

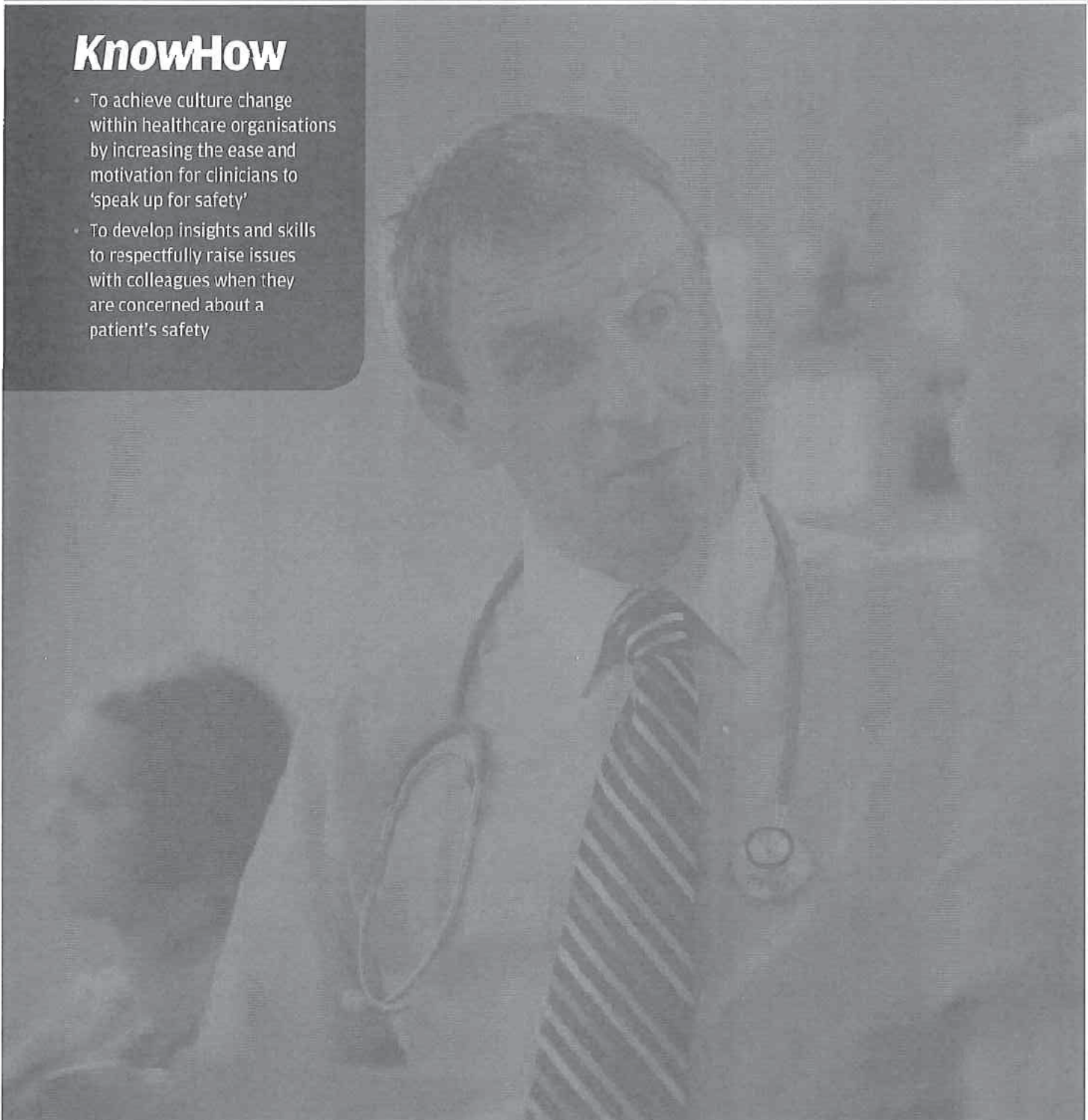


# Speaking Up for Safety

Part of the Cognitive Institute Safety and Reliability Improvement Series

## **KnowHow**

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



**PRESENTATION OVERVIEW**

# SPEAKING UP FOR SAFETY

**Increasing the ease and motivation for clinicians to raise patient safety concerns with colleagues through graded assertiveness communication skills training.**

**KnowHow**

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

**Overview**

The Speaking Up for Safety presentation includes:

- consideration of the role of respectful questioning of colleagues in patient safety
- reflection on the ethical considerations of speaking up for patient safety
- examination of video scenarios exploring the barriers to effectively raising a voice for safety
- demonstration of techniques that are effective in overcoming these barriers
- explanation of the theory of graded assertiveness
- examples of communicating graduated concern, including helpful words and phrases
- rehearsal exercises to assist participants find the 'right' words to use
- reflection on being 'spoken up' to.

**Background**

All clinicians will on occasion observe decisions or behaviours that cause them to consider whether the safest possible care is about to be delivered to a patient; whether observing the most junior or the most senior and respected clinician.

How a clinician responds to this dilemma is a reflection of:

- their training
- their personal belief systems
- their self confidence
- the culture of their own professional group
- the way their professional group interacts with other professional groups
- the culture of the organisation they work in.

The barriers to a proactive response in such a situation are well known - fear of overstepping authority, expectations of negative consequences, or simply a lack of understanding of the framework and words to use when communicating concern.

Other industries have learnt that the ability to speak up for safety is one of the most valuable resources they have to prevent errors of commission or omission.

This workshop examines the ethical considerations that impact on clinicians as they consider the decision to speak up for safety. It then provides the words and skills that will support and facilitate an individual clinician's decision to speak up.

<b>Train the Trainer Programme</b>	Cognitive Institute offers a licensed Train the Trainer Programme to allow accredited in-house presenters to deliver the Speaking Up for Safety presentation on an ongoing basis in your organisation.
	Cognitive Institute will conduct a Train the Trainer Programme in Speaking Up for Safety to your selected presenters, providing educational material and KnowHow which will enable the accredited presenters to deliver a one hour training workshop for all employees. Cognitive Institute will provide this under a licence agreement for a three (3) year period.
<b>Duration</b>	The Train the Trainer Programme training will take two days, delivery to be negotiated.  Part 1 - Train the Trainer - Two (2) days  Part 2 - Accreditation - Four (4) hours per group of six (6)
<b>Audience</b>	Selected trainee presenters (refer Selecting Trainees for Speaking Up for Safety).  Groups of six (6) with maximum of 18 per session.
<b>Proposed plan for training</b>	<ul style="list-style-type: none"> <li>• <b>Selection</b> - your organisation determines the number of trainee presenters required in groups of six.</li> <li>• <b>Training</b> - Cognitive Institute conducts a two day training programme.</li> <li>• <b>Practice</b> - trainees practice presenting the one hour Speaking Up for Safety presentation.</li> <li>• <b>Evaluation and Accreditation</b> - each trainee is assessed and accredited to present the one hour Speaking Up for Safety presentation.</li> </ul>
<b>Programme Timeline</b>	
<p style="text-align: center;"><b>Speaking Up For Safety (SUFS) Train the Trainer Programme</b></p>	
<b>Cognitive Institute Evaluation and Accreditation of Presenters</b>	<ul style="list-style-type: none"> <li>• The purpose of this evaluation process is to determine the quality of the trained presenters after they have had the opportunity to present two to three workshops in their organisation.</li> <li>• The evaluation will be conducted by a Cognitive Institute accreditor who will sit in on a 'live' presentation with participants observed co-presentating the one hour presentation.</li> <li>• The accreditor will provide constructive feedback to the presenter(s) and a brief written assessment of the competence and potential effectiveness of each trained presenter.</li> <li>• Following successful accreditation, presenters will be able to deliver the one hour Speaking Up for Safety workshop to all staff in the organisation. It is recommended to maintain skills they present approximately two (2) workshops per month.</li> <li>• Presenters are encouraged to spend time in private rehearsals and present two to three 'tame' events to groups of participants prior to accreditation.</li> </ul>

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**Licence**

The Speaking Up for Safety Train the Trainer Programme is provided under a three (3) year licence agreement, commencing from the date of the Speaking Up for Safety Train the Trainer Programme.

Only accredited presenters will be licensed to undertake the continuing training programme. The licence agreement ensures that the quality of the training programme is continually maintained.

If the number of accredited trainers required by your organisation to maintain its ongoing training programme falls due to trainer attrition, it may become necessary to contract Cognitive Institute to train and accredit additional trainers.

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**For information on the Cognitive Institute, presenters and courses visit [www.cognitiveinstitute.org](http://www.cognitiveinstitute.org)**

**To book a course call Head Office on +61 7 3511 5000 or email [enquiries@cognitiveinstitute.org](mailto:enquiries@cognitiveinstitute.org)**

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**CLINICAL CULTURE COMMITTEE – MEETING NO.13**

<b>Date:</b>	Tuesday 13 <sup>th</sup> June 2017
<b>Time:</b>	5.00pm – 6.30pm
<b>Location:</b>	TCH, Building 24, Meeting room 2

**ATTENDEES**

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

## AGENDA

Time (pm)	Agenda Item	Topic	Lead(s)
5.00	1	<b>Attendance and apologies</b>  <i>Apologies:</i> Prof Walter Abhayaratna, Ms Veronica Croome (proxy Ms Marina Buchanan-Grey), [REDACTED]	Chair
5.02	2	<b>Minutes and Actions Arising from previous meeting</b>	Chair
5.15	3	<b>Mapping of current culture improvement initiatives:</b> - Progress update of Medical Culture Action Plan - Other culture improvement initiatives	Ms Patricia O'Farrell
5.40	4	<b>Summary from organisational culture workshop held on 17 May – presentation</b>	Ms Jane Murkin
6.10	5	<b>Pulse survey proposal</b>	Mr Ric Taylor
6.25	6	<b>Other Business</b>	Chair
6.30	7	<b>Next meeting: Tuesday 25 July 2017</b>	Chair

## REFERENCE TABLE

Recommendations of the Review of Clinical Culture	
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 Minutes – Tuesday 9<sup>th</sup> May 2017

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

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

#### 1. Attendance and apologies

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

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

#### 2. Confirmation of minutes from the previous meeting

Members endorsed the minutes of the previous meeting held on Tuesday 7<sup>th</sup> February 2017.

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

*Actions closed* – The following actions have been completed:

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

#### 3. Future Directions of CCC

Members discussed the future directions of CCC (purpose, membership and frequency) at the previous

meeting and wanted to seek the Chair's guidance.

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

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

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

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

Members agreed that the Committee will:

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

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

#### **4. Cognitive Institute Programs**

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

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

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

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

- **Statement of Workplace Culture**

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



- **Workplace Culture Action Plans**

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

- **Senior Doctor Leadership Program**

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

- **Workplace Culture Intranet Hub**

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

- **External Consultants**

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

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

## 6. Other Business

N/A.

### Next meeting:

Tuesday 13<sup>th</sup> June 2017, 5:00-6:30pm

## Open Actions Arising Register

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

Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
5	May 2016	All	Explore opportunities for enhanced linkages between the ANU and ACT Health performance development plans for ACT Health staff undertaking work at ANU	As of November 2016, objective measures for clinical performance are being explored, with a draft aimed for April 2017. As of February 2017, ██████████ and Dr Fletcher are in active discussions about this. Members agreed to discuss this more frequently at meetings. As of May 2017, Dr Fletcher informed members that he is working with representatives from CHHS, ANU and Research, Innovation to link the themes of performance, workload, behaviours, teaching, academic and research into the new performance development plans.	██████████ Dr Fletcher and People & Culture	Open
7	May 2016	6	Discuss legal issues in regards to sharing information about staff in relation to bullying and harassment; Seek legal advice on what information can be provided upon the closure of a complaint to all parties	Meetings with RACS held 20 June 2016 (Ms Centenera, Ms Chan); 24 August 2016 (Ms Chan) and 21 November 2016 (Mr Thompson, Ms Chan, Ms O'Farrell). RACS has provided legal advice it received on privacy and defamation in relation to Commonwealth legislation. Legal advice requested from GSO in relation to ACT legislation. Ms O'Farrell received preliminary legal advice from GSO in February 2017 and will follow up and seek further advice. As of May 2017, Ms O'Farrell will send Ms Overton-Clarke the GSO advice.	Ms O'Farrell	Open
8	May 2016	6	Explore The Royal Melbourne Hospital's use of an anti-bullying systems in relation to item 6.3 on the Medical Culture Action Plan	Cognitive Institute delivered a presentation about its program in April 2017. At May 2017 CCC meeting, the Chair requested for this to be part of a broader Framework and discussed with her out of session.	Organisational Development	Open
17	June 2016	3	Nominate a suitable, respected Patron or Champion to be the face of the Medical Culture Communications Strategy	Re-visited at November 2016 meeting. Suggestions include: Brendan Nelson, Brian Oowler, Steve Hambleton, David Morrison, Mick Dodson and Antonio De Dio. At February 2017, members agreed to discuss this in detail in the next meeting.	All Committee members	Open

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



### Agenda Item 3: Mapping of Current Culture Improvement Initiatives

1. Progress update on Medical Culture Action Plan: pp. 1 – 5
2. Other culture improvement initiatives – p. 6

#### Medical Culture Action Plan - Updated as at 9 June 2017

<b>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</b>				
	<b>Action</b>	<b>Responsibility</b>	<b>Timelines</b>	<b>Comments/Progress</b>
1.1	Conduct further analysis of Workplace Culture Survey 2015 findings focusing on inappropriate behaviour in medical units	Organisational Development	June 2016	<b>Completed</b>
1.2	Investigate a range of pulse survey tools to effectively monitor culture in medical workforce and track impact of culture improvement initiatives	Organisational Development	May/June 2016	<b>Completed</b>
1.3	Recommend selected tool for approval by Director-General and implement roll-out of tool for pulse surveys	Organisational Development	June 2017	See separate paper – agenda item 4 (June 2017)

<b>KPMG Recommendation 2: Engage senior leaders and staff across TCH &amp; HS in developing a statement of desired culture for success</b>				
	<b>Actions</b>	<b>Responsibility</b>	<b>Timeline</b>	<b>Comments/Progress</b>
2.1	Contribute to the Statement of Desired Culture	Clinical Culture Committee	7 June 2016	<b>Completed</b>
2.2	Conduct consultation process for formulating a Statement of Desired Culture with medical officers, then all staff	Organisational Development	June - November 2016	<b>Completed</b>
2.3	Endorse draft Statement of Desired Culture	Clinical Culture	February 2017	<b>Completed</b>



		Committee		
2.4	Draft Statement is used for union consultation and final staff consultation via online survey	Organisational Development Communications and Marketing	TBA	Pending DDG/DG discussions
2.5	Finalise and approve Statement for rollout	Organisational Development Director General	TBA	As above
2.6	Launch of statement and rollout	Director-General forums Communications Organisational Development	TBA	As above

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

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

<b>KPMG Recommendation 5: Develop and institute mandatory leadership and management training for all clinicians who hold a leadership or management position</b>				
	<b>Action</b>	<b>Responsibility</b>	<b>Timeline</b>	<b>Comments/Progress</b>
5.1	Develop and deliver <i>Respect at Work</i> courses to Executive and Senior medical staff	Organisational Development	2015-16	<b>Completed</b>
5.2	Develop and deliver <i>Respect at Work</i> courses to all other medical staff	Organisational Development	Aug 2016 – Aug 2017	On demand
5.3	Procure Senior Doctor Leadership program	Organisational Development	Complete	<b>Completed</b>
5.4	Advise Clinical and Unit Directors of mandatory attendance at the Leadership program and send invitations	Director-General	June 2016	<b>Completed</b>
5.5	Rollout Senior Doctor Leadership program	Organisational Development	Commenced 30 August 2016 – due completion June 2017	Concludes on 17 June 2017
5.6	Investigate options for mandatory training for Doctors not part of the Senior Doctor Leadership program	Organisational Development	August 2017	Cognitive Institute presented in April 2017. Proposal sought from Advisory Board Company for range of leadership programs. Pending further discussions at CHHS Executive.
5.7	Publicise and promote attendance at other Leadership and Management Development training programs and courses	Organisational Development in association with Clinical and Unit Directors	Ongoing	<b>Completed</b>



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

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



### Other Culture Improvement Initiatives

Initiative	Responsibility	Timeline	Comments/Progress
Division/Branch Culture Action Plans developed, reviewed and being actioned	All executives	May 2016	<b>Completed</b> – ongoing actions
Development of SharePoint site for Quarterly reporting of Division/Branch Workplace Culture Action plans	Organisational Development	March 2017	<b>Completed</b> – ongoing reporting
Develop a Workplace Culture intranet site for self-help resources	Organisational Development	August 2017	On track
Procure and coordinate culture assessment/planning work by external consultant with two units (Anatomical Pathology and Anaesthetics Department) who were in Blame + culture from the 2015 survey	Organisational Development	July – October 2017	Contract pending with Bendelta Consulting
Develop an online module for performance plans within Capabiliti	Staff Development Unit	July 2017	On track
Support and grow the RED Contact Officer network	Organisational Development	Ongoing	105 RED Contact Officers currently with quarterly meetings and newsletters
Continue to provide culture consultancy services across ACT Health	Organisational Development	Ongoing	Potential to enhance this service in line with the Quality Strategy
Continue to provide a range of leadership and management programs – Emerging Manager Program, People Manager Program, Critical Care Frontline Leadership Program, Managing Dynamics of Change, Let's talk performance and various short seminars	Organisational Development	Ongoing	Potential to enhance some of these programs in line with the Quality Strategy
Continue the <i>MyHealth</i> staff health and wellbeing program continues to offer a range of workshops and services to support emotional wellbeing, physical health, smoke free and healthy eating and drinking	Organisational Development	Ongoing	2017-18 workshops being planned to support organisational change

## Agenda Item 4: Pulse Survey proposal

### Recommendations

It is recommended that the Committee:

- Endorse a quarterly pulse survey across ACT Health from July 2017
- Note the intention to conduct the next full ACT Health Workplace Culture Survey in November 2018 and to develop a plan for team climate surveys.

### Background

ACT Health has been investing in whole-of-organisation Workplace Culture Surveys and associated culture improvement activities since 2005. Surveys have been conducted in 2005, 2007, 2009, 2012 and 2015. These surveys have provided a wealth of valuable information to the organisation as a whole and have informed both organisational level initiatives and division/branch/team-based actions.

Some units have proactively sought short pulse surveys to monitor workplace culture in between these surveys. Most of the organisation, however, has lacked a robust method of monitoring culture on a more frequent basis and, as such, culture is at risk of falling off the radar of executives, managers and staff.

### Issues

#### Introduction of pulse surveys

While a 2 - 3 year interval between the main surveys is appropriate, it is proposed that ACT Health introduces quarterly pulse surveys for the entire organisation. These surveys would consist of 2 - 3 questions only and would focus on whether employees recommend the organisation as a good place to work – this metric (known as the Net Promoter Score) is one widely used by organisations nationally and internationally as a key indicator of engagement and loyalty.

The introduction of quarterly pulse surveys will also enable a more robust channel for identification of issues. In particular, the pulse surveys may assist us to identify any areas that require additional support while adjusting to significant change, such as the CHHS restructure.

Given the brevity of the pulse survey, it should only take 2 minutes for each staff member to complete either through a computer or mobile phone, which is likely to mean a higher response rate. Reports would be available for divisions/branches, major units and by professional group, and added to scorecard reporting and executive discussions.

Organisational Development has obtained two quotes for the administration and reporting of quarterly pulse surveys. The information is summarised in the following table:

Company	Cost per annum (2-year commitment, with 8 quarterly reports)	Reporting
Best Practice Australia	[REDACTED]	BPA to provide reports for major units (approximately 115 units).
Quintessential	[REDACTED]	No formal reports provided by company. Organisational Development able to electronically generate as many reports as needed.

Subject to final discussions with each company, given the lower cost and the ability for Organisational Development to generate reports, Quintessential may be the preferred provider.

#### Workplace Culture Survey Timeframe

During the first three iterations, ACT Health's full Workplace Culture Surveys were conducted every 2 years. This enabled the organisation to assess the culture at regular intervals, while still allowing enough time to introduce initiatives that addressed the results. However, the most recent two surveys were conducted at 3 year intervals. Three years has been less useful in gauging the impact of organisational change initiatives, and as such, a shorter interval is preferable. However, the organisation is experiencing significant change during the next 12 months as well as managing the Accreditation process. Conducting a full survey during that period would add to operational pressures given the coordination required at division/branch level and the results may be less reliable given the effect of major change. By putting in place the pulse surveys discussed above, culture monitoring can still occur.

As such it is intended that the next full survey be conducted in November 2018 when the changes associated with the CHHS restructure and the commissioning of UCPH are more bedded down. The next survey would also have a greater focus on quality and safety.

#### Team climate surveys

There is significant value in team-based climate surveys which enable more in-depth questioning and analysis for those teams experiencing significant challenges, change or focused improvement work. A plan to incorporate these is currently being developed.



# **Top 10 practices used to achieve significant culture improvement – a study of ACT Health teams in 2016**

Organisational  
Development People and  
Culture



## Methodology

- Workplace Culture Survey trending results from 2012 and 2015 were analysed to identify units who had improved culture significantly, using the headline measure of staff engagement.
- Senior Advisors from Organisational Development interviewed those managers/management teams to understand how they had achieved this success.
- Themes from the meetings were then extracted in order to identify the top 10 practices used to improve culture.
- Correlates with existing research.
- Now being used in culture consultancy work and in management training.

## Units interviewed

- Cancer Breastscreen, CACHS
- E-health & clinical records
- Psychology, Medicine
- Hospital in the Home, Medicine
- Respiratory & Sleep Science, Medicine
- CAMHS North and South, MHJADS
- Core Lab & Calvary, Pathology
- Molecular/Cytogenetics/Microbiology, Pathology
- Rehab Occupational Therapy/DARS, RACC
- Allied Health, RACC
- Postnatal Ward, WYC



## Top 10 practices to improve culture

**1** Effective Communication

**2** Positive Relationships with Co-workers

**3** Supportive Relationships with Managers

**4** Efficient Work Processes

**5** People Development

**6** People Management Practices

**7** Staff Autonomy

**8** Performance Management  
& Timely Feedback

**9** Recognition of Contribution

**10** Meaningful Work/Life Balance



# Effective Communication

*How have teams at ACT Health been improving their communication?*

## **Developing Manager Skills**

- ✓ Managers role modelling respect and display genuine concern when communicating with team
- ✓ Managers acting as conduits in the flow of information to the team

## **Conducting Meetings**

- ✓ Holding fortnightly ward meetings to allow employees to address issues and voice concerns
- ✓ Informing meeting agendas through an anonymous suggestion box
- ✓ Conducting meetings in a safe place and encourage employees to debate issues in a respectful manner prior to reaching consensus
- ✓ Sharing minutes of meetings with all employees

## **Creating and Distributing News Letters**

- ✓ Developing monthly newsletters to improve communication within and across teams
- ✓ News letters contain new joiner information, farewells, team and manager profiles (e.g. interesting facts about the team leaders), recognition for team members that have achieved certain milestones, personal news about team members (e.g. births, engagements, weddings, etc), and the promotion of team social events

## **Involving Division Leaders**

- ✓ Division leaders engaging staff in two way conversation and listening to staff ideas for improvement
- ✓ Fostering a culture of respectful communication within the team

## Positive Relationships with Co-workers

*How have teams at ACT Health been improving relationships with co-workers?*

### **Building Teams**

- ✓ Holding team building days to foster relationships between team members
- ✓ Using tools (e.g. HBDI) to help understand each other
- ✓ Hosting morning teas each week to enable socialisation among team

### **Fostering Work Norms**

- ✓ Encouraging team members to step up and help each other
- ✓ Team members encouraging each other to take breaks therefore building level of empathy teams share for each other
- ✓ Managers role modelling helping behaviour among peers
- ✓ Team members treating each other in line with ACT Health values

### **Sharing Information**

- ✓ Co-workers are encouraged to and actively committed to sharing information with each other
- ✓ Recognising co-workers for sharing information with each other

### **Resolving conflict**

- ✓ Dealing with the practical things first (e.g. If there is a conflict between two people, they may change the seating arrangements)
- ✓ Actively discouraging gossip at work
- ✓ Coaching and empowering employees to resolve conflict by themselves

## Supportive Relationships with Managers

*How have managers at ACT Health been improving relationships with their teams?*

### **Leadership Style**

- ✓ Adopting a democratic and sometimes transformational leadership style
- ✓ Empowering employees and enabling them to take ownership for tasks
- ✓ Sending a strong message that unprofessional behaviour will not be tolerated

### **Approach to Management**

- ✓ Treating team members with the same respect like that of a family member
- ✓ Addressing issues that are brought to attention with urgency
- ✓ Valuing people for their capacity and embracing their idiosyncrasies
- ✓ Not expecting others to do things that s/he himself would not do
- ✓ Supporting and encouraging the team during difficult situations - Has the team's back
- ✓ Having an open door policy and not being afraid to get involved in day to day tasks

### **Manager Skills**

- ✓ Acquiring skills necessary to manage people
- ✓ Displaying high levels of emotional intelligence
- ✓ Demonstrating high levels of self awareness

### **Understanding Team Needs**

- ✓ Starting work early so that s/he is able to catch up with employees from the night shift
- ✓ Listening to and actioning employee feedback



## Efficient Work Processes

*How have teams at ACT Health been improving their work processes?*

### **Structural Changes**

- ✓ Changing organisation structure so that clinical and administrative teams are able to work more effectively together

### **Trouble Shooting**

- ✓ Proactively engaging issues and enabling processes to identify and address issues immediately

### **Change Management**

- ✓ Using a formal change management practice to help teams to keep performing while facing change

### **Access to Equipment**

- ✓ Streamlining access to resources so that they can obtain it rapidly from either a store or workplace

### **Effectiveness of Services**

- ✓ Discontinuing non-value added and non-mandatory services
- ✓ Automating and including the use of robotics in work
- ✓ Reworking testing procedures to optimize time spent working

### **Reporting & Continuous Improvement**

- ✓ Enabling work reporting process to ensure that workloads are closely monitored and that employees are not overworked
- ✓ Developing and maintaining a 'lessons learnt' register to build efficiencies before embarking on a new project

## People Development

*How have teams at ACT Health been improving their focus on people?*

### **Building Team Cohesion**

- ✓ Hosting regular morning teas to encourage social interaction between employees
- ✓ Holding frequent away days to help the team reenergize and build relationships with each other

### **Relationships**

- ✓ Role modelling and fosters friendly & respectful relationships with each other
- ✓ Utilising a consultative approach when dealing with each other

### **Personal Development**

- ✓ Creating opportunities for employees to experience personal development
- ✓ Allowing people to find their voice in the team and encouraging them to speak up
- ✓ Creating a nurturing work environment so that employees are able to be the best that they can be

### **Caring Environment**

- ✓ Providing frequent debriefs, particularly after significant and stressful events
- ✓ Practicing mindfulness and self care
- ✓ Introducing wellbeing initiatives such as a pedometer challenge, lunchtime walking groups and workplace massages

# People Management Practices

*How have teams at ACT Health been improving their HR practices?*

## **Recruitment & Selection**

- ✓ Selection of new recruits pays equal emphasis on being able to demonstrate ACT health values and technical capability
- ✓ Ensuring candidates who are interviewed are able to get along with the rest of the team
- ✓ Ensuring that the interview panel is adequately trained to make candidate assessments

## **Workplace Behaviours**

- ✓ Staff attending training on bullying, harassment, respect, and favouritism
- ✓ Encouraging team members to have upfront conversations on bullying and harassment

## **Workplace Conditions**

- ✓ Teams are adequately resourced and team members have rosters that have been set in a fair and equitable manner
- ✓ Using departmental resources to assist with situations such as change management, staff workplace issues, and conflict resolution
- ✓ Ensuring that staff are paid accurately and any grievances addressed urgently



## Staff Autonomy

*How have teams at ACT Health been improving their staff autonomy?*

### **Empowerment**

- ✓ Working with the assumption that people are going to do the right thing and therefore empowers them from the beginning
- ✓ Providing employees at lower levels an opportunity to lead projects and take ownership
- ✓ Establishing clear guidelines for processes so that staff are able to make decisions without being micro managed by the manager
- ✓ Providing employees with the tools and skills needed to carry out hard projects while allowing them to take ownership of solving complex problems

### **Variability of tasks**

- ✓ Developing a rotating roster system for administration staff, which provides them more variety in the tasks they complete
- ✓ Providing opportunity for employees to swap their work with others

### **Flexibility in Tasks**

- ✓ Allowing staff the flexibility in completing their tasks, by balancing operational requirements with their own needs

# Performance Management & Timely Feedback

*How have teams at ACT Health been improving their performance management practices?*

## **Formal Performance Plans**

- ✓ Formal performance plans written for each employee
- ✓ Performance plans are balanced between ACT Health needs and each Employee's developmental needs
- ✓ Performance plans include ACT Health behaviour expectations
- ✓ Formal performance conversations occur twice a year where staff are given an opportunity to discuss their own performance and opportunities for improvement

## **Informal Performance Conversations**

- ✓ Frequent informal performance conversations throughout the year
- ✓ Informal adjustments to training needs throughout the year

## **Ongoing Coaching and Guidance**

- ✓ Formal and informal coaching to help employee achieve their developmental objectives

## **Common Organisational Goals**

- ✓ Helping all employees understand division/department performance objectives
- ✓ Ensuring that the team is aware of each other's performance objectives

## Recognition of Contribution

*How have teams at ACT Health been improving their recognition of contribution?*

### **Providing Recognition for**

- ✓ Positive demonstrations of ACT health values
- ✓ Leading projects that improve efficiency of the team
- ✓ Positive examples of delivering patient care obtained from feedback received from clients and/or other observers

### **Celebrating Achievements by**

- ✓ Recognising team members that have done a good job in newsletters
- ✓ Providing verbal recognition during team meetings or team social events
- ✓ Providing public recognition at larger division events
- ✓ Encouraging team members to recognize their colleagues and/or peers during team meetings

### **Formal Recognition of Achievements**

- ✓ Nominating employees for excellence awards



## Meaningful Work Life Balance

*How have teams at ACT Health been improving their work life balance?*

### **Flexibility**

- ✓ Ensuring that employees who work round the clock have rosters that are assigned in a fair and equitable manner
- ✓ Encouraging utilisation of flex time whenever possible
- ✓ Encouraging employees to take adequate breaks in-between work
- ✓ Adopting roles to suit the needs of employees through job sharing and/or part-time work

### **Modelling Behaviour**

- ✓ Leaders are modelling behaviours consistent with work life-balance expectations

### **Manager Intervention**

- ✓ Managers are identifying and removing factors that impede achieving work life balance

## Follow up contact in relation to this analysis:

Ric Taylor, Director – Organisational Development

[ric.taylor@act.gov.au](mailto:ric.taylor@act.gov.au)

Ph 6205 5320

**Select Committee on Estimates  
2015 – 2016 Budget**

**17 June 2015**

**Culture – Workplace (including current review and planned activities and culture survey)**

**Key Points**

- Embedding the Respect, Equity and Diversity (RED) Framework to support the prevention and management of bullying and harassment and embedding organisational values. The 2012 survey results showed positive trends and a significant shift in measures since 2009. Given this success, the following programs have been continued:
  - “Managing and preventing discrimination, bullying and harassment” training rollout. Since early 2011 to 20 May 2015, 4,351 staff and 810 managers have attended the training.
  - Manager’s Orientation (especially content on the Values and RED framework). Since 2011 to date, 576 managers have attended.
  - Building and supporting the RED contact officer network. As of 20 May 2015, there are 106 trained RED Contact Officers and 6 new RED Contact Officers will be attending training October in 2015.
  - Supporting managers and executives to effectively resolve workplace issues through case management approach in the People Strategy and Services Branch.
  - ACT Health Anti-discrimination, bullying and harassment policy, now known as Respect at Work Policy has been reviewed to better align with the RED Framework and new national legislation.
  - Respect at Work (RED refresher) 1 hour education sessions have been developed and delivery of these sessions commenced 5 May 2015. As of 20 May 2015, 172 staff have attended.
  
- Management and leadership skills have a large impact on workplace culture. The following programs are in place:
  - The People Manager Program (5 x half day modules) for frontline and middle managers has been offered regularly since it was first developed in late 2013. This in-house program develops a range of significant skills in practical leadership and management within the Health context. As of 20 May 2015, 523 staff have enrolled in the program and of these 253 have completed all modules. Excellent feedback has been received from participants to date.
  - Health’s Leadership Network continues to provide approximately 140 leaders within the organisation with 3 events per year to refresh and develop their leadership skills, build collaborative networks, embed learning organisation principles, as well as



participate in project teams throughout the year to address significant organisational issues. Membership is refreshed annually. The first event for 2015 took place on 30 April, with excellent feedback from participants.

- The Canberra Hospital & Health Services Leadership Program for DDG CHHS, CHHS Exec Directors, key Clinical Directors, Directors of Nursing and Allied Health Directors commenced in early 2013, known as Stream 1. The program gave participants opportunity to develop and further build on existing leadership capability in the Health context, Participants attended a total of 14 training days (2 days x 7 blocks). Feedback about this program has been overwhelmingly positive. The program is being continued in 2015, with a more project based approach with two main focuses, Optimising Patient Experience and Sponsoring Successful Projects, a total of 12 training days. Participants for these programs are currently being finalised. In 2014 the program was also extended to a Stream 2 cohort, Assistant Directors of Nursing and selected Unit Clinical Directors/Staff Specialists, Allied Health Managers and Administrative Managers. Stream 2 attended 6 training days (2 days x 3 block) in 2014. Stream two will attend 3 days of training in 2015 (1 day x 3 blocks).
- The Strategy and Corporate Leadership Program for DDG S&C, Exec Directors, SOGA/B commenced in early 2015, 8 days of training in total (2 days x 4 blocks). The program covers similar material as in the CHHS Leadership Program. The first two blocks of training have been delivered in March 2015 and May 2015. The feedback so far has been overwhelmingly positive.
- Increasing positive workplace culture by facilitating high performance and employee engagement through ACTPS Performance Framework:
  - ACT Health officially launched the ACTPS Performance Framework in October 2013.
  - Organisational Development has developed and is delivering two training programs to facilitate staff participation in the Performance Framework: 'Performance Framework Information Session' for general staff and the 'Let's talk performance' program for supervisors/managers. As of 20 May 2015, 656 staff have attended the Performance Information sessions and 545 supervisors/managers have attended the 'Let's talk performance' program.
  - Capabiliti, our learning and development system, records the number of staff who have a current Performance Plan. As of 20 May 2015, 4,481 staff have recorded they have a Performance Plan.
- Customised support for managers and teams is another key to improving culture:
  - Organisational Development continues to provide an internal consultancy service for managers/teams to enable effective analysis of workplace culture issues and targeted strategies which take into account the unique factors of each team. To date, in 2014-15, 48 different teams have received this targeted assistance, with good improvement outcomes.
  - Organisational Development, in collaboration with Employee Services Unit, has provided significant support to the Division of Women, Youth and Children, Obstetrics and Gynaecology, to address workplace culture issues. This included meetings with Junior and Senior Doctors to clarify expected standards of workplace behaviour,

delivery of fortnightly education sessions for Junior Doctors, provision of onsite EAP support and mediation services.

- The next organisation-wide Workplace Culture Survey will be conducted 30 October 2015 to 20 November 2015.

## **Background**

The organisation-wide 2012 Workplace Culture Survey was the most recent of four surveys in the Health Directorate (following 2005, 2007 and 2009), providing detailed analysis and recommendations on Health's workplace culture. There has been a positive improvement of culture across 2005-2012 reflecting the value of the various initiatives identified in post-survey action planning. Actions from the 2012 results focused on the need to:

- embed the RED Framework/Values;
- further develop management and leadership skills;
- robustly link individual/team performance directly to culture; and
- continue providing customised support for managers and teams through an internal consultancy service.

Contact: Liesl Centenara

Phone: 620 50606

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# ACT HEALTH

## ASSEMBLY BRIEF

Minister: Health  
 Cleared as correct and accurate as at: 24/02/2016  
 By Executive Director: Ian Thompson/  
 Telephone: 6244 2728  
 Action Officer: Joanna Redmond/Sonia Hogan  
 Telephone: 6244 2169/6207 6596

### **ISSUE: Review of Culture and Management Training Programs at Canberra Hospital**

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#### **Context**

On 17 June 2015 you announced an independent review into the training culture for doctors in specialist training programs at Canberra Hospital.

The Report was released on 8 October 2015.

#### **Key Talking Points**

- ACT Health has procured The Advisory Board Company to deliver the Doctor Leadership Program. This is a key priority identified through the Clinical Culture Committee (CCC) and addresses one of the KPMG Review recommendations regarding leadership and management training for doctors.
- The process to development of a Statement of Desired Culture is in progress with focus groups of doctors to occur across the organisation. Timeframes for consultation are being finalised.
- ACT Health is working with The Royal Australian College of Surgeons to be able to share information in relation to the complaints handling process across various bodies. There are numerous legal and privacy difficulties to overcome and comprehensive legal advice providing a possible solution through revised employment arrangements is being considered.
- ACT Health cares about its staff and workplace culture as it directly impacts patient care.
- Prime responsibility to resolve culture issues therefore lies with ACT Health.
- The CCC meets monthly and is responsible for overseeing and implementing initiatives to ensure appropriate behaviours are evidenced within medical programs across ACT Health.
- Changes and improvements in culture take time and concentrated effort given the complex historical nature of these issues.
- I must reiterate any bullying, harassment or discriminatory behaviour is unacceptable and will not be tolerated. Anyone who feels they are being bullied, harassed or discriminated against should immediately report the matter. People must be able to work in a safe and harmonious work environment, where everyone is treated fairly and with respect.

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#### **Background**

At any one point of the year, Canberra Hospital has in excess of 200 doctors in specialist training positions. A commitment has been made by you that specialist training is conducted in a safe and harmonious work environment, where everyone is treated fairly and with respect.

The Internal Review has been undertaken by an independent consultancy firm, KPMG and is in response to local concerns over the training culture in the health system.

The AMA wrote to you on 13 October 2015 about concerns that external stakeholders appear to have been left out of the review and the associated media release.

The Royal Australasian College of Surgeons (RACS) has also conducted a review and are currently implementing a five year action plan to address Discrimination, Bullying and Sexual Harassment in the Practice of Surgery '*Building Respect, Improving Patient Safety*'.

A workshop facilitated by RACS [REDACTED] and key ACT Health stakeholders was held on 11 February 2016. This was to identify what efforts are being undertaken by both parties and to identify and agree on key areas for collaboration and cooperation in relation to complaints management, surgical training and education, feedback and improvements for cultural change.

The inaugural meeting of the Clinical Culture Committee was held on 27 October 2015 and has met three more, most recently on 5 March 2016. The Committee is made up of key clinicians within Canberra Hospital and meets regularly to review not just the progress made in this area, but what steps have been put in place to ensure that people who have grievances can make their voices heard.

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# ACT HEALTH

## ASSEMBLY BRIEF

**Minister:** Health  
**Cleared as correct and accurate as at:** 28/4/2016  
**By Executive Director:** Liesl Centenera  
**Telephone:** 51086  
**Action Officer:** Ric Taylor  
**Telephone:** 55320

### **ISSUE: ACT Health - Review of culture and management training programs at Canberra Hospital and Health Services (KPMG Report)**

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#### **Context**

The Clinical Culture Committee was established by you as Minister for Health as a governance body in response to the findings of the KPMG 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.

#### **Key Talking Points**

- The Clinical Culture Committee met for the first time in October 2015 and continues to meet on a monthly basis. The Committee is chaired by Ms Nicole Feely, ACT Health Director-General. Membership includes senior medical staff and two junior medical staff (13 members in total).
- A number of key actions have already been completed, notably in training of divisional and medical executives and in establishing a collaborative partnership with Royal Australasian College of Surgeons. A comprehensive action plan is currently being finalised with the Committee to address other aspects of the seven key recommendations from the KPMG Review, with further detail below.

<b>Recommendations</b>	<b>Activity</b>	<b>Status</b>
1. Work with Executives and Clinical Directors to conduct further detailed analysis of those areas noted in the Review as having a culture that accepts or condones bullying, discrimination and/or harassment.	Analysis of 2015 Workplace Culture results for medical staff.	On track
2. Engage senior leaders and staff across CHHS in developing a statement of desired culture for success.	Process drafted for developing the statement.  Draft process to be endorsed at the next meeting, 25 May 2016	On track
3. Using the statement of desired culture as the basis, develop, implement and embed a 'saturation' communications campaign.	Communication campaign to be finalised.	On track
4. Adjust reward and performance measure for leaders to reflect desired leadership behaviours and capabilities	Under development.	In progress

5. Develop and institute mandatory leadership and management training for all clinicians who hold a leadership or management position	Leadership Program commencing 30 August 2015.  Respect @ Work training for Divisional and Medical Executives has been conducted. Nine training sessions were delivered. The last training session was delivered on 17 March 2016. Further cascading of this training is now being considered.	On track  On track
6. Review governance structures in relation to the accountabilities and reporting requirements associated with bullying and harassment.	ACT Health representatives on 11 February 2016 met with representatives from the Royal Australasian College of Surgeons to discuss collaboration on these issues.  Project team has been formed to address this recommendation.	Completed  On track
7. Strengthen policy statements to clarify and commit to consequences for unacceptable behaviour.	ACT Health representatives on 11 February 2016 met with representatives from the Royal Australasian College of Surgeons to discuss collaboration on these issues.  Project team has been formed to address this recommendation.	Completed  On track

## Background

The KPMG review team's summary of findings were:

- It is important to note that inappropriate behaviour was NOT widespread in every area of training speciality.
- Frameworks and policies that govern workplace behaviour are fit for purpose, but not always easily accessible, well understood or complied with consistently.
- Perceptions of ineffective and untimely action to resolve issues.
- Perceptions that, in some instances, inappropriate interpersonal behaviour was considered normal and therefore accepted or excused.
- Perceptions that some staff were fearful of speaking up due to perceived detrimental consequences.
- Contributors to the Review reported lack of support mechanisms and strategies to assist those who wanted to raise an issue or complaint.
- Changes and improvements in culture take time and concentrated effort given the complex historical nature of these issues.

Preliminary analysis of the 2015 Workplace Culture Survey results for medical staff reinforce the findings of the KPMG Review, although in both cases response rates among doctors was low.

# ACT HEALTH

## ASSEMBLY BRIEF

Minister: Health  
 Cleared as correct and accurate as at: 20/5/2016  
 By Executive Director: Liesl Centenera  
 Telephone: x51086  
 Action Officer: Ric Taylor  
 Telephone: x55320

### ISSUE: ACT Health - Review of culture and management training programs at Canberra Hospital (KPMG Report)

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#### Context

The Clinical Culture Committee (CCC) was established by the 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 (RACS) report on discrimination, bullying and sexual harassment.

#### Key Talking Points

- The Clinical Culture Committee met for the first time in October 2015 and continues to meet on a monthly basis. The Committee is chaired by Ms Nicole Feely, Director-General, ACT Health. Membership includes senior medical staff and two junior medical staff (13 members in total).
- A number of key actions have already been completed, notably in:
  - conducting *Respect at Work* training of divisional and medical executives
  - procuring and scheduling a *Doctor Leadership Program* which commences on 30 August 2016 and will be attended by Clinical and Unit Directors
  - establishing a collaborative partnership with RACS.
- A comprehensive action plan is currently being finalised for the Committee to consider at the next meeting (31 May 2016) which addresses the seven key recommendations from the KPMG Review in full. Once finalised, details from this action plan will be provided for the next Assembly brief.

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#### Background

The KPMG recommendations were:

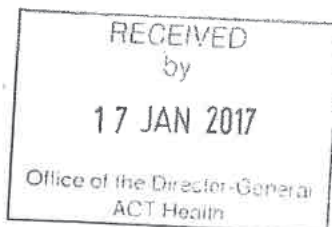
1. Work with Executives and Clinical Directors to conduct further detailed analysis of those areas noted in the Review as having a culture that accepts or condones bullying, discrimination and/or harassment.
2. Engage senior leaders and staff across CHHS in developing a statement of desired culture for success.
3. Using the statement of desired 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.

Preliminary analysis of the 2015 Workplace Culture Survey results for medical staff reinforce the findings of the KPMG Review, although in both cases response rates among doctors was low.

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## DIRECTOR-GENERAL MINUTE

<b>SUBJECT:</b>	To seek approval for the Cognitive Institute to provide the Executive of CHHS with a presentation of their "Promoting Professional Accountability" program.
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<b>From:</b>	<i>Ian Thompson, Deputy Director-General, Canberra Hospital and Health Services</i>
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<b>Through:</b>	<i>Christina Wilkinson, A/G Chief Medical Administrator; and Patricia O'Farrell, Executive Director, People and Culture</i>
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<b>Critical Date:</b>	
<b>Reason:</b>	

## Recommendations

That you:

Agree to the delivery of a presentation by the Cognitive Institute on their "Promoting Professional Accountability" program to Executives within ACT Health.	<input checked="" type="radio"/> <b>AGREED</b> <input type="radio"/> <b>NOT AGREED</b> <input type="radio"/> <b>PLEASE DISCUSS</b>
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*Pls see a Patricia O'Farrell for inclusion in all agenda.*

Nicole Feely  
Director-General  
ACT Health

31 January 2017