who would be communicating to the doctors within ACT Health. Its credibility as a tool for doctors may be a key factor in increasing the response rate.

b. Australian Norms. The MES has been administered in both the UK and Australia, and now has specific Australian norms. As such, ACT Health's results can be compared to Australian as well as UK benchmarks.
c. Context. Given the survey measures a wide range of factors which contribute to medical engagement, it provides a broader context in which to view inappropriate behaviours and will provide useful data to inform broader medical engagement and culture work.

2.4 Limitations

The following are the main limitations of using the MES in ACT Health:

a. The MES does not focus specifically on the prevalence of negative behaviours, so a limited number of these questions would have to be added into the survey. More detailed data about these behaviours would not be available through this survey.
b. The MES uses a different methodology to ACT Health's existing culture surveys, so there are limitations in how the results could be related to our existing culture data.

3. Option 2 – *Medical Pulse Survey* by Best Practice Australia

3.1 Description

Best Practice Australia (BPA) is the company that administers ACT Health's organisation-wide Workplace Culture Survey. In addition to the types of engagement questions used in the survey, the company has a pool of questions that specifically measure the prevalence and impact of negative behaviours. BPA would construct the survey based on our needs. The types of questions available could be used in the following ways:

a. List of Behaviours. The survey could contain a list of different types of negative behaviours, with respondents marking off whether they had experienced and/or witnessed any of them and how often. While this would allow for a detailed estimate of the prevalence of specific types of behaviour, it would not be possible to delve further into the impact caused without significantly increasing the length of the survey. For example, important issues such as who conducted the behaviour (e.g. patient/client versus other staff member) and how the behaviour impacted the respondent could not be captured.
b. Self-Labelling. The survey could ask respondents whether they had been subjected to a few broad categories of negative behaviour, such as discrimination, bullying, harassment, and favouritism. While this approach would not be able to pinpoint the exact type of

behaviour experienced, there would be room to include further questions about frequency, who conducted it and the impact felt.

3.2 Costs

BPA have indicated an approximate cost of $28,750 plus GST, subject to further discussion and exact respondent numbers.

3.3 Strengths

The following are the main strengths of using one of BPA's survey tools in ACT Health:

a. Specific Measures of Negative Behaviours. BPA can provide a survey that specifically measures negative behaviour. This will help ACT Health to determine a baseline of behaviour.
b. Australian Norms. As with the organisation-side survey, BPA can compare ACT Health's results with those of other health care organisations. In addition, BPA has recently completed a negative behaviours survey with the Royal Australasian College of Surgeons.
c. Direct correlation with existing culture data. BPA can link the results of this survey to other surveys ACT Health has undertaken with them.

3.4 Limitations

The following are the main limitations of using one of BPA's survey tools in ACT Health:

a. Context. While BPA can provide a survey that specifically focuses on the detail of negative behaviour, such a survey would not be able to cover the broader engagement issues given the concern about survey length. As such the behaviour results could not be put in a broader context and the survey would not contribute to the broader medical engagement and culture work.
b. Negative Focus. It is possible that a survey specifically focusing on negative behaviour might leave respondents with negative feelings about ACT Health, rather than leaving them with a more balanced mindset.

4. Summary of Options

Overall, both the Medical Engagement Scale and the Medical Pulse Survey can provide useful options for measuring the workplace culture of doctors via a short survey. Costs of the two tools are approximately equivalent. The main strengths of the Medical Engagement Scale are that it will have greater credibility with doctors and is therefore more likely to generate a higher

response rate. It also captures data on negative behaviours within the broader context of workplace engagement and culture. For these reasons the Medical Engagement Scale is the recommended option.

5. Timeline

The proposed timeline for administration of the survey is as follows:

	Activity	Timeline	Responsibility
1	CCC members endorse MES at CCC meeting of 21 June 2016	21 June 2016	CCC Members
2	Official quote requested from Engage to Perform	June	Organisational Development (OD)
3	Liaison with Engage to Perform regarding details of survey and administration	June/July	OD
5	Survey communications	July	OD Communications & marketing CCC members
6	Survey champions identified in all major medical units to help promote survey and encourage response rates		Clinical Directors
7	Administration of survey	July-August	OD
8	Results distributed and presented	September (tbc)	Engage to Perform

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Clinical Culture Committee

Agenda item 3.3: Update on development of Statement of Desired Culture

Recommendations:

It is recommended that Committee Members:

- Submit input for the Statement of Desired Culture to the Secretariat by 30 June 2016
- Note the progress of engagement with doctors for the development of the Statement of Desired Culture

Background

The objectives of this project are:

1. To develop a Statement of Desired Culture that articulates the positive workplace culture medical staff want to experience, and against which medical staff will hold each other accountable
2. To use the Statement of Desired Culture as one means of raising awareness of inappropriate behaviour
3. Through the process of developing this Statement of Desired Culture, to engage and empower medical staff at all levels to consider the culture and behaviours that they want to see in their workplace and consider what they themselves can do to achieve this culture .

At the 31 May 2016 meeting of the Committee, it was agreed that Members would submit their input into the Statement of Desired Culture by 7 June. As only one response has been received, the deadline is extended to 30 June 2016. The work will then progress as planned:

Phase 1 – Input from the Clinical Culture Committee (June 2016) – individual members to complete the template at Attachment A and return it to the Secretariat by 30 June 2016.

Phase 2 – Focus Groups of Senior Doctors (June - July 2016) – face to face leadership focus groups to be conducted by Organisational Development staff, who will be responsible for processing the information and developing it into the Statement of Desired Culture.

Phase 3 – Focus Groups of Doctors (June-August 2016) - Attendees include Registrars, Interns and Medical Students. It is intended that Phases 2 and 3 will run concurrently. All focus group sessions will be facilitated by Organisational Development staff.

Phase 4 – On-Line Consultation (August 2016) - A draft of the Statement of Desired Culture will be disseminated online to all medical staff. Comments and further ideas will inform the final draft of the Statement.

Phase 5 – Approval, feedback and publication (September 2016)
The final Statement of Desired Culture is presented for CCC approval. Feedback is given to all participants in the process. Non-medical staff will be made aware of the Statement of Desired Culture, the reason for its development, and how it may be used to hold medical staff accountable for their behaviour.

The final Statement is intended to be a high level document with value statements that reflect the desired behaviours as expressed by doctors through the consultation process.

The Secretariat is making arrangements for consultation with as many doctors as possible because engagement is an important part of encouraging doctors to consider how the ACT Health values are demonstrated through the behaviour of individuals and teams. Each Division has been contacted to arrange times for staff from People Strategy and Services to meet with senior doctors, ideally through existing medical forums.

The Statement of Desired Culture is to be completed mid-September 2016.

Issues

The Secretariat is aware that obtaining time on the agendas of doctors' meeting forums will be limited. Therefore, it may be necessary to reduce the time of the focus session to 30 minutes instead of one hour, as intended originally.

Current Situation

The following appointments for meetings with doctors have been confirmed:

1. Meeting with Dr Brian Ashman and Clinical Director, Surgery, ACT Health and Ms Barbara Reid Surgery and Oral Health Monday 20 June, 10.00 – 10.30 am
2. Medical Directors, Cancer, Ambulatory and Community Health Support , 13 July, 5.00 pm - (Five Directors and ANU Professor of Cancer Research)
3. Rehabilitation Medicine meeting, 25 July, 4.00 – 4.30 pm (nine doctors)

Not confirmed, work in progress:

- Critical Care & Medical Imaging – Mr Mark Dykgraaf, Executive Director to advise
- Mental Health, Justice, Alcohol and Drug Service – Dr Saba Javed, Chair of Division of Psychiatry consultants to advise
- Division of Medicine – Dr Walter Abhayaratna - to be advised
- Division of Pathology – Dr Sanjiv Jain August meeting date to be advised
- Women Youth and Children – Division doctors Tim McDonald, Hazel Carlisle and Lim Boom to advise
- Neonatology Management Meeting, 4 July, 10.45 am
- Geriatric and Rehabilitation Medicine, Monday 4 July at 12:30 to be confirmed

In the last stage of the process, MOSCETU will email the draft statement to the doctor mailing list.

Risk Management

There are a number of risks associated with this work as the chart below indicates. The role of the Clinical Culture Committee Members is therefore pivotal in generating support and engagement among doctors with the actions proposed.

Risk	High	Medium	Low	Mitigation
Doctors may feel unfairly targeted by ACT Health in relation to inappropriate behaviour		X		• Communication strategy to provide positive messaging. • CCC members need to visibly support the Action Plan.
Doctors may consider the KPMG Review and ACT Health Workplace Culture Survey to be unreliable		X		• Conduct further analysis of Workplace Culture Survey 2015 findings focusing on staff perceptions of inappropriate behaviour in medical units • Investigate scheduled pulse surveys to track and monitor improvements to medical culture
Doctors may not engage with actions		X		• Oversight by the CCC will help to identify likely barriers and assist in overcoming these. • Clinical and Unit Directors will be directly engaged through the CCC to support this work.

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Clinical Culture Committee

Values	Behaviours (ACT Health Values Fact Sheet)	**In your opinion what behaviours and ways of working with your medical colleagues/medical team best illustrate this value? Provide an example or story which demonstrates this in practice.**
Care	Go the extra distance in delivering services to our patients, clients and consumers. Be diligent, compassionate and conscientious in providing a safe and supportive environment for everyone. Be sensitive in managing information and ensuring an individuals' privacy. Be attentive to others when listening and responding to feedback from staff, clinicians and consumers.	
Excellence	Be prepared for change and strive for continuous learning and quality improvements. Acknowledge and reward innovation in practice and outcomes. Develop and contribute to an environment where every member of the team is the right person for their job, and is empowered to perform to the highest possible standard.	

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Clinical Culture Committee

Value	Behaviours (ACT Health Values Fact Sheet)	In your opinion what behaviours and ways of working with your medical colleagues/medical team best illustrate this value? Provide an example or story which demonstrates this in practice.
Collaboration	Actively communicate to achieve the best results by giving time, attention and effort to others. Respect and acknowledge everyone's input skills and experience by working together and contributing to solutions. Share knowledge and resources willingly with your colleagues.	
Integrity	Be open, honest and trustworthy in communicating with others, and ensure correct information is provided in a timely way. Be accountable, reflective and open to feedback. Be true to yourself, your profession, consumers, colleagues and the government.	

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Clinical Culture Committee

Objectives:

- Raise awareness and educate people of the outcomes and recommendations from the CCC
- Generate support and confidence from identified stakeholders in the purpose of the CCC and commitment of the members to deal with and eradicate inappropriate behaviours
- To have a highly informed staff who are accepting of and championing change

Activity	Channels	Audience	Timeline												Budget	Comments	Measurement	Responsible	Status
			Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16					
Develop, plan and implement CCC campaign to ensure consistent and reiterative messages about culture are abundant around ACT Health. As part of this have a relaunch of ACT Health's values	Launch event Posters TED talks social event postcard drop screen saver video Intranet	All																ACT Health Comms	
Survey staff - NPS - hand on the pulse	Online survey	Clinical staff															Each activity will have its own measurement score and will include: Stakeholder perception scores Statistics on website hits, email opens, attendance at events, circulation of media type. Entries Interaction stats on live sessions survey responses.	ACT Health Comms	
Identify and introduce CCC Patron	Launch event Intranet profile video	Clinical staff																CCC Committee	
Launch Campaign	Event	All																ACT Health Comms and spokesperson	
Campaign rollout	Use of all comms tools as above	All													$5,000			ACT Health Comms and CCC organisers	
CCC one pagers - CCC intent, customised	Email	Senior Exec Senior Doctors Junior AMA/VMOA																ACT Health Comms and CCC organisers	
DG Bulletin - after each CCC meeting	Email	All																ACT Health Comms	
Develop manager toolkit, tips and hints - showcasing success, agenda items for meetings and leadership development	Delivered via Senior Exec	Clinical Directors and Ends																ACT Health Comms and CCC organisers	
Identify change agents and promote these people to clinical staff																		CCC Committee and ACT Health Comms	
Establish a thought leadership group for CCC which meet on a bi-monthly basis to work through issues and to innovate. To organised by CCC organiser																		CCC Committee	
Start an ideas register promoted through CCC Patron and collected via intranet																		ACT Health Comms	
Impact statement release - impact of inappropriate behaviour.	Via change agents Lunch time sessions	Clinical																ACT Health Comms	
CCC key messages will be integrated where appropriate with other communication activities being deliver with ACT Health.																			

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AGENDA

CLINICAL CULTURE COMMITTEE – MEETING NO.7

Date:	**19 July 2016**
Time:	**6.00pm – 7.00pm**
Location:	**Meeting Room 2, Building 24, Canberra Hospital**

ATTENDEES

Name	Position
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, Principal Medical Adviser, ACT Health
Ms Veronica Croome	Member, Chief Nurse, ACT Health
[redacted]	Member, [redacted] 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
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, Commissioner for Public Administration and Deputy Director-General and Workforce Capability and Governance, Chief Minister, Treasury and Economic Development Directorate (CMTEDD)
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
Ms Nancy King	Guest, Manager, Culture and Wellbeing, PSS, ACT Health
Ms Flavia D'Ambrosio	Guest, Manager, Leadership and Management, PSS, ACT Health
Ms Navi Kalsi	Secretariat

AGENDA

1. ATTENDANCE AND APOLOGIES

Apologies: [redacted] Prof Klaus-Martin Schulte and Mr Ric Taylor.

2. MINUTES AND ACTIONS ARISING FROM PREVIOUS MEETING 21 JUNE 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
6.10	3.1	**Medical Culture Action Plan progress** **Senior Doctor Leadership Program (Recommendation 5)** Mandatory Leadership and Management Training update	Ms Flavia D'Ambrosio, Manager, Leadership and Management, Organisational Development
6.20	3.2	**Statement of Desired Culture: Our Culture in ACT Health (Recommendation 2)** Update and Members' discussion	Ms Nancy King, Manager, Culture and Wellbeing, Organisational Development All Members
6.40	3.3	**Communications Strategy (Recommendation 3)**	Chair
6.45	4	**Report for the Minister for Health**	Chair
6.55	5	**Other Business**	Chair
7.00	6	**Next meeting: 16 August 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.

CLINICAL CULTURE COMMITTEE – MEETING NO.7

Date:	**19 July 2016**
Time:	**6:00pm – 7:00pm**
Location:	**Meeting Room 2, Building 24, Canberra Hospital**

ATTENDEES

Apologies

- [redacted] - on leave
- Prof Klaus-Martin Schulte - overseas
- Mr Ric Taylor – sick

Apologies for lateness

- Ms Bronwen Overton-Clarke – ½ hour late as she is attending a meeting of IPPA
- [redacted] – may possibly be late as he is travelling back to Canberra from interstate

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ANNOTATED AGENDA FOR CHAIR

CLINICAL CULTURE COMMITTEE – MEETING NO.7

Date:	**19 July 2016**
Time:	**6:00pm – 7:00pm**
Location:	**Meeting Room 2, Building 24, Canberra Hospital**

ATTENDEES

Name	Position
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, Principal Medical Adviser, ACT Health
Ms Veronica Croome	Member, Chief Nurse, ACT Health
[redacted]	Member, [redacted] 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
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, Commissioner for Public Administration and Deputy Director-General and Workforce Capability and Governance, Chief Minister, Treasury and Economic Development Directorate (CMTEDD)
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
Ms Nancy King	Guest, Manager, Culture and Wellbeing, PSS, ACT Health
Ms Flavia D'Ambrosio	Guest, Manager, Leadership and Management, PSS, ACT Health
Ms Navi Kalsi	Secretariat

Time (pm)	Agenda No.	Topic	Lead
6.00	1	**Attendance and apologies** a. Apologies received from [redacted], Prof Klaus-Martin Schulte and Mr Ric Taylor.	Chair
6.02	2	**Minutes and Actions Arising from previous meeting** Business arising from the Minutes includes: a. Action Items 12 and 16 - five CCC members have responded with comments, contributing to development of the Draft Statement of Desired Culture	Chair
6.10	3.1	**Medical Culture Action Plan progress** **Senior Doctor Leadership Program (Recommendation 5)** a. Ms Flavia D'Ambrosio will present an update on the Doctor Leadership Program. 62 participants have been identified and have received an invitation from the DG to participate. b. The program commences on 30 August for Cohort 1 and 19 September for Cohort 2. c. Attendance status is at Attachment 1	Ms Flavia D'Ambrosio, Manager, Leadership and Management, Organisational Development
6.20	3.2	**Statement of Desired Culture: Our Culture in ACT Health (Recommendation 2)** a. Ms Nancy King will present an overview of the progress for developing the Statement of Desired Culture b. There are a number of discussion points presented for the CCC's decision c. Members Feedback and example format is at Attachment 2	Ms Nancy King, Manager, Culture and Wellbeing, Organisational Development
6.40	3.3	**Communications Strategy (Recommendation 3)** The Chair will present an update on the draft Communications Strategy.	Chair
6.45	4	**Report for the Minister for Health** The Chair will brief the Committee on the progress report provided to the Minister for Health.	Chair
6.55	5	**Other Business**	Chair
7.00	6	**Next meeting: 16 August 2016 6:00 – 7:00pm**	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.

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Minutes
Clinical Culture Committee (CCC)

Meeting Date: **21 June – Meeting No 6**

Subject: Minutes and Actions of CCC

Source: Kelly Lancsar – CCC Secretariat

Purpose/comments: For endorsement

Clinical Culture Committee – 21 June 2016
MEETING MINUTES

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

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

1. Attendance and apologies

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

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

2. Confirmation of minutes from the previous meeting

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

Actions Arising Item 7: Sharing information with other organisations

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

RACS will convene a meeting in July for further discussion.

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

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

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

The Committee ***noted*** the presentation.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Next meeting

Tuesday 19 July 2016, 6:00 – 7:00pm

Actions Arising Register

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

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

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

ACT Government Health

Clinical Culture Committee

Agenda Item 3.1: Senior Doctor Leadership Program

Recommendation:

It is recommended that the Committee:

- Note the update on attendances to attend the Senior Doctor Leadership Program.

Background:

Clinical Directors and Unit Directors were formally invited to participate in the Senior Doctor Leadership Program by the Director-General as Chair of the Clinical Culture Committee (CCC), via email on 14 June 2016. The Program is conducted over four non-consecutive full days, two days in 2016 and two days in 2017. The 62 participants have been grouped into two cohorts to ensure, as much as practical, Divisional colleagues attend with their peers.

Calendar invites have been sent to all participants for all four days.

A formal pre and post program evaluation is being conducted to ensure the program objectives are met.

Issues:

As at 8 July 2016, there have been varying responses as shown in the table below. Attachments 1a and 1b provide the detailed responses.

Cohort 1 31 participants	**Workshop**	**Date**	**No response**	**Accepted**	**Declined**	**Tentative**
	1	30 August 2016	5	24	2	2
	2	1 November 2016	7	23	1	3
	3	7 March 2017	16	13	0	2
	4	8 May 2017	19	10	0	2
Cohort 2 31 participants	**Workshop**	**Date**	**No response**	**Accepted**	**Declined**	**Tentative**
	1	19 September 2016	8	16	7	1
	2	8 December 2016	9	18	4	1
	3	4 April 2017	18	10	2	1
	4	19 June 2017	21	9	0	1

The main reasons provided for non-attendance are:

- On leave (3)
- Prior commitment – attending conference, interstate or overseas (2)
- Clinic (4)

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Doctors who have indicated they cannot attend on the date provided have been offered the alternate date for the workshop/s.

Doctors who have not responded by **COB 12 July** will be contacted and advised to respond to the calendar invites. Executive Directors are also being kept informed and are actively requesting their doctors to attend.

COHORT 1	NAME	POSITION	EMAIL	30-Aug	01-Nov	07-Mar	08-May	NOTES
Medicine	Abhayaratna, Walter (Professor)	Clinical Director of Medicine	Walter.Abhayaratna@act.gov.au	Tentative	Tentative	Accepted	Accepted	
Medicine	Aggarwal, Vipul	Gastroenterology, Unit Director	Vipul.Aggarwal@act.gov.au	Accepted	None	None	None	
Medicine	Dennis Wilson	Endocrinology	Dennis.Wilson@act.gov.au	None	None	None	None	
Medicine	Lueck, Christian (Professor)	Neurology	Christian.Lueck@act.gov.au	Accepted	Accepted	None	None	Advised can only attend afternoon of workshop 1, 30 August, from about 12.30pm.
Medicine	Miller, Andrew	Dermatology	Andrew.Miller@act.gov.au	None	None	None	None	Sent email on 17 June seeking clarification that he would be paid for attending. All VMOs were sent email clarifying payment. As at 6/7/16 have not received response to invites.
Medicine	Nolan, Chris	ACT Diabetes Services	Chris.Nolan@act.gov.au	Declined	Declined	None	None	Can't attend because of Clinic. Offered alternate dates (Cohort 2), can't attend 19 Sept, but can attend 8 December. Sent calendar invite for 8 December. As at 1 July has not responded to 8 December invite.
Medicine	Hurwitz, Mark (Professor)	Respiratory & Sleep	Mark.Hurwitz@act.gov.au	Accepted	Accepted	Accepted	Accepted	
Medicine	Talaulikar, Girish (Associate Professor)	Renal Services	Girish.Talaulikar@act.gov.au	Accepted	Accepted	Accepted	Accepted	
Medicine	Tan, Ren	Cardiology	Ren.Tan@act.gov.au	Accepted	None	None	None	
Medicine	Martin, Sarah	Canberra Sexual Health Clinic	Sarah.Martin@act.gov.au	Accepted	Accepted	Accepted	None	
Medicine	Perera, Chandima	Rheumatology	Chandima.Perera@act.gov.au	None	None	None	None	
Medicine	Parekh, Vanita (Associate Professor)	Clinical Forensic Medical Services	Vanita.Parekh@act.gov.au	Accepted	Accepted	Accepted	Accepted	
Medicine	Swaminathan, Ashwin	Acute General Medicine Services (MAPU)	Ashwin.Swaminathan@act.gov.au	None	None	None	None	
Medicine	Dugdale, Paul (Associate Professor)	Chronic Disease Management	Paul.Dugdale@act.gov.au	N/A				Received an out of office advising that Dr Carol Huang is Acting Medical Director Chronic Disease Management. Sent invites to Carol, who accepted workshop 1 and 2.
Medicine	Huang, Carol	A/g Director, Chronic Disease Management	carol.huang@act.gov.au	Accepted	Accepted	None	None	Attending instead of Paul Dugdale
Medicine	Coatsworth, Nick	Infectious Diseases	Nicholas.Coatsworth@act.gov.au	Accepted	Accepted	Tentative	Tentative	
Pathology	Kennedy, Karina	Microbiology, Director	karina.kennedy@act.gov.au	Accepted	Accepted	Received out of office until 30 July, need to resend email when she returns.	Received out of office until 30 July, need to resend email when she returns.	
Pathology	Jain, Sanjiv (Associate Professor)	Anatomical Pathology, Director	sanjiv.jain@act.gov.au	Accepted	Accepted	Received out of office until 12 July	Received out of office until 12 July	
Pathology	Pidcock, Michael	Haematology, Director	michael.pidcock@act.gov.au	Accepted	Accepted	Accepted	Accepted	Emailed Michael on 5 July asking that he respond to the other 3 invites. Michael responded to email indicating he is attending all workshops, still waiting to have confirmaiton via calendar invite.
Pathology	Hickman, Peter (Associate Professor)	Chemical Pathology, Director	peter.hickman@act.gov.au	Accepted	Accepted	None	None	
WY&C	Lim, Boon (Associate Professor)	Obstetrics & Gynaecology	boon.lim@act.gov.au	Accepted	Accepted	Accepted	Accepted	
WY&C	Carlisle, Hazel	Neonatology	hazel.carlisle@act.gov.au	Accepted	Accepted	Accepted	Accepted	
WY&C	Peek, Michael (Professor)	Paediatric Surgery	Michael.Peek@act.gov.au	Accepted	Accepted	Accepted	None	
WY&C	McDonald, Tim	Professor of Obstetrics and Gynaecology	Tim.McDonald@act.gov.au	Accepted	Accepted	Accepted	Accepted	
RACC	Katsogiannis, Christos	Rehabilitation, Clinical Director	Chris.Katsogiannis@act.gov.au	Accepted	Accepted	Accepted	Accepted	
RACC	Paramadhathil, Anil	Geriatric Medicine, Clinical Director	Anil.Paramadhathil@act.gov.au	Declined - attending workshop 1 on 19 September	Accepted	Accepted	Accepted	On leave for workshop 1, but has accepted invitation to attend workshop 1 on 19 September.
Other	Blythe, David	Principal Medical Advisor	David.Blythe@act.gov.au	Accepted	Accepted	Accepted	Accepted	
Other	Mitchell, Andrew	Director of Territory Wide Surgical Services	Andrew.Mitchell@act.gov.au	Accepted	Accepted	Accepted	Accepted	
Other	Wilkinson, Christina	Chief Medical Administrator	Christina.Wilkincson@act.gov.au	Tentative	Tentative	Tentative	Tentative	
Other	Douglas, Kirsty (Professor)	Academic Unit of General Practice	Kirsty.Douglas@act.gov.au	Accepted	Accepted	Received out of office 11 July	Received out of office 11 July	Has accpeted invites via her ANU email address
Calvary	[redacted]	Calvary Hospital	[redacted]	None	Accepted	None	None	
Calvary	[redacted]	Calvary Hospital	[redacted]	Accepted	None	None	None	
Participants from Cohort 2 who need to attend with Cohort 1								
SAOH	Ashman, Bryan	Clinical Director of SAOH	bryan.ashman@act.gov.au	Accepted	N/A	N/A	N/A	Can't attend workshop 1 on 19 September, so is attending on 30 August.
SAOH	Hyam, Dylan	Oral & Maxillofacial Surgery	dylan.hyam@act.gov.au	Accepted	N/A	N/A	N/A	Can't attend workshop 1 on 19 September, so is attending on 30 August.
SAOH	McCarten, Gregory	Plastic Surgery	Gregory.McCarten@act.gov.au	N/A	Tentative/ Accepted?	N/A	N/A	PA is Sharon Salvador, cc her in any correspodence. Sent Dr McCarten alternate date for workshop 2, 1 November. Dr McCarten has accepted, but may not be attending as he lives in Melbourne and it's Melbourne Cup on 1 November.
MHJHADS	Tracy, Diana		diana.tracey@act.gov.au	N/A	Accepted	N/A	N/A	Attending workshop with cohort 2, workshop 2 with cohort 1.

COHORT 2	NAME	POSITION	EMAIL	19-Sep	08-Dec	04-Apr	19-Jun	NOTES
SAOH	Ashman, Bryan	Clinical Director, Surgical Services	Bryan Ashman@act.gov.au	Declined	Accepted	Accepted	Accepted	Can't attend workshop 1 on 19 September, so is attending on 30 August.
SAOH	Bissaker, Peter	Cardiothoracic Surgery	Nicole.Dennis@act.gov.au	None	None	None	None	CC his Personal Assistant in Health, Nicole Dennis. On 23 June, Nicole indicated she had forwarded all emails to
SAOH	Bradshaw, Stephen	Vascular Surgery	[redacted]	None	None	None	None	On 24 June indicated to Barb he would make arrangements to attend. Dr Bradshaw is currently on leave.
SAOH	Brussel, Thomas (Professor)/ Oerder, Vaugn	Anaesthesia/ Deputy Director (Dr Oerder)	Thomas.Brussel@act.gov au	None	None	None	None	Prof Brussel declined and suggested the Deputy Director should be invited. Dr Oerder has been send the invite, as at 6/7/16 no response received.
SAOH	Pham, Tuan	ENT	[redacted]	None	None	None	None	On 24 June indicated to Barb he would make arrangements to attend. Is currently on leave.
SAOH	McDowell, David (Associate Professor)	Neurosurgery	David.McDowell@act.gov.au	Declined	None	None	None	Is in Europe and cannot attend. Offered him the alternate date of 30 August, did not receive response, so I just sent him the invite anyway.
SAOH	McCarten, Gregory	Plastic Surgery	Gregory.McCarten@act.gov au	Accepted	Declined	Accepted	Accepted	PA is Sharon Salvador, cc her in any correspodence. Sent Dr McCarten alternate date for workshop 2.
SAOH	Essex, Rohan	Ophthalmology	Rohan.Essex@act.gov au	Accepted	accepted	Received out of office until 18 July	Received out of office until 18 July	
SAOH	Fitzgerald, Ailene	Shock Trauma Services	Ailene.Fitzgerald@act gov.au	Declined	Accepted	None	None	Cannot attend due to leave and cannot atten
SAOH	Jain, Romil	Pain Management	Romil Jain@act.gov au	Accepted	Accepted	Accepted	Accepted	
SAOH	Smith, Paul (Professor)	Orthopaedic Surgery	[redacted]	Declined	Declined	None	None	Declined because is operating all day.
SAOH	Davis, Ian	General Surgery, Head	[redacted]	None	None	None	None	
SAOH	Hyam, Dylan	Oral & Maxillofacial Surgery	dylan.hyam@act.gov.au	Accepted	None	None	None	
SAOH	Schulte, Klaus-Martin (Professor)	Professor of Surgery	km.schulte@anu.edu.au	Accepted	Accepted	Accepted	None	
Critical Care	Avard, Bronwyn	Intensive Care	Bronwyn.Avard@act.gov au	Tentative	Tentative	Tentative	Tentative	Bronwyn will no longer be in ACT Health from mid August. Has indicated she will advise who the new CD is when appointed.
Critical Care	Hollis, Gregory	Emergency Medicine	gregory.hollis@act.gov au	Declined	Accepted	None	None	Cannot attend worksho 1 on either dates. Have advised I will send him materials for workshop 1, suggested he go through materials with a colleague or I can also do it.
Critical Care	Grove, Kelvin	Capital Region Retrieval Service (Director)	Kelvin.Grove@act.gov.au	None	None	Received out of office until 18 July	Received out of office until 18 July	
Critical Care	Piscioneri, Frank	Acute Surgical Unit, Clinical Director	Frank.Piscioneri@act.gov au	Accepted	Accepted	Accepted	Accepted	
Critical Care	Guduguntla, Muruli	Medical Imaging	Murali.Guduguntla@act.gov.au	None	None	None	None	
MHJHAD	Riordan, Denise	Child & Adolescent Mental Health Services	Denise.Riordan@act.gov.au	Accepted	Accepted	None	None	
MHJHAD	Norrie, Peter	Director, Clinical Services	Peter.Norrie@act.gov.au	Accepted	Accepted	Accepted	Accepted	Peter is resigning but will attend the first workshop and then person taking over his position will attend.
MHJHAD	Evans, Mandy	ACT-Wide Mental Health Services	Mandy.Evans@act.gov.au	Accepted	Accepted	Accepted	Accepted	
MHJHAD	Levy, Michael (Professor)	Justice Health Services	Michael.Levy@act.gov.au	Declined	Accepted	Accepted	Accepted	Is on leave 24 to 21 September, so can't attend either dates of workshop
MHJHAD	Parige, Raj	Alcohol & Drug Services	raj.parige@act.gov au	Accepted	Declined	None	None	Can attend workshop 1, can't attend workshop 2 so offered alternate date, which he indicated he can attend.
MHJHAD	Wetenaur, Florian	Clinical Director, Adult Services	florian.wetenaur@act.gov.au	Accepted	Accepted	Received out of office until 11 July	Received out of office until 11 July	
MHJHAD	Tracy, Diana	Director of Training, Adult Mental Health U	diana.tracy@act gov.au	Accepted	Declined	Accepted	Accepted	Can't attend workshop 2 on 8 December, have sent her altnative option of 1 November
CA&CHS	Craft, Paul (Associate Professor)	Clinical Director, CACHS	Paul.Craft@act.gov au	Declined	Accepted	Accepted	Accepted	
CA&CHS	Yip, Desmond	Medical Oncology	Desmond.Yip@act gov.au	None	Accepted	Tentative	None	
CA&CHS	Elsaleh, Hany (Associate Professor)	Radiation Oncology	Hany.Elsaleh@act.gov.au	None	Accepted	None	None	
CA&CHS	D'Rozario, James	Clinical Haematology, Director	james.d'rozario@act.gov au	Accepted	Accepted	None	None	
CA&CHS	Cook, Matthew (Professor)	Immunology, Director	matthew.cook@act gov au	Accepted	Accepted	Declined	None	Can't attend dates that fall on Tuesdays due to clinics. Both workshop 3 are on Tuesdays.
Participants from Cohort 2 who need to attend with Cohort 1								
RACC	Paramadhathil, Anil	Geriatric Medicine, Clinical Director	Anil.Paramadhathil@act.gov.au	Accepted	N/A	N/A	N/A	On leave for worksho 1 on 30 August, but has accepted invitation to attend workshop 1 on 19 September.
Medicine	Nolan, Chris	ACT Diabetes Services	Chris.Nolan@act.gov.au	Declined	Accepted?	N/A	N/A	Can't attend because of Clinic. Offered alternate dates (Cohort 2), can't attend 19 Sept, but can attend 8 December. Sent calendar invite for 8 December. As at 1 July has not responded to 8 December invite.

ACT Government Health

Clinical Culture Committee

Agenda Item 3.2: Statement of Desired Culture: Our Culture in ACT Health

Recommendations:

It is recommended that the Committee:

1. Agree on the purpose of the Statement of Desired Culture and how it will be used.
2. Decide whether the Statement of Desired Culture is aimed at medical staff only, or across ACT Health
3. Agree to the draft format for the Statement of Desired Culture (see Attachment 2)
4. Endorse as the title for the Statement of Desired Culture: *We Care for People – Our Culture in ACT Health*
5. Note the proposed scope of involvement of the Colleges

1. Background

1.1 Consultation Process

This project addresses the recommendation of the *Review of the Clinical Training Culture at Canberra Hospital and Health Services* to formulate *Our Culture in ACT Health.*

The current organisational values arose from the 2007 ACT Health Workplace Culture Survey and were established in 2009. The current values and related behavioural characteristics are still relevant in 2016.

The work to develop the Statement of Desired Culture is in its early stages and forward meetings planned are at Attachment 1. The questions to Doctors' focus groups are linked to each of the four organisational values – Care, Excellence, Collaboration and Integrity:

- How can ACT Health display this value to staff?
- What behaviours by doctors display this value?
- What constitutes inappropriate behaviour?

Consultation with doctors is now underway (see Attachment 1). The consultation process includes an explanation of the work of the Clinical Culture Committee (CCC).

Issues raised by participants to date are:

- How does the CCC communicate with staff?
- Why is there no CCC member from Women and Children?
- Workload having a high impact on stress levels;
- Sexism and racism exist;
- Allegations that bullying and sexism happen every day;
- 'Respect' is missing from organisational values; and

- A degree of cynicism about the willingness of those in leadership positions to make cultural change. Perception that some leaders are not following through on addressing inappropriate behaviour.

2. Issues

There are questions relating to use, content, scope, title and involvement of external parties in developing the Statement, which require the attention of the Committee:

2.1 What is the purpose of the Statement and how will it be used?

The end-use needs to be clearly defined, and serve to drive actual change in behaviours and practices. The values articulated must translate into specific examples of behaviours and practices that ACT Health, patients and families can expect to see demonstrated by all staff, and into behaviours and practices that ACT Health staff displays to patients, families and colleagues.

These specific behaviours and practices need to be developed in collaboration with staff members, and will broadly address the following:

a) Raising awareness of inappropriate behaviours and the consequences of breaching the expected standards
b) Ensuring that new doctors understand the organisation's expectations of them
c) Recognition and acknowledgement of exemplary performance and behaviour to help build a positive culture
d) integration into policies governing unacceptable and unlawful behaviours, including discrimination, harassment and bullying

Discussion Points:

- How will *Our Culture in ACT Health* be used to manage people, culture and change?
- Will there be consequences for individual staff if the proposed list of acceptable behaviours is breached?

2.2 Is the Statement of Desired Culture aimed at medical staff only, or across ACT Health?

The Terms of Reference Clause 3.1 (see Attachment 3) specify the CCC's scope of the work is within the medical culture, however, the outcomes of confining the use of the Statement only to doctors needs to be considered.

If the scope is to be broader, the consultation will need to be correspondingly broadened which will impact on the timeframe for finalising the Statement of Desired Culture.

Discussion Points

- How will a Statement aimed only at Doctors be received within ACT Health?
- What are the benefits and disadvantages of having a Statement of Desired Culture only for doctors?

2.3 Proposed format and title for the Statement of Desired Culture

A major consideration in defining a desirable culture is alignment of values of individual staff members with the values articulated by the organisation. It has been repeatedly demonstrated that such alignment is a characteristic of high-performing organisations. The Statement needs to reflect this harmony.

Five CCC members have responded to the request for input for the *Our Culture in ACT Health*. A suggested format, based on Members' input is at Attachment 2.

Our Culture in ACT Health will be a high level statement that people can easily relate to and which reflects the active steps ACT Health staff and the CCC will take to build a positive organisational culture e.g. high level leadership, clear policies, prompt intervention and appropriate actions, education and training opportunities on appropriate and inappropriate behaviours, restorative practice, transparency and accountability. It is proposed there will be a list of acceptable and unacceptable behaviours.

To attract attention of staff, the title must be relevant, realistic, usable and 'owned'. In short, it must reflect the core reason why people choose to work in ACT Health. Care is perhaps the most essential value of the public health system. If one accepts this premise, then a suggested title could be, for example:

"We Care for People"
Our Culture in ACT Health

Discussion Points:

- Is *We Care for People - Our Culture in ACT Health* a suitable title for the Statement of Desired culture?
- Do Members have any further suggestions for a title?
- Do Members have any further suggestions regarding the proposed format i.e. a high level statement accompanied by a list of respectful and disrespectful behaviours?

2.4 Proposed scope of involvement of the Colleges in finalisation of the Statement

A meeting was held with the local representative of Royal Australasian College of Surgeons (RACS) on 28 June 2016 and a further joint meeting providing feedback to ACT Health surgeons on the RACS' campaign *Let's Operate with Respect,* and *Our Culture in ACT Health* is planned.

It is proposed that other Colleges will also be informed of progress with this initiative, but it is not anticipated that all speciality medical Colleges will be consulted in the drafting of the Statement rather they will be informed of its implementation.

Item 3.2 - Attachment 1 - Our Culture in ACT Health

Consultation with Doctors as of 8 July 2016

Date	Time	Unit	Venue	Chair
Monday 20/6	1000-1030	Surgery	ED SAOH Office, Building 24, level 2	Dr Brian Ashman and Clinical Director Barbara Reid
Monday 4/7	1045 -	Neonatology Management meeting	MR10 L2 Bld.11 WYC Orange building	Dr Hazel Carlisle Clinical Director WYC Division
4 July	12.30	Geriatric Medicine Unit Staff Committee Meeting - Clinical Culture presentation	Building 15 meeting room 1	Dr Anil Paramadhathil – Director Geriatric Medicine
4 July	5.30 – 7.00 pm	Internal Medicine Rescheduled	Building 24 MR1	Dr Walter Abhayaratna
13 July	12.30-1.30	Mental Health Justice Alcohol & Drug Service	Tribunal Room, B 25	Dr Saba Javed
13 July	1700	Cancer Ambulatory and Community Health Support Screening diagnostic treatment and palliative care	ACTH-TCH-CRCC-StfTutL5 (B19L5-10s)	Professor Paul Craft
Monday 18 July	1230	Rehabilitation Medicine Australasian Faculty of Rehab Medicine Royal Australasian College of Physicians	12A meeting room Building 3 Level 2.	Chris Katsogiannis Staff Specialist
19 July	1000	Nursing Executive Group	Bld 24 Room 2	Veronica Croome
21 July	1230-2.00	Nurse Managers	CR1B2L3-25s EWB?	
25 July		Rehab Medicine	Bld 12A meeting room	Dr Chris Katsogiannis
1 August	5.30 – 7.30	Internal Medicine	Building 24 MR1	Dr Walter Abhayaratna
3 August	10:00-11:00	JMO Culture Focus Group	ACTH-TCH-WY&CMR1(B11-L3-BLE-12s)	
3 August	5:30-6:30pm	JMO Culture Focus Group	ACTH-TCH-B1L5-MR1	
4 August	2:30-3:30pm	JMO Culture Focus Group	ACTH-TCH-12BTutorial(B3L2M-15s)	
4 August	6:00-7:00pm	Registrar Culture Focus Group	ACTH-TCH-WY&CMR1(B11-L3-BLE-12s)	
9 August	11:00am-12:00pm	JMO Culture Focus Group	ACTH-TCH-CRCC-StfTutL4(B19L4-20s)	
9 August	5:30-6:30pm	Registrar Culture Focus Group	ACTH-TCH-CRCC-StfTutL4(B19L4-20s)	
10 August	12:30-1:30pm	JMO Culture Focus Group 1	ACTH-TCH-B24-MR2 (L1-20s)	

10 August	5:30-6:30pm	Registrar Culture Focus Group	ACTH-TCH-B1L5-MR1	
15 August		Division of Medicine	TBA	

To be arranged: 2 x focus groups for Neonatology junior and senior doctors
2 x focus groups for Geriatric medicine Unit junior and senior doctors

Item 3.2 - Attachment 2

We Care About People – Our Culture in ACT Health

Example format based on Members' input

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We Care About People - Our Culture in ACT Health

"Every one of us is here to care for our fellow human beings as they experience disease, injury, disorder, pain, distress, sorrow and grief. We share their path. Their welfare is our highest command. We contribute in different roles: as doctors, nurses, managers, allied health practitioners, house-keeping staff, laboratory specialists, students, teachers, researchers, and pastoral carers and in ever more specialised professions. Whatever our place, we are here with a joint purpose: to help those who need our help. Often that implies helping each other, too. To our fellow human beings we owe what we wish they bring to us.

We acknowledge that we are never perfect, but we always aim at getting better at what we do. We forgive failings, but we shall not rest before the work is done and the best is achieved. We contribute in the framework of an organisation, but we stand responsible and accountable for what we do as individuals. It is for us to improve things were they fail. It is for us to seek for ever better ways. We learn, we teach, we harness strength. We mend weakness. We do not abuse or bear false witness against each other. And whilst we come here to earn our money we remain conscious that our reward is deep in the eyes of the one whom we serve".

Respectful Behaviours	Disrespectful Behaviours
Care	
Clinical leaders lead by example and avoid discrimination, humiliation and abuse of power. The patient should be at the heart of everything we do and the decisions we make. Communication with all colleagues will be respectful and courteous. We will foster a safe open environment to ensure wellbeing of staff.	Bullying and harassment in the clinical setting reduce the level of safety for patients by creating a culture of blame. Unwanted and unwarranted criticism by clinical leaders devalues the efforts of others providing patient care.
Excellence	
Clinical leaders should recognise the level of others' abilities and provide appropriate instruction and supervision. We will ensure staff have the tools, training and opportunities to develop and progress, and ensure clear merit based processes We will foster quality improvement for all team members	Impatience, hostility, sarcasm and denigration in clinical teaching situations reduce self esteem and self confidence in junior staff and students. The needs of patients must come before personal ambition
Collaboration	
Clinical leaders need to demonstrate respect for other team members' skills and opinions, encourage them to voice their concerns and value their input. Respect, dignity and compassion will be at the core of how we treat not only patients but each other. We will provide a safe environment for clinical collaboration and innovation, and show respect and care for all opinions within the multidisciplinary team, acknowledging everyone has an important role to play	Dealing with confrontational behaviour by clinical leaders distracts other team members from their activities and can impair awareness and vigilance in the clinical situation. Team members are less likely to speak up about problems which can lead to complications for the patient.
Integrity	
Clinical leaders are ethical and respectful with colleagues and fair and unbiased in their assessment of the performance of staff under their supervision. Staff will be valued, empowered and supported to speak up when things go wrong. We will encourage an environment of learning, not blame or shame.	Blaming others for mistakes, abdicating responsibility, unfairly criticising the performance of other people or showing favouritism all represent unprofessional and unacceptable attitudes to other staff and colleagues. Everyone is accountable for their behaviour in interactions with others

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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.

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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:

- 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 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

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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 Committe 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: Nicole Feely	
Director-General: Nicole Feely	Date: 30/11/2015

ACT Government
Health

Clinical Culture Committee

Communications and Engagement Strategy

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

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

Link to Government Priorities

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

1. Executive Summary

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

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

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

The strategy will be on the following principals:

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

Overarching key messages for the strategy are:

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

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

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

2. Background & Purpose

Background

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

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

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

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

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

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

- Work with the Executive and Clinical Directors to conduct further detailed analysis of those areas noted in this review as having a culture that accepts or condones bullying, discrimination and/or harassment.
- Engage senior leaders and staff across CHHS in developing a statement of the desired culture for success.
- Develop, implement and embed a positive culture, patient and colleague focused, 'saturation' and 'maintenance' communications campaign.
- Adjust reward, performance and induction structures for leadership to specifically address behaviours. Consider recruitment processes, recognising limited market.
- Develop and institute mandatory leadership and management training for all clinicians who hold a leadership or management position.
- Review governance structures in relation to the accountabilities and reporting requirements associated with bullying and harassment.
- Strengthen policy statements to clarify and commit to consequences for unacceptable behaviour.

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

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

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

Purpose

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

- Ensure that key stakeholders are kept informed of the work of the Clinical Culture Committee and more broadly the progress of the associated projects
- Provide regular information on the project to stakeholders
- Explain the context of the CCC and projects within the broader ACT Health Directorate priorities to build a Health Service prepared for future demands and opportunities where the patient is front and centre of all decisions.

3. Communications Objectives and KPIs

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

The objectives and key performance indicators will be:

Objective	KPI	Measurement	Values
• Raise awareness and educate people of the outcomes and recommendations from the CCC	High percentage of stakeholders report that they feel ACT Health has provided adequate information about the CCC and associated actions/outcomes	• Number of opens from electronic media – subscribes vs unsubscribe • Webinar views • Intranet visits, length of stay, interaction • Attendance at info sessions, log-ons to webinar • Anecdotal feedback These stats will be used for benchmarking purposes	Care Integrity
• Generate support and confidence from identified stakeholders in the purpose of the CCC and commitment of members of the CCC to deal with and eradicate inappropriate behaviours in the clinical field, through involving, consulting with and empowering identified stakeholders.	High percentage of stakeholders provide feedback and report that they feel they have been heard High percentage of stakeholders being involved in providing ideas and being actively involved in the decision making process Overall feel from primary audience that they understand how they will be impacted and the change expected	• Positive media story • Participation in survey numbers • Interest in sub-committee • Ideas register/innovation hub use • Impact statement received • Participation in thought leadership groups, polling and workshops • Anecdotal feedback • Manager feedback • Participation and attendance on sub-committees • Numbers engaged in polling	Care Collaboration Integrity Excellence
• Empower people to take action and trust that ACT Health are taking this issue seriously and are determined to initiate change where needed.	Increase in positive perception of brand and culture of ACT Health and working in clinical environment	• Survey results • Positive media • Success stories shared • Other services contacting us for advice • Increase in training	Care Collaboration Integrity Excellence

A monthly report will be provided.

4. Target Audience

The target audiences for this communications strategy have been divided into two tiers, those that will be more actively involved in the project are Tier 1 stakeholders:

Stakeholder	Involvement	Who
Tier 1 Stakeholders		
Senior Medical Staff	Interested in CCC and associated project outcomes, including statement of desired culture and any campaigns that are aimed at eradicating negative cultures in ACT Health. Will be required to participate and provide positive outcomes to the project.	
Senior Executive	Interested in CCC and associated project outcomes, including statement of desired culture and any campaigns that are aimed at eradicating negative cultures in ACT Health. Will be required to participate and provide positive outcomes to the project.	DG DDG EDs/Directors
Junior Doctors	Interested in the seven recommendations and the commitment that ACT Health shows to these. Will be required to participate and provide positive outcomes to the project.	
Australian Medical Association **Visiting Medical Officer Association**	Interested in any future long-term impact on changes to current roles, duties and expectations for staff and results of CCC.	
Tier 2 Stakeholders		
Minister for Health **Assistant Minister for Health**	Interested in measures to improve clinical culture within ACT Health and innovation used to achieve this.	
ACT Health Staff	Interested in CCC project outcomes and broader impact	All staff
Professional Colleges	Interested in CCC project, outcomes and potential partnering in solutions	
Media	Are engaged to provide information to the wider Canberra community. This project may generate interest in the media if internal stakeholders are unhappy.	(Local media such as the Canberra Times, ABC 666)
Australian Health Practitioners Regulation Agency (AHPRA), Canberra Region Medical Education Council , Australian Nursing and Midwifery Foundation (ANMF)	Interested in CCC project, outcomes and potential partnering in solutions	
Health Care Consumers ACT	Interested in recommendations and how they can be involved in projects to improve culture	

5. Key Messages

Overarching

- ACT Health's cares about its staff, patient experience and culture
- There is zero tolerance for inappropriate behaviours in the ACT Health workplace
- ACT Health will support and provide guidance to all staff who speak out against inappropriate behaviours and those who are directly impacted by this.
- Prompt action will take place as soon as these behaviours are reported/made visible.
- ACT health takes seriously its core values of care, collaboration, excellence and integrity and expects every employee in ACT health to abide by these everyday
- We must all step up, be dedicated to removing unacceptable culture from our organisation and commit to: 'bullying, harassment and inappropriate behaviours stop with me, now'.

Initial key messages to specific audiences

Target Audience	Key Messages
Junior Medical Officers	• Poor culture and inappropriate behaviour will not be tolerated and should be reported. • Concerns can be raised with a member of the CCC, Clinical Directors, HR, the Medical Officer Support and/or Employment and Training Unit • If you have suggestions about how to improve culture, contact a member of CCC to discuss these ideas further. • Regular information will be provided to staff and stakeholders about the progress of the committee.
Senior Medical Officers **Senior Executive**	• Poor culture and inappropriate behaviour will not be tolerated. • Bystanders are offenders. If you see something, do something about it. • ACT Health must provide a culture that is positive, productive and develops the clinical and professional skills of our future clinical leaders. • This is an opportunity to focus on the elements of our culture that have let us down
All other ACT Health Staff	• Poor culture and inappropriate behaviour will not be tolerated in any part of the workforce and should be reported. • RED Officers exist within all areas of the workforce who can provide assistance to anyone concerned about the way they are being treated.
External stakeholders	• ACT Health is working to improve its clinical training culture. • The CCC has been established to oversee and monitor the delivery of initiatives to ensure appropriate behaviours are evidenced within medical programs across ACT Health. • Poor culture and inappropriate behaviour will not be tolerated in any part of the ACT Health workforce. • The CCC will be responsible for overseeing and implementing initiatives to ensure appropriate behaviours are evidenced within medical programs across ACT Health.

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

6. Issues and Risk Management

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

7. Communication Approach

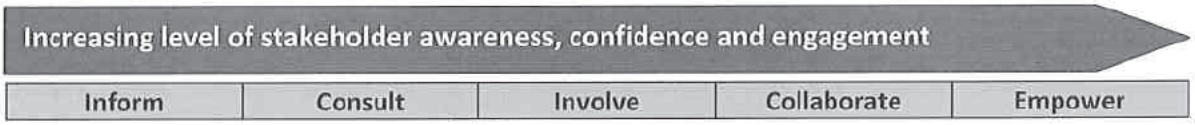
A clear risk to this project is a negative or disengaged response from staff. This risk is particularly significant as the project relies on staff engagement and that they feel involved and listened to and subsequently actively take part in making a difference to the culture in the ACT Health workforce.

Based on the 'good data in - good data out' principle, support from key internal stakeholders is very important to this project. These stakeholders have been identified as Tier 1 Stakeholders in the Target Audience list.

To build support with these stakeholders a program of regular information has been developed to maintain interest and engagement in the project.

Measurement of the strategy will be conducted to assess relevance, delivery, effectiveness and acceptance of the message. Any communications approach will need to align to what is being delivered at the training and workforce planning level to ensure consistency of message and experience. The communications approach has an internal and external outlook to ensure that Act Health is aptly equipped to facilitate any external enquires on this project.

Draft snapshot of communications approach:



Principal	Target audience	Communication tools	
Inform	• Minister and Assistant minister • Junior doctors • Senior medical staff • VMOs • AMA • All ACT Health staff	**Internal** DG bulletin, lunch time talks, webinar, intranet, posters, SMS, manager tool kit, screen savers, flyers, change ambassadors, all staff emails, video messages, podcasts, medical executive committee	**External** Media talking points
Consult	• Junior doctors • Senior medical staff • VMOs • AMA	**Internal** Survey, sub-committee of CCC, ideas register /innovation hub, thought leadership groups and impact statements	**External** Media talking points
Involve	• Junior doctors • Senior medical staff • VMOs • AMA	**Internal** Thought leadership groups, polling and workshops	**External** Media talking points
Collaborate	• Junior doctors • Senior medical staff • VMOs • AMA	**Internal** Junior doctor advisory committee and participatory decision-making	**External** Media talking points
Empower	• Junior doctors • Senior medical staff • VMOs • AMA • All ACT Health staff	**Internal** Training/knowledge transfer, leadership coaching, net promoter score, showcasing success, feedback loops	**External** Media release Talking points

8. Communication tools

Tool	Stakeholder	Frequency
CCC Patron	All	Regular messaging and speaking at events
CCC Campaign – sections customised to audience	All	12 month campaign
CCC one pagers – customised to audience	All ACT Health Staff Junior medical staff Senior medical staff	Campaign launch
DG bulletin	All medical staff	Monthly – after each CCC meeting
Survey / net promoter score	Junior medical staff	6 monthly
lunch time talks (TED Talks)	All staff	monthly
webinar	All ACT Health Staff	Bi-monthly
intranet	All ACT Health staff	daily
posters	All audiences	6 monthly
SMS	All consumers and staff.	random
manager tool kit	Managers	Bi-monthly
screen savers	All ACT Health Staff	Bi-monthly
flyers	All medical staff	6 monthly
change ambassadors	All medical staff	daily
sub-committee of CCC	Junior medical staff	Bi-monthly
ideas register /innovation hub	All ACT Health Staff	daily
impact statements	Junior medical staff	6 monthly
Thought leadership groups	All medical staff and identified external stakeholders	quarterly
polling	All medical staff	random
workshops	Junior medical staff	Bi-monthly
Junior doctor advisory committee	Junior medical staff	Bi-monthly
Training/knowledge transfer	All medical staff	weekly
leadership coaching	All medical staff	Bi-monthly
showcasing success	All ACT Health Staff	As they emerge

9. Project management and spokesperson(s)

The CCC and associated project is being managed by the System Innovation Group. Communications materials will be provided by Health Communications.

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

Project spokespeople are:

- Nicole Feely, Director General - to give corporate leadership messages and project overview
- Ian Thompson, [DDG CHHS] – to provide project briefings to stakeholders as required.
- David Blythe, Principle Medical Advisor
- Ms Veronica Croome, ACT Chief Nurse
- Identified Executive Directors

Approvals for project communications content:

- Nicole Feely, Director General – clearance of all communication
- Ian Thompson, DDG CHHS – clearance of all communications
- Director Government and Communications
- Veronica Croome, ACT Chief Nurse for revision of general staff communications to ensure complementary to other existing projects.
- David Blythe, Principle Medical Advisor for revision of general staff communications to ensure complementary to other existing projects.

10. Strategy Evaluation

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

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

11. Next Steps

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