

Medical Culture Action Plan

Attachment 4

KPMG Recommendation 1: Work with Executives and Clinical Directors to conduct further analysis in medical areas where there is a culture that accepts or condones bullying, discrimination and/or harassment		
	Action	Timelines
1.1	Conduct further analysis of Workplace Culture Survey 2015 findings focusing on staff perceptions of inappropriate behaviour in medical units	Completed
1.2	Investigate a range of pulse survey tools to effectively monitor culture in medical workforce and track impact of culture improvement initiatives	Completed
1.3	Recommend selected tool for approval by Director-General and implement roll-out of tool for pulse surveys	February 2017
1.4	Distribute and review pulse survey reports	TBC

KPMG Recommendation 2: Engage senior leaders and staff across TCH & HS in developing a statement of desired culture for success		
	Actions	Timelines
2.1	CCC members contribute to the Statement of Desired Culture	Completed
2.2	Conduct consultation process for formulating a Statement of Desired Culture	Completed
2.3	CCC endorse a draft statement for final consultation	December 2016
2.4	Draft Statement made available for online feedback	February 2017
2.5	CCC finalise Statement	March 2017
2.6	Public and launch of statement	April 2017

KPMG Recommendation 3: Use statement of desired culture to develop, implement and embed a saturation communications campaign		
	Action	Timelines
3.1	Finalise the broader Medical Culture Communications Strategy which will communicate and promote all the work of the Clinical Culture Committee	February 2017
3.2	Review Communications Strategy	July 2017
3.3	Execute planned communications strategy	February 2017
3.4	Organise and publicise social events for doctors	TBC

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KPMG Recommendation 4: Adjust reward and performance measures for leaders to reflect desired leadership behaviours and capabilities		
	Action	Timelines
4.1	Review and refine the performance plan template for doctors	In progress
4.2	Use performance planning and review processes to clarify and provide feedback on desired leadership behaviours for all doctors	2017-18
4.3	Use 360° feedback tools to broaden the sources for feedback perspectives	TBC
4.4	Review the reward and recognition practices for doctors	June-Dec 2017
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	In progress
4.6	Investigate involving patients to provide feedback on the impact of interactions with doctors and the care team	April 2017

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

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KPMG Recommendation 6: Review governance structures in relation to the accountabilities and reporting requirements associated with bullying and harassment		
	Action	Timelines
6.1	Investigate best practice in governance mechanisms relevant to reporting of complaints of bullying and harassment	December 2016
6.2	Review and improve current tracking and reporting of complaints and trends	December 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	February 2017

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

Report to the Minister for Health from the ACT Health Clinical Culture Committee December 2016

1. Introduction

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

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

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

The Clinical Culture Committee (CCC) was established by the Minister for Health as a governance body in response to the findings of the KPMG Review and the Royal Australasian College of Surgeons' report on discrimination, bullying and sexual harassment. The purpose of the CCC is to develop, oversee and monitor initiatives to deliver appropriate behaviours and remove inappropriate behaviours within medical programs and across ACT Health.

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

2. Medical Culture Action Plan

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

The plan was endorsed by the CCC in May 2016. The plan will be implemented in two stages:

Stage One (May 2016 – April 2017) addresses recommendations 1, 2, 3 and 5 of the Review:

- **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;
- **Recommendation 2:** Engage senior leaders and staff across Canberra Hospital and Health Services in developing a Statement of Desired Culture for success;
- **Recommendation 3:** Use the Statement of Desired Culture to develop, implement and embed a saturation communications campaign; and

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

Stage Two (July 2016 – December 2017) addresses recommendations 4, 6 and 7:

- **Recommendation 4:** Adjust reward and performance measures for leaders to reflect desired leadership behaviours and capabilities;
- **Recommendation 6:** Review governance structures in relation to the accountabilities and reporting requirements associated with bullying and harassment; and
- **Recommendation 7:** Strengthen policy statements to clarify and commit to consequences for unacceptable behaviour.

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

3. Progress Update

Recommendation 1: Work with Executives and Clinical Directors to conduct further analysis in medical areas where there is a culture that accepts or condones bullying, discrimination and/or harassment

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

In accordance with Recommendation 1, further analysis of medical staff perceptions of bullying and harassment was undertaken and presented to the CCC, based on data from the ACT Health 2015 Workplace Culture Survey. The analysis showed that 231 of 886 (26%) of the ACT Health Medical Officers responded to the survey (compared with 54% of ACT Health staff overall), and of this sample 41 of 163 (25%) Visiting Medical Officers provided a response to the survey. In addition to quantitative data on staff experience and perceptions of bullying, harassment and favouritism, themes arising from staff comments through the survey were also presented.

In addition to the analysis of medical officers' responses to the Survey, consultations were held with work units who have performed well in terms of improving culture to determine whether there are lessons that might be applicable to other units. There were 13 such high performing units: Cancer Breast screen; E-Health; Psychology; Hospital in the Home; Respiratory and Sleep Science; Child and Mental Health Services North and South; Assertive Community Treatment Team; Core Lab and Calvary; Molecular; Cytogenetic; Microbiology; Rehabilitation Occupational Therapy; Allied Health; and the Postnatal Ward. Findings will be presented for the CCC's consideration and have been incorporated into the ACT Health Organisational Culture Action Plan 2016-2018.

Visits and consultations have also been held with high-performing external organisations to discuss success factors and gather external ideas which could be replicated within ACT Health. A presentation will be made to the CCC on applicable lessons from the Princess Alexandra Hospital (QLD), Metro South Region (QLD), Eastern Health (VIC) and Austin Health (VIC).

The CCC will decide in early 2017 whether or not to undertake a pulse survey of medical staff to measure any change in perceptions and experience of bullying and harassment since the Review of

Clinical Training Culture at CHHS (September 2015) and ACT Health Workplace Culture Survey (November 2015).

Recommendation 2: Engage senior leaders and staff across Canberra Hospital and Health Services in developing a Statement of Desired Culture for success

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

The development of a Statement will assist in engaging and empowering staff at all levels to consider the culture and behaviours that they want to experience in their workplace and consider what they themselves can do to achieve this culture within their teams. The Statement is intended to be signed by all staff and form part of Performance Plans for ACT Health staff. It will be complemented by a communication strategy that is being developed to raise awareness about both positive and inappropriate behaviours.

The process of developing a Statement began with CCC members and then focus groups of doctors. Following consultation with doctors, CCC members determined that the Statement should not be limited to doctors but should have an organisation-wide application. Consultation was extended to all ACT Health staff, with approximately 30 focus groups being held with a mix of staff from all professional groups and work levels. It is intended that a draft Statement will be available for online consultation with all staff in February 2017, with the final Statement being launched by the Director General in April 2017.

Recommendation 3: Use Statement of Desired Culture to develop, implement and embed a saturation communications campaign

While the Statement is now intended to be complete in April 2017, a broad communications strategy is being developed to raise awareness of appropriate behaviours, how to address inappropriate behaviours, and to promote the CCC and its work.

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

Work has commenced to review performance management arrangements for medical staff. Where possible, it is intended to explore the opportunities for enhanced linkages with entities such as Colleges and the ANU to minimise duplication.

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

The Senior Doctor Leadership Program is designed for Clinical and Unit Directors across all the clinical units within ACT Health. 62 participants have been identified as influential medical leaders across the organisation and the training will provide them with the skills and support to maintain positive and productive workplaces.

The program commenced in August 2016 and is being delivered by the internationally recognised health sector consultancy organisation The Advisory Board Company. It is providing practical

strategies for medical leaders to set expectations, influence behaviour change, confront bad behaviours, diagnose team dynamics, manage organisational conflict, and encourage a culture of innovation.

Participants have been grouped into two cohorts to ensure Divisional colleagues attend with their peers to maximise the learning, develop shared understanding of concepts/content and build momentum for agreed processes. The program consists of eight modules delivered over a 6 month period.

In addition, the Respect at Work workshop continues to be rolled out across the medical workforce, specifically addressing inappropriate behaviours using a case study approach and highlighting the formal and informal roles and expectations of managers, peers and other stakeholders.

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

This work is currently underway and expected to be complete by the end of 2016.

Liaison with the Royal Australasian College of Surgeons is underway to explore opportunities for improved governance and faster resolution once a complaint is made.

CCC Members have explored the misconduct processes and how they affect ACT Health's Culture. This work is currently being further explored by People and Culture who are developing improved materials and support to guide managers in handling complaints of bullying and harassment and manage complainant expectations. Additionally, options are being explored for improved ways to provide complainants with closure without breaching privacy following completion of a complaint handling process.

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

This work is in progress and expected to be complete by the end of 2016.

In particular, the Respect at Work Policy has been reviewed and will be considered by the Policy Advisory Committee early in 2017. The policy applies to all staff and focuses on promoting a positive workplace. It provides information on how unacceptable behaviours can be addressed. Significant consultation has occurred across the organisation as well as with unions and associations with coverage in ACT Health.

4. Conclusions

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



Agenda Item 6: Other Business – Proposed 2017 Meeting Dates

Members agreed during the November 2016 Clinical Culture Committee Meeting that future meetings would occur every six weeks during 5:00-6:30pm. Below is a list of proposed dates for 2017:

Proposed Date	Time
Tuesday 7 th February 2017	5:00-6:30pm
Tuesday 21 st March 2017	5:00-6:30pm
Tuesday 2 nd May 2017	5:00-6:30pm
Tuesday 13 th June 2017	5:00-6:30pm
Tuesday 25 th July 2017	5:00-6:30pm
Tuesday 5 th September 2017	5:00-6:30pm
Tuesday 17 th October 2017	5:00-6:30pm
Tuesday 28 th November 2017	5:00-6:30pm

CLINICAL CULTURE COMMITTEE – MEETING NO.11

Date:	Tuesday 7 th February 2017
Time:	5.00pm – 6.30pm
Location:	Meeting Room 2, Building 24, Canberra Hospital

ATTENDEES

Name	Position
Ms Nicole Feely	Director-General, ACT Health (Chair)
Dr Bryan Ashman	Member, Clinical Director, Surgery, ACT Health
Dr Eleni Baird-Gunning	Member, Surgical Registrar, ACT Health
Ms Veronica Croome	Member, Chief Nurse, ACT Health
Dr Jeffery Fletcher	Member, A/g Chief Medical Officer, ACT Health
[REDACTED]	Member, [REDACTED] ANU Medical School
Prof Klaus-Martin Schulte	Member, Professor of Surgery, ACT Health
Mr Ian Thompson	Member, Deputy Director-General, Canberra Hospital and Health Services (CHHS), ACT Health
[REDACTED]	Member, [REDACTED], Calvary Hospital
Ms Patricia O'Farrell	Observer, Executive Director, People & Culture (P&C), ACT Health
Ms Jane Murkin	Guest, Deputy Director General, Quality Governance and Risk, ACT Health
Mr Ric Taylor	Guest, Director, Organisational Development, P&C, ACT Health
Ms Navi Kalsi	Secretariat, Organisational Development, P&C, ACT Health

AGENDA**1. ATTENDANCE AND APOLOGIES**

Attendance: Several members have resigned from the Committee: Dr David Blythe, Ms Yu-Lan, Dr Tom Lea-Henry, Dr Denise Riordan and Dr Christina Wilkinson.

Dr Jeffery Fletcher is the A/g Chief Medical Officer, ACT Health. Ms Jane Murkin is the new Deputy Director General, Quality Governance and Risk, ACT Health, and is attending as a guest.

Apologies: Prof Walter Abhayaratna and Ms Bronwen Overton-Clarke.

2. MINUTES AND ACTIONS ARISING FROM PREVIOUS MEETING DECEMBER 2016

3. AGENDA ITEMS

Time (pm)	Agenda Item	Topic	Lead
5.00	1	Attendance and apologies	Chair
5.02	2	Minutes and Actions Arising from previous meeting	Chair
5.05	3	Update on Current Initiatives - Statement of Workplace Culture - Quarterly Reporting on Workplace Culture Action Plans using SharePoint - Senior Doctor Leadership Program - Workplace Culture Intranet Hub - External Culture Consultants for two units in Blame + Culture - Cognitive Institute Programs	Mr Ric Taylor
5.25	4	Presentation by Jane Murkin (Deputy Director General, Quality Governance and Risk, ACT Health)	Ms Jane Murkin
5.40	5	Review of CCC - Purpose, membership and frequency of meetings	Ms Patricia O'Farrell
6.10	6	Other Business	Chair
6.15	7	Next meeting: TBA	Chair

4. 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.

ANNOTATED AGENDA FOR CHAIR

CLINICAL CULTURE COMMITTEE – MEETING NO.11

Date:	Tuesday 7 th February 2017
Time:	5.00pm – 6.30pm
Location:	Meeting Room 2, Building 24, Canberra Hospital

ATTENDEES

Name	Position
Ms Nicole Feely	Director-General, ACT Health (Chair)
Dr Bryan Ashman	Member, Clinical Director, Surgery, ACT Health
Dr Eleni Baird-Gunning	Member, Surgical Registrar, ACT Health
Ms Veronica Croome	Member, Chief Nurse, ACT Health
Dr Jeffery Fletcher	Member, A/g Chief Medical Officer, ACT Health
[REDACTED]	Member, [REDACTED] ANU Medical School
Prof Klaus-Martin Schulte	Member, Professor of Surgery, ACT Health
Mr Ian Thompson	Member, Deputy Director-General, Canberra Hospital and Health Services (CHHS), ACT Health
[REDACTED]	Member, [REDACTED] Calvary Hospital
Ms Patricia O'Farrell	Observer, Executive Director, People & Culture (P&C), ACT Health
Ms Jane Murkin	Guest, Deputy Director General, Quality Governance and Risk, ACT Health
Mr Ric Taylor	Guest, Director, Organisational Development, P&C, ACT Health
Ms Navi Kalsi	Secretariat, Organisational Development, P&C, ACT Health

ANNOTATED AGENDA FOR THE CHAIR

Time (pm)	Agenda Item	Topic	Lead
5.00	1	<p>Attendance and apologies <i>Attendance:</i> Several members have resigned from the Committee: Dr David Blythe, Ms Yu-Lan, Dr Tom Lea-Henry, Dr Denise Riordan and Dr Christina Wilkinson.</p> <p>Dr Jeffery Fletcher is the A/g Chief Medical Officer, ACT Health. Ms Jane Murkin is the new Deputy Director General, Quality Governance and Risk, ACT Health, and is attending as a guest.</p> <p><i>Apologies:</i> Prof Walter Abhayaratna and Ms Bronwen Overton-Clarke.</p>	Chair
5.02	2	<p>Minutes and Actions Arising from previous meeting - Action items are listed with responsibility allocated. The responsible parties can be asked to provide an update at the meeting.</p>	Chair
5.05	3	<p>Update on Current Initiatives - Statement of Workplace Culture - Quarterly Reporting on Workplace Culture Action Plans using SharePoint - Senior Doctor Leadership Program - Workplace Culture Intranet Hub - External Culture Consultants for two units in Blame + Culture - Cognitive Institute Programs</p>	Mr Ric Taylor
5.25	4	<p>Presentation by Jane Murkin (Deputy Director General, Quality Governance and Risk, ACT Health)</p>	Ms Jane Murkin
5.40	5	<p>Review of CCC - Purpose, membership and frequency of meetings</p>	Ms Patricia O'Farrell
6.10	6	<p>Other Business</p>	Chair
6.15	7	<p>Next meeting: TBA</p>	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 – Tuesday 13th December 2016

MEETING MINUTES

Name	Position	Attendance
Ms Nicole Feely	Director-General, 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	✗
Dr David Blythe	Member, A/g Director Medical Services, ACT Health	✓
Ms Veronica Croome	Member, Chief Nurse, ACT Health	✓
Dr Tom Lea-Henry	Member, Medical Registrar, ACT Health	✗
[REDACTED]	Member, [REDACTED] ANU Medical School	Apologies
Dr Denise Riordan	Member, Clinical Director, Child and Adolescent Mental Health Services, ACT Health	Apologies
Prof Klaus-Martin Schulte	Member, Professor of Surgery, ACT Health	✓
Mr Ian Thompson	Member, Deputy Director-General, Canberra Hospital and Health Services (CHHS), ACT Health	✓
[REDACTED]	Member, [REDACTED] Calvary Hospital	✓
Dr Christina Wilkinson	Member, Director of Medical Administration, CHHS, ACT Health	✓
Ms Bronwen Overton-Clarke	Observer, Public Sector Standards Commissioner and Deputy Director-General, Workforce Capability and Governance, Chief Minister, Treasury and Economic Development Directorate	✓
Ms Patricia O'Farrell	Observer, Executive Director, People & Culture (P&C), ACT Health	✓
Ms Yu-Lan Chan	Observer, A/g Innovation Partner Executive Director, Workforce and Culture, ACT Health	✓
Ms Navi Kalsi	Secretariat, Organisational Development, P&C, ACT Health	✓

The meeting commenced at 5:15pm and concluded at 5:50pm.

1. Attendance and apologies

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

2. Confirmation of minutes from the previous meeting

Members endorsed the minutes of the previous meeting held on Tuesday 17th November 2016.

*Actions arising*Action item 5: explore opportunities for enhanced linkages between ANU and ACT Health performance development plans for ACT Health staff undertaking work at ANU

Dr Blythe reported that discussions are occurring with [REDACTED] about performance templates for doctors. He will also raise it with the ACT Health Office of Research.

Action items 6 and 24: Explore sharing information on staff in relation to bullying and harassment

Ms O'Farrell reported that she is still awaiting legal advice about sharing information to staff in relation to bullying and harassment. She will follow up with GSO and circulate the advice to Members once received.

Action item 8: Explore Royal Melbourne Hospital's anti-bullying systems

Ms Chan reported that the exploration of the Cognitive Institute program for addressing inappropriate behaviours will be discussed as an agenda item during the next meeting in February 2017.

Action item 17: Nominate a suitable patron of champion

Members provided no further suggestions for candidates for a culture patron.

Action item 25:

This advice was provided under agenda item 4.

Action item 26

Ms Kalsi reported that she is liaising with Communications and Marketing in inviting David Morrison to a future CCC meeting. Members agreed that David Morrison should be invited to address a larger forum than the CCC. Ms Overton-Clarke's suggestion that he be invited to address the ACT Public Service through the ACTPS Executive Speaker Series was accepted.

3. Statement of Desired Culture – approval of format

Ms Chan presented three options for Members to select the format of the Statement of Desired Culture (The Statement), noting that the drafts had been developed from focus groups of approximately 500 staff representing a cross-section of ACT Health. Ms Chan reminded members that they had agreed in July 2016 that staff would be required to sign the Statement which would form a part of employment contracts and performance plans.

Members provided feedback for further improvement to the content of the Statement.

Members agreed that:

- The agreed format was the table showing best practice, acceptable and unacceptable behaviours (Example 3) combined with an introduction from the Director-General to provide context (page 1 of Example 1)
- The Statement needs to include the organisation's reciprocal responsibilities to staff, and both staff and managers should sign the Statement
- The content of the 'Love to see' and 'Expect to see' columns needs checking to ensure appropriate distinction
- The column titles are to be renamed to emphasise that inappropriate behaviours will not be accepted.

Organisational Development, People & Culture will revise the draft Statement for online staff consultation in February 2017.

4. Update on review of governance and policies

Members noted the update provided by Ms Chan on Recommendations 6 and 7 of the KPMG Review about governance and policies. Employment Services, People & Culture, have reviewed and updated the Respect at Work policy, with the policy being similar to the ACT Public Service Respect at Work policy. A database of workplace issues is under development, which will improve reporting and identification of any trends. Ms Chan advised members that their feedback about the training on preliminary assessments has been considered and the training is being further developed. It is intended that it will be accompanied by a session to give managers broader skills on managing workplace issues so they can be resolved without becoming a formal process where possible.

5. Report to the Minister

Ms Chan informed Members that the CCC Terms of Reference requires a report about the CCC activities be provided to the Minister for Health every six months. A report was not provided to the Minister in August 2016 due to the caretaker period. Members reviewed the new draft report prepared for December 2016. Members agreed that the report needed to be accompanied by a brief listing the key points and that consideration was needed of what key messages would be included in the report, with more detailed reporting on actions taken to date and future milestones and timeframes.

6. Other Business

- Ms Croome informed members that the theme for the 2017 Annual Nurses and Midwives dinner will be a "Culture of Respect" – a theme that aligns closely with the work of the CCC. Ms Croome said the focus will be on promoting a positive workplace culture and the guest speaker at the dinner will be Mr Anh Do.
- ██████ provided positive feedback about the Senior Doctor Leadership Program presenter and content. A number of other members also reported receiving similar positive comments.
- Members discussed positive culture improvement changes they had observed in the organisation since the formation of the Committee:
 - Engagement of doctors in the Respect, Equity and Diversity (RED) Contact Officers Network

- There is a sense in some areas that fewer issues are being experienced, and where there are issues staff feel more comfortable in raising them
- Ms Feely thanked Members for their contribution to CCC in 2015 and 2016 and said the focus in 2017 should be on communicating and messaging around culture.

Next meeting:

Tuesday 7 February 2017, 5.00-6.30pm.

Actions Arising Register

Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
1.	March 2016	1	Investigate a range of pulse survey tools to effectively monitor culture in medical workforce and track impact of culture improvement initiatives	A range of tools available. Three Culture Index tools have been identified. Seeking clarification from providers. Will report to June 2016 meeting on selected Culture Index Tool.	Organisational Development	Closed
2.	March 2016	2	Revise process for formulating Statement of Desired Culture	Revised process accepted at 31 May 2016 meeting	Organisational Development	Closed
3.	March 2016	3	Build a communications campaign using a variety of channels that promotes positive statements about behaviour, continues to raise awareness about inappropriate behaviours, and provides clarity about resolution processes and support	Communications Strategy drafted and being revised for presentation to June meeting	Communications and Marketing	Closed
4.	March 2016	4	Adjust reward and performance measures for leaders to reflect desired leadership behaviours and capabilities	Included in Medical Culture Action Plan	Organisational Development	Closed
5.	May 2016	All	Explore opportunities for enhanced linkages between the ANU and ACT Health performance development plans for ACT Health staff undertaking work at ANU	As at 15 November 2016, objective measures for clinical performance are being explored. Dr Blythe has been in discussions with Dr Mitchell. Aiming to have a draft performance plan template by April 2017.	Dr Christina Wilkinson, Dr David Blythe, Mr Ian Thompson and People & Culture	Open
6.	May 2016	All	██████████ to provide copy of performance plan template to Mr Thompson	██████████ provided a copy of a performance plan template.	██████████	Closed

Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
7.	May 2016	6	Discuss issues in regards to sharing information on staff in relation to bullying and harassment	Meetings with RACS held 20 June 2016 (Ms Centenera, Ms Chan); 24 August 2016 (Ms Chan); 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 still pending at 13 December 2016, being followed up by Ms O'Farrell. Ms O'Farrell will provide the advice to Members out of session.	Mr Ian Thompson, Ms Yu-Lan Chan and Ms Patricia 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	Dr Wilkinson has reviewed the Cognitive Institute Program, which is used by the Royal Melbourne Hospital. A minute has been prepared for the Director-General. A number of anti-bullying programs will be discussed at the CCC February 2017 meeting.	Organisational Development	Open
9.	May 2016	2	Circulate to members a copy of the NSW Health draft Statement of Desired Culture	NSW Health provided the <i>Statement of Agreed Principles</i> – an agreement between RACS and NSW Health. Members received a copy in November 2016.	Secretariat	Closed
10.	May 2016	2	Circulate to members a copy of the Medical Board of Australia and CanMEDS Code of Conduct	Circulated to Members	Secretariat	Closed
11.	May 2016	2	Circulate to members a copy of the ACT Public Service Code of Conduct	Circulated to Members	Secretariat	Closed
12.	May 2016	2	Committee members provide feedback and ideas on the formulation of a Statement of Desired Culture on the template provided to Ms Nancy King by Tuesday 7 June 2016	Only 2 responses received. Deadline was extended to 30 June 2016 at the CCC meeting on 21 June 2016	All Committee members	Closed

Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
13.	May 2016	5	Committee members to review the list of participants for the Senior Doctor Leadership Program and provide any amendments or recommendations to Ms Flavia D'Ambrosio by Friday 3 June 2016	Invitations sent by Director-General 14/06/16	All Committee members	Closed
14.	May 2016	5	Invite Calvary to participate in the Senior Doctor Leadership Program	One nomination received	Organisational Development	Closed
15.	June 2016	2	Committee members provide feedback and ideas on the formulation of a Statement of Desired Culture to Ms Nancy King by 30 June 2016	5 Committee members have contributed.	All Committee members	Closed
16.	June 2016	3	Comments on draft Communications Strategy to Ms Julia Teale by 8 July 2016	No comments were received.	All Committee members	Closed
17.	June 2016	3	Nominate a suitable, respected Patron or Champion to be the face of the Medical Culture Communications Strategy	Re-visited at meeting of 15 November 2016. Suggestions include: Brendan Nelson, Brian Owler, Steve Hamilton, David Morrison, Mick Dodson and Antonio De Dio. Members to give further consideration and discuss at future meetings. At December 2016, Members provided no further suggestions for candidates for a culture patron.	All Committee members	Open
18.	July 2016	5	Discuss attendance at the compulsory Senior Doctor Leadership Program with those doctors who sent apologies due to their clinic schedules.		Mr Ian Thompson and Dr David Blythe in liaison with Ms Flavia D'Ambrosio.	Closed
19.	July 2016	2	Provide out of session comments about the format and the title of the Statement of Desired Culture to the Secretariat.	Comments received from three Members.	All Committee members	Closed

Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
20.	July 2016	2	Explore how to better support managers in managing complaints and underperformance	Discussed at November 2016 meeting.	Ms Yu-Lan Chan	Closed
21.	July 2016	2	Explore options for Ms Feely and Mr Thompson to visit JMOs sessions (e.g. JMO forum) to talk about culture and behaviour	Following consultation with the JMO Forum, the following options are being pursued: - Meeting with the JMO forum committee members initially which could be followed up with attendance at the next JMO forum meeting (generally well attended by JMOs) - An item in the JMO Forum newsletter (with media/comms input) with an update about CCC activities. JMO Forum contacts were provided during August 2016 to the DG Office.	Ms Christina Wilkinson	Closed
22.	July 2016	-	Provide comments to the Secretariat on the draft report to the Minister	No comments received.	All Committee members	Closed
23.	July 2016	6	Provide an example of a de-identified corporate governance report to Ms Chan	Dr Blythe has been unable to obtain a copy from WA despite repeated requests.	Dr David Blythe	Closed
24.	Oct 2016	7	Seek legal advice on what information can be provided upon the closure of a complaint	Legal advice was requested from Government Solicitors Office (GSO) in June 2016 for instructions about what can be disclosed and shared to parties, but has not been received. Ms O'Farrell has followed this up and asked for practical advice on what can be disclosed to parties. At 13 December 2016, advice still pending. Ms O'Farrell will circulate the advice to Members once received.	Ms Patricia O'Farrell	Open

Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
25.	Oct 2016	7	Advise Committee on how improved materials and support are being provided to guide managers in handling complaints of bullying and harassment and manage complainant expectations	Provided through update to meeting of 13 December 2016.	Ms Patricia O'Farrell	Closed
26.	Nov 2016		Invite David Morrison to ACT Health to discuss his experience in changing culture in the defence force	On 13 December 2016, Members agreed Mr Morrison should be invited to address a broader audience. He will instead be invited to the ACT Public Service Executive Speaker Series.	Secretariat	Closed
27.	Nov 2016	-	Prof Abhayaratna will provide a copy of the Vanderbilt materials from Advisory Group program to Ms Chan and Ms O'Farrell.	Complete	Prof Walter Abhayaratna	Closed

Decision Register

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

CLINICAL CULTURE COMMITTEE – MEETING NO.12

Date:	Tuesday 21st March 2017
Time:	5.00pm – 6.30pm
Location:	Meeting Room 2, Building 24, Canberra Hospital

ATTENDEES

Name	Position
Ms Nicole Feely	Director-General, ACT Health (Chair)
Dr Bryan Ashman	Member, Clinical Director, Surgery, ACT Health
Dr Eleni Baird-Gunning	Member, Surgical Registrar, ACT Health
Ms Marina Buchanan-Grey	Proxy Member, A/g Chief Nurse, ACT Health
Dr Jeffery Fletcher	Member, A/g Chief Medical Officer, ACT Health
██████████	Member, ██████████ ANU Medical School
Ms Jane Murkin	Member, Deputy Director General, Quality Governance and Risk, ACT Health
Mr Ric Taylor	Member, Senior Manager, Organisational Development, P&C, ACT Health
██████████	Member, ██████████, Calvary Hospital
Ms Patricia O'Farrell	Observer, Executive Director, People & Culture (P&C), ACT Health
Ms Bronwen Overton-Clarke	Observer, Public Sector Standards Commissioner and Deputy Director-General, Workforce Capability and Governance, Chief Minister, Treasury and Economic Development Directorate
Ms Navi Kalsi	Secretariat, Organisational Development, P&C, ACT Health

AGENDA

1. ATTENDANCE AND APOLOGIES

Apologies: Prof Walter Abhayaratna, Ms Veronica Croome (Proxy Member: Ms Marina Buchanan-Grey also an apology) and Prof Klaus-Martin Schulte.

2. MINUTES AND ACTIONS ARISING FROM PREVIOUS MEETING FEBRUARY 2017

3. AGENDA ITEMS

Time (pm)	Agenda Item	Topic	Lead
5.00	1	Attendance and apologies	Chair
5.02	2	Minutes and Actions Arising from previous meeting	Chair
5.05	3	Speak Out Speak Up Presentation	
5.35	4	Discussion of CCC memberships, frequency of meetings and formation of a working group reporting to the CCC	Ms Patricia O'Farrell
6.00	5	Top 10 culture themes in ACT Health	Mr Ric Taylor
6.20	6	Other Business	Chair
6.30	7	Next meeting: TBA	Chair

4. 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.



ANNOTATED AGENDA FOR CHAIR

CLINICAL CULTURE COMMITTEE – MEETING NO.12

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ATTENDEES

Name	Position
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Dr Bryan Ashman	Member, Clinical Director, Surgery, ACT Health
Dr Eleni Baird-Gunning	Member, Surgical Registrar, ACT Health
Ms Marina Buchanan-Grey	Proxy Member, A/g Chief Nurse, ACT Health
Dr Jeffery Fletcher	Member, A/g Chief Medical Officer, ACT Health
[REDACTED]	Member, [REDACTED], ANU Medical School
Ms Jane Murkin	Member, Deputy Director General, Quality Governance and Risk, ACT Health
Mr Ric Taylor	Member, Senior Manager, Organisational Development, P&C, ACT Health
[REDACTED]	Member, [REDACTED], Calvary Hospital
Ms Patricia O'Farrell	Observer, Executive Director, People & Culture (P&C), ACT Health
Ms Bronwen Overton-Clarke	Observer, Public Sector Standards Commissioner and Deputy Director-General, Workforce Capability and Governance, Chief Minister, Treasury and Economic Development Directorate
Ms Navi Kalsi	Secretariat, Organisational Development, P&C, ACT Health

ANNOTATED AGENDA FOR THE CHAIR

Time (pm)	Agenda Item	Topic	Lead
5.00	1	Attendance and apologies <i>Apologies:</i> Prof Walter Abhayaratna, Ms Veronica Croome (Proxy Member: Ms Marina Buchanan-Grey) and Prof Klaus-Martin Schulte.	Chair
5.02	2	Minutes and Actions Arising from previous meeting - Action items are listed with responsibility allocated. The responsible parties can be asked to provide an update at the meeting.	Chair
5.05	3	Speak Out Speak Up Presentation - Presentation on a research study that ██████████ conducted in December 2014/January 2015 about the "Speaking Out, Speaking Up" culture at Canberra Hospital.	██████████
5.35	4	Discussion of CCC memberships, frequency of meetings and formation of a working group reporting to the CCC	Ms Patricia O'Farrell
6.00	5	Top 10 culture themes in ACT Health - Presentation on the top 10 culture themes that emerged from teams who performed well in the Workplace Culture Survey.	Mr Ric Taylor
6.20	6	Other Business	Chair
6.30	7	Next meeting: TBA	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 – Tuesday 7th February 2017

MEETING MINUTES

Name	Position	Attendance
Ms Nicole Feely	Director-General, ACT Health (Chair)	Apologies
Prof Walter Abhayaratna	Member, Clinical Director, Medicine, ACT Health	Apologies
Dr Bryan Ashman	Member, Clinical Director, Surgery, ACT Health	Apologies
Dr Eleni Baird-Gunning	Member, Surgical Registrar, ACT Health	x
Dr Jeffery Fletcher	Member, A/g Director Medical Services, ACT Health	✓
Ms Veronica Croome	Member, Chief Nurse, ACT Health	✓
██████████	Member, ██████████ ANU Medical School	✓
Prof Klaus-Martin Schulte	Member, Professor of Surgery, ACT Health	✓
Mr Ian Thompson	Member, Deputy Director-General (DDG), Canberra Hospital and Health Services (CHHS), ACT Health	Apologies
██████████	Member, ██████████ Calvary Hospital	✓
Ms Bronwen Overton-Clarke	Observer, Public Sector Standards Commissioner and DDG, Workforce Capability and Governance, Chief Minister, Treasury and Economic Development Directorate	Apologies
Ms Patricia O'Farrell	Observer, Executive Director, People & Culture (P&C), ACT Health	✓
Ms Jane Murkin	Guest, DDG, Quality, Governance and Risk, ACT Health	✓
Mr Ric Taylor	Guest, Director, Organisational Development, P&C, ACT Health	✓
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 6:40pm.

1. Attendance and apologies

Several members have resigned from the Committee: Dr David Blythe, Ms Yu-Lan Chan, Dr Tom Lea-Henry, Dr Denise Riordan and Dr Christina Wilkinson. Dr Jeffery Fletcher is the A/g Chief Medical Officer, ACT Health and has replaced Dr Blythe and Dr Wilkinson. Ms Jane Murkin is the new Deputy Director General, Quality Governance and Risk, and attended as a guest.

Apologies were noted from Ms Nicole Feely, Prof Walter Abhayaratna, Dr Bryan Ashman, Mr Ian Thompson and Ms Bronwen Overton-Clarke. 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 13th December 2016.

Actions Arising

Action item 5: Explore opportunities for enhanced linkages between ANU and ACT Health performance development plans for ACT Health staff undertaking work at ANU

██████████ informed members that there are active discussions between herself and Dr Fletcher about linking ANU and ACT Health performance development plans. ██████████ advised members that ANU medical students are held accountable to a Statement of Academic Activity, which focuses on performance and not behaviours. It requires redevelopment to focus on behaviours as well. Ms Croome added that the University of Canberra has a similar Statement for nursing students. Members agreed to discuss this more frequently in meetings.

Action:

- Ms Croome will provide Dr Fletcher with a template of a Statement for nursing students similar to the ANU Statement of Academic Activity for medical students.

Action items 7 and 24: Explore sharing information on staff in relation to bullying and harassment

Ms O'Farrell reported that she has received preliminary legal advice from GSO in relation to sharing information to staff about bullying and harassment complaints. Ms O'Farrell will follow up and seek further advice from GSO.

Action item 8: Explore Royal Melbourne Hospital's anti-bullying systems

Mr Taylor informed members that he would discuss this in detail in Agenda Item 3.

Action item 17: Nominate a suitable patron or champion

Members agreed that this action item needs to be discussed with the Chair at the next meeting.

Action item 26: Invite David Morrison to discuss his experience in changing culture in the defence force

Mr Taylor advised members that the Chief Minister, Treasury and Economic Development Directorate explored to invite David Morrison to the ACTPS Executive Speaker Series. However, due to costs, he will not be invited.

3. Update on Current Initiatives

Mr Taylor presented an update to members on the following current cultural improvement initiatives:

- **Statement of Workplace Culture (Statement)**

The Statement is currently being revised based on CCC feedback from the last meeting. A union consultation is planned in mid February to discuss the purpose, background, staff consultation, structure and next steps of the Statement. Following this, relevant revisions and Director General

(DG) approval, final staff consultation will occur during 27 March – 7 April. Following DG approval at the end of April, the Statement will be launched in May as part of the DG forums. There will be a rollout of the Statement as part of on-boarding for new staff and performance conversations for existing staff.

██████████ raised the issue that ANU medical students might not be included in the final staff consultation. ██████████ added that work is currently being done to raise the profile of inappropriate behaviours and that a brochure about sexual harassment, bullying and discrimination will be provided to medical students in late February.

Members discussed that leaders need to “walk the talk” in reducing inappropriate behaviours. Dr Fletcher raised the issue that workplace culture and the consequences of inappropriate behaviours was not mentioned in the current enterprise agreements and that it should be raised in the next round of enterprise agreement negotiations.

Actions:

- Mr Taylor will liaise with the ANU Medical School to arrange access for ANU medical students for the all staff consultation.
- Ms O’Farrell will raise the issue of workplace culture and the consequences of inappropriate behaviours being included in the enterprise agreements in future enterprise agreement discussions.

- **Quarterly reporting of Division/Branch Workplace Culture Actions**

A new SharePoint online site has been developed to enable reporting by all executives against their Workplace Culture Action Plans. Reporting will start from March 2017 and then quarterly through to the DG. This will raise the profile of workplace culture and actions, especially amongst the executive group.

██████████ requested that if there were no privacy issues, to have access to the SharePoint site to ensure that there is consistency in structure and approach about workplace culture between ACT Health and Calvary Hospital. ██████████ informed members that Calvary Hospital used another provider than ACT Health to conduct its workplace culture survey.

Action:

- Mr Taylor will arrange access for ██████████ to the SharePoint site and provide details of ACT Health’s workplace culture survey provider (Best Practice Australia) to allow easier comparison in the future between both organisation’s culture surveys.

- **Senior Doctor Leadership Program**

The Senior Doctor Leadership Program received great participant feedback and is continuing in 2017, with 3rd and 4th modules scheduled for March and June 2017. Mr Taylor raised the issue of non-attendance by some doctors. Future training for other doctors in leadership roles is being considered for 2017.

Action:

- Mr Taylor will discuss the issue of non-attendance by some doctors with Dr Fletcher.

- **Workplace Culture Intranet Hub (Hub)**

Organisational Development is currently working with the Communications and Marketing Unit on a new intranet site that will focus on workplace culture and staff health and wellbeing. The Hub 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 great teams, managing change and leadership and management. The Hub will be a “self-help” site relevant to all staff but particularly for managers and senior staff. The site is due to be launched in April.

- **External Consultants**

External consultants will be assisting two units with “Blame +” culture. Analysis of the 2015 Workplace Culture Survey results and trending data, as well as discussions with relevant executives and managers, have identified the units of [REDACTED] and the [REDACTED]. Funding is being provided through the Systems Innovation Program. It is expected that the consultants will commence work in April 2017 in two phases – assessment/planning and implementation.

- **Cognitive Institute Programs**

The Cognitive Institute is an Australian organisation with exclusive rights to programs developed by the Vanderbilt Center for Patient and Professional Advocacy. Its two major programs are “Speaking up for Safety” and “Promoting Professional Accountability” – which set culture and behaviours in the broader context of patient safety and quality. The Royal Melbourne Hospital was the first major hospital in Australia to rollout this training and now over 90 healthcare organisations have rolled it out. A presentation by the Cognitive Institute is being scheduled for March/April and an investment of \$100,000 minimum is required.

[REDACTED] informed members that during 2014-15, she conducted a study about “Speaking Up” in the medical workforce. However, the report for this study was never released. Members agreed that the report would be valuable.

Action:

- Mr Taylor to have further discussions with Jane Murkin in relation to this given the safety and quality context
- The Committee will request the DG to release the “Speaking Up” report to the CCC. If the report was released, [REDACTED] agreed to present the findings at the next meeting.

4. Presentation by Ms Jane Murkin

Ms Murkin is the new Deputy Director General, Quality, Governance and Risk, ACT Health and presented on the leadership for cultures of high quality and safe healthcare and continuous quality improvement. Ms Murkin provided a summary of her previous work in the United Kingdom’s and Scotland’s healthcare systems in quality improvement and its impact on workplace culture. She

emphasised a culture of openness and transparency for high quality care and effective multidisciplinary teams as well as the need to focus on recognition and praise instead of failures and harm. Ms Murkin emphasised that the methodology for quality improvement and culture improvement was that individuals have 2 jobs at work – to work and to improve their work.

Dr Fletcher added that Paediatrics will be conducting a study with ANU about Readiness for Change. Members agreed that Ms Murkin should be included in culture initiatives and be recommended as a CCC member to the Chair.

5. Review of CCC

Ms O’Farrell discussed a review of the CCC - its purpose, membership, frequency of meetings and how to advance culture improvement. Ms O’Farrell proposed that the CCC could be a governance group that oversees wider culture improvement activities and that several working groups are set up under it to work on targeted culture improvement activities. This would engage all areas and be a multidisciplinary approach.

Dr Fletcher suggested that the Committee could be renamed the “ACT Health Workplace Culture Committee” and it should include members from other disciplines including allied health. Dr Fletcher added that the new Clinical Services Framework would have a positive impact on the work of the CCC. Members discussed that the CCC currently has no transparency and that the work of the Committee needs to be promoted within the organisation.

Mr Taylor added that Organisational Development has conducted interviews with high performing culture teams and he will present the top factors in improving workplace culture at the next CCC meeting.

Members agreed that:

- They would consider the structure, purpose and new membership of the CCC and discuss this in detail with the Chair at the next meeting
- Conduct meetings every 6 weeks and discuss the frequency of meetings at the next meeting
- Recommend Mr Taylor as a member to the Chair
- Recommend Ms Murkin as a member to the Chair

Action:

- Ms O’Farrell, Ms Murkin, Dr Fletcher and Mr Taylor will meet to discuss a multifaceted approach to culture improvement in line with the new Clinical Services Framework.

6. Other Business

N/A.

Next meeting:

Tuesday 21st March 2017, 5:00-6:30pm

Actions Arising Register

Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
1.	March 2016	1	Investigate a range of pulse survey tools to effectively monitor culture in medical workforce and track impact of culture improvement initiatives	A range of tools available. Three Culture Index tools have been identified. Seeking clarification from providers. Will report to June 2016 meeting on selected Culture Index Tool.	Organisational Development	Closed
2.	March 2016	2	Revise process for formulating Statement of Desired Culture	Revised process accepted at 31 May 2016 meeting	Organisational Development	Closed
3.	March 2016	3	Build a communications campaign using a variety of channels that promotes positive statements about behaviour, continues to raise awareness about inappropriate behaviours, and provides clarity about resolution processes and support	Communications Strategy drafted and being revised for presentation to June meeting	Communications and Marketing	Closed
4.	March 2016	4	Adjust reward and performance measures for leaders to reflect desired leadership behaviours and capabilities	Included in Medical Culture Action Plan	Organisational Development	Closed
5.	May 2016	All	Explore opportunities for enhanced linkages between the ANU and ACT Health performance development plans for ACT Health staff undertaking work at ANU	As at 15 November 2016, objective measures for clinical performance are being explored. Dr Blythe has been in discussions with ██████████. Aiming to have a draft performance plan template by April 2017. At the February 2017 meeting, ██████████ advised members that there are active discussions between herself and Dr Fletcher about this. Members agreed to discuss this more frequently in meetings.	██████████ Dr Fletcher, Mr Ian Thompson and People & Culture	Open
6.	May 2016	All	██████████ to provide copy of performance plan template to Mr Thompson	██████████ provided a copy of a performance plan template.	██████████	Closed

Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
7.	May 2016	6	Discuss issues in regards to sharing information on staff in relation to bullying and harassment	Meetings with RACS held 20 June 2016 (Ms Centenera, Ms Chan); 24 August 2016 (Ms Chan); 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 still pending at 13 December 2016, being followed up by Ms O'Farrell. Ms O'Farrell will provide the advice to Members out of session. Ms O'Farrell reported that she has received preliminary legal advice from GSO. Ms O'Farrell will follow up and seek further advice from GSO.	Ms Patricia 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	Dr Wilkinson has reviewed the Cognitive Institute Program, which is used by the Royal Melbourne Hospital. A minute has been prepared for the Director-General. A number of anti-bullying programs will be discussed at the CCC February 2017 meeting. Mr Taylor advised members that presentation by the Cognitive Institute is being scheduled for March/April to discuss the programs available.	Organisational Development	Open
9.	May 2016	2	Circulate to members a copy of the NSW Health draft Statement of Desired Culture	NSW Health provided the <i>Statement of Agreed Principles</i> – an agreement between RACS and NSW Health. Members received a copy in November 2016.	Secretariat	Closed
10.	May 2016	2	Circulate to members a copy of the Medical Board of Australia and CanMEDS Code of Conduct	Circulated to Members	Secretariat	Closed