

- disrespectful behaviour
  - passive behaviour i.e. not taking responsibility.
- The complaints are reviewed by a triage team of Clinical Leads who decide on the level of accountability and the actions to be taken.
  - The Programme at RMH provides a pyramid of three levels of accountability:
    1. Informal conversation - feedback given by 'peer messengers'
    2. Pattern emerges, repeats of incidents – a coaching conversation is conducted by line manager
    3. Performance management to disciplinary outcomes - for egregious behaviours against policy and law.

### 1.3 Implementation

The Cognitive Institute adopts a three-staged approach to implementation i.e. Commitment, Readiness and Implementation brochure (*see Attachment 1 and 1a*). The Programme can be introduced organisation-wide or in specific areas, e.g. Theatres. The RMH project manager advised that if implementing again, more pilot testing would be conducted, and especially with particular work groups.

### 1.4 Current Situation

As the RMH have received numerous external enquiries from other health organisations, the RMH are currently considering a mini-conference for interested parties, once reporting results and outcomes become clearer.

## 2. Train the Trainer Programme *Speaking up for Safety Workshop*

### 2.1 Background

The RMH implemented the *Speaking up for safety* Cognitive Institute Programme, which is designed to increase the ease and motivation for clinicians to raise patient safety concerns with colleagues through graded assertiveness communication skills training to:

- Achieve culture change within healthcare organisations by increasing the ease and motivation for clinicians to 'speak up for safety', and
- Develop insights and skills to respectfully raise issues with colleagues when they are concerned about a patient's safety.

The Programme develops a more open and honest culture, and helps people into a common language. Speaking up about bullying and harassment could be included.



RMH have 12 safety champions and have trained around 1,000 staff in the last three months. Currently, RMH use the programme for speaking up on clinical safety matters e.g. medication errors, someone doing something that might harm the patient, and hand hygiene.

A brief outline of the Train the Trainer programme is at *Attachment 2*.

### **3. Anti-Bullying Advice Line**

#### **3.1 Background**

NSW Health has a confidential, state-wide telephone Anti-Bullying Advice Line to all staff to help promote a positive culture with no tolerance for bullying or harassment.

Three part-time advisors are available from 0700-1800 Monday to Friday to provide consistent advice and answer questions about managing bullying complaints.

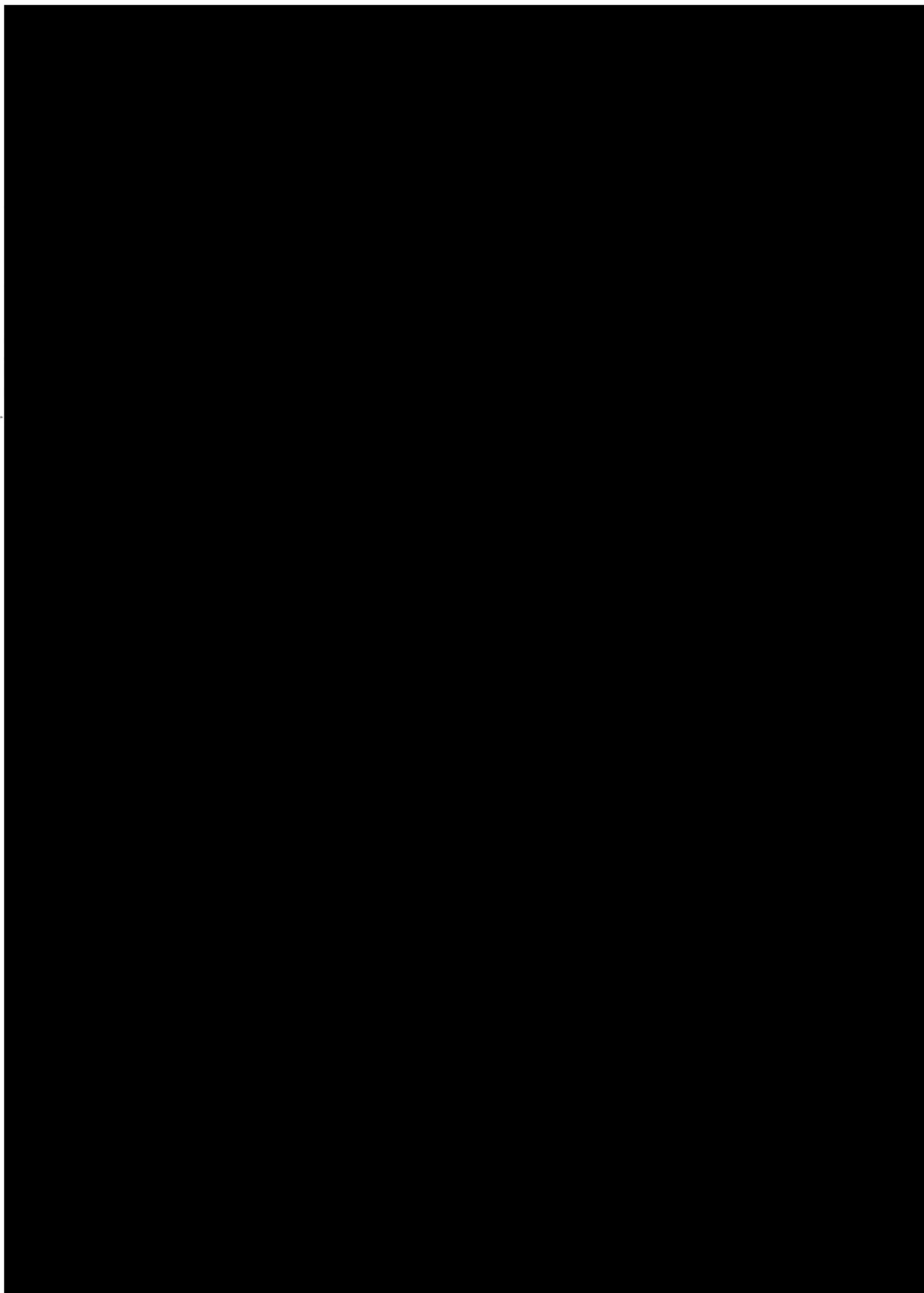
The benefits of an Anti-Bullying Advice Line include access to prompt, consistent advice and assistance to improve confidence and ability of managers and staff to deal with complaints. The Anti-bullying Advice Line is available to clarify what constitutes bullying behaviour, provide information on policies and procedures dealing with bullying and harassment, and advice on the interpretation and application of people management policies or procedures.

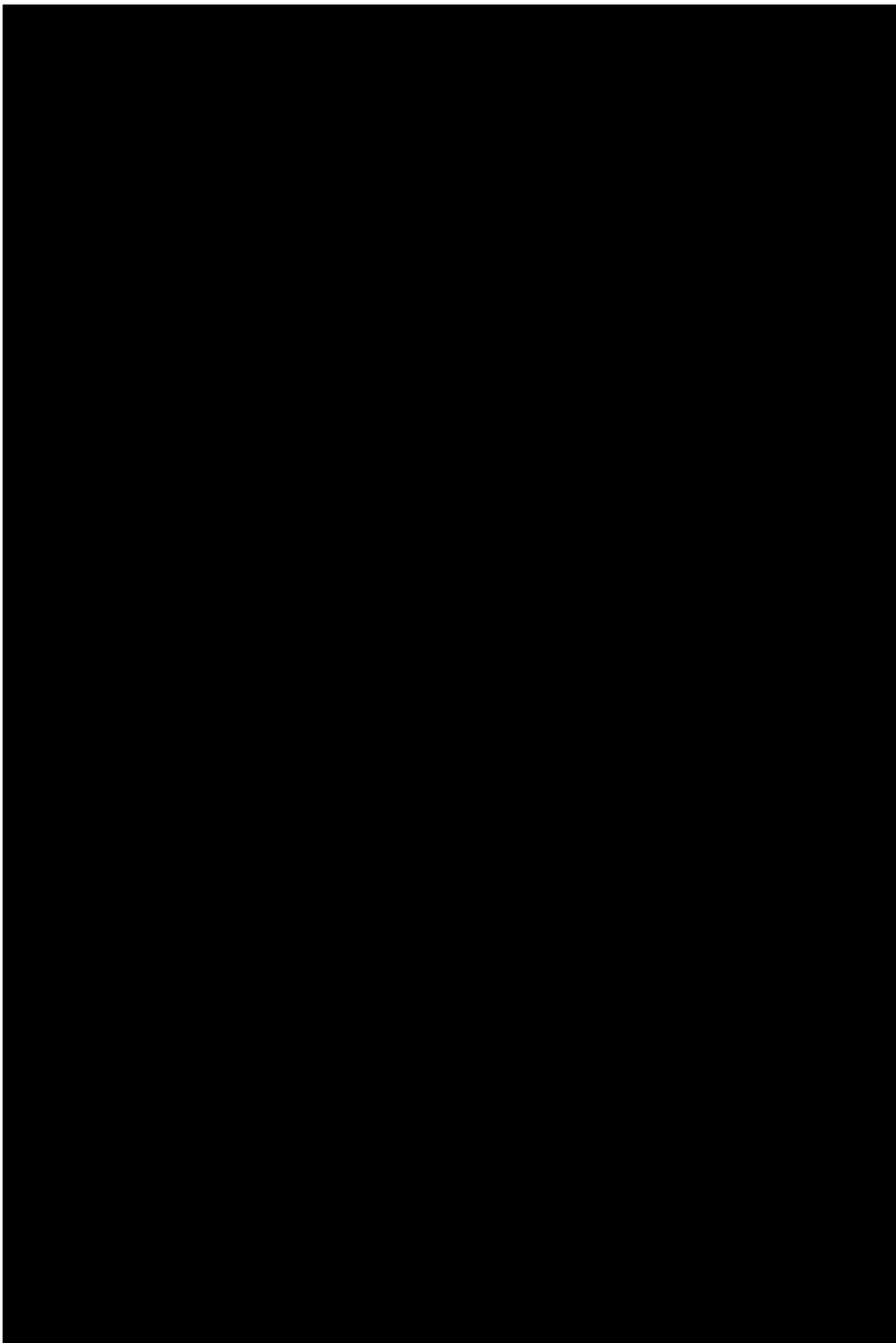
The advisors do not manage complaints or represent staff involved in a complaint. Complainants are referred to their manager or the HR department for direct assistance.

Callers may choose to remain anonymous<sup>2</sup>. The service is publicised on NSW Health website, through workplace posters and leaflets (*see Attachment 3*).

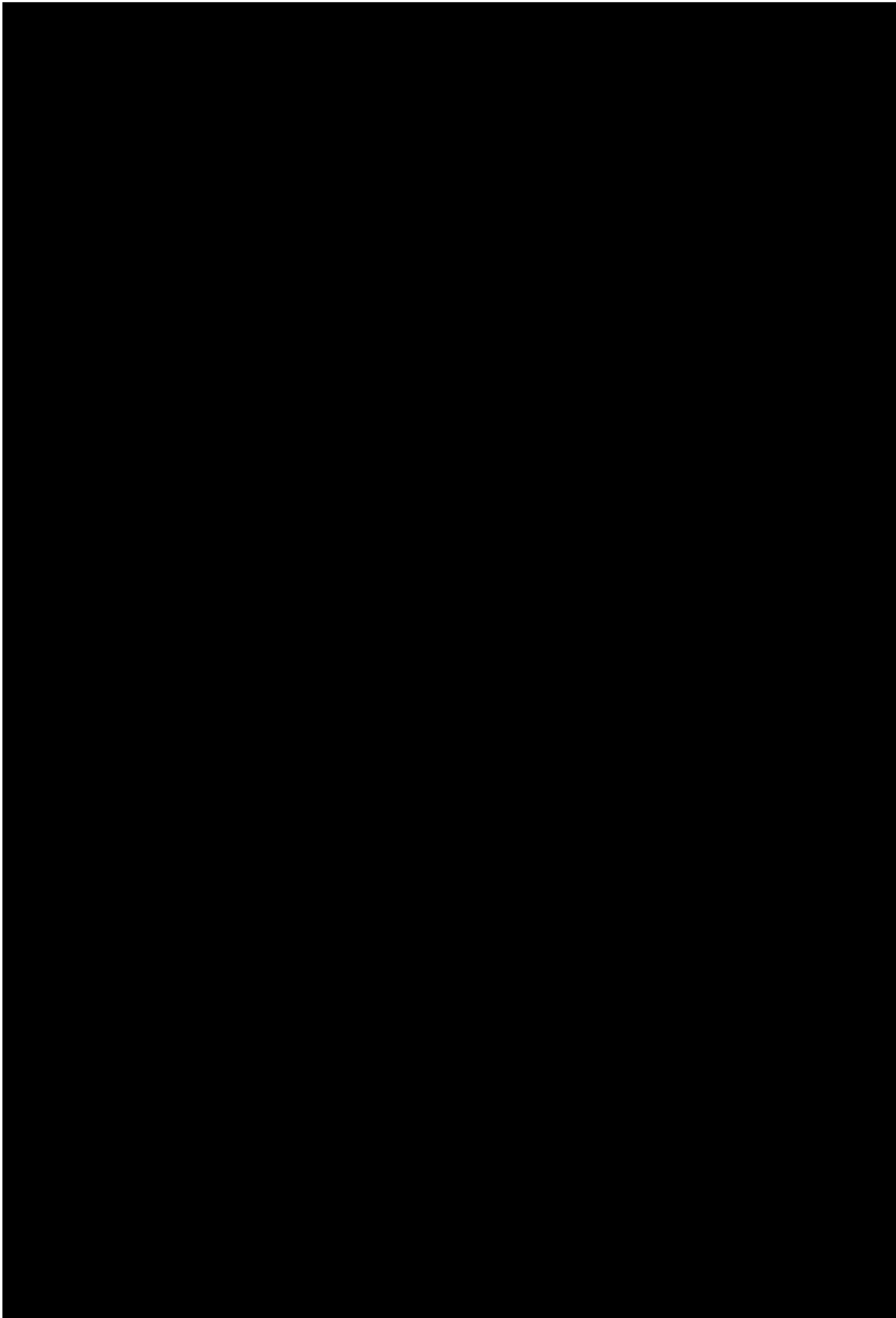
Reporting statistics are confidential to NSW Health.

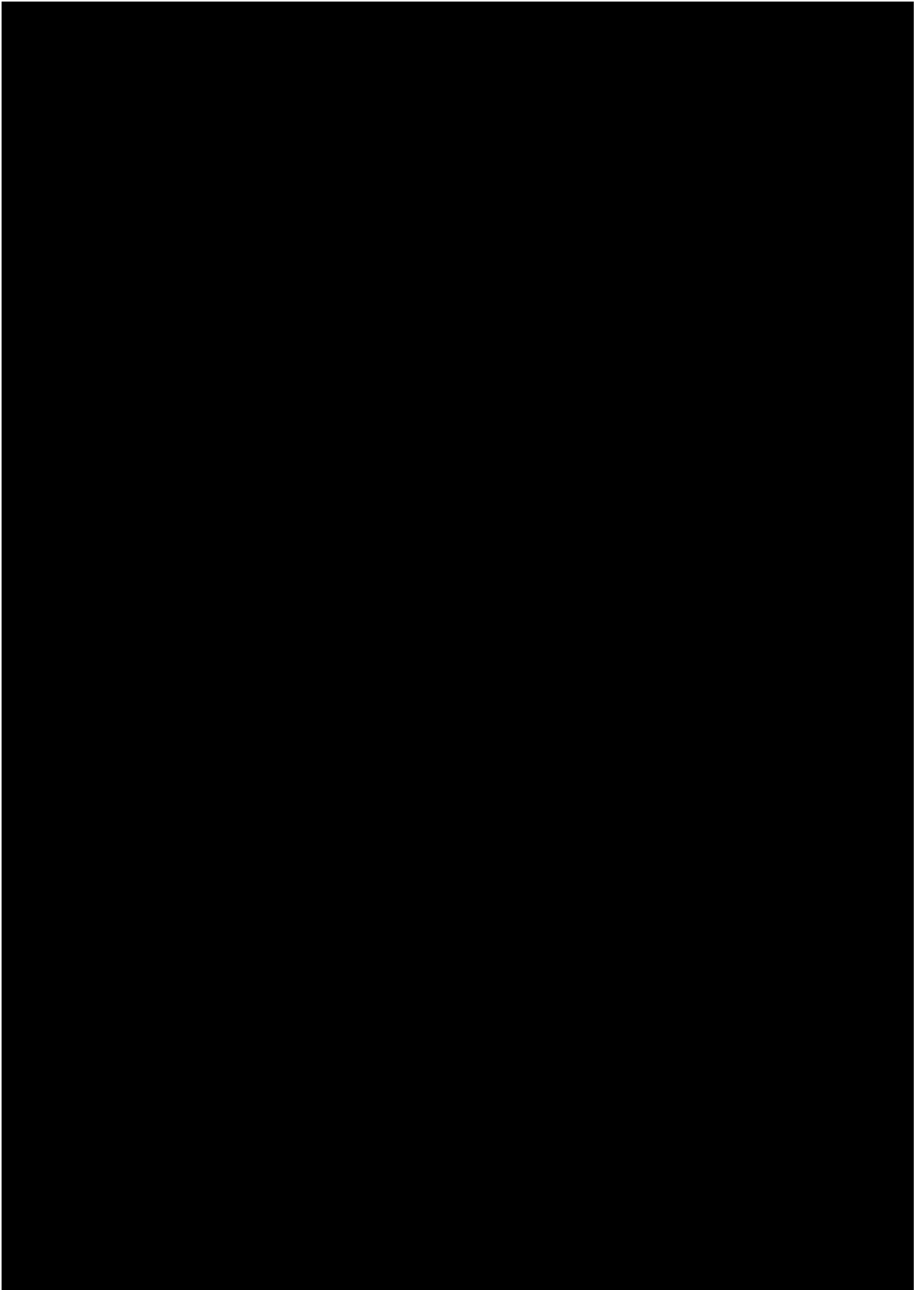
<sup>2</sup> Callers are asked their name; the history of the issue; type of behaviour; who is involved; and the effect the behaviour is having on their work or work colleagues.

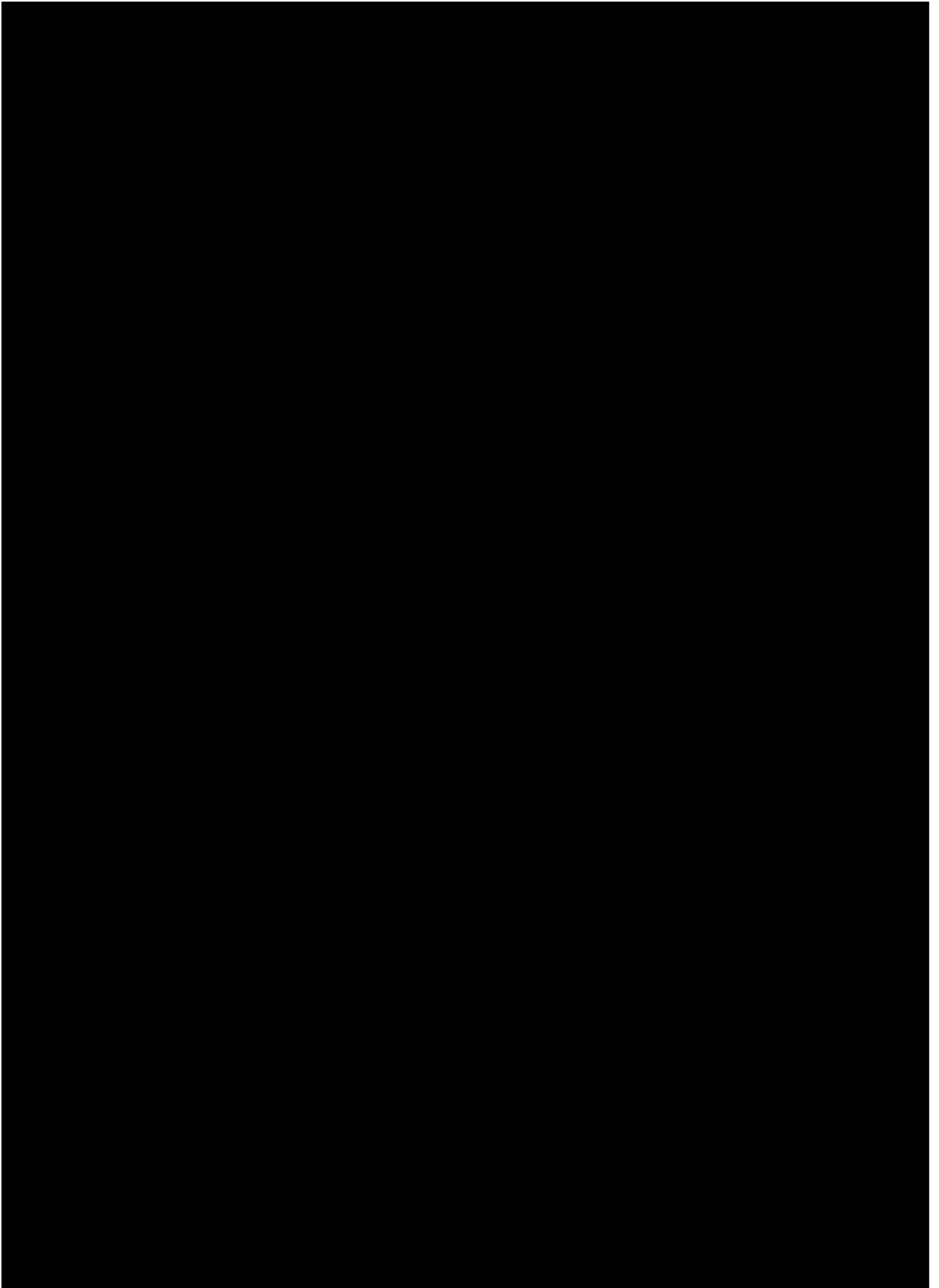


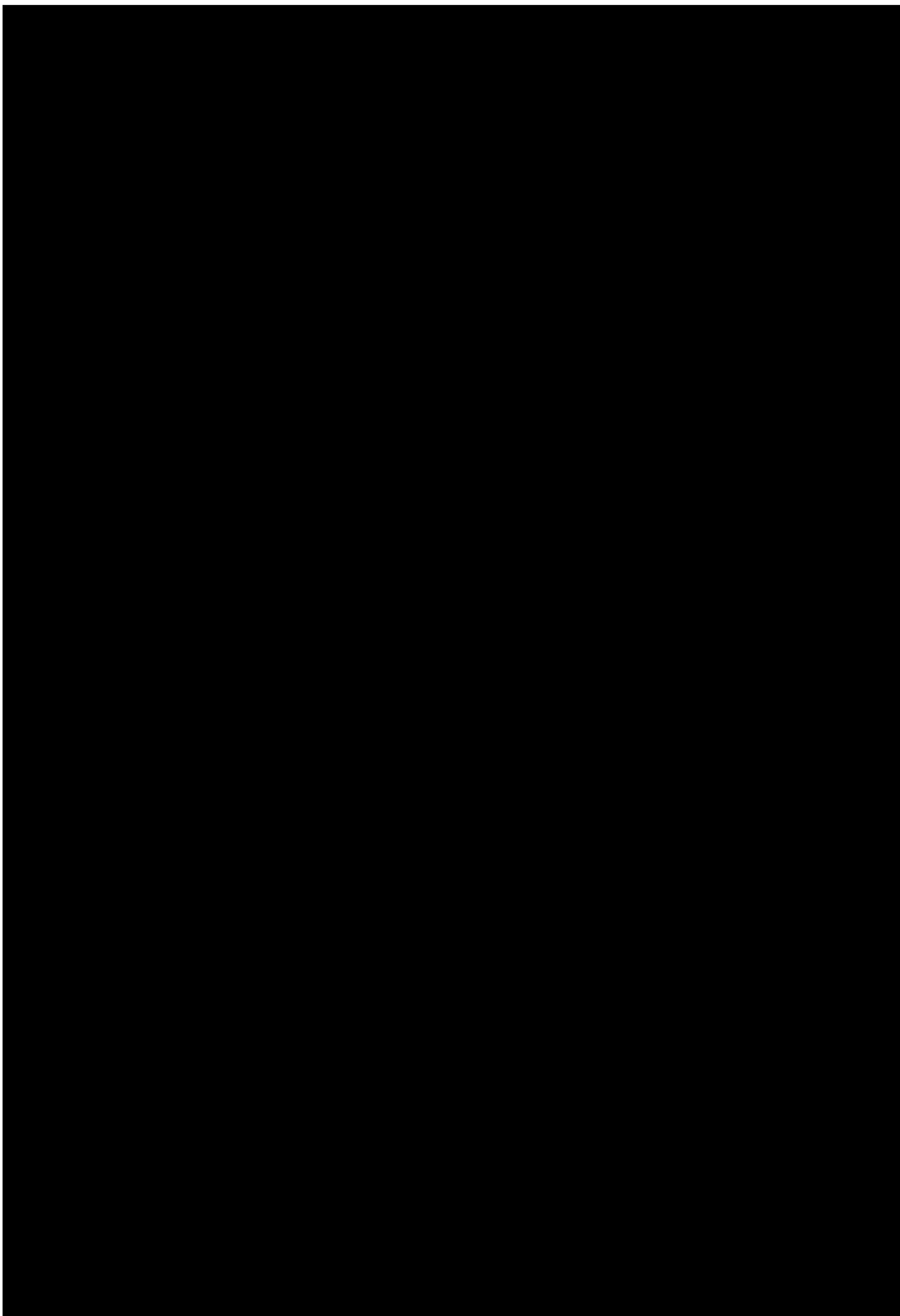


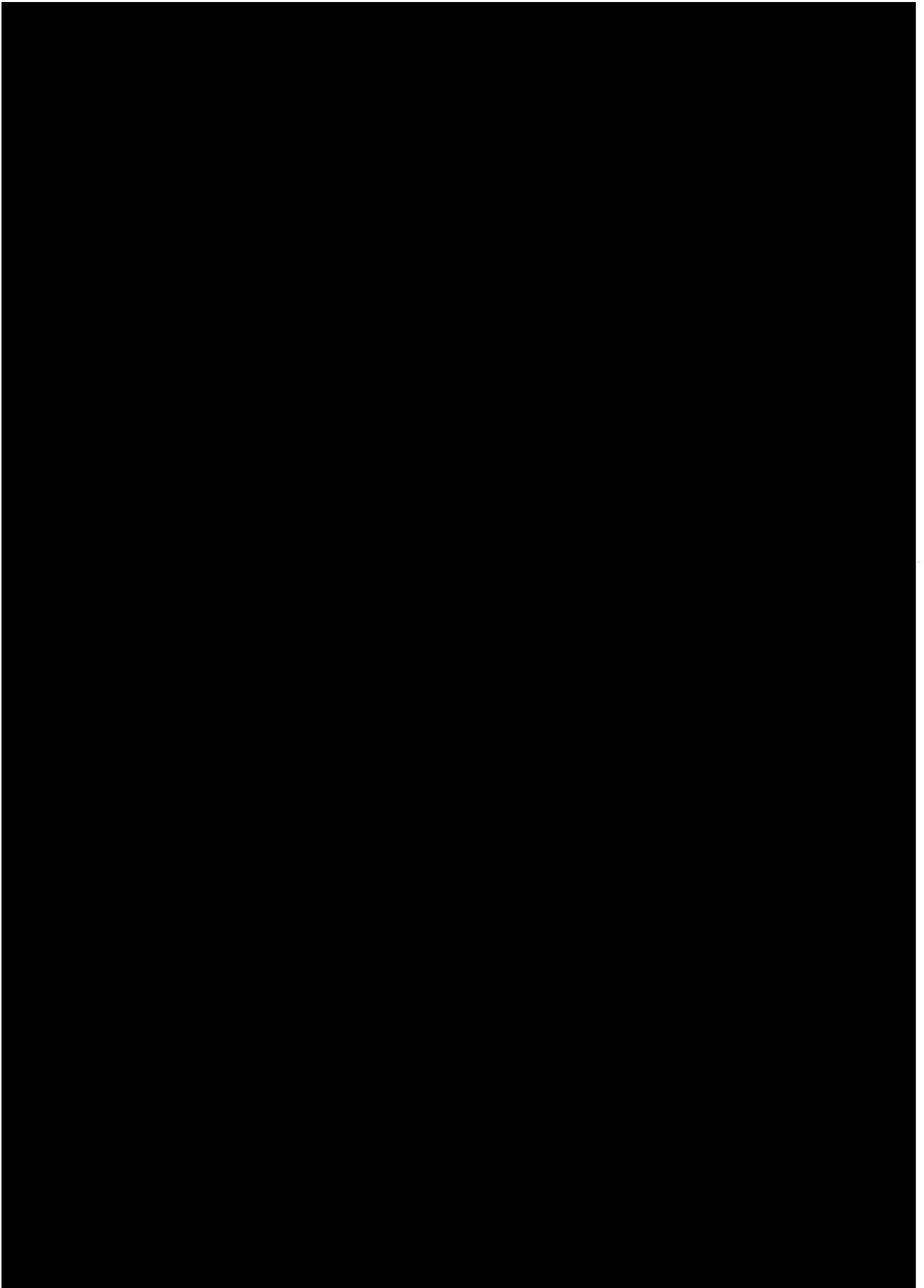


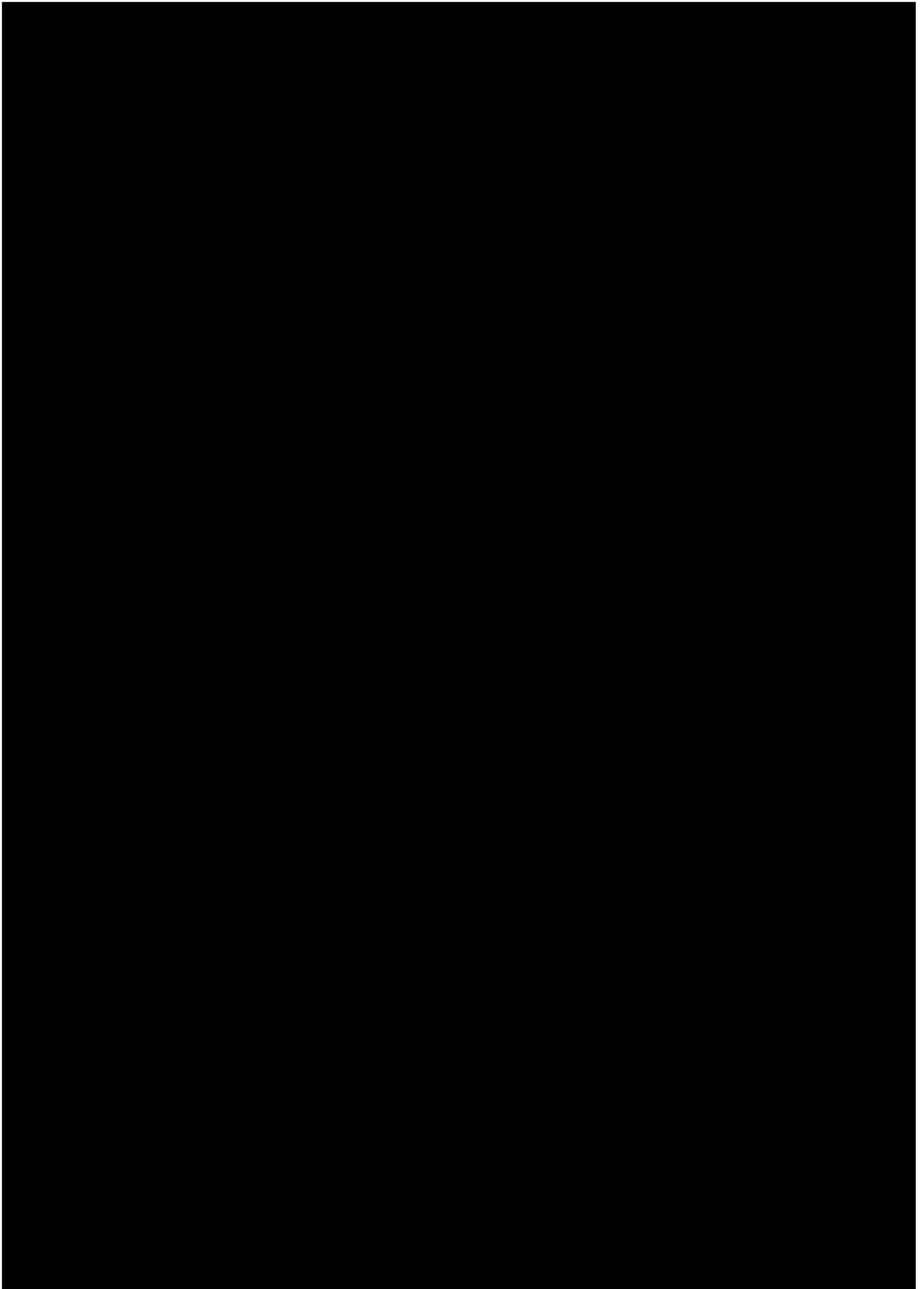


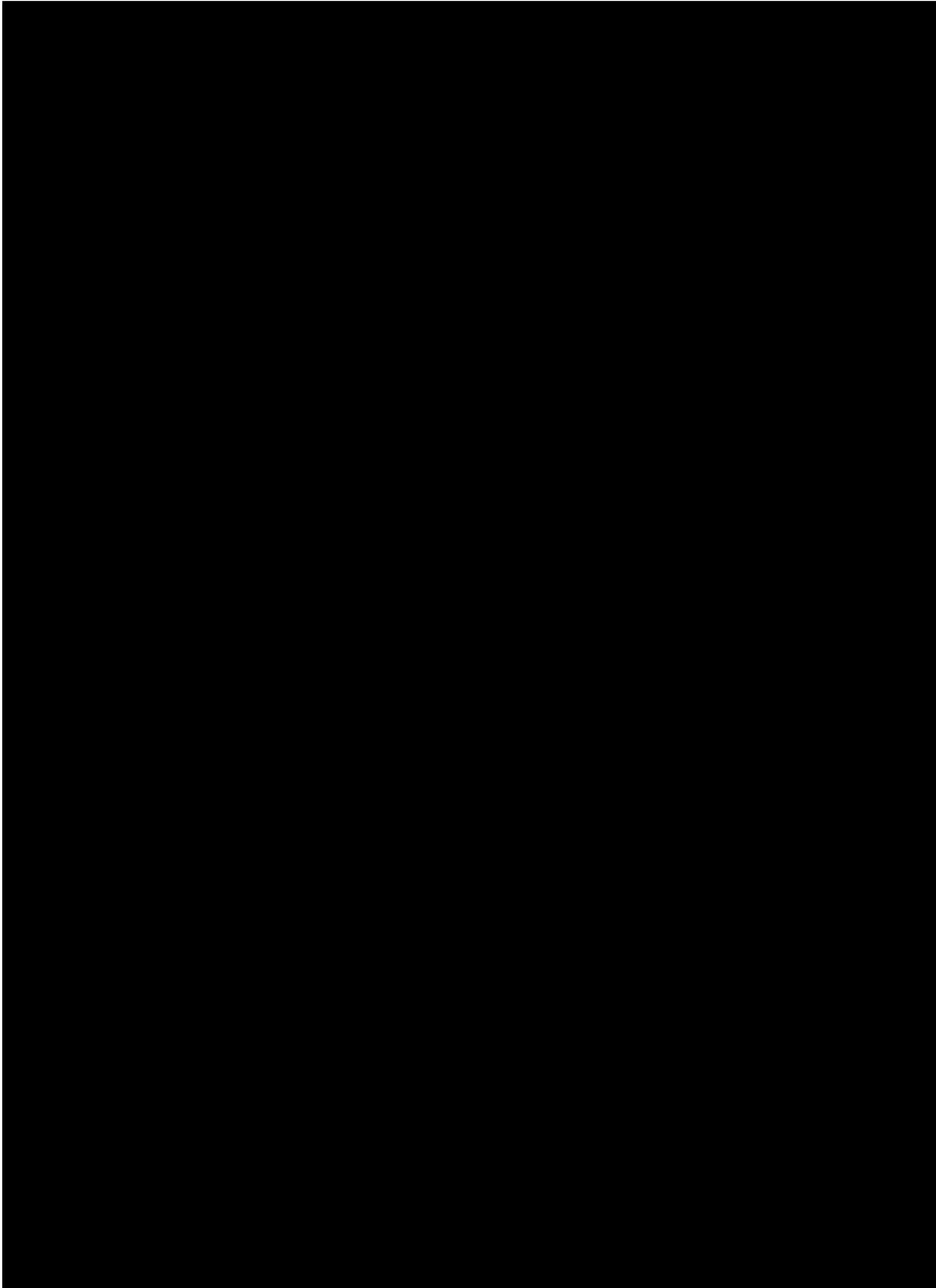


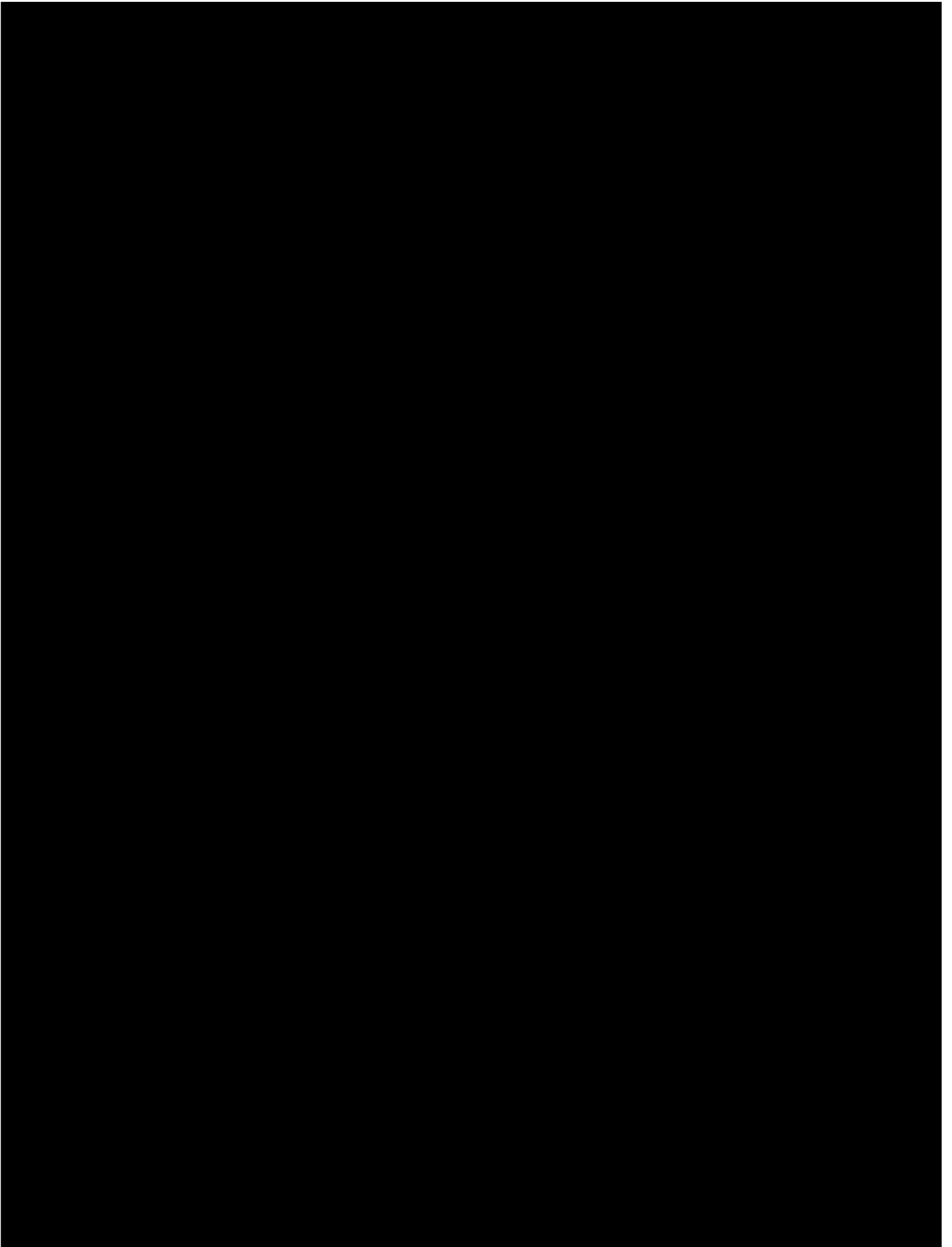




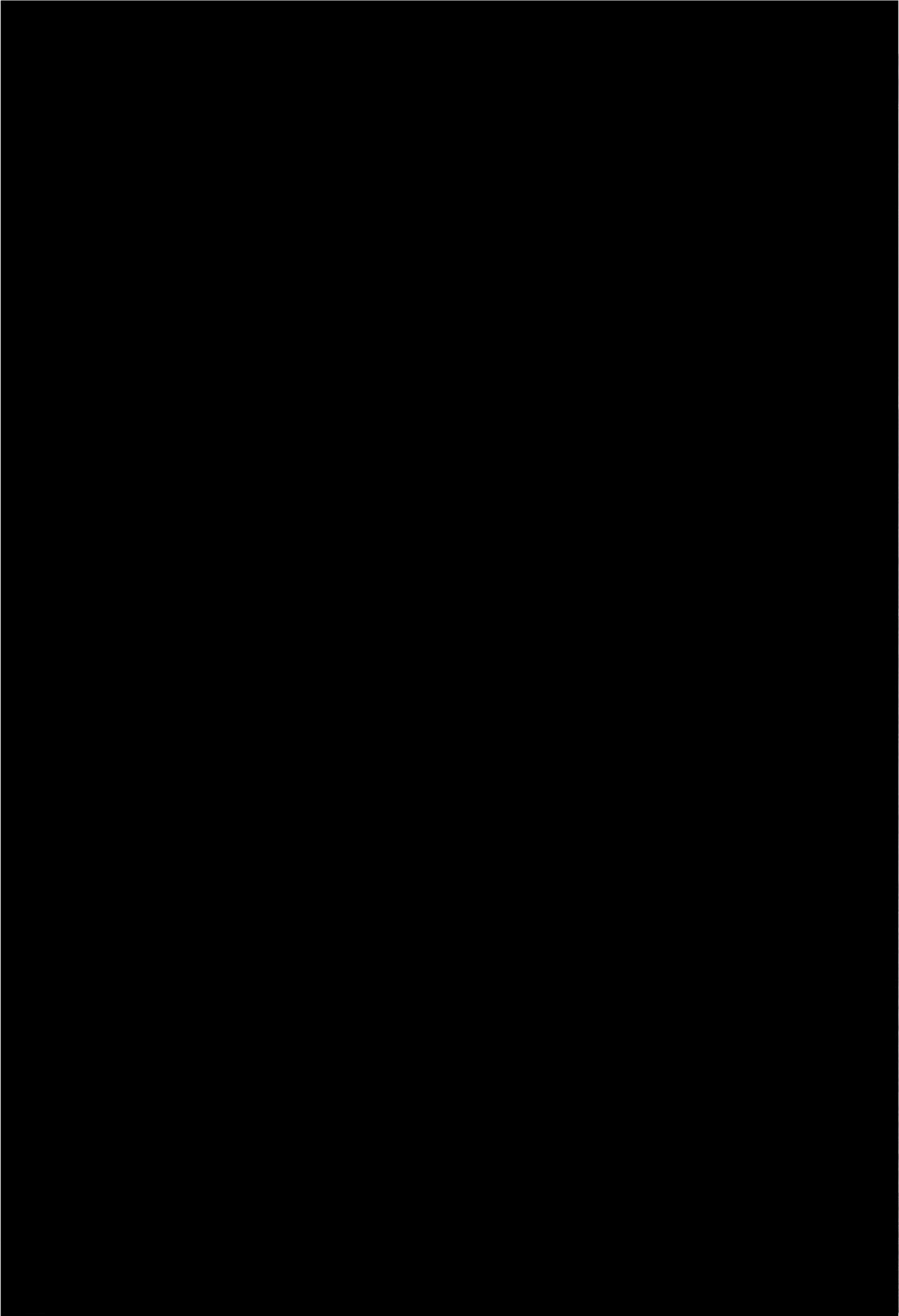


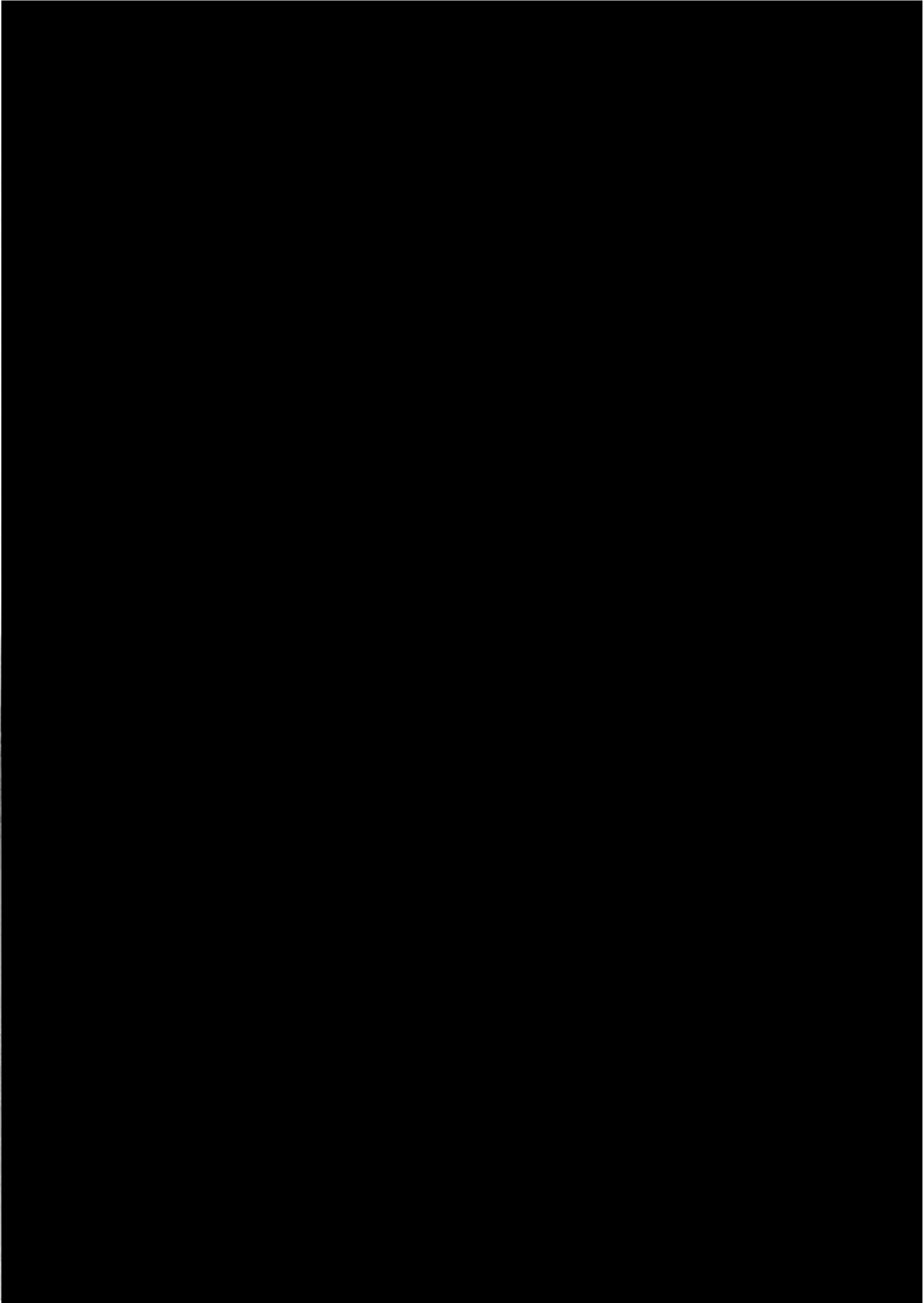














## Out of Session

### Agenda Item 3.4: Statement of ACT Health Culture

#### Recommendation:

It is recommended that the Committee:

- *Approve* the proposed process for organisational-wide consultation to develop the Statement of ACT Health Culture.

#### 1. Background

At the 19 July 2016 Clinical Culture Committee (CCC) meeting, members decided that the development of the Statement of Desired Culture (one of the recommendations from the KPMG Review), now referred to as the Statement of ACT Health Culture, is to be extended beyond doctors to include application to and consultation with all ACT Health staff.

The focus groups for doctors commenced on 4 July 2016 and sessions are being held until mid-August. Promotion of the work was provided by clinical leaders, announcements at Grand Rounds and a flyer aimed specifically at Junior Medical Officers publicising eight meetings. The consultation has engaged with senior and junior medical officers and timelines have been met. Feedback was given to all participants who attended focus sessions.

Further work with doctors was scheduled as follows:

*August 2016:* on-line dissemination of a draft Statement to all medical staff

*September 2016:* finalisation and endorsement of the Statement and then publication.

Given the consultation process is now to be widened, the above activities will not proceed as originally planned.

#### 2. Recommended process for wider consultation

A recommended process for wider consultation with staff across ACT Health is as follows:

##### **Phase 1: September – November 2016**

- Early September 2016: Organisational Development staff attend DDG/Executive Director meetings to brief executives and professional leads on the purpose of this work and seek assistance in coordinating divisional representation at focus groups and promoting consultation.
- Early September 2016: Organisational Development and Government and Communications collaborate on a marketing campaign to support the work.



## Clinical Culture Committee

- Mid-September to end November 2016: Divisional/Branch focus groups are conducted by Organisational Development staff, with approximately 10% of the ACT Health workforce having an opportunity to attend in person. This means approximately 30 focus groups (1 hour each with 25 staff) will be conducted – the number of focus groups per division/branch will be based on proportional headcount.
  - Executive Directors and their staff along with the relevant professional leads will be responsible for coordinating a representative mix of staff from their various professional groups and from junior to senior levels within their division/branch.
  - Two “open” focus groups will be made available to staff not selected to attend the division/branch focus groups – this provides further opportunity for staff consultation and sends a message of inclusivity.

### ***Phase 2: December 2016***

- Organisational Development collate material from all focus groups and draft a Statement.
- Clinical Culture Committee meeting to discuss, revise and endorse a draft Statement to be used to obtain staff feedback.

### ***Phase 3: January – February 2017***

- Organisational Development make the final draft of the Statement available to all staff for online feedback.

### ***Phase 3: March 2017***

- Organisational Development collate online feedback and recommend changes (if any) to the Clinical Culture Committee for final endorsement.

### ***Phase 4: March 2017***

- Organisational Development and Government and Communications collaborate on a launch of the Statement and associated materials (such as posters, intranet, within employment documents).

### ***Advantages***

The process outlined above provides for meaningful, representative consultation. This is crucial given the nature of this Statement and its importance as an engagement/culture improvement tool. The consultation process will also serve to refresh staff engagement with ACT Health’s Values (as they are a key starting point for the focus group discussions) and further raise awareness of appropriate and inappropriate workplace behaviours.

### ***Disadvantages***

This will require a redirection of resources from within Organisational Development and from Government and Communications. It also means a longer timeline for completion than when it was originally conceived as medical-only work.



## ACT HEALTH CLINICAL CULTURE COMMITTEE

### TERMS OF REFERENCE

---

#### 1. Context

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

#### 2. Purpose

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

#### 3. Scope

The CCC will:

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





- 3.6 Review the effectiveness of existing governance mechanisms relevant to responding to complaints of bullying, discrimination or harassment.
- 3.7 Develop, endorse and oversight initiatives established to improve the leadership, cultural and professional environment within medical training programs in ACT Health.
- 3.8 Provide a platform for engaging with strategic partners and the governance of shared initiatives.
- 3.9 Develop linkages and agreements with partners and education providers to:
- i) confirm that the cultural environment is consistent with the expectations of external partners; and
  - ii) foster sharing of expertise and information relevant to improving culture within medical training programs within ACT Health.
- 3.10 Receive feedback from medical trainees regarding relevant matters pertaining to culture within ACT Health.

#### 4. Outputs

- 4.1 The CCC will develop an action plan addressing:
- o findings from the Review of the Training Culture Report (September 2015);
  - o findings and recommendations of the Royal Australasian College of Surgeons Expert Advisory Group Report on discrimination, bullying and sexual harassment; and
  - o other issues relevant to the prevention of inappropriate behaviour within ACT Health.
- 4.2 The CCC will provide 6 monthly reports to the Minister for Health on the progress against each action item as well as progress against other identified pieces of work.

#### 5. Membership

The CCC membership is:

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



**ACT**  
Government  
Health

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

**6. Sub-Committees**

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

**7. Chair**

The Chair will be the Director-General.

**8. Secretariat**

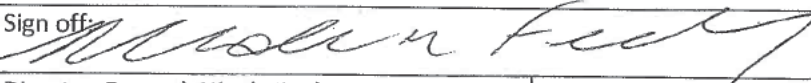
Secretariat functions will be provided by ACT Health.

**9. Meeting Frequency**

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

**10. Terms of Reference Review**

Terms of Reference and membership will be reviewed annually.

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

<b>CLINICAL CULTURE COMMITTEE – MEETING NO.8</b>
--

<b>Date:</b>	<b>Thursday 22<sup>nd</sup> September 2016</b>
<b>Time:</b>	<b>6.00pm – 7.00pm</b>
<b>Location:</b>	<b>Meeting Room 2, Building 24, Canberra Hospital</b>

**ATTENDEES**

<b>Name</b>	<b>Position</b>
Ms Nicole Feely	Director-General, ACT Health (Chair)
Professor Walter Abhayaratna	Member, Clinical Director, Medicine, ACT Health
Dr Eleni Baird-Gunning	Member, Surgical Registrar, ACT Health
Dr David Blythe	Member, A/g Director Medical Services, ACT Health
Dr Tom Lea-Henry	Member, Medical Registrar, ACT Health
Prof Klaus-Martin Schulte	Member, Professor of Surgery, ACT Health
Mr Ian Thompson	Member, Deputy Director-General, Canberra Hospital and Health Services (CHHS), ACT Health
	Member, ██████████ Calvary Hospital
Ms Christina Wilkinson	Member, Chief Medical Administrator, ACT Health
Ms Bronwen Overton-Clarke	Observer, Public Sector Standards Commissioner and Deputy Director-General, Workforce Capability and Governance, Chief Minister, Treasury and Economic Development Directorate
Ms Yu-Lan Chan	Observer, A/g Executive Director, People & Culture (P&C), ACT Health
Mr Ric Taylor	Guest, Senior Manager, Organisational Development, P&C, ACT Health
Ms Elizabeth Tobler	Guest, Director, Government and Communications, ACT Health
Ms Navi Kalsi	Secretariat



## AGENDA

---

### 1. ATTENDANCE AND APOLOGIES

*Apologies:* Prof Imogen Mitchell, Ms Veronica Croome, Adjunct Prof Marg McLeod, Dr Denise Riordan and Dr Brian Ashman.

### 2. MINUTES AND ACTIONS ARISING FROM PREVIOUS MEETING JULY 2016

### 3. AGENDA ITEMS

Time (pm)	Agenda No.	Topic	Lead
6.00	1	Attendance and apologies	Chair
6.02	2	Minutes and Actions Arising from previous meeting	Chair
6.05	3.1	Report on applicable lessons from high performing cultures in other healthcare organisations and within ACT Health (Recommendation 1)	Mr Ric Taylor, Senior Manager, Organisational Development, P&C, ACT Health
6.15	3.2	Systems for reporting complaints of disrespectful behaviours (Recommendation 6)	Mr Ric Taylor, Senior Manager, Organisational Development, P&C, ACT Health
6.25	3.3	Senior Doctor Leadership Program (Recommendation 5)	Mr Ric Taylor, Senior Manager, Organisational Development, P&C, ACT Health
6.35	3.4	CCC Communications (Recommendation 3)	Ms Elizabeth Tobler, Director, Government and Communications, ACT Health
6.45	3.5	Reviewing Terms of Reference	Chair
6.55	4	Other Business	Chair
7.00	5	Next meeting: Tuesday 25 <sup>th</sup> October 2016 6:00 – 7:00pm	Chair

## 4. KPMG REFERENCE TABLE

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.



## ANNOTATED AGENDA FOR CHAIR

### CLINICAL CULTURE COMMITTEE – MEETING NO.8

<b>Date:</b>	Thursday 22 <sup>nd</sup> September 2016
<b>Time:</b>	6:00pm – 7:00pm
<b>Location:</b>	Meeting Room 2, Building 24, Canberra Hospital

#### ATTENDEES

Name	Position
Ms Nicole Feely	Director-General, ACT Health (Chair)
Professor Walter Abhayaratna	Member, Clinical Director, Medicine, ACT Health
Dr Eleni Baird-Gunning	Member, Surgical Registrar, ACT Health
Dr David Blythe	Member, A/g Director Medical Services, ACT Health
Dr Tom Lea-Henry	Member, Medical Registrar, ACT Health
Prof Klaus-Martin Schulte	Member, Professor of Surgery, ACT Health
Mr Ian Thompson	Member, Deputy Director-General, Canberra Hospital and Health Services (CHHS), ACT Health
[REDACTED]	Member, [REDACTED], Calvary Hospital
Ms Christina Wilkinson	Member, Chief Medical Administrator, ACT Health
Ms Bronwen Overton-Clarke	Observer, Public Sector Standards Commissioner and Deputy Director-General, Workforce Capability and Governance, Chief Minister, Treasury and Economic Development Directorate
Ms Yu-Lan Chan	Observer, A/g Executive Director, People & Culture (P&C), ACT Health
Mr Ric Taylor	Guest, Senior Manager, Organisational Development, P&C, ACT Health
Ms Elizabeth Tobler	Guest, Director, Government and Communications, ACT Health
Ms Navi Kalsi	Secretariat

Time (pm)	Agenda No.	Topic	Lead
6.00	1	<p><b>Attendance and apologies</b></p> <ul style="list-style-type: none"> <li>Apologies: Prof Imogen Mitchell, Ms Veronica Croome, Adjunct Prof Marg McLeod, Dr Denise Riordan and Dr Brian Ashman</li> </ul>	Chair
6.02	2	<p><b>Minutes and Actions Arising from previous meeting</b></p> <ul style="list-style-type: none"> <li>Action items are listed with responsibility allocated. The responsible parties can be asked to provide an update at the meeting.</li> </ul> <p><b>Talking Points – Out of Session Paper:</b></p> <ul style="list-style-type: none"> <li>As the August meeting was cancelled due to the large number of apologies, an out of session paper was circulated seeking approval for an expanded consultation process to develop the Statement of ACT Health Culture.</li> <li>This expanded process is needed as a result of the Committee determining that the Statement will be organisation-wide. Consultation will be complete in March 2017 with a final draft Statement presented for the CCC's endorsement, and launch in April 2017.</li> <li>Thank you to the two Members who provided comments.</li> </ul>	Chair
6.05	3.1	<p><b>Report on applicable lessons from high performing cultures in other healthcare organisations and within ACT Health (Recommendation 1)</b></p> <ul style="list-style-type: none"> <li>Mr Ric Taylor has visited a number of other healthcare organisations with high performing cultures to identify applicable strategies and initiatives, and his team has done the same with ACT Health teams that performed highly in the last culture survey. Findings to date will be presented.</li> </ul>	Mr Ric Taylor, Senior Manager, Organisational Development, P&C, ACT Health
6.15	3.2	<p><b>Systems for reporting complaints of disrespectful behaviours (Recommendation 6)</b></p> <ul style="list-style-type: none"> <li>Systems in NSW Health and Royal Melbourne Hospital have been investigated – key findings will be presented and possible next steps.</li> </ul>	Mr Ric Taylor, Senior Manager, Organisational Development, P&C, ACT Health
6.25	3.3	<p><b>Senior Doctor Leadership Program (Recommendation 5)</b></p> <ul style="list-style-type: none"> <li>A verbal update covering issues arising from Day 1 of the program, including “lack of time” cited by many participants as a barrier to having corrective conversations.</li> </ul>	Mr Ric Taylor, Senior Manager, Organisational Development, P&C, ACT Health
6.35	3.4	<p><b>CCC Communications (Recommendation 3)</b></p> <ul style="list-style-type: none"> <li>A verbal update covering the CCC Communications Strategy.</li> </ul>	Ms Elizabeth Tobler, Director, Government and Communications, ACT Health



6.45	3.5	<b>Reviewing Terms of Reference</b> <ul style="list-style-type: none"> <li>At the previous meeting, a member asked whether the Committee's Terms of Reference should be reviewed.</li> <li>The Committee was established in October 2015, it is suggested that a review be considered after the Committee has been in operation for 12 months at least.</li> </ul>	Chair
6.55	4	<b>Other Business</b>	Chair
7.00	5	<b>Next meeting: Tuesday 25<sup>th</sup> October 2016 6:00 – 7:00pm</b>	Chair

#### KPMG RECOMMENDATIONS REFERENCE TABLE

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.

## Clinical Culture Committee – Tuesday 19th July 2016

### MEETING MINUTES

Name	Position	Attendance
Ms Nicole Feely	Director-General, ACT Health (Chair)	✓
Prof Walter Abhayaratna	Member, Clinical Director, Medicine, ACT Health	✓
Dr Brian Ashman	Member, Clinical Director, Surgery, ACT Health	✓
Dr Eleni Baird-Gunning	Member, Surgical Registrar, ACT Health	✓
Dr David Blythe	Member, A/g Director Medical Services, ACT Health	✓
Ms Veronica Croome	Member, Chief Nurse, ACT Health	✓
██████████	Member, ██████████ ANU Medical School	✓
Dr Tom Lea-Henry	Member, Medical Registrar, ACT Health	✓
Dr Denise Riordan	Member, Clinical Director, Child and Adolescent Mental Health Services, ACT Health	✓
Prof Klaus-Martin Schulte	Member, Professor of Surgery, ACT Health	Apology
Mr Ian Thompson	Member, Deputy Director-General, Canberra Hospital and Health Services (CHHS), ACT Health	✓
██████████	Member, ██████████ Calvary Hospital	Apology
Ms Christina Wilkinson	Member, Chief Medical Administrator, ACT Health	✓
Ms Bronwen Overton-Clarke	Observer, Commissioner for Public Administration and Deputy Director-General and Workforce Capability and Governance, Chief Minister, Treasury and Economic Development Directorate	Apology
Ms Yu-Lan Chan	Observer, A/g Executive Director, People Strategy and Service (PSS), ACT Health	✓
Mr Ric Taylor	Guest, Senior Manager, PSS, ACT Health	Apology
Ms Nancy King	Guest, Manager, Culture and Wellbeing, PSS, ACT Health	✓
Ms Flavia D'Ambrosio	Guest, Manager, Leadership and Management, PSS, ACT Health	✓
Ms Elizabeth Tobler	Guest, Director, Government and Communications, ACT Health	✓
Ms Navi Kalsi	Secretariat	✓

The meeting commenced at 6:00pm and concluded at 6:50pm, with Nicole Feely as Chair.

## 1. Attendance and apologies

Apologies were noted from: Prof Klaus-Martin Schulte, [REDACTED], Ms Bronwen Overton-Clarke and Mr Ric Taylor.

## 2. Confirmation of minutes from the previous meeting

Members endorsed the minutes of the previous meeting held on Tuesday 21 June 2016.

## 3. Medical Culture Action Plan Progress

### 3.1 Senior Doctor Leadership Program (Recommendation 5)

Ms Flavia D'Ambrosio presented an update on the Senior Doctor Leadership Program. On 14 June 2016, 62 participants received an invitation from the Director-General to participate. The response rate for attendance was discussed, with some doctors not attending the compulsory program due to clinics, travel and leave. Members agreed that attending the program should take precedence over a clinic and that alternate staffing arrangements should be made for a clinic that clashes with the program.

**Action:** Ms Flavia D'Ambrosio to provide a list of non-attending doctors to Mr Ian Thompson and Dr David Blythe who will discuss with those doctors.

### 3.2 Statement of Desired Culture: Our Culture in ACT Health (Recommendation 2)

Ms Nancy King presented an overview of the progress in developing the Statement of Desired Culture, reporting that she has held several focus groups with a total of 50 doctors, with a total of 24 meetings arranged through to the end of August. A concerted effort is being made to engage with Junior Medical Doctors (JMOs) with 8 meetings planned in early-mid August specifically for JMOs. Overall, the focus sessions have been positive with participants showing an interest in the work of the CCC. Key behavioural themes emerging in focus groups are respect, improved collaboration between teams and communications.

Members discussed the purpose of the Statement of Desired Culture and whether it is aimed at medical staff only or across ACT Health. They also discussed a title for the Statement with one member suggesting "We Respect our People."

Related discussion included: how to communicate the work of the CCC, managers' understanding of the processes to deal with inappropriate behaviours and JMOs perceptions about doctor behaviour. Members discussed ways to overcome staff perceptions that no action is taken following the reporting of inappropriate behaviour, including consideration of a de-identified corporate governance report.

Members *noted* that:

- development of the Statement of Desired Culture will take longer due to the need to consult with non-medical staff now that they are included in the scope of the Statement,



- messaging about development of the Statement of Desired Culture could include that medical staff were leading the way.

Members **agreed** that:

- The Statement of Desired Culture should apply to all ACT Health staff, not just medical staff;
- The Statement of Desired Culture will be signed by staff at time of commencement with ACT Health;
- The Statement of Desired Culture is to form part of the employment contract including when contracts are renewed; and
- The Statement of Desired culture will also form part of the staff performance review process.

**Actions:**

- Members to provide out of session comments about the format and the title of the Statement of Desired Culture to the Secretariat
- Ms Yu-Lan Chan to explore how to better support managers in managing complaints and underperformance
- Ms Christina Wilkinson to arrange for Ms Nicole Feely and Mr Ian Thompson to visit JMOs sessions (e.g. JMO forum) to talk about the importance of culture and behaviour, and
- Dr David Blythe to provide an example of a de-identified corporate governance report to Ms Yu-Lan Chan.

### 3.3 Communications Strategy (Recommendation 3)

The Chair welcomed the new Director of Government and Communications, Ms Elizabeth Tobler, to the meeting.

**Action:** Members to discuss the Communications Strategy at the August meeting.

### 4. Report for the Minister for Health

A draft of the first report for the Minister for Health was provided to the meeting.

**Action:** Members to provide comments on the draft report.

### 5. Other Business

Nil.

### Next meeting

Tuesday 16 August 2016, 6:00 – 7:00pm



### Actions Arising Register

Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
1.	March 2016	1	Investigate a range of pulse survey tools to effectively monitor culture in medical workforce and track impact of culture improvement initiatives	A range of tools available. Three Culture Index tools have been identified. Seeking clarification from providers. Will report to June meeting on selected Culture Index Tool	Organisational Development	Closed
2.	March 2016	2	Revise process for formulating Statement of Desired Culture	Revised process accepted at 31 May 2016 meeting	Organisational Development	Closed
3.	March 2016	3	Build a communications campaign using a variety of channels that promotes positive statements about behaviour, continues to raise awareness about inappropriate behaviours, and provides clarity about resolution processes and support	Communications Strategy drafted and being revised for presentation to June meeting	Communications and Marketing	Closed
4.	March 2016	4	Adjust reward and performance measures for leaders to reflect desired leadership behaviours and capabilities	Included in Medical Culture Action Plan	Organisational Development	Closed
5.	May 2016	All	Explore opportunities for enhanced linkages between the ANU and ACT Health performance development plans for ACT Health staff undertaking work at ANU		Organisational Development	Open
6.	May 2016	All	██████████ to provide copy of performance plan template to Mr Ian Thompson		██████████	Closed
7.	May 2016	6	Discuss issues in regards to sharing information on staff in relation to bullying and harassment	Meeting with RACS held 20 June 2016. GSO advice requested.	Mr Ian Thompson and Ms Liesl Centenera	Open

Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
8.	May 2016	6	Explore The Royal Melbourne Hospital's use of an anti-bullying systems in relation to item 6.3 on the Medical Culture Action Plan	Due CCC September meeting.	Organisational Development	Open
9.	May 2016	2	Circulate to members a copy of the NSW Health draft Statement of Desired Culture	NSW Health draft <i>Statement of Agreed Principles</i> is not available for circulation until endorsed, expected early July 2016. July update: Not endorsed yet, so unavailable for the July meeting.	Secretariat	Open
10.	May 2016	2	Circulate to members a copy of the Medical Board of Australia and CanMEDS Code of Conduct	Circulated to Members	Secretariat	Closed
11.	May 2016	2	Circulate to members a copy of the ACT Public Service Code of Conduct	Circulated to Members	Secretariat	Closed
12.	May 2016	2	Committee members provide feedback and ideas on the formulation of a Statement of Desired Culture on the template provided to Ms Nancy King by Tuesday 7 June 2016	Only 2 responses received. Deadline was extended to 30 June 2016 at the CCC meeting of 21 June 2016	All Committee members	Closed
13.	May 2016	5	Committee members to review the list of participants for the Senior Doctor Leadership Program and provide any amendments or recommendations to Ms Flavia D'Ambrosio by Friday 3 June 2016	Invitations sent by Director-General 14/06/16	All Committee members	Closed
14.	May 2016	5	Invite Calvary to participate in the Senior Doctor Leadership Program	One nomination received	Organisational Development	Closed
15.	June 2016	2	Committee members provide feedback and ideas on the formulation of a Statement of Desired Culture to Ms Nancy King by 30 June 2016	5 Committee members have contributed.	All Committee members	Closed

Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
16.	June 2016	3	Comments on draft Communications Strategy to Ms Julia Teale by 8 July 2016	No comments were received.	All Committee members	Closed
17.	June 2016	3	Nominate a suitable, respected Patron or Champion to be the face of the Medical Culture Communications Strategy		All Committee members	Open
18.	July 2016	5	Discuss attendance at the compulsory Senior Doctor Leadership Program with those doctors who sent apologies due to their clinic schedules.		Mr Ian Thompson and Dr David Blythe in liaison with Ms Flavia D'Ambrosio.	Open
19.	July 2016	2	Provide out of session comments about the format and the title of the Statement of Desired Culture to the Secretariat.	Comments received from three Members.	All Committee members	Closed
20.	July 2016	2	Explore how to better support managers in managing complaints and underperformance		Ms Yu-Lan Chan	Open
21.	July 2016	2	Arrange for Ms Nicole Feely and Mr Ian Thompson to visit JMOs sessions (e.g. JMO forum) to talk about culture and behaviour		Ms Christina Wilkinson	Open
22.	July 2016	-	Provide comments to the Secretariat on the draft report to the Minister	No comments received.	All Committee members	Closed
23.	July 2016	6	Provide an example of a de-identified corporate governance report to Ms Yu-Lan Chan		Dr David Blythe	Open



## Decision Register

Decision	Meeting Date	KPMG Recommendation	Decision
1	June 2016	1	Revisit Pulse survey options in December 2016.
2	July 2016	3	The Statement of Desired Culture should apply to all ACT Health staff.
3	July 2016	3	The Statement of Desired Culture should be signed by new staff at time of commencement; when contracts are signed and renewed; and the behaviours are part of the staff annual performance review process.



**Agenda Item 3.1: Report on applicable lessons from high performing cultures in other healthcare organisations and within ACT Health**

**Recommendation:**

It is recommended that the Committee:

- Note the factors which help to drive culture improvement in healthcare organisations

**1. Background**

ACT Health is not alone in wanting to improve workplace culture. Most if not all healthcare organisations (and organisations in general) are concerned about culture and take active steps to promote culture improvement. This paper reports back on visits by Ric Taylor (Senior Manager, Organisational Development) to three public healthcare organisations in Australia, as well as a summary of interviews with managers of units within ACT Health whose culture improved significantly between 2012 and 2015. Two of the external healthcare organisations (Princess Alexandra Hospital/Metro South region in Brisbane and Austin Health in Melbourne) were identified via Best Practice Australia, the culture survey provider for ACT Health and for those organisations. The third external organisation (Eastern Health in Melbourne) was identified by leaders at the Princess Alexandra Hospital as being a leader in culture in Australian healthcare.

Practical learning about what works in culture change provides vital information which may further inform and guide the work of the Clinical Culture Committee and more broadly the culture improvements efforts of ACT Health. (ACT Health's culture according to the 2015 survey is shown at Attachment 1 for reference.)

**2. Summaries of external healthcare culture improvement practices**

**2.1 Princess Alexandra Hospital/Metro South region in Brisbane**

Met with a range of key people including:

- [REDACTED] Centre of Nursing Excellence
- [REDACTED] Health Reform, Metro South
- [REDACTED] Organisational Development, Metro South
- [REDACTED] Workforce Services

**Current culture level:** Ambition overall on the BPA engagement measure; Success for Nursing overall

**Key factors contributing to culture improvement:**

- Attaining and maintaining “Magnet” accreditation (one of the few organisations in Australia to have this) has required an ongoing significant focus on culture.
- Engage with Culture Champions who voluntarily opt to be part of a large group of staff across all professions to discuss and promote culture – they have regular “missions” or topics on which to engage.
- The use of values behaviours and promotion of “always” concepts – i.e. “what do we want to always do?”
- Culture Hub is a well resourced and updated intranet site for managers and staff on culture improvement matters (with videos, articles, real stories of culture improvement)
- Retention strategies to retain high performers and potentials include “stay” interviews on a regular basis, rather than waiting for exit surveys to uncover issues
- Focus on doctors especially with health and wellbeing – e.g. developed an app which brings together a range of existing resources, conducting “resilience on the run” sessions for junior doctors, promote results of a doctor’s health survey through Grand Rounds
- Buddy manager process – pairing managers who have strong and weaker culture results to provide learning and support network
- Clarity about what’s required at each level of management in terms of capabilities/ behaviours
- Culture objectives are in every staff member’s performance plan
- Peer review of performance/behaviour is a key strategy at all levels and 360 feedback used for all senior nurses and doctors
- Executive and management rounding is frequently done, maintaining a strong connection to “the floor” and high visibility – now being extended beyond clinical areas to corporate areas
- Annual events bring frontline staff (such as nursing RN1s) into workshops aimed at improvements and capturing ideas

## 2.2 Austin Health, Melbourne

Met with:

- [REDACTED] Human Resources
- [REDACTED] HR Consulting

**Current culture level:** Overall culture of Ambition (using BPA’s engagement measure), up from Consolidation in previous survey

### Key factors contributing to culture improvement:

- Culture Action Plans exist for all areas.
- All actions flowing from the survey are clearly branded so that staff know the results are being used.
- Results of divisions are shared across the executive group so there is transparency and a “no blame”/accountability culture at the executive level.





## Clinical Culture Committee

- Seen most movement in getting the “swinging voter” category into “engaged”.
- Worked individually with each of the 18 blame/blame + units.
- Have included a focus on lifting the response rate – most recent survey was 63%.
- Executive and senior leadership rounding and visibility.
- Senior medical leadership program included exploring and clarifying the role of medical leaders
- Bullying issues with doctors – investigations showed the majority of issues were registrars bullying interns rather than senior doctors being the issue
- Included a wellbeing program for doctors – picked up on “First aid for doctors” program at Monash Health. This includes weaving culture and wellbeing content into clinical training and forums, not as separate stand alone initiatives.
- Balance of programs and workshops are about promoting positive workplaces not addressing negative.
- Managing change – developed a framework, a toolkit and just-in-time training for teams about to experience significant change
- Focused on using social media for good news stories
- DG visibly drives culture and role models it
- Culture needs to be integrated with the business of the organisation not separate

### 2.3 Eastern Health, Melbourne

Met with: [REDACTED] Human Resources & Communications

**Current culture level:** Highly positive (measured by Victorian Government People Matter Survey) and won Premier’s award 2 years in a row for culture

#### **Key factors contributing to culture improvement:**

- DG visibly and consistently drives culture initiatives, emphasises frontline contact, celebrates every win.
- Balanced scorecard for executive/manager reporting includes a range of people measures aimed at keeping people and culture issues on the radar.
- Values are promoted and instilled at every part of the employee lifecycle. Awards are entirely based on these.
- Address bullying behaviours through training (including mandatory annual training online), promotion and a robust complaints mechanism. Senior leadership team attend a ½ day “Custodians of Culture” workshop which works well.
- Doctors engaged through an effective communications framework led by the DG which includes a variety of forums.
- Trying to work with College of Surgeons to develop a safe reporting culture.
- HR Connect software helps to respond, monitor and report on HR matters and advice to managers.



## Clinical Culture Committee

- Retention strategies include “entry” surveys soon after people start to ensure any initial issues addressed.
- Currently run a monthly staff satisfaction pulse survey in clinical wards (but reviewing this as not sustainable).
- Managing change a particular focus – strong written methodology and all major projects require a Change Impact Statement to be completed as well as change implementation/communication plans.

### 3. Summary of interviews with ACT Health managers

#### 3.1 List of units interviewed

A range of units who had achieved a significant improvement in type of culture were identified through a comparison of the 2012 and 2015 Workplace Culture Survey results. Management teams in those units were then interviewed by Organisational Development staff. The units were as follows:

Unit name	Division
Breastscreen ACT	Cancer, Ambulatory & Community Health Support
E-Health	E-health & clinical records
Psychology	Medicine
Hospital in the Home	Medicine
Respiratory & Sleep Science	Medicine
CAMHS North	Mental Health, Justice Health and Alcohol & Drug Services
CAMHS South	Mental Health, Justice Health and Alcohol & Drug Services
Core Lab & Calvary	Pathology
Molecular/ Cytogenetics/ Microbiology	Pathology
Rehab Occupational Therapy/DARS	Rehabilitation, Aged & Community Care
Allied Health	Rehabilitation, Aged & Community Care
Postnatal Ward	Women, Youth & Children

#### 3.2 Summary of factors contributing to culture improvement

- **Effective communication:** Highly engaged teams placed a lot of emphasis on effective communication practices between and within teams. Managers of these teams often role model good communication with peers. Teams with highly effective communication would conduct frequent team meetings and distribute information about the division with every employee via regular newsletters and/or e-mails.



- **Positive relationships with co-workers:** Teams with high engagement were observed to have meaningful and positive relationships among their co-workers. This was developed by encouraging co-workers to interact and share information, utilising tools and frameworks that helped people understand each other and by addressing conflict with urgency.
- **Supportive relationships with managers:** Managers of highly engaged teams shared positive relationships with their employees. These managers would apply democratic and transformational leadership styles while treating their employees with respect. Often these managers would be first to participate in people management training to help them become better managers.
- **Efficient work processes:** Highly engaged teams were more likely to have work processes that are highly efficient and effective. They actively identify waste and build procedures to improve the way that they do work. These teams also automate non-value and repetitive tasks so that employees are given an opportunity to engage with more challenging work.
- **Focus on people:** Teams with high engagement tended to be attuned to the needs of their employees. These teams were focused on the personal development of each person, created a caring environment and concentrated on building team cohesion.
- **HR practices:** Having reliable and transparent HR practices were also associated with high engagement in teams. Formal procedures for recruitment and selection, and formal ways to address negative behaviours (e.g. bullying and harassment) were important within these teams.
- **Staff autonomy:** Highly engaged teams also enjoyed autonomy and were less likely to be micromanaged by their managers. Employees of these teams had the capacity to lead projects that interested them and were empowered to make decisions regarding their work.
- **Performance management and timely feedback:** Most of the managers that were interviewed indicated that their teams regularly participated in creating performance plans and provided ongoing performance feedback through both formal and informal channels.
- **Recognition of contribution:** Members of highly engaged teams were often recognised for their contribution and achievements. Their effort was publicised at team events and their contribution celebrated.
- **Meaningful work-life balance:** Teams with high engagement tended to have the opportunity to create a balance between work and personal commitments. Their schedules were often planned in a transparent and equitable manner, breaks were encouraged, and they were often able to be flexible with their work time.

#### 4. Conclusion



## Clinical Culture Committee

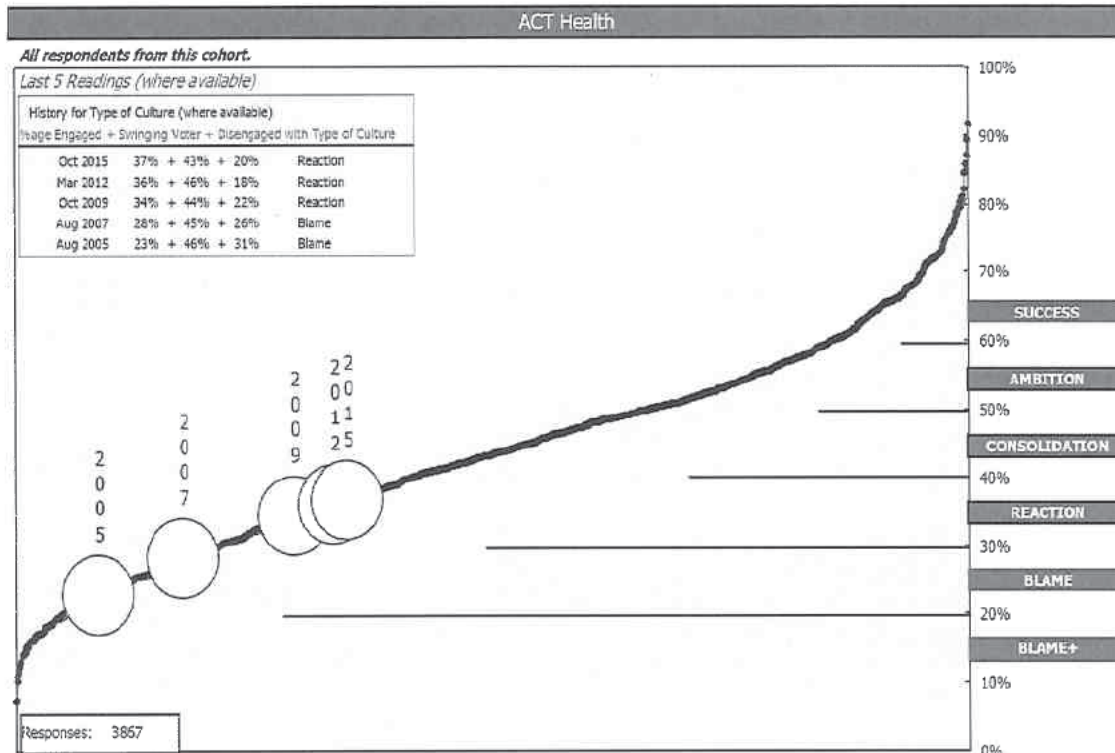
---

As outlined in this paper, there are a wide range of factors and practices which can drive and underpin culture improvement. Some of these will be selected for use within ACT Health's Workplace Culture Action Plan 2016-18 which seeks to drive culture improvement across the organisation. However the Clinical Culture Committee may wish to look more closely at the specifics within this paper to further guide the medical culture improvement activities in general and the actions within specific medical units. This paper and other supporting resources will be made available to all executives, managers and staff on a new intranet site for culture which is under development.



# Clinical Culture Committee

## ATTACHMENT 1: ACT Health culture survey results



SUCCESS	<ul style="list-style-type: none"> <li>Employees are very positive about tackling problems – ‘Can do’ mentality. Very close-knit, very cohesive, very focused.</li> <li>Risk of groupthink and burnout.</li> </ul>
AMBITION	<ul style="list-style-type: none"> <li>Ambitious for new and better ways of moving ahead. “Anything is possible.” Needs a strong fiscal discipline and ability to say ‘no’ to too many projects.</li> </ul>
CONSOLIDATION	<ul style="list-style-type: none"> <li>Pressure to consolidate gains already made. Not a lot of remedial action required. May have high and low end cultures co-existent</li> </ul>
REACTION	<ul style="list-style-type: none"> <li>Lots of organisational repair work – often on the run.</li> <li>A lot of management time is spent putting out fires.</li> </ul>
BLAME	<ul style="list-style-type: none"> <li>Common to hear ‘Communication is poor’, ‘There is no leadership’ or ‘Morale is bad’. ‘Them and Us’ mentality.</li> </ul>
BLAME+	<ul style="list-style-type: none"> <li>The organisation may experience a history of ‘leadership churn’</li> <li>Employees perceive the ship is rudderless and lacks direction.</li> </ul>

## Agenda Item 3.2: Systems for reporting complaints of disrespectful behaviours

### Recommendations:

#### It is recommended that the Committee:

1. Note the potential applicability of the:
  - a. Professional Accountability Programme
  - b. Train the Trainer Programme *Speaking up for Safety Workshop*, and
  - c. NSW Health Anti-Bullying Help Line
2. Decide whether to continue investigations into any or all of these reporting systems with a view to establishing a pilot.

### 1. Professional Accountability Programme

#### 1.1 Background

To improve unprofessional behaviours, the Royal Melbourne Hospital (RMH) launched an online “We Care” system on 31 March 2016, after about 1.5 years’ research and internal consultation on the most effective manner in which an online web-based tool could be used.

The provider was the Cognitive Institute, a Queensland-based consulting group that partners with the Vanderbilt University. Its Promoting Professional Accountability (PPA) Programme is currently running in 70 healthcare facilities across the United States and Canada, and has been adapted to meet the nuances of the Australian healthcare market including human resource management and legal aspects. The work is evidence-based and is in early stages with Australian clients.

#### 1.2 Methodology

The PPA Programme is designed to assist the RMH deal with behaviours that could undermine a culture of safety. The methodology uses ongoing data collection and monitoring to identify individuals who attract repeated reports of unprofessional behaviour. The online system is available to all staff. The model is based on support and early intervention.

- Staff can log on to the site and submit a report of inappropriate behaviour using six fields for details of the complaint<sup>1</sup>. Any type of disrespectful behaviour that undermines a culture of safety can be included in the system. For example:
  - hand washing hygiene

<sup>1</sup> Time and date; name of reporter; name of the person who offended; location; type of incident; and details of the incident.



- not using required clinical tools
  - disrespectful behaviour
  - passive behaviour i.e. not taking responsibility.
- The complaints are reviewed by a triage team of Clinical Leads who decide on the level of accountability and the actions to be taken.
  - The Programme at RMH provides a pyramid of three levels of accountability:
    1. Informal conversation - feedback given by 'peer messengers'
    2. Pattern emerges, repeats of incidents – a coaching conversation is conducted by line manager
    3. Performance management to disciplinary outcomes - for egregious behaviours against policy and law.

### 1.3 Implementation

The Cognitive Institute adopts a three-staged approach to implementation i.e. Commitment, Readiness and Implementation brochure (*see Attachment 1 and 1a*). The Programme can be introduced organisation-wide or in specific areas, e.g. Theatres.

The RMH project manager advised that if implementing again, more pilot testing would be conducted, and especially with particular work groups.

### 1.4 Current Situation

As the RMH have received numerous external enquiries from other health organisations, and on 30 August held a mini-conference for interested parties. To date (30 August 2016) no vexatious complaints have been received. The challenge is for people to trust the system to put in a complaint. The approach is non-punitive, and the language used emphasises “feedback and reflection.”

## 2. Train the Trainer Programme *Speaking up for Safety Workshop*

### 2.1 Background

The RMH implemented the *Speaking up for safety* Cognitive Institute Programme, which is designed to increase the ease and motivation for clinicians to raise patient safety concerns with colleagues through graded assertiveness communication skills training to:

- Achieve culture change within healthcare organisations by increasing the ease and motivation for clinicians to ‘speak up for safety’, and
- Develop insights and skills to respectfully raise issues with colleagues when they are concerned about a patient’s safety.



The Programme develops a more open and honest culture, and helps people into a common language. Speaking up about bullying and harassment could be included.

### Implementation 2.3

To date (30 August) RMH has trained 2,500 people in one-hour sessions and plan to train 6,500 people by March 2017. The program has been well-received. The challenge is how the system gets implemented and reinforced after training. RMH Communications Department is heavily involved in the program, and further reinforcement is provided such as taking five minutes at handover to discuss/simulate.

Currently, RMH use the programme for speaking up on clinical safety matters e.g. medication errors, someone doing something that might harm the patient, and hand hygiene.

A brief outline of the Train the Trainer programme is at *Attachment 2*.

## 3. Anti-Bullying Advice Line

### 3.1 Background

NSW Health has a confidential, state-wide telephone Anti-Bullying Advice Line to all staff to help promote a positive culture with no tolerance for bullying or harassment.

Three part-time advisors are available from 0700-1800 Monday to Friday to provide consistent advice and answer questions about managing bullying complaints.

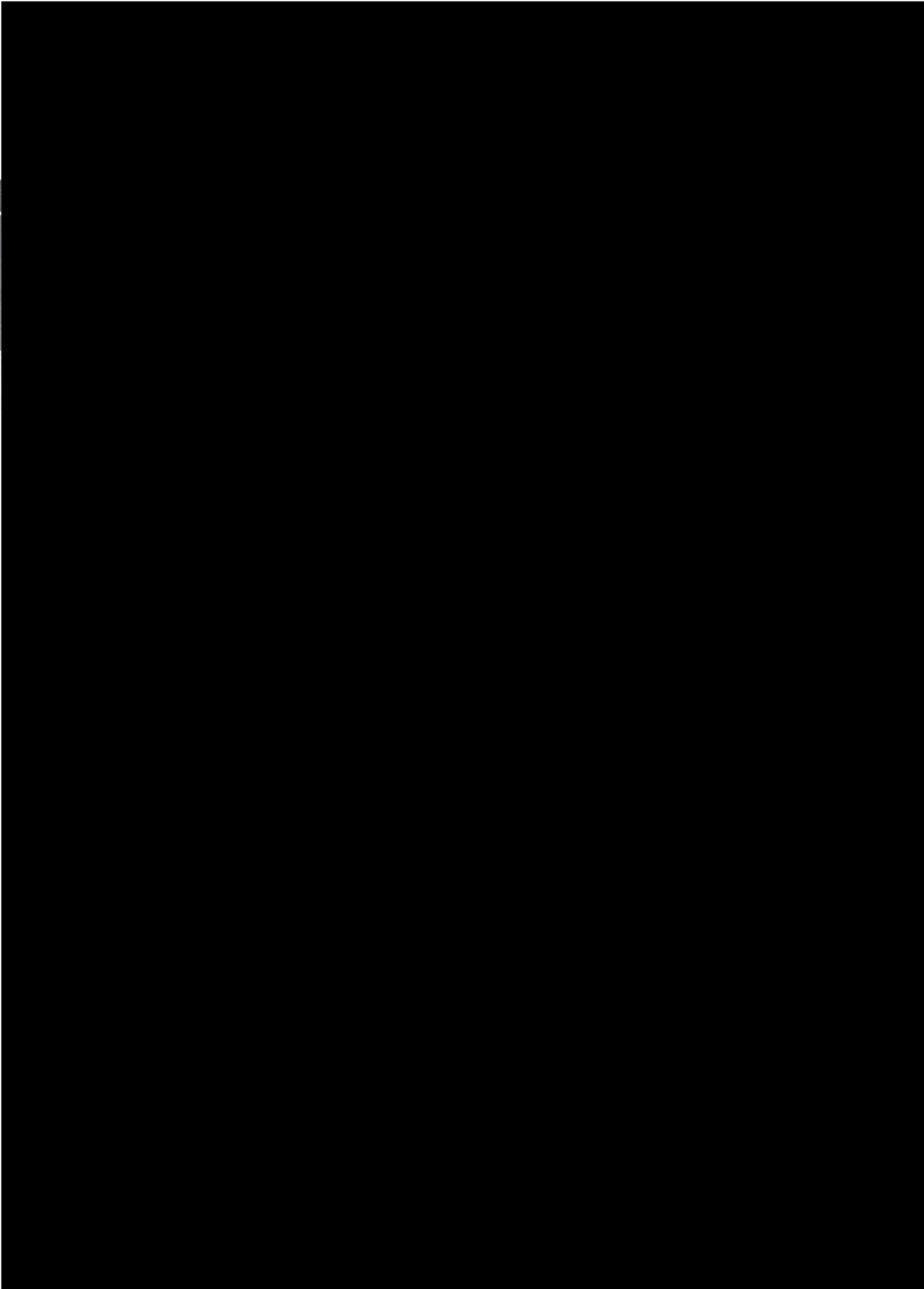
The benefits of an Anti-Bullying Advice Line include access to prompt, consistent advice and assistance to improve confidence and ability of managers and staff to deal with complaints. The Anti-bullying Advice Line is available to clarify what constitutes bullying behaviour, provide information on policies and procedures dealing with bullying and harassment, and advice on the interpretation and application of people management policies or procedures.

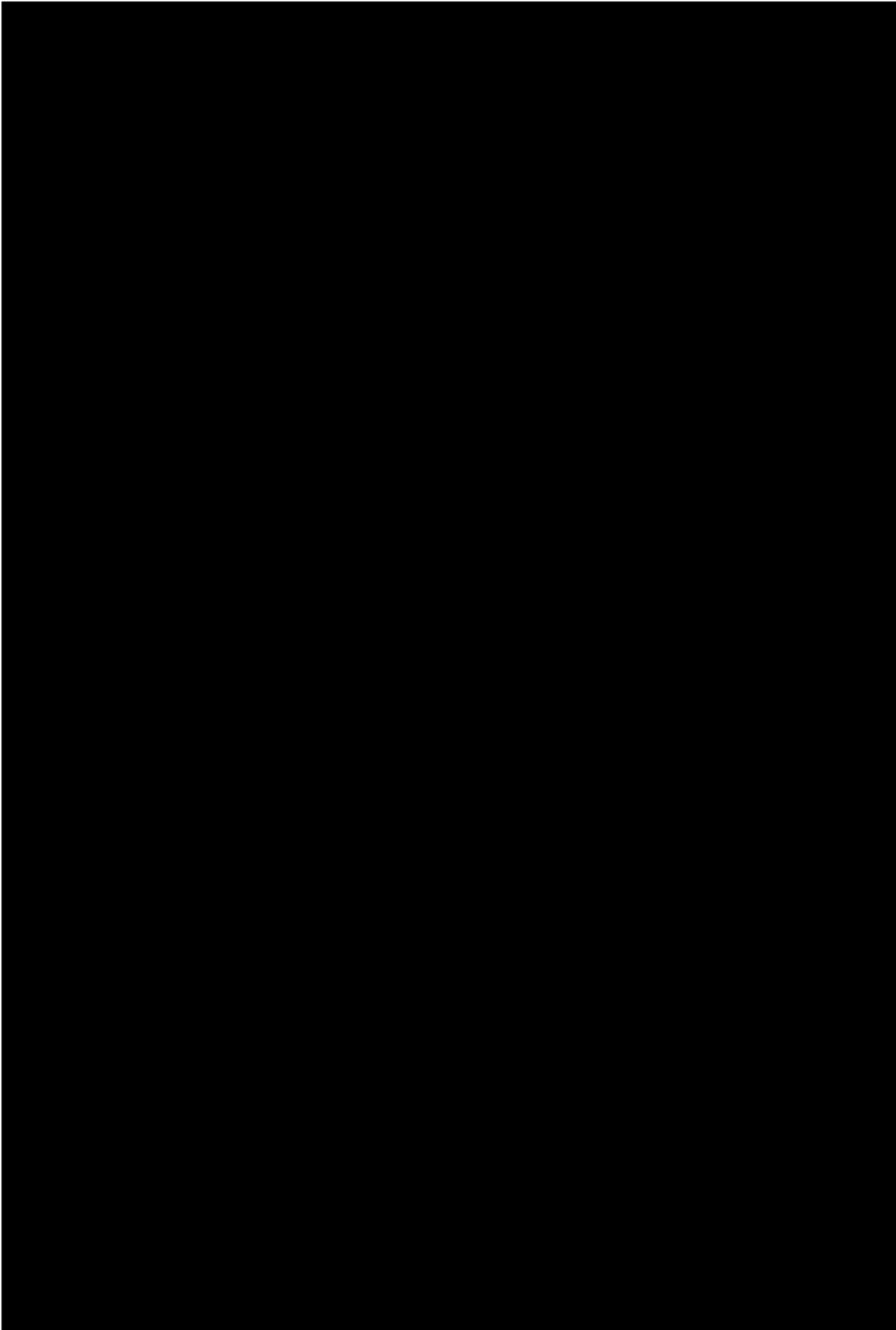
The advisors do not manage complaints or represent staff involved in a complaint. Complainants are referred to their manager or the HR department for direct assistance.

Callers may choose to remain anonymous<sup>2</sup>. The service is publicised on NSW Health website, through workplace posters and leaflets (*see Attachment 3*).

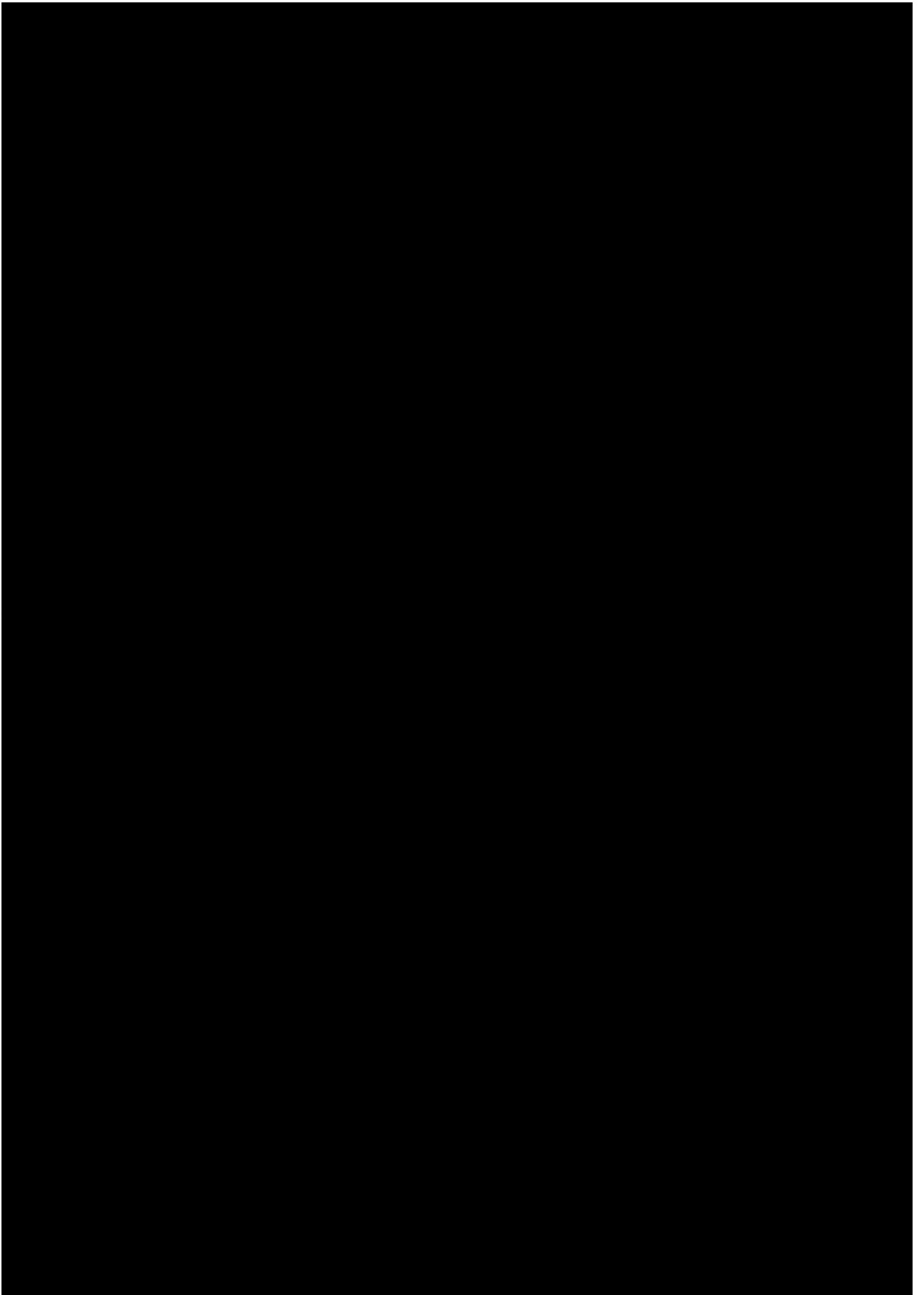
Reporting statistics are confidential to NSW Health.

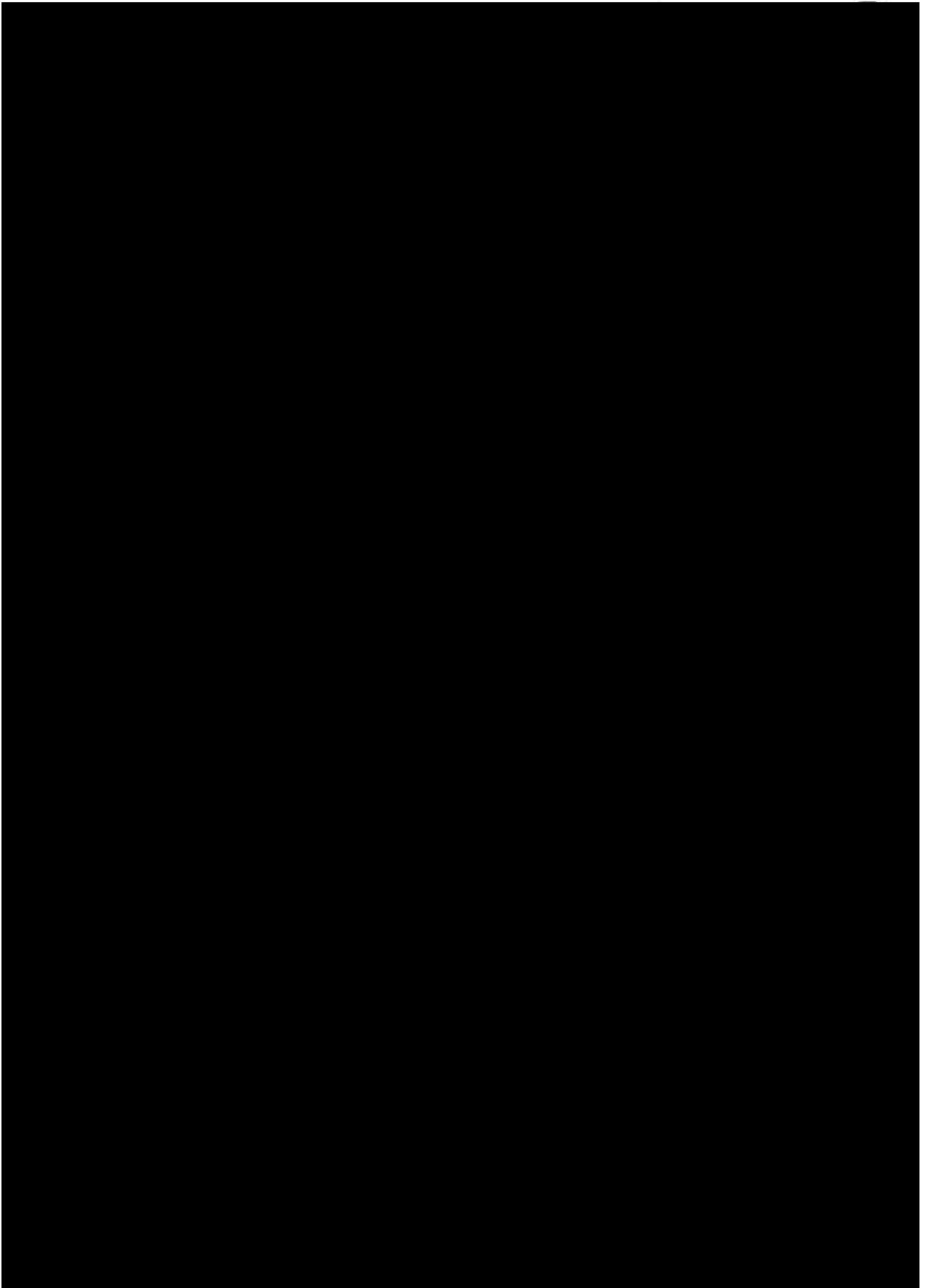
<sup>2</sup> Callers are asked their name; the history of the issue; type of behaviour; who is involved; and the effect the behaviour is having on their work or work colleagues.

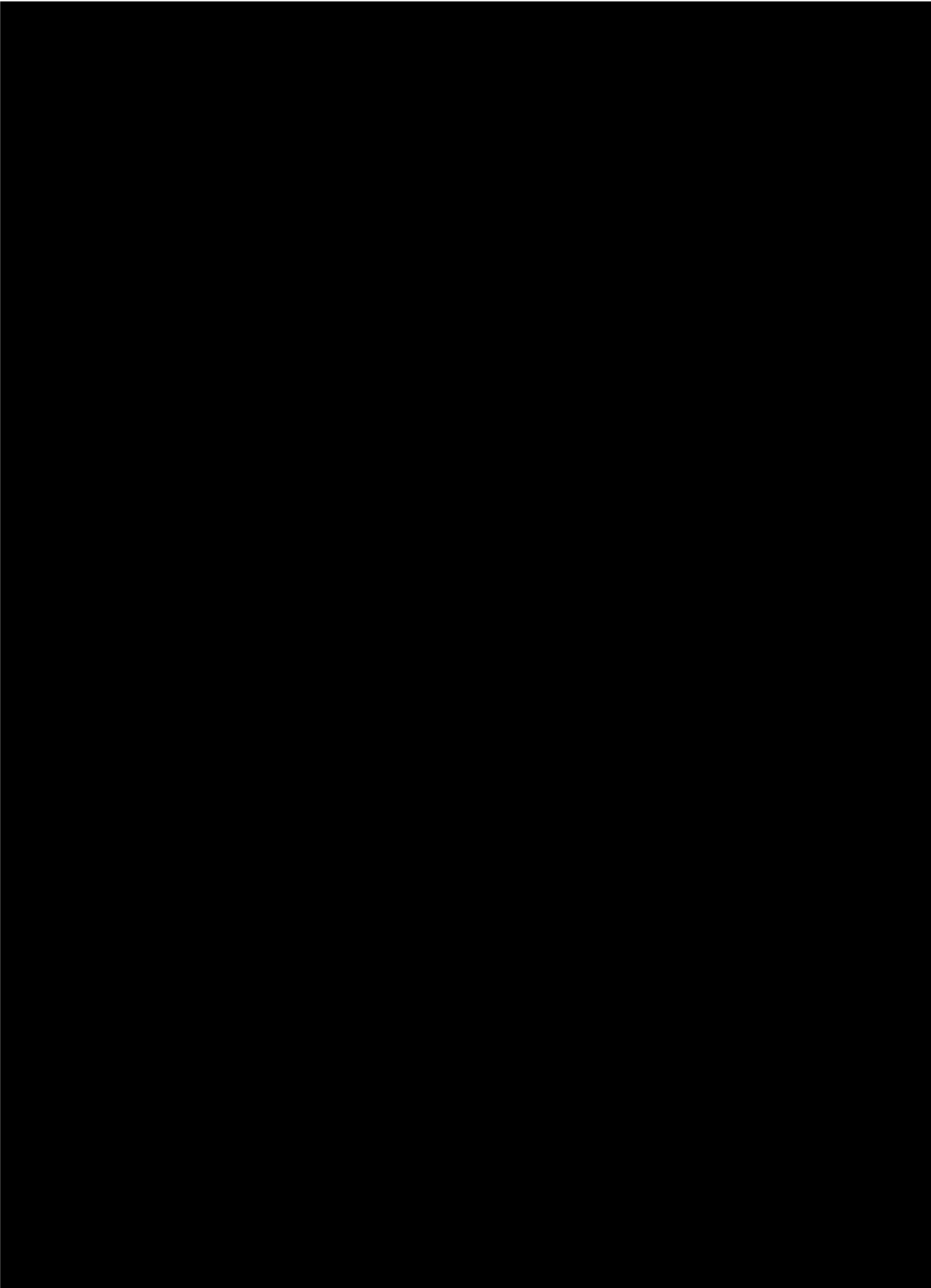


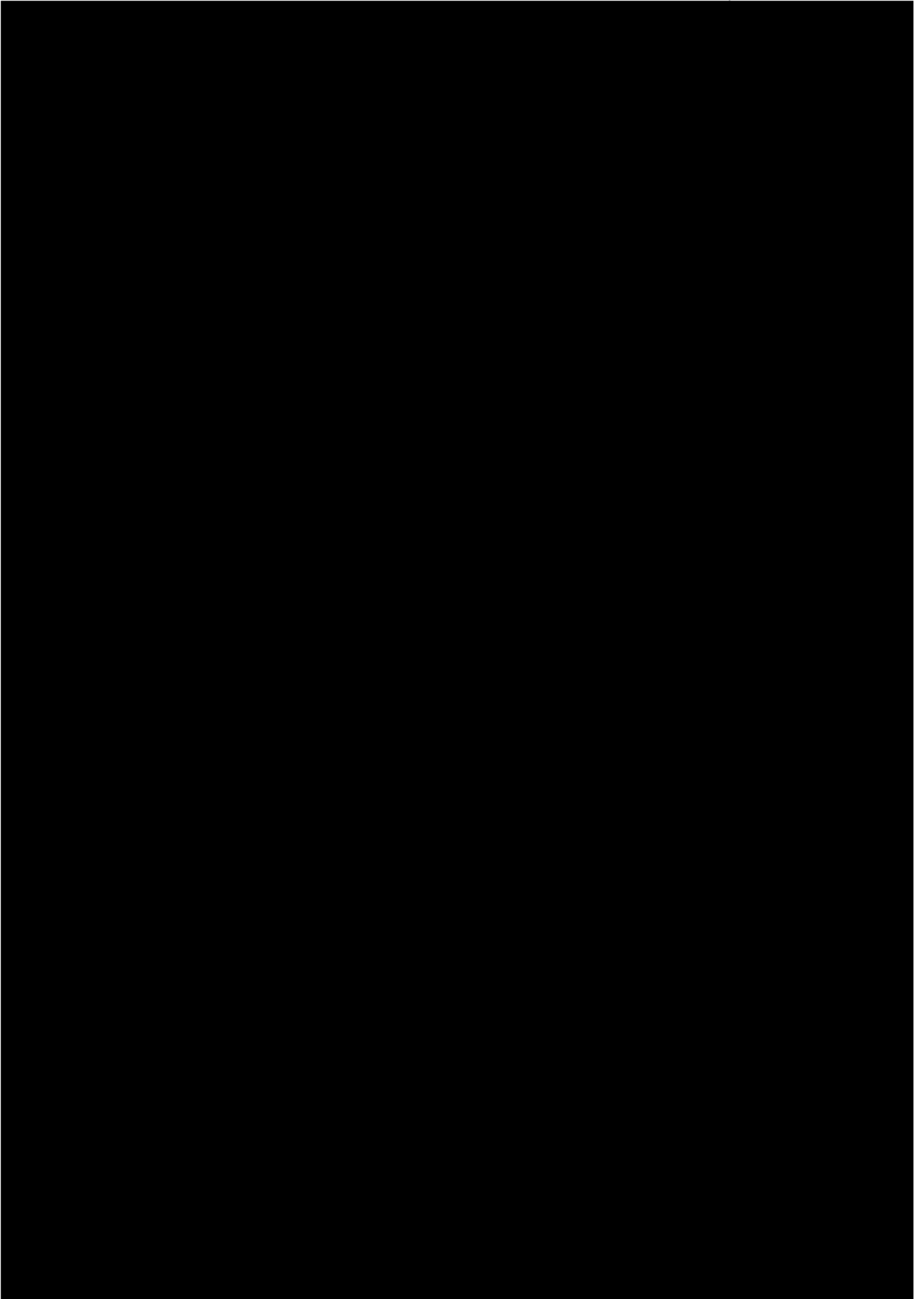


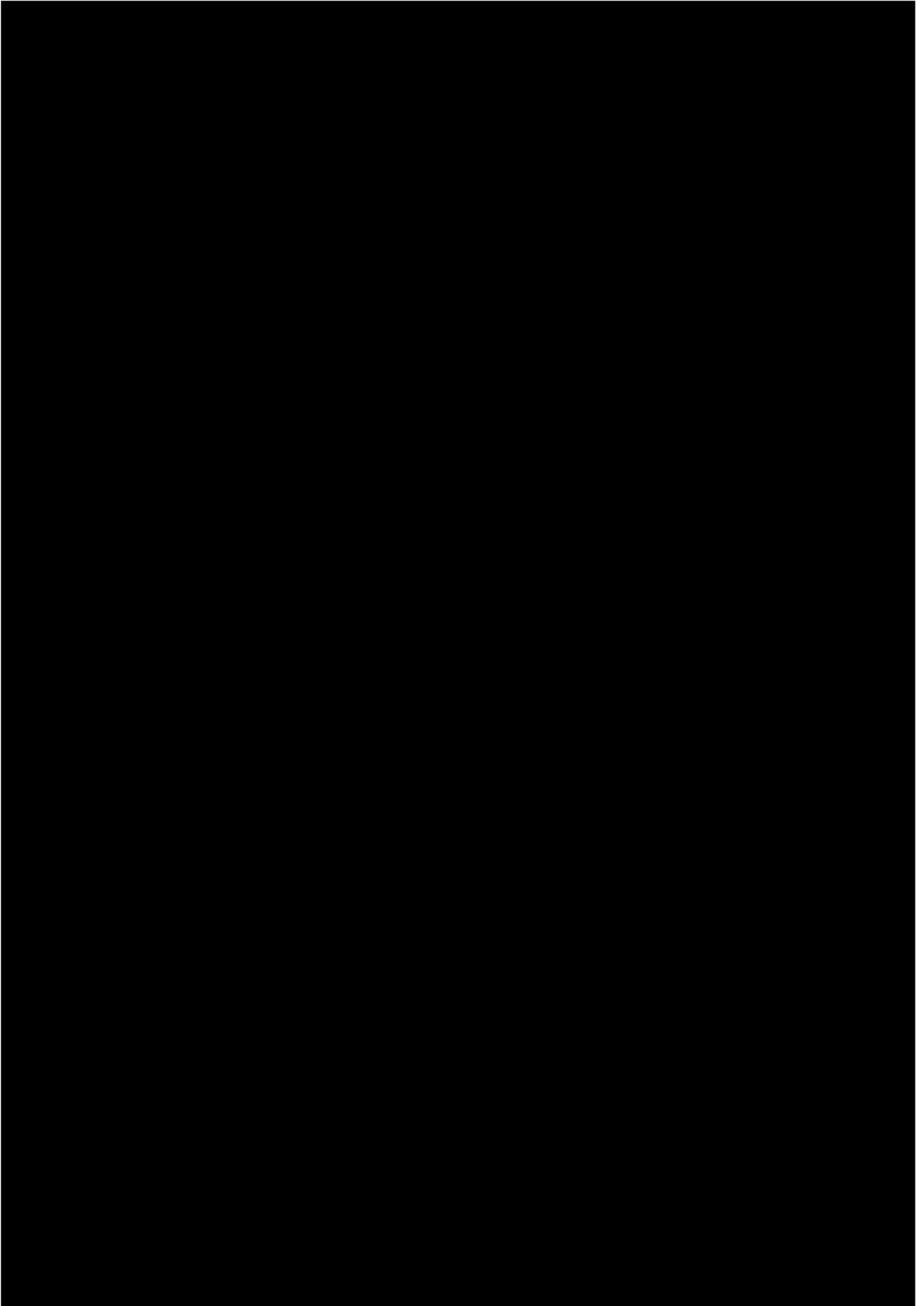




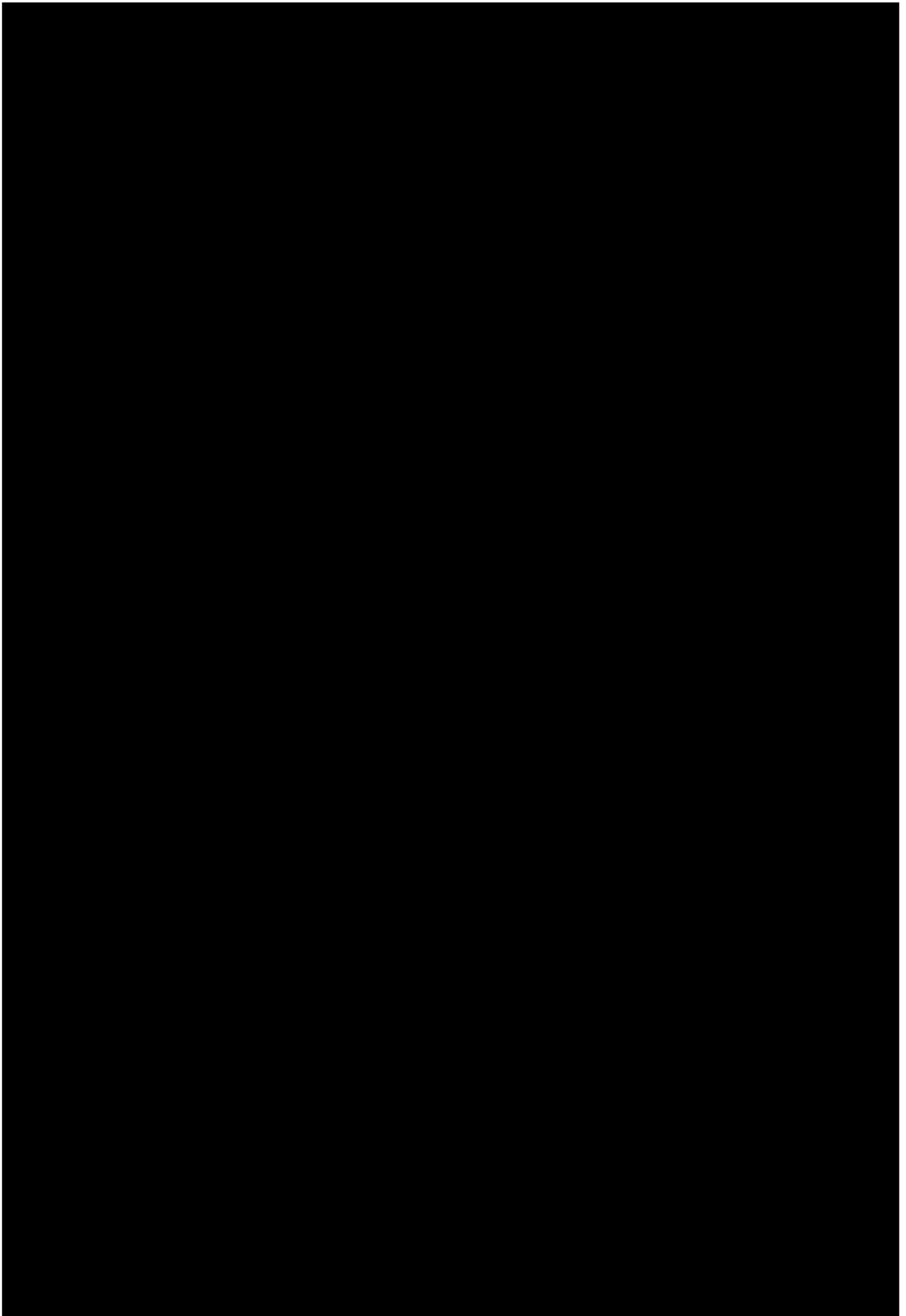


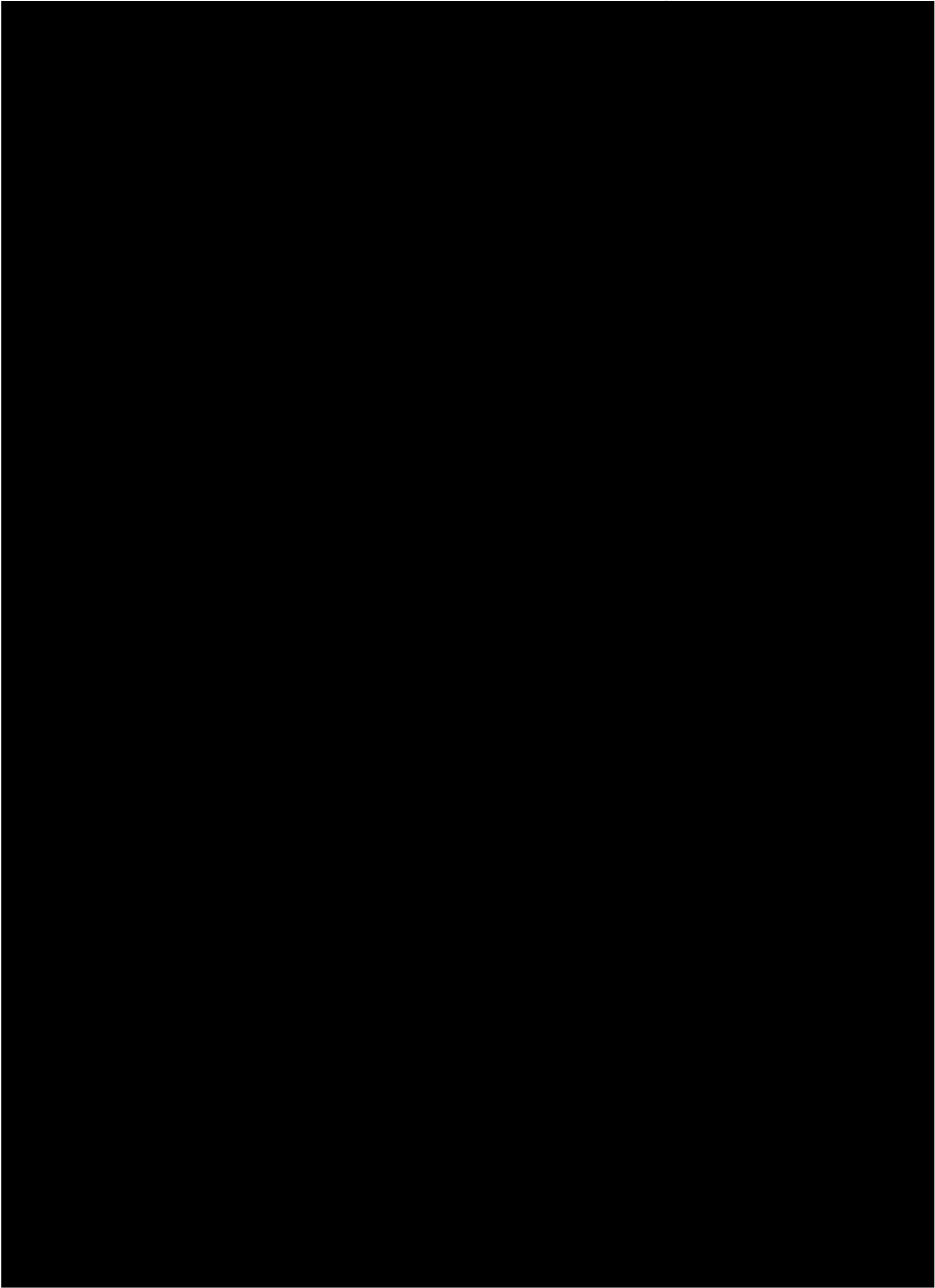


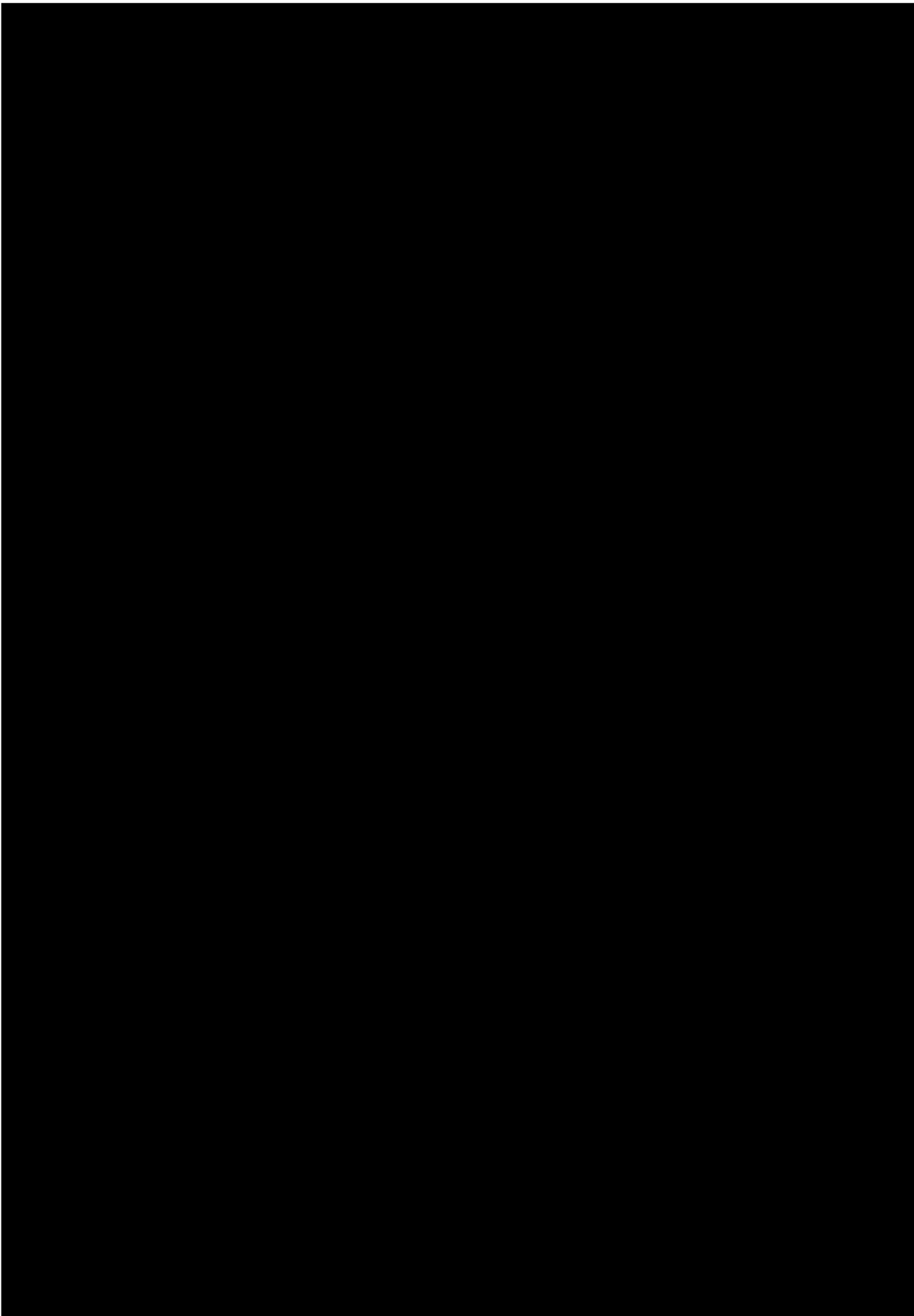


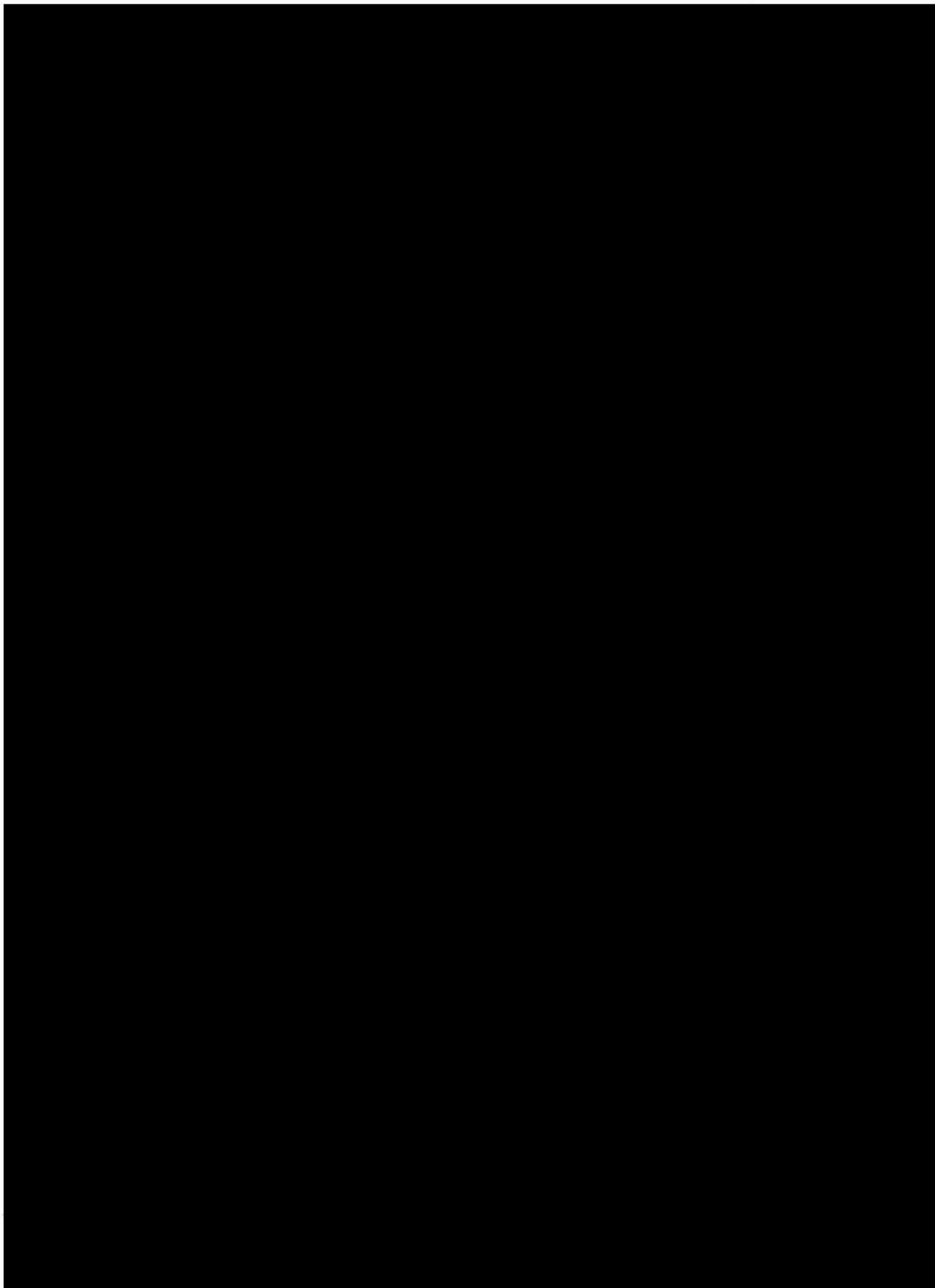


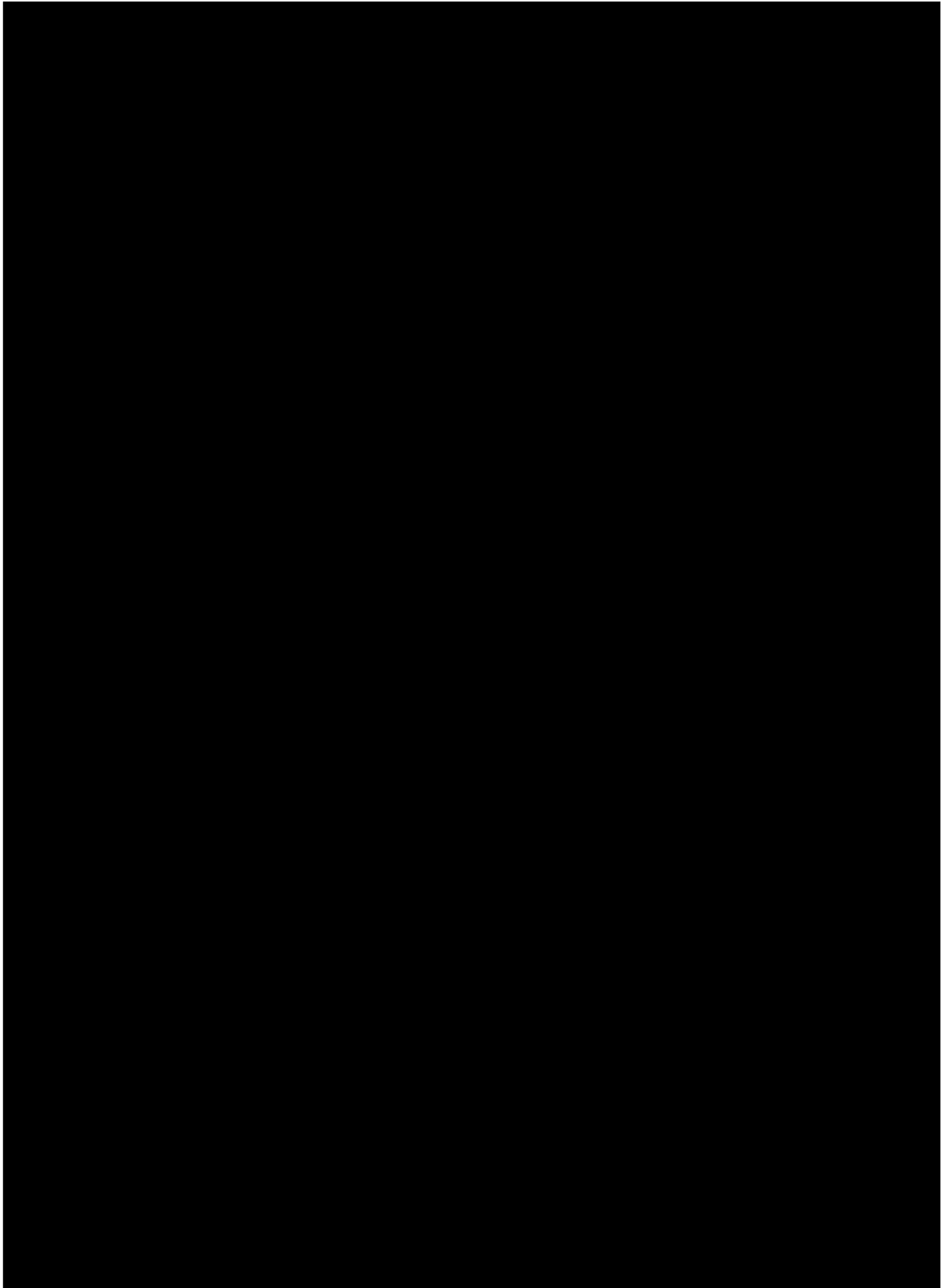
















## ACT HEALTH CLINICAL CULTURE COMMITTEE

### TERMS OF REFERENCE

---

#### 1. Context

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

#### 2. Purpose

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

#### 3. Scope

The CCC will:

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



- 3.6 Review the effectiveness of existing governance mechanisms relevant to responding to complaints of bullying, discrimination or harassment.
- 3.7 Develop, endorse and oversight initiatives established to improve the leadership, cultural and professional environment within medical training programs in ACT Health.
- 3.8 Provide a platform for engaging with strategic partners and the governance of shared initiatives.
- 3.9 Develop linkages and agreements with partners and education providers to:
- i) confirm that the cultural environment is consistent with the expectations of external partners; and
  - ii) foster sharing of expertise and information relevant to improving culture within medical training programs within ACT Health.
- 3.10 Receive feedback from medical trainees regarding relevant matters pertaining to culture within ACT Health.

#### 4. Outputs

- 4.1 The CCC will develop an action plan addressing:
- o findings from the Review of the Training Culture Report (September 2015);
  - o findings and recommendations of the Royal Australasian College of Surgeons Expert Advisory Group Report on discrimination, bullying and sexual harassment; and
  - o other issues relevant to the prevention of inappropriate behaviour within ACT Health.
- 4.2 The CCC will provide 6 monthly reports to the Minister for Health on the progress against each action item as well as progress against other identified pieces of work.

#### 5. Membership

The CCC membership is:

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



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

**6. Sub-Committees**

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

**7. Chair**

The Chair will be the Director-General.

**8. Secretariat**

Secretariat functions will be provided by ACT Health.

**9. Meeting Frequency**

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

**10. Terms of Reference Review**

Terms of Reference and membership will be reviewed annually.

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



# AGENDA

## CLINICAL CULTURE COMMITTEE – MEETING NO.8

<b>Date:</b>	Tuesday 25 <sup>th</sup> October 2016
<b>Time:</b>	6.00pm – 7.00pm
<b>Location:</b>	Meeting Room 2, Building 24, Canberra Hospital

### ATTENDEES

Name	Position
Ms Nicole Feely	Director-General, ACT Health (Chair)
Dr Eleni Baird-Gunning	Member, Surgical Registrar, ACT Health
Dr David Blythe	Member, A/g Director Medical Services, ACT Health
Ms Veronica Croome	Member, Chief Nurse, 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
██████████	Member, ████████ ANU Medical School
Mr Ian Thompson	Member, Deputy Director-General, Canberra Hospital and Health Services (CHHS), ACT Health
██████████	Member, ████████████████████ Calvary Hospital
Dr Christina Wilkinson	Member, Director of Medical Administration, CHHS
Ms Bronwen Overton-Clarke	Observer, Public Sector Standards Commissioner and Deputy Director-General, Workforce Capability and Governance, Chief Minister, Treasury and Economic Development Directorate
Ms Yu-Lan Chan	Observer, A/g Executive Director, Workforce and Culture Innovation, ACT Health
Ms Patricia O'Farrell	Guest, Executive Director, People & Culture, ACT Health



## AGENDA

---

### 1. ATTENDANCE AND APOLOGIES

*Attendance:* [REDACTED] of ANU Medical School as [REDACTED] has retired. Ms Patricia O'Farrell is the new Executive Director for People & Culture, ACT Health, and is attending as a guest.

*Apologies:* Prof Walter Abhayaratna, Dr Brian Ashman and Dr Tom Lea-Henry.

### 2. MINUTES AND ACTIONS ARISING FROM PREVIOUS MEETING JULY 2016

### 3. AGENDA ITEMS

Time (pm)	Agenda No.	Topic	Lead
6.00	1	Attendance and apologies	Chair
6.02	2	Minutes and Actions Arising from previous meeting	Chair
6.05	3	Discussion of misconduct processes and how they affect ACT Health's Culture	Chair
6.55	4	Other Business	Chair
7.00	5	Next meeting: Tuesday 15 <sup>th</sup> November 2016	Chair

#### 4. KPMG REFERENCE TABLE

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.



## ANNOTATED AGENDA FOR CHAIR

### CLINICAL CULTURE COMMITTEE – MEETING NO.8

<b>Date:</b>	Tuesday 25 <sup>th</sup> October 2016
<b>Time:</b>	6:00pm – 7:00pm
<b>Location:</b>	Meeting Room 2, Building 24, Canberra Hospital

#### ATTENDEES

Name	Position
Ms Nicole Feely	Director-General, ACT Health (Chair)
Dr Eleni Baird-Gunning	Member, Surgical Registrar, ACT Health
Dr David Blythe	Member, A/g Director Medical Services, ACT Health
Ms Veronica Croome	Member, Chief Nurse, 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
██████████	Member, ██████████, ANU Medical School
Mr Ian Thompson	Member, Deputy Director-General, Canberra Hospital and Health Services (CHHS), ACT Health
██████████	Member, ██████████, Calvary Hospital
Dr Christina Wilkinson	Member, Director of Medical Administration, CHHS
Ms Bronwen Overton-Clarke	Observer, Public Sector Standards Commissioner and Deputy Director-General, Workforce Capability and Governance, Chief Minister, Treasury and Economic Development Directorate
Ms Yu-Lan Chan	Observer, A/g Executive Director, Workforce and Culture Innovation, ACT Health
Ms Patricia O'Farrell	Guest, Executive Director, People & Culture, ACT Health



Time (pm)	Agenda No.	Topic	Lead
6.00	1	<b>Attendance and apologies</b> <ul style="list-style-type: none"> <li>• <i>Attendance:</i> ██████████ of ANU Medical School as ██████████ has retired.</li> <li>• <i>Apologies:</i> Prof Walter Abhayaratna (Clinic since 12pm), Dr Brian Ashman (another meeting) and Dr Tom Lea-Henry (leave).</li> </ul>	Chair
6.02	2	<b>Minutes and Actions Arising from previous meeting</b> <ul style="list-style-type: none"> <li>• Action items are listed with responsibility allocated. The responsible parties can be asked to provide an update at the meeting.</li> </ul> <b>Talking Points – Out of Session Paper:</b> <ul style="list-style-type: none"> <li>• As the August meeting was cancelled due to the large number of apologies, an out of session paper was circulated seeking approval for an expanded consultation process to develop the Statement of ACT Health Culture.</li> <li>• This expanded process is needed as a result of the Committee determining that the Statement will be organisation-wide. Consultation will be complete in March 2017 with a final draft Statement presented for the CCC's endorsement, and launch in April 2017.</li> <li>• Thank you to the two Members who provided comments.</li> </ul>	Chair
6.05	3	<b>Discussion of misconduct processes and how they affect ACT Health's Culture</b>	Chair
6.55	4	<b>Other Business</b> <ul style="list-style-type: none"> <li>• 2017 meeting dates</li> </ul>	Chair
7.00	5	<b>Next meeting:</b> <b>Tuesday 15<sup>th</sup> November 2016</b>	Chair

**KPMG RECOMMENDATIONS REFERENCE TABLE**

<b>Reference Table - KPMG Review 7 Recommendations</b>	
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.

## Clinical Culture Committee – Tuesday 19th July 2016 MEETING MINUTES

Name	Position	Attendance
Ms Nicole Feely	Director-General, ACT Health (Chair)	✓
Prof Walter Abhayaratna	Member, Clinical Director, Medicine, ACT Health	✓
Dr Brian Ashman	Member, Clinical Director, Surgery, ACT Health	✓
Dr Eleni Baird-Gunning	Member, Surgical Registrar, ACT Health	✓
Dr David Blythe	Member, A/g Director Medical Services, ACT Health	✓
Ms Veronica Croome	Member, Chief Nurse, ACT Health	✓
██████████	Member, ██████████ ANU Medical School	✓
Dr Tom Lea-Henry	Member, Medical Registrar, ACT Health	✓
Dr Denise Riordan	Member, Clinical Director, Child and Adolescent Mental Health Services, ACT Health	✓
Prof Klaus-Martin Schulte	Member, Professor of Surgery, ACT Health	Apology
Mr Ian Thompson	Member, Deputy Director-General, Canberra Hospital and Health Services (CHHS), ACT Health	✓
██████████	Member, ██████████ Calvary Hospital	Apology
Ms Christina Wilkinson	Member, Chief Medical Administrator, ACT Health	✓
Ms Bronwen Overton-Clarke	Observer, Commissioner for Public Administration and Deputy Director-General and Workforce Capability and Governance, Chief Minister, Treasury and Economic Development Directorate	Apology
Ms Yu-Lan Chan	Observer, A/g Executive Director, People Strategy and Service (PSS), ACT Health	✓
Mr Ric Taylor	Guest, Senior Manager, PSS, ACT Health	Apology
Ms Nancy King	Guest, Manager, Culture and Wellbeing, PSS, ACT Health	✓
Ms Flavia D'Ambrosio	Guest, Manager, Leadership and Management, PSS, ACT Health	✓
Ms Elizabeth Tobler	Guest, Director, Government and Communications, ACT Health	✓
Ms Navi Kalsi	Secretariat	✓

The meeting commenced at 6:00pm and concluded at 6:50pm, with Nicole Feely as Chair.



## 1. Attendance and apologies

Apologies were noted from: Prof Klaus-Martin Schulte, [REDACTED], Ms Bronwen Overton-Clarke and Mr Ric Taylor.

## 2. Confirmation of minutes from the previous meeting

Members endorsed the minutes of the previous meeting held on Tuesday 21 June 2016.

## 3. Medical Culture Action Plan Progress

### 3.1 Senior Doctor Leadership Program (Recommendation 5)

Ms Flavia D'Ambrosio presented an update on the Senior Doctor Leadership Program. On 14 June 2016, 62 participants received an invitation from the Director-General to participate. The response rate for attendance was discussed, with some doctors not attending the compulsory program due to clinics, travel and leave. Members agreed that attending the program should take precedence over a clinic and that alternate staffing arrangements should be made for a clinic that clashes with the program.

**Action:** Ms Flavia D'Ambrosio to provide a list of non-attending doctors to Mr Ian Thompson and Dr David Blythe who will discuss with those doctors.

### 3.2 Statement of Desired Culture: Our Culture in ACT Health (Recommendation 2)

Ms Nancy King presented an overview of the progress in developing the Statement of Desired Culture, reporting that she has held several focus groups with a total of 50 doctors, with a total of 24 meetings arranged through to the end of August. A concerted effort is being made to engage with Junior Medical Doctors (JMOs) with 8 meetings planned in early-mid August specifically for JMOs. Overall, the focus sessions have been positive with participants showing an interest in the work of the CCC. Key behavioural themes emerging in focus groups are respect, improved collaboration between teams and communications.

Members discussed the purpose of the Statement of Desired Culture and whether it is aimed at medical staff only or across ACT Health. They also discussed a title for the Statement with one member suggesting "We Respect our People."

Related discussion included: how to communicate the work of the CCC, managers' understanding of the processes to deal with inappropriate behaviours and JMOs perceptions about doctor behaviour. Members discussed ways to overcome staff perceptions that no action is taken following the reporting of inappropriate behaviour, including consideration of a de-identified corporate governance report.

Members *noted* that:

- development of the Statement of Desired Culture will take longer due to the need to consult with non-medical staff now that they are included in the scope of the Statement,