



ACT
Government

**Canberra Health
Services**

FOI18-126

Dear [REDACTED]

Freedom of information request: FOI18/126

I refer to your application under section 30 of the *Freedom of Information Act 2016* (the Act), received by Canberra Health Services on 10 January 2019.

In your application you requested:

"...copies of documents related to ACT Health Clinical Culture.. Scope of ACT Health FOI request regarding Clinical Culture:

- Documents related to meetings of the ACT Health Clinical Culture committee between 1 January 2016 and 30 September 2018. These include notices, minutes and other documents prepared for Committee Meetings.*
- Briefs prepared for the Minister for Health, the then Assistant Minister for Health and Minister for Mental Health between 1 January 2016 and 31 September 2018 regarding clinical culture. These include Question Time Briefs, Estimates Briefs and annual report briefs.*
- Reports prepared for the Director-General of ACT Health and the Acting Director-General of ACT Health regarding clinical health culture between 1 January 2016 and 30 September 2018."*

I am an Information Officer appointed by the Director-General of ACT Health 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 1 March 2019.

Decision on access

Searches were completed for relevant documents and 30 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 12 documents and partial access to 18 documents as documents identified as relevant to your request contains information that I consider to be information that would, on balance, be contrary to the public interest to disclose under the test set out in section 17 of the Act.

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

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

- the FOI Act, Schedule 1 and Schedule 2;
- the content of the documents that fall within the scope of your request;
- the views of relevant third parties; and
- the *Human Rights Act 2004*;

My reasons for deciding to grant partial access to the information in Document Numbers 1 – 15, 17 and 23 of the identified documents is that the documents contain names of non-government employees.

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 (a) (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.

My reasons for deciding to grant partial access to the information in Document Numbers 7, 8, 13, 15 and 20 of the identified documents is that the documents contain information pertinent to third parties.

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 (a) (xi) - prejudice trade secrets, business affairs or research of an agency or person.

Document Numbers 7, 8 and 20 contains commercial in-confidence information concerning the Cognitive Institute (CI). If the redacted information was released, it could reasonably be expected to prejudice the trade secrets and/or business affairs of CI as their information could be used by a competitor.

Document Number 13 contains a report prepared by the Australian National University (ANU). The report is not publically available and if released, could prejudice the business affairs and/or research of the ANU.

Document Number 15 contains figures quoted by Best Practice Australia (BPA) and Quintessential. If the redacted information was released, it could reasonably be expected to prejudice the trade secrets of BPA and Quintessential as they could use each other's information to advance, as well as competing firms.

The identified information in Document Numbers 7, 8, 13, 15 and 20 would not advance the public and on balance, is contrary to the public interest and I have decided not to disclose this information.

My reasons for deciding to grant partial access to the information in Document Numbers 13 and 14 of the identified documents is that the documents identify two units which required additional consultation regarding culture.

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 (a) (xv) – prejudice the management function of an agency or the conduct of industrial relations by an agency.
- Schedule 2 2.2 (a) (ii) - prejudice the protection of an individual's right to privacy or any other right under the *Human Rights ACT 2004*.

If the redacted information was released, it could reasonably be expected to inhibit the management function of Canberra Health Services and could result in the release of identifiable information, consequently prejudicing an individual's right to privacy.

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 for this request under Section 107 (2) (e) of the Act.

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.

You may view ACT Health's disclosure log at <https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

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 on 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

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 the ACT Health's processing of your request, or would like further information, please contact the FOI Coordinator on 5124 9831 or e-mail HealthFOI@act.gov.au.

Yours sincerely



Janine Hammat
Executive Group Manager
People and Culture

28 February 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
<div style="background-color: black; width: 100px; height: 15px;"></div>	<p>"...copies of documents related to ACT Health Clinical Culture. Scope of ACT Health FOI request regarding Clinical Culture:</p> <ul style="list-style-type: none"> •Documents related to meetings of the ACT Health Clinical Culture committee between 1 January 2016 and 30 September 2018. These include notices, minutes and other documents prepared for Committee Meetings. •Briefs prepared for the Minister for Health, the then Assistant Minister for Health and Minister for Mental Health between 1 January 2016 and 31 September 2018 regarding clinical culture. These include Question Time Briefs, Estimates Briefs and annual report briefs. •Reports prepared for the Director-General of ACT Health and the Acting Director-General of ACT Health regarding clinical health culture between 1 January 2016 and 30 September 2018." 	FOI18/126

Document No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
1.	1 - 3	Clinical Culture Committee – Agenda – 16 February 2016	16/02/2016	Partial	Schedule 2, 2.2 (a) (ii)	Yes
2.	4 - 37	Clinical Culture Committee Agenda – 15 March 2016 Includes Action Minutes from previous meeting - 16 February 2016 'Building Respect, Improving Patient Safety – RACS Action Plan on Discrimination, Bullying and Sexual Harassment in the Practice of Surgery' not included as it is publically available.	15/03/2016	Partial	Schedule 2, 2.2 (a) (ii)	Yes
3.	38 - 49	Clinical Culture Committee Agenda – 19 April 2016 Includes Action Minutes from previous meeting - 15 March 2016 (Meeting was cancelled)	19/03/2016	Partial	Schedule 2, 2.2 (a) (ii)	Yes
4.	50 - 77	Clinical Culture Committee Agenda – 31 May 2016 (incorrect year written on Agenda)	31/05/2016	Partial	Schedule 2, 2.2 (a) (ii)	



		Includes Action Minutes from previous meeting - 15 March 2016				
5.	78 - 104	Clinical Culture Committee Agenda – 21 June 2016 Includes Action Minutes from previous meeting – 31 May 2016	21/05/2016	Partial	Schedule 2, 2.2 (a) (ii)	Yes
6.	105 - 159	Clinical Culture Committee Agenda – 19 July 2016 Includes Action Minutes from previous meeting – 21 June 2016	19/07/2016	Partial	Schedule 2, 2.2 (a) (ii)	Yes
7.	160 - 208	Clinical Culture Committee Agenda – 16 August 2016 (Meeting was cancelled) Includes Action Minutes from previous meeting – 19 July 2016	16/08/2016	Partial	Schedule 2, 2.2 (a) (ii) and (xi)	Yes
8.	209 - 246	Clinical Culture Committee Agenda – 22 September 2016 (Meeting was cancelled) Includes Meeting Minutes from previous meeting – 19 July 2016	22/09/2016	Partial	Schedule 2, 2.2 (a) (ii) and (xi)	Yes
9.	247 - 259	Clinical Culture Committee Agenda – 25 October 2016 Includes Meeting Minutes from previous meeting – 19 July 2016	25/10/2016	Partial	Schedule 2, 2.2 (a) (ii)	Yes



10.	260 - 293	Clinical Culture Committee Agenda – 15 November 2016 Includes Meeting Minutes from previous meeting – 25 October 2016	25/11/2016	Partial	Schedule 2, 2.2 (a) (ii)	Yes
11.	294 - 349	Clinical Culture Committee Agenda – 13 December 2016 Includes Meeting Minutes from previous meeting – 17 November 2016	13/12/2016	Partial	Schedule 2, 2.2 (a) (ii)	Yes
12.	350 - 362	Clinical Culture Committee Agenda – 7 February 2017 Includes Meeting Minutes from previous meeting – 13 December 2016	07/02/2017	Partial	Schedule 2, 2.2 (a) (ii)	Yes
13.	363 - 402	Clinical Culture Committee Agenda – 21 March 2017 (Meeting was cancelled) Includes Meeting Minutes from previous meeting – 7 February 2017	21/03/2017	Partial	Schedule 2, 2.2 (a) (ii), (xi) and (xv)	Yes
14.	403 - 430	Clinical Culture Committee Agenda – 9 May 2017 Includes Meeting Minutes from previous meeting – 7 February 2017	09/05/2017	Partial	Schedule 2, 2.2 (a) (ii) (xv)	Yes
15.	431 - 460	Clinical Culture Committee Agenda – 13 June 2017	13/06/2017	Partial	Schedule 2, 2.2 (a) (ii) and (xi)	Yes

		Includes Meeting Minutes from previous meeting – 9 May 2017				
16.	461 - 463	Select Committee on Estimates 2015-2016	2015-2016	Full		Yes
17.	464 - 465	ACT Health Assembly Brief – Review Of Culture and Management Training Programs at Canberra Hospital	24/02/2016	Partial	Schedule 2, 2.2 (a) (ii)	Yes
18.	466 - 467	ACT Health Assembly Brief – ACT Health – Review of culture and management training programs at Canberra Hospital and Health Services (KPMG)	24/04/2016	Full		Yes
19.	468 - 469	ACT Health Assembly Brief - ACT Health – Review of culture and management training programs at Canberra Hospital (KPMG Report)	20/05/2016	Full		Yes
20.	470 - 498	Director-General Minute – To seek approval for the Cognitive Institute to provide the Executive of CHHS with presentation of their “Promoting Professional Accountability: program. Attachment C ‘Building Respect, Improving Patient Safety – RACS Action Plan on Discrimination, Bullying and Sexual Harassment in		Partial	Schedule 2, 2.2 (a) (ii) and (xi)	Yes

		<p>the Practice of Surgery’ – not included as it is publically available</p> <p>Attachment D ‘KPMG ACT Health review of the Clinical Training culture The Canberra Hospital and Health Services September 2015’ – not included as it is publically available</p>				
21.	499 - 500	ACT Health Assembly Brief - ACT Health – Review of culture and management training programs at Canberra Hospital (KPMG Report)	16/03/2017	Full		Yes
22.	501 - 502	ACT Health Assembly Brief – Review of culture and management training programs at Canberra Hospital	16/03/2017	Full		Yes
23.	503 - 506	Director-General Minute – Clinical Culture Committee New Membership	18/03/2017	Partial	Schedule 2, 2.2 (a) (ii)	Yes
24.	507 - 508	ACT Health Assembly Brief – Review of culture and management training programs at Canberra Hospital	18/04/2017	Full		Yes
25.	509 - 510	ACT Health Assembly Brief – Status of the Clinical Culture Committee (CCC)	22/06/2017	Full		Yes
26.	511 - 512	ACT Health Assembly Brief – Status on Implementation of the	14/11/2017	Full		Yes



		recommendations from the Health Staff Culture Survey 2015				
27.	513 - 514	ACT Health Assembly Brief – Status on the implementation of the recommendations from the Health Staff Culture Survey 2015	14/11/2017	Full		Yes
28.	515 - 519	Ministerial Brief – Organisational culture – focus areas for the next 12 months	01/08/2018	Full		Yes
29.	520 - 524	Ministerial Brief - Organisational culture – focus areas for the next 12 months	03/08/2018	Full		Yes
30.	525 - 526	Question Time Brief – Clinical Culture Committee	04/09/2018	Full		Yes
Total No of Docs						
30						



Clinical Culture Committee

AGENDA

Meeting No. 3 – 16 February 2016

Time: 6.00pm – 7.00pm

Location: Meeting Room 2, Level 1, Building 24 TCH

Chair: Ms Nicole Feely

1. Attendance/Apologies
 - a. Head of Service, Ms Bronwyn Overton-Clarke is attending as a guest
2. Minutes and Actions Arising from Previous Meeting
3. Royal Australasian College of Surgeons (RACS) Workshop - *'Building Respect, Improving Patient Safety'* update on efforts in RACS and ACT Health see Attachment A
4. Doctor Leadership Training
5. Update on discussion held with AMA, ASMOF and VMOA
6. Other Business

Next meeting: Tuesday 15 March 2016 (3rd Tuesday of each month)

Building Respect, Improving Patient Safety

A G E N D A

WORKSHOP – 11 February 2016

10:00am to 1:00pm

Royal Australasian College of Surgeons (RACS)

&

ACT Health

Location: Canberra Hospital, Canberra Region Cancer Centre (Building 19) Level 4

Attendees:

ACT Health

Dr Bryan Ashman	Clinical Director of Surgery
Liesl Centenera	Exec Director of People Strategy & Services
Flavia D'Ambrosio	Senior Advisor, Organisational Development)
Sean McDonnell	Senior Manager, Employment Services
Ric Taylor	Senior Manager, Organisational Development

RACS



OBJECTIVES

- | |
|---|
| 1. To provide an understanding and update on current areas of effort in RACS and Q Health |
| 2. To identify and agree key areas for collaboration and cooperation in relation to complaints management, surgical training and education, feedback and improvements for cultural change |
| 3. To describe and agree options and opportunities for co-branding, joint communications and promotions |
| 4. To agree next steps and ongoing communication |

Objective 1

- | | |
|--|------------|
| 1. Welcome & Introductions | |
| 2. Overview of RACS Action Plan key points | |
| 3. Overview of ACT Health key actions | ACT Health |

Objective 2

- | | |
|--|-----|
| 4. Finding common ground on key points: | All |
| a. Complaints management | |
| b. Sharing of information regarding investigations, underperformance and records of discipline | |
| c. Model for tiered intervention | |
| d. Multi-level professional and leader training and education | |
| i. Development | |
| ii. Roll-out | |
| iii. Availability | |
| iv. Time off to attend | |

- e. Measurement and surveillance tools
 - i. Trainee rotation feedback
 - ii. Multi-source feedback
 - iii. Organisational reviews
 - iv. Sharing of results and working on improvements

Objective 3

- 5. Communications and branding N Newton
 - a. RACS Campaign
 - b. Co-badging
 - c. Media releases and social media

Objective 4

- 6. Summary of outcomes and next steps J Biviano
- 7. Meeting close



Clinical Culture Committee

AGENDA

Meeting No. 4 – 15 March 2016

Time: 6.00pm – 7.00pm

Location: Meeting Room 2, Level 1, Building 24 TCH

Chair: Ms Nicole Feely

1. Attendance/Apologies
 - a. Deputy Director General Workforce Capability and Governance, Ms Bronwen Overton-Clarke is attending as a guest
2. Minutes and Actions Arising from Previous Meeting
3. Doctor Leadership Training – verbal update
4. Consultation process to draft a Statement of Desired Culture – see Attachment A
5. Communications Strategy – see Attachment B
6. Feedback from Culture Survey – See Attachments C, D, E
7. Other Business

Next meeting: Tuesday 19 April 2016 (3rd Tuesday of each month)

Name	Attendance	Response
<input checked="" type="checkbox"/> Abhayaratna, Walter (Health)	Required Attendee	Tentative
<input checked="" type="checkbox"/> Ashman, Bryan (Health)	Required Attendee	None
<input checked="" type="checkbox"/> Baird-Gunning, Eleni (Health)	Required Attendee	None
<input checked="" type="checkbox"/> Centenera, Liesl (Health)	Required Attendee	Accepted
<input checked="" type="checkbox"/> Croome, Veronica (Health)	Required Attendee	Accepted
<input checked="" type="checkbox"/> Cuff, Sally (Health)	Required Attendee	None
<input checked="" type="checkbox"/> D'Ambrosio, Flavia (Health)	Required Attendee	None
<input checked="" type="checkbox"/> [REDACTED]	Required Attendee	None
<input checked="" type="checkbox"/> Feeley, Nicole (Health)	Required Attendee	Accepted
<input checked="" type="checkbox"/> [REDACTED] (Calvary)	Required Attendee	Declined
<input checked="" type="checkbox"/> [REDACTED]	Required Attendee	None
<input checked="" type="checkbox"/> [REDACTED]	Required Attendee	None
<input checked="" type="checkbox"/> [REDACTED]	Required Attendee	Accepted
<input checked="" type="checkbox"/> Riordan, Denise (Health)	Required Attendee	None
<input checked="" type="checkbox"/> Schulte, Klaus-Martin (Health)	Required Attendee	None
<input checked="" type="checkbox"/> Taylor, Ric (Health)	Required Attendee	Accepted
<input checked="" type="checkbox"/> Thompson, Ian (Health)	Required Attendee	Accepted
<input checked="" type="checkbox"/> [REDACTED]	Required Attendee	None
<input checked="" type="checkbox"/> Wilkinson, Christina (Health)	Required Attendee	Accepted
<input checked="" type="checkbox"/> Blythe, David (Health)	Required Attendee	Accepted
<input checked="" type="checkbox"/> Waterson, Rebecca (Health)	Optional Attendee	Declined
<input checked="" type="checkbox"/> [REDACTED]	Optional Attendee	Accepted
<input checked="" type="checkbox"/> [REDACTED]	Optional Attendee	Accepted
<input checked="" type="checkbox"/> Lancsar, Kelly (Health)	Meeting Organizer	None
<input checked="" type="checkbox"/> Griffiths, Narelle (Health)	Optional Attendee	None
<input checked="" type="checkbox"/> Prentice, Helen (Health)	Optional Attendee	None

[Click here to add a name](#)



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 Medical School	✓
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



Developing a Statement of Desired Culture

1. Select 10 doctors (at different levels) for each of the main clinical divisions, ensuring coverage across ACT Health. These will be Culture Representatives. (Self nomination and/or selection by Clinical/Unit Directors.)
 - By mid April 2016
2. These Representatives attend a short workshop to be briefed on their role including key questions for them to generate discussion/input on a Statement of Desired Culture.
 - Workshops to be held in early May.
3. Representatives gather input to the Statement of Desired Culture from their doctor colleagues in a variety of ways – meetings, one-on-one conversations, focus groups, email or written responses.
 - Across 6 weeks from early May to mid June.
4. Input and feedback to be provided back to Organisational Development for collation either by email or at a workshop.
 - By end June
5. Organisational Development and a smaller group of Representatives use the collated information to draft a Statement of Desired Culture.
 - By mid July
6. Draft Statement discussed at CCC and at meetings with all the Representatives.
 - By mid August
7. Final Statement published widely by mid September.

Benefits of this approach

- Doctors are engaged throughout the process and develop a sense of ownership for the statement.
- Doctors get an increasing sense that ACT Health is serious about these issues.

Risks

- The Culture Representatives have no time to engage with their colleagues and the input from some divisions is therefore limited.
- Encouraging discussion about desired behaviours may be viewed cynically by some doctors whose felt reality in the workplace is very different – ie. words don't match behaviours.



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Clinical Culture Committee

Communications and Engagement Strategy

The Clinical Culture Committee (CCC) was 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.

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.

Link to Government Priorities

Issues of culture and behaviour are of significant importance to the ACT Government. Provision of appropriate health services falls within the Healthy and Smart Government priority.

1. Executive Summary

This communications strategy has been developed to outline the communications approach, measurement and planning cycles to raise awareness of, educate and build confidence in identified stakeholders of the purpose and outcomes of the Clinical Culture Committee.

The strategy has been developed with a 2 year implementation plan which can be adjusted as needed and as evaluation dictates is appropriate.

The strategy aims to create a compelling vision and rationale to inspire confidence within the junior doctor ranks of the commitment and actions being taken by ACT Health through the CCC to eliminate inappropriate behaviour and garner support from the clinical profession.

The strategy will be implemented in five phases over the next 2 years:

Phase	Our promise	Example tools
Inform	We will keep you informed	DG bulletin, lunch time talks, webinar, intranet, posters, SMS, manager tool kit, screen savers, flyers, change ambassadors
Consult	We will listen to you and acknowledge your concerns and provide you with feedback	Survey, sub-committee of CCC, ideas register /innovation hub and impact statements
Involve	We will actively work with you to maintain contact and ensure we assess the ongoing impact of the CCC	Thought leadership groups polling and workshops
Collaborate	We will look to you for direct advice, innovation and reform	Junior doctor advisory committee and participatory decision-making
Empower	We will implement what you jointly decide	Training/knowledge transfer, leadership coaching, net promoter score, showcasing success

Overarching key messages for the strategy are:

- There is much about our clinical culture that is positive. However we need to take this opportunity to focus on the elements of our culture that have let us down.
- ACT Health must provide a culture that is positive, productive and develops the clinical and professional skills of our future clinical leaders.
- There is zero tolerance for inappropriate behaviours in the workplace
- ACT Health will support and provide guidance to all staff who speak out against inappropriate behaviours and those who are directly impacted by this
- Prompt action will take place as soon as these behaviours are reported/made visible
- ACT health takes seriously its core values of care, collaboration, excellence and integrity and expects every worker in ACT health to abide by these everyday
- We must all step up, be dedicated to removing unacceptable culture from our organisation and commit to: 'bullying, harassment and inappropriate behaviours stop with me, now'.

Other key messages will be developed for each phase and will evolve in line with stakeholder needs and outcomes of the CCC.

The effectiveness of the strategy will be monitored throughout to ensure that the key messages are optimised for the target audiences and that each phase of communication is meeting its set objectives

The guiding principles for this strategy will be focused on ACT Health's core values of care, collaboration, excellence and integrity.

2. Background & Purpose

In response to concerns raised about the clinical training culture at Canberra Hospital, a review was conducted by KMPG to consider whether Canberra Hospital and Health Services (CHHS) had adequate frameworks and policies to support and guide conduct and behaviour; the extent to which these policies were followed; the drivers behind poor behaviour and what can be done to improve conduct.

Issues relating to culture and training are not specific to CHHS, with a recent report from the Royal Australasian College of Surgeons (RACS) identifying deeply entrenched issues relating to the conduct and behaviour of senior clinicians towards junior doctors, particularly in the training arena.

Issues of a similar nature have surfaced previously within CHHS (one of the factors for commencing this review) and extensive work has been done in pockets of CHHS to improve culture and behaviour of doctors. Work done previously has been effective in some areas, however CHHS has not effectively overhauled the entire doctor culture. Up until now, there has not been a single piece of work targeted at the whole clinical workforce.

The KPMG report supports the findings of the Royal Australasian College of Surgeons report. The KPMG report notes that within Canberra Hospital:

- Legislation and policies that govern workplace behaviour were not consistently consciously considered or well understood.
- There are perceptions of ineffective and untimely action to resolve issues raised relating to inappropriate behaviour and conduct.
- Perceptions exist that inappropriate interpersonal behaviour was normalised or minimised.
- Staff reported a culture where some staff are fearful of speaking up due to perceived detrimental consequences (such as their employment contract not being reinstated, failing an assessment and having their training terminated).
- Contributors to the review reported a lack of support mechanisms and strategies to assist those who wish to raise an issue or complaint.

The Report makes seven recommendations, all of which have been accepted in full:

- 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.
- Engage senior leaders and staff across CHHS in developing a statement of the desired culture for success.
- Develop, implement and embed a positive culture, patient and colleague focused, 'saturation' and 'maintenance' communications campaign.
- Adjust reward, performance and induction structures for leadership to specifically address behaviours. Consider recruitment processes, recognising limited market.
- Develop and institute mandatory leadership and management training for all clinicians who hold a leadership or management position.
- Review governance structures in relation to the accountabilities and reporting requirements associated with bullying and harassment.

- Strengthen policy statements to clarify and commit to consequences for unacceptable behaviour.

The Minister for Health also announced the establishment of a Clinical Culture Committee. This Committee will be made up of senior clinicians representing the fields of surgery, medicine and psychiatry. This Committee will be responsible for progressing the recommendations made within the Review, plus those arising from the Royal Australasian College of Surgeons Review.

In response to this review, a number of first response actions were taken including:

- Notification to all medical staff about the review and its findings
- Notification to all ACT Health staff about the review and its findings
- Establishment of a Clinical Culture Committee.

The purpose of this communication and engagement strategy is to provide a framework and associated implementation plan to:

- Raise awareness and educate people of the outcomes and recommendations from the CCC
- Generate support and confidence from identified stakeholders in the purpose of the CCC and commitment of members of the CCC to deal with and eradicate inappropriate behaviours in the clinical field, through involving, consulting with and empowering identified stakeholders.
- Empower people to take action and trust that ACT Health are taking this issue seriously and are determined to initiate change where needed.

3. Communication Approach

There are several projects within ACT health that focus on culture, brand and reputation and innovation and reform and this strategy aims to leverage of these projects where effective to do so.

The strategy will be delivered in 5 main phases in line with outcomes from the CCC. It is very likely that each phase will overlap.

Phase 1 - Inform

This phase is significant as it lays the foundation of the CCC and tells people the what, why, how and when of the program. It is essential to start to engage people and start a conversation at all levels. There will be initial cynicism at this stage, but by committing to the other phases and letting people know that we are serious we can start to gain people's curiosity and trust. This is also the phase where we set the expectations for the program and are seen to keep communications regular and providing new information at each step.

Phase 2 – Consult

The consult phase is essential for the process of eliciting feedback on information provided. The goal of this type of engagement is to obtain feedback on analysis, alternatives or decisions. Consultation is an effective process in stakeholder engagement, providing the expected levels of participation and commitment are expressed and matched with the expectations of all relevant stakeholders. It is important to fulfil the promise of providing feedback on how this input has influenced the decision, otherwise stakeholders may not take up ownership of the decision, particularly where change in attitudes, values or practices is concerned.

Phase 3 - Involve

The goal of the involve phase is to work directly with stakeholders throughout the process to ensure that their concerns and aspirations are consistently understood and considered. The distinguishing difference between 'consult' and 'involve' is the level of participation expected of stakeholders. While consulting requires the facilitator to seek feedback at a given point in time, involving means deliberately putting into place a method to work directly with stakeholders throughout the process. While 'involve' assumes a greater level of participation by stakeholders as they work through issues and alternatives to assist in the decision-making process, The CCC retains responsibility for the final decision.

Phase 4 – Collaborate

The goal of collaborate phase is to partner with the identified clinical community in each aspect of the decision, including the development of alternatives and the identification of the preferred course of action. This method of engagement further extends the level of participation and, consequently, the impact upon stakeholders. Ownership of the outcomes and objectives are shared and there is a greater level of delegated decision-making,

Phase 5 – Empower

Empowered staff and stakeholder communities share responsibility for making decisions and accountability for the outcomes of those decisions. The goal of this phase is to place final decision-making in the hands of those who this strategy impacts, providing ACT Health provides the resources for this to happen.

After each phase, measurement of the strategy will be conducted to assess relevance, delivery and effectiveness/acceptance of the message. Results from this will determine whether the next phase will continue as planned or change as required to adapt to audience needs.

Any communications approach will need to align to what is being delivered at the training and workforce planning level to ensure consistency of message and experience.

The communications approach has an internal and external outlook to ensure that Act Health is aptly equipped to facilitate any external enquires on this project.

Draft snapshot of communications approach:

Increasing level of stakeholder awareness, confidence and engagement

Inform	Consult	Involve	Collaborate	Empower
Phase	Timeframe	Target audience	Communication tools	
Inform	Oct 15 – Oct 17	<ul style="list-style-type: none"> • Minister and Assistant minister • Junior doctors • Senior medical staff • VMOs • AMA • All ACT Health staff 	Internal DG bulletin, lunch time talks, webinar, intranet, posters, SMS, manager tool kit, screen savers, flyers, change ambassadors, all staff emails, video messages, podcasts, medical executive committee	External Media talking points
Consult	June 16 – Nov 16	<ul style="list-style-type: none"> • Junior doctors • Senior medical staff • VMOs • AMA 	Internal Survey, sub-committee of CCC, ideas register /innovation hub, thought leadership groups and impact statements	External Media talking points
Involve	Nov 16 – April 17	<ul style="list-style-type: none"> • Junior doctors • Senior medical staff • VMOs • AMA 	Internal Thought leadership groups, polling and workshops	External Media talking points
Collaborate	April 17 – July 17	<ul style="list-style-type: none"> • Junior doctors • Senior medical staff • VMOs • AMA 	Internal Junior doctor advisory committee and participatory decision-making	External Media talking points
Empower	July 17 – Oct 17	<ul style="list-style-type: none"> • Junior doctors • Senior medical staff • VMOs • AMA • All ACT Health staff 	Internal Training/knowledge transfer, leadership coaching, net promoter score, showcasing success, feedback loops	External Media release Talking points

4. Current Communications Landscape

Staff working within ACT Health are facing several challenges at present and anecdotally they are more anxious about an imminent restructure than anything else. Other areas impacting staff and will impact any strategy that we deliver are:

- the innovation and reform agenda
- culture survey results and department improvement plans, and
- brand strategy

5. Communications Objectives and KPIs

The goal of this strategy is to provide consistent and accurate messaging to identified stakeholders throughout the 5 phases to instil confidence that the CCC is here to eradicate inappropriate behaviours in ACT Health by actively consulting, collaborating and empowering target audiences.

The objectives and key performance indicators will be:

Objective	KPI	Values
High percentage of stakeholders report that they feel ACT Health has provided adequate information about the CCC and associated actions/outcomes	<ul style="list-style-type: none"> • Number of opens from electronic media – subscribes vs unsubscribe • Webinar views • Intranet visits, length of stay, interaction • Attendance at info sessions, log-ons to webinar • Anecdotal feedback <p>These stats will be used for benchmarking purposes</p>	Care Integrity
High percentage of stakeholders provide feedback and report that they feel they have been heard	<ul style="list-style-type: none"> • Positive media story • Participation in survey numbers • Interest in sub-committee • Ideas register/innovation hub use • Impact statement received 	Care Collaboration Integrity Excellence
High percentage of stakeholders being involved in providing ideas and being actively involved in the decision making process	<ul style="list-style-type: none"> • Participation in thought leadership groups, polling and workshops 	Collaboration Excellence
Overall feel from primary audience that they understand how they will be impacted and the change expected	<ul style="list-style-type: none"> • Anecdotal feedback • Manager feedback • Participation and attendance on sub-committees • Numbers engaged in polling 	Collaboration Integrity Excellence
Increase in positive perception of brand and culture of ACT Health and working in clinical environment	<ul style="list-style-type: none"> • Survey results • Positive media • Success stories shared • Other services contacting us for advice • Increase in training 	Care Collaboration Integrity Excellence

A monthly report will be provided.

6. Target Audience

Primary Audience:	Secondary Audience:
<ul style="list-style-type: none"> • Junior doctors • Senior medical staff • Australian Medical Association (AMA) • Visiting Medical Office Association (VMOA) 	<ul style="list-style-type: none"> • Minister for Health • Assistant Minister for Health • All CHHS staff • All ACT Health staff • Media • Professional Colleges • Australian Health Practitioners Regulation Agency (AHPRA) • Canberra Region Medical Education Council • Australian Nursing and Midwifery Foundation (ANMF) • Consumers • ACT Community and regions

7. Preliminary Key Messages

Overarching

- ACT Health cares about its staff, patient experience and culture
- There is zero tolerance for inappropriate behaviours in the workplace
- The CCC will be responsible for overseeing and implementing initiatives to ensure appropriate behaviours are evidenced within medical programs across ACT Health.
- Regular information will be provided to staff and stakeholders about the progress of the committee.
- ACT Health must provide a culture that is positive, productive and develops the clinical and professional skills of our future clinical leaders.
- This is an opportunity to focus on the elements of our culture that have let us down
- ACT Health will support and provide guidance to all staff who speak out against inappropriate behaviours and those who are directly impacted by this.
- Prompt action will take place as soon as these behaviours are reported/made visible.
- ACT health takes seriously its core values of care, collaboration, excellence and integrity and expects every employee in ACT health to abide by these everyday
- We must all step up, be dedicated to removing unacceptable culture from our organisation and commit to: 'bullying, harassment and inappropriate behaviours stop with me, now'.

Initial key messages to specific audiences

Target Audience	Key Messages
Junior Medical Officers	<ul style="list-style-type: none"> • Poor culture and inappropriate behaviour will not be tolerated and should be reported. • Concerns can be raised with a member of the CCC, Clinical Directors, HR, the Medical Officer Support, Credentialing, Employment and Training Unit • [delivery of regular updates from CCC] • If you have suggestions about how to improve culture, contact a member of CCC to discuss these ideas further.
Senior Medical Officers	<ul style="list-style-type: none"> • Poor culture and inappropriate behaviour will not be tolerated. • Bystanders are offenders. If you see something, do something about it. • [delivery of regular updates from CCC]
All other ACT Health Staff	<ul style="list-style-type: none"> • Poor culture and inappropriate behaviour will not be tolerated in any part of the workforce and should be reported. • RED Officers exist within all areas of the workforce who can provide assistance to anyone concerned about the way they are being treated. • [delivery of regular high level updates from CCC]
External stakeholders	<ul style="list-style-type: none"> • ACT Health is working to improve its clinical training culture. • The CCC has been established to oversee and monitor the delivery of initiatives to ensure appropriate behaviours are evidenced within medical programs across ACT Health. • Poor culture and inappropriate behaviour will not be tolerated in any part of the ACT Health workforce. • [delivery of regular updates from CCC]

NB: Timeframes to be reviewed regularly by the CCC. Communications should reflect the meeting frequency.

8. Issues and Risk Management

Issue	Mitigation
Lack of information being provided to the broader workforce (more specifically medical) and perception that this issue is no longer important or a key priority.	Information to be delivered on the discussions & outcomes of CCC plus other relevant pieces of work on this issue.
Lack of engagement by medical staff.	<p>Information flow will be key to ensuring this issue maintains the level of importance required. The CCC will need to remain engaged with the workforce in the delivery of information out of and into the committee.</p> <p>Identification of clinical ambassadors will also boost and maintain momentum within the medical workforce.</p>
External stakeholders feeling disjointed from the work occurring within the CCC.	<p>Partnering with external stakeholders will be a function of the CCC. Information flowing from the CCC to stakeholders will be essential in their support and involvement.</p> <p>Regular, monthly emails to stakeholders in addition to the partnering from the CCC will ensure they are provided with regular information.</p>
Lack of public confidence in our health service.	Consumer/social media appropriate information about the progress of the CCC and outcomes to be deployed through social media regularly (monthly).

9. Project management and spokesperson(s)

The Communications and Marketing Unit will assist the committee to deploy the necessary messages and information. Ultimately, the CCC and key clinicians will be the key internal spokespeople in delivering information about the CCC and its work.

The Communications and Marketing Unit will manage, in conjunction with the CCC, any public and external messaging.

10. Communication Breakdown

Tool	Stakeholder	Frequency
DG bulletin	Junior medical staff	weekly
Survey	Junior medical staff	6 monthly
lunch time talks (TED Talks)	All medical staff	monthly
webinar	All ACT Health Staff	Bi-monthly
intranet	All ACT Health staff	daily
posters	All audiences and stakeholders.	daily
SMS	All consumers and staff.	random
manager tool kit	Managers	Bi-monthly
screen savers	All ACT Health Staff	Bi-monthly
flyers	All medical staff	6 monthly
change ambassadors	All medical staff	daily
sub-committee of CCC	Junior medical staff	Bi-monthly
ideas register /innovation hub	All ACT Health Staff	daily
impact statements	Junior medical staff	6 monthly
Thought leadership groups	All medical staff and identified external stakeholders	quarterly
polling	All medical staff	random
workshops	Junior medical staff	Bi-monthly
Junior doctor advisory committee	Junior medical staff	Bi-monthly
Training/knowledge transfer	All medical staff	weekly
leadership coaching	All medical staff	Bi-monthly
net promoter score	All ACT Health Staff	daily
showcasing success	All ACT Health Staff	As they emerge

11. Strategy Evaluation

The achievements of this strategy will be evaluated during and at the end of each phase with a final evaluation in June 2018. This will ensure that ACT Health monitors and measures the effectiveness of communications with key stakeholders and to develop strategies for improvement. All evaluations will be consulted with appropriate CAT Health staff. The evaluation will assist:

- Optimise key messages and communication tactics
- Assess culture/behavioural change
- Develop a systematic and appropriate method for each audience and action
- With continuous improvement and the reporting of lessons learnt

12. Next Steps

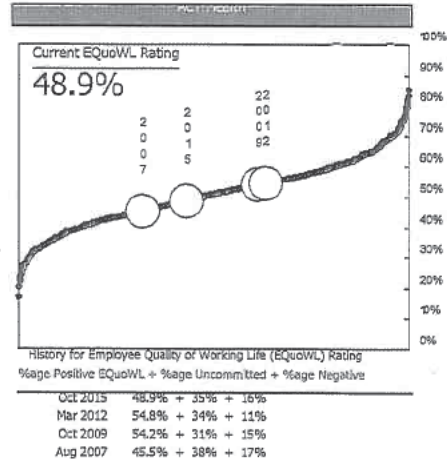
- Gain approval for the commencement of this strategy
- Allocate communications team member to lead strategy and reporting framework
- Develop a communications and engagement project timeframe in line with regular CCC meetings and reporting requirements



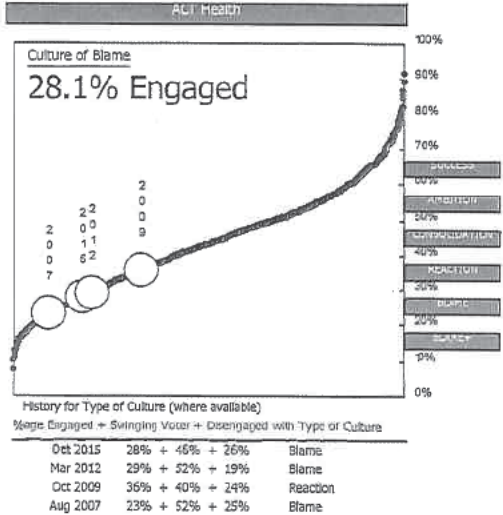
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At a Glance
 A Best Practice Australia Survey

What is our EQuoWL Rating?



What is our Type of Culture?

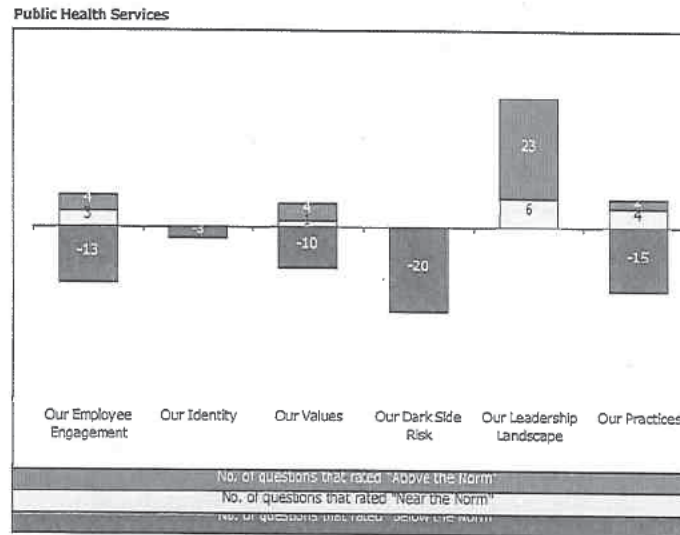


Which questions rated the strongest against the Norms?

Attribute	Your Rating	Benchmarking Norm
My manager ... Is a role model I look up to and learn from.	64%	51%
There is high trust in Frontline Supervisors/Team Leaders.	45%	33%
My manager ... Reviews my progress in achieving my objectives.	52%	40%
My manager ... Provides reward and recognition for outstanding performance.	51%	40%
My manager ... Provides appreciation for good performance.	59%	50%
My manager ... Helps me to plan my personal/professional development.	49%	40%
My manager ... Is prepared to address poor performance in a constructive manner.	60%	52%
My manager ... Provides support and guidance to help overcome any performance shortfalls.	58%	49%

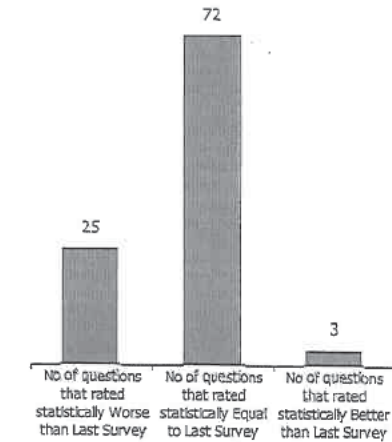
How do we compare against all the Benchmarking Norms?

The number of questions that rated above or below the Benchmarking Partner Norms for:



35% of respondents think we are a "Truly Great Place to Work"

How much have we changed?



What are some areas for improving?

This is a list of attributes with the highest negative ratings. It shows how many respondents rated the attribute negatively.

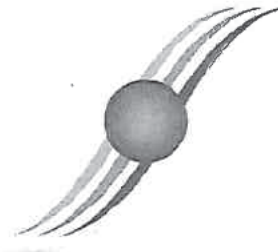
Attribute	Negative Respondents (n=)
There is high trust in Executives.	95
The organisation acts quickly to stop small problems becoming large problems.	85
People are very positive about tackling problems. There is a 'Can do' mentality.	82
ACT Health provides me with a workplace environment that supports me to manage my stress, professionally and personally.	82
If I observed or experienced bullying, harassment or discrimination ... I would trust that, if such behaviour was reported, then it would be appropriately managed.	80
My workplace is ... Free from bullying.	76
The organisation introduces change at an appropriate pace.	76



ACT Health

Respondent Grouping: *A sub-set of respondents defined as Position = Medical Officer*

2015 Workplace Culture Survey : Analysis of data collected up until 14-Dec-15 from the surveys of a sub-set of 231 respondents drawn from ACT Health.



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responsibility • courage • truth

BPA Focus of Research:

Our Values

Commissioned by:

ACT Health

Survey Title:

2015 Workplace Culture Survey

A sub-set of respondents defined as Position = Medical Officer

ACT Health



ACT Health

Respondent Grouping: ***A sub-set of respondents defined as Position = Medical Officer***

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Program 3: Values

The "Values" Program examines the ethical principles, standards or codes of behaviour that guide decision-making and daily practices in an organisation.

The Power of Values

There is power in a strong set of Core Organisational Values as Values are the anchor that leaders can use during times of major or turbulent change.

Values do 2 things for an organisation:

1. They will guide the organisation's decisions and priorities – strategic and day-to-day; and
2. They will establish the boundaries for acceptable and unacceptable behaviour.

Everything changes ... Buildings change, People Change, Client's and Member's expectations change, Governments change, Funding Levels change, Workload and activity change, Climate change, Economies Change, Managers and Leaders change.

The one constant that can stay the same in the midst of major change is an organisation's Values ... and how these are put into practice.

The Types of Values

BPA's research into Organisational Values has found 3 broad categories of values.

1. Aspirational Values;
2. Inspirational Values; and
3. Foundational Values

Aspirational Values

These are Values that an organisation may aspire to. Examples could include Excellence, Service, Continuous Improvement, Communication or Teamwork. In our observation, most Company Values are of the Aspirational kind.

Inspirational Values

These are values that have an underlying cause that inspires its workforce and sometimes even clients. They typically have a 'call to action'. They might include "to fight cancer" or "to end animal testing on cosmetic products". They are visionary and motivational in a way that "excellence" or "teamwork" is not.

Foundational Values

These are values that are practical and pragmatic. They are values that the organisation must have on a day-to-day basis in order to ensure it functions smoothly. Failure to live these values will typically see both the organisation and its members suffer.

Using Values

Finally when it comes to Values, in the best organisations BPA has measured, we have identified these organisations do 3 things very well with their Values, they ...

- Recruit by the Values
- Reward by the Values
- Remove by the Values



ACT Health

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ACT Health		Your Ratings (*)		Public Health Services			Public Health Services - Govt				
<p>A sub-set of respondents defined as Position = Medical Officer which have been benchmarked against Long-Term Norms for 'Public Health Services' and for 'Public Health Services - Govt'.</p> <p>(*) = There is a 95% probability of correctly identifying this difference as statistically significant. "Equal" = There is not enough difference to be statistically significant (for this number of responses). References below include the Question No and the SpiderMap Index (where applicable).</p> <p>Below the Norm Near the Norm Above the Norm</p>		<p>Current Survey</p> <p>% Yes or Agrees (rounded) % Variance from Full Census Rating (%) % Middle Rated % No or Dis-Agrees</p>		<p>Last Survey (if available)</p> <p>Last Survey Rating (rounded) % Change since Last Survey + Year + Significance (*)</p>		<p>Long-Term Norms</p> <p>Best Norm Worst Size of Bmkg Pool Rolling 2 year Norm</p> <p>VL L -A A A+ H VH</p>			<p>Long-Term Norms</p> <p>Best Norm Worst Size of Bmkg Pool Rolling 2 year Norm</p> <p>VL L -A A A+ H VH</p>		

Are our Values being Put into Practice in the Workplace?

Q#	Values-in-Action - Workplace	Description	n	Current %	Variance	Full Census %	Rating	Last %	Change	2012	2015	2012	2015	2012	2015	2012	2015
Q# 1355	Values-in-Action - Workplace	During an average day, it is common for the people I work with to ... Go the extra distance in delivering services.	231	67%	-4.0%	25.1%	Equal	72%	-5.0%	88%	61%	88%	61%	88%	61%	88%	61%
Q# 1354	Values-in-Action - Workplace	During an average day, it is common for the people I work with to ... Be diligent, compassionate and conscientious in providing a safe and supportive environment for everyone.	230	70%	-2.1%	22.6%	Equal	78%	-7.9%	88%	61%	88%	61%	88%	61%	88%	61%
Q# 1366	Values-in-Action - Workplace	During an average day, it is common for the people I work with to ... Be attentive to the needs of others and sensitive in ensuring their privacy.	231	69%	-2.1%	26.0%	Equal	79%	-10.2%	88%	61%	88%	61%	88%	61%	88%	61%
Q# 1355	Values-in-Action - Workplace	During an average day, it is common for the people I work with to ... Strive for continuous learning and quality improvements.	230	59%	-2.6%	31.7%	Equal	64%	-4.6%	88%	61%	88%	61%	88%	61%	88%	61%
Q# 1356	Values-in-Action - Workplace	During an average day, it is common for the people I work with to ... Acknowledge and reward innovation in practice and outcomes.	231	45%	-8.0%	43.3%	Weaker	56%	-11.2%	88%	61%	88%	61%	88%	61%	88%	61%
Q# 1362	Values-in-Action - Workplace	During an average day, it is common for the people I work with to ... Involve and engage people to perform to the highest possible standard.	230	50%	-6.6%	38.7%	Weaker	61%	-10.5%	88%	61%	88%	61%	88%	61%	88%	61%
Q# 1359	Values-in-Action - Workplace	During an average day, it is common for the people I work with to ... Value everyone's input, skills and experience.	231	54%	-2.3%	33.8%	Equal	59%	-5.8%	88%	61%	88%	61%	88%	61%	88%	61%
Q# 1360	Values-in-Action - Workplace	During an average day, it is common for the people I work with to ... Give time, attention and effort to others.	230	56%	-1.8%	32.6%	Equal	61%	-5.8%	88%	61%	88%	61%	88%	61%	88%	61%
Q# 1361	Values-in-Action - Workplace	During an average day, it is common for the people I work with to ... Encourage everyone to work together to achieve the best results.	229	56%	-2.9%	31.9%	Equal	61%	-4.9%	88%	61%	88%	61%	88%	61%	88%	61%
Q# 1357	Values-in-Action - Workplace	During an average day, it is common for the people I work with to ... Be open, honest and trustworthy in communicating with others.	231	55%	-1.4%	34.2%	Equal	72%	-16.6%	88%	61%	88%	61%	88%	61%	88%	61%
Q# 1367	Values-in-Action - Workplace	During an average day, it is common for the people I work with to ... Provide correct information in a timely way.	230	58%	-3.5%	32.2%	Equal	75%	-17.2%	88%	61%	88%	61%	88%	61%	88%	61%



ACT Health

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ACT Health		Your Ratings (%)		Public Health Services		Public Health Services - Govt	
<p><i>A sub-set of respondents defined as Position = Medical Officer which have been benchmarked against Long-Term Norms for ' Public Health Services ' and for ' Public Health Services - Govt '.</i></p> <p>(*) = There is a 95% probability of correctly identifying this difference as statistically significant. "Equal" = There is not enough difference to be statistically significant (for this number of responses). References below include the Question No and the SpiderMap Index (where applicable).</p> <p><input type="checkbox"/> Below the Norm <input type="checkbox"/> Near the Norm <input type="checkbox"/> Above the Norm (n=)</p>		<p>Current Survey</p> <p>% Yes or Agrees (rounded)</p> <p>% Variance from Full Census Rating (*)</p> <p>% Middle Rated</p> <p>% No or Dis-Agrees</p>	<p>Last Survey (If available)</p> <p>Last Survey Rating (rounded)</p> <p>% Change since Last Survey + Year + Significance (*)</p>	<p>Long-Term Norms</p> <p>Best Norm Worst</p> <p>Size of Bmkg Pool</p> <p>Rolling 2 year Norm</p> <p>VL L -A A A+ H VH</p>	<p>Long-Term Norms</p> <p>Best Norm Worst</p> <p>Size of Bmkg Pool</p> <p>Rolling 2 year Norm</p> <p>VL L -A A A+ H VH</p>		

Are our Values being Put into Practice in the Workplace?

Q# 1368 Values-in-Action - Workplace	During an average day, it is common for the people I work with to ... Be accountable, reflective and open to feedback.	229	52%	-3.3% <u>Equal</u>	36.7% 10.9%	66%	-13.6% 2012 <u>Worse</u>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	88% 61% 33%	110	69%	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	81% 59% 33%	53	67%
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Are our Values being Reinforced by Peer Pressure?

Q# 10493 Values Reinforcement	If I saw an employee not living Our Values I would discuss with them the behaviour and how it was inconsistent with Our Values.	226	58%	2.2% <u>Equal</u>	28.3% 14.2%	-	-	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	69% 54% 41%	28	57%	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	69% 54% 41%	21	56%
Q# 10495 Values Reinforcement	If I saw an employee not living Our Values I would report this to their supervisor.	225	47%	-14.2% <u>Weaker</u>	35.6% 17.8%	-	-	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	72% 59% 51%	26	62%	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	72% 60% 51%	21	63%
Q# 10494 Values Reinforcement	If I saw an employee not living Our Values I would trust that if this was reported it would be appropriately managed.	226	31%	-13.4% <u>Weaker</u>	37.2% 31.4%	-	-	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	62% 53% 24%	28	52%	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	61% 53% 24%	21	52%

**ACT Health**

Respondent Grouping: *A sub-set of respondents defined as Position = Medical Officer*

2015 Workplace Culture Survey : Analysis of data collected up until 14-Dec-15 from the surveys of a sub-set of 231 respondents drawn from ACT Health.

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ACT Health

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2015 Workplace Culture Survey : Analysis of data collected up until 14-Dec-15 from the surveys of a sub-set of 231 respondents drawn from ACT Health.

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ACT Health

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2015 Workplace Culture Survey : Analysis of data collected up until 14-Dec-15 from the surveys of a sub-set of 231 respondents drawn from ACT Health.



**BEST PRACTICE
AUSTRALIA**

responsibility · courage · truth

BPA Focus of Research:

Our Dark Side Risk

Commissioned by:

ACT Health

Survey Title:

2015 Workplace Culture Survey

A sub-set of respondents defined as Position = Medical Officer

ACT Health

**ACT Health**

Respondent Grouping: ***A sub-set of respondents defined as Position = Medical Officer***

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Program 4: Dark Side Risk

The "Dark Side Risk" Program is a risk assessment to ensure that the organisation is providing a workplace that is free from dehumanizing, intimidating, bullying, unlawful, unsafe, unethical or corrupt behaviours.



ACT Health

Respondent Grouping: **A sub-set of respondents defined as Position = Medical Officer**

2015 Workplace Culture Survey : Analysis of data collected up until 14-Dec-15 from the surveys of a sub-set of 231 respondents drawn from ACT Health.

ACT Health		Your Ratings (*)		Benchmarking				
ACT Health		Current Survey		Last Survey (if available)		Public Health Services	Public Health Services - Govt	
<p><i>A sub-set of respondents defined as Position = Medical Officer which have been benchmarked against Long-Term Norms for 'Public Health Services' and for 'Public Health Services - Govt'.</i></p> <p>(*) = There is a 95% probability of correctly identifying this difference as statistically significant. "Equal" = There is not enough difference to be statistically significant (for this number of responses). References below include the Question No and the SpiderMap Index (where applicable).</p> <p> <input type="checkbox"/> Below the Norm <input type="checkbox"/> Near the Norm <input type="checkbox"/> Above the Norm </p>		% Yes or Agrees (rounded)	% Variance from Full Census Rating (*)	% Middle Rated	Last Survey Rating (rounded)	% Change since Last Survey + Year + Significance (*)	Long-Term Norms VL L -A A A+ H VH	Best Norm Worst Size of Brng Pool Rolling 2 year Norm
						Long-Term Norms VL L -A A A+ H VH	Best Norm Worst Size of Brng Pool Rolling 2 year Norm	

Does the workplace have any Harassment or Bullying?

Q# 759 No Bullying or Harassment	My workplace is ... Free from harassment.	231	45%	-6.4% <i>Weaker</i>	30.7% 23.8%	57%	-11.7% 2009 <i>Worse</i>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	84%	191	60%	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	84%	139	59%
Q# 760 No Bullying or Harassment	My workplace is ... Free from bullying.	231	39%	-6.3% <i>Weaker</i>	27.7% 32.9%	55%	-15.4% 2009 <i>Worse</i>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	77%	190	52%	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	77%	138	51%

Does the workplace have any Discrimination or Favouritism?

Q# 753 No Discrimination	My workplace is ... Free from discrimination.	231	48%	-8.0% <i>Weaker</i>	33.8% 18.2%	59%	-10.7% 2012 <i>Worse</i>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	84%	90	66%	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	84%	59	66%
Q# 5548 No Favouritism	My workplace is ... Free from favouritism.	228	32%	-6.6% <i>Weaker</i>	38.6% 28.9%	40%	-7.4% 2012 <i>Equal</i>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	66%	90	48%	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	66%	59	45%

Is there specific cause for concern about favouritism being practiced in the workplace?

Q# 10275	I have a cause for concern about someone recently practising favouritism in my workplace.	222	26%	-3.4% <i>Equal</i>	27.0% 47.3%			<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14%	28	22%	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	16%	20	25%
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Are workplaces free from harassment or bullying by clients or other external parties?

Q# 835 No Client Bullying	ACT Health provides me with a workplace that is free from Bullying, Harassment or Discrimination from ... Clients.	226	44%	-11.4% <i>Weaker</i>	45.6% 10.6%	48%	-4.5% 2012 <i>Equal</i>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	79%	76	57%	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	79%	58	57%
Q# 836 No Client Bullying	ACT Health provides me with a workplace that is free from Bullying, Harassment or Discrimination from ... Friends and relatives of clients.	223	44%	-12.1% <i>Weaker</i>	43.9% 12.1%	45%	-1.3% 2012 <i>Equal</i>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	79%	76	57%	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	79%	58	57%



ACT Health

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ACT Health			Your Ratings (*)			Public Health Services			Public Health Services - Govt					
A sub-set of respondents defined as Position = Medical Officer which have been benchmarked against Long-Term Norms for 'Public Health Services' and for 'Public Health Services - Govt'.			Current Survey			Last Survey (If available)			Long-Term Norms					
(*) = There is a 95% probability of correctly identifying this difference as statistically significant. "Equal" = There is not enough difference to be statistically significant (for this number of responses). References below include the Question No and the SpiderMap Index (where applicable).			% Yes or Agrees (rounded)	% Variance from Full Census Rating (*)	% Middle Rated	Last Survey Rating (rounded)	% Change since Last Survey + Year + Significance (*)	Best Norm Worst			Best Norm Worst			
References below include the Question No and the SpiderMap Index (where applicable).			(n=)	% No or Dis-Agrees				Size of Bmkg Pool			Size of Bmkg Pool			
Legend: <input checked="" type="checkbox"/> Below the Norm <input type="checkbox"/> Near the Norm <input checked="" type="checkbox"/> Above the Norm									Rolling 2 year Norm			Rolling 2 year Norm		

Are workplaces free from harassment or bullying by managers or co-workers?

Q#	Question	n	55%	-8.8%	33.0%	78%	-22.7%	80%	82	80%	63	
Q# 838	ACT Health provides me with a workplace that is free from Bullying, Harassment or Discrimination from ... My supervisor/manager.	224	55%	-8.8%	33.0%	78%	-22.7%	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	80%	82	80%	63
	No Co-worker Bullying			<u>Weaker</u>	11.6%		2012	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	70%	67%	69%	67%
							<u>Worse</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	44%		44%	
Q# 844	ACT Health provides me with a workplace that is free from Bullying, Harassment or Discrimination from ... Senior managers (other than my supervisor/manager).	220	45%	-12.6%	35.9%	67%	-22.1%	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	80%	82	80%	63
	No Co-worker Bullying			<u>Weaker</u>	19.5%		2012	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	70%	67%	69%	67%
							<u>Worse</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	44%		44%	
Q# 5782	ACT Health provides me with a workplace that is free from Bullying, Harassment or Discrimination from ... Staff under my supervision.	223	64%	-3.7%	30.9%	75%	-10.9%	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	80%	83	80%	64
	No Co-worker Bullying			<u>Equal</u>	4.9%		2012	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	70%	70%	69%	70%
							<u>Worse</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	44%		44%	
Q# 837	ACT Health provides me with a workplace that is free from Bullying, Harassment or Discrimination from ... Co-workers in my immediate team.	228	58%	-4.0%	34.2%	75%	-16.3%	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	80%	83	80%	64
	No Co-worker Bullying			<u>Equal</u>	7.5%		2012	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	70%	70%	69%	70%
							<u>Worse</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	44%		44%	
Q# 4445	ACT Health provides me with a workplace that is free from Bullying, Harassment or Discrimination from ... Co-workers outside my immediate team.	226	42%	-12.1%	43.4%	57%	-14.1%	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	80%	83	80%	64
	No Co-worker Bullying			<u>Weaker</u>	14.2%		2012	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	70%	70%	69%	70%
							<u>Worse</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	44%		44%	

Are cases of harassment or bullying being reported & acted on appropriately?

Q#	Question	n	55%	-11.9%	34.1%			90%	144	89%	121	
Q# 9816	If I observed or experienced bullying, harassment or discrimination ... I would report this behaviour.	229	55%	-11.9%	34.1%			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	90%	144	89%	121
	Actioning Bullying Issues			<u>Weaker</u>	10.5%			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	78%	73%	78%	73%
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	54%		54%	
Q# 9817	If I observed or experienced bullying, harassment or discrimination ... I would know how to go about reporting such behaviour.	229	58%	-16.8%	27.5%			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	90%	144	90%	121
	Actioning Bullying Issues			<u>Weaker</u>	14.4%			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	77%	77%	77%	77%
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	50%		50%	
Q# 9818	If I observed or experienced bullying, harassment or discrimination ... I would trust that, if such behaviour was reported, then it would be appropriately managed.	229	30%	-13.7%	35.4%			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	72%	144	72%	121
	Actioning Bullying Issues			<u>Weaker</u>	34.9%			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	54%	53%	53%	53%
								<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	27%		27%	

What measures have been put in place to address Harassment & Bullying?

Q#	Question	n	28%	-8.1%	45.4%	38%	-9.7%	61%	103	61%	87	
Q# 5779	Over the past 12 months, there has been a significant improvement in ... Identifying and addressing bullying, harassing and discriminatory behaviour.	229	28%	-8.1%	45.4%	38%	-9.7%	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	61%	103	61%	87
	Addressing Bullying Issues			<u>Weaker</u>	26.6%		2012	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	44%	44%	44%	44%
							<u>Worse</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12%		12%	



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ACT Health		Your Ratings (*)		Public Health Services			Public Health Services - Govt					
<p>A sub-set of respondents defined as Position = Medical Officer which have been benchmarked against Long-Term Norms for 'Public Health Services' and for 'Public Health Services - Govt'.</p> <p>(*) = There is a 95% probability of correctly identifying this difference as statistically significant. "Equal" = There is not enough difference to be statistically significant (for this number of responses). References below include the Question No and the SpiderMap Index (where applicable).</p> <p><input type="checkbox"/> Below the Norm <input type="checkbox"/> Near the Norm <input type="checkbox"/> Above the Norm</p>		<p>Current Survey</p> <p>% Yes or Agrees (rounded) % Variance from Full Census Rating (%) % Middle Rated % No or Dis-Agrees</p>		<p>Last Survey (if available)</p> <p>Last Survey Rating (rounded) % Change since Last Survey + Year + Significance (*)</p>			<p>Long-Term Norms Best Norm Size of Bmkg Pool Worst</p> <p>Rolling 2 year Norm</p> <p>VL L -A A A+ H VH</p>			<p>Long-Term Norms Best Norm Size of Bmkg Pool Worst</p> <p>Rolling 2 year Norm</p> <p>VL L -A A A+ H VH</p>		
		(n=)										

What measures have been put in place to address Harassment & Bullying?

Q#	Description	n	Current	Variance	Middle	Last	Change	PHS	PHS Govt
Q# 4447	Over the past 12 months, there has been a significant improvement in ... Training activities to address bullying, harassment and discrimination.	229	30%	-15.0% <i>Weaker</i>	50.2% 19.7%	44%	-13.7% 2012	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 77% 115	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 77% 94
Q# 4448	Over the past 12 months, there has been a significant improvement in ... Reducing bullying, harassment and discrimination in the workplace.	227	24%	-11.6% <i>Weaker</i>	51.5% 24.7%	39%	-14.8% 2012	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 57% 111	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 57% 90
Q# 4449	Over the past 12 months, there has been a significant improvement in ... My manager's preparedness to eliminate bullying, harassment and discrimination.	229	41%	-8.9% <i>Weaker</i>	41.0% 17.5%	56%	-14.7% 2012	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 69% 107	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 69% 88
Q# 5780	Over the past 12 months, there has been a significant improvement in ... My team's preparedness to eliminate bullying, harassment and discrimination.	229	42%	-9.2% <i>Weaker</i>	41.5% 16.2%	58%	-15.2% 2012	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 71% 102	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 71% 85
							<i>Worse</i>	21%	21%



ACT Health

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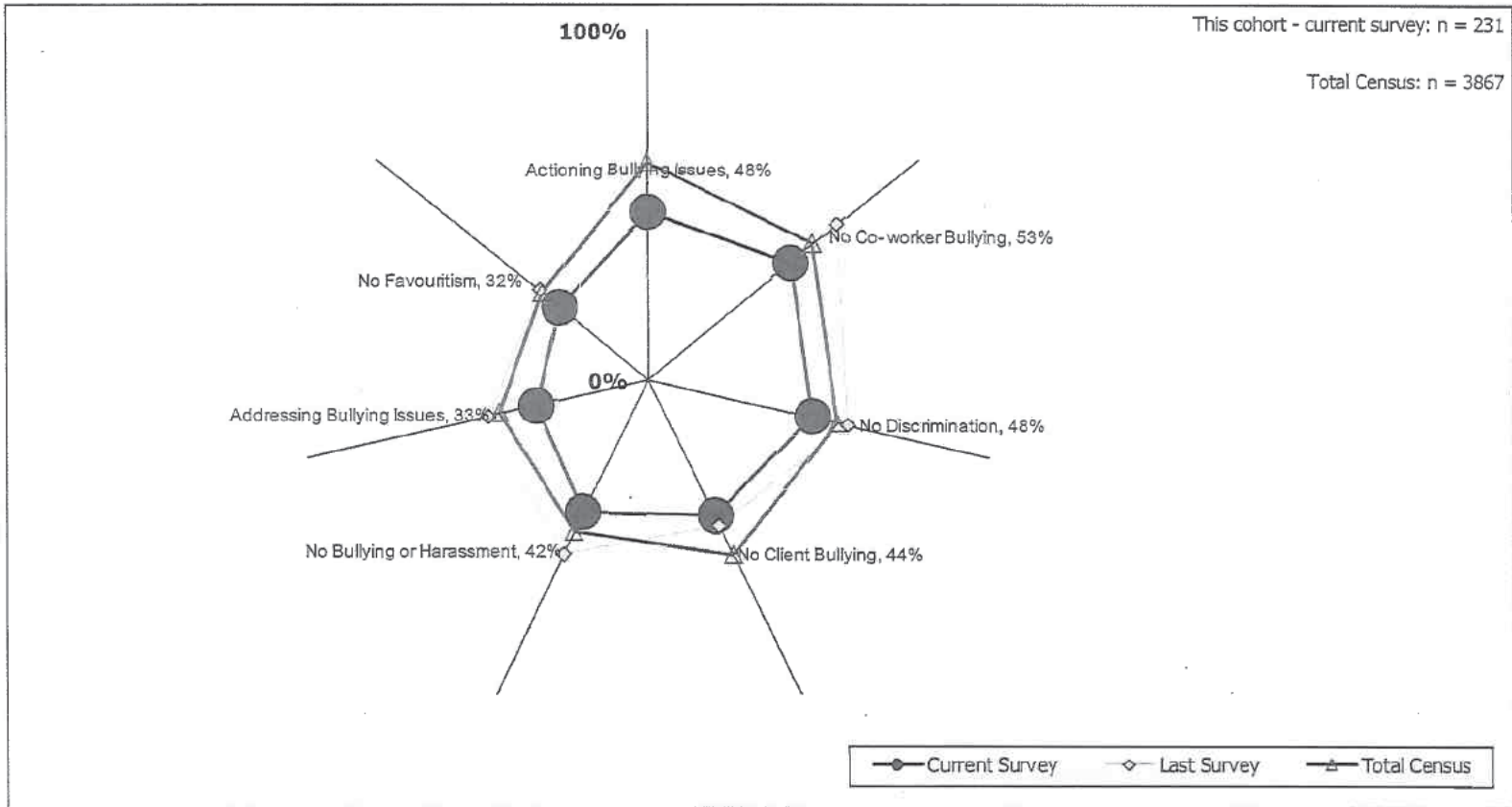
2015 Workplace Culture Survey : Analysis of data collected up until 14-Dec-15 from the surveys of a sub-set of 231 respondents drawn from ACT Health.

Best Practice SpiderMap

ACT Health

A sub-set of respondents defined as Position = Medical Officer

Our Dark Side Risk



NB: Total Census means the results for ACT Health overall.



ACT Health

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Best Practice SpiderMap

ACT Health

A sub-set of respondents defined as Position = Medical Officer

Our Dark Side Risk

Actioning Bullying Issues

Measures the extent to which respondents are confident that if they report any bullying or harassment, then it will be acted upon.

Oct 2015	47.7%	Avg n = 229
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No Favouritism

Measures the extent to which the organisation provides a workplace that is free from favouritism.

Oct 2015	32.5%	Avg n = 228
Mar 2012	39.9%	Avg n = 148

No Co-worker Bullying

Measures the extent to which the organisation provides a workplace that is free from bullying and harassment from managers or co-workers.

Oct 2015	53.0%	Avg n = 224
Mar 2012	70.2%	Avg n = 145
Oct 2009	63.0%	Avg n = 81
Aug 2007	63.1%	Avg n = 119

No Discrimination

Measures the extent to which the organisation provides a workplace that is free from discrimination.

Oct 2015	48.1%	Avg n = 231
Mar 2012	58.8%	Avg n = 148

No Client Bullying

Measures the extent to which the organisation provides a workplace that is free from bullying from clients.

Oct 2015	43.9%	Avg n = 225
Mar 2012	46.7%	Avg n = 146
Oct 2009	48.2%	Avg n = 83
Aug 2007	47.5%	Avg n = 121

No Bullying or Harassment

Measures the extent to which the organisation provides a workplace that is free from bullying and harassment.

Oct 2015	42.4%	Avg n = 231
Oct 2009	55.0%	Avg n = 84
Aug 2007	49.6%	Avg n = 124

Addressing Bullying Issues

Measures the extent to which there has been significant improvement in the last 12 months in how well the organisation identifies and addresses bullying and harassment.

Oct 2015	33.2%	Avg n = 229
Mar 2012	46.8%	Avg n = 146
Oct 2009	29.2%	Avg n = 77
Aug 2007	21.5%	Avg n = 110

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Clinical Culture Committee

AGENDA

Meeting No. 5 – 19 April 2016

Time: 6.00pm – 7.00pm

Location: Meeting Room 2, Level 1, Building 24 TCH

Chair: Ms Nicole Feely

1. Attendance/Apologies
2. Minutes and Actions Arising from Previous Meeting

Item	Agenda Topic	KPMG Recommendation
3.	Leadership Program 360 Feedback Tool	5
4.	Developing a Statement of Desired Culture	2

5. Other business

6. Next meeting: Tuesday 17 May 2016 (3rd Tuesday of each month)

Agenda Topic	KPMG Recommendation
Options for measuring culture/behaviours in the medical workforce	1
Revised Communications Strategy	3
Respect @ Work Training	5

Reference Table - KPMG Review 7 Recommendations	
1	Work with Executives and Clinical Directors to conduct further detailed analysis of those areas noted in the Review as having a culture that accepts or condones bullying, discrimination and/or harassment.
2	Engage senior leaders and staff across CHHS in developing a statement of desired culture for success.
3	Using the desired statement of culture as the basis, develop, implement and embed a 'saturation' communications campaign.
4	Adjust reward and performance measure 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.



**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
██████████	Member, ██████████ Calvary Hospital	Apology
██████████	Member ██████████ ANU Medical School	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, ██████████ ██████████

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	KPMG 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	

Clinical Culture Committee Action Table

KPMG Recommendations	Actions	From Meeting	Responsible	Due	Status	
1	Work with Executives and Clinical Directors to conduct further detailed analysis of those areas noted in the Review as having a culture that accepts or condones bullying, discrimination and/or harassment.	• Investigate monthly employee awards	March 2016	Julia Teale	June 2016	In progress and will align with overall ACT Health Awards
		• Model>Showcase best practice that already exists in medical practice	March 2016	Ric Taylor	June 2016??	
		• Investigate involving patient in training	March 2016	Liesl Centenera	June 2016??	
		• Develop case studies from all disciplines on what values in practice look like	March 2016	Ric Taylor	June 2016??	
		• Investigate and trial digital solutions for feedback and collaboration	March 2016	Julia Teale??	April 2016	
		• Introduce a rating system to track how departments are going	March 2016	Julia Teale??	April 2016	
		• Set up a register to track complaints and where hot spots are	March 2016	Julia Teale	May 2016	
2	Engage senior leaders and staff across CHHS in developing a statement of desired culture for success.	Develop a consultation process to draft a Statement of Desired Culture	March 2016	Ric Taylor	April 2016	Presented to March meeting; presented to April for further discussion
3	Using the desired statement of culture as the basis, develop, implement and embed a 'saturation' communications campaign.					

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Commented [yc1]: Don't know what this action item is. Need to clarify with Julia Teale.

Commented [yc2]: Can the case studies action item and 'modelling/showcasing best practice' action items be combined? Not clear to me what the difference is.

Commented [yc3]: Move the case studies action item to KPMG recommendation 2?

Commented [yc4]: Ric to amend – use wording from options for measuring culture/behaviour

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