

Objectives:

- 1. Raise awareness and educate people of the outcomes and recommendations from the CCC
- 2. 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.
- 3. 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																	
Survey staff - NPS - hand on the pulse	Online survey	Clinical staff																	
Identify and introduce CCC Patron	Launch event Intranet profile video	Clinical staff																	
Launch Campaign	Event	All																	
Campaign rollout	Use of all comms tools as above	All														\$5,000			
CCC one pagers - CCC intent, customised	Email	Senior Exec Senior Doctors Junior AMA/VM/OA																	
DG Bulletin - after each CCC meeting	Email	All																	
Develop manager toolkit, tips and hints - showcasing success, agenda items for meetings and leadership development	Delivered via Senior Exec	Clinical Directors and Ends																	
Identify change agents and promote these people to clinical staff																			
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																			
Start an ideas register promoted through CCC Patron and collected via intranet																			
Impact statement release - impact of inappropriate behaviour.	Via change agents Lunch time sessions	Clinical																	
CCC key messages will be integrated where appropriate with other communication activities being deliver with ACT Health.																			

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.

Agenda Item 4: ACT Health Clinical Culture Committee Report for the Minister for Health

Recommendation:

It is recommended that the Committee:

- provide comments on the draft Clinical Culture Committee report to the Minister for Health.

Background

The Clinical Culture Committee Terms of Reference require that a six-monthly report be provided to the Minister for Health. A draft report is attached for comment – this is the first report to be presented to the Minister by the CCC.

The Report provides the Minister with an update on the activities of the CCC and their work. The Report outlines the Medical Culture Action Plan which was developed to address the recommendations of the KPMG *Review of Clinical Training Culture at Canberra Hospital and Health Services* (September 2015) and the findings of the Royal Australasian College of Surgeons' report on discrimination, bullying and sexual harassment. It also outlines the timeframes for implementation and progress to date.



Report to the Minister for Health from the Clinical Culture Committee, June 2016

1. Introduction

In September 2015, following a nationwide focus on bullying, harassment and discrimination by doctors, ACT Health commissioned the *Review of the Clinical Training Culture at Canberra Hospital and Health Services* (Attachment 1), which was conducted by KPMG. The review examined:

- To what extent there is a culture that supports bullying, discrimination and/or harassment which is inconsistent with policies;
- The factors contributing to this culture; and
- What can be done to shift the behaviours in evidence and improve the culture at Canberra Hospital and Health Services?

The review found that 'while frameworks and policies are in place and fit for purpose, they are not always easily accessible or well understood and there remain instances where behaviour is inconsistent with the frameworks and policies' (Review p.2). Seven recommendations were made.

The Clinical Culture Committee (CCC) was established by the Minister as a governance body in response to the findings of the *Review of the Clinical Training Culture at Canberra Hospital and Health Services* 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.

On 27 October 2015, the inaugural meeting of the CCC was held. The Terms of Reference for the CCC are at Attachment 2 with current membership listed at Attachment 3. The endorsed Medical Culture Action Plan to address the review recommendations is at Attachment 4.

2. Medical Culture Action Plan (Attachment 4)

The Medical Culture Action Plan has been developed to address each of the seven recommendations of the *Review of the Clinical Training Culture at Canberra Hospital and Health Services*. It is designed to change behaviour, raise awareness of inappropriate behaviours, provide supporting programs, improve governance mechanisms, and provide greater clarity in policies for managing bullying and harassment issues including bystander responsibilities. The Medical Culture Action Plan also includes the ACT Government initiative on restorative practice.

The plan was endorsed by the CCC in May 2016.

The plan will be implemented in two stages:

- **Stage one** (May – Sept 2016) addresses recommendations 1, 2, 3 and 5 of the Review:
 - 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;
 - 2) Engage senior leaders and staff across CHHS in developing a statement of desired culture for success; and
 - 3) Use statement of desired culture to develop, implement and embed a saturation communications campaign; and

- 5) Develop and institute mandatory leadership and management training for all clinicians who hold a leadership or management position.
- **Stage two** (July 2016 – December 2017) addresses recommendations 4, 6 and 7:
 - 4) Adjust reward and performance measures for leaders to reflect desired leadership behaviours and capabilities;
 - 6) Review governance structures in relation to the accountabilities and reporting requirements associated with bullying and harassment; and
 - 7) Strengthen policy statements to clarify and commit to consequences for unacceptable behaviour.

Further detail on a number of the activities is provided below.

3. Progress update

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

The Review considered 54 confidential written submissions from internal stakeholders and voluntary focus groups attended by 62 internal stakeholders. Interviews were also held with three external stakeholders. The Review report included the observation that participants in the Review wanted to make it clear that inappropriate behaviour was not widespread in every area of training specialty (Review p.12).

In accordance with Recommendation 1, further analysis of medical staff perceptions of bullying and harassment was undertaken and presented to the CCC, based on data from the ACT Health 2015 Workplace Culture Survey. The analysis showed that 231 of 886 (26%) of the ACT Health medical officers responded to the survey (compared with 54% of staff overall), and of this sample 41 of 163 (25%) Visiting Medical Officers 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 CCC has agreed to continue implementing the Medical Culture Action Plan and revisit around December 2016 whether or not to undertake a pulse survey of medical staff to measure any change in perceptions and experience of bullying and harassment.

In addition to this analysis of medical staff responses to the survey, where work units have performed well in terms of improving culture consultations are being held to determine whether there are lessons that might be applicable by other units. There are 13 such high performing units: Cancer Breast screen; E-Health; Psychology; Hospital in the Home; Respiratory and Sleep Science; Child and Mental Health Services North and South; Assertive Community Treatment Team; Core Lab and Calvary; Molecular; Cytogenetic; Microbiology; Rehabilitation Occupational Therapy; Allied Health; and the Postnatal Ward. Findings will be presented for the CCC's consideration.

Visits and consultations have also been held with high-performing external organisations to discuss success factors and gather external ideas which could be replicated within ACT Health. A presentation will be made to the July 2016 meeting of the CCC on applicable lessons from the Princess Alexander Hospital (Brisbane), Queensland Health, Eastern Health (VIC) and Austin Health (VIC).

Recommendation 2: Engage senior leaders and staff across TCH & HS in developing a statement of desired culture for success

The objectives of developing a Statement of Desired Culture are to articulate the positive workplace culture medical staff want to experience, and against which medical staff will hold each other accountable. The Statement will be used as one means of raising awareness of inappropriate behaviour through focussing on the attributes of a positive medical workplace culture.

Starting with CCC members and including focus groups of senior doctors and focus groups of other doctors, the process of developing a Statement of Desired Culture will assist in engaging and empowering 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 within their teams.

Phase 1 – CCC members (30 June 2016) – Members are to provide their views on how the ACT Health values are put into practice as behaviours.

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

Phase 3 – Focus Groups of Doctors (June - August 2016) – Attendees to 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 – Online Consultation (August 2016) - A draft Statement of Desired Culture will be disseminated online to all medical staff for comments and further ideas to inform the final draft of the Statement.

Phase 5 – Approval, feedback and publication (September 2016)

The final Statement of Desired Culture to be presented to CCC for approval. Feedback will be given to all participants in the process. All staff will be made aware of the Statement of Desired Culture, the reason for its development, and how it may be used to 'call out' inappropriate 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.

Recommendation 3: Use statement of desired culture to develop, implement and embed a saturation communications campaign

While the Statement of Desired Culture is intended to be complete in September 2016, a broad communication strategy is currently being developed to raise awareness of appropriate behaviours and how to address inappropriate behaviours, and to promote the CCC and its work. The draft communication strategy will be finalised for endorsement by the CCC at its meeting in July 2016.

Recommendation 4: Adjust reward and performance measures for leaders to reflect desired leadership behaviours and capabilities

This work is scheduled to commence in July 2016 as part of Stage 2 of the Medical Culture Action Plan implementation.

Recommendation 5: Develop and institute mandatory leadership and management training for all clinicians who hold a leadership or management position

The Senior Doctor Leadership Program has been designed for Clinical and Unit Directors across all the clinical units within ACT Health. Around 60 participants have been identified as influential leaders across the organisation, to ensure they have the skills and support to maintain positive and productive workplaces.

The Senior Doctor Leadership Program will provide practical strategies for medical leaders to set expectations, influence behaviour change, confront bad behaviours, diagnose team dynamics, manage organisational conflict, and encourage a culture of innovation.

The program commences in August 2016 and will be delivered by the internationally recognised health sector consultancy organisation The Advisory Board Company. Participants have been grouped into two cohorts to ensure Divisional colleagues attend with their peers to maximise the learning, develop shared understanding of concepts/content and build momentum for agreed processes.

The CCC has noted the benefits of the program and agreed that CCC members who are invited to participate in the program will commit to attending, and that CCC members who have staff who have been identified to attend will encourage and enable those staff to participate.

Recommendation 6: Review governance structures in relation to the accountabilities and reporting requirements associated with bullying and harassment

This work will be undertaken in Stage 2 of implementing the Medical Culture Action Plan and is expected to be complete by October 2016. Liaison with the Royal Australasian College of Surgeons is underway to explore opportunities for improved governance and faster resolution once a complaint is made.

Recommendation 7: Strengthen policy statements to clarify and commit to consequences for unacceptable behaviour

This work will be undertaken in Stage 2 of implementing the Medical Culture Action Plan and is expected to be complete by October 2016.

4. Conclusions

The inappropriate behaviours are not specific to the Canberra Hospital and Health Services and the nationwide focus on bullying, harassment and discrimination behaviours are found across all sectors. The current high profile campaign of the Royal Australian College of Surgeons will assist with the improvement of the medical culture within Canberra Hospital and Health Services. ACT Health takes seriously its core values of care, collaboration, excellence and integrity and many workplace leaders are providing respectful, collegial and non-judgemental interventions to strengthen workplace culture and maintain respectful behaviour. The work of the CCC will support and enhance these efforts.



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

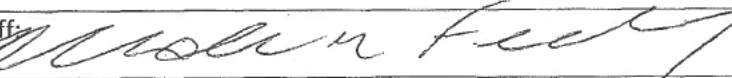
Secretariat functions will be provided by ACT Health.

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

Clinical Culture Committee

ACT Health Clinical Culture Committee Members as at July 2016

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 Yu-Lan Chan	Observer, Executive Director, People Strategy and Services, 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)

Item 4: Attachment 4 - Medical Culture Action Plan

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	Timelines
1.1	Conduct further analysis of Workplace Culture Survey 2015 findings focusing on staff perceptions of inappropriate behaviour in medical units	June 2016 COMPLETE
1.2	Investigate a range of pulse survey tools to effectively monitor culture in medical workforce and track impact of culture improvement initiatives	May-June 2016 COMPLETE
1.3	Recommend selected tool for approval by Director-General and implement roll-out of tool for pulse surveys	Dec 2016
1.4	Distribute and review pulse survey reports	Feb 2017

KPMG Recommendation 2: Engage senior leaders and staff across TCH & HS in developing a statement of desired culture for success		
	Actions	Timeline
2.1	CCC members contribute to the Statement of Desired Culture	30 June 2016
2.2	Conduct consultation process for formulating a Statement of Desired Culture	June-August 2016
2.3	Endorse final Statement of Desired Culture	Mid Sept 2016
2.4	Publish Statement of Desired Culture	Mid Sept 2016
2.5	Launch of Statement of Desired Culture	Mid Sept 2016

Item 4: Attachment 4 - Medical Culture Action Plan

KPMG Recommendation 3: Use statement of desired culture to develop, implement and embed a saturation communications campaign		
	Action	Timeline
3.1	Finalise the broader Medical Culture Communications Strategy which will communicate and promote the work of the Clinical Culture Committee	June 2016
3.2	Review communications Strategy	June 2016
3.3	Execute planned communications strategy	Ongoing
3.4	Organise and publicise social events for doctors	Planning to commence June 2016

KPMG Recommendation 4: Adjust reward and performance measures for leaders to reflect desired leadership behaviours and capabilities		
	Action	Timeline
4.1	Review and refine the performance plan template for doctors	July 2016
4.2	Use performance planning and review processes to clarify and provide feedback on desired leadership behaviours for all doctors	Aug-Sept 2016
4.3	Use 360° feedback tools to broaden the sources for feedback perspectives	Ongoing
4.4	Review the reward and recognition practices for doctors	Aug-Sept 2016
4.5	Work with selected Colleges and People Strategy and Services Branch to consider both rewards and sanctions within the current employment framework and investigate aligning complaints processes where possible	Nov 2016
4.6	Investigate involving patients to provide feedback on the impact of interactions with doctors and the care team	Dec 2016

Item 4: Attachment 4 - Medical Culture Action Plan

KPMG Recommendation 5: Develop and institute mandatory leadership and management training for all clinicians who hold a leadership or management position		
	Action	Timeline
5.1	Develop and deliver <i>Respect at Work</i> courses to Executive and Senior medical staff	COMPLETE
5.2	Develop and deliver <i>Respect at Work</i> courses to all other medical staff	Aug 2016 – Aug 2017
5.3	Procure Senior Doctor Leadership program	COMPLETE
5.4	Advise Clinical and Unit Directors of mandatory attendance at the Leadership program and send invitations	June 2016 COMPLETE
5.5	Commence Senior Doctor Leadership program	30 Aug 2016
5.6	Investigate options for mandatory training for Doctors not part of the Senior Doctor Leadership program	2017
5.7	Publicise and promote attendance at other Leadership and Management Development training programs and courses	Ongoing

Item 4: Attachment 4 - Medical Culture Action Plan

KPMG Recommendation 6: Review governance structures in relation to the accountabilities and reporting requirements associated with bullying and harassment		
	Action	Timeline
6.1	Investigate best practice in governance mechanisms relevant to reporting of complaints of bullying and harassment	Oct 2016
6.2	Review and improve current tracking and reporting of complaints and trends	Sept 2016
6.3	Liaise with other health organisations to investigate the use of an Anti-Bullying Hot Line and provide recommendation to Clinical Culture Committee	Aug 2016

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

CLINICAL CULTURE COMMITTEE – MEETING NO.8

Date:	16 August 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
Ms Marg McLeod	Proxy Member, A/g Chief Nurse, ACT Health
██████████	Member, ██████████ ANU Medical School
Dr Tom Lea-Henry	Member, Medical Registrar, ACT Health
Dr Denise Riordan	Member, Clinical Director, Child and Adolescent Mental Health Services, ACT Health
Prof Klaus-Martin Schulte	Member, Professor of Surgery, ACT Health
Mr Ian Thompson	Member, Deputy Director-General, Canberra Hospital and Health Services (CHHS), ACT Health (Deputy Chair)
██████████	Member, ██████████, 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 Elizabeth Tobler	Guest, Director, Government and Communications, ACT Health
Ms Navi Kalsi	Secretariat

AGENDA

1. ATTENDANCE AND APOLOGIES

Apologies: Dr Denise Riordan and Veronica Croome

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
6.05	3.1	Report on high performing cultures in other healthcare organisations and within ACT Health (Recommendation 1)	Mr Ric Taylor, Director, Organisational Development, PSS, ACT Health
6.20	3.2	Communications Strategy (Recommendation 3) - Draft Communications Strategy	Ms Elizabeth Tobler, Director, Government and Communications, ACT Health
6.35	3.3	Statement of Desired Culture: Our Culture in ACT Health (Recommendation 2) - Update and Members' discussion - Options to extend the work across the organisation	Ms Nancy King, Manager, Culture and Wellbeing, PSS, ACT Health
6.50	3.4	Review Terms of Reference	Chair
6.55	4	Other Business	Chair
7.00	5	Next meeting: 20 September 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 – Tuesday 19th July 2016

MEETING MINUTES

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

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

1. Attendance and apologies

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

2. Confirmation of minutes from the previous meeting

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

3. Medical Culture Action Plan Progress

3.1 Senior Doctor Leadership Program (Recommendation 5)

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

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

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

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

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

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

Members *noted* that:

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

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

Members **agreed** that:

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

Actions:

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

3.3 Communications Strategy (Recommendation 3)

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

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

4. Report for the Minister for Health

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

Action: Members to provide comments on the draft report.

5. Other Business

Nil.

Next meeting

Tuesday 16 August 2016, 6:00 – 7:00pm

Actions Arising Register

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

Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
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 <i>Statement of Agreed Principles</i> is not available for circulation until endorsed, expected early July 2016. July update: Not endorsed yet, so unavailable for the July meeting.	Secretariat	Open
10.	May 2016	2	Circulate to members a copy of the Medical Board of Australia and CanMEDS Code of Conduct	Circulated to Members	Secretariat	Closed
11.	May 2016	2	Circulate to members a copy of the ACT Public Service Code of Conduct	Circulated to Members	Secretariat	Closed
12.	May 2016	2	Committee members provide feedback and ideas on the formulation of a Statement of Desired Culture on the template provided to Ms Nancy King by Tuesday 7 June 2016	Only 2 responses received. Deadline was extended to 30 June 2016 at the CCC meeting of 21 June 2016	All Committee members	Closed

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 14/06/16	All Committee members	Closed
14.	May 2016	5	Invite Calvary to participate in the Senior Doctor Leadership Program	One nomination received	Organisational Development	Closed
15.	June 2016	2	Committee members provide feedback and ideas on the formulation of a Statement of Desired Culture to Ms Nancy King by 30 June 2016	5 Committee members have contributed.	All Committee members	Closed
16.	June 2016	3	Comments on draft Communications Strategy to Ms Julia Teale by 8 July 2016	No comments were received.	All Committee members	Closed
17.	June 2016	3	Nominate a suitable, respected Patron or Champion to be the face of the Medical Culture Communications Strategy		All Committee members	Open
18.	July 2016	5	Discuss attendance at the compulsory Senior Doctor Leadership Program with those doctors who sent apologies due to their clinic schedules.		Mr Ian Thompson and Dr David Blythe in liaison with Ms Flavia D'Ambrosio.	Open
19.	July 2016	2	Provide out of session comments about the format and the title of the Statement of Desired Culture to the Secretariat		All Committee members	Open

Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
20.	July 2016	2	Explore how to better support managers in managing complaints and underperformance		Ms Yu-Lan Chan	Open
21.	July 2016	2	Arrange for Ms Nicole Feely and Mr Ian Thompson to visit JMOs sessions (e.g. JMO forum) to talk about culture and behaviour		Ms Christina Wilkinson	Open
22.	July 2016	-	Provide comments to the Secretariat on the draft report to the Minister		All Committee members	Open
23.	July 2016	6	Provide an example of a de-identified corporate governance report to Ms Yu-Lan Chan		Dr David Blythe	Open

Decision Register

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



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:

- ACT Health's acknowledges that valued staff provide patients and consumers with great experiences and that a positive organisational culture is paramount.
- It is everyone's responsibility to uphold ACT Health's values of Care, Integrity, Collaboration and Excellence whilst at work.
- ACT Health does not and will not tolerate bullying, discrimination and harassment in the workplace
- ACT Health is actively strengthening its leadership and processes to ensure all reported concerns are dealt with appropriately in a timely manner.
- ACT Health's RED officer network is designed to support staff that raise concerns about organisational behaviour.

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 KPMG 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
<ul style="list-style-type: none"> Raise awareness of ACT Health's values and consult with staff on their desired organisational culture. 	High percentage of stakeholders can identify the ACT Health's values High percentage of staff consulted in developing the desired organisational culture.	<ul style="list-style-type: none"> Number of opens from electronic media – subscribes vs unsubscribe Intranet visits, length of stay, interaction Attendance numbers at focus groups Attendance numbers at the launch Anecdotal feedback These stats will be used for benchmarking purposes	Care Integrity Collaboration
<ul style="list-style-type: none"> To develop a safe and supportive workplace where bullying, discrimination are minimised and staff report concerns with the confidence these behaviours will be dealt with appropriately. 	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	<ul style="list-style-type: none"> Positive media story Participation in survey numbers Interest in sub-committee Ideas register/innovation hub use Impact statement received Participation in thought leadership groups and focus groups Anecdotal feedback Manager feedback Participation and attendance on sub-committees 	Care Collaboration Integrity Excellence
<ul style="list-style-type: none"> Engage staff to strive for a culture of success. 	Increase in positive perception of brand and culture of ACT Health and work areas.	<ul style="list-style-type: none"> Survey results Positive media Success stories shared Other services contacting us for advice Increase in training 	Care Collaboration Integrity Excellence

A monthly report will be provided.

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.	
ACT Health Staff	Engagement in promoting and actioning the ACT Health values and organisation culture. Involvement in thought leadership group. Attendance at talks promoting cultural reform. Interested in CCC project outcomes and broader impact	All staff
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.	
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 acknowledges that valued staff provide patients and consumers with great experiences and that a positive organisational culture is paramount.
- It is everyone's responsibility to uphold ACT Health's values of Care, Integrity, Collaboration and Excellence whilst at work.
- ACT Health does not and will not tolerate bullying, discrimination and harassment in the workplace

- ACT Health is actively strengthening its leadership and processes to ensure all reported concerns are dealt with appropriately in a timely manner.
- ACT Health's RED officer network is designed to support staff that raise concerns about organisational behaviour.

Initial key messages to specific audiences

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

	<p>the CCC to stakeholders will be essential in their support and involvement.</p> <p>Regular, monthly emails to stakeholders in addition to the partnering from the CCC will ensure they are provided with regular information.</p>
Lack of public confidence in our health service.	<p>Consumer/social media appropriate information about the progress of the CCC and outcomes to be deployed through social media regularly.</p>

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:

Increasing level of stakeholder awareness, confidence and engagement			
Principal	Target audience	Communication tools	
Inform	<ul style="list-style-type: none"> • Minister and Assistant minister • Junior doctors • Senior medical staff • VMOs • AMA • All ACT Health staff 	Internal DG bulletin, lunch time talks, intranet, posters, SMS, screen savers, flyers, Culture Champions, all staff emails, video messages, podcasts, medical executive committee	External Media talking points
Consult	<ul style="list-style-type: none"> • Junior doctors • Senior medical staff • VMOs • AMA 	Internal Survey, sub-committee of CCC, ideas register /innovation hub, thought leadership groups and impact statements	External Media talking points
Involve	<ul style="list-style-type: none"> • Junior doctors • Senior medical staff • VMOs • AMA 	Internal Thought leadership groups, polling and workshops	External Media talking points
Collaborate	<ul style="list-style-type: none"> • Junior doctors • Senior medical staff • VMOs • AMA 	Internal Junior doctor advisory committee and participatory decision-making	External Media talking points
Empower	<ul style="list-style-type: none"> • Junior doctors • Senior medical staff • VMOs • AMA • All ACT Health staff 	Internal Training/knowledge transfer, leadership coaching, net promoter score, showcasing success, feedback loops	External Media release Talking points

8. Communication tools

Tool	Stakeholder	Frequency
Culture Patron	All	Regular messaging and speaking at events
Culture Campaign – sections customised to audience	All	12 month campaign
DG Bulletin	All medical staff	Monthly – after each CCC meeting
Survey	Junior medical staff	6 monthly
lunch time talks	All staff	monthly
Intranet	All ACT Health staff	daily
posters	All audiences	6 monthly
SMS	All consumers and staff.	random
Screen savers	All ACT Health Staff	6 monthly
Flyers	All staff	6 monthly
Culture Champions	All 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 staff and identified external stakeholders	quarterly
polling	All staff	random
workshops	Junior medical staff	Bi-monthly
Junior doctor advisory committee	Junior medical staff	Bi-monthly
Training/knowledge transfer	All 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

Objectives:

- 1. Raise awareness of ACT Health's values and consult with staff on their desired organisational culture
- 2. To develop a safe and supportive workplace where bullying, discrimination and harassment are minimised and staff report concerns with the confidence these behaviours will be dealt with appropriately
- 3. Engage staff to strive for a culture of success

Activity	Channels	Audience	Timeline												Budget	Measurement	Responsible	Status				
			Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17					Jul-17	Aug-17	Sep-17	Oct-17
Develop the communications material, plan the launch and other events as part of the implementation of the Culture 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 Patron talks social event promotion Culture Cards Screen saver video Intranet Merchandise	All																	\$5,000	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	
Consulting with Staff on Statement of Culture.	Focus Groups Posters Email distribution	Clinical staff																			Organisational Development	
Meeting with Executive Directors	Session to gain support for their leadership in promoting or arranging	All ED's																			Culture, Health and wellbeing	
Survey staff - NPS - hand on the pulse	Online survey	All																			ACT Health Comms	
Identify and introduce CCC Patron	Launch event Patron Keynote talk Intranet profile	All																			CCC Committee	
Launch Campaign	Event with Health Minister and DG	All																			ACT Health Comms and spokesperson	
Campaign rollout	Use of all comms tools as above	All																	\$5,000		ACT Health Comms and CCC organisers	
DG Bulletin - after each CCC meeting	Email	All																			ACT Health Comms	
Culture Champions	Revitalise ACT Health Values Promote these people to staff Talks on each of the values	All																			CCC Committee and ACT Health Comms	
Thought Leadership Group	Establish thought leadership group Meet on a bi-monthly Work through issues and to innovate	All																			CCC Committee Organisational Development	
Ideas Register	Establish Ideas Register on Intranet Promote through talks Events Posters DG Bulletin	All																		ACT Health Comms		
Awareness statement release - impact of inappropriate behaviour.	Culture Champions Lunch time sessions	All																		ACT Health Comms		
Culture key messages will be integrated where appropriate with other communication activities being deliver within ACT Health.																						

Agenda Item 3.2: Report on applicable lessons from high performing cultures in other healthcare organisations and within ACT Health

Recommendation:

It is recommended that the Committee:

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

1. Background

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

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

2. Summaries of external healthcare culture improvement practices

2.1 Princess Alexandra Hospital/Metro South region in Brisbane

Met with a range of key people including:

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

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

Key factors contributing to culture improvement:

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

2.2 Austin Health, Melbourne

Met with:

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

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

Key factors contributing to culture improvement:

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

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

2.3 Eastern Health, Melbourne

Met with: [REDACTED] Human Resources & Communications

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

Key factors contributing to culture improvement:

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

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

3. Summary of interviews with ACT Health managers

3.1 List of units interviewed

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

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

3.2 Summary of factors contributing to culture improvement

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

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

4. Conclusion



Clinical Culture Committee

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

Agenda Item 3.3: Systems for reporting complaints of disrespectful behaviours

Recommendations:

It is recommended that the Committee:

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

1. Professional Accountability Programme

1.1 Background

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

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

1.2 Methodology

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

- Staff can log on to the site and submit a report of inappropriate behaviour using six fields for details of the complaint¹. Any type of disrespectful behaviour that undermines a culture of safety can be included in the system. For example:
 - hand washing hygiene
 - not using required clinical tools

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