



Submission form

The following information will only be used for data analysis purposes and will not be reported with your response to ensure your individual response cannot be identified.

A. What is your position at Canberra Hospital? *

- Canberra Hospital and Health Services Executive, including Clinical Directors
- Staff specialist or Visiting Medical Officer (VMO)
- Registrar in an accredited training position
- Other junior medical officers

We request that when formulating your responses you consider the questions from the perspective of your home cohort (refer to your response to Question A above). We also ask that your responses reflect what is currently happening and what has occurred in the last 12 months.

Workplace Legislation & Regulations

1. How accessible is information about legislative and regulatory requirements within your workplace? Is this information accessed?

This includes but is not limited to Work Health and Safety, Sexual Harassment; Public Service Code of Conduct, anti-discrimination, and equal opportunity.

2. How would you describe the level of *understanding* of these regulations and legislative frameworks within your workplace?

3. How would you describe the level of *compliance* with these regulations and legislative frameworks within your workplace?

4. How would you rate each of the following elements regarding legislative and regulatory requirements



related to discrimination, bullying and harassment in your workplace:

	Excellent	Good	Average	Poor	Very poor	Not observed
Accessibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Canberra Hospital and Health Services internal Policies, Procedures & Frameworks

5. How *accessible* is information about ACT Health and Canberra Hospital policies, protocols and frameworks which guide and support workplace practices, conduct and behaviour within your workplace? Is this information accessed?

This includes but is not limited to the ACT Health Workforce Plan, Enterprise Bargaining Agreement (EBA), Respect at Work Policy, Misconduct and Discipline Policy and Employee Assistance Programme (EAP).

6. How would you describe the level of *understanding* of these internal policies, protocols & frameworks within your workplace?

7. How would you describe the level of *compliance* with these internal policies, protocols & frameworks within your workplace?

8. How would you rate each of the following elements regarding internal Canberra Hospital policies related to discrimination, bullying and harassment within your workplace:

	Excellent	Good	Average	Poor	Very poor	Not observed
Accessibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. The ACT Health Policy entitled "Respect at Work – preventing and managing work bullying, discrimination and



harassment" outlines principles and strategies for a positive and safe workplace environment. It provides detail on an escalating hierarchy of actions/strategies to resolve work bullying encompassing individual action; informal action; and formal complaint.

From your observation how would you describe the effectiveness of each stage of the resolution process?

10. From your observation how would rate you the effectiveness of each stage of the resolution process outlined above:

	Extremely effective	Very effective	Somewhat effective	Not very effective	Not effective at all	Not observed
Individual action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Informal report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Formal complaint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Observed incidence of discrimination/bullying / harassment behaviours

11. To what extent have you observed/witnessed or know of behaviours that indicate a culture that accepts or condones discrimination, bullying and/or harassment? What behaviour/s can be seen?

Fin

Factors present in workplaces where a discrimination/bullying / harassment culture is observed

12. In training specialist areas where the culture does not accept or condone discrimination, bullying and/or harassment, what characteristics do you see in the workplace that create this culture?

13. In training specialist areas where the culture appears to accept or condone discrimination, bullying and/or harassment, what characteristics do you see in the workplace that create this culture?



ACT Health
 Review of the Clinical Training Culture – TCH & HS
 August 2015

14. If you are aware of any training specialist areas where there has been a shift away from a culture of accepting or condoning discrimination, bullying and/or harassment to one that does not condone or accept it, what characteristics have you seen change?

15. Where a culture that accepts or condones discrimination, bullying and/or harassment exists, what changes could or should be implemented to improve culture?

16. Finally, please use this space if you would like to make any further comments to raise any further issues, suggestions or make any additional comments you would like us to consider:

FIDr

Please click on the "Submit" button below to ensure your response is counted.

powered by QuestionPro



Appendix G - External sources used in the production of the Review

- ACT Government, Health Directorate (ACT Health), 2012 Workplace Culture Survey – Medical Officer Reports
- ACT Government, Health Directorate (ACT Health), *Corporate Governance Statement* (April 2015)
- ACT Government, Health Directorate (ACT Health), *Health Directorate Code of Conduct*
- ACT Government, Health Directorate (ACT Health), *Misconduct and Discipline Policy* (August 2013)
- ACT Government, Health Directorate (ACT Health), *Respect at Work – preventing and managing work bullying, discrimination and harassment* (June 2014)
- ACT Government, Health Directorate (ACT Health), *Values Fact Sheet*
- ACT Government, Health Directorate (ACT Health), *Values Poster*
- ACT Government, Health Directorate (ACT Health), *Welcome to the Managers Orientation*
- ACT Government, Health Directorate (ACT Health), *Welcome to your new role with ACT Health* (Orientation welcome letter from the Director-General)
- ACT Government, Health Directorate (ACT Health), *Workforce Plan 2013–2018*
- ACT Public Service, *Respect, Equity and Diversity Framework* (2010)
- Cameron, E. and Green, M., *Making Sense of Change Management* (2012), 3rd ed
- Heifetz, R., Grashow, A. and Linsky, M., *The Practice of Adaptive Leadership* (2009)
- House of Representatives Standing Committee on Education and Employment, *Workplace Bullying Report* (October 2012)
- Medical Board of Australia, *Good Medical Practice: A Code of Conduct for Doctors in Australia* quoted in RACS report (July 2010)
- Queensland Fire and Emergency Services (QFES) report on Workplace Bullying, *Independent review of an incident involving Queensland Fire and Emergency Services employees* (Dec 2014)
- Royal Australasian College of Surgeons (RACS), *Expert Advisory Group on discrimination, bullying and sexual harassment Advising the Royal Australasian College of Surgeons Background Briefing* (May 2015)
- Safe Work Australia, *Draft Code of Practice: Preventing and Responding to Workplace Bullying* (May 2013).
- Schein, E., *Organisational Culture and Leadership* (1998)



- Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), *Re-accreditation of The Canberra Hospital – Follow-Up Visit Report* (September 2014)
- Royal Australasian College of Surgeons (RACS) and The Urological Society of Australia and New Zealand (USANZ), *Accreditation of Surgical Education and Training Post Urology (SET3-SET6) – Final Inspection Report* (June 2015)
- Urological Society of Australia and New Zealand, *Letter from the Chair of Board of Urology to the Training Supervisor of The Canberra Hospital* (June 2015)
- *Work Health and Safety Act* (No 137) 2011 (Cth)

Final Draft



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

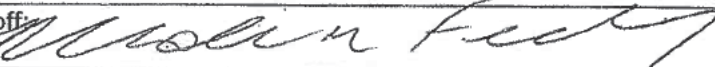
Secretariat functions will be provided by ACT Health.

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

Attachment B

ACT
GOVERNMENTCanberra Health
Services

Clinical Culture Committee Members

Member	Position	Notes
Bernadette McDonald	Chair, Chief Executive Officer, Canberra Health Services	
Prof Walter Abhayaratna	Member, Clinical Director, Medicine, Canberra Health Services	Cannot attend Tuesday afternoons/evenings
Dr Christopher Ashton	Member, Chief Medical Administrator, Calvary Hospital	
Dr Eleni Baird-Gunning	Member, Surgical Registrar, Canberra Health Services	
Chris Bone	DDG, Clinical Services, Canberra Health Services	
Dr Jeffery Fletcher	Member, Chief Medical Officer, ACT Health Directorate	
Margaret McLeod	Member, Chief Nursing and Midwifery Officer, ACT Health Directorate	
	Member, ANU Medical School	
Janine Hammatt	Member, Executive Director, People & Culture, Canberra Health Services	
Prof Klaus-Martin Schulte	Member, Professor of Surgery, Canberra Health Services	
Meredith Whitten?	Observer (TBC), Public Sector Standards Commissioner and DDG, Workforce Capability and Governance, Chief Minister, Treasury and Economic Development Directorate	Bronwen Overton-Clarke, previously held these roles.. Meredith Whitten has not been asked to attend a meeting since Bronwen Overton-Clarke left CMTEDD

The following members resigned and not been replaced:

- Dr Bryan Ashman (Clinical Director, Surgery, resigned in June 2017)
- Dr Tom Lea-Henry (Medical Registrar, left ACT Health end of 2016)
- Dr Denise Riordan (Clinical Director, Child and Adolescent Mental Health Services, left ACT Health end of 2016)

Clinical Culture Committee Meeting Minutes – Tuesday 9th May 2017

Name	Position	Attendance
Ms Nicole Feely	Director-General (DG), ACT Health (Chair)	✓
Prof Walter Abhayaratna	Member, Clinical Director, Medicine, ACT Health	Apologies
Dr Bryan Ashman	Member, Clinical Director, Surgery, ACT Health	Apologies
Dr Eleni Baird-Gunning	Member, Surgical Registrar, ACT Health	x
Mr Chris Bone	Member, Executive Director, Canberra Hospital & Health Services (CHHS), ACT Health	✓
Dr Jeffery Fletcher	Member, A/g Chief Medical Officer, ACT Health	✓
Ms Veronica Croome	Member, Chief Nurse, ACT Health	✓
[REDACTED]	Member, [REDACTED] ANU Medical School	Apologies
Ms Jane Murkin	Member (TBC), DDG, Quality, Governance and Risk, ACT Health	✓
Ms Patricia O'Farrell	Member (TBC), Executive Director, People & Culture (P&C), ACT Health	✓
Ms Bronwen Overton-Clarke	Observer, Public Sector Standards Commissioner and DDG, Workforce Capability and Governance, Chief Minister, Treasury and Economic Development Directorate	✓
Prof Klaus-Martin Schulte	Member, Professor of Surgery, ACT Health	Apologies
Mr Ric Taylor	Member (TBC), Director, Organisational Development, P&C, ACT Health	✓
[REDACTED]	Member [REDACTED] Calvary Hospital	✓
Ms Navi Kalsi	Secretariat, Organisational Development, P&C, ACT Health	✓

The meeting was chaired by Ms O'Farrell, it commenced at 5:10pm and concluded at 6:25pm.

1. Attendance and apologies

Mr Chris Bone has replaced Mr Ian Thompson's previous membership.

Apologies were noted from Prof Walter Abhayaratna, Prof Bryan Ashman, [REDACTED] and Prof Klaus-Martin Schulte. Dr Eleni Baird-Gunning was not in attendance.

2. Confirmation of minutes from the previous meeting

Members endorsed the minutes of the previous meeting held on Tuesday 7th February 2017.

Actions Arising - Please refer to Open Actions Arising table at the end of the minutes for an update on current actions arising.

Actions closed – The following actions have been completed:

- Action item 28: Ms Croome has provided Dr Fletcher with a template for nursing students similar to the ANU Statement of Academic Activity for medical students.
- Action item 33: The DG agreed to release the "Speaking Up" report by Prof Mitchell to the CCC. Prof Mitchell will present the findings at the next available meeting.

3. Future Directions of CCC

Members discussed the future directions of CCC (purpose, membership and frequency) at the previous meeting and wanted to seek the Chair's guidance.

The Australian Medical Association (AMA) and the ACT VMO Association have requested to be part of CCC's membership. Members agreed that the AMA and VMO's were represented through Dr Fletcher's and Dr Ashman's memberships and no change was necessary.

Members discussed extending the Committee's focus to broader organisational culture rather than only medical culture. Some members suggested that having several working groups under the Committee would be beneficial while others expressed concerns that the Committee can't be broadened as its focus is on addressing the KPMG Review on medical culture. The Chair reiterated to members that the CCC's focus is on medical culture and the Committee is not ready yet to expand to other disciplines as more work is required for medical engagement.

Issues about the communication of the Committee and promoting its work were raised as there has been no communication about the CCC to staff.

Ms Murkin informed members that she has met with Ms O'Farrell, Dr Fletcher and Mr Taylor about a multifaceted approach to culture improvement. The first part of this process will involve mapping work currently being done across the organisation.

Members agreed that the Committee will:

- Continue with its current structure to ensure ongoing work in medical engagement.

Action (added to Action Item 34): Ms Murkin/Ms O'Farrell agreed to provide the mapping of the culture improvement work being done in the organisation at the next meeting.

4. Cognitive Institute Programs

The Chair requested for these programs to be considered as part of a broader Framework and discussed with her out of session.

5. Top 10 practices used by teams in ACT Health to improve culture and other current initiatives

Mr Taylor presented members with an analysis of the top 10 practices used to achieve significant culture improvement in ACT Health teams. The Workplace Culture Survey results from 2012 and 2015 were analysed to identify teams who had improved culture significantly. Organisational Development interviewed the management of the teams to understand how they had achieved this success. Themes from the meetings were then extracted in order to identify the top 10 practices used to improve culture. The top 10 themes were: Effect Communication, Positive Relationships with Co-workers, Supportive Relationships with Managers, Efficient Work Processes, People Development, People Management Practices, Staff Autonomy, Performance Management and Timely Feedback, Recognition of Contribution and Meaningful Work/Life Balance. Members appreciated the analysis and the 10 themes resonated strongly. A separate document on this work is attached to these Minutes.

Mr Taylor also provided members with an update on other current initiatives:

- **Statement of Workplace Culture**

The Statement will be discussed at a Deputy Director-General's meeting on 10th May. Following the approval process, a final staff consultation (online survey) and union consultation will be held. This will be followed by relevant revisions and final approval by the DG. The Statement will be launched as part of the DG forums.

- **Workplace Culture Action Plans**

A SharePoint online site has been developed to enable reporting by all executives against their Workplace Culture Action Plans. Quarterly reporting commenced in March 2017 to the DG, with the next quarterly reports due in June 2017.

- **Senior Doctor Leadership Program**

The Senior Doctor Leadership Program will be ending in June 2017. Mr Taylor and Dr Fletcher have discussed the issue of non-attendance by some doctors. Training for other doctors in leadership roles is now being considered.

- **Workplace Culture Intranet Hub**

Organisational Development is currently working with the Communications and Marketing Unit on a new intranet site that will contain a range of engaging tools and resources on key components that contribute to workplace culture such as respect at work, effective communication, building and leading great teams, managing change and health and wellbeing. The Hub will be a "self-help" site relevant to all staff but particularly for managers and senior staff. The release date is yet to be determined but will potentially be late June 2017.

- **External Consultants**

External consultants will be assisting two units with "Blame +" culture. The Chair requested for this to be followed up out of session with her office.

Mr Taylor raised the issue of Royal Australasian College of Surgeons (RACS) wanting ACT Health to sign a letter of intent. Dr Fletcher informed members he has reviewed a draft version and will be discussing it and other issues with the Commonwealth Chief Medical Officer. The Chair requested Dr Fletcher to discuss the letter of intent at the DDG meeting.

6. Other Business

N/A.

Next meeting:

Tuesday 13th June 2017, 5:00-6:30pm

Open Actions Arising Register

For previous actions items that have been completed, please contact the Secretariat.

Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
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	As of November 2016, objective measures for clinical performance are being explored, with a draft aimed for April 2017. As of February 2017, Prof Mitchell and Dr Fletcher are in active discussions about this. Members agreed to discuss this more frequently at meetings. As of May 2017, Dr Fletcher informed members that he is working with representatives from CHHS, ANU and Research, Innovation to link the themes of performance, workload, behaviours, teaching, academic and research into the new performance development plans. Meetings with RACS held 20 June 2016 (Ms Centenera, Ms Chan); 24 August 2016 (Ms Chan) and 21 November 2016 (Mr Thompson, Ms Chan, Ms O'Farrell). RACS has provided legal advice it received on privacy and defamation in relation to Commonwealth legislation. Legal advice requested from GSO in relation to ACT legislation. Ms O'Farrell received preliminary legal advice from GSO in February 2017 and will follow up and seek further advice. As of May 2017, Ms O'Farrell will send Ms Overton-Clarke the GSO advice.	Prof Mitchell, Dr Fletcher and People & Culture	Open
7	May 2016	6	Discuss legal issues in regards to sharing information about staff in relation to bullying and harassment; Seek legal advice on what information can be provided upon the closure of a complaint to all parties	Cognitive Institute delivered a presentation about its program in April 2017. At May 2017 CCC meeting, the Chair requested for this to be part of a broader Framework and discussed with her out of session. Re-visited at November 2016 meeting. Suggestions include: [REDACTED] At February 2017, members agreed to discuss this in detail in the next meeting.	Ms O'Farrell	Open
8	May 2016	6	Explore The Royal Melbourne Hospital's use of an anti-bullying systems in relation to item 6.3 on the Medical Culture Action Plan		Organisational Development	Open
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

Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
29	Feb 2017	-	Liaise with the ANU Medical School to arrange access for medical students to participate in final consultation on the Statement of Workplace Culture. Raise the issue of workplace culture and the consequences of inappropriate behaviours being included in the enterprise agreements in future enterprise agreement (EA) discussions.	Waiting for approval to proceed with further staff consultation. Medical students have been included in demographic to contact.	Mr Taylor	Open
30	Feb 2017	-	Meet to discuss a multifaceted approach to culture improvement	Ms O'Farrell will discuss adding this to EA discussion papers with Mr Steven Linton (Senior Industrial Relations Adviser, People & Culture).	Ms O'Farrell	Open
34	Feb 2017	-	Meet to discuss a multifaceted approach to culture improvement	A meeting was held on 22 March 2017 and then a workshop on 17 May. Mapping is required to consider all the current/planned culture improvement activities and alignment with the quality agenda – mapping to be provided at the next meeting.	Ms O'Farrell/ Ms Murkin	Open

Medical Culture Action Plan - Updated as at 3 August 2017

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

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

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

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

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

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

5.7	Publicise and promote attendance at other Leadership and Management Development training programs and courses	Organisational Development in association with Clinical and Unit Directors	Ongoing	Completed
-----	---	--	---------	-----------

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

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

GBC18/688 - 56

Portfolio/s: Health and Wellbeing**ISSUE: CLINICAL CULTURE COMMITTEE****Talking points:**

- The Clinical Culture Committee (CCC) was established by the previous Minister for Health, Mr Simon Corbell, as a Governance body in response to the findings of the 2015 KPMG Review (the Review) of the Clinical Training Culture at Canberra Hospital and Health Services and the findings of the Royal Australasian College of Surgeons (RACS) report on discrimination, bullying and sexual harassment.
- The CCC met regularly from 27 October 2015. The Committee was chaired by Ms Nicole Feely, previous Director-General, ACT Health. Membership included senior executives, senior medical staff and two junior medical staff (13 members in total).
- The Review of the Clinical Training Culture made seven key recommendations which were addressed through the Medical Culture Action Plan, endorsed in May 2016 by the CCC.
- The initiatives progressed and completed from the Medical Culture Action Plan are as follows:
 - Development and delivery of Respect at Work courses to 135 Executive and Senior Medical Staff.
 - The Senior Doctor Leadership Program for Clinical and Unit Directors commenced delivery in August 2016 and concluded in June 2017.
 - Establishing a collaborative partnership with RACS.
 - Extensive review of our current complaints management processes and related policies.
 - Establishing a database to improve tracking and reporting of complaints and trends.
 - ACT Health's Respect at Work policy was updated to reflect this review.
 - Development of a new Respect at Work e-learning program and face-to-face training program.

Cleared as complete and accurate: 26/10/2018
Cleared by: Executive Director Ext: 51086
Information Officer name: Janine Hammat
Contact Officer name: Flavia D'Ambrosio Ext: 74835
Lead Directorate: Health

ANNUAL REPORT HEARING BRIEF

- Development and delivery of the Addressing Workplace Issues training program for all staff in a managerial position. The program educates our managers on how to conduct a preliminary assessment to effectively resolve workplace issues (such as bullying).

Key Information

- The CCC has not met in its current form since May 2017. The Interim Chief Executive Officer will hold a meeting over the coming weeks to:
 - acknowledge the achievements of the committee;
 - inform members about key elements of the refocused culture development work; and
 - to discuss the governance required for Canberra Health Services, over workplace/clinical culture.
- The Interim Chief Executive Officer is implementing a number of initiatives to address culture in Canberra Health Services. These initiatives are currently being considered and an overall approach is being developed.

Cleared as complete and accurate:	26/10/2018	
Cleared by:	Executive Director	Ext: 51086
Information Officer name:	Janine Hammat	
Contact Officer name:	Flavia D'Ambrosio	Ext: 74835
Lead Directorate:	Health	

QUESTION TIME BRIEF

GBC18/579

Portfolio/s Health & Wellbeing

ISSUE: CLINICAL CULTURE COMMITTEE

Talking points:

- The Clinical Culture Committee (CCC) was established by the previous Minister for Health, Mr Simon Corbell MLA, as a Governance body in response to the findings of the 2015 KPMG Review (the Review) of the Clinical Training Culture at Canberra Hospital and Health Services (CHHS) and the findings of the Royal Australasian College of Surgeons (RACS) report on discrimination, bullying and sexual harassment.
- The CCC met regularly from 27 October 2015. The Committee was chaired by Ms Nicole Feely, previous Director-General, ACT Health. Membership included senior executives, senior medical staff and two junior medical staff (13 members in total).
- The Review of the Clinical Training Culture made seven key recommendations which were addressed through the Medical Culture Action Plan, endorsed in May 2016 by the CCC.
- The initiatives progressed and completed from the Medical Culture Action Plan are as follows:
 - Development and delivery of Respect at Work courses to 135 Executive and Senior Medical Staff.
 - The Senior Doctor Leadership Program for Clinical and Unit Directors commenced delivery in August 2016 and concluded in June 2017.
 - Establishing a collaborative partnership with RACS.
 - Extensive review of our current complaints management processes and related policies.
 - Establishing a database to improve tracking and reporting of complaints and trends.
 - ACT Health's Respect at Work policy was updated to reflect this review.

Cleared as complete and accurate: 19/10/2018
Cleared by: Executive Director Ext: 51086
Information Officer name: Janine Hammat
Contact Officer name: Flavia D'Ambrosio Ext: 74835
Lead Directorate: Health

TRIM Ref: GBC18/579

QUESTION TIME BRIEF

- Development of a new Respect at Work e-learning program and face-to-face training program.
- Development and delivery of the Addressing Workplace Issues training program for all staff in a managerial position. The program educates our managers on how to conduct a preliminary assessment to effectively resolve workplace issues (such as bullying).
- The Interim Chief Executive Officer, Canberra Health Services is meeting with the Clinical Culture Committee in early December to discuss the Committee's achievements and the future role for the committee.

Key Information:

- The Canberra Times lodged an FOI request on the CCC in October 2018. The FOI was released on 21 November 2018. The FOI sought copies of all CCC minutes.
- As a result of the FOI and media request the Canberra Times published an article on 25 November 2018 focussing on the recommendations made by the KPMG Review and highlighted the recommendations that have not been implemented or fully implemented by ACT Health.
- The CCC has not met in its current form since May 2017. The Chief Executive Officer will hold a meeting over the coming weeks to acknowledge the achievements of the committee; inform members about key elements of the refocused culture development work; and to discuss the governance required for Canberra Health Services, over workplace/clinical culture.
- The Interim Chief Executive Officer is implementing a number of initiatives to address culture in Canberra Health Services. These initiatives are currently being considered and an overall approach is being developed.

Cleared as complete and accurate: 19/10/2018
Cleared by: Executive Director Ext: 51086
Information Officer name: Janine Hammat
Contact Officer name: Flavia D'Ambrosio Ext: 74835
Lead Directorate: Health

TRIM Ref: GBC18/579