

Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
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
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 November 2016 meeting. Suggestions include: Brendan Nelson, Brian Owler, Steve Hambleton, 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. At February 2017, members agreed to discuss this in detail in the March 2017 meeting.	All Committee members	Open

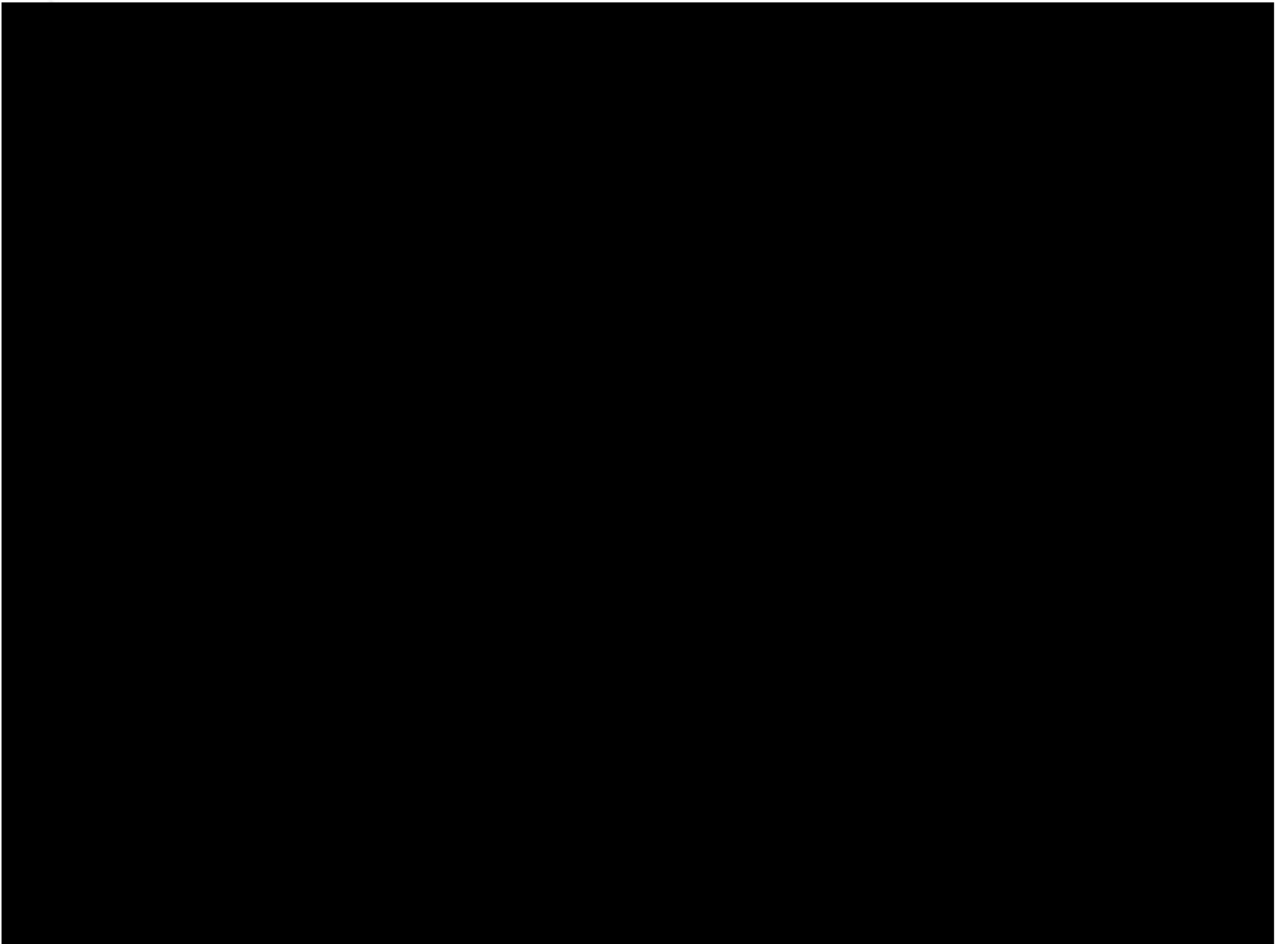
Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
18.	July 2016	5	Discuss attendance at the compulsory Senior Doctor Leadership Program with those doctors who sent apologies due to their clinic schedules.		Mr Ian Thompson and Dr David Blythe in liaison 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
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

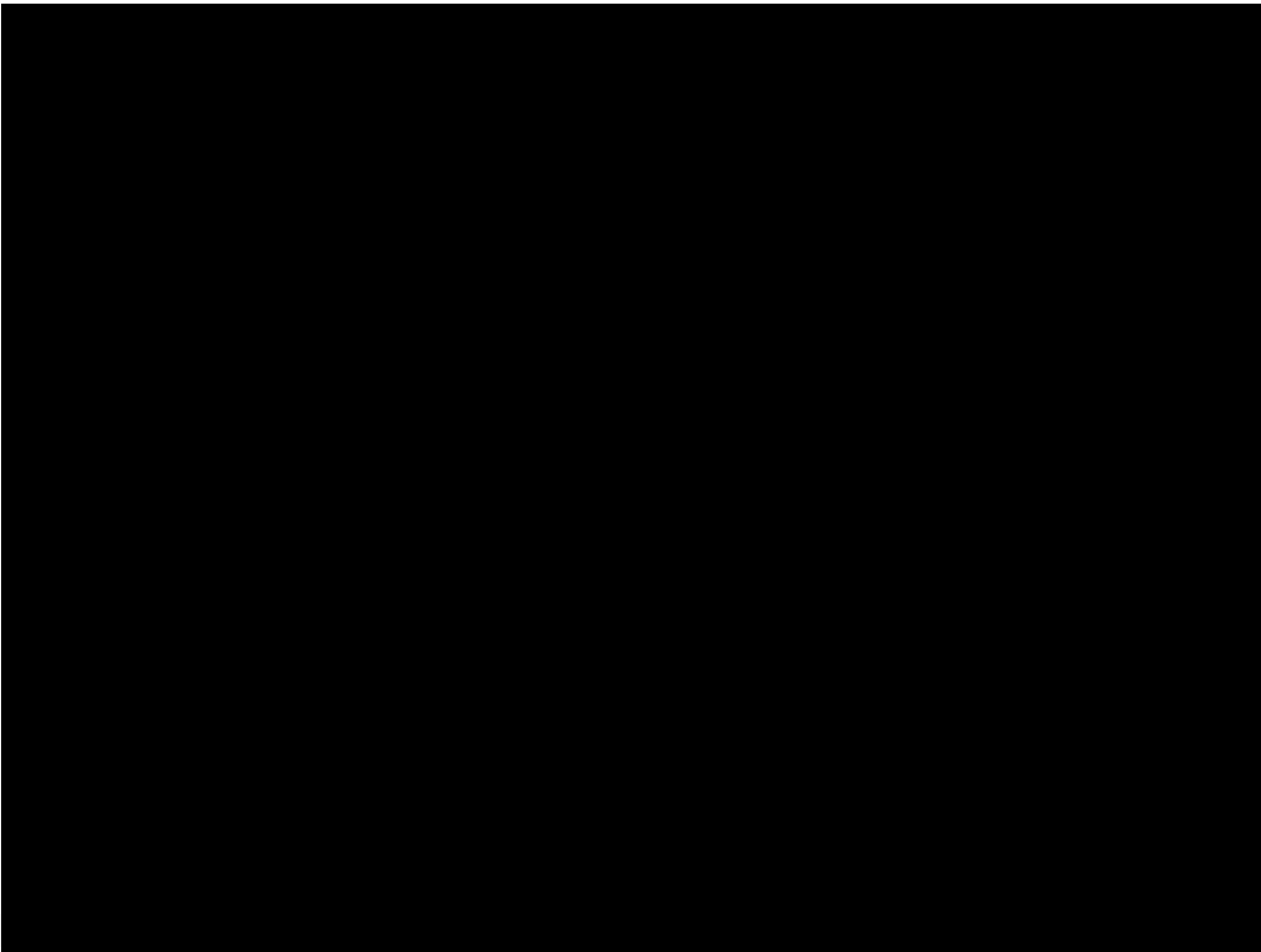
Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
24.	Oct 2016	7	Seek legal advice on what information can be provided upon the closure of a complaint	Legal advice was requested from Government Solicitors Office (GSO) in June 2016 for instructions about 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 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
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. Due to costs, this will not progress.	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.	Completed.	Prof Walter Abhayaratna	Closed
28.	Feb 2017	-	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		Ms Veronica Croome	Open

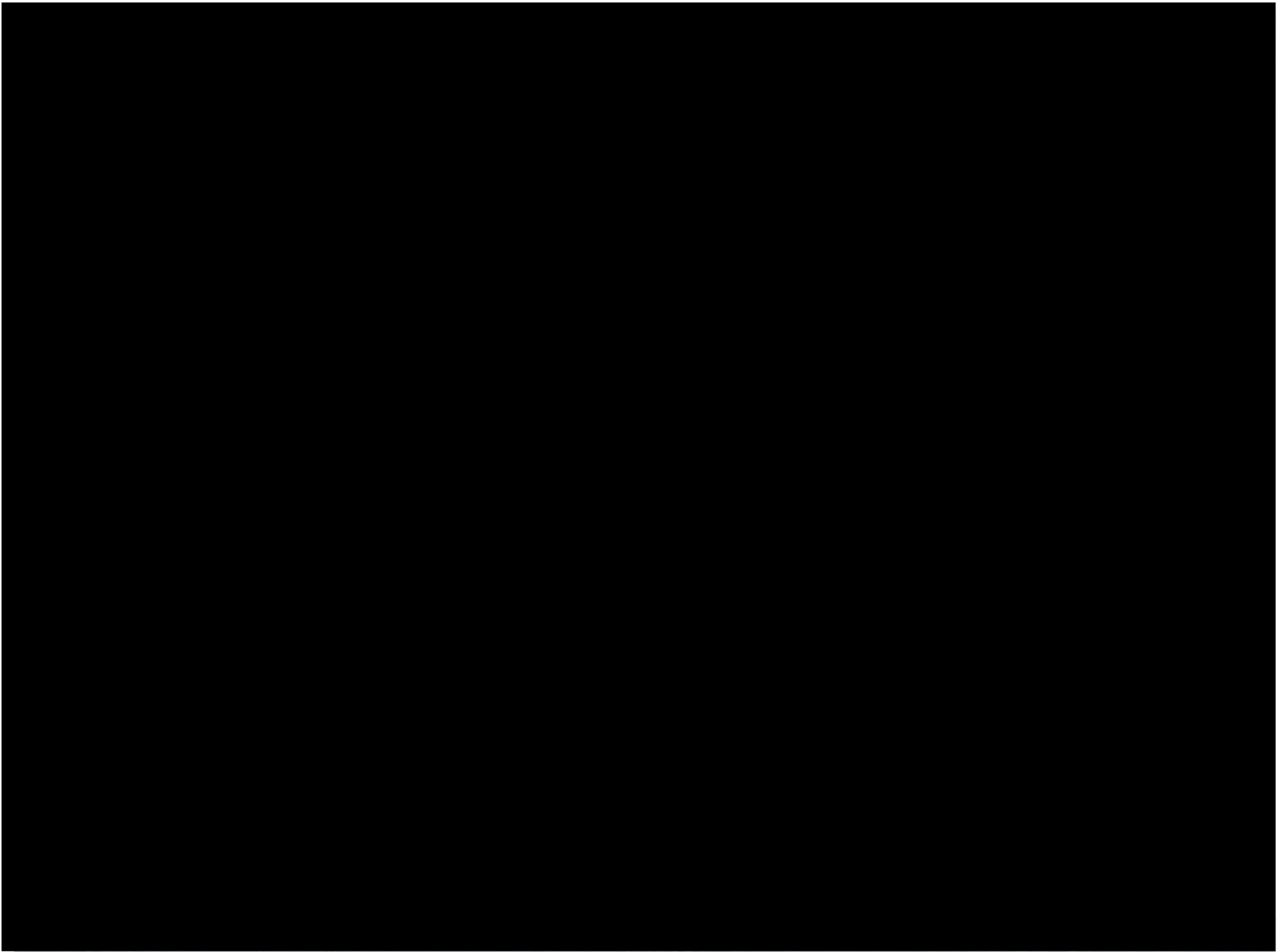
Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
29.	Feb 2017	-	Liaise with the ANU Medical School to arrange access for ANU medical students to the all staff consultation on the Statement of Workplace Culture.	Waiting for approval to proceed with further staff consultation on the Statement of Workplace Culture. Medical students have been included in demographic to contact.	Mr Ric Taylor	Open
30.	Feb 2017	-	Raise the issue of workplace culture and the consequences of inappropriate behaviours being included in the enterprise agreements in future enterprise agreement discussions.		Ms Patricia O'Farrell	Open
31.	Feb 2017	-	Arrange access for ██████ to the SharePoint site and provide details of ACT Health's workplace culture survey provider (Best Practice Australia).	Completed.	Mr Ric Taylor	Closed
32.	Feb 2017	5	Discuss the issue of non-attendance by some doctors at the Senior Doctor Leadership Program.	Attendance status from the last round of workshops was provided to Dr Fletcher.	Mr Ric Taylor and Dr Jeffery Fletcher	Open
33.	Feb 2017	-	Request the DG to release the "Speaking Up" report by ██████ to the CCC. If the report is released, ██████ agreed to present the findings at the next meeting.	Brief provided to DG requesting the report. ██████ will present the findings of the report at the March meeting.	Secretariat and ██████	Open
34.	Feb 2017	-	Meet to discuss a multifaceted approach to culture improvement in line with the new Clinical Services Framework.	Meeting is scheduled for Wednesday 22 nd March 2017.	Ms Patricia O'Farrell, Ms Jane Murkin, Dr Jeffery Fletcher and Mr Ric Taylor	Open

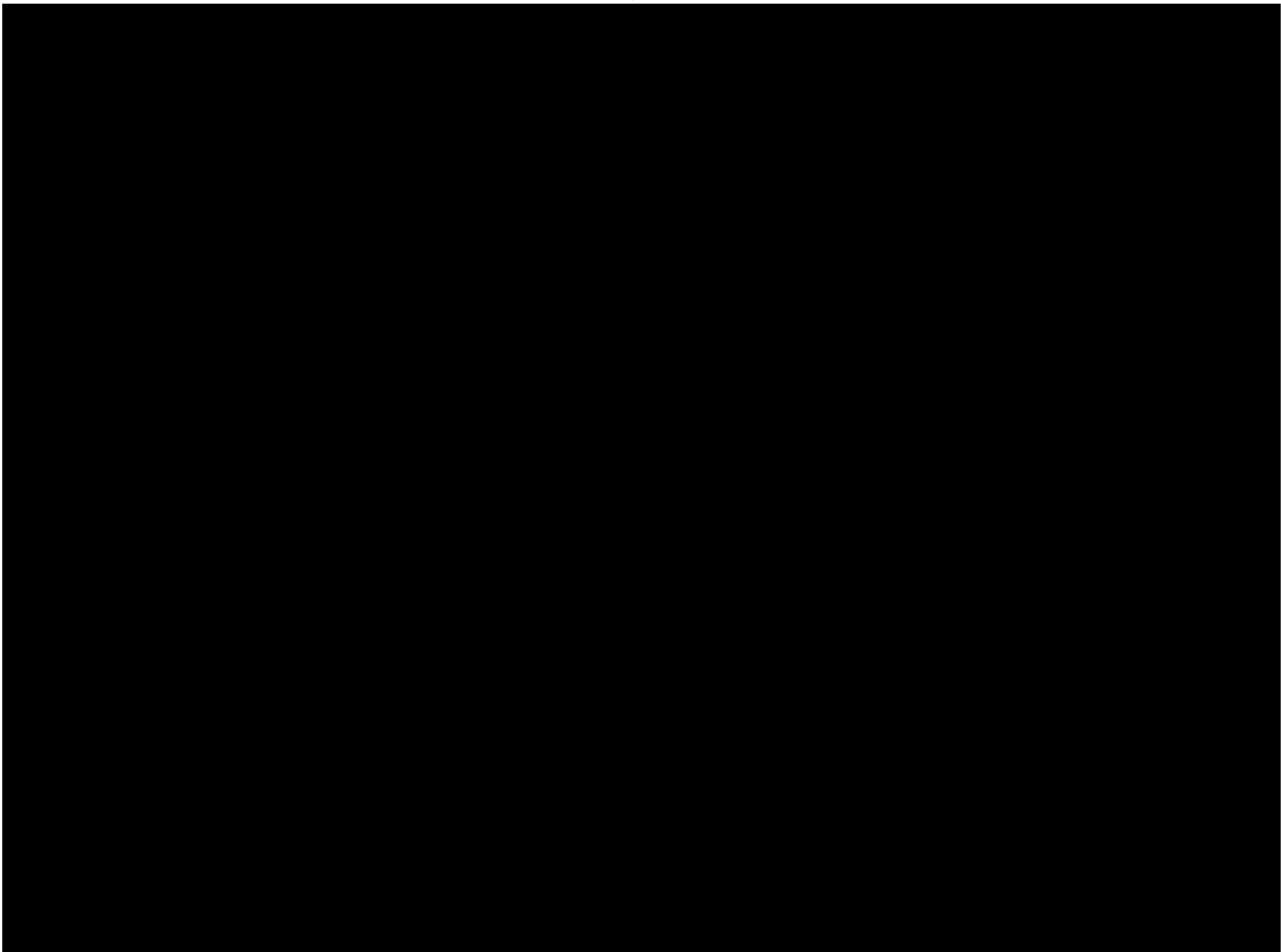
Decision Register

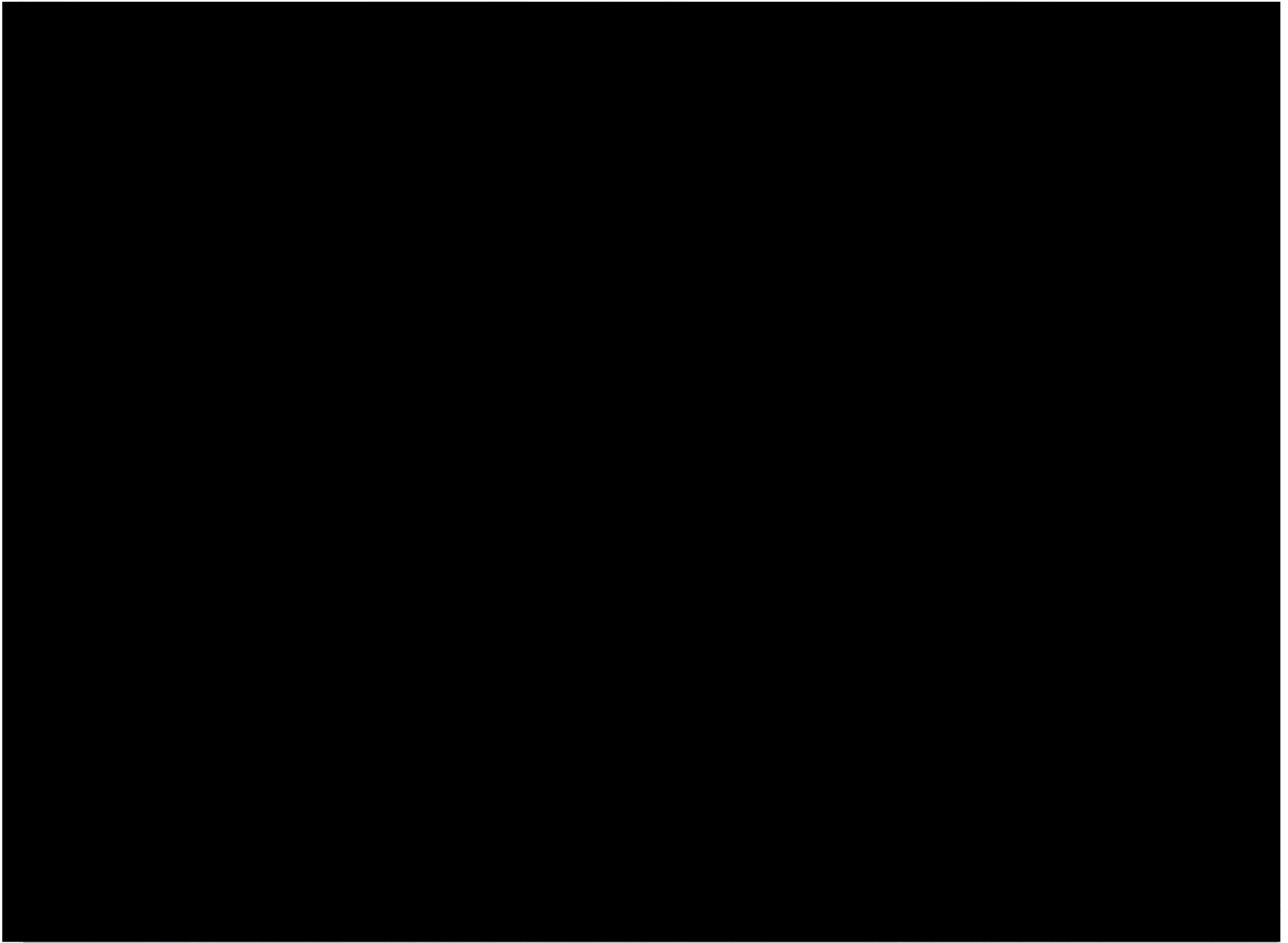
Decision	Meeting Date	KPMG Recommendation	Decision
1	June 2016	1	Revisit Pulse survey options in December 2016.
2	July 2016	3	The Statement of Desired Culture should apply to all ACT Health staff.
3	July 2016	3	New staff should sign the Statement of Desired Culture at time of commencement; when contracts are signed and renewed; and the behaviours are part of the staff annual performance review process.
4	Dec 2016	3	The Statement of Desired Culture will be signed by both staff and managers with reciprocal signatures
5	Feb 2017	-	Ms Jane Murkin and Mr Ric Taylor will be recommended as new CCC members to the Chair.

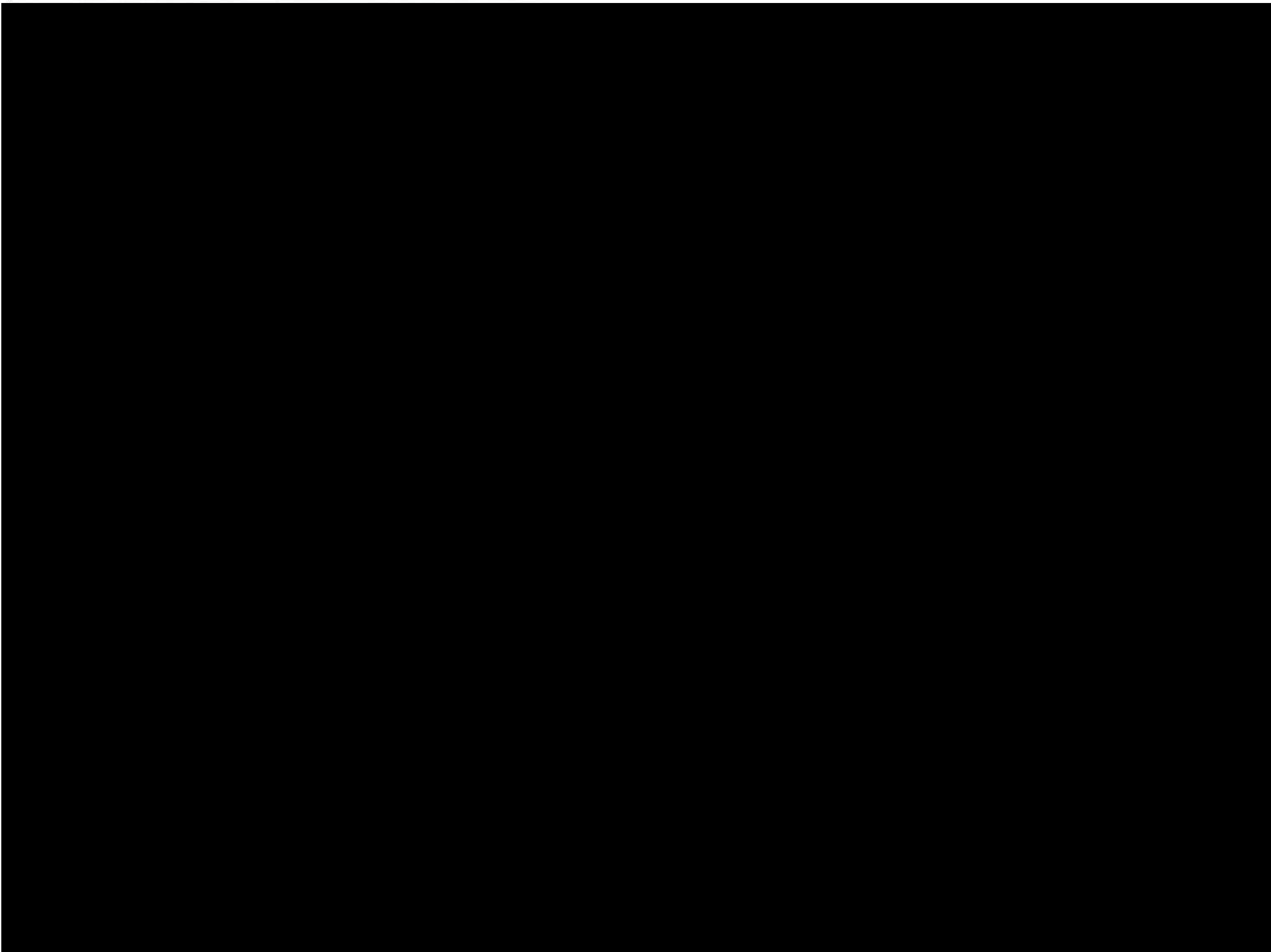


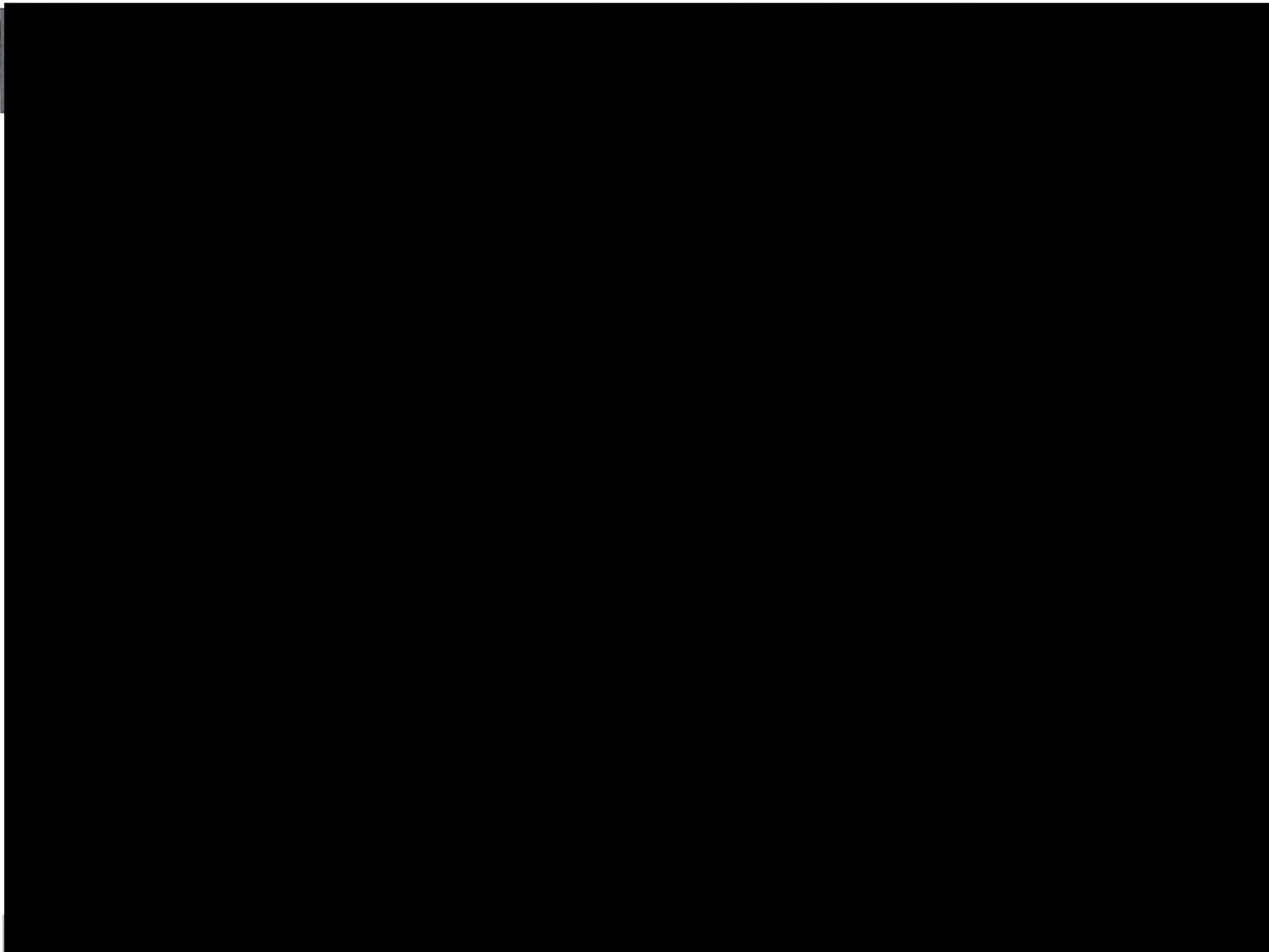


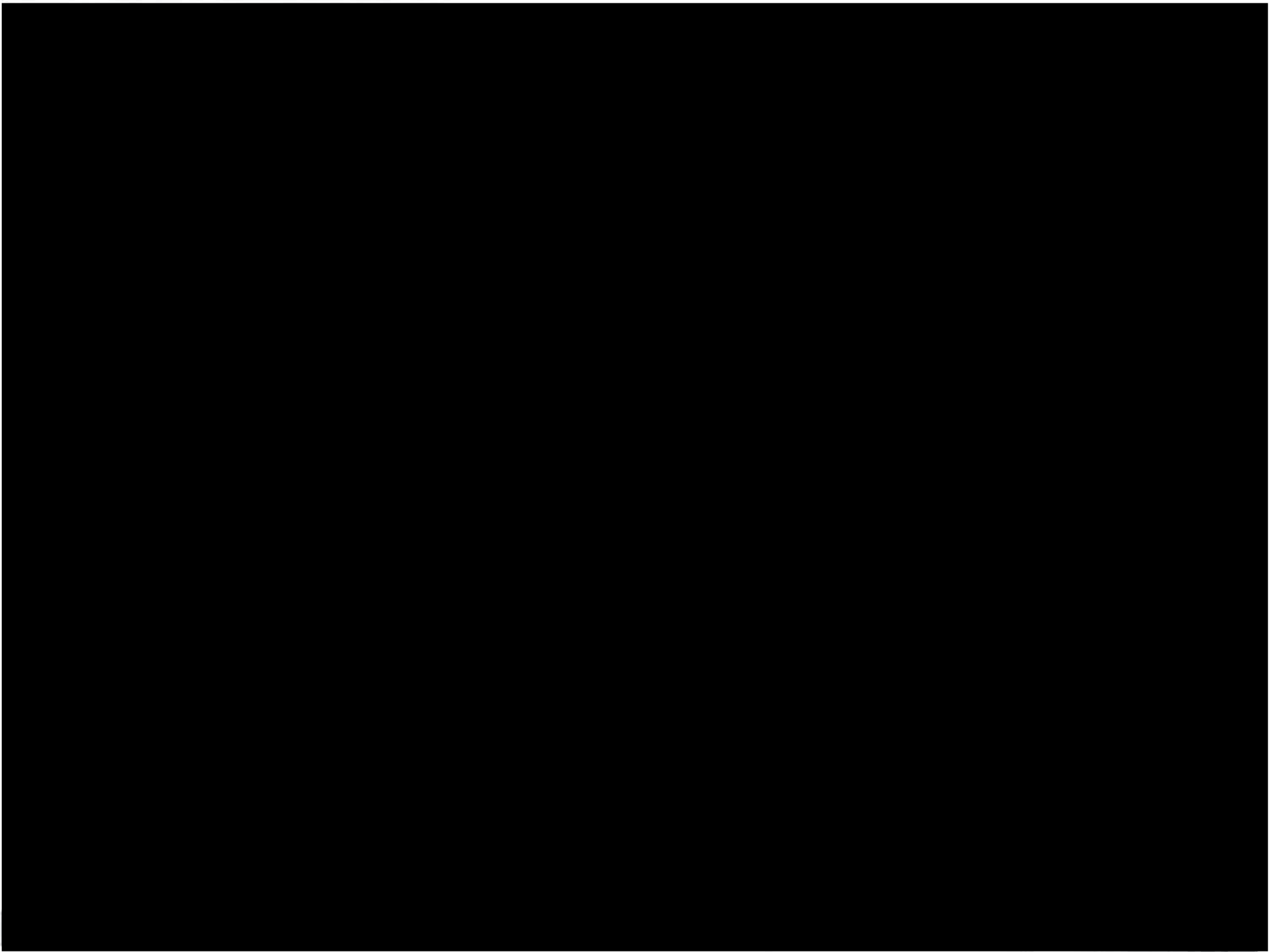


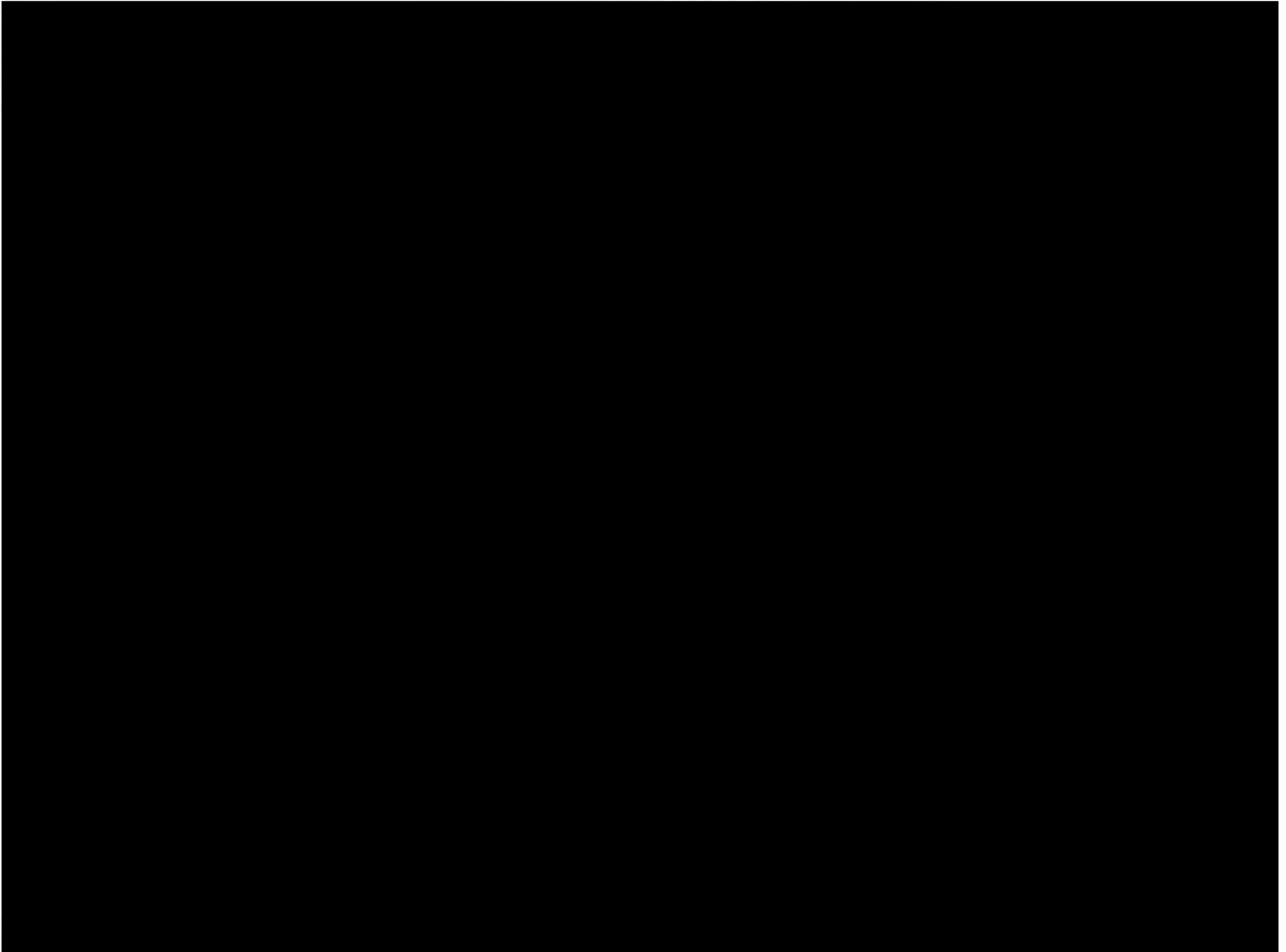


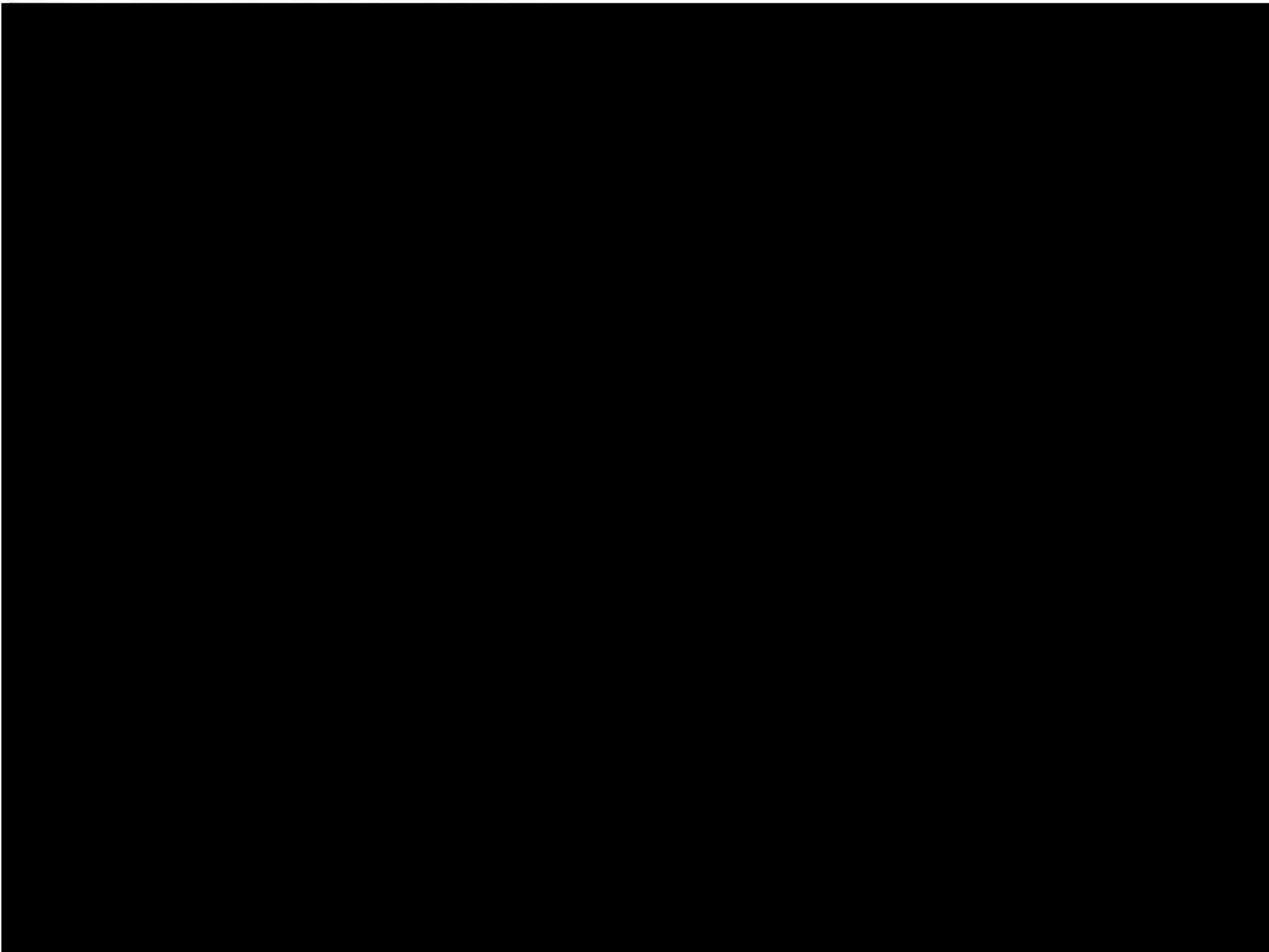


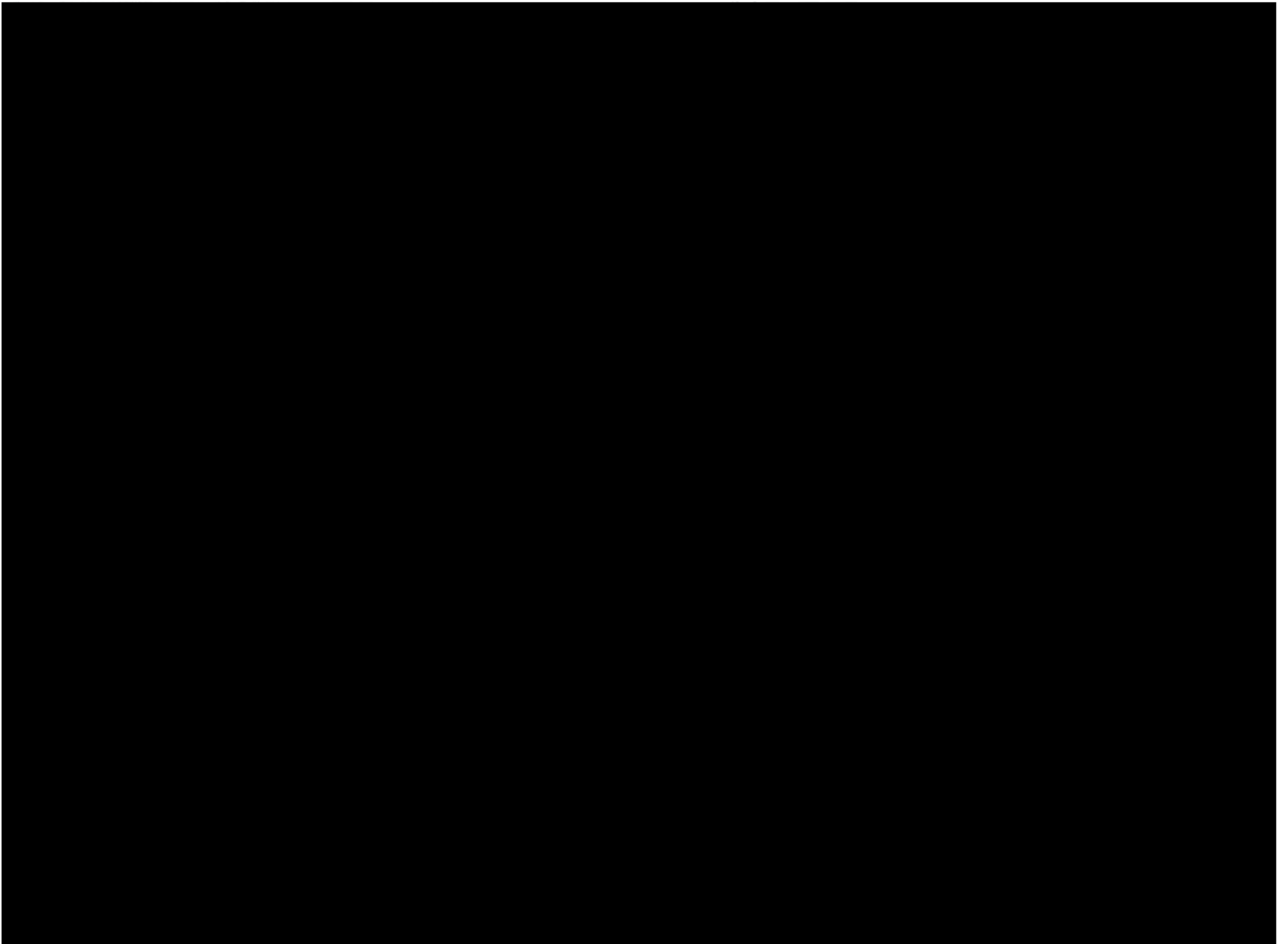


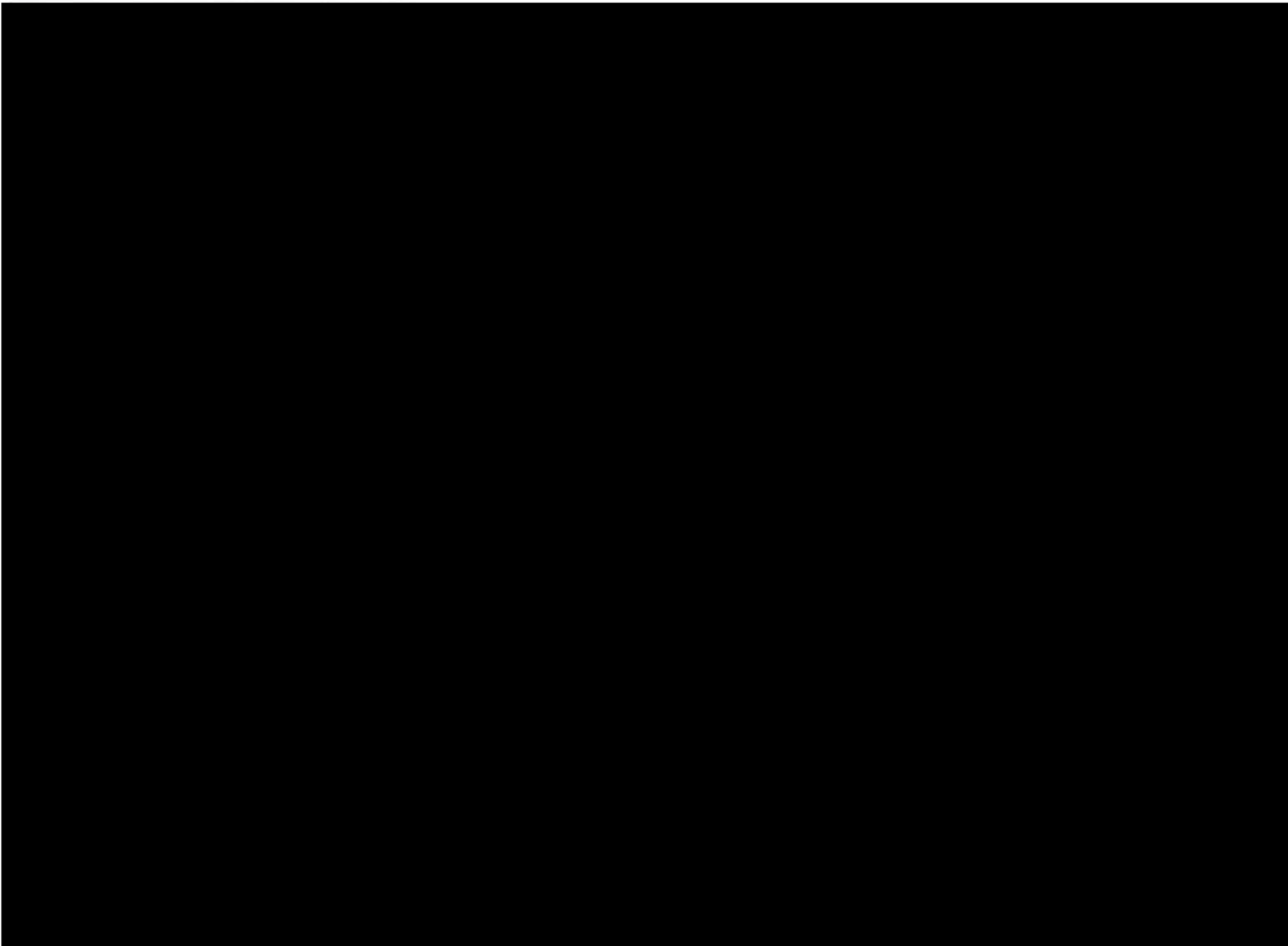


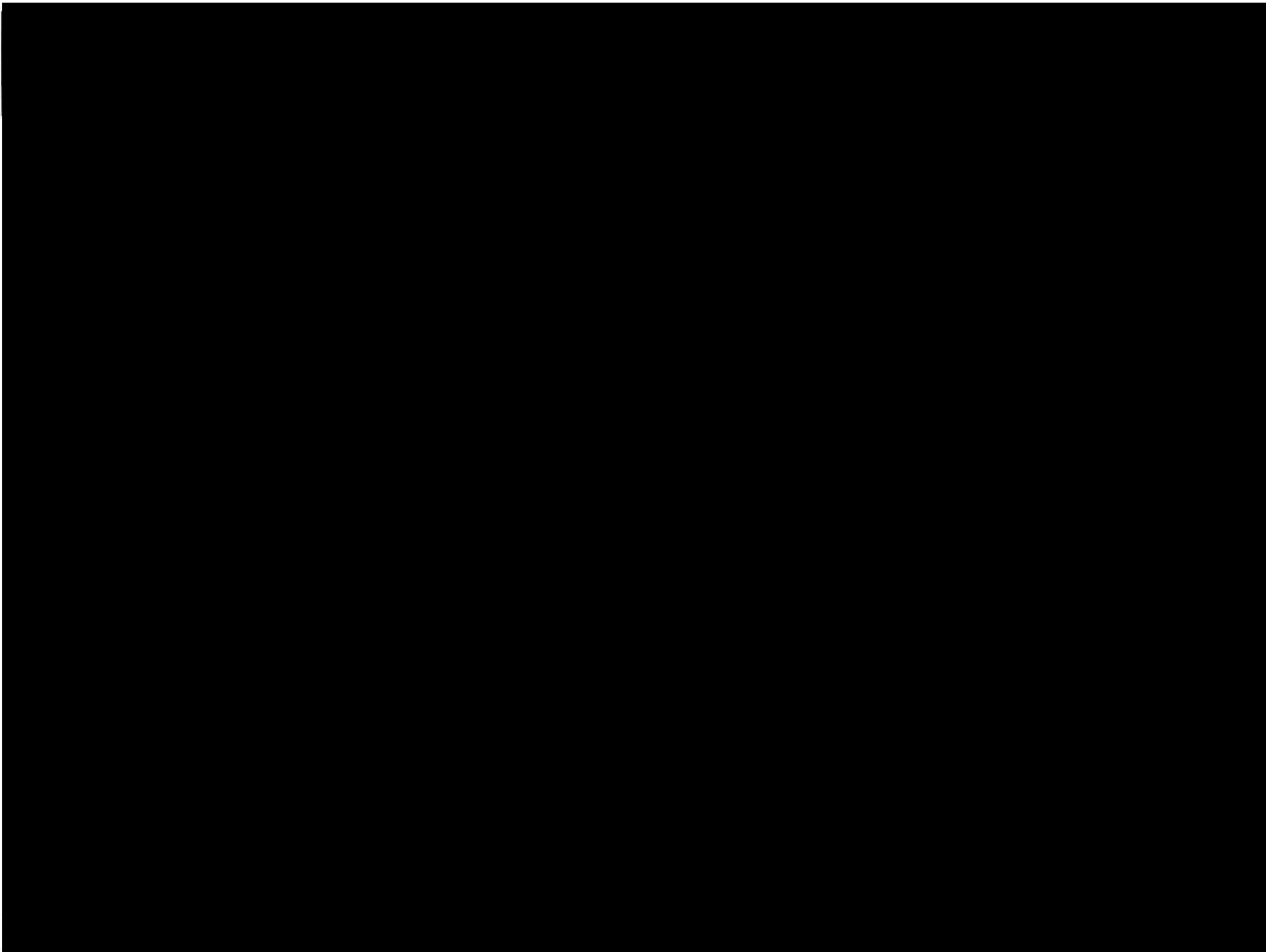


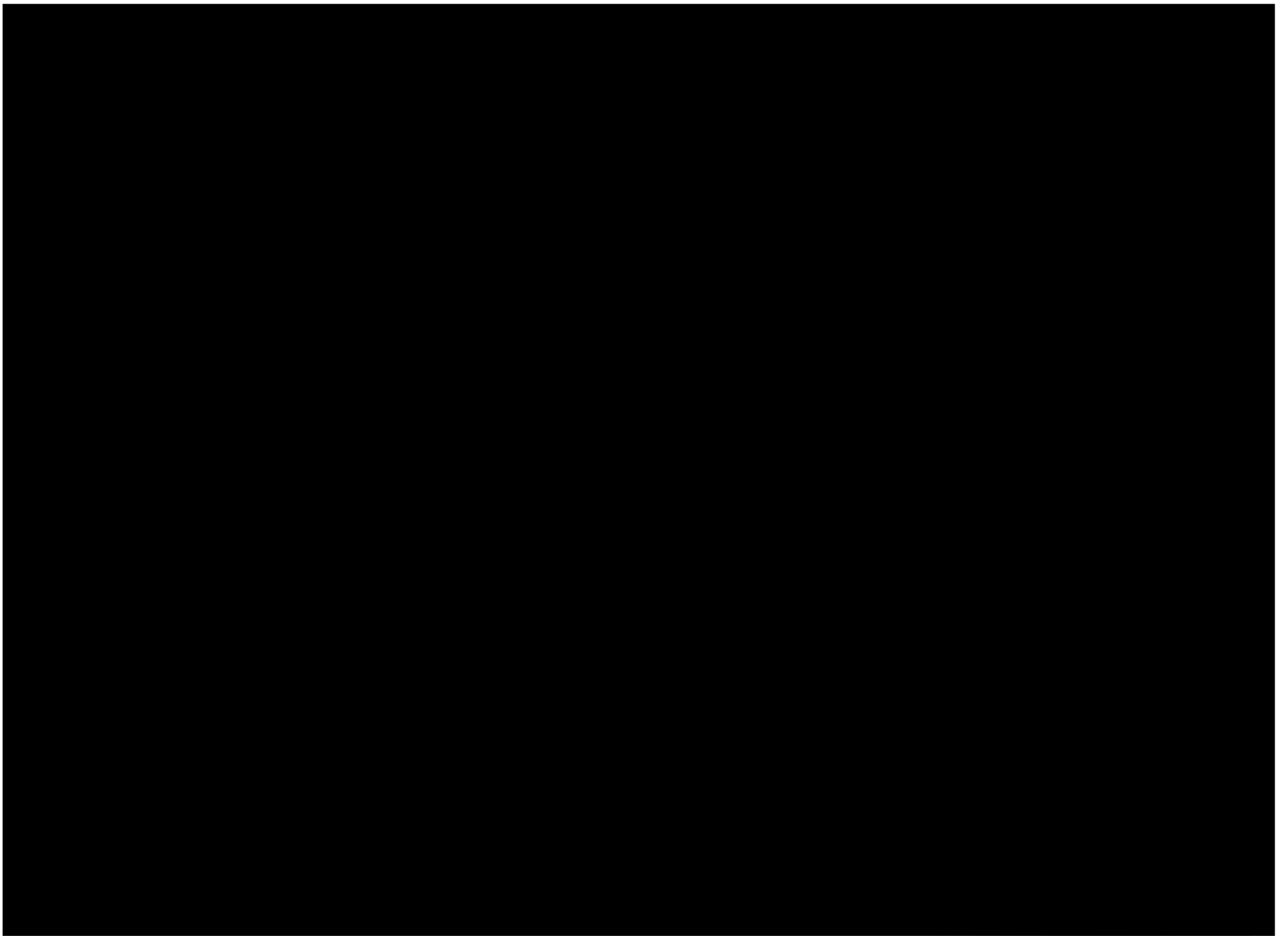


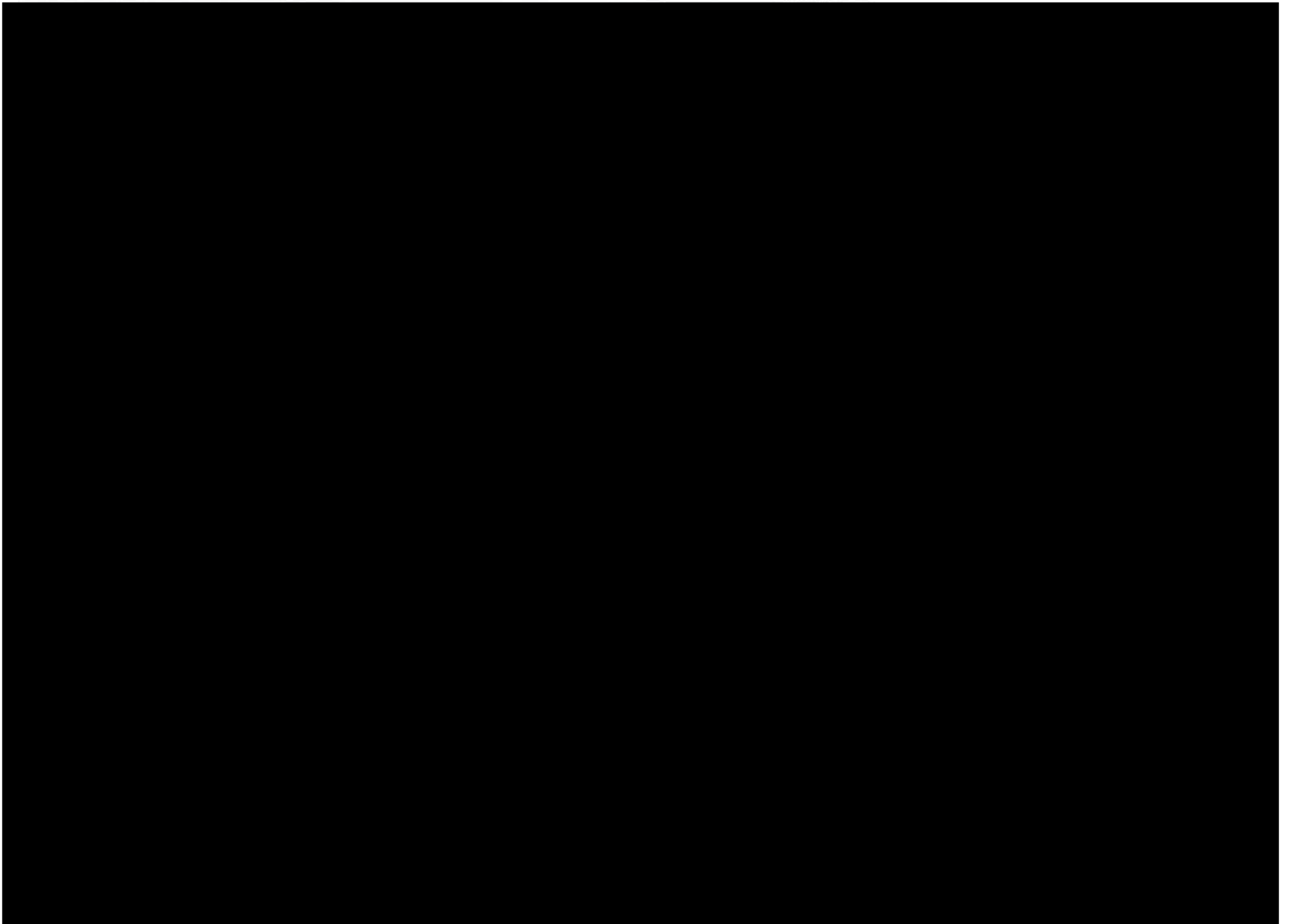


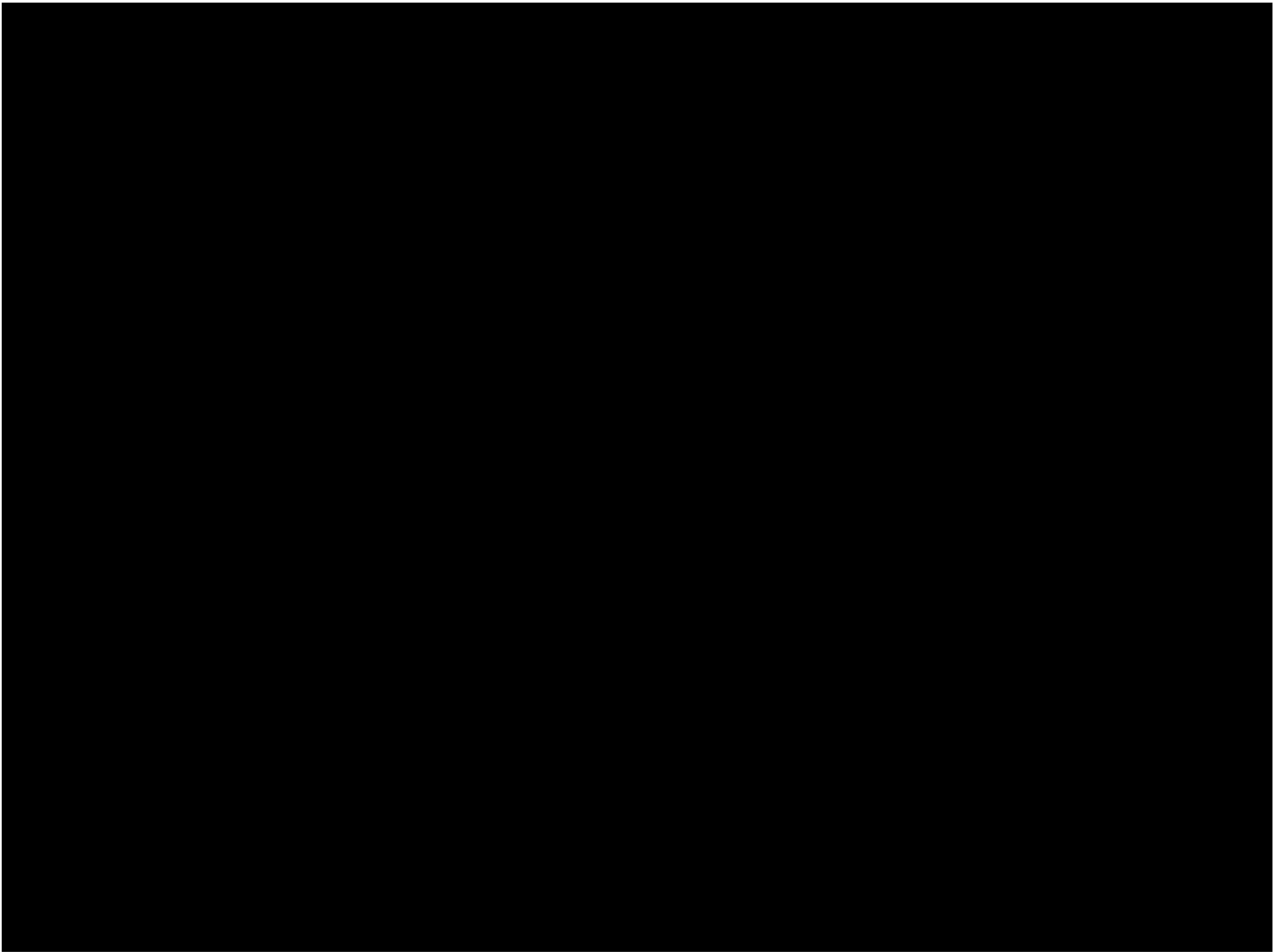


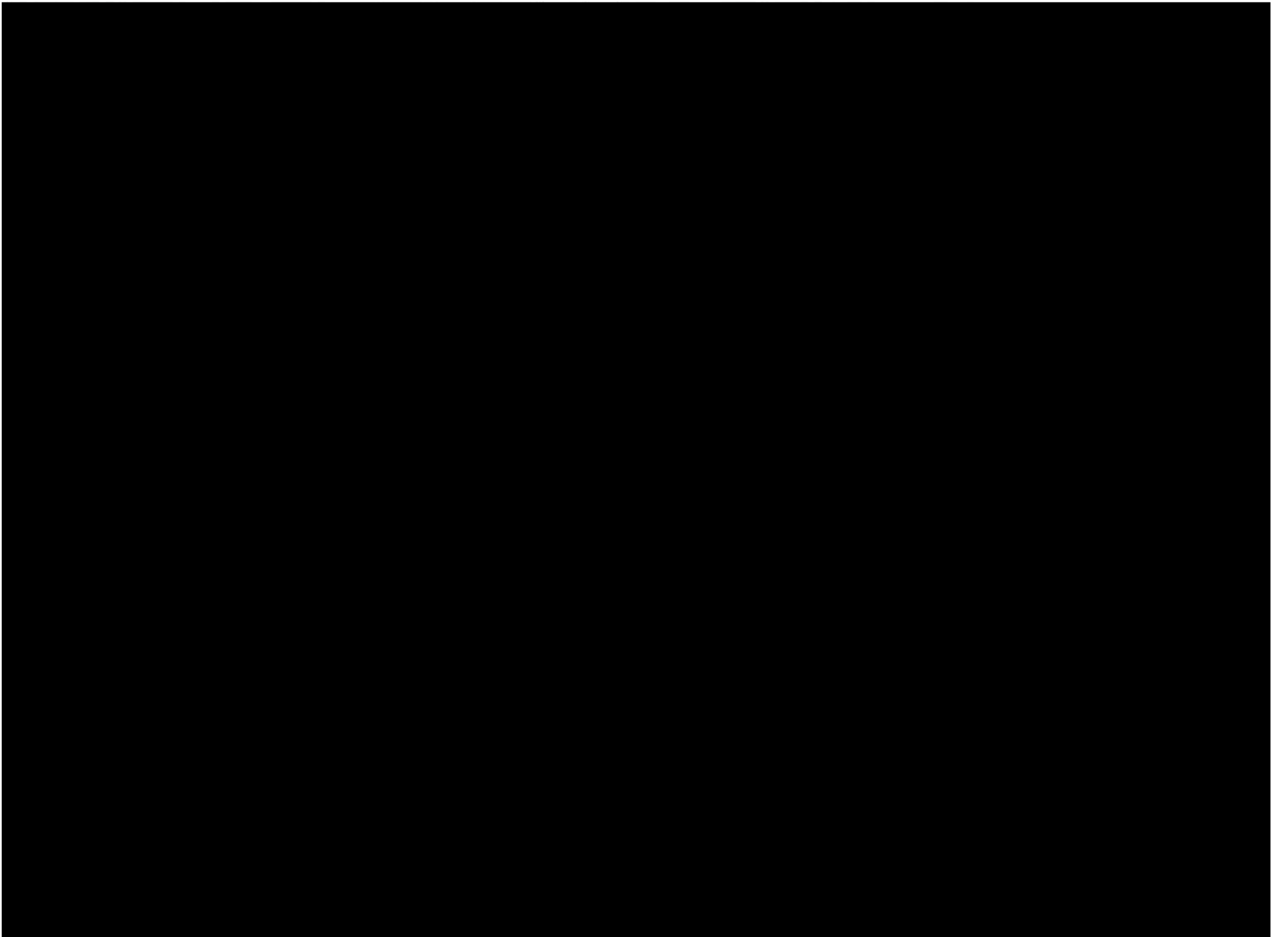


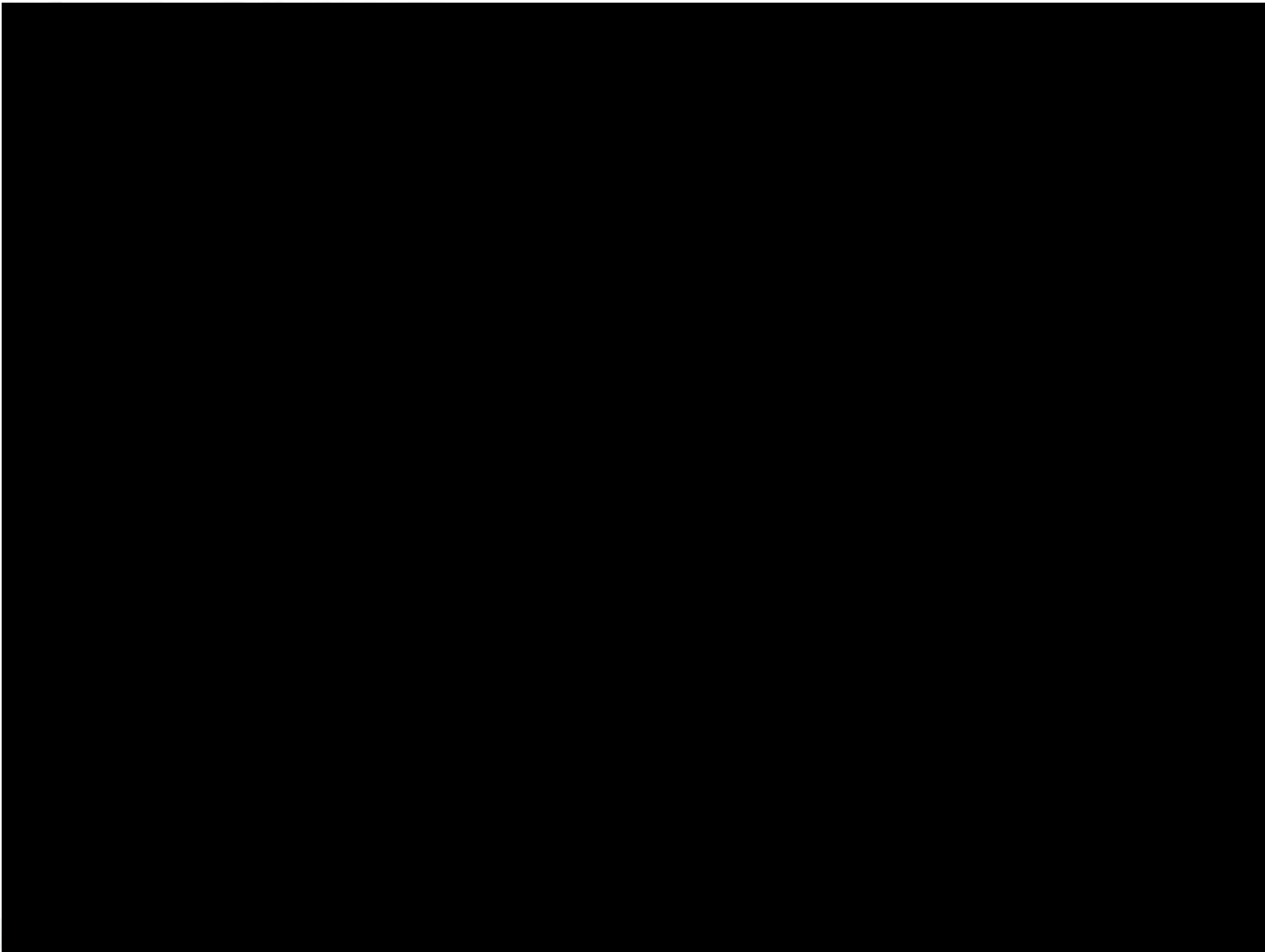


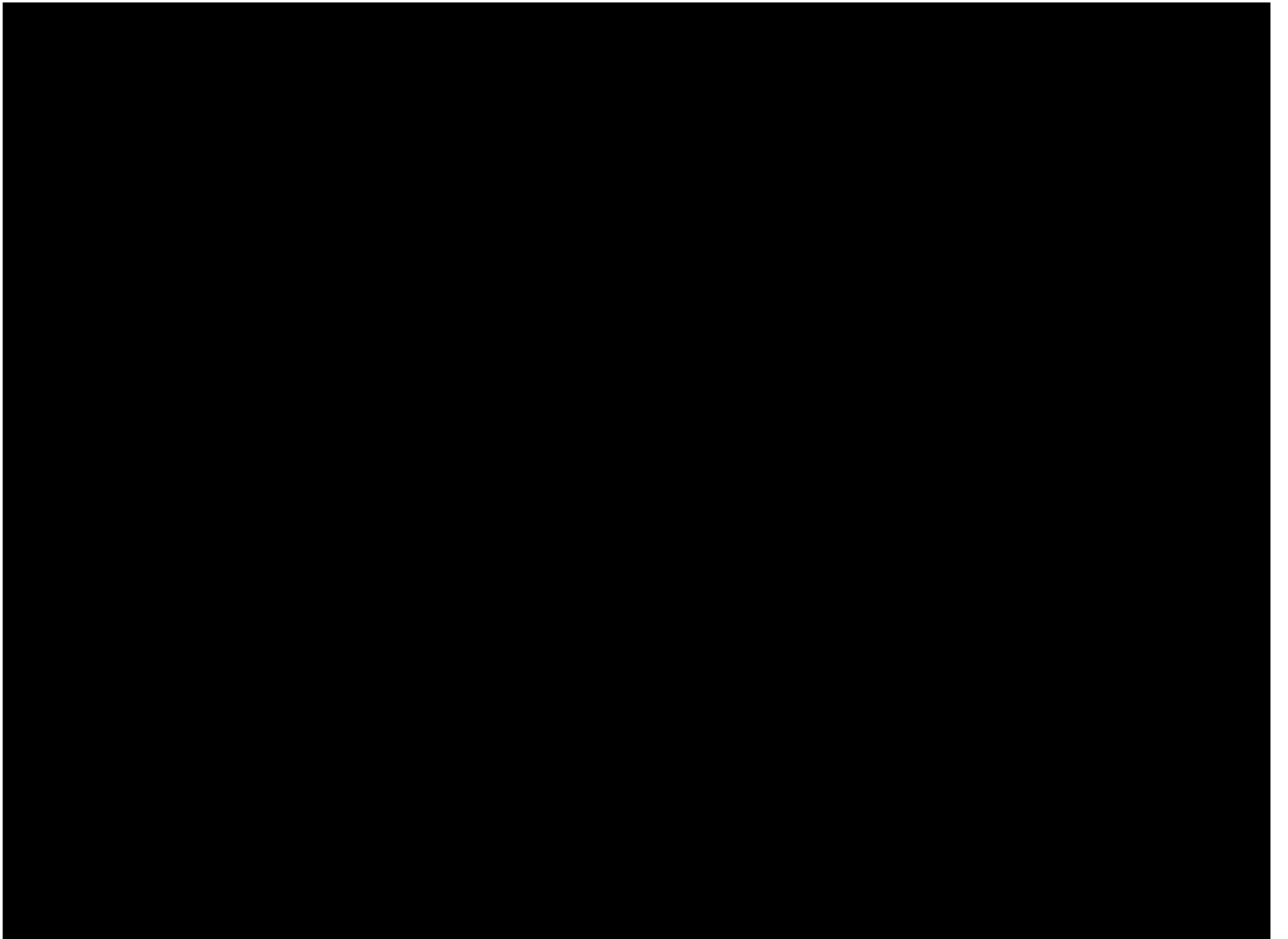


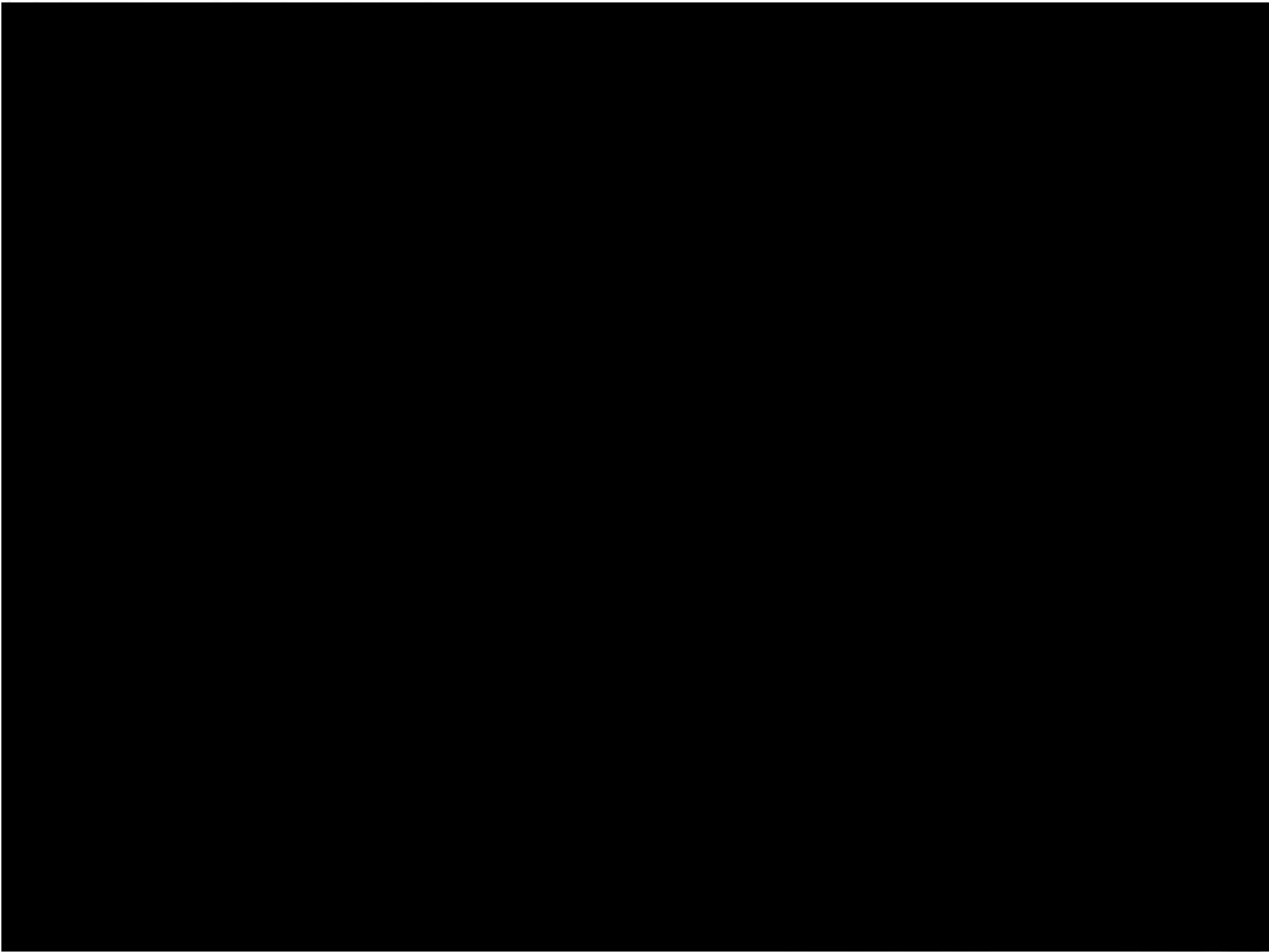




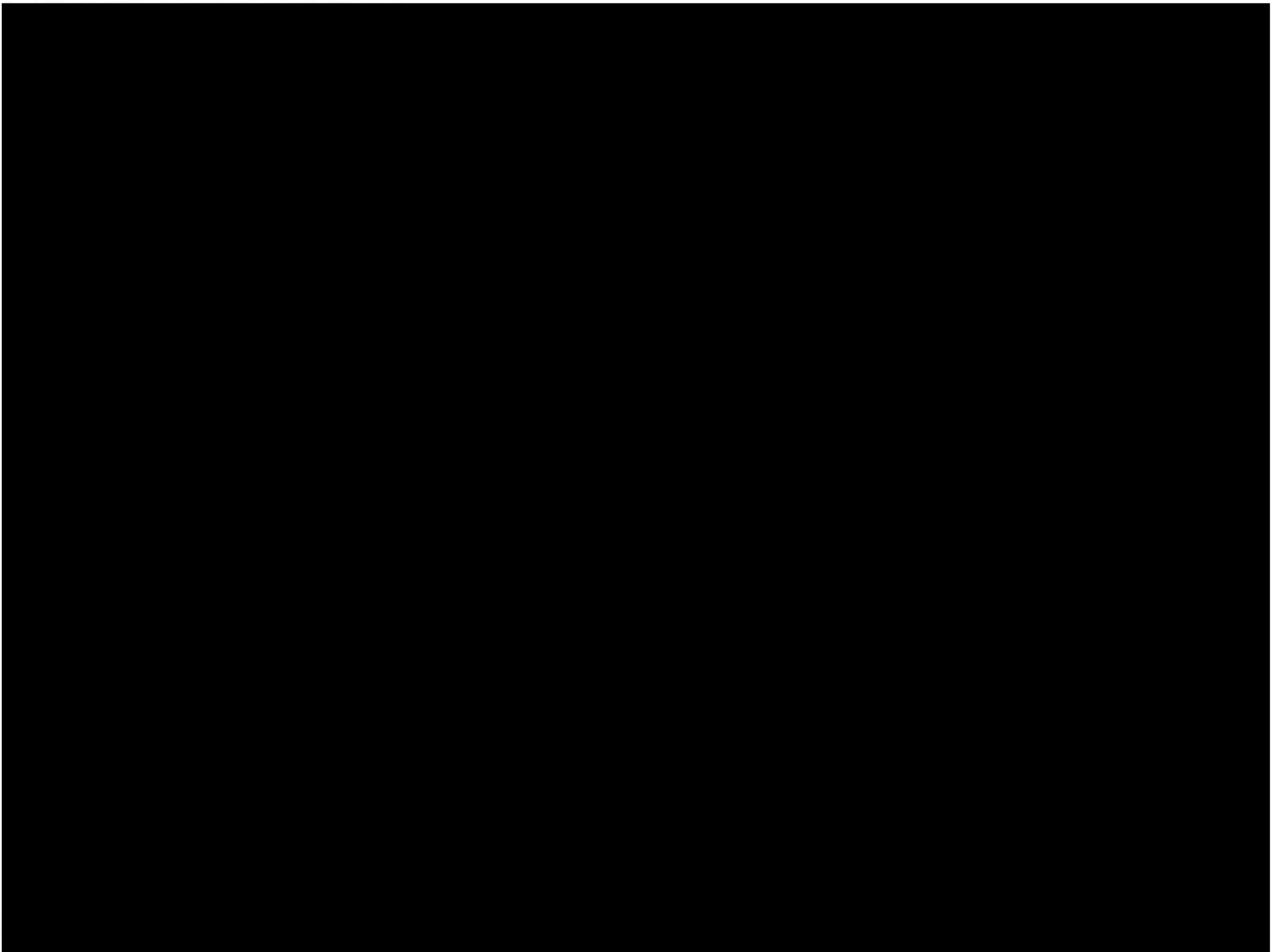


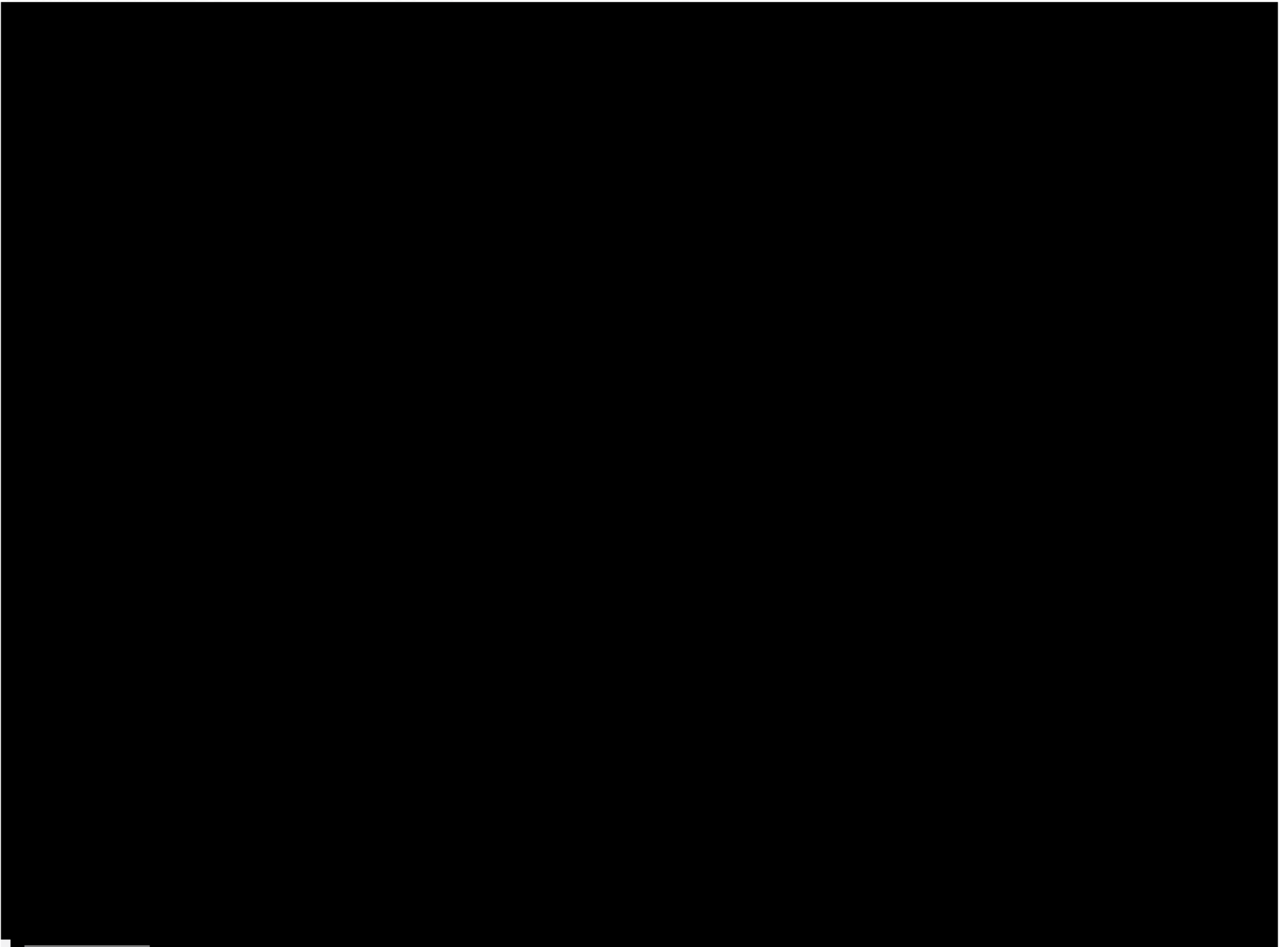


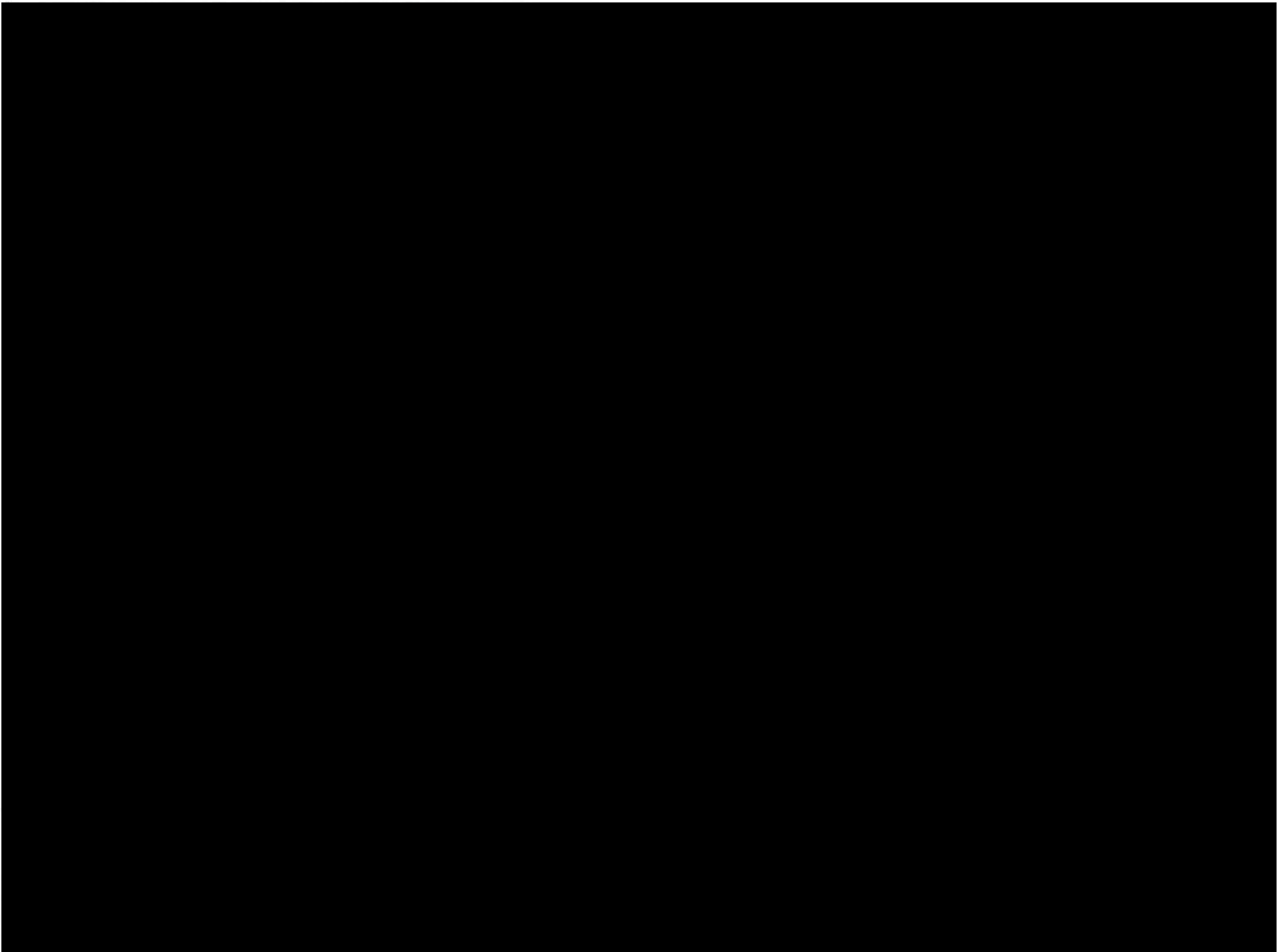












CLINICAL CULTURE COMMITTEE – MEETING NO.12

Date:	Tuesday 9 May 2017
Time:	5.00pm – 6.30pm
Location:	Meeting Room, Level 5, 2-6 Bowes St, Woden

ATTENDEES

Name	Position
Ms Nicole Feely	Director-General, ACT Health (Chair)
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
Ms Jane Murkin	Member (TBC), Deputy Director General, Quality Governance and Risk, ACT Health
Ms Patricia O'Farrell	Member (TBC), Executive Director, People & Culture (P&C), ACT Health
Ms Bronwen Overton-Clarke	Observer, Commissioner for Public Administration and Deputy Director-General and Workforce Capability and Governance, Chief Minister, Treasury and Economic Development Directorate (CMTEDD)
Mr Ric Taylor	Member (TBC), Director, Organisational Development, P&C, ACT Health
██████████	Member, ██████████, Calvary Hospital
Ms Navi Kalsi	Secretariat, Organisational Development, P&C, ACT Health

AGENDA

1. ATTENDANCE AND APOLOGIES

Apologies: Prof Walter Abhayaratna, Prof Bryan Ashman, Mr Chris Bone, [REDACTED] 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
5.12	3	Future directions of CCC	Ms Patricia O'Farrell
5.45	4	Cognitive Institute programs	Mr Ric Taylor
6.05	5	Top 10 practices used by teams in ACT Health to improve culture and other current initiatives	Mr Ric Taylor
6.20	6	Other Business	Chair
6.25	7	Next meeting: 13 June 2017 to be confirmed	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

Date:	Tuesday 9 May 2017
Time:	5.00pm – 6.30pm
Location:	Meeting Room, Level 5, 2-6 Bowes St, Woden

ATTENDEES

Name	Position
Ms Nicole Feely	Director-General, ACT Health (Chair)
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
Ms Jane Murkin	Member (TBC), Deputy Director General, Quality Governance and Risk, ACT Health
Ms Patricia O'Farrell	Member (TBC), Executive Director, People & Culture (P&C), ACT Health
Ms Bronwen Overton-Clarke	Observer, Commissioner for Public Administration and Deputy Director-General and Workforce Capability and Governance, Chief Minister, Treasury and Economic Development Directorate (CMTEDD)
Mr Ric Taylor	Member (TBC), Director, Organisational Development, P&C, ACT Health
[REDACTED]	Member, [REDACTED] Calvary Hospital
Ms Navi Kalsi	Secretariat, Organisational Development, P&C, ACT Health

ANNOTATED AGENDA FOR THE CHAIR

Time (pm)	Agenda Item	Topic	Lead
5.00	1	Attendance and apologies <i>Apologies:</i> Prof Walter Abhayaratna, Prof Bryan Ashman, Mr Chris Bone, [REDACTED] 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
5.12	3	Future directions of CCC - Purpose, membership and frequency of meetings	Ms Patricia O'Farrell
5.45	4	Cognitive Institute Programs - Discussion about the Cognitive Institute Programs - Promoting Professional Accountability Programme and Speaking Up for Safety.	Mr Ric Taylor
6.05	5	Top 10 practices used by teams in ACT Health to improve culture and other current initiatives - 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
6.25	7	Next meeting: 13 June 2017 to be confirmed	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	✘
Dr Jeffery Fletcher	Member, A/g Director Medical Services, ACT Health	✓
Ms Veronica Croome	Member, Chief Nurse, ACT Health	✓
	Member, [REDACTED] 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, [REDACTED] Calvary Hospital	✓
Ms Bronwen Overton-Clarke	Observer, Public Sector Standards Commissioner and DDG, Workforce Capability and Governance, Chief Minister, Treasury and Economic Development Directorate	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.

Prof Mitchell 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

Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
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
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 November 2016 meeting. Suggestions include: Brendan Nelson, Brian Owler, Steve Hambleton, 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. At February 2017, members agreed to discuss this in detail in the March 2017 meeting.	All Committee members	Open

Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
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
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

Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
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 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
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. Due to costs, this will not progress.	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.	Completed.	Prof Walter Abhayaratna	Closed
28.	Feb 2017	-	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		Ms Veronica Croome	Open

Action Item No.	Raised at Meeting	KPMG Recommendation	Actions	Outcome or Progress	Responsible	Status
29.	Feb 2017	-	Liaise with the ANU Medical School to arrange access for ANU medical students to the all staff consultation on the Statement of Workplace Culture.	Waiting for approval to proceed with further staff consultation on the Statement of Workplace Culture. Medical students have been included in demographic to contact.	Mr Ric Taylor	Open
30.	Feb 2017	-	Raise the issue of workplace culture and the consequences of inappropriate behaviours being included in the enterprise agreements in future enterprise agreement discussions.		Ms Patricia O'Farrell	Open
31.	Feb 2017	-	Arrange access for Dr Vinen to the SharePoint site and provide details of ACT Health's workplace culture survey provider (Best Practice Australia).	Completed.	Mr Ric Taylor	Closed
32.	Feb 2017	5	Discuss the issue of non-attendance by some doctors at the Senior Doctor Leadership Program.	Attendance status from the last round of workshops was provided to Dr Fletcher.	Mr Ric Taylor and Dr Jeffery Fletcher	Open
33.	Feb 2017	-	Request the DG to release the "Speaking Up" report by ██████████ to the CCC. If the report is released, ██████████ agreed to present the findings at the next meeting.	Brief provided to DG requesting the report. ██████████ will present the findings of the report at the March meeting.	Secretariat and ██████████	Open
34.	Feb 2017	-	Meet to discuss a multifaceted approach to culture improvement in line with the new Clinical Services Framework.	Meeting is scheduled for Wednesday 22 nd March 2017.	Ms Patricia O'Farrell, Ms Jane Murkin, Dr Jeffery Fletcher and Mr Ric Taylor	Open

Decision Register

Decision	Meeting Date	KPMG Recommendation	Decision
1	June 2016	1	Revisit Pulse survey options in December 2016.
2	July 2016	3	The Statement of Desired Culture should apply to all ACT Health staff.
3	July 2016	3	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	Dec 2016	3	The Statement of Desired Culture will be signed by both staff and managers with reciprocal signatures
5	Feb 2017	-	Ms Jane Murkin and Mr Ric Taylor will be recommended as new CCC members to the Chair.



Promoting Professional Accountability Programme

An evidence-based programme proven to address unprofessional behaviour and improve safety culture

Address unprofessional behaviour to improve the safety and reliability of patient care

A healthcare organisation's ability to effectively respond to demands for higher quality, safer and more efficient patient care depends on the professionalism of its clinicians. Failure to address unprofessional behaviour and lack of adherence to protocols and procedure has an unacceptable impact on patient safety, productivity, staff engagement and retention, and ultimately on your organisation's reputation.

The Promoting Professional Accountability Programme provides a sustainable, organisation-wide framework for healthcare organisations to achieve the highest levels of safety and reliability.

It builds on the existing professionalism and commitment of the overwhelming majority of staff, while ensuring the actions of no one individual can undermine a culture of safety and reliability.

Developed by the globally recognised Vanderbilt University Center for Patient and Professional Advocacy, the Promoting Professional Accountability Programme has been shown to encourage self-regulation,¹ consistently improve hand hygiene² and improve physicians' complaint scores.³



behaviour ability of care

Published research has discussed the effectiveness of the programme, or its components, in areas relating to hand hygiene, self-regulation and reduced complaint risk.

Programme results

- Implementing the Promoting Professional Accountability Programme was found to encourage self-regulation¹ and many of the principles that underpin the Promoting Professional Accountability Programme were used by Vanderbilt University Medical Centre to consistently improve hand hygiene compliance beyond 85%.²
- Vanderbilt University School of Medicine found approximately 60% of physicians' complaint scores improved after a level-one awareness intervention.³
- Another study has shown that most physicians who receive interventions respond with an 80% reduction in their complaint risk score.⁴

What is unprofessional behaviour costing your organisation?

- It has been estimated that "2% to 3% of medical staff display disruptive behaviour sufficiently often to reach leadership's attention."⁵
- The cost of disruptive physician behaviour has been estimated to exceed US\$1 million in a 400 bed hospital in the United States of America.⁶
- The total cost of nurse turnover in Australia averages around AU\$49,000 per full-time equivalent staff.⁷
- Surgeons with more complaints have a higher rate of complications and adverse outcomes associated with complicated higher-risk patients.⁸



Build a culture of safety and excellence

The Promoting Professional Accountability Programme provides a system to identify, engage with and hold accountable staff who demonstrate repeated unprofessional behaviour.

Equally important, the programme has inbuilt sensitivity to ensure uncharacteristic and isolated incidents from conscientious staff are handled proportionately.

Using ongoing data collection and monitoring, the programme identifies individuals who attract repeated reports of unprofessional behaviour. Procedures that complement existing human resources and managerial practices are then applied to progressively escalate engagement with these individuals.

At the heart of the programme is the ability to identify and respectfully engage staff over reported behaviours, allowing them to reflect and personally align with a culture of safety and excellence.

This innovative approach enables expertly trained peer messengers to deliver information in conversations about single, reported incidents, as well as providing a methodology to identify and address individuals who display 'outlier' behaviours.

The programme is designed to improve:

- Patient safety
- Staff satisfaction
- Staff turnover
- Organisational reputation
- Costs associated with complaints
- Professionalism
- Productivity

A world-leading programme, adapted to your organisation

Reflecting a movement for change in the healthcare industry, Cognitive Institute is proud to provide guidance, education and support to hospitals and healthcare organisations through our exclusive and official partnership with Vanderbilt University.

Cognitive Institute has adapted the original American programme to ensure it will meet the needs of your organisation. The programme is highly adaptable and designed to investigate, recognise and build on the unique circumstances of your organisation; it can be implemented successfully within a single unit, through to all staff. Cognitive Institute supports you hand-in-hand through the programme's entire implementation process.

The confidence of an evidence-based programme

The Promoting Professional Accountability Programme is a powerful intervention that can transform your healthcare organisation's culture. However, poorly implemented it can jeopardise expected gains and may even worsen an organisation's culture of professionalism and accountability.

The success of the Promoting Professional Accountability Programme is maximised by an organisation-wide, three-stage approach. Your investment covers all aspects of commitment, readiness and implementation, including considerable senior leader training and facilitation, peer-messenger and all-staff workshops. This model ensures commitment to a 'no blink' approach is established among board and executive leaders, and organisational readiness achieved prior to organisation-wide implementation of training and support.



Building a culture of safety

Building a culture of safety requires a comprehensive organisational response. Cognitive Institute's supporting programmes integrate with the objectives of the Promoting Professional Accountability Programme.

Speaking Up for Safety™ Programme

To provide a solid platform for building a culture of safety and quality, in which all staff and clinicians actively raise concerns, Cognitive Institute recommends implementing concurrently the Speaking Up for Safety and the Promoting Professional Accountability Programmes.

Speaking up is one of the most important ways of preventing unintentional harm. The Speaking Up for Safety Programme introduces Cognitive Institute's Safety C.O.D.E.™, a step-wise model to assist all staff to speak up for safety respectfully and easily. The programme also teaches that listening and welcoming others checking you are vital to building a safety culture.

Speaking Up for Safety is available as a train-the-trainer programme to ensure organisation-wide sustainability.

Performance and professionalism

Workshops are also available to help promote and lead higher levels of individual and team functioning through a strong focus on addressing behaviour change. These include:

- Mastering Improved Clinician Performance
- Mastering Work/Life Balance
- Mastering Clinician Coaching and Feedback.

Workshops are open to individual clinicians and healthcare managers, and are regularly conducted in major cities. These workshops can also be delivered in-house, by arrangement.

Individual Improvement

For more than a decade, regulators, hospitals, specialist colleges and training providers have turned to Cognitive Institute's individual improvement programmes to support doctors.

Designed to support HR processes, performance management requirements and professional development needs, the Individual Improvement Series, comprising both short and intensive programmes, engages with a range of specific performance-related issues, including:

- poor colleague and patient communication skills
- disruptive team behaviour
- models and skills for safer practice
- professional standards for patient engagement and decision making.

International expertise across public and private health care

Senior faculty members implement the Promoting Professional Accountability Programme and are selected for their skills and expertise across clinical, education and leadership domains. Their experience in a range of clinical specialties, combined with expert communication skills enable our faculty to rapidly and effectively build trust and credibility from the boardroom to the ward.



Dr Mark O'Brien
Medical Director
MBBS, FRACGP, FACRRM, AFACHSM



Dr Stephen Walker
Associate Medical Director
MBBS, FACEM, GradCertClinEd, AFRACMA



Kirsten Dyer
Senior Clinical Educator
RN, MECH, FAAQHC



Dr Lynne McKinlay
Senior Medical Educator
BMedSc, MBBS(Hons), FRACP, FAFRM



Dr Stephen Priestley
Senior Medical Educator
MBBS FACEM



Dr Scott Clark
Senior Medical Educator
AB (San Diego), MD (Newark),
FPubPsych (New York), FRANZCP

- 1 Webb LE, Dmochowski RR, Moore IN, Pichert JW, Carron TF, Troyer M, Martinez W, Cooper WO, Hickson GB. Using coworker observations to promote accountability for disrespectful and unsafe behaviors by physicians and advanced practice professionals. *Jt Comm J Qual Patient Saf* 2016; 42(4):149-64
- 2 Talbot TR, Johnson JG, Fergus C, Domenico JH, Schaffner W, Daniels TL, Wilson G, Slayton J, Feistritzer N, Hickson GB. Sustained improvement in hand hygiene adherence: utilizing shared accountability and financial incentives. *Infect Control Hosp Epidemiol* 2013; 34(11):1129-36.
- 3 Hickson GB, Pichert JW, Webb LE, Gabbe SG. A complementary approach to promoting professionalism: identifying, measuring, and addressing unprofessional behaviors. *Acad Med* 2007; 82(11):1040-8
- 4 Hickson GB, Cooper WA. Pursuing Professionalism (But not without an infrastructure). In: Byyny RL, Papadakis MA, Paauw DS, editors. *Medical professionalism: best practices*. Melo Park, California: Alpha Omega Alpha Honor Medical Society 2015:81-98.
- 5 Rosenstein AH. Nurse-physician relationships: impact on nurse satisfaction and retention. *Am J Nurs* 2002;102:26-34
- 6 Rawson JV, Thompson N, Sostre G, Deitte L. The cost of disruptive and unprofessional behaviors in health care. *Academic radiology* 2013;20(9):1074-6.
- 7 Roche MA, Duffield CM, Homer C, Buchan J, Dimitrelis S. The rate and cost of nurse turnover in Australia. *Collegian* 2015;22(4):353-8.
- 8 Carron TF, Guillaumondegui OD, Karrass J, Cooper WO, Martin BJ, Dmochowski RR, Pichert JW, Hickson GB. Patient complaints and adverse surgical outcomes. *Am J Med Qual* 2015.

KnowHowTM

'Helping healthcare professionals KnowHow to meet the challenges of modern practice through world-class education.'

Cognitive Institute is an international provider of healthcare education.

Last year 16,000 clinicians attended a Cognitive Institute designed course, presented by highly trained doctors, dentists, nurses and allied health professionals.

For more than 10 years leading names in health care throughout the world have relied on our education. Cognitive Institute is part of the not-for-profit Medical Protection Society, the world's leading protection organisation for doctors, dentists and healthcare professionals with more than 300,000 members.

Cognitive Institute is just as committed to health care as you, providing independent, professional advice and education. The integrity of our programmes has led to them being adopted as medical specialty training curricula in many countries, as well as being utilised by professional regulatory authorities.

Our education is designed by clinicians, for clinicians and delivered by clinicians who understand the challenges of modern health care.

Cognitive Institute education is real world, results focused. More than 11,000 patient surveys* show significant behavioural change among clinicians three months after attending a Cognitive Institute workshop.

Our commitment is to provide education that distils complex issues and challenges into relevant practical training, with simple step-by-step skills models that clinicians can put into practice immediately.

*Clinical Governance: An International Journal Vol. 11 No 4, 2006

Our KnowHow

- Clinical leadership
- Safety and reliability improvement
- Performance and professionalism
- Open disclosure
- Individual improvement
- Patient communication
- Colleague interactions
- Risk management
- Clinical supervision, teaching and mentoring.

Phone (Aus) 07 3511 5000

Phone (NZ) 0800 777 512

Email enquiries@cognitiveinstitute.org

Head Office

65 Park Road Milton Brisbane

PO Box 1013 Milton Brisbane Qld 4064

Australia

cognitiveinstitute.org

**COGNITIVE
INSTITUTE**
KnowHow

