



ACT
Government

**Canberra Health
Services**

Ref FOI18-94



Dear 

Freedom of Information Request – FOI18-94

I refer to your revised application received by Canberra Health Services on 23 October 2018 in which you sought access to information under the *Freedom of Information Act 2016* (the FOI Act).

In your application you have requested:

“...Meeting minutes (not including attachments) of the Clinical Culture Committee for the period October 2015 – June 2016”.

I am an Information Officer appointed by the Chief Executive Officer under section 18 of the Act to deal with access applications made under Part 5 of the Act.

Canberra Health Services were required to provide a decision on your access application by 20 November 2018.

Decision on access

Searches were completed for relevant documents and six documents were identified that fall within the scope of your request.

I have included as Attachment A to this decision the schedule of relevant documents. This provides a description of each document that falls within the scope of your request and the access decision for each of those documents.

I have decided to grant partial access to all of the documents, under section 50 of the Act, with deletions applied to information that I consider would be contrary to the public interest to disclose.

My access decisions are detailed further in the following statement of reasons and the documents release to you as Attachment B to this letter.

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

- The FOI Act
- The contents of the documents that fall within the scope of your request
- The *Human Rights Act 2004*

My reasons for deciding not to grant access to the identified documents and components of these documents are as follows.

The identified documents are composed of, or contain information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act as the information contained in these folios is personal information about individuals.

I have identified that there are no factors favouring disclosure of this information under Schedule 2, section 2.1 and I have identified that the following factor favours non-disclosure:

- Schedule 2 2.2 (ii) - prejudice the protection of an individual's right to privacy or any other right under the *Human Rights ACT 2004*.

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

Charges

Processing charges are not applicable to this request.

Online publishing – disclosure log

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

Ombudsman review

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

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

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601

Via email: ACTFOI@ombudsman.gov.au.

ACT Civil and Administrative Tribunal (ACAT) review

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

Further information may be obtained from the ACAT at:

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

If you have any queries concerning Canberra Health Services processing of your request, or would like further information, please contact the FOI Coordinator on 6205 1340 or email HealthFOI@act.gov.au.

Yours sincerely



Janine Hammat
A/g Executive Director
People & Culture


19 November 2018

FREEDOM OF INFORMATION REQUEST SCHEDULE

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

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

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

NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	File No
	<i>Meeting minutes (not including attachments) of the Clinical Culture Committee for the period October 2015 – June 2016</i>	FOI18-94

Ref No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
1	1-2	Minutes - Clinical Culture Meeting	27/10/15	Partial release	Schedule 2, section 2.2 (ii)	Yes
2	3-6	Action Minutes – Clinical Culture Committee	30/11/15	Partial release	Schedule 2, section 2.2 (ii)	Yes
3	7-11	Action Minutes – Clinical Culture Committee	16/02/16	Partial release	Schedule 2, section 2.2 (ii)	Yes
4	12-15	Action Minutes – Clinical Culture Committee	15/03/16	Partial release	Schedule 2, section 2.2 (ii)	Yes
5	16-22	Action Minutes – Clinical Culture Committee	31/05/16	Partial release	Schedule 2, section 2.2 (ii)	Yes

6	23-29	Action Minutes – Clinical Culture Committee	21/06/16	Partial release	Schedule 2, section 2.2 (ii)	Yes
Total No of Docs						
6						

Clinical Culture Meeting
27/10/15, 6.15-7.15pm
Meeting Room 1, Building 24, TCH
MINUTES

Welcome, Introductions and Apologies

In Attendance/Apologies:

Name	Role	✓	Ap, or ✕
Ms Nicole Feely	Chairperson, Director-General, ACT Health	✓	
Mr Simon Corbell MLA	Guest, Minister for Health		Ap
Mr Ian Thompson	Member, Deputy Director-General, Canberra Hospital and Health Services (CHHS), ACT Health	✓	
Dr Denise Riordan	Member, Clinical Director, Child and Adolescent Mental Health Services, ACT Health	✓	
Prof Klaus-Martin Schulte	Member, Professor of Surgery, ACT Health	✓	
Prof Walter Abhayaratna	Member, Clinical Director, Medicine, ACT Health	✓	
Dr Brian Ashman	Member, Clinical Director, Surgery, ACT Health	✓	
Ms Veronica Croome	Member, Chief Nurse, ACT Health	✓	
Dr Frank Bowden	Member, Chief Medical Administrator, ACT Health	✓	
[REDACTED]	Member, [REDACTED] Calvary Hospital	✓	
[REDACTED]	Member, [REDACTED] ANU [REDACTED]	✓	
Dr Tom Lea-Henry	Member, Medical Registrar, ACT Health	✓	
Dr Eleni Baird-Gunning	Member, Surgical Registrar, ACT Health	✓	
[REDACTED]	Guest, [REDACTED] ACT Committee of Royal Australasian College of Surgeons	✓	
Ms Liesl Centenera	Observer, A/g Executive Director, People Strategy and Service (PSS), ACT Health	✓	
Mr Ric Taylor	Guest, Senior Manager, PSS, ACT Health	✓	
Ms Flavia D'Ambrosio	Secretariat, PSS, ACT Health	✓	

Meeting commenced 6.20pm.

The Chair made the Acknowledgement of Country.

The Chair welcomed the Clinical Culture Committee (CCC) members and thanked them for agreeing to be part of the CCC. The Chair discussed the reasons the CCC has been formed and explained the critical role the CCC will play in positively influencing the culture of the Canberra Hospital and Health Services (CHHS).

The Chair also discussed a view that leadership and management training - a recommendation made in the KPMG and EAG reports - would be provided to all doctors to develop their interpersonal/management skills to facilitate constructive and civil behaviours.

CCC members discussed these initiatives, focusing in particular on the negative patient outcomes that result when inappropriate behaviours are present in the workplace.

Terms of Reference

CCC members considered the draft terms of reference and suggested some changes, including:

- explicit reference to the removal of inappropriate behaviours;
- ensuring that medical trainees and students as well as junior medical officers were engaged by the CCC; and
- agreeing members would be internal to ACT Health.

Presentation on RACS review findings

[REDACTED] delivered a brief presentation outlining the major findings of the Expert Advisory Group review.

The Chair made final comments before officially ending the meeting, expressing her willingness to be guided by the CCC members and reiterated the importance of the work CCC members are embarking on to address the clinical culture.

Meeting ended at 7.35pm.

Next Meeting

CCC will be held monthly. Next meeting later confirmed for 30 November 2015.



Action Minutes Clinical Culture Committee (CCC)

Meeting Date: 30 November 2015 – Meeting No 2.

Subject: Draft Action Minutes of CCC.

Source: (Christine Waller PSS proxy for Ms V Sargeant – CCC secretariat)

Purpose/comments: For endorsement

**Clinical Culture Committee – 30 November 2015
MEETING MINUTES**

1. Attendance and Apologies

Name	Role	✓ or Apology
Ms Nicole Feely	Chairperson, Director-General, ACT Health	✓
Ms Bronwen Overton-Clarke	Commissioner for Public Administration	✓
Mr Ian Thompson	Member, Deputy Director-General, Canberra Hospital and Health Services (CHHS). ACT Health	✓
Dr Denise Riordan	Member, Clinical Director, Child and Adolescent Mental Health Services, ACT Health	✓
Prof Klaus-Martin Schulte	Member, Professor of Surgery, ACT Health	✓
Prof Walter Abhayaratna	Member, Clinical Director, Medicine, ACT Health	✓
Dr Brian Ashman	Member, Clinical Director, Surgery, ACT Health	✓
Ms Veronica Croome	Member, Chief Nurse, ACT Health	✓
Dr Frank Bowden	Member, Chief Medical Administrator, ACT Health	Apology
[REDACTED]	Member [REDACTED] Calvary Hospital	✓
[REDACTED]	Member [REDACTED] ANU	Apology
Dr Tom Lea-Henry	Member, Medical Registrar, ACT Health	✓
Dr Eleni Baird-Gunning	Member, Surgical Registrar, ACT Health	Apology
Ms Liesl Centenera	Member, A/g Executive Director, People Strategy and Service (PSS), ACT Health	✓
Mr Ric Taylor	Guest, Senior Manager, PSS, ACT Health	✓
Vaidehi Sargeant	Executive Officer, PSS Secretariat	Apology
Christine Waller	Director ICTN, PSS Secretariat for this meeting	✓

The meeting commenced at 1715 hrs and finished at 1640 hrs

The Chair thanked the Commissioner of Public Administration for attending the committee meeting and completed introductions.

2. Minutes and Action Arising from Previous Meetings

2.1 *Members agreed to endorse previous meeting minutes*

2.2 *Members agreed to endorse draft Terms of Reference*

- Members will be internal to ACT Health
- External bodies (such as industrial/professional associations and the colleges) and will be consulted through stakeholder engagement meetings

3. KPMG report

3.1 *Members noted the KPMG report is important and substantive but does have limitations*

- The report noted 54 written submissions and 62 attendees at focus groups. Members queried the numbers of medical trainees who participated (page 56 of the report notes 28 trainees invited and only 14 attended) as they do not tally with verbal reports at the divisional level.

ACTION: Check records of attendance with KPMG to clarify participation numbers

ACTION OFFICER(S): Mr Taylor

3.2 *Members discussed the recommendation to have a Statement of Desired Culture including:*

- How to define the behaviours that are and are not accepted within that culture
- Forms of guidance to managers and staff around how to deal with inappropriate behaviour, and how to encourage them to take action
- How to 'draw a line in the sand' to indicate that poor behaviour from a particular point will be treated more actively
- Acknowledging past failure to deal with these issues
- Need for an extensive consultation process to ensure all relevant parties are invested in the outcome
- Possible measures for assessing the success of new initiatives to combat inappropriate behaviour

ACTION: Refine the draft Statement of Desired Culture and circulate out of session – for discussion at next meeting

ACTION OFFICER(S): Mr Taylor

ACTION: Consider how to distribute and embed a Statement of Desired Culture

ACTION OFFICER(S): All members to forward ideas to Mr Taylor

ACTION: Members to read the RACS Final Report on Discrimination, Bullying and Sexual Harassment

ACTION OFFICER(S): All members

3.3 *Members discussed the difficulty with the complaints process, particularly information sharing as often so many parties are involved (ie ACT Health, Calvary, AHPRA, the relevant college, ANU)*

- Strong support for this "partnership" approach by members
- Significant legal impediments to such an approach

ACTION: Consider and consult on the required legal framework that would support being able to provide feedback to a complainant on what actions have been taken to address their concerns

ACTION OFFICER(S): Ms Overton-Clarke in relation to privacy issues that inhibit providing information to complainants, Ms Centenera in relation to seeking legal advice from GSO about sharing information generally

4. Draft Communication Strategy

ACTION: Members to review out of session and feedback to Mr Taylor
ACTION OFFICER: All members

5. Next Meeting

Monday 21 December 2015 suggested but did not proceed.

Meetings to recommence in February 2016



Action Minutes Clinical Culture Committee (CCC)

Meeting Date: 16 February 2016 – Meeting No 3.

Subject: Draft Action Minutes of CCC.

Source: Kelly Lancsar – CCC Secretariat

Purpose/comments: For endorsement

**Clinical Culture Committee – 16 February 2016
MEETING MINUTES**

1. Attendance and Apologies

Name	Role	✓ or Apology
Ms Nicole Feely	Chairperson, Director-General, ACT Health	Apology
Ms Bronwen Overton-Clarke	Commissioner for Public Administration	✓
Mr Ian Thompson	Member, Deputy Director-General, Canberra Hospital and Health Services (CHHS), ACT Health	✓
Dr Denise Riordan	Member, Clinical Director, Child and Adolescent Mental Health Services, ACT Health	✓
Prof Klaus-Martin Schulte	Member, Professor of Surgery, ACT Health	✓
Prof Walter Abhayaratna	Member, Clinical Director, Medicine, ACT Health	Apology
Dr Brian Ashman	Member, Clinical Director, Surgery, ACT Health	✓
Ms Veronica Croome	Member, Chief Nurse, ACT Health	✓
Dr Frank Bowden	Member, Chief Medical Administrator, ACT Health	Apology
Ms Christina Wilkinson	Member, A/g Chief Medical Administrator, ACT Health	✓
██████████	Member, ██████████ Calvary Hospital	Apology
██████████	Member, ██████████ ANU	✓
Dr Tom Lea-Henry	Member, Medical Registrar, ACT Health	Apology
Dr Eleni Baird-Gunning	Member, Surgical Registrar, ACT Health	✓
Ms Liesl Centenera	Member, A/g Executive Director, People Strategy and Service (PSS), ACT Health	✓
Mr Ric Taylor	Guest, Senior Manager, PSS, ACT Health	Apology
Ms Kelly Lancsar	Leadership and Management Development Coordinator, PSS Secretariat	✓

The meeting commenced at 1805 hrs and finished at 1920 hrs, with Mr Thompson as Chair.

The Chair thanked the Commissioner of Public Administration for attending the committee meeting and completed introductions.

2. Minutes and Action Arising from Previous Meetings

- 2.1 Members agreed to endorse previous meeting minutes with amendments to item 3.1 KPMG Report and follow up on held over actions.

3.1 KPMG report

Members noted the KPMG report is important and substantive but does have limitations given that the sessions were not well attended by doctors.

HELD OVER

ACTION: Check records of attendance with KPMG to clarify participation numbers

ACTION OFFICER(S): Mr Taylor and Ms Centenera

- 3.2 Members discussed the recommendation to have a Statement of Desired Culture.

HELD OVER

ACTION: Refine the draft Statement of Desired Culture and circulate out of session – for discussion at next meeting

ACTION OFFICER(S): Mr Taylor

NEW ACTION: Develop instructions on how to conduct focus groups with medical staff about how to create a Statement of Desired Culture. Develop a set of questions relevant to the target audience to distribute with this information.

ACTION OFFICER(S): Mr Taylor

NEW ACTION: CCC makes a commitment to ensure the focus groups occur and provide an endorsement of the process.

ACTION OFFICER(S): All members

- 3.3 Members discussed the difficulty with the complaints process, particularly information sharing as often so many parties are involved (i.e. ACT Health, Calvary, AHPRA, the relevant college, ANU)

Liaison with the Government Solicitor occurred and a two-fold response was provided:

- In relation to overcoming privacy issues in sharing information about complainants, this can occur providing clauses are inserted into employment contracts. The information must be provided up front in the employment discussion, and be agreed to by the employee. In addition, it must be explicitly in relation to breaches of contract with regards to staff misconduct to fall within the legislative exemptions.
- Information about the complaints, or their results, cannot be published or reports made public. Investigations would be compromised if both proponents and third parties privacy is compromised.

COMPLETE

4. Draft communication Strategy

ACTION: Members to review out of session and feedback to Mr Taylor

ACTION OFFICER(S): All members

ONGOING ACTION: Ms Teale is currently working on this, Ms Centenera will distribute to the group out of session.

3. **Royal Australasian College of Surgeons (RACS) Workshop – ‘Building Respect, Improving Patient Safety’ updates on efforts in RACS and ACT Health see Attachment A**

RACS are going to every health department in all jurisdictions with a key set of questions around complaints, what training is currently offered and communication methods and messages. Ms Centenera provided information on how RACS are progressing with the

'Building Respect, Improving Patient Safety' Action Plan and RACS vision for the next 5 years to see the plan successfully embedded in the surgical professions. Attention was drawn to the fact that RACS is limited with its powers to undertake any sort of disciplinary action if an allegation is found. RACS are seeking to share information with employers when a complaint is made and the allegation found, mitigating a second investigation being conducted by the employer.

Further to the outcome addressed in the above action, Ms Centenera will liaise with RACS counsel to ascertain if information can be shared between ACT Health and RACS by lifting the privacy principle on certain exemptions of staff misconduct with each individual in the employment contract.

Mr Thompson raised the fact that the *Health Act* that protects this type of information, which will need to be addressed in order for this information to be used outside of the clinical review environment.

ACTION: Provide information to RACS counsel for further investigation. Return to the Government Solicitor to ascertain what, if any, information can be shared.

ACTION OFFICER(S): Ms Centenera

ACTION: Ms Centenera to meet out of session with Mr Thompson to explore an approach to enable matters of behaviour to be moved out of the privilege provided by the *Health Act*.

ACTION OFFICER(S): Ms Centenera and Mr Thompson

ACTION: ACT Health to prepare a circular on avenues available to discuss or provide information about BVSH issues i.e. RED Contact Officers

ACTION OFFICER(S): Ms Centenera

4. **Doctor Leadership Training**

The feedback received from some members of the CCC was mixed for the proposal from The Advisory Board Company. Some supported the proposal, while others expressed a preference for the Mayo Clinic, indicating that the Mayo Clinic would come to Australia if required.

ACTION: Review The Advisory Board Company's capacity to focus on key issues for doctor leaders in ACT Health.

ACTION OFFICER(S): Ms Centenera

5. **Update on discussion held with AMA, ASMOF and VMOA**

The unions had a number of suggestions to improve the CCC. Key issues raised were the under representation of various groups on the committee and how these members were selected by the Director General and not by doctors. While the CCC representatives are expected to represent the broader groups (as the committee would become too large if all departments were involved), Ms Baird-Gunning noted smaller departments that don't have a voice really struggle and it would be ideal if there was a chosen representative from each department to form a sub or consultative body to this committee. Professor Schulte indicated that he had publicly offered to assist people with BVSH issues. However, Ms Baird-Gunning indicated that his seniority would prevent him from being approached.

Further to this Ms Baird-Gunning noted that trainees to mid range doctors feel that they cannot voice concerns or behaviours, as to make a complaint against a consultant would be career limiting or debilitating. Doctors that are vying for training programs need the consultant to provide a 100% positive reference for these programs and they are under the impression that the college will not accept anything less, therefore these doctors are not willing to speak up out of fear of the ramifications. So while complainants may be protected in the employment domain, they remain fearful of reprisal from the colleges.

RACS addressed this at the workshop noting that they would not say no to a doctor based on a reference and would most likely accept all candidates pending individual circumstances and availability. Younger doctors are not aware of this, which refers back to the power imbalance and culture embedded within the profession.

ACTION: Revisit how ACT Health can work together with colleges across the board out of session.

ACTION OFFICER(S): Mr Thompson and Ms Centenera

ACTION: Find a means of distributing this information to junior to mid range doctors

ACTION OFFICER(S): Mr Thompson

6. Culture Survey results

Ms Croome identified that the Culture Survey outcomes will be released shortly and that the CCC should look at some of the issues results and compare them to previous numbers to set a workplan.

ACTION: Include in the next meeting's agenda.

ACTION OFFICER(S): Ms Lancsar

5. Next Meeting

Tuesday 15 March 2016



**Action Minutes
Clinical Culture Committee
(CCC)**

Meeting Date: 15 March – Meeting No 4

Subject: Minutes and Actions of CCC

Source: Kelly Lancsar – CCC Secretariat

Purpose/comments: For endorsement

**Clinical Culture Committee – 15 March 2016
MEETING MINUTES**

Name	Role	✓ or Apology
Ms Nicole Feely	Chairperson and Director-General, ACT Health	✓
Mr Ian Thompson	Member, Deputy Director-General, Canberra Hospital and Health Services (CHHS), ACT Health	✓
Dr Denise Riordan	Member, Clinical Director, Child and Adolescent Mental Health Services, ACT Health	✓
Prof Klaus-Martin Schulte	Member, Professor of Surgery, ACT Health	✓
Prof Walter Abhayaratna	Member, Clinical Director, Medicine, ACT Health	✓
Dr Brian Ashman	Member, Clinical Director, Surgery, ACT Health	✓
Dr David Blythe	Member, Principal Medical Adviser, ACT Health	✓
Ms Veronica Croome	Member, Chief Nurse, ACT Health	✓
Dr Christina Wilkinson	Member, A/g Chief Medical Administrator, ACT Health	Apology
[REDACTED]	Member, [REDACTED] Calvary Hospital	Apology
[REDACTED]	Member, [REDACTED] ANU [REDACTED]	Apology
Dr Tom Lea-Henry	Member, Medical Registrar, ACT Health	✓
Dr Eleni Baird-Gunning	Member, Surgical Registrar, ACT Health	✓
Ms Liesl Centenera	Observer, A/g Executive Director, People Strategy and Service (PSS), ACT Health	✓
Ms Bronwen Overton-Clarke	Observer, Deputy Director-General, Workforce Capability and Governance, CMTEDD	✓
Mr Ric Taylor	Guest, Senior Manager, PSS, ACT Health	✓
Ms Julia Teale	Guest, Manager, Communications, ACT Health	✓
Ms Kelly Lancsar	Secretariat, Leadership and Management Development Coordinator, PSS	✓

The meeting commenced at 18:05 hrs and finished at 19:17 hrs, with Nicole Feely as Chair.

1. Attendance and apologies

Apologies: Dr Christina Wilkinson, [REDACTED]

2. Confirmation of minutes from the previous meeting

Members endorsed the minutes of the previous meeting.

Ms Feely as Chair addressed the committee on the purpose of the committee and how tangible actions are needed to drive the change in culture in the workforce.

3. Doctor Leadership Training – Verbal update

This agenda item was held over to the next meeting.

Action Officer: Ric Taylor, Senior Manager, Organisational Development PSS

Due: April

4. Consultation process to draft Statement of Desired Culture

A proposed process for developing a Statement of Desired Culture was tabled and discussed. It was agreed that the process to develop the statement needs to be revised and resubmitted to Committee at next meeting.

Action Officer: Ric Taylor, Senior Manager, Organisational Development PSS

Due: April

5. Communications Strategy

The Committee considered that the draft strategy that had been tabled did not reflect the desired outcomes and agreed this be revised.

Action Officer: Julia Teale, Manager Communications and Marketing

Due: May

6. Feedback from Culture Survey

This agenda item was held over to the May meeting.

Action Officer: Ric Taylor, Senior Manager, Organisational Development PSS

Due: May

7. Other Business

The Committee considered a number of ideas during the course of the meeting, including:

- Awards and recognition
- Investigating monthly employee awards
- Review and analysis of feedback and rating mechanisms, including a register to track complaints and where hot spots are in the organisation
- Social events
- Developing a schedule of social events for clinical staff
- Newsletter to be developed after every meeting for the clinical community
- Bios and photos of all CCC members to be loaded to intranet

8. Next meeting

Tuesday 21 June 2016, 6:00 – 7:00pm

Actions Arising Register

Item No.	Meeting	KPMIG Recommendation	Actions	Outcome or Progress	Responsible	Comments
1	March 2016	1	Research into Culture Engagement Index to: allow pulse surveys to be taken quarterly to determine improvements	A range of tools available Three Culture Index tools have been identified Seeking clarification from providers	Organisational Development	Report on selected Culture Index Tool at June meeting
2	March 2016	2	Revise process for formulating Statement of Desired Culture	Revised process to be discussed at May meeting	Organisational Development	Planned process with work expected to be completed by September 2016
3	March 2016	3	Build a communications campaign using a variety of channels that promotes positive statements about behaviour, continues to raise awareness about inappropriate behaviours, and provides clarity about resolution processes and support	Communications Strategy drafted and being revised	Communications and Marketing	Final Communications Strategy to June meeting
4	March 2016	4	Adjust reward and performance measures for leaders to reflect desired leadership behaviours and capabilities	Included in Medical Culture Action Plan	Organisational Development	



**Minutes
Clinical Culture Committee
(CCC)**

Meeting Date: 31 May – Meeting No 5

Subject: Minutes and Actions of CCC

Source: Kelly Lancsar – CCC Secretariat

Purpose/comments: For endorsement

**Clinical Culture Committee – 31 May 2016
MEETING MINUTES**

Name	Role	v or Apology
Ms Nicole Feely	Chairperson and Director-General, ACT Health	Apology
Mr Ian Thompson	Member, Deputy Chairperson and Deputy Director-General, Canberra Hospital and Health Services (CHHS), ACT Health	v
Dr Denise Riordan	Member, Clinical Director, Child and Adolescent Mental Health Services, ACT Health	Apology
Prof Klaus-Martin Schulte	Member, Professor of Surgery, ACT Health	v
Prof Walter Abhayaratna	Member, Clinical Director, Medicine, ACT Health	Apology
Dr Brian Ashman	Member, Clinical Director, Surgery, ACT Health	v
Dr David Blythe	Member, Principal Medical Adviser, ACT Health	Apology
Ms Veronica Croome	Member, Chief Nurse, ACT Health	v
Dr Christina Wilkinson	Member, A/g Chief Medical Administrator, ACT Health	Apology
Ms Janelle Corey	Proxy Member, A/g Chief Medical Administrator, ACT Health	v
[REDACTED]	Member, [REDACTED], Calvary Hospital	v
[REDACTED]	Member, [REDACTED] ANU [REDACTED]	v
Dr Tom Lea-Henry	Member, Medical Registrar, ACT Health	x
Dr Eleni Baird-Gunning	Member, Surgical Registrar, ACT Health	Apology
Ms Yu-Lan Chan	Observer, A/g Executive Director, Workforce and Culture Innovation, Systems Innovation Group, ACT Health	v
Ms Liesl Centenera	Observer, A/g Executive Director, People Strategy and Service (PSS), ACT Health	v
Ms Bronwen Overton-Clarke	Observer, Deputy Director-General and Commissioner for Public Administration, Workforce Capability and Governance, Chief Minister, Treasury and Economic Development Directorate	v
Ms Julia Teale	Guest, Manager, Communications, ACT Health	Apology
Mr Ric Taylor	Guest, Senior Manager, Organisational Development, PSS, ACT Health	Apology
Ms Flavia D'Ambrosio	Proxy Guest, Manager, Leadership and Management, Organisational Development, PSS, ACT Health	v
Ms Nancy King	Guest, Manager, Culture and Wellbeing, Organisational Development, PSS, ACT Health	v
Ms Kelly Lancsar	Secretariat, Leadership and Management Development Coordinator, PSS, ACT Health	v

The meeting commenced at 18:05 hrs and finished at 19:01 hrs, with Ian Thompson as Chair.

1. Attendance and apologies

Apologies were noted from: Ms Nicole Feely, Prof Walter Abhayaratna, Dr Christina Wilkinson (represented by Ms Janelle Corey), Dr David Blythe, Dr Eleni Baird-Gunning, Dr Tom Lea-Henry, Mr Ric Taylor (represented by Ms Flavia D'Ambrosio), and Ms Julia Teale.

2. Confirmation of minutes from the previous meeting

Members endorsed the minutes and noted progress against the actions arising of the previous meeting.

3. Medical Culture Action Plan - Paper

Ms Nancy King presented for the Committee's endorsement the Medical Culture Action Plan to address the seven recommendations of the *Review of the Clinical Training Culture at Canberra Hospital and Health Services* (KPMG, September 2015).

The Committee **endorsed** the Medical Culture Action Plan.

The Chair requested that a progress report be provided each month to the Committee on implementation progress and the impact the actions are having within the ACT Health medical workforce.

It was agreed that Ms King would present specific information to the Committee on medical 'hot spots' after further analysis of the Workplace Culture Survey results to facilitate appropriate intervention actions.

██████████ suggested that performance management processes of ACT Health and Australian National University be combined for ACT Health medical staff who hold academic title with the ANU, as well as information on individual staff in relation to bullying and harassment. Members discussed and noted in relation to performance agreements that while there would be overlap in relation to expected behaviours, ANU monitors staff performance in terms of research and teaching while ACT Health monitors clinical and related responsibilities. To assist further exploration of aligning the two processes, ██████████ was requested to send a copy of the ANU template to Mr Ian Thompson.

In relation to sharing information about individual staff, Ms Centenera reported that this had been explored in relation to sharing information with the Royal College of Surgeons but a number of legal obstacles would need to be considered and resolved. Ms Centenera and Mr Thompson to discuss out of session.

In relation to planning and implementing item 6.3 '*Liaise with other health organisations to investigate the use of an Anti-Bullying Hot Line and provide recommendations to Clinical Culture Committee*', the Chair requested that the model developed and utilised by The Royal Melbourne Hospital be examined.

4. Members' discussion on Statement of Desired Culture

The Chair discussed with the Committee the proposed process for formulation of the Statement of Desired Culture. Committee members:

- **Agreed** to the revised process for formulation of the Statement of Desired Culture
- **Agreed** to provide the CCC Secretariat by Tuesday 7 June 2016 their ideas and opinions to assist formulation of a first draft of the Statement of Desired Culture using the tabled template; and
- **Agreed** to support and encourage Clinical/Unit directors and staff to attend focus groups.

Ms Centenera noted that NSW Health has an advanced draft Statement of Desired Culture that is due to be released with a publicised signing ceremony (approximately eight Colleges are signing on with NSW Health) and a public commitment to effect organisational accountability. She agreed to contact NSW Health to request a copy of the draft Statement of Desired Culture to assist with the formulation of the draft for ACT Health.

Members discussed existing documentation providing examples of articulating desired behaviour such as the ACTPS Code of Conduct and the Medical Board of Australia and CanMEDS Code of Conduct. The secretariat will circulate these documents to members for reference.

Ms Bronwen Overton-Clarke noted experience from developing the ACT Public Service Values and Signature Behaviours showed that in addition to the end product of a statement of desired values, the actual process of developing such a statement could have a powerful positive effect on staff and their engagement.

5. Senior Doctor Leadership Program

ACT Health is addressing the KPMG recommendation to "Develop and institute mandatory leadership and management training for all clinicians who hold a leadership or management position" through a Senior Doctor Leadership Program, which The Advisory Board Company has been engaged to deliver.

The Committee:

- **Noted** the purpose and benefits of the Senior Doctor Leadership Program
- **Agreed** that CCC members who are invited to participate in the program will commit to attending, and
- **Agreed** that CCC members who are invited to participate would commit to attending the program, and that all CCC members would encourage and enable the attendance of their staff who are identified to attend the Doctor Leadership Program

Committee members reviewed the draft list of participants and provided feedback. Any further any amendments or recommendations were requested to be sent to Ms Flavia D'Ambrosio by Friday 3 June 2016.

It was agreed that Calvary would be invited to participate in the Senior Doctor Leadership Program. Ms D'Ambrosio will liaise with [REDACTED] to identify two Calvary Hospital staff to participate.

6. Other Business

Nil.

7. Next meeting

Tuesday 21 June 2016, 6:00 – 7:00pm

Actions Arising Register

Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
1.	March 2016	1	Research into Culture Engagement Index to: allow pulse surveys to be taken quarterly to determine improvements	A range of tools available. Three Culture Index tools have been identified. Seeking clarification from providers. Will report to June meeting on selected Culture Index Tool	Organisational Development	Open
2.	March 2016	2	Revise process for formulating Statement of Desired Culture	Revised process to be discussed at May meeting	Organisational Development	Closed
3.	March 2016	3	Build a communications campaign using a variety of channels that promotes positive statements about behaviour, continues to raise awareness about inappropriate behaviours, and provides clarity about resolution processes and support	Communications Strategy drafted and being revised for presentation to June meeting	Communications and Marketing	Open
4.	March 2016	4	Adjust reward and performance measures for leaders to reflect desired leadership behaviours and capabilities	Included in Medical Culture Action Plan	Organisational Development	Closed
5.	May 2016	All	Explore opportunities for enhanced linkages between the ANU and ACT Health performance management processes for ACT Health staff undertaking work at ANU		Organisational Development	
6.	May 2016	All	██████████ to provide copy of performance plan template to Mr Thompson		██████████	

Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
7.	May 2016	6	Discuss issues in regards to sharing information on staff in relation to bullying and harassment		Mr Ian Thompson and Ms Liesl Centenera	Teleconference with RACS and RACS legal services 20 June 16
8.	May 2016	6	Explore The Royal Melbourne Hospital's use of an anti-bullying systems in relation to item 6.3 on the Medical Culture Action Plan		Organisational Development	Due CCC August meeting
9.	May 2016	2	Circulate to members a copy of the NSW Health draft Statement of Desired Culture		Secretariat	NSW Health draft <i>Statement of Agreed Principles</i> is not available for circulation until endorsed, expected early July 2016.
10.	May 2016	2	Circulate to members a copy of the Medical Board of Australia and CanMEDS Code of Conduct	Circulated to Members	Secretariat	Complete
11.	May 2016	2	Circulate to members a copy of the ACT Public Service Code of Conduct	Circulated to Members	Secretariat	Complete
12.	May 2016	2	Committee members provide feedback and ideas on the formulation of a Statement of Desired Culture on the template provided to Ms King by Tuesday 7 June 2016	One response received	All Committee members	June CCC Meeting Agenda Item 3.1 Nancy King to provide verbal update
13.	May 2016	5	Committee members to review the list of participants for the Senior Doctor Leadership Program and provide any amendments or recommendations to Ms Flavia D'Ambrosio by Friday 3 June 2016	Invitations sent to Director-General for distribution (7/6/16)	All Committee members	Complete
14.	May 2016	5	Invite Galvany to participate in the Senior Doctor Leadership Program	One nomination received	Organisational Development	Open



**Minutes
Clinical Culture Committee
(CCC)**

Meeting Date: 21 June – Meeting No 6

Subject: Minutes and Actions of CCC

Source: Kelly Lancsar – CCC Secretariat

Purpose/comments: For endorsement

**Clinical Culture Committee – 21 June 2016
MEETING MINUTES**

Name	Role	✓ or Apology
Ms Nicole Feely	Chairperson and Director-General, ACT Health	✓
Mr Ian Thompson	Member, Deputy Chairperson and Deputy Director-General, Canberra Hospital and Health Services (CHHS), ACT Health	✓
Dr Denise Riordan	Member, Clinical Director, Child and Adolescent Mental Health Services, ACT Health	✓
Prof Klaus-Martin Schulte	Member, Professor of Surgery, ACT Health	Apology
Prof Walter Abhayaratna	Member, Clinical Director, Medicine, ACT Health	x
Dr Brian Ashman	Member, Clinical Director, Surgery, ACT Health	✓
Dr David Blythe	Member, Principal Medical Adviser, ACT Health	✓
Ms Veronica Croome	Member, Chief Nurse, ACT Health	✓
Dr Christina Wilkinson	Member, A/g Chief Medical Administrator, ACT Health	Apology
Ms Janelle Corey	Proxy Member, A/g Chief Medical Administrator, ACT Health	✓
[REDACTED]	Member [REDACTED] Calvary Hospital	✓
[REDACTED]	Member [REDACTED] ANU [REDACTED]	Apology
Dr Tom Lea-Henry	Member, Medical Registrar, ACT Health	x
Dr Eleni Baird-Gunning	Member, Surgical Registrar, ACT Health	x
Ms Yu-Lan Chan	Observer, A/g Executive Director, Workforce and Culture Innovation, System Innovation Group, ACT Health	✓
Ms Liesl Centenera	Observer, A/g Executive Director, People Strategy and Service (PSS), ACT Health	✓
Ms Bronwen Overton-Clarke	Observer, Commissioner for Public Administration and Deputy Director-General, Workforce Capability and Governance, Chief Minister, Treasury and Economic Development Directorate	✓
Ms Julia Teale	Guest, Manager, Communications, ACT Health	✓
Mr Ric Taylor	Guest, Senior Manager, Organisational Development, PSS, ACT Health	✓
Ms Nancy King	Guest, Manager, Culture and Wellbeing, Organisational Development, PSS, ACT Health	✓
Ms Kelly Lancsar	Secretariat	✓

The meeting commenced at 18:10 hrs and finished at 19:08 hrs, with Ian Thompson as Chair.

1. Attendance and apologies

Apologies were noted from: Dr Christina Wilkinson (represented by Ms Janelle Corey), Dr Klaus-Martin Schulte and [REDACTED]

Absent: Prof Walter Abhayaratna, Dr Eleni Baird-Gunning and Dr Tom Lea-Henry

2. Confirmation of minutes from the previous meeting

Members endorsed the minutes and noted progress against the actions arising of the previous meeting.

Actions Arising Item 7: Sharing information with other organisations

Ms Liesl Centenera reported that a meeting had been held with the Royal Australasian College of Surgeons to discuss the potential for sharing information where allegations of bullying, harassment or discrimination are made against an ACT Health staff member. A number of legal matters were discussed with a potential way forward identified for further exploration. However Ms Centenera raised concerns that RACS had not been able to articulate what action it would take once the information had been shared. It appears that based on shared information, RACS would undertake its own investigation. The Committee noted that subjecting the respondent to a second investigation process would not be a favourable option.

RACS will convene a meeting in July for further discussion.

3.1 Medical Culture Action Plan Item 1.1: Presentation of findings on Medical Units from the ACT Health Workplace Culture Survey 2015

Ms Nancy King presented for the Committee's information a detailed analysis of the ACT Health Workplace Culture Survey 2015 results for the medical workforce.

The response rate for the medical workforce was low, 231 of 886 (26%) of the ACT Health medical officers responded to the survey, and of this sample 41 of 163 (25%) Visiting Medical Officers (VMOs) provided a response to the survey. Nine areas were identified as being in a culture of 'Blame' or 'Blame+'. In addition to quantitative data on staff experience and perceptions of bullying, harassment and favouritism, themes arising from staff comments through the survey were also presented.

The Committee *noted* the presentation.

3.2 Medical Culture Action Plan Item 1.2: Pulse survey options paper

Mr Ric Taylor presented to the Committee options for a pulse survey of the medical workforce to provide a baseline set of data, in light of the low survey response rate of only 26% of the medical workforce.

The Committee referred to the findings of the KPMG Review and the ACT Health Workplace Culture Survey and decided that the program of work to implement the Medical Culture Action Plan should proceed without any further survey of the medical workforce being conducted at this stage.

The Committee *agreed* the survey options will be revisited in six month's time when progress has been made towards improving the workplace culture in the medical workforce through implementing the action plan.

3.3 Medical Culture Action Plan Item 2.1 and 2.2: Update on the development of the Statement of Desired Culture

Ms Feely noted that only two members had provided input to the Statement of Desired Culture, despite agreement at the previous meeting that input would be provided by 7 June 2016. She directed all CCC members to provide their input to Ms Nancy King by 30 June 2016.

Dr Bryan Ashman suggested that materials from the Royal Australasian College of Surgeons (RACS) *Operate with Respect* campaign could be useful in describing behaviours around respect and disrespect, and could be linked to the ACT Health values.

3.4 Medical Culture Action Plan Item 3.2: Review of Medical Culture Communication Strategy

Ms Julia Teale presented to the Committee a draft communication strategy with a two year implementation plan to inspire confidence of the commitment and actions being taken through the CCC to eliminate inappropriate behavior, and garner support from the medical profession. The strategy entails a detailed campaign that will involve regular communications to staff and be visually present across ACT Health.

A component of the strategy is to involve a respected medical professional Patron or Champion to communicate the actions the Committee has undertaken and to be the face and voice of the Clinical Culture Committee.

All Committee members are requested to consider who would make a suitable Patron and provide suggestions at the July meeting.

All Committee members to provide feedback on the draft communication strategy to Ms Teale by 8 July 2016.

4. Other Business: Six monthly report to Minister for Health

Under the Committee's Terms of Reference, a six-monthly report is to be provided to the Minister. A report will be drafted and presented for the Committee's consideration no later than the next meeting.

Next meeting

Tuesday 19 July 2016, 6:00 – 7:00pm

Actions Arising Register

Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
1.	March 2016	1	Investigate a range of pulse survey tools to effectively monitor culture in medical workforce and track impact of culture improvement initiatives	A range of tools available. Three Culture Index tools have been identified. Seeking clarification from providers. Will report to June meeting on selected Culture Index Tool	Organisational Development	Closed
2.	March 2016	2	Revise process for formulating Statement of Desired Culture	Revised process accepted at 31 May 2016 meeting	Organisational Development	Closed
3.	March 2016	3	Build a communications campaign using a variety of channels that promotes positive statements about behaviour, continues to raise awareness about inappropriate behaviours, and provides clarity about resolution processes and support	Communications Strategy drafted and being revised for presentation to June meeting	Communications and Marketing	Closed
4.	March 2016	4	Adjust reward and performance measures for leaders to reflect desired leadership behaviours and capabilities	Included in Medical Culture Action Plan	Organisational Development	Closed
5.	May 2016	All	Explore opportunities for enhanced linkages between the ANU and ACT Health performance development plans for ACT Health staff undertaking work at ANU	Ongoing	Organisational Development	Open

Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
6.	May 2016	All	[REDACTED] to provide copy of performance plan template to Mr Thompson	Provided	[REDACTED]	Closed
7.	May 2016	6	Discuss issues in regards to sharing information on staff in relation to bullying and harassment	Meeting with RACS held 20 June 2016. GSO advice requested. Due CCC August meeting	Mr Ian Thompson and Ms Liesl Centenera	Open
8.	May 2016	6	Explore The Royal Melbourne Hospital's use of an anti-bullying systems in relation to item 6.3 on the Medical Culture Action Plan		Organisational Development	Open
9.	May 2016	2	Circulate to members a copy of the NSW Health draft Statement of Desired Culture	NSW Health draft <i>Statement of Agreed Principles</i> is not available for circulation until endorsed.	Secretariat	Open
10.	May 2016	2	Circulate to members a copy of the Medical Board of Australia and CanMEDS Code of Conduct	Circulated to Members	Secretariat	Closed
11.	May 2016	2	Circulate to members a copy of the ACT Public Service Code of Conduct	Circulated to Members	Secretariat	Closed
12.	May 2016	2	Committee members provide feedback and ideas on the formulation of a Statement of Desired Culture on the template provided to Ms King by Tuesday 7 June 2016	Only two responses received. Deadline was extended to 30 June 2016 at the CCC meeting of 21 June 2016	All Committee members	Open

Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
13.	May 2016	5	Committee members to review the list of participants for the Senior Doctor Leadership Program and provide any amendments or recommendations to Ms Flavia D'Ambrosio by Friday 3 June 2016	Invitations sent by Director-General 14/6/16	All Committee members	Closed
14.	May 2016	5	Invite Calvary to participate in the Senior Doctor Leadership Program	One nomination received	Organisational Development	Closed
15.	June 2016	1	Revisit Pulse survey in December 2016	Present Pulse survey options in December 2016	Ric Taylor, Organisational Development	Open
16.	June 2016	2	Committee members provide feedback and ideas on the formulation of a Statement of Desired Culture to Nancy King by 30 June 2016	Five committee members have contributed.	All Committee members	Open
17.	June 2016	3	Comments on draft Communications Strategy to Julia Teale by 8 July 2016		All Committee members	Open
18.	June 2016	3	Nominate a suitable, respected Patron or Champion to be the face of the Medical Culture Communications Strategy		All Committee members	Open