on concurrent investigations with external agencies. I have sought to address this issue at page 18 of my Guideline. I would welcome your views as to whether you consider additional guidance is necessary, either from me or the Department.
23	<p>You have recommended that the Department keep a register of sanctions and make it available to those responsible for making sanction decisions across all health networks.</p> <p>I have indicated to CALHN and the Department that, subject to resources, I am keen for OCPSE to be involved with any implementation of recommendations 3 and 23. It is possible that any initiative in relation to the Department in this regard could be used as a pilot scheme, with a view to later implementing it at a whole of public sector level.</p>
24	You have recommended the Department provide guidance as to the weight that should be attributed to personal circumstances as compared to the seriousness of the conduct. I have sought to address this issue at page 27 of my Guideline. I would welcome your views as to whether you consider additional guidance is necessary, either from me or the Department.

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At page 29 of your draft report you have referred to issues regarding a misstatement of the law regarding the balance of probabilities standard of proof and application of the so called Briginshaw principle. You did not make a recommendation in respect of that issue in light of the fact that I indicated I was seeking legal advice. I confirm that I agree that there is a misstatement of the law in this regard in the current published version of my Management of Unsatisfactory Performance (Including Misconduct) Guideline and that such content has been amended in the new version of the Guideline, at page 26.

I confirm that I do not object to a copy of this letter being annexed to your final report that will be tabled in Parliament. However, I request that a copy of the enclosed draft Guideline not be annexed to your final report.

Should you have any queries or wish to discuss this matter further, please do not hesitate to contact me.

Yours faithfully



Erma Ranieri
Commissioner for Public Sector Employment

31 October 2022

Encl.
Guideline: Management of Misconduct (updated draft)

Appendix 4: Exhibit List

The table below contains the exhibits cited in footnotes in this report, and other select exhibits.

EXHIBIT NUMBER	EXHIBIT DESCRIPTION
EXH 0009	Contribution via email, written submission or meeting
EXH 0023	Office for the Commissioner for Public Sector Employment, Guideline of the Commissioner for Public Sector Employment - Management of Unsatisfactory Performance, Including Misconduct (November 2018)
EXH 0029	SA Health (Health Care Act) Human Resources Manual (January 2020) (pages 57 – 89 and 100)
EXH 0037	SA Health, Addressing workplace bullying - a guide for junior doctors (December 2017)
EXH 0038	SA Health Intranet page - Respectful Behaviour Resources (August 2021)
EXH 0043	Central Adelaide Local Health Network Intranet page, Professional Accountability program - CALHN (including access to the reporting system) (May 2022)
EXH 0045	Central Adelaide Local Health Network, Professionalism Accountability Procedure - Medical Staff (March 2022)
EXH 0046	Central Adelaide Local Health Network Intranet page, Building a culture of safety and excellence (Professionalism Accountability program) (no date)
EXH 0049	Statewide Clinical Support Services Intranet page, Synergy Program (May 2022)
EXH 0050	Statewide Clinical Support Services Intranet page, Misconduct (May 2022)
EXH 0051	SCSS Misconduct Flowchart (3 February 2021)
EXH 0071	Central Adelaide Local Health Network Intranet page, Reporting of Unethical Behaviour or Suspected Misconduct (CALHN) (May 2022)
EXH 0072	Central Adelaide Local Health Network Intranet page, Whistleblower Hotline – CALHN (August 2021)
EXH 0073	SA Health, Fact sheet, Whistleblower Hotline (no date)
EXH 0077	SA Health, Public Interest Disclosure Policy Directive (September 2019)
EXH 0078	SA Health, Making an appropriate disclosure of public interest information (no date)
EXH 0079	SA Health, Receiving and dealing with an appropriate disclosure of public interest (no date)
EXH 0080	SA Health Intranet page - <i>Public Interest Disclosure Act 2018</i> (November 2021)
EXH 0081	SA Health Intranet page - SA Health Responsible Officers (including CALHN) (May 2022)
EXH 0084	Central Adelaide Local Health Network, Fact sheet, <i>Public Interest Disclosure Act 2018</i> (no date)
EXH 0101	Draft SA Health, SLS Notifications Module – Employee Disciplinary Matters – Safety Learning System (SLS) Guide (June 2018)
EXH 0107	Examples of CALHN staff communications
EXH 0108	Examples of SCSS staff communications
EXH 0130	Contribution via email, written submission or meeting
EXH 0135	Contribution via email, written submission or meeting
EXH 0239	Documents relating to complaints received, investigations conducted or sanction imposed between 1 October 2019 and 31 March 2022
EXH 0259	ICAC Evaluation – Submission by the Central Adelaide Local Health Network (27 May 2022)
EXH 0282	Documents relating to complaints received, investigations conducted or sanction imposed between 1 October 2019 and 31 March 2022
EXH 0295	Documents relating to complaints received, investigations conducted or sanction imposed between 1 October 2019 and 31 March 2022
EXH 0307	Contribution via email, written submission or meeting
EXH 0308	Contribution via email, written submission or meeting

EXH 0309	Contribution via email, written submission or meeting
EXH 0311	Contribution via email, written submission or meeting
EXH 0313	Contribution via email, written submission or meeting
EXH 0317	Contribution via email, written submission or meeting
EXH 0318	Contribution via email, written submission or meeting
EXH 0323	SA Health Policy, Respectful Behaviour (including management of bullying and harassment) (December 2021)
EXH 0324	SA Health Guideline, Addressing disrespectful behaviour (including bullying and harassment) (March 2022)
EXH 0327	Contribution via email, written submission or meeting
EXH 0330	Contribution via email, written submission or meeting
EXH 0334	Contribution via email, written submission or meeting
EXH 0339	Written submission, Mr Peter Healey (30 June 2022)
EXH 0342	Contribution via email, written submission or meeting
EXH 0345	Contribution via email, written submission or meeting
EXH 0346	Contribution via email, written submission or meeting
EXH 0349	PowerPoint presentation – CALHN Professional Accountability Program (June 2022)
EXH 0353	Statewide analysis of complaints 12 July 2022
EXH 0354	Network Hospitals analysis of complaints 13 July 2022
EXH 0370	Central Adelaide Local Health Network correspondence (August 2022)
EXH 0392	Role description - Principal Integrity Officer
EXH 0397	Policy – Reporting and Management of Incidents of Suspected or Alleged Sexual Assault of an Adult, or Sexual Misconduct by an Adult, within SA Health Facilities and Services Policy Directive
EXH 0401	Central Adelaide Local Health Network correspondence (August 2022)
EXH 0412	Example of SCSS news 16 August 2022
EXH 0416	Contribution via email, written submission or meeting
EXH 0418	Contribution via email, written submission or meeting
EXH 0420	Documents relating to complaints received, investigations conducted or sanction imposed between 1 October 2019 and 31 March 2022
EXH 0422	Contribution via email, written submission or meeting
EXH 0424	Central Adelaide Local Health Network correspondence (July 2022)
EXH 0429	(Attachment 2) – Amendments sought by the Network to draft report
EXH 0433	CALHN survey quantitative data
EXH 0434	Statewide Clinical Support Services Work For SA survey report

