

Clinical Culture Committee Action Table

KPMG Recommendations		Actions	From Meeting	Responsible	Due	Status
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.					
Other Recommendations from CCC meetings		Actions	From Meeting	Responsible	Due	Status
1	Develop Communications	Update required to reflect meeting discussions	March 2016	Julia Teale	May 2016	In progress
2	Social events	Develop a schedule of social events for Clinical staff	March 2016	Jan Thompson/ Julia Teale	May 2016	
3	News letter to be developed after every meeting for Clinical community		March 2016	Julia Teale	2 days after meeting	First one was developed but wanted to introduce CCC so waiting on photos and bios before release.
4	Bios and photos of all members of the CCC to be loaded to intranet	Send email to all CCC members	March 2016	Julia Teale	April 2016	Done – waiting on responses

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## Clinical Culture Committee

### BRIEFING FOR CHAIR

#### Agenda item 1: Welcome and Apologies

##### Apologies received:

- [Name], [Title]



## Clinical Culture Committee

### BRIEFING FOR CHAIR

#### Agenda item 3: Leadership Program and 360 Feedback Tool

**Addresses KMPG recommendation 5:** Develop and institute mandatory leadership and management training for all clinicians who hold a leadership or management position

**Purpose of agenda item:** To seek the Committee's agreement and commitment that all clinical and unit directors will participate in the Doctor Leadership Program and its supporting 360° feedback process.

#### Talking points:

- This agenda item is about the Doctor Leadership Program that has been developed in response to KMPG recommendation 5. A program has been developed that will improve management skills in terms of team management and preventing and dealing with bullying, harassment and discriminations. It will also build leadership capability in team leadership and giving and receiving feedback constructively.
- It is my expectation that all clinical and unit directors will participate in this program which will start at end of August 2016. Sufficient lead time will enable planning for rostering.
- The behaviour of the people we work with has a significant impact on our culture, which is our perception of what it is like to work at ACT Health. Our culture, in turn, has a direct and ongoing impact on patient care – it can affect the number of avoidable errors, whether a JMO feels able to seek advice from the on-call Specialist, and the patient's experience in seeing how staff interact and communicate in regard to their care.
- Culture also impacts productivity and efficiency. Staff feel stressed when they are experiencing (or witnessing) bullying, harassment or discrimination, particularly if they feel that reporting the matter will not make any positive difference. Our Culture Survey results tell us that only 45% of doctors feel their workplace is free from harassment. Only 39% feel their workplace is free from bullying. Only 30% of doctors trust that if such behaviour was reported it would be appropriately managed. These percentages are significantly lower than the organisational average. Where they do have sufficient confidence to make a report, there is time and effort spent in investigating the matter, and potentially in dealing with a compensation claim.
- Staff who are stressed are less able to cope with change, challenge and adversity. Changing poor behaviour is one important part of improving our productivity, efficiency and sustainability as an organisation.
- The Doctor Leadership Program is a starting point for addressing areas of poor behaviour. It will establish a common understanding and approach across our clinical leadership cohort for matters such as setting expectations, influencing behaviour change, and introducing innovation effectively. It is supported by a program of 360°

feedback to be undertaken by participants just prior to the leadership program, and again 12 months later. This will help individuals to better understand their own thinking and behaviour, how this might differ from other people's thinking and behaviour, and how to promote constructive change. The program also draws a clear relationship between individual leadership capability and organisational performance.

- I am expecting to see an improvement in workplace behaviour and culture, and this will then be verified in results relating to 'the presence of inappropriate behaviours' and 'the management of inappropriate behaviours' in the next Culture Survey.
- I recommend the Committee commit to all clinical and unit directors participating in the Doctor Leadership Program and its supporting 360° feedback process.

## **Background**

- Although there is some scepticism amongst clinical staff as to the validity of the KMPG report findings, these findings align with the Royal Australasian College of Surgeons report. It is therefore anticipated that participation in the Doctor Leadership Program will be low unless clear expectations are set and reinforced.
- The Doctor Leadership Program comprises eight modules which could be held as four full days of training, or eight half-days over 9 months – consultation held to date has revealed a mix of preferences however 4 full days seems likely to be more feasible.
- Sufficient lead time will be provided so that training can be accounted for in rostering.





## Clinical Culture Committee

### BRIEFING FOR CHAIR

#### Agenda item 4: Development of a Statement of Desired Culture

**Addresses KPMG recommendation 2:** Engage senior leaders and staff across CHHS in developing a statement of desired culture for success.

**Purpose of agenda item:** To seek the Committee's agreement to a process for developing a Statement of Desired Culture that will include participation by staff and senior leaders and generate widespread support for, and commitment to, the Statement.

#### Talking points:

- The development of a Statement of Desired Culture was recommended by KPMG as a means of helping everyone to understand the direct connection between our culture – including our teamwork, collaboration and communication – and patient safety.
- You'll note that the recommendation is to 'engage senior leaders and staff' across CHHS. The *process* of developing such a Statement is just as important as the end output of having a Statement – it is through assessing the culture we currently have, discussing the culture that we want, and deciding how to get from one to the other that individuals at all levels will feel empowered to drive change and improvement.
- At our last meeting, I tabled a proposed approach to developing a Statement that involved the identification of a cross-section of doctors from each of the main clinical divisions as Culture Representatives who would gather input from their doctor colleagues to the Statement of Desired Culture.
- Today I am tabling a revised process, as requested by the Committee at the last meeting. The revised process involves generating ideas from the Committee for a draft Statement of Culture which will then be presented to doctors across ACT Health for consultation and further development.
- Whatever process is approved, it is important that:
  - Doctors are engaged throughout the process and develop a sense of ownership for the statement, and that
  - Doctors understand that ACT Health is serious about these issues.
- I recommend the Committee agree to the proposed process for developing a Statement of Desired Culture.
- I now welcome your views on the proposed process.

#### Background

- ACT Health Values and ACTPS Code of Conduct are important reference documents in terms of behaviours.



## Clinical Culture Committee

### BRIEFING FOR CHAIR

#### **Agenda item 6: Next Meeting** (3rd Tuesday of each month)

##### **Talking points:**

- Our next meeting is scheduled for Tuesday 17 May 2016.
  
- I propose that we discuss:
  - Options for measuring culture/behaviours in the medical workforce (KMPG recommendation 1)
  - The revised Communications Strategy (KMPG recommendation 3), and
  - Respect @ Work training (KMPG recommendation 5)
  
- Are there any requests for other agenda items?

**CLINICAL CULTURE COMMITTEE – MEETING NO.5**

<b>Date:</b>	<b>31 May 2015</b>
<b>Time:</b>	<b>6.00pm – 7.00pm</b>
<b>Location:</b>	<b>Meeting Room 2, Building 24 TCH</b>

**ATTENDEES**

<b>Name</b>	<b>Position</b>
Mr Ian Thompson	Member, Deputy Director-General, Canberra Hospital and Health Services (CHHS), ACT Health (Chair)
Dr Denise Riordan	Member, Clinical Director, Child and Adolescent Mental Health Services, ACT Health
Prof Klaus-Martin Schulte	Member, Professor of Surgery, ACT Health
Dr Brian Ashman	Member, Clinical Director, Surgery, ACT Health
Dr David Blythe	Member, Principal Medical Adviser, ACT Health
Ms Veronica Croome	Member, Chief Nurse, ACT Health
[REDACTED]	Member, [REDACTED], Calvary Hospital
[REDACTED]	Member, [REDACTED], ANU Medical School
Dr Tom Lea-Henry	Member, Medical Registrar, ACT Health
Dr Eleni Baird-Gunning	Member, Surgical Registrar, ACT Health
Ms Janelle Corey	Proxy Member, A/g Chief Medical Administrator, ACT Health
Ms Liesl Centenera	Observer, A/g Executive Director, People Strategy and Services (PSS), ACT Health
Ms Yu-Lan Chan	Observer, A/g Executive Director, Workforce and Culture Innovation, System Innovation Group, ACT Health
Ms Bronwen Overton-Clarke	Observer, Deputy Director-General, Workforce Capability and Governance, Chief Minister, Treasury and Economic Development Directorate (CMTEDD)
Mr Ric Taylor	Guest, Senior Manager, PSS, ACT Health
Ms Julia Teale	Guest, Manager, Communications, ACT Health
Ms Nancy King	Guest, Manager, Culture and Wellbeing, PSS, ACT Health
Ms Kelly Lancsar	Secretariat, Leadership and Management Development Coordinator, PSS, ACT Health

Time	Agenda Item	Topic	Lead
6.00	1	Attendance and apologies <ul style="list-style-type: none"> <li>Apologies: Ms Nicole Feely; Dr Christina Wilkinson; Dr Walter Abhayaratna</li> </ul>	Chair
6.02	2	Minutes and actions arising from previous meeting	Chair
6.10	3	Medical Culture Action Plan	Nancy King, Manager Culture and Wellbeing, Organisational Development
6.30	4	Members' discussion on Statement of Desired Culture	Chair
6.40	5	Senior Doctor Leadership Program	Ric Taylor, Senior Manager, Organisational Development
6.50	6	Other Business	
6.55	7	Next meeting <ul style="list-style-type: none"> <li>19 July 2016, 6.00-7.00pm</li> </ul>	

#### KPMG RECOMMENDATIONS REFERENCE TABLE

Reference Table - KPMG Review 7 Recommendations	
1	Work with Executives and Clinical Directors to conduct further detailed analysis of those areas noted in the Review as having a culture that accepts or condones bullying, discrimination and/or harassment.
2	Engage senior leaders and staff across CHHS in developing a statement of desired culture for success.
3	Using the desired statement of culture as the basis, develop, implement and embed a 'saturation' communications campaign.
4	Adjust reward and performance measure for leaders to reflect desired leadership behaviours and capabilities.
5	Develop and institute mandatory leadership and management training for all clinicians who hold a leadership or management position.
6	Review governance structures in relation to the accountabilities and reporting requirements associated with bullying and harassment.
7	Strengthen policy statements to clarify and commit to consequences for unacceptable behaviour.



## ANNOTATED AGENDA FOR CHAIR

### CLINICAL CULTURE COMMITTEE – MEETING NO.5

<b>Date:</b>	<b>31 May 2015</b>
<b>Time:</b>	<b>6.00pm – 7.00pm</b>
<b>Location:</b>	<b>Meeting Room 2, Building 24 TCH</b>

#### ATTENDEES

<b>Name</b>	<b>Position</b>
Mr Ian Thompson	Member, Deputy Director-General, Canberra Hospital and Health Services (CHHS), ACT Health (Chair)
Prof Klaus-Martin Schulte	Member, Professor of Surgery, ACT Health
Dr Brian Ashman	Member, Clinical Director, Surgery, ACT Health
Dr David Blythe	Member, Principal Medical Adviser, ACT Health
Ms Veronica Croome	Member, Chief Nurse, ACT Health
██████████	Member, ██████████, Calvary Hospital
██████████	Member ██████████ ANU Medical School
Dr Tom Lea-Henry	Member, Medical Registrar, ACT Health
Dr Eleni Baird-Gunning	Member, Surgical Registrar, ACT Health
Ms Janelle Corey	Proxy Member, A/g Chief Medical Administrator, ACT Health
Ms Liesl Centenera	Observer, A/g Executive Director, People Strategy and Service (PSS), ACT Health
Ms Yu-Lan Chan	Observer, A/g Executive Director, Workforce and Culture Innovation, System Innovation Group, ACT Health
Ms Bronwen Overton-Clarke	Observer, Deputy Director-General, Workforce Capability and Governance, Chief Minister, Treasury and Economic Development Directorate (CMTEDD)
Ms Flavia D'Ambrosio	Proxy Guest, Manager, PSS, ACT Health
Ms Nancy King	Guest, Manager, Culture and Wellbeing, PSS, ACT Health
Ms Kelly Lancsar	Secretariat, Leadership and Management Development Coordinator, PSS, ACT Health



Time	Agenda No.	Topic	Lead
6.00	1	Attendance and apologies a. Apologies received from Ms Nicole Feely; Dr Christina Wilkinson (represented by Ms Janelle Corey); Dr Walter Abhayaratna; Denise Riordan; Mr Ric Taylor (represented by Ms Flavia D'Ambrosio); Ms Julia Teale	Chair
6.02	2	Minutes and actions arising from previous meeting a. An Actions Arising register is circulated with the meeting papers. Responsible areas can give a verbal report on progress with a view to closing items out of the actions register.	
6.10	3	Medical Culture Action Plan a. Ms Nancy King will present an overview of the proposed action plan for the Committee's information – it addresses the seven KPMG recommendations. b. Particular actions from the plan will be presented to CCC meetings for discussion as required, e.g. today's Item 4 on developing a Statement of Desired Culture.	Nancy King, Manager Culture and Wellbeing, Organisational Development
6.30	4	Members' discussion on Statement of Desired Culture a. At the previous meeting, members requested the process for developing the Statement be revised. b. The revised process is presented with a template to be completed by CCC members on how the values are put into practice. Based on this input, a draft statement will be developed for use in focus group discussions. c. Ms Nancy King can be called upon to speak to this item.	Chair
6.40	5	Senior Doctor Leadership Program a. Mr Ric Taylor will present an overview of the Doctor Leadership Program. b. This program is to be attended by all Clinical and Unit Directors in response to recommendation 5 - mandatory leadership and management training for all clinicians who hold a leadership/management position. c. CCC support and commitment is important for ensuring attendance of the program. d. 60 participants have been identified and will receive an invitation from the DG to participate e. The program commences on 30 August for Cohort 1 and 19 September for Cohort 2.	Flavia D'Ambrosio, Manager, Organisational Development
6.50	6	Other business	
6.55	7	Next meeting: 21 June 2016, 6.00 – 7.00pm	

**KPMG RECOMMENDATIONS REFERENCE TABLE**

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4	Adjust reward and performance measure for leaders to reflect desired leadership behaviours and capabilities.
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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.



**Action Minutes  
Clinical Culture Committee  
(CCC)**

**Meeting Date:** 15 March – Meeting No 4

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**Subject:** Minutes and Actions of CCC

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**Source:** Kelly Lancsar – CCC Secretariat

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**Purpose/comments:** For endorsement

**Clinical Culture Committee – 15 March 2016  
MEETING MINUTES**

<b>Name</b>	<b>Role</b>	<b>✓ or Apology</b>
Ms Nicole Feely	Chairperson and Director-General, ACT Health	✓
Mr Ian Thompson	Member, Deputy Director-General, Canberra Hospital and Health Services (CHHS), ACT Health	✓
Dr Denise Riordan	Member, Clinical Director, Child and Adolescent Mental Health Services, ACT Health	✓
Prof Klaus-Martin Schulte	Member, Professor of Surgery, ACT Health	✓
Prof Walter Abhayaratna	Member, Clinical Director, Medicine, ACT Health	✓
Dr Brian Ashman	Member, Clinical Director, Surgery, ACT Health	✓
Dr David Blythe	Member, Principal Medical Adviser, ACT Health	✓
Ms Veronica Croome	Member, Chief Nurse, ACT Health	✓
Dr Christina Wilkinson	Member, A/g Chief Medical Administrator, ACT Health	Apology
██████████	Member, ██████████ Calvary Hospital	Apology
██████████	Member, ██████████ ANU Medical School	Apology
Dr Tom Lea-Henry	Member, Medical Registrar, ACT Health	✓
Dr Eleni Baird-Gunning	Member, Surgical Registrar, ACT Health	✓
Ms Liesl Centenera	Observer, A/g Executive Director, People Strategy and Service (PSS), ACT Health	✓
Ms Bronwen Overton-Clarke	Observer, Deputy Director-General, Workforce Capability and Governance, CMTEDD	✓
Mr Ric Taylor	Guest, Senior Manager, PSS, ACT Health	✓
Ms Julia Teale	Guest, Manager, Communications, ACT Health	✓
Ms Kelly Lancsar	Secretariat, Leadership and Management Development Coordinator, PSS	✓

The meeting commenced at 18:05 hrs and finished at 19:17 hrs, with Nicole Feely as Chair.

**1. Attendance and apologies**

Apologies: Dr Christina Wilkinson, ██████████, ██████████

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

Members endorsed the minutes of the previous meeting.

Ms Feely as Chair addressed the committee on the purpose of the committee and how tangible actions are needed to drive the change in culture in the workforce.

**3. Doctor Leadership Training – Verbal update**

This agenda item was held over to the next meeting.

Action Officer: Ric Taylor, Senior Manager, Organisational Development PSS

Due: April

#### **4. Consultation process to draft Statement of Desired Culture**

A proposed process for developing a Statement of Desired Culture was tabled and discussed. It was agreed that the process to develop the statement needs to be revised and resubmitted to Committee at next meeting.

Action Officer: Ric Taylor, Senior Manager, Organisational Development PSS

Due: April

#### **5. Communications Strategy**

The Committee considered that the draft strategy that had been tabled did not reflect the desired outcomes and agreed this be revised.

Action Officer: Julia Teale, Manager Communications and Marketing

Due: May

#### **6. Feedback from Culture Survey**

This agenda item was held over to the May meeting.

Action Officer: Ric Taylor, Senior Manager, Organisational Development PSS

Due: May

#### **7. Other Business**

The Committee considered a number of ideas during the course of the meeting, including:

- Awards and recognition
- Investigating monthly employee awards
- Review and analysis of feedback and rating mechanisms, including a register to track complaints and where hot spots are in the organisation
- Social events
- Developing a schedule of social events for clinical staff
- Newsletter to be developed after every meeting for the clinical community
- Bios and photos of all CCC members to be loaded to intranet

#### **8. Next meeting**

Tuesday 21 June 2016, 6:00 – 7:00pm



## Actions Arising Register

Item No.	Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Comments
1	March 2016	1	Research into Culture Engagement Index to: allow pulse surveys to be taken quarterly to determine improvements	A range of tools available  Three Culture Index tools have been identified  Seeking clarification from providers	Organisational Development	Report on selected Culture Index Tool at June meeting
2	March 2016	2	Revise process for formulating Statement of Desired Culture	Revised process to be discussed at May meeting	Organisational Development	Planned process with work expected to be completed by September 2016
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	Communications and Marketing	Final Communications Strategy to June meeting
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	

### Agenda item 3: Medical Culture Action Plan

#### Recommendation:

It is recommended that the Committee:

- Endorse the Medical Culture Action Plan

#### Background

The Medical Culture Action Plan (pages 3 - 8) was developed to address the seven recommendations of the *Review of the Clinical Training Culture at Canberra Hospital and Health Services (KPMG, September 2015)* which have been accepted by the Minister for Health and the Committee.

#### Issues

The Medical Culture Action Plan was developed following consideration of:

- discussions at all previous Clinical Culture Committee meetings;
- research and planned actions of the Royal Australasian College of Surgeons to address bullying, discrimination and harassment;
- research by the Advisory Board Company providing global perspectives on these issues in healthcare;
- data, benchmarks and frameworks provided by Best Practice Australia (the current provider of ACT Health's Workplace Culture Surveys);
- feedback and discussions from the *Respect at Work* workshops for Executive Directors and Senior Doctors which were conducted August 2015 – March 2016;
- expertise within Organisational Development in culture change including assessment, training, team development and leadership coaching.

The Medical Culture Action Plan lists the activities to be undertaken. It is proposed that these activities be undertaken in two stages:

- Stage one (May – December 2016) constitutes establishing improved baseline data to measure staff perceptions of inappropriate behaviour in medical units; the finalisation of an overall communications strategy addressing inappropriate behaviour; and the formulation of a Statement of Desired Culture. These actions relate to KPMG recommendations 1-3; and
- Stage two (July 2016 – August 2017) constitutes a review of relevant organisational policies and practices; leadership and related training; and relevant actions to raise awareness and ensure responsiveness to reporting of inappropriate behaviour. These actions relate to KPMG recommendations 4-7.

### Risk Management

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

Risk	High	Medium	Low	Mitigation
Doctors may feel unfairly targeted by ACT Health in relation to inappropriate behaviours		X		<ul style="list-style-type: none"> <li>Clinical and Unit Directors need to visibly support the Action Plan.</li> <li>Communication strategy to provide positive messaging.</li> </ul>
Doctors may consider the KPMG Review and ACT Health Workplace Culture Survey to be unreliable and unrepresentative		X		See the Action Plan and all actions listed 1.1 – 1.4.
Doctors may not engage with actions		X		<ul style="list-style-type: none"> <li>Oversight of the CCC will help to identify likely barriers and assist in overcoming these.</li> <li>Clinical and Unit Directors will be directly engaged through the CCC to support this work.</li> <li>Actions will be designed for the medical workforce context and be fit for purpose.</li> </ul>

## Medical Culture Action Plan 2016-2018

### STAGE 1

KPMG Recommendation 1: Work with Executives and Clinical Directors to conduct further analysis in medical areas where there is a culture that accepts or condones bullying, discrimination and/or harassment				
	Action	Responsibility	Timelines	Comments/Progress
1.1	Conduct further analysis of Workplace Culture Survey 2015 findings focusing on staff perceptions of inappropriate behaviour in medical units	Organisational Development	June 2016	
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	
1.3	Recommend selected tool for approval by Director-General and implement roll-out of tool for pulse surveys	Organisational Development	July/Aug 2016	
1.4	Distribute and review pulse survey reports	Organisational Development to work through Clinical Leaders, Chief Medical Administrator, Principal Medical Advisor	Sept/Dec 2016	

KPMG Recommendation 2: Engage senior leaders and staff across TCH & HS in developing a statement of desired culture for success				
	Actions	Responsibility	Timeline	Comments/Progress
2.1	Contribute to the Statement of Desired Culture	Clinical Culture Committee	7 June 2016	
2.2	Conduct consultation process for formulating a Statement of Desired Culture	Organisational Development	June/August 2016	
2.3	Endorse final Statement of Desired Culture	Clinical Culture Committee	Mid Sept 2016	
2.4	Publish Statement of Desired Culture	Organisational Development <u>in association with</u> Communications and Marketing	Mid Sept 2016	
2.5	Launch of Statement of Desired Culture	Director-General and Clinical Culture Committee	Mid Sept 2016	



### Medical Culture Action Plan 2016-2018

KPMG Recommendation 3: Use statement of desired culture to develop, implement and embed a saturation communications campaign				
	Action	Responsibility	Timeline	Comments/Progress
3.1	Finalise the broader Medical Culture Communications Strategy which will communicate and promote all the work of the Clinical Culture Committee	Communications and Marketing <u>in consultation with</u> Organisational Development	June 2016	
3.2	Review communications Strategy	Clinical Culture Committee	June 2016	
3.3	Execute planned communications strategy	Communications and Marketing	Ongoing	
3.4	Organise and publicise social events for doctors	Communications and Marketing <u>in consultation with</u> Deputy Director-General Canberra Hospital and Health Services	Planning to commence June 2016	

## Medical Culture Action Plan 2016-2018

### STAGE 2

KPMG Recommendation 4: Adjust reward and performance measures for leaders to reflect desired leadership behaviours and capabilities				
	Action	Responsibility	Timeline	Comments/Progress
4.1	Review and refine the performance plan template for doctors	Chief Medical Administrator <u>in consultation with</u> Principal Medical Adviser People Strategy Services staff	July 2016	
4.2	Use performance planning and review processes to clarify and provide feedback on desired leadership behaviours for all doctors	Chief Medical Administrator <u>in consultation with</u> Principal Medical Adviser People Strategy Services staff	Aug/Sept 2016	
4.3	Use 360° feedback tools to broaden the sources for feedback perspectives	Organisational Development <u>in consultation with</u> Chief Medical Administrator Principal Medical Adviser	Ongoing	
4.4	Review the reward and recognition practices for doctors	Chief Medical Administrator <u>in consultation with</u> Organisational Development Principal Medical Adviser	Aug/Sept 2016	
4.5	Work with selected Colleges and PSS to consider both rewards and sanctions within the current employment framework and investigate aligning complaints processes, where possible	Chief Medical Administrator <u>in consultation with</u> Principal Medical Adviser People Strategy Services staff	Nov 2016	
4.6	Investigate involving patients to provide feedback on the impact of interactions with doctors and the care team	Organisational Development <u>in consultation with</u> Consumer Feedback Team Chief Medical Administrator Principal Medical Adviser	Dec 2016	

### Medical Culture Action Plan 2016-2018

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

### Medical Culture Action Plan 2016-2018

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

	Action	Responsibility	Timeline	Comments/Progress
6.1	Investigate best practice in governance mechanisms relevant to reporting of complaints of bullying and harassment	Employment Services	Oct 2016	
6.2	Review and improve current tracking and reporting of complaints and trends	Employment Services	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	Organisational Development	Aug 2016	

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

	Action	Responsibility	Timeline	Comments/Progress
7.1	Review policies for managing and resolving bullying and harassment issues, including bystander responsibilities incorporating the ACT Government initiative on restorative practice	Employment Services	Oct 2016	
7.2	Ensure clarity of rights and responsibilities in policies and processes for managers and staff	Employment Services	Oct 2016	

**Medical Culture Action Plan 2016-2018**



#### Agenda item 4: Process for formulation of Statement of Desired Culture

##### Recommendation:

It is recommended that the Committee:

1. Approve the revised process for formulation of the Statement of Desired Culture
2. Provide to the CCC Secretariat, no later than Tuesday 7 June 2016 their ideas and opinions to assist formulation of a first draft of the Statement of Desired Culture, using the templates at *Attachment A*.
3. Commit to support and encourage Clinical/Unit directors and staff to attend focus groups

##### 1. Background

The KPMG *Review of the Clinical Training Culture at Canberra Hospital and Health Services (September 2015)* and the Royal Australasian College of Surgeons' *Building Respect, Improving Patient Safety* report informs the planning of processes to ensure a respectful and values-based work environment.

On 15 March 2016, the Committee considered a process for the formulation of a Statement of Desired Culture. A proposed approach identified Doctors as leading the consultation process was not agreed to, and an alternative approach was requested.

##### 2. Objectives for formulation of Statement of Desired Culture

The objectives of this process are:

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

### 3. Approach

The formulation of the Statement of Desired Culture project will be developed in the following phases:

#### **Phase 1 – Input from the Clinical Culture Committee (June 2016)**

To commence the project, the Committee is requested to provide input for the Statement of Desired Culture, using the framework at *Attachment A*, to the Secretariat no later than Tuesday 7 June 2016.

#### **Phase 2 – Focus Groups of Senior Doctors (June - July 2016)**

The Statement of Desired Culture will be further developed at face-to-face leadership focus groups, to be conducted by a facilitator who will be responsible for processing the information and shaping the Statement of Desired Culture.

The basic premise for the focus groups is candid dialogue and discussion around organisational values, again using the above mentioned framework. These focus groups will identify which aspects of culture are enablers and which create barriers.

Organisational Development will provide promotional material for Clinical Directors to enable them to encourage attendance at the focus groups. Opinion leaders need to be identified and engaged in each of the main clinical divisions and advised of the intent of the process and the reasons why this is a necessary part of cultural change. Attendees include Clinical Directors, Unit Directors, VMOs and Staff Specialists.

#### **Phase 3 – Focus Groups of Doctors (June-August 2016)**

Attendees include Registrars, Interns and Medical Students. It is intended that Phases 2 and 3 will run concurrently. All focus group sessions will be about 1-1½ hours and will be facilitated by Organisational Development staff.

#### **Phase 4 – On-Line Consultation (August 2016)**

A draft of the Statement of Desired Culture will be disseminated on line to all medical staff. Comments and ideas inform the final draft of the Statement.

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

The final Statement of Desired Culture is presented for CCC approval. Feedback is given to all participants in the process. The final Statement will provide the opportunity for leaders

to hold discussions, supported by Organisational Development, to internalise the desired culture and values. These discussions will be valuable in realigning culture where necessary, and help staff understand how this is relevant and can be applied in their day-to-day work.

Non-medical staff will be made aware of the Statement of Desired Culture, the reason for its development, and how it may be used to hold medical staff accountable for their behaviour.

#### 4. Risk Management

As the chart below indicates the greatest risk associated with this process is the lack of participation by medical staff, either due to lack of time or lack of engagement. It is therefore necessary for Committee Members and Executive Directors to actively support and promote attendance at the leadership and staff focus group sessions.

Risk	High	Medium	Low	Mitigation
Lack of participation and/or engagement with the process to develop the statement	X			CCC members commit to support and encourage attendance by Clinical/Unit Directors.  Clinical Leads determine best timing for focus groups in relation to rosters Communications Strategy
Statement launched and desired change not realised			X	DG to launch at special function  Organisational Development to drive process after launch by supporting Clinical/Unit Directors with appropriate tools

## 5. Timeline

The proposed timeline towards completion of the process is:

	<b>Activity</b>	<b>Timeline</b>	<b>Responsibility</b>
1	CCC members provide input to inform the Statement of Desired Culture	7 June 2016	CCC Members
2	Preparation of first draft of Statement of Desired Culture	June	Organisational Development (OD)
3	Liaison with Clinical Divisions to determine timing of focus groups	June	OD
5	Promote attendance at Focus Groups	June-July	
6	Conduct Focus Groups for Senior Doctors and Focus Groups for Doctors	June-July-August	OD
7	Preparation and approval of draft to be disseminated on-line to all medical staff	August	OD CCC
8	Compilation of on-line feedback and preparation of final draft Statement	September	OD
9	CCC approval of final draft of Statement	September	CCC
10	Publication of Statement	September	OD





## Clinical Culture Committee

Attachment A

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



## Clinical Culture Committee

	<p>team is the right person for their job, and is empowered to perform to the highest possible standard.</p>	
<p>Collaboration</p>	<p>Actively communicate to achieve the best results by giving time, attention and effort to others. Respect and acknowledge everyone's input skills and experience by working together and contributing to solutions. Share knowledge and resources willingly with your colleagues.</p>	
<p>Integrity</p>	<p>Be open, honest and trustworthy in communicating with others, and ensure correct information is provided in a timely way. Be accountable, reflective and open to feedback. Be true to yourself, your profession, consumers, colleagues and the government.</p>	

## **Agenda item 5: Senior Doctor Leadership Program**

### **Recommendations**

It is recommended that the Committee:

1. Note the purpose and benefits of the Senior Doctor Leadership Program
2. Review the list of participants to ensure a complete and accurate list
3. Agree that CCC members who are invited to participate in the program will commit to attending
4. Agree that CCC members who have staff who have been identified to attend will encourage and enable those staff to participate

### **Background**

One of the recommendations of the KPMG report was to “Develop and institute mandatory leadership and management training for all clinicians who hold a leadership or management position.”

The Advisory Board Company has been engaged to deliver this training, initially for Senior Doctors.

### **Issues**

The Senior Doctor Leadership Program is designed for Clinical and Unit Directors and has a focus on building skills for practical application of people leadership principles.

The Program is conducted over four non-consecutive full days.

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.

Workshop dates were identified through consultation with the Personal Assistants of Clinical Directors, noting that there were no dates which suited all participants. It is expected that the 3 month lead-in time to the first workshop will enable any rescheduling necessary to enable participation.

**Cohort 1 - 29 participants**

<b>Workshop</b>	<b>Workshop Topics</b>	<b>Division</b>	<b>Date</b>
Day 1	<ul style="list-style-type: none"> <li>Setting Expectations</li> <li>Influencing Behaviour Change</li> </ul>	<ul style="list-style-type: none"> <li>Medicine</li> <li>Pathology</li> </ul>	30/08/2016
Day 2	<ul style="list-style-type: none"> <li>Confronting Bad Behaviours</li> </ul>	<ul style="list-style-type: none"> <li>Women, Youth and Children</li> <li>Rehabilitation, Aged and Community Care</li> </ul>	01/11/2016
Day 3	<ul style="list-style-type: none"> <li>Diagnosing Team Dynamics</li> <li>Managing Organisational Conflict</li> <li>Collaborating and Negotiating for Win/Win</li> </ul>	<ul style="list-style-type: none"> <li>Principal Medical Advisor</li> <li>Chief Medical Administrator</li> </ul>	TBA 2017
Day 4	<ul style="list-style-type: none"> <li>Encouraging a Culture of Innovation Effectively</li> <li>Introducing Innovation</li> </ul>	<ul style="list-style-type: none"> <li>Director of Territory Wide Surgical Services</li> </ul>	TBA 2017

**Cohort 2 - 31 participants**

<b>Workshop</b>	<b>Workshop Topics</b>	<b>Division</b>	<b>Scheduled</b>
Day 1	<ul style="list-style-type: none"> <li>Setting Expectations</li> <li>Influencing Behaviour Change</li> </ul>	<ul style="list-style-type: none"> <li>Surgery and Oral Health</li> </ul>	19/09/2016
Day 2	<ul style="list-style-type: none"> <li>Confronting Bad Behaviours</li> </ul>	<ul style="list-style-type: none"> <li>Critical Care and Medical Imaging</li> </ul>	08/12/2016
Day 3	<ul style="list-style-type: none"> <li>Diagnosing Team Dynamics</li> <li>Managing Organisational Conflict</li> <li>Collaborating and Negotiating for Win/Win</li> </ul>	<ul style="list-style-type: none"> <li>Mental Health, Justice Health and Alcohol and Drug Services</li> </ul>	TBA 2017
Day 4	<ul style="list-style-type: none"> <li>Encouraging a Culture of Innovation Effectively</li> <li>Introducing Innovation</li> </ul>	<ul style="list-style-type: none"> <li>Cancer, Ambulatory and Community Health Support</li> </ul>	TBA 2017



## Cohort 1 – 29 Participants

<b>Division of Medicine</b>	
Abhayaratna, Walter	Clinical Director of Medicine
Kaye, Graham	Gastroenterology, Unit Director
Wilson, Dennis	Endocrinology
Lueck, Christian	Neurology
Miller, Andrew	Dermatology
Nolan, Chris	ACT Diabetes Services
Hurwitz, Mark	Respiratory & Sleep
Taulikar, Girish	Renal Services
Tan, Ren	Cardiology
Martin, Sarah	Canberra Sexual Health Clinic
Perera, Chandima	Rheumatology
Parekh, Vanita	Clinical Forensic Medical Services
Swaminathan, Ashwin	Acute General Medicine Services (MAPU)
Dugdale, Paul	Chronic Disease Management
Watson, Ashley	Infectious Diseases
<b>Division of Pathology</b>	
Kennedy, Karina	Microbiology, Director
Cook, Mathew	Immunology, Director
Jain, Sanjiv	Anatomical Pathology, Director
Pidcock, Michael	Haematology, Director
Hickman, Peter	Chemical Pathology, Director
Watson, Ashley	Infectious Diseases, Director
<b>Division of Women, Youth and Children</b>	
Lim, Boon	Obstetrics & Gynaecology
Fletcher, Jeffery	Paediatrics
Hazel, Carlisle	Neonatology
Croaker, David	Paediatric Surgery
<b>Division of Rehabilitation, Aged and Community Care</b>	
Katsogiannis, Christos	Rehabilitation, Clinical Director
Paramadhathil, Anil	Geriatric Medicine, Clinical Director
<b>Other</b>	
Blythe, David	Principal Medical Advisor
Mitchell, Andrew	Director of Territory Wide Surgical Services
Wilkinson, Christina	Chief Medical Administrator

## Cohort 2 – 32 Participants

<b>Division of Surgery and Oral Health</b>	
Ashman, Bryan	Clinical Director, Surgical Services
Bissaker, Peter	Cardiothoracic Surgery
Bradshaw, Stephen	Vascular Surgery
Brussel, Thomas	Anaesthesia
Chapman, Peter	ENT
Yu, Han	Dental Health
McDowell, David	Neurosurgery
Guduguntla, Murali	Medical Imaging
McCarten, Gregory	Plastic Surgery
Essex, Rohan	Ophthalmology
Fitzgerald, Ailene	Shock Trauma Services
Jain, Romil	Pain Management
Smith, Paul	Orthopaedic Surgery
David, Ian	General Surgery, Head
Hyam, Dylan	Oral & Maxillofacial Surgery
<b>Division of Critical Care and Medical Imaging</b>	
Avard, Bronwyn	Intensive Care, Acting
Hollis, Gregory	Emergency Medicine
Grove, Kelvin	Capital Region Retrieval Service (Director)
Piscioneri, Frank	Acute Surgical Unit, Clinical Director
Guduguntla, Muruli	Medical Imaging
<b>Division of Mental Health, Justice Health and Alcohol and Drug Services</b>	
Riordan, Denise	Child & Adolescent Mental Health Services
Norrie, Peter	Director, Clinical Services
Jayalath, Sajeeva	Adult Services
Evans, Mandy	ACT-Wide Mental Health Services
Levy, Michael	Justice Health Services
Parige, Raj	Alcohol & Drug Services
<b>Cancer, Ambulatory and Community Health Support</b>	
Craft, Paul	Clinical Director, CACHS
Yip, Desmond	Medical Oncology
Elsaleh, Hany	Radiation Oncology
D'Rozario, James	Clinical Haematology, Director
Cook, Matthew	Immunology, Director
Epping, Yvonne	BreastScreenACT, Director

**CLINICAL CULTURE COMMITTEE – MEETING NO.5**

<b>Date:</b>	<b>21 June 2016</b>
<b>Time:</b>	<b>6.00pm – 7.00pm</b>
<b>Location:</b>	<b>Meeting Room 2, Building 24 TCH</b>

**ATTENDEES**

<b>Name</b>	<b>Position</b>
Nicole Feely	ACT Health, Director-General (Chair)
Mr Ian Thompson	Member, Deputy Director-General, Canberra Hospital and Health Services (CHHS), ACT Health
Dr Denise Riordan	Member, Clinical Director, Child and Adolescent Mental Health Services, ACT Health
Prof Klaus-Martin Schulte	Member, Professor of Surgery, ACT Health
Prof Walter Abhayaratna	Member, Clinical Director, Medicine, ACT Health
Dr Brian Ashman	Member, Clinical Director, Surgery, ACT Health
Dr David Blythe	Member, Principal Medical Adviser, ACT Health
Ms Veronica Croome	Member, Chief Nurse, ACT Health
Ms Janelle Corey	Proxy Member, A/g Chief Medical Administrator, ACT Health
██████████	Member, ██████████, Calvary Hospital
██████████	Member, ██████████, ANU Medical School
Dr Tom Lea-Henry	Member, Medical Registrar, ACT Health
Dr Eleni Baird-Gunning	Member, Surgical Registrar, 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, Workforce and Culture Innovation, System Innovation Group, ACT Health
Ms Liesl Centenera	Observer, A/g Executive Director, People Strategy and Service (PSS), ACT Health
Mr Ric Taylor	Guest, Senior Manager, PSS, ACT Health
Ms Julia Teale	Guest, Manager, Communications, ACT Health
Ms Nancy King	Guest, Manager, Culture and Wellbeing, PSS, ACT Health
Ms Kelly Lancsar	Secretariat, Leadership and Management Development Coordinator, PSS

Time	Agenda No.	Topic	Lead
6.00	1	Attendance and Apologies	Chair
6.02	2	Minutes and Actions Arising from previous meeting held on 31 May 2016	Chair
6.10	3.1	Medical Culture Action Plan Item 1.1: Presentation of findings on Medical Units from the ACT Health Workplace Culture Survey 2015	Nancy King
6.20	3.2	Medical Culture Action Plan Item 1.2: Pulse survey options paper	Ric Taylor
6.25	3.3	Medical Culture Action Plan Item 2.1 and 2.2: Update on development of the Statement of Desired Culture	Nancy King
6.30	3.4	Medical Culture Action Plan Item 3.2 Review of Medical Culture Communications Strategy	Julia Teale
6.40	4	Other Business	Chair
6.55	5	Next meeting – 6.00-7.00pm 19 July 2016	Chair

## 2. KPMG REFERENCE TABLE

Reference Table - KPMG Review 7 Recommendations	
1	Work with Executives and Clinical Directors to conduct further detailed analysis of those areas noted in the Review as having a culture that accepts or condones bullying, discrimination and/or harassment.
2	Engage senior leaders and staff across CHHS in developing a statement of desired culture for success.
3	Using the desired statement of culture as the basis, develop, implement and embed a 'saturation' communications campaign.
4	Adjust reward and performance measure for leaders to reflect desired leadership behaviours and capabilities.
5	Develop and institute mandatory leadership and management training for all clinicians who hold a leadership or management position.
6	Review governance structures in relation to the accountabilities and reporting requirements associated with bullying and harassment.
7	Strengthen policy statements to clarify and commit to consequences for unacceptable behaviour.





## ANNOTATED AGENDA FOR CHAIR

### CLINICAL CULTURE COMMITTEE – MEETING NO.5

<b>Date:</b>	<b>21 June 2016</b>
<b>Time:</b>	<b>6.00pm – 7.00pm</b>
<b>Location:</b>	<b>Meeting Room 2, Building 24 TCH</b>

#### ATTENDEES

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

**ANNOTATED AGENDA FOR THE CHAIR**

Time	Agenda No.	Topic	Lead
6.00	1	<p>Attendance and Apologies</p> <p>a. Apologies received from Ms Christina Wilkinson, represented by proxy member Ms Janelle Corey (Any further apologies will be noted for the Chair on the day of the meeting)</p>	Chair
6.02	2	<p>Minutes and Actions Arising from Previous Meeting held on 31 May 2016</p> <p>a. An Actions Arising register is circulated with the meeting papers. Responsible areas can give a verbal report on progress with a view to seeking members' agreement to close items from the actions register. The Action Items for verbal reports are:</p> <ul style="list-style-type: none"> <li>• Item 6 – [REDACTED]</li> <li>• Item 7 – Ms Liesl Centenera</li> </ul>	Chair
6.10	3.1	<p><b>Medical Culture Action Plan Item 1.1:</b> Presentation of findings on Medical Units from the ACT Health Workplace Culture Survey 2015</p> <p>a. Ms King will provide a PowerPoint presentation for the Committee's information, as requested at the May meeting following discussion of the low response rate from medical staff in the latest Culture Survey (<i>see notes for following agenda item 3.2</i>)</p>	Nancy King
6.20	3.2	<p><b>Medical Culture Action Plan Item 1.2 (PSSB to investigate a range of pulse survey tools to effectively monitor culture in medical workforce and track impact of culture improvement initiatives)</b> Pulse survey options paper.</p> <p>a. Mr Ric Taylor will speak to the suggested options.</p> <p>b. While overall the response rate for the Workplace Culture Survey 2015 was 54%, only 231 of these respondents were doctors (equating to a 26% response rate for the doctors). Such a low response rate has made it difficult to understand the workplace culture specifically relating to doctors, and in particular, the prevalence of negative behaviours such as bullying and favouritism.</p>	Ric Taylor

		<p>c. While four tools were investigated, two of the tools were found to best meet the needs of ACT Health, with each offering a slightly different focus.</p> <p>d. The aim of this paper is to provide more information for conducting a survey of doctors in order to seek the Committee's views on the best way forward.</p>	
6.30	3.3	<p><b>Medical Culture Action Plan</b> Item 2.1 (CCC members to contribute to the Statement of Desired Culture) and 2.2 (PSSB to conduct consultation process for formulating a Statement of Desired Culture)</p> <p>a. Ms King will update the committee on progress in engaging leaders and staff in the development of a Statement of Desired Culture.</p> <p>b. Following endorsement of the revised process to develop the Statement of Desired Culture at the last meeting, where the process commenced with CCC members completing a template in regard to the ACT Health values expressed as behaviours, <u>only one member provided a response</u> by the agreed date of 7 June.</p> <p>c. <u>Members are again requested to complete the template and send it to Ms Nancy King by 30 June.</u></p>	Nancy King
6.35	3.4	<p><b>Medical Culture Action Plan</b> Item 3.2 Review of Medical Culture Communications Strategy</p> <p>a. Ms Julia Teale, Manager Communications and Marketing will be invited speak to this paper.</p> <p>b. The Committee asked Ms Teale to review the Communications Strategy after a draft was presented to the March 2016 meeting.</p>	Julia Teale TBC
6.45	4	<p>Other Business</p> <p>a. CCC Terms of Reference state a six-monthly report will be provided to the Minister.</p>	Chair
6.55	5	Next meeting – 6.00 - 7.00pm, 19 July 2016	Chair
7.00		MEETING CLOSURE	Chair



## 2. 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.



**Minutes  
Clinical Culture Committee  
(CCC)**

**Meeting Date:** 31 May – Meeting No 5

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**Subject:** Minutes and Actions of CCC

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**Source:** Kelly Lancsar – CCC Secretariat

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**Purpose/comments:** For endorsement



**Clinical Culture Committee – 31 May 2016  
MEETING MINUTES**

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

The meeting commenced at 18:05 hrs and finished at 19:01 hrs, with Ian Thompson as Chair.

### 1. Attendance and apologies

Apologies were noted from: Ms Nicole Feely, Prof Walter Abhayaratna, Dr Christina Wilkinson (represented by Ms Janelle Corey), Dr David Blythe, Dr Eleni Baird-Gunning, Dr Tom Lea-Henry, Mr Ric Taylor (represented by Ms Flavia D'Ambrosio), and Ms Julia Teale.

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

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

### 3. Medical Culture Action Plan - Paper

Ms Nancy King presented for the Committee's endorsement the Medical Culture Action Plan to address the seven recommendations of the *Review of the Clinical Training Culture at Canberra Hospital and Health Services* (KPMG, September 2015).

The Committee **endorsed** the Medical Culture Action Plan.

The Chair requested that a progress report be provided each month to the Committee on implementation progress and the impact the actions are having within the ACT Health medical workforce.

It was agreed that Ms King would present specific information to the Committee on medical 'hot spots' after further analysis of the Workplace Culture Survey results to facilitate appropriate intervention actions.

██████████ suggested that performance management processes of ACT Health and Australian National University be combined for ACT Health medical staff who hold academic title with the ANU, as well as information on individual staff in relation to bullying and harassment. Members discussed and noted in relation to performance agreements that while there would be overlap in relation to expected behaviours, ANU monitors staff performance in terms of research and teaching while ACT Health monitors clinical and related responsibilities. To assist further exploration of aligning the two processes, ██████████ was requested to send a copy of the ANU template to Mr Ian Thompson.

In relation to sharing information about individual staff, Ms Centenera reported that this had been explored in relation to sharing information with the Royal College of Surgeons but a number of legal obstacles would need to be considered and resolved. Ms Centenera and Mr Thompson to discuss out of session.

In relation to planning and implementing item 6.3 '*Liaise with other health organisations to investigate the use of an Anti-Bullying Hot Line and provide recommendations to Clinical Culture Committee*', the Chair requested that the model developed and utilised by The Royal Melbourne Hospital be examined.



#### 4. Members' discussion on Statement of Desired Culture

The Chair discussed with the Committee the proposed process for formulation of the Statement of Desired Culture. Committee members:

- **Agreed** to the revised process for formulation of the Statement of Desired Culture
- **Agreed** to provide the CCC Secretariat by Tuesday 7 June 2016 their ideas and opinions to assist formulation of a first draft of the Statement of Desired Culture using the tabled template; and
- **Agreed** to support and encourage Clinical/Unit directors and staff to attend focus groups.

Ms Centenera noted that NSW Health has an advanced draft Statement of Desired Culture that is due to be released with a publicised signing ceremony (approximately eight Colleges are signing on with NSW Health) and a public commitment to effect organisational accountability. She agreed to contact NSW Health to request a copy of the draft Statement of Desired Culture to assist with the formulation of the draft for ACT Health.

Members discussed existing documentation providing examples of articulating desired behaviour such as the ACTPS Code of Conduct and the Medical Board of Australia and CanMEDS Code of Conduct. The secretariat will circulate these documents to members for reference.

Ms Bronwen Overton-Clarke noted experience from developing the ACT Public Service Values and Signature Behaviours showed that in addition to the end product of a statement of desired values, the actual process of developing such a statement could have a powerful positive effect on staff and their engagement.

#### 5. Senior Doctor Leadership Program

ACT Health is addressing the KPMG recommendation to "Develop and institute mandatory leadership and management training for all clinicians who hold a leadership or management position" through a Senior Doctor Leadership Program, which The Advisory Board Company has been engaged to deliver.

The Committee:

- **Noted** the purpose and benefits of the Senior Doctor Leadership Program
- **Agreed** that CCC members who are invited to participate in the program will commit to attending, and
- **Agreed** that CCC members who are invited to participate would commit to attending the program, and that all CCC members would encourage and enable the attendance of their staff who are identified to attend the Doctor Leadership Program

Committee members reviewed the draft list of participants and provided feedback. Any further any amendments or recommendations were requested to be sent to Ms Flavia D'Ambrosio by Friday 3 June 2016.

It was agreed that Calvary would be invited to participate in the Senior Doctor Leadership Program. Ms D'Ambrosio will liaise with [REDACTED] to identify two Calvary Hospital staff to participate.

**6. Other Business**

Nil.

**7. Next meeting**

Tuesday 21 June 2016, 6:00 – 7:00pm

## Actions Arising Register

Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
1.	March 2016	1	Research into Culture Engagement Index to: allow pulse surveys to be taken quarterly to determine improvements	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	Open
2.	March 2016	2	Revise process for formulating Statement of Desired Culture	Revised process to be discussed at May 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	Open
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 management processes for ACT Health staff undertaking work at ANU		Organisational Development	
6.	May 2016	All	██████████ to provide copy of performance plan template to Mr Thompson		██████████	



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		Mr Ian Thompson and Ms Liesl Centenera	
8.	May 2016	6	Explore The Royal Melbourne Hospital's use of an anti-bullying hotline in relation to item 6.3 on the Medical Culture Action Plan		Organisational Development	
9.	May 2016	2	Circulate to members a copy of the NSW Health draft Statement of Desired Culture		Secretariat	
10.	May 2016	2	Circulate to members a copy of the Medical Board of Australia and CanMEDS Code of Conduct		Secretariat	
11.	May 2016	2	Circulate to members a copy of the ACT Public Service Code of Conduct		Secretariat	
12.	May 2016	2	Committee members provide feedback and ideas on the formulation of a Statement of Desired Culture on the template provided to Ms King by Tuesday 7 June 2016		All Committee members	
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		All Committee members	
14.	May 2016	5	Invite Calvary to participate in the Senior Doctor Leadership Program		Organisational Development	

### **Agenda item 3.2: Medical Culture Action Plan Item 1.2: Pulse survey options paper**

#### **Recommendation:**

It is recommended that the Committee:

- Endorse the selection of the Medical Engagement Scale survey for purchase and rollout among the medical workforce in ACT Health in July/August 2016.

#### **1. Background**

ACT Health's Workplace Culture Survey has been administered in 2005, 2007, 2009, 2012 and most recently at the end of 2015. While the overall staff response rate for the most recent survey was 54%, only 231 of these respondents were doctors which equates to a 26% response rate. A 40% response rate for surveys of this type is considered reliable, so the lower response rate for doctors makes it less reliable in terms of providing a representative picture of the workplace culture specifically relating to doctors, and in particular, the prevalence of negative behaviours such as bullying, harassment, discrimination and favouritism. It also makes it difficult to reliably track changes in medical culture over time.

In order to better understand the workplace culture for doctors, Organisational Development within People Strategy and Services Branch has explored the types of tools available in the market, with a particular emphasis on tools that could:

- a) be completed within a short amount of time (i.e. contain a small number of questions overall) and therefore contribute to a higher response rate; and
- b) incorporate measures of negative behaviours.

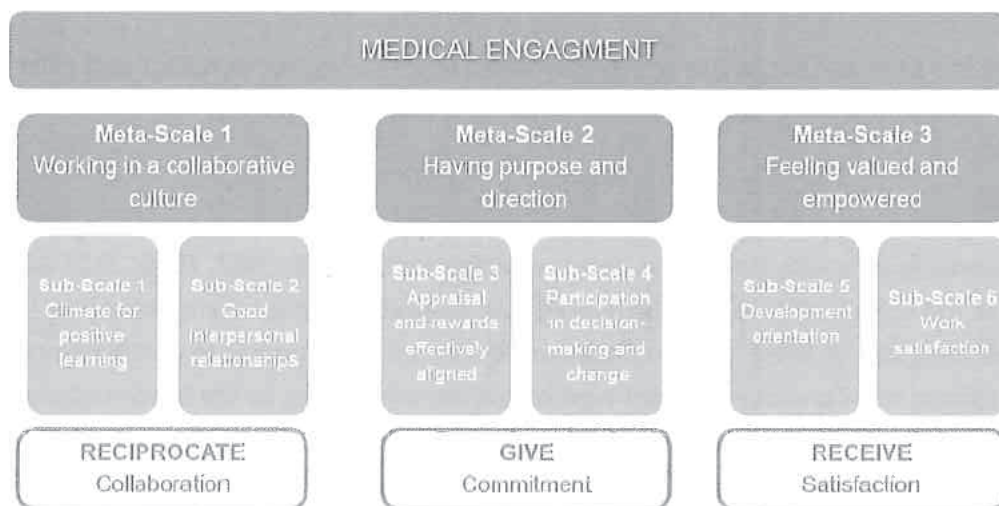
Of the tools identified, four were selected to be explored in more detail. Following this detailed analysis, two of the tools were found to best meet the needs of ACT Health, with each offering a slightly different focus. These tools are the Medical Engagement Scale by Engage to Perform and the Medical Pulse Survey customised by Best Practice Australia.

#### **2. Option 1 – *Medical Engagement Scale by Engage to Perform***

##### **2.1 Description**

The Medical Engagement Scale (MES) is a 30-item online survey developed specifically for medical staff within healthcare organisations. The survey takes approximately 10-15 minutes to complete, and has been administered in both the UK and Australia.

The MES consists of three scales and six sub-scales, which are shown in the diagram below. Each of the scales has been psychometrically tested, and found to demonstrate acceptable reliability and validity.



While the MES does not specifically measure the prevalence of negative behaviours, the “good interpersonal relationships” subscale does capture some elements of how doctors perceive they are being treated. In addition, ACT Health can work with the provider to add a small number of additional questions regarding prevalence of inappropriate behaviours.

## 2.2 Costs

In Australia, the MES is administered by a company called Engage to Perform, and can be provided to approximately 1,000 doctors in ACT Health for around \$30,000. This cost includes time with the academic consultants who have developed and administered the tool, administration and hosting of the survey, and analysis and reporting. The company has also indicated some scope for negotiation of the price.

## 2.3 Strengths

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

- Credibility.** The tool is focused specifically on the culture of medical workforces and its development is grounded in academic research. The tool has been used for analysis in published academic journal articles and the authors of these articles are the consultants