



**ACT**  
Government

**Canberra Health  
Services**

Ref FOI18-127



Dear 

### **Freedom of Information Request – FOI18-127**

I refer to your application received by Canberra Health Services on 13 December 2018 in which you sought access to information under the *Freedom of Information Act 2016* (the FOI Act).

In your application you have requested:

*“...copies of documents related to Canberra Health Services clinical culture – scope of FOI request to Canberra Health Service:*

- *Documents related to meetings of Canberra Health Services Clinical Culture committee from 1 October 2018 to the current day. This includes agenda, minutes and documents prepared for the meeting.*
- *Briefs prepared for the Minister for Health and Minister for Mental Health between 1 October 2018 and the current day. This includes Question Time briefs, Annual Report briefs and Estimates briefs.*
- *Reports submitted to the CEO of Canberra Health Services from the Canberra Health Services Clinical Culture committee.”*

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 was required to provide a decision on your access application by 15 January 2019.

#### Decision on access

Searches were completed for relevant documents and five 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 full access to three documents and partial access to two 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 to grant partial access to the information in Folio's 1 and 3 of the identified documents is that the 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. 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 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 ACT Health's 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](mailto: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 Service's processing of your request, or would like further information, please contact the FOI Coordinator on 5124 9829 or email [HealthFOI@act.gov.au](mailto:HealthFOI@act.gov.au).



Janine Hammat  
**Executive Director**  
People & Culture

// January 2019

## 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
[REDACTED]	Copies of documents related to Canberra Health Services Clinical Culture Committee – scope of FOI request to Canberra Health Service: * Documents related to meetings of Canberra Health Services Clinical Culture committee from 1 October 2018 to the current day. This includes agenda, minutes and documents prepared for the meeting. * Briefs prepared for the Minister for Health and Minister for Mental Health between 1 October 2018 and the current day. This includes Question Time briefs, Annual Report briefs and Estimates briefs. * Reports submitted to the CEO of Canberra Health Services from the Canberra Health Services Clinical Culture Committee.	FOI18-127

Ref No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
1	1-15	Minutes, Agenda, Actions Register, Medical Culture Action Plan and Terms of Reference of the Clinical Culture Committee	4/12/18	Partial release	Schedule 2, Section 2.2(ii)	Yes





2	16	Chief Ministers Weekly Issues Brief – Canberra Health Services Directorate – People and Culture	28/11/18	Full release		Yes
3	17-107	Canberra Health Services Minute – Clinical Culture Committee Including:  Attachment A – KPMG Report  Attachment B – Terms of Reference  Attachment C – Membership list  Attachment D – Minutes of CCC Meeting 9/5/17  Attachment E – Medical Culture Action Plan	28/10/18	Partial release	Schedule 2, Section 2.2(ii)	Yes
4	108-109	Annual Report Hearing Brief – GBC18/688 – Clinical Culture Committee	26/10/18	Full release		Yes
5	110-111	Question Time Brief – GBC18/579 – Clinical Culture Committee	19/10/18	Full release		Yes
<b>Total No of Docs</b>						
5						



**Canberra Health  
Services**

**Agenda  
Clinical Culture Committee**

Tuesday, 4 December 2018  
*18:00 to 19:30*

*Building 24, Conference Room 2*

1. Attendance/Apologies
2. Minutes and Actions Arising from Previous Meeting
  - a. Minutes from 9 May 2017
  - b. Actions arising from previous meeting
3. Items for Discussion/Information
  - a. Progress update on the Medical Culture Action Plan
  - b. Key elements of the refocused culture development work for CHS
  - c. Governance requirements for CHS workplace/clinical culture
4. Other Business

Next meeting:

- TBA


 Tuesday, 4 December 2018  
 18:00 to 19:30

*Building 24, Conference Room 2*
**1. Attendance/Apologies**

Name	Role	✓ / ✗
Ms Bernadette McDonald	Member, Chief Executive Officer, CHS (Chair)	✓
Mr Chris Bone	Member, Deputy Director-General, Clinical Services, CHS	✓
Ms Janine Hammat	Member, Executive Director, People and Culture, CHS	✓
Prof Walter Abhayaratna	Member, Clinical Director, Medicine, CHS	✓
[REDACTED]	Member, [REDACTED] ANU Medical School	✓
Dr Eleni Baird-Gunning	Member, Surgical Registrar, CHS	✗
Ms Margaret McLeod	Member, Chief Nursing and Midwifery Officer, ACT Health	Apology
Prof Klaus-Martin Schulte	Member, Professor of Surgery, CHS	Apology
[REDACTED]	Member, [REDACTED] Calvary	✗
<b>Secretariat</b>		
Flavia D'Ambrosio	A/g Senior Manager, People and Culture	✓

Meeting was chaired by Ms Bernadette McDonald. It commenced at 6.04pm and concluded at 7.12pm.

**2. Minutes and Actions Arising from Previous Meeting**

- a. Minutes from 9 May 2017 - endorsed
- b. Actions arising from previous meeting – due to the lapse between meetings and change of CCC membership, action arising from previous meeting were not discussed, see item 3.a

**3. Items for Discussion/Information**

- a. Progress update on the Medical Culture Action Plan

Flavia D'Ambrosio went through the Medical Culture Action Plan highlighting actions completed and those still to be completed. The Medical Culture Action Plan was developed to address the 7 recommendations made by the KPMG,

**Actions arising:**

1. Refer to Open Actions Arising table.

- b. Key elements of the refocused culture development work for CHS

The Chair, Bernadette McDonald, updated members on culture improvement activities currently planned for CHS. In the new year work will commence to refresh the organisational vision, values and behaviours and the CHS Strategic Plan.

Members agreed this work is well overdue and needed to revitalise CHS purpose – ‘what we stand for’ – as well as how our systems/processes support all staff to achieve the purpose and behaviours.

- c. Governance requirements for CHS workplace/clinical culture

The Chair sought members’ feedback on the need to continue with the CCC or if an alternative should be implemented. She described a multidisciplinary committee or council to broadly address organisational challenges, including culture, change, performance etc, should be implemented in the new year. This council would be action/outcome focused, may work on two to three projects per year – possibly some of the actions arising from today’s meeting - and could require project management support to achieve outcomes.

The CCC members agreed that the CCC should not continue and agreed that the CEO should progress with the alternative discussed.

**Actions arising:**

2. Write Ministerial Brief to formally advise Minister for Health and Wellbeing the CCC has been disbanded.
3. Write to CCC members to formally advise the CCC has been disbanded.
4. New committee/council to be established for commencement in the new year.

**4. Other Business**

Nil

Next meeting:

N/A



## Open Actions Arising Register

Action Item No.	KPMG Recommendation	Action required	Responsible	Due-date	Update/Comments
1	1 Action 1.3	Copy of DG brief outlining recommended pulse survey tool to be provided to Chair/CEO, CHS.	Flavia D'Ambrosio, People & Culture		Recommendation was made in 2017 to introduce a very short pulse survey to help measure culture more frequently, aside from the large organisational workplace culture survey.  The recommendation as suggested in the original brief may still be worth considering.
1	2 Action 2.4	Copy of draft Statement of Culture to be provided to Chair/CEO, CHS.	Flavia D'Ambrosio, People & Culture		Focus groups were held in July – August 2016 to develop the Statement of Culture with <b>153 doctors</b> attending. The CCC decided to widen the Statement to the whole organisation and over 30 focus groups were held in September – November 2016, with <b>474 staff</b> attending from across ACT Health.  The work already done to develop the Statement should not be lost and the Statement may feed into the vision/values/behaviour refresh work commencing early in 2019.
1	4 Actions 4.1 and 4.2	CHS performance planning process to be comprehensively reviewed, taking into consideration needs of individual disciplines and our external partners, eg ANU.			Possibly project for the new governance body.

Action Item No.	KPMG Recommendation	Action required	Responsible	Due-date	Update/Comments
1	5	Provide Chair/CEO information on all current Leadership and Management programs offered to staff.	Flavia D'Ambrosio People and Culture		Whilst all the activities for recommendation 5 were completed, current 'mandatory' programs and leadership and management programs may not be yielding the desired outcomes.
1	5	Provide Chair/CEO evaluation report on the Senior Doctor Leadership Program attended by Clinical Directors in 16/17.	Flavia D'Ambrosio People and Culture		
1	5	Assess CHS leadership and management needs.			
1	N/A	Meet with the Cognitive Institute to revisit their program suitability for CHS.			Whilst the full Cognitive Institute Program may not be implemented at this time, there may be activities CHS can implement in preparation of the full program.
2	N/A	Write Ministerial Brief to formally advise Minister for Health and Wellbeing the CCC has been disbanded.	Flavia D'Ambrosio People and Culture		As the CCC was established by the previous Minister for Health, Simon Corbell MLA, it is necessary to officially advise the current Minister for Health and Wellbeing, Meaghan Fitzharris MLA of the Committee's disbandment.  Completed 14/12/18

Action Item No.	KPMG Recommendation	Action required	Responsible	Due-date	Update/Comments
3	N/A	Write to CCC members to formally advise the CCC has been disbanded.	Flavia D'Ambrosio People and Culture		Completed 14/12/18
4	N/A	Establish a new governance body for commencement in the new year.			

**Medical Culture Action Plan** - Updated as at 3 August 2017

<b>KPMG Recommendation 1: Work with Executives and Clinical Directors to conduct further analysis in medical areas where there is a culture that accepts or condones bullying, discrimination and/or harassment</b>				
Action	Responsibility	Timelines	Comments/Progress	
1.1 Conduct further analysis of Workplace Culture Survey 2015 findings focusing on inappropriate behaviour in medical units	Organisational Development	June 2016	Completed	
1.2 Investigate a range of pulse survey tools to effectively monitor culture in medical workforce and track impact of culture improvement initiatives	Organisational Development	May/June 2016	Completed	
1.3 Recommend selected tool for approval by Director-General and implement roll-out of tool for pulse surveys	Organisational Development	June 2017	Completed – decision pending	

<b>KPMG Recommendation 2: Engage senior leaders and staff across TCH &amp; HS in developing a statement of desired culture for success</b>				
Actions	Responsibility	Timeline	Comments/Progress	
2.1 Contribute to the Statement of Desired Culture	Clinical Culture Committee	7 June 2016	Completed	
2.2 Conduct consultation process for formulating a Statement of Desired Culture with medical officers, then all staff	Organisational Development	June - November 2016	Completed	
2.3 Endorse draft Statement of Desired Culture	Clinical Culture Committee	February 2017	Completed	
2.4 Draft Statement is used for union consultation and final staff consultation via online survey	Organisational Development	TBA	Pending DDG/DG discussions	



		Communications and Marketing		
2.5	Finalise and approve Statement for rollout	Organisational Development Director General	TBA	As above
2.6	Launch of statement and rollout	Director-General forums Communications Organisational Development	TBA	As above

<b>KPMG Recommendation 3: Use statement of desired culture to develop, implement and embed a saturation communications campaign</b>				
	<b>Action</b>	<b>Responsibility</b>	<b>Timeline</b>	<b>Comments/Progress</b>
3.1	Finalise the broader Medical Culture Communications Strategy which will communicate and promote all the work of the Clinical Culture Committee. This strategy has merged with an overall organisation Culture Communications Strategy.	Communications and Marketing in consultation with Organisational Development	Draft strategy was prepared for March 2016 meeting - CCC ordered revision. Different strategy prepared for June 2016 meeting but did not progress.	Requires attention
3.2	Review communications Strategy	Clinical Culture Committee	TBA	
3.3	Execute planned communications strategy	Communications and Marketing	TBA	
3.4	Organise and publicise social events for doctors	DDG QGR and DDG CHHS	TBC	Discussions pending re broader social activities for staff

KPMG Recommendation 4: Adjust reward and performance measures for leaders to reflect desired leadership behaviours and capabilities				
Action	Responsibility	Timeline	Comments/Progress	
4.1 Review and refine the performance plan template for doctors (including linkages to ANU)	Chief Medical Officer in consultation with People & Culture staff	July 2017	Partly completed. Online performance plans within ACT Health go live in August 2017. Links to ANU pending.	
4.2 Use performance planning and review processes to clarify and provide feedback on desired leadership behaviours for all doctors	Chief Medical Officer in consultation with People & Culture staff	October 2017		
4.3 Use 360° feedback tools to broaden the sources for feedback perspectives	Organisational Development in consultation with Chief Medical Officer	Ongoing	Completed - on demand	
4.4 Review the reward and recognition practices for doctors	Chief Medical Officer in consultation with Employment Service	June-Dec 2017	Pending discussions	
4.5 Work with selected Colleges and People & Culture to consider both rewards and sanctions within the current employment framework and investigate aligning complaints processes, where possible	Chief Medical Officer in consultation with People & Culture staff	In progress	Legal advice pending from GSO. RACS letter of intent being discussed CMO and DG.	
4.6 Explore the nature and frequency of patient complaints/compliments in relation to doctors and how well this is being communicated to the relevant doctors	Consumer Feedback Team Chief Medical Officer	August 2017	Pending discussions CMO and Organisational Development	

<b>KPMG Recommendation 5: Develop and institute mandatory leadership and management training for all clinicians who hold a leadership or management position</b>					
	<b>Action</b>	<b>Responsibility</b>	<b>Timeline</b>	<b>Comments/Progress</b>	
5.1	Develop and deliver <i>Respect at Work</i> courses to Executive and Senior medical staff	Organisational Development	2015-16	<b>Completed</b>	
5.2	Develop and deliver <i>Respect at Work</i> courses to all other medical staff	Organisational Development	Aug 2016 – Aug 2017	On demand – further roll-out being considered	
5.3	Procure Senior Doctor Leadership program	Organisational Development	Complete	Completed	
5.4	Advise Clinical and Unit Directors of mandatory attendance at the Leadership program and send invitations	Director-General	June 2016	Completed	
5.5	Rollout Senior Doctor Leadership program	Organisational Development	Commenced 30 August 2016 – due completion June 2017	Completed	
5.6	Investigate options for mandatory training for Doctors not part of the Senior Doctor Leadership program	Organisational Development	August 2017	Cognitive Institute presented in April 2017. Proposal sought from Advisory Board Company for range of leadership programs. CHHS Executive and CMO consulted. Options being considered.	

5.7	Publicise and promote attendance at other Leadership and Management Development training programs and courses	Organisational Development in association with Clinical and Unit Directors	Ongoing	Completed
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<b>KPMG Recommendation 6: Review governance structures in relation to the accountabilities and reporting requirements associated with bullying and harassment</b>			
<b>Action</b>	<b>Responsibility</b>	<b>Timeline</b>	<b>Comments/Progress</b>
6.1 Investigate best practice in governance mechanisms relevant to reporting of complaints of bullying and harassment	Employment Services, Organisational Development	September 2017	Preliminary Assessment training revised and being rolled out for managers. Cognitive Institute programs being considered as part of broader Quality Strategy.
6.2 Review and improve current tracking and reporting of complaints and trends	Employment Services	December 2016	<b>Completed</b> – database in place
6.3 Liaise with other health organisations to investigate the use of an Anti-Bullying Hot Line and provide recommendation to Clinical Culture Committee	Organisational Development	February 2017	<b>Completed</b> – Cognitive Institute programs being considered

<b>KPMG Recommendation 7: Strengthen policy statements to clarify and commit to consequences for unacceptable behaviour</b>			
<b>Action</b>	<b>Responsibility</b>	<b>Timeline</b>	<b>Comments/Progress</b>
7.1 Review policies for managing and resolving bullying and harassment issues, including bystander responsibilities incorporating the ACT Government initiative on restorative practice	Employment Services	Oct 2016	<b>Completed</b>
7.2 Ensure clarity of rights and responsibilities in policies and processes for managers and staff	Employment Services	Oct 2016	<b>Completed</b>



## ACT HEALTH CLINICAL CULTURE COMMITTEE

### TERMS OF REFERENCE

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#### 1. Context

The Clinical Culture Committee (CCC) is established by the ACT Minister for Health, Simon Corbell MLA, as a Governance body in response to the findings of the KPMG Review of the Clinical Training Culture at Canberra Hospital and Health Services (CHHS) and the findings of the Royal Australasian College of Surgeons report on discrimination, bullying and sexual harassment.

#### 2. Purpose

The purpose of the CCC is to develop, oversee and monitor initiatives to deliver appropriate behaviours and remove inappropriate behaviours within medical programs and across ACT Health.

#### 3. Scope

The CCC will:

- 3.1 Develop, endorse and oversight initiatives established to improve the leadership, cultural and professional environment within medical training programs in ACT Health in relation to:
  - findings from the Review of the Training Culture Report (September 2015);
  - findings and recommendations of the Royal Australasian College of Surgeons Expert Advisory Group Report on discrimination, bullying and sexual harassment; and
  - other issues relevant to the prevention of inappropriate clinical behaviour within ACT Health.
- 3.2 Establish processes that ensure medical staff are supported through the provision of a respectful and values based work environment.
- 3.3 Monitor progress in implementation of cultural improvement and leadership initiatives and improvements in the medical training culture in ACT Health.
- 3.4 Provide leadership in the development of education and training programs that improve the culture within ACT Health.
- 3.5 Provide a forum for the discussion and resolution of inappropriate behaviours in medical training programs.



3.6 Review the effectiveness of existing governance mechanisms relevant to responding to complaints of bullying, discrimination or harassment.

3.7 Develop, endorse and oversee initiatives established to improve the leadership, cultural and professional environment within medical training programs in ACT Health.

3.8 Provide a platform for engaging with strategic partners and the governance of shared initiatives.

3.9 Develop linkages and agreements with partners and education providers to:

- i) confirm that the cultural environment is consistent with the expectations of external partners; and
- ii) foster sharing of expertise and information relevant to improving culture within medical training programs within ACT Health.

3.10 Receive feedback from medical trainees regarding relevant matters pertaining to culture within ACT Health.

#### 4. Outputs

4.1 The CCC will develop an action plan addressing:

- o findings from the Review of the Training Culture Report (September 2015);
- o findings and recommendations of the Royal Australasian College of Surgeons Expert Advisory Group Report on discrimination, bullying and sexual harassment; and
- o other issues relevant to the prevention of inappropriate behaviour within ACT Health.

4.2 The CCC will provide 6 monthly reports to the Minister for Health on the progress against each action item as well as progress against other identified pieces of work.

#### 5. Membership

The CCC membership is:

Member	Position	Member/Attendee
Ms Nicole Feely	Director-General	Chair
Mr Ian Thompson	Deputy Director-General, Canberra Hospital and Health Services	Member
Dr Denise Riordan	Clinical Director, Child and Adolescent Mental Health Services	Member
Prof Klaus-Martin Schulte	Professor of Surgery	Member
Prof Walter Abhayaratna	Clinical Director, Medicine	Member
Dr Bryan Ashman	Clinical Director, Surgery	Member
Ms Veronica Croome	Chief Nurse	Member
Dr Frank Bowden	Chief Medical Administrator	Member
	Calvary Hospital	Member
	ANU Medical School	Member
Tom Lea-Henry	Medical Registrar	Member



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Health

Eleni Baird-Gunning	Surgical Registrar	Member
Ms Liesl Centenera	Ag/Director PSSB	Observer

**6. Sub-Committees**

The Chair may form other sub-committees / working groups to consider particular issues, having regard to the need for relevant expertise and a balance of views.

**7. Chair**

The Chair will be the Director-General.

**8. Secretariat**

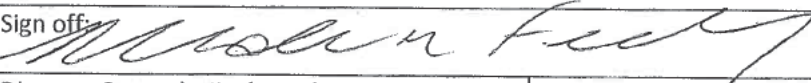
Secretariat functions will be provided by ACT Health.

**9. Meeting Frequency**

The CCC will meet monthly or as determined by the Chair. The Committee is expected to operate for a minimum of 3 years.

**10. Terms of Reference Review**

Terms of Reference and membership will be reviewed annually.

Sign off: 	
Director-General: Nicole Feely	Date: 30/11/2015



SENSITIVE



CHIEF MINISTER'S WEEKLY ISSUES BRIEF

DATE: 28 November 2018

**CANBERRA HEALTH SERVICES DIRECTORATE**

**People and Culture – Canberra Health Services**

**Anti-bullying statement**

- Cultural standards for Canberra Health Services were the subject of a media report over the weekend.
- The article resulted from an FOI on the Clinical Culture Committee (CCC) and a subsequent media request seeking clarification on several initiatives discussed in the CCC meetings.
- The CCC was established by the previous Minister for Health, Mr Simon Corbell, as a Governance body in response to the findings of the 2015 KPMG Review (the Review) of the Clinical Training Culture at Canberra Hospital and Health Services and the findings of the Royal Australasian College of Surgeons (RACS) report on discrimination, bullying and sexual harassment.
- The Review of the Clinical Training Culture made seven key recommendations which were addressed through the Medical Culture Action Plan, endorsed in May 2016 by the CCC. One of those recommendations included the development of a Statement of Desired Culture.
- The Canberra Times reported that 'CHS does not know when a policy on cultural standards will be finalised'. The draft Statement of Desired Culture is not a policy and was never intended to be. The draft Statement is based on ACT Health's organisational values of Care, Excellence, Collaboration and Integrity, and outlines specific behaviours expected of all staff against these values. Developing a high performing culture where people feel valued, are able to effectively contribute and build effective partnerships is a high priority for the CHS executive, to ensure CHS services are delivered to the highest standards.
- Further staff consultation was required to finalise the Statement. However, this work had not been finalised when it was announced in March 2018 that ACT Health would become two organisations – Canberra Health Services and ACT Health Directorate.
- Ms Bernadette McDonald, Chief Executive Officer, Canberra Health Services, will progress work in relation to CHS Vision, Values and Behaviours over the next two to three months. The work done in relation to the Statement will be taken into consideration through this process, as will any outcomes from the Independent Review into workplace culture.

**The content has been cleared by**

**Name: Janine Hammat**

**Position: Executive Director – People and Culture**



ACT  
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Canberra Health  
Services

### CORRESPONDENCE CLEARANCE

Subject: **Minute to CEO - Clinical Culture Committee (CCC)**

Number: **COR18/22169**

Date Due: \_\_\_\_\_

Chief Executive Officer - Canberra Health Services: \_\_\_\_\_ *bm* Date: *28/10/18*

Deputy Director-General - Clinical Services: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director - Infrastructure Management & Maintenance: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director - People and Culture: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director - Quality, Safety & Governance: \_\_\_\_\_ Date: \_\_\_\_\_

Director - Operational Performance: \_\_\_\_\_ Date: \_\_\_\_\_

General Manager - Canberra Hospital Foundation: \_\_\_\_\_ Date: \_\_\_\_\_

Contextually Correct <input type="checkbox"/>	Grammatically Correct <input type="checkbox"/>	Spell Checked <input type="checkbox"/>
Position: _____		Area name: _____
Signature: _____		Date: _____

Executive Director - Area name: \_\_\_\_\_ Date: \_\_\_\_\_

Director - Area name: \_\_\_\_\_ Date: \_\_\_\_\_

Manager - Area name: \_\_\_\_\_ Date: \_\_\_\_\_

Government Relations - Canberra Health Services: \_\_\_\_\_ Date: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_



**ACT**  
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Services**

MINUTE

**SUBJECT:** Clinical Culture Committee (CCC)

**To:** Bernadette McDonald, Interim Chief Executive Officer

**From:** Janine Hammat, Executive Director, People and Culture

**Date:** 19 October 2018

### **Purpose**

To provide you with all relevant information regarding the Clinical Culture Committee (CCC) prior to reconvening the CCC.

### **Background**

The CCC was established in October 2015 by the former Minister for Health, Simon Corbell MLA, as a governance body in response to the findings of the *Review of the Clinical Training Culture at Canberra Hospital and Health Services* (the Review) conducted by KPMG in 2015. The KPMG report is at [Attachment A](#). Seven key recommendations to address the findings were made by KPMG, these are:

- 1) Work with the Executive and Clinical Directors to conduct further detailed analysis of those areas noted in this Review as having a culture that accepts or condones bullying, discrimination and/or harassment.
- 2) Engage senior leaders and staff across Canberra Hospital and Health Service in developing a statement of the desired culture for success.
- 3) Using the statement of desired culture as the basis, develop, implement and embed a 'saturation' communications campaign.
- 4) Adjust reward and performance measures for leaders to reflect desired leadership behaviours and capabilities.
- 5) Develop and institute mandatory leadership and management training for all clinicians who hold a leadership or management position.
- 6) Review governance structures in relation to the accountabilities and reporting requirements associated with bullying and harassment.
- 7) Strengthen policy statements to clarify and commit to consequences for unacceptable behaviour.

The CCC was chaired by Ms Nicole Feely, previous Director-General, ACT Health. Membership initially included senior executives, senior medical staff and two junior medical staff (13 members in total). The Terms of Reference is at [Attachment B](#) and the current membership list is at [Attachment C](#). The CCC met every four to six weeks. The last CCC meeting was on 9 May 2017, the minutes of this meeting is at [Attachment D](#).

To address the key recommendations, a Medical Culture Action Plan, at Attachment E, was developed and endorsed by the committee. The Medical Culture Action Plan outlines a number of activities to be completed against each recommendation.

### Issues

The focus of the CCC has been on behaviours and culture within the medical workforce at ACT Health, however a number of the activities on the Medical Culture Action Plan extended to other clinicians (nursing and allied health) and support staff. This has been necessary because medical culture does not exist in isolation and many of the cultural issues were common to all employee groups in ACT Health.

Whilst CCC has been operational since October 2015 and completed many of the planned activities in the Medical Culture Action Plan, it is clear that the CCC has not been as effective as planned and has not met since May 2017.

In light of Canberra Health Services organisational priorities in relation to improving culture, vision and behaviours, it is imperative to re-engage with the existing governance body for clinical culture. The CCC will be reconvened for the purposes of acknowledging the achievements of the committee; informing members about key elements of the refocused culture development work; and to discuss the governance required for Canberra Health Services for workplace/clinical culture.

### Recommendations

- Note this brief and accompanying attachments A, B, C, D and E.

NOTED/PLEASE DISCUSS

- Note that a meeting will be arranged for the CCC to discuss the way forward.

NOTED/PLEASE DISCUSS/AGREED

Bernadette McDonald  
Interim Chief Executive Officer  
Canberra Health Services  
October 2018

*Bernadette McDonald*  
28/10/18

Name: Janine Hammat  
Title: Executive Director  
Branch: People and Culture  
Division: Canberra Health Services  
Date: 22 October 2018

Action Officer: Flavia D'Ambrosio  
Branch: People and Culture  
Extension: 74835





*cutting through complexity*

# ACT Health

Review of the Clinical  
Training Culture

The Canberra Hospital and  
Health Services

**August 2015**





## **Disclaimer**

### *Inherent Limitations*

This report has been prepared as outlined in the Review Approach section. The services provided in connection with this engagement comprise an advisory engagement, which is not subject to assurance or other standards issued by the Australian Auditing and Assurance Standards Board and, consequently no opinions or conclusions intended to convey assurance have been expressed.

No warranty of completeness, accuracy or reliability is given in relation to the statements and representations made by, and the information and documentation provided by ACT Health and stakeholders consulted as part of the process.

KPMG have indicated within this report the sources of the information provided. We have not sought to independently verify those sources unless otherwise noted within the report.

KPMG is under no obligation in any circumstance to update this report, in either oral or written form, for events occurring after the report has been issued in final form. The findings in this report have been formed on the above basis.

### *Third Party Reliance*

This report is solely for the purpose set out in our engagement letter with ACT Health and is not to be used for any other purpose or distributed to any other party in part or in full without KPMG's prior written consent.

This report has been prepared at the request of ACT Health in accordance with the terms of the engagement letter dated 22 June 2015 and signed on 26 June 2015. Other than our responsibility to ACT Health, neither KPMG nor any member or employee of KPMG undertakes responsibility arising in any way from reliance placed by a third party on this report. Any reliance placed is that party's sole responsibility.



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## Executive Summary

Following a range of issues in relation to structure, governance, leadership and interpersonal relationships and behaviours of doctors at The Canberra Hospital and Health Services (TCH & HS), ACT Health engaged KPMG under the following terms of reference (TOR) to examine and consider:

- The frameworks, policies and supports in place to guide the conduct and behaviour of doctors<sup>1</sup> participating in speciality training or responsible for training or supervising specialist trainees;
- The extent to which these frameworks, policies and supports are understood and applied by those doctors;
- The drivers for when the conduct and behaviour of those doctors is inconsistent with these frameworks and policies;
- What could be done to improve the conduct and behaviour of those doctors to improve the overall culture of the hospital; and
- Whether there are cultural factors which exist in relation to doctors where there is a greater likelihood of displaying the behaviours inconsistent with the frameworks and policies.

Out of scope was the following:

- Conduct and behaviour by staff of TCH & HS who are not doctors participating in speciality training or responsible for training or supervising specialist training;
- Findings or judgements regarding the conduct or behaviour of individual doctors;
- Acting to resolve allegations, complaints and issues identified as part of the evidence gathering exercise; and
- Advocacy at the request of any contributor to the Review.

In order to fulfil these terms of reference, the Review examined:

1. To what extent there is a culture that supports bullying, discrimination and/or harassment which is inconsistent with the stated policies.
2. The factors contributing to this culture.
3. What can be done to shift the behaviours in evidence and improve the culture at TCH & HS.

In order to examine the above, this Review examined and considered the frameworks, policies and supports in place at TCH & HS; the application and understanding of these frameworks; policies and supports; the drivers for the conduct and behaviour observed; cultural factors which exist in environments that accept or condone inappropriate

<sup>1</sup> Including employees of TCH & HS and visiting medical officers to TCH & HS.



behaviours; and high level recommendations for improvement of behaviours and overall culture of TCH & HS.

Consistent with the TOR, the Review approach was focused on organisational culture, not the behaviour of individuals.

The Review Team considered documentation provided by ACT Health and confidential written submissions from internal stakeholders (54 submissions were received). A series of voluntary focus groups were also conducted and attended by 62 internal stakeholders. Additionally, interviews with two external stakeholders as advised by TCH & HS were also held. Further information was gathered to inform the Review's findings, analysis and recommendations from external sources, including the review of external reports regarding bullying and harassment more generally in the sector.

The method of data gathering relied on reported perceptions, which were then checked against other evidence contained within reports and external stakeholder interviews. All efforts were made to ensure that reported perceptions were accurately portrayed in the Review report.

## Summary of findings

It is evident from the focus groups and written submissions that, while frameworks and policies have been put in place and are fit for purpose, they are not always easily accessible or well understood and there remain instances where behaviour is inconsistent with the frameworks and policies. There are cultural factors evidenced at TCH & HS which have many similarities with evidence of cultures in other medical work environments and which are associated with a culture that accepts or condones bullying and harassment behaviours<sup>2</sup>.

It is important to note that, while there is evidence of issues relating to bullying, discrimination and/or harassment that need to be addressed by the hospital, participants in the Review wanted to make it clear that this inappropriate behaviour was not widespread in every area of training specialty. Additionally, it was acknowledged that a policy response has been put in place and some management action has already been taken.

While there is clear variability across the organisation concerning the extent and type of issues observed and reported to the Review, in summary the Review found evidence that:

- Legislation and policies that govern workplace behaviour were not well understood or complied with consistently.
- There are perceptions of ineffective and untimely action to resolve issues raised relating to inappropriate behaviour and conduct.

<sup>2</sup> Background Briefing, Expert Advisory Group to Royal Australasian College of Surgeons (2015)



- Perceptions exist that, in some instances, inappropriate interpersonal behaviour was considered as normal in the workplace and therefore accepted or excused.
- Perceptions exist that some staff were fearful of speaking up due to perceived detrimental consequences (such as their employment contract not being reinstated, failing an assessment or having their training terminated).
- Contributors to the Review reported a lack of support mechanisms and strategies to assist those who wanted to raise an issue or complaint.

The Review highlighted four key factors at the hospital that may be contributing to a culture that accepts or condones inappropriate behaviours in TCH & HS. These centred on the themes of leadership; a culture of acceptance established over time; awareness and understanding; and the process to resolve inappropriate behaviour. Further detail is provided below:

*Leadership:* It is important to note that clinical competence and skill were not assessed as part of this Review and that issues relating to clinical skill were not raised. The perception of a number of Review contributors centred on a lack of demonstrable leadership and management behaviours displayed by some senior doctors.

*A culture of acceptance established over time:* There is a view that the culture has emerged over time as a result of behaviours that were perceived to be acceptable in the past. In other words, there was a perception that some doctors have an attitude of *we survived, you should be able to do the same* and, for some junior doctors, it has become normal to think *you just put up with it*, including expectations of very high workloads and that *you do not need to be treated well*.

*Awareness and understanding:* There was a reported low level understanding of the bullying, discrimination and/or harassment policies and staff's obligations under them. Further sentiments were expressed that the majority of staff are conceptually against any type of bullying behaviour, however, they may be unaware that the behaviours they are exhibiting constitute bullying.

*Process to resolve inappropriate behaviour:* Many Review contributors indicated that the current strategy to resolve bullying, discrimination and/or harassment had not resulted in any significant changes of behaviour in those alleged wrongdoers who had been through the process. Some contributors stated that they chose not to report bullying because they felt the process would be too time consuming, stressful and would not lead to a desirable outcome. Based on stakeholder feedback, there appeared to be a lack of confidence that the hospital was serious about eradicating unacceptable culture. This may have been due, in some part, because of the privacy restrictions on providing information concerning the extent of investigations undertaken and the outcome of processes.





## Summary of Recommendations

The following recommendations are made to further improve the clinical training culture of TCH & HS towards one where bullying, discrimination and/or harassment do not occur and are not tolerated:

1. Work with the Executive and Clinical Directors to conduct further detailed analysis of those areas noted in this Review as having a culture that accepts or condones bullying, discrimination and/or harassment.
2. Engage senior leaders and staff across TCH & HS in developing a statement of the desired culture for success.
3. Using the statement of desired culture as the basis, develop, implement and embed a 'saturation' communications campaign.
4. Adjust reward and performance measures for leaders to reflect desired leadership behaviours and capabilities.
5. Develop and institute mandatory leadership and management training for all clinicians who hold a leadership or management position.
6. Review governance structures in relation to the accountabilities and reporting requirements associated with bullying and harassment.
7. Strengthen policy statements to clarify and commit to consequences for unacceptable behaviour.

Further detail regarding these recommendations is provided in the Recommendations section of this report.

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## 1 Introduction

### 1.1 Purpose of the Review

Following a range of issues in relation to structure, governance, leadership and interpersonal relationships and behaviours of doctors at The Canberra Hospital and Health Services (TCH & HS), ACT Health engaged KPMG to examine and consider:

- The frameworks, policies and supports in place to guide the conduct and behaviour of doctors<sup>3</sup> participating in speciality training or responsible for training or supervising specialist trainees;
- The extent to which these frameworks, policies and supports are understood and applied by those doctors;
- The drivers for when the conduct and behaviour of those doctors is inconsistent with these frameworks and policies;
- What could be done to improve the conduct and behaviour of those doctors to improve the overall culture of the hospital; and
- Whether there are cultural factors which exist in relation to doctors where there is a greater likelihood of displaying the behaviours inconsistent with the frameworks and policies.

Out of scope are the following:

- Conduct and behaviour by staff of TCH & HS who are not doctors participating in speciality training or responsible for training or supervising specialist training;
- Findings or judgements regarding the conduct or behaviour of individual doctors;
- Acting to resolve allegations, complaints and issues identified as part of the evidence gathering exercise; and
- Advocacy at the request of any contributor to the Review.

### 1.2 Review Approach

In line with the above and the specific Terms of Reference identified in Section 2.1 (at Appendix A), the approach to the Review has focused at the level of organisational culture rather than individual behaviour. It seeks to answer the questions of the extent to which the organisational frameworks and policies to prevent bullying, discrimination and/or harassment are working; what drives conduct inconsistent with these policies and frameworks; and what cultural factors exist where there is a greater likelihood of behaviour inconsistent with the stated frameworks and policies. This approach is reinforced by the recognition that 'the policies and procedures organisations have for

<sup>3</sup> Including employees of TCH & HS and visiting medical officers to TCH & HS.



responding to bullying are of little use if there is an absent corresponding culture and role modelling of their objectives'.<sup>4</sup>

Therefore, it is important to define the term 'culture' as used in this report. The Review has adopted Edgar Schein's<sup>5</sup> well established definition of culture as a '*pattern of shared basic assumptions that the group learned as it solved its problems of external adaptation and internal integration that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems*'. In simple terms, culture is 'the way we do things around here' which has built up over time and is reinforced by people operating in that culture. Schein also articulates the three inter-related elements of culture which are shown in Figure 1.

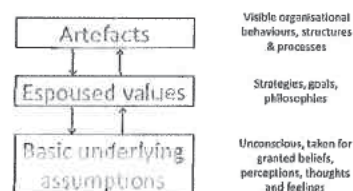


Figure 1 Three inter-related elements of organisational culture

The Review has sought to answer the Terms of Reference in the following way:

1. *To what extent is there a culture that supports bullying, discrimination and/or harassment at TCH & HS?* This includes analysis of the extent to which the frameworks and policies are understood and being followed and other visible indicators of the culture surrounding issues of bullying, discrimination and/or harassment that exist. Using the definition of culture identified above, this element of the Review has focused on the artefacts; and the visible organisational behaviours, structures and processes that can be seen in TCH & HS which provide evidence that bullying, discrimination and/or harassment is a part of hospital. This is consistent with the House of Representatives Inquiry report which notes that 'the nature of the culture is identified by observable practices'.<sup>6</sup>
2. *What is contributing to the culture that exists?* To the extent possible, this answers 'why' does the culture exist; what are the drivers and what cultural factors exist where bullying, discrimination and/or harassment behaviours are in evidence. Referring to the definition of culture above, this part of the Review focused on the espoused values and basic underlying assumptions that exist.
3. *What can be done to shift the behaviours in evidence and improve the overall culture of the hospital?*

<sup>4</sup> House of Representatives Inquiry into Workplace Bullying (2012), page 106

<sup>5</sup> Edgar Schein (1992) Organisational Culture and Leadership

<sup>6</sup> Ibid



### 1.3 Conduct of the Review

This Review was conducted within the timeframe of four weeks.

The Review consisted of four stages: Project initiation and planning, Data and information gathering, Data analysis and development of high level recommendations, and Report preparation and finalisation (refer to Appendix B).

Given the relatively short timeframe, priority was given to collecting information from those key internal and external stakeholders as identified by TCH & HS. The Review was primarily undertaken through a desktop review of key documents provided by TCH & HS and a broader desktop review of publicly available information (relating to organisational culture and inappropriate behaviour in the workplace); conducting focus groups for, and inviting written submissions from, key internal stakeholders; and interviewing two<sup>7</sup> external stakeholders.

The method of data gathering relied on reported perceptions and stakeholder experiences and personal stories, which were checked against other evidence contained within reports and external stakeholder interviews. All efforts to ensure that reported perceptions are accurate and relevant was made through structured focus groups conducted in the same manner for each group and a structured written submission form. Nevertheless, the report's findings, analysis and recommendations rely on perception data.

The Review highlighted a number of findings/issues that (although beyond the immediate scope of these Terms of Reference) would require further detailed analysis during the next phase. This is likely to include a broader reach to those personnel (e.g. Human Resources and nursing) impacting on the training culture of TCH & HS than was possible during the time allocation for this Review.

### 1.4 Limitations

It should be noted that:

- This Review was conducted over a period of four weeks.
- The Review relied upon the provision of frameworks and policies by TCH & HS.
- The Review relied on TCH & HS to identify appropriate Review contributors and quantity of stakeholder engagement.
- Participation in the Review was voluntary. A subset of the total TCH & HS clinical training target group contributed to the Review by providing written submissions and/or contributing to one of the focus groups conducted (see Appendix C for details).
- In the timeframe available, only high level recommendations have been made. In some cases, these are in the form of hypothesis which will require validity and verification with subsequent work effort.

<sup>7</sup> Note, as requested by TCH & HS, three external stakeholders were approached, however only two were able to contribute within the timeframe.





## 2 The legislative and policy context

This section presents the major legislative and regulatory requirements of Government (Federal and ACT) and the TCH & HS relevant to workplace practices as applicable to this Review (e.g. Work Health and Safety, sexual harassment, Public Service Code of Conduct, anti-discrimination and equal opportunity). The Review also examined locally developed policies designed to provide detail and guidance on expected workplace behaviours and conduct. In terms of this Review, legislation and policy helped signpost frameworks, policies and supports in place to guide the conduct and behaviour of staff.

### 2.1 Work health and safety law

According to Safe Work Australia, workplace bullying is defined as the repeated and unreasonable behaviour directed towards a worker or a group of workers that creates a risk to health and safety<sup>8</sup>. Bullying in the workplace is primarily seen as a work health and safety (WHS) issue due to the adverse physical and psychological risks that can be caused by repeated and unreasonable behaviour.

The main objective of the *Work Health and Safety Act 2011* is to provide a balanced and nationally consistent framework to secure the health and safety of workers and workplaces.<sup>9</sup>

Safe Work Australia develop Work Health and Safety codes of practice templates for various industries and risks found in workplaces. A draft code of practice, *Preventing and Responding to Workplace Bullying*, is currently being developed and outlines what does and does not constitute bullying, the effects of bullying on individuals and organisations and best practice in tackling workplace bullying including prevention, investigation and response.

### 2.2 Anti-discrimination law

Discrimination is defined as the unfair treatment of an individual or group of people because they belong to a particular group of people or because they are associated with a particular characteristic or attribute as defined in discrimination legislation.

Under Australian law, it is unlawful to discriminate on the basis of age, disability, race and sex. Discrimination on these grounds is governed by federal legislation set out in the following four Acts:

- Age Discrimination Act 2004;
- Disability Discrimination Act 1992;

<sup>8</sup> Safe Work Australia, *Draft Code of Practice: Preventing and Responding to Workplace Bullying*, May 2013, p. 6

<sup>9</sup> Work Health and Safety Act (No 137) 2011 (Cth)





### *ACT Health - Values Fact Sheet*

The Values Fact Sheet summarises the importance of values within the organisation. In 2008, teams across ACT Health were asked which values they considered the most important in their work. The top four values identified by ACT Health employees are:

- Care;
- Excellence;
- Collaboration; and
- Integrity.

### *Respect at Work – preventing and managing work bullying, discrimination and harassment policy*

The purpose of this policy is to create a positive and safe work environment for all ACT Health employees. ACT Health has adopted the provisions of the ACT Whole of Government, Respect, Equity and Diversity (RED) Framework and, when allegations of work bullying, discrimination and/or harassment occur, provisions within the ACT Public Service, Workplace Bullying, Discrimination and Harassment Framework and its associated procedures should be followed<sup>10</sup>.

The monitoring and evaluation process with regard to workplace bullying, discrimination and/or harassment is detailed in the Respect, Equity and Diversity Framework 2010.

The policy outlines the roles and responsibilities for those involved including the Director General, the Delegate, Executive Directors and managers, staff and volunteers. The ACT Public Service, *Preventing Work Bullying Guidelines 2010, Section 8* extract is attached to the policy as an appendix and outlines the procedures for resolving work bullying.

### *Respect, Equity and Diversity (RED) Framework*

In 2010, the previous Equity and Diversity Framework was revised into a Respect, Equity and Diversity (RED) Framework endorsed by the Chief Minister of the ACT. The purpose of the revised framework is to create a positive work environment that promotes respect, equity and diversity. The ACT Public Service's commitment to respect, equity and diversity is reflected in the following principles:

- Leaders value and promote Respect, Equity and Diversity;
- Strategic and operational plans incorporate Respect, Equity and Diversity strategies;
- Attracting and retaining a diverse ACT Public Service;
- Improving the capability of our workforce;
- Respect and courtesy in the workplace is practiced;

<sup>10</sup> ACT Government, *Respect at Work – preventing and managing work bullying, discrimination and harassment Policy* (June 2014)



- Racial Discrimination Act 1975; and
- Sex Discrimination Act 1984.

Harassment is a form of discrimination that is offensive, abusive, belittling or threatening behaviour directed at a person or persons because of a particular characteristic of that person.

For discrimination or harassment to occur, it need only occur once or in a single incident to be considered unlawful.

### **2.3 Local Policies**

The Health Directorate of the ACT Government has several policies governing appropriate workplace behaviours and conduct. The Review found TCH & HS's local policies were fit for purpose and noted that:

#### *Health Directorate Code of Conduct*

The Health Directorate Code of Conduct outlines the 'core values' that are expected to be observed by all Health Directorate employees, which includes employees of TCH & HS. The Health Directorate's core values are:

- We act honestly and with integrity.
- We value and maintain our professionalism.
- We know and respect the law and act accordingly.
- We avoid conflicts of interest.
- We respect privacy and do not misuse information.
- We strive to be good citizens and achieve community respect.

The Code of Conduct describes how the core values can be demonstrated. The following relate to bullying, discrimination, harassment and/or discrimination:

- We do not tolerate bullying, harassment, unlawful discrimination or other inappropriate behaviours in any form.
- We do not act in a way which is intended to harass or intimidate our colleagues or others.
- We work together as a team and treat each other with respect and dignity, striving for a safe, harmonious and efficient workplace.
- We are committed to equity and diversity.



- Promoting Equity in our employment practices; and
- Work/life balance is promoted and supported.

According to the framework, the three key components that will assist in monitoring and evaluating the performance of an organisation and how well the challenges identified in the framework are being met are:

- Monitoring and evaluating performance against the Action Plan including Action Plan progress reports;
- Analysing workforce data including updating statistics; and
- Assessment against the RED Maturity Model.

The above actions will produce an Annual RED Progress Report assessing the performance of the organisation.

#### *Misconduct and Discipline Policy*

The purpose of the Misconduct and Discipline Policy is to raise awareness among ACT Health employees of the misconduct and discipline process, to ensure the efficient administration of staff misconduct and discipline processes and to ensure that it is managed in accordance with the relevant section of the relevant Enterprise Agreement.

The policy outlines the roles and responsibilities for those involved including the employee, manager, delegate, investigating officer and People Strategy and Services Branch (PSSB) and also outlines the evaluation outcome measures and method and gives definitions of the terms misconduct, discipline action, financial penalties and delegate.

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### 3 Findings Overview

The findings from the Review are outlined in three sections below. These are:

1. Findings from primary data gathering at TCH & HS through focus groups and written submissions.
2. Findings from external party interviews and reports regarding the culture at TCH & HS.
3. A summary of findings from a range of broader investigations and reports into workplace bullying, discrimination and/or harassment and the associated cultures which may be instructive to TCH & HS.

Each set of findings is arranged in relation to the primary Review questions:

1. To what extent is there a culture that supports bullying, discrimination and/or harassment at TCH & HS?
2. What is contributing to the culture that exists?
3. What can be done to shift the behaviours in evidence and improve the overall culture of the hospital?

#### SUMMARY OF FINDINGS

##### **To what extent is there a culture that supports bullying, discrimination and/or harassment at TCH & HS?**

76 per cent of written submission contributors who responded to this question indicated they have observed/witnessed behaviours that would indicate a culture condoning/accepting bullying, discrimination and/or harassment. Of those who responded to this question, 19 per cent claimed they had not witnessed behaviours that indicated acceptance of bullying, discrimination and/or harassment like behaviours and four per cent said they had rarely seen these behaviours displayed<sup>11</sup>.

Findings from feedback obtained indicated that:

- Non-compliance with legislation and policies that govern workplace behaviour.
- Resolution of issues (relating to inappropriate behaviour and conduct) is likely to be untimely, have no outcomes, have unsatisfactory outcomes and/or breach confidentiality.
- Interpersonal skills that do not align with required behaviours as per the Health Directorate Code of Conduct policy.

<sup>11</sup> There were 26 responses to the question 'To extent is there a culture that supports bullying, discrimination and/or harassment at TCH & HS'





- Performance feedback by senior medical staff to trainees is delivered through behaviours that are of a bullying, discriminating and/or harassing nature.
- A culture where workers are fearful of speaking up because of fears of victimisation.
- Lack of provision of support mechanisms and strategies to assist those who wish to raise an issue or complaint.
- Evidence from various reports and literature indicating a culture that accepts and condones bullying, discrimination and/or harassment.

**What is contributing to the culture that exists?**

Analysis of views expressed during focus groups, and in written submissions, together with consideration of other external reviews, suggest the following as contributing factors to cultural issues identified:

- Lack of demonstrable leadership and management behaviours displayed by senior doctors
  - It was suggested by Review contributors that the leadership and management skills of some doctors are not developed.
  - It was hypothesised that senior doctors experienced bullying themselves in the past and there is an attitude of *we survived. You should be able to do the same.*
  - In some parts of the organisation, an 'old guard' exists who are self-centred and do not display empathy.

Apparent disharmony amongst the Consultant staff which has, at times, impacted trainees and the quality of training.

- The hospital operates in silos of specialty with little engagement and interaction with staff, both within and across the areas of specialty.
- Low level understanding of the bullying, discrimination and/or harassment policies and obligations under them.
  - There is a perception that some staff may have considered certain behaviours as acceptable, without appreciating that this behaviour may constitute bullying.
- It was suggested that, where there was a power differential in the organisation, bullying may be more likely to occur.
- There was an attitude expressed by stakeholders that you "just put up with it", including the expectations of very high workloads and bad treatment. Stress and burnout among Consultants and senior specialists may be manifested in inappropriate behaviours towards Registrars and specialist trainees, however this will require further analysis.



- Ineffective work practices, systems, processes as evidenced by lengthy resolution processes and little or no support mechanisms limiting staff confidence that the hospital was committed to eradicating unacceptable cultural attributes.

**What can be done to shift the evidenced inappropriate behaviours and improve the overall culture of the hospital?**

Findings from stakeholder engagement and the desktop review suggest that the following aspects are viewed as positive influences which may help improve the culture at TCH & HS to one that does not accept bullying, discrimination and/or harassment:

- *Leadership development* to better equip managers and supervisors with the skills to deal with difficult conversations, stress, training and performance management issues, especially during times when things are difficult.
- Governance structures to strengthen management and tone setting by the Hospital's specialist training leadership team (i.e. Chief Executive, Director General, Executive Directors and Clinical Directors).
- Continue to strengthen the role of the Medical Officers Support Unit (MOS CETU) as a key support for junior doctors.
- Education campaign to assist in raising general awareness of what behaviours are acceptable and not acceptable.
- Consequences that are appropriate for people who continue to display inappropriate behaviour.
- Performance feedback that, when delivered, is constructive and free of bullying, discrimination and/or harassment language or behaviour.



## 4 Findings - Primary data from interviews and focus groups

This section outlines the results from primary data gathering.

### 4.1 Supporting Culture

#### **To what extent is there a culture that supports bullying, discrimination and/or harassment at TCH & HS?**

Responses were sought to three questions to provide evidence regarding the extent to which a culture that supports bullying, discrimination and/or harassment exists at TCH & HS. These three questions were:

- To what extent are legislation, policies, and frameworks accessible, understood and complied with? (This includes legislative and regulatory frameworks and locally developed policies, protocols and processes.)
- How effective is TCH & HS' policy for resolving work bullying?
- To what extent have you observed/witnessed or know of behaviours that indicate a culture that accepts or condones discrimination, bullying and/or harassment? What behaviour/s can be observed?

High level findings and observations in relation to each of these questions are outlined below.

#### **SUMMARY**

- Legislation, regulatory frameworks and internal policies and protocols
  - Regarding legislative and regulatory frameworks, accessibility to this information does not present as a major concern (61 per cent of respondents rated accessibility as either average, good or excellent). There was a general sense that the understanding of legislation and regulations was less than desirable with 53 per cent rating understanding levels as either poor or very poor. This was also evident against compliance with just under half (45 per cent) rating compliance as poor or very poor.
  - Feedback on locally based and developed policies, protocols and processes to guide and support workplace practices, conduct and behaviour, indicated that about two-thirds of respondents (67 per cent) rated accessibility as either average, good or excellent. Over half of the respondents (59 per cent) rated understanding of local policies as either average, good or excellent. With regard to compliance 37 per cent rated compliance with local policies as





average, good or excellent. Over half of the respondents (52 per cent) rated the compliance of local policies as either poor or very poor.

- TCH & HS's strategy to resolve workplace bullying
  - TCH & HS's strategy to resolve bullying (as outlined in the "Respect at Work – preventing and managing work bullying, discrimination and harassment" policy) is comprised of three stages; individual action; informal report; and formal complaint. The vast majority of respondents rated each of the strategies as not very effective or not effective at all; individual action - 64 per cent of respondents; informal report - 60 per cent of respondents; and formal complaint - 50 per cent of respondents.
- The extent to which TCH & HS has a culture that accepts or condones discrimination, bullying and/or harassment
  - It was evident from the focus groups and written submissions that, whilst there were obvious issues relating to bullying, discrimination and/or harassment that needed to be addressed by the tertiary hospital, people wanted to make it clear that this inappropriate behaviour was not widespread across every area of training specialty.

#### 4.1.1 Awareness and understanding of and compliance with legislation and policies

The questions asked in this section were:

- How accessible is information about legislative workplace requirements and internal policies within your workplace? Is this information accessed?
- How would you describe the level of understanding of these legislative workplace requirements and internal policies within your workplace?
- How would you describe the level of compliance with legislative workplace requirements and internal policies within your workplace?

#### SUMMARY

- Accessibility
  - There was nearly an even third split across written respondents who rated accessibility as excellent or good (31 per cent), average (31 per cent) and either poor or very poor (28 per cent).
- Understanding
  - There is indication of a poor or very poor understanding within TCH & HS of legislative and regulatory requirements governing the workplace. Over half of the respondents (53 per cent) indicated either a poor or very poor

16





understanding; just over one-quarter (26 per cent) indicated there was an average level of understanding and just under one-quarter (23 per cent) felt there was either a good or excellent understanding of the legislative and regulatory framework.

- Compliance
  - These results are also mirrored in the degree to which respondents felt the legislation and regulations were complied with. Just under half (45 per cent) felt compliance was either poor or very poor; about one-fifth (19 per cent) stated it was average and just over one-quarter (26 per cent) rated it as excellent or good.

#### 4.1.1.1 Observations and Findings

##### Legislative and regulatory requirements

##### Accessibility

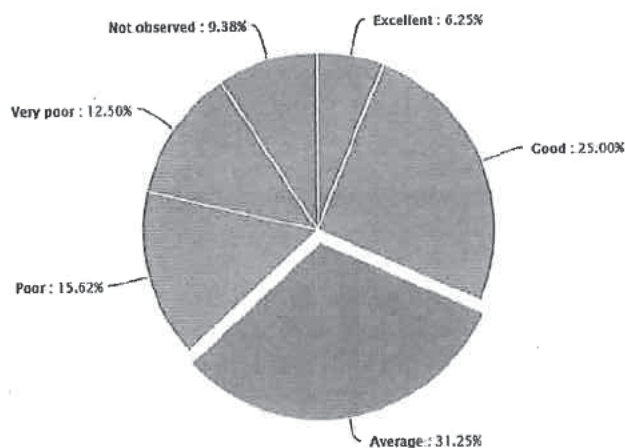


Figure 2: Legislative and regulatory requirements: Accessibility

In terms of accessibility of information regarding legislative and regulatory requirements, there was nearly an even third split across written respondents who rated accessibility as excellent or good (31 per cent), average (31 per cent) and either poor or very poor (28 per cent).

Those respondents who felt this information was not easily accessible provided two main reasons as barriers to access: the relevant information was too time consuming to locate and it was difficult to find amongst the "several thousand literally" hospital and ACT government policies.