

Trevillian, Sarah (Health)

From: [REDACTED]
Sent: Friday, 6 July 2018 9:02 AM
To: DGAHealth
Cc: [REDACTED] McDonald, Ben (Health)
Subject: Invitation to meet with Robert Griew
Importance: High

Greetings Michael

Congratulations to you and your team on achieving re-accreditation.

We have just become aware that you have engaged Robert Griew from Nous Group to provide advice on governance, functions and roles for your redesigned Canberra Hospital and health services.

We received an invitation for the [REDACTED] to attend a meeting with Mr Griew today, Friday 6 July. However, the invitation gave only three days' notice and unfortunately we are unable to attend.

As we both recognise the importance of a university relationship with health services, the support of both organisations to enable the ACT to have a full teaching hospital and a full compliment of professional training and associated research, we would want to be fully engaged with this process.


Hopefully you can find a way to have Robert Griew engage with us directly and fully so that we can help to achieve the best outcomes.

I look forward to our upcoming trip to Canterbury where we will see how another jurisdiction has gone through these changes.

Bestwishes.

[REDACTED]

[REDACTED]



Chancelry Building 10

The Australian National University

Acton ACT 2601

T: +61 2 6125 8679

E: <<mailto:provost@anu.edu.au>> provost@anu.edu.au

W: <<http://www.anu.edu.au/>> www.anu.edu.au

Trevillian, Sarah (Health)

From: [REDACTED]
Sent: Friday, 6 July 2018 3:39 PM
To: O'Leary, Catherina (Health)
Cc: [REDACTED]
Subject: RE: ACT Health Consultation Session - Robert Griew

Follow Up Flag: Follow up
Flag Status: Completed

Categories: FYI

Hi Catherina,

Like [REDACTED] I am going to be on leave at the proposed time for this meeting.

Also like [REDACTED] I could arrange for someone else from MHCC ACT to attend, or provide feedback through some other means.

I suspect others may also be away due to school holidays, so I suggest you clarify these questions to the whole group.

Thank you,
[REDACTED]

Mental Health Community Coalition ACT

t: 02 6249 7756 f: 02 6249 7801

w: www.mhccact.org.au

MHCC ACT acknowledges and honours the traditional owners of this country, their culture and continuing connection and contribution to the land and community. We pay our respects to all Aboriginal and Torres Strait Islander Peoples and to their Elders past, present and future.

-----Original Appointment-----

From: Ben.McDonald@act.gov.au <Ben.McDonald@act.gov.au> **On Behalf Of** O'Leary, Catherina (Health)

Sent: Friday, 6 July 2018 2:02 PM

To: [REDACTED]

[REDACTED]@nougrou.com.au'; McDonald, Ben (Health)

Subject: ACT Health Consultation Session - Robert Griew

When: Tuesday, 17 July 2018 10:00 AM-11:30 AM (UTC+10:00) Canberra, Melbourne, Sydney.

Where: Bowes Training & Conference Centre, Level 2 Building 2 Bowes Street Phillip ACT

On 23 March 2018, the Minister for Health and Wellbeing and the Minister for Mental Health announced that ACT Health would be separated into two distinct organisations.

One organisation will be responsible for clinical operations and will focus on the operational delivery of quality health care services to the community.

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In May 2018, the Nous Group (Robert Griew) was engaged to provide advice on the best practice governance, roles, functions and relationships for the two new organisations, including the lines of accountability for the Director General of Health and Chief Executive Officer of Canberra Hospital and Health Services (CHHS) to Ministers and to each other.

Mr Griew is now undertaking a series of consultations with ACT Health staff and external stakeholders to refine and test the views outlined within an interim report that he has prepared.

The focus of stakeholder consultations will be to seek feedback on the proposed governance model, including potential strengths and risks, and determine the skills and capabilities required within both organisations to ensure that the new arrangements will be successful.

To inform the consultation, a background paper has been developed, and is attached for your consideration.

The focus of the consultation will be to discuss the three key questions at the end of the paper.

I would like to invite you to attend a meeting with Mr Griew on Tuesday 17 July 10:00am – 11:30am at Bowes Training & Conference Centre, Level 2 Building 2 Bowes Street Phillip ACT.

Your contribution will help ensure both organisations are set up for success.

Sincerely,

Catherina O'Leary

Catherina O'Leary
Director Transition Office – ACT Health

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Trevillian, Sarah (Health)

From: Taupin, Doug (Health)
Sent: Sunday, 8 July 2018 6:36 PM
To: O'Leary, Catherina (Health); Hallam, Lavinia (Health); Stuart-Harris, Robin (Health); Singer, Richard (Health); [REDACTED]
Subject: RE: ACT Health Consultation Session - Robert Griew

Hi [REDACTED] i would like to attend but will be away school holidays.

Could another week be arranged if no-one else free - e.g. 25 July at 2 PM before the council meeting?

Essential ASMOF ask the tough questions about this freaking crazy idea because the other unions won't and nor will Nous

Doug

From: [REDACTED] on behalf of O'Leary, Catherina (Health)
 [Catherina.O'Leary@act.gov.au]
Sent: Sunday 8 July 2018 11:30
To: Hallam, Lavinia (Health); Taupin, Doug (Health); Stuart-Harris, Robin (Health); Singer, Richard (Health); [REDACTED]
Subject: FW: ACT Health Consultation Session - Robert Griew
When: Wednesday 18 July 2018 15:30-17:00.
Where: Bowes Training & Conference Centre, Level 2 Building 2 Bowes Street Phillip ACT

Hi Councillors

I maybe away and not able to attend for Personal reasons.

Anybody else interested in attending?

I will also see if I can teleconference in.

[REDACTED]
 ASMOF (ACT)
 Mobile: [REDACTED]
 Email: [REDACTED]@asmof.org.au
 Web: www.asmof.org.au



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-----Original Appointment-----

From: O'Leary, Catherina (Health) [mailto:Catherina.O'Leary@act.gov.au]

Sent: Friday, 6 July 2018 2:12 PM

To: O'Leary, Catherina (Health); [REDACTED]
[REDACTED]
[REDACTED]

Subject: ACT Health Consultation Session - Robert Griew

When: Wednesday, 18 July 2018 3:30 PM-5:00 PM (UTC+10:00) Canberra, Melbourne, Sydney.

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Catherina O'Leary
Director Transition Office – ACT Health

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Trevillian, Sarah (Health)

From: [REDACTED]
Sent: Monday, 9 July 2018 2:04 PM
To: O'Leary, Catherina (Health)
Cc: [REDACTED]
Subject: RE: ACT Health Consultation Session - Robert Griew

Thank you Catherina,

I will be on leave from 13 July to 15 August (inclusive). [REDACTED] will be Acting [REDACTED] and he will attend for the AIDS Action Council.

Please keep [REDACTED] informed of any changes.

Kind regards

<<...>>

-----Original Appointment-----

From: McDonald, Ben (Health) [mailto:Ben.McDonald@act.gov.au] On Behalf Of O'Leary, Catherina (Health)
Sent: Friday, July 6, 2018 2:02 PM
To: [REDACTED]

[REDACTED]@nousgroup.com.au'; McDonald, Ben (Health)

Subject: ACT Health Consultation Session - Robert Griew
When: Tuesday, July 17, 2018 10:00 AM-11:30 AM (UTC+10:00) Canberra, Melbourne, Sydney.
Where: Bowes Training & Conference Centre, Level 2 Building 2 Bowes Street Phillip ACT

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----- << File: Hand Out - Robert Griew Consultations.pdf >>

Trevillian, Sarah (Health)

From: Stuart-Harris, Robin (Health)
Sent: Monday, 9 July 2018 4:43 PM
To: [REDACTED] Singer, Richard (Health)
Cc: Taupin, Doug (Health); O'Leary, Catherina (Health); Hallam, Lavinia (Health); [REDACTED]
Subject: RE: ACT Health Consultation Session - Robert Griew [SEC=UNCLASSIFIED]


I shall attend.


Robin Stuart-Harris MD, FRCP, FRACP


Professor of Medical Oncology
 Senior Staff Specialist
 Canberra Hospital & Health Services | ACT Health | ACT Government

Provider Number 42616DT

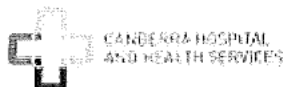
Building 19 Level 5
 The Canberra Hospital

 +61 (02) 6244 2220
 +61 (02) 6244 4266 Fax

 robin.stuart-harris@act.gov.au

 PO Box 11 WODEN ACT 2606

Care | Excellence | Collaboration | Integrity



From: [REDACTED]

Sent: Monday, 9 July 2018 4:37 PM

To: Singer, Richard (Health) <Richard.Singer@act.gov.au>

Cc: Taupin, Doug (Health) <Doug.Taupin@act.gov.au>; O'Leary, Catherina (Health) <Catherina.O'Leary@act.gov.au>; Hallam, Lavinia (Health) <Lavinia.Hallam@act.gov.au>; Stuart-Harris, Robin (Health) <Robin.Stuart-Harris@act.gov.au>; [REDACTED]

Subject: Re: ACT Health Consultation Session - Robert Griew [SEC=UNCLASSIFIED]

Sorry All, I am away 25-27 July. [REDACTED]

On Mon., 9 Jul. 2018, 00:29 Singer, Richard (Health), <Richard.Singer@act.gov.au> wrote:

I will also be away next week.

Richard

From: Taupin, Doug (Health)

Sent: Sunday, 8 July 2018 6:40 PM

To: O'Leary, Catherina (Health) <Catherina.O'Leary@act.gov.au>; Hallam, Lavinia (Health) <Lavinia.Hallam@act.gov.au>; Stuart-Harris, Robin (Health) <Robin.Stuart-Harris@act.gov.au>; Singer, Richard (Health) <Richard.Singer@act.gov.au>; [REDACTED]

Subject: RE: ACT Health Consultation Session - Robert Griew

Hi [REDACTED] I would like to attend but will be away school holidays.

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Doug

From: [REDACTED] on behalf of O'Leary, Catherina (Health) [Catherina.O'Leary@act.gov.au]

Sent: Sunday 8 July 2018 11:30

To: Hallam, Lavinia (Health); Taupin, Doug (Health); Stuart-Harris, Robin (Health); Singer, Richard (Health); [REDACTED]

Subject: FW: ACT Health Consultation Session - Robert Griew

When: Wednesday 18 July 2018 15:30-17:00.

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ASMOF (ACT)

Mobile: [REDACTED]

Email: [REDACTED]@asmof.org.au

Web: www.asnof.org.au



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From: O'Leary, Catherina (Health) [<mailto:Catherina.O'Leary@act.gov.au>]

Sent: Friday, 6 July 2018 2:12 PM

To: O'Leary, Catherina (Health); [REDACTED]

Subject: ACT Health Consultation Session - Robert Griew

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Director Transition Office – ACT Health

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Dal Molin, Vanessa (Health)

From: Jean, David (Health)
Sent: Wednesday, 11 July 2018 1:17 PM
To: O'Leary, Catherina (Health)
Cc: Dal Molin, Vanessa (Health)
Subject: Staff forum invitation [SEC=UNCLASSIFIED]
Attachments: Hand Out - Robert Griew Consultations.pdf

Hi Catherina, are you happy with the below words?

Once Ben sends me the forum details, I'll talk to internal comms about putting out an all staff email with an rsvp mechanism so you can track how many people are coming.

Catherina O'Leary, Director of the Transition Office, and Robert Griew, Principal of Nous Group, will host staff forums at Bowes Street and Canberra Hospital next week.

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This is primarily focussed on the lines of accountability for the Director-General of Health and Chief Executive Officer (CEO) of Canberra Hospital and Health Services (CHHS) to Ministers and to each other.

A summary background paper of Mr Griew's interim report to the Head of Service is attached.


Staff who would like to learn more about the design of the relationships between the two organisations and to Ministers are encouraged to attend.

If you would like to attend please rsvp below:

Bowes St forum ...

Canberra Hospital forum ...

Thanks,
David Jean
 Strategic Media and Communications Manager
 Office of the Director-General, ACT Health

P | 6205 1780 M | 
 E | david.jean@act.gov.au
 URL | www.health.act.gov.au

Developing new governance arrangements for ACT Health

The ACT Health system has come a long way. The population it serves has grown and it supports the health service needs of a wide catchment. Currently, ACT Health provides services for a catchment of approximately 400,000 people in the ACT and a further 200,000 people from the surrounding Southern NSW area (inclusive of Southern NSW Local Health District LGAs as defined by NSW Health). Canberra now has its own medical school. The health system has relationships with three universities, training health professionals and engaging in world class health research.

In recognition of this growing sophistication and delivery, the ACT Government has decided to make changes to the structure and governance of its health system. Consistent with the direction of reform in other jurisdictions, the Government has decided to separate the Health Directorate and the provider of publicly owned health services in the ACT, which will become a new organisation, to be known as the Canberra and Region Health Services (CRHS).

The Government wants to allow CRHS both the capacity to run the ACT's publicly owned health services and clear accountability for doing so. It also wants the Directorate to step up to a role ensuring the effective and efficient operation of the whole health system, including all health providers. The Government also wants stronger preventive health and health promotion outcomes across the whole of the ACT community.

The Chief Minister's Directorate has engaged Nous Group (Nous) to advise on the governance, roles, functions and relationships across this restructured system. The aim is to ensure that the ACT gets the best combination of learning from similar reforms in other jurisdictions and an approach tailored for the unique needs of the Territory.

There are three phases to Nous' approach. First was a review of arrangements in four other jurisdictions, to learn lessons from others' experiences. Second has been a series of deep dive conversations with senior ACT public servants.

The next phase will be to consult people across the ACT health system, including ACT Health staff. It is important to note that the hypotheses, draft propositions and conclusions in our work to date need to be tested and improved in a series of consultations.

Two diagrams summarise our thinking at the end of phase two of our work.

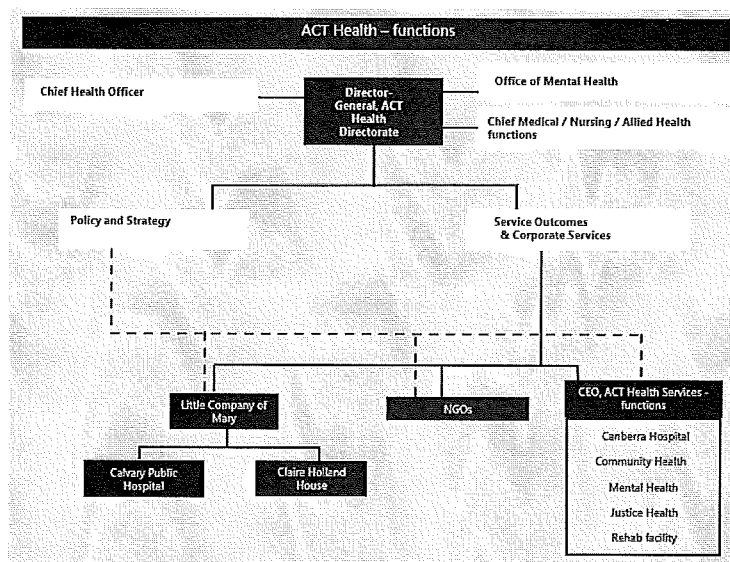
The first is a summary diagram of the governance relationship between the Ministers, the Directorate and the new CRHS.



The key points to be drawn from this are that the role of the Directorate as the policy adviser to Ministers, the greater capacity and accountability of the CRHS as a provider of publicly owned health services in the ACT, including to its wider catchment.

The Directorate will have a view and responsibility across the health system, a role to drive collaboration and whole of system perspective and a responsibility for outcomes, including for the health of the ACT population. CRHS will focus on the professional, quality, efficient and effective delivery of its health services.

The second diagram explains a bit further the functions and relationships of the Directorate and health service providers in the ACT, including the new ACT Health Services. **This is not a proposed structure for the Directorate.** It is a diagram representing the key functional responsibilities and how they anchor key relationships.



The key points in this diagram are represented by the two red coloured lines.

The solid red line shows the centrality of the Service Outcomes function as the point in the Directorate that relates to all service providers. This area of the Directorate will need exceptional analytic, health data and health system performance intelligence because it will anchor the role of the Directorate in negotiating Service Level Agreements, monitoring performance and providing advice back to each provider, to the Director-General of the Directorate and to the Ministers. This area will also need exceptional relationship skills.

The dotted red line shows the importance of leading clinicians, health professionals and other staff and stakeholders associated with services in the formulation of policy and strategy for the ACT health system, through that function in the Directorate.

In consultations over the next phase, the Directorate and Nous will talk to staff, managers, clinical leaders and other stakeholders to refine, test and improve the thinking done to date. The focus of the consultations will include (but not be limited to) the following questions:

1. What are the strengths and risks in the new arrangement, in general and for the part of the system you work in or relate to? Do the titles, including the proposed name of Canberra and Region Health Services, and the relationships described in the diagram above effectively describe optimal arrangements?
2. What are some of the opportunities we need to take to keep improving performance, for example, in terms of the functions put together in the new arrangements and in terms of communication?
3. What are the most important skills and capabilities for the Directorate and CRHS to acquire, develop further or refine to make the new arrangements work?

Dal Molin, Vanessa (Health)

From: O'Leary, Catherina (Health)
Sent: Thursday, 12 July 2018 12:08 PM
To: Jean, David (Health)
Cc: Dal Molin, Vanessa (Health); McDonald, Ben (Health)
Subject: RE: Staff forum invitation [SEC=UNCLASSIFIED]

Importance: High

Hi

Sorry this slipped through my radar – some minor changes below otherwise good to go. Maybe we need to refer to the DG's bulletin when he first mentioned this work?

C

From: Jean, David (Health)
Sent: Wednesday, 11 July 2018 1:17 PM
To: O'Leary, Catherina (Health) <Catherina.O'Leary@act.gov.au>
Cc: Dal Molin, Vanessa (Health) <Vanessa.DalMolin@act.gov.au>
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A summary background paper of Mr Griew's interim report to the Head of Service is attached. The questions that this consultation is seeking your input to are outlined in this paper.

Staff who would like to provide input into the design of the relationships between the two organisations and to Ministers are encouraged to attend.

If you would like to attend please rsvp below:

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 Office of the Director-General, ACT Health

E | david.jean@act.gov.au
URL | www.health.act.gov.au

Trevillian, Sarah (Health)

From: Southwell, Hoami (Health)
Sent: Thursday, 12 July 2018 2:21 PM
To: Jean, David (Health); Morrell, Katherine (Health)
Cc: McDonald, Ben (Health)
Subject: RE: Staff forum invitation [SEC=UNCLASSIFIED]

Thanks David, we'll mock up the invite and send it through soon.

Kind regards,

Hoami Southwell

From: Jean, David (Health)
Sent: Thursday, 12 July 2018 1:41 PM
To: Morrell, Katherine (Health) <Katherine.Morrell@act.gov.au>; Southwell, Hoami (Health) <Hoami.Southwell@act.gov.au>
Cc: McDonald, Ben (Health) <Ben.McDonald@act.gov.au>
Subject: FW: Staff forum invitation [SEC=UNCLASSIFIED]
Importance: High

Hi Katherine and Hoami. Please see below the text for the invitation to the forums next week. Catherina has made some minor changes from what I sent yesterday.

Thanks!

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P | 6205 1780 M | [REDACTED]
 E | david.jean@act.gov.au
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Canberra Hospital forum ...

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 Office of the Director-General, ACT Health

Trevillian, Sarah (Health)

From: [REDACTED]@ranzcr.edu.au>
Sent: Friday, 13 July 2018 1:53 PM
To: O'Leary, Catherina (Health)
Subject: RE: ACT Health Consultation Session - Robert Griew

Dear Catherina,

Thank you for your invitation but unfortunately on this occasion we are unable to attend.

Kind regards,

Have I been of assistance to you today? Click here

<<https://secure.peoplepulse.com.au/ulqfx7fz0psgj49rgk376yjjkxtr1>> to respond

[REDACTED] Policy and Advocacy Unit The Royal Australian and New Zealand College of Radiologists Level 9, 51 Druitt Street, Sydney 2000 NSW
 T: +61 2 9268 9777 | E: faculty@ranzcr.com | W: www.ranzcr.com <<http://www.targetingcancer.com.au/>>

-----Original Appointment-----

From: Ben.McDonald@act.gov.au [mailto:Ben.McDonald@act.gov.au] On Behalf Of O'Leary, Catherina (Health)
 Sent: Thursday, 12 July 2018 4:39 PM
 To: [REDACTED]@ranzcp.org; college.sec@surgeons.org; ranzcog@ranzcog.edu.au; RANZCR; racp@racp.edu.au; ceo@racgp.org.au; ranzco@ranzco.edu
 Subject: ACT Health Consultation Session - Robert Griew
 When: Tuesday, 17 July 2018 2:00 PM-3:30 PM (UTC+10:00) Canberra, Melbourne, Sydney.
 Where: Bowes Training & Conference Centre, Level 2 Building 2 Bowes Street Phillip ACT

On 23 March 2018, the Minister for Health and Wellbeing and the Minister for Mental Health announced that ACT Health would be separated into two distinct organisations.

One organisation will be responsible for clinical operations and will focus on the operational delivery of quality health care services to the community.

The second organisation will be responsible for strategic policy and planning stewardship of the ACT's health system.

In May 2018, the Nous Group (Robert Griew) was engaged to provide advice on the best practice governance, roles, functions and relationships for the two new organisations, including the lines of accountability for the Director General of Health and Chief Executive Officer of Canberra Hospital and Health Services (CHHS) to Ministers and to each other.

Mr Griew is now undertaking a series of consultations with ACT Health staff and external stakeholders to refine and test the views outlined within an interim report that he has prepared.

The focus of stakeholder consultations will be to seek feedback on the proposed governance model, including potential strengths and risks, and determine the skills and capabilities required within both organisations to ensure that the new arrangements will be successful.

To inform the consultation, a background paper has been developed, and is attached for your consideration.

The focus of the consultation will be to discuss the three key questions at the end of the paper.

I would like to invite you to attend a meeting with Mr Griew on Tuesday 17 July 2:00pm – 3:30pm at Bowes Training & Conference Centre, Level 2 Building 2 Bowes Street Phillip ACT.

Your contribution will help ensure both organisations are set up for success.

Sincerely,

Catherina O'Leary

Catherina O'Leary
Director Transition Office – ACT Health

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----- << File: Hand Out - Robert Griew Consultations.pdf >>

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Trevillian, Sarah (Health)

From: Robert Griew <[REDACTED]@nousgroup.com.au>
Sent: Monday, 16 July 2018 9:28 AM
To: McDonald, Ben (Health)
Cc: [REDACTED] O'Leary, Catherina (Health)
Subject: RE: ACT Health Nous Sessions [SEC=UNCLASSIFIED]

Great thanks Ben

Any thoughts Catherina re how we adjust what we've been doing? I'm happy to repeat just opening up if you want to change in any way.

And Ben, do you have a work in progress, picking up on the EDs consult, the last one we did, plus the added input from the Clinical Director at the hospital?

Would be good to keep updating as we go, so we can stay on top of issues.

Cheers
 Robert

Robert Griew
Nous Group | Principal
d: + 61 2 6201 9010 | **m:** [REDACTED] | **w:** www.nousgroup.com

From: McDonald, Ben (Health) <Ben.McDonald@act.gov.au>
Sent: Monday, 16 July 2018 9:03 AM
To: [REDACTED]@nousgroup.com.au
Cc: [REDACTED]@nousgroup.com.au; O'Leary, Catherina (Health) <Catherina.O'Leary@act.gov.au>
Subject: RE: ACT Health Nous Sessions [SEC=UNCLASSIFIED]

Hi Robert,

Confirming all 6 are going ahead.

Kind Regards,

Ben McDonald
 ACT Health Organisational Reform Transition Team
 Level 4, 4 Bowes Pl, Woden
 Phone: (02) 6207 8786 | Email: ben.mcdonald@act.gov.au

For all questions or comments regarding the ACT Health organisational reform please email healthreferencegroup@act.gov.au



From: [REDACTED]@nousgroup.com.au]
Sent: Sunday, 15 July 2018 12:47 PM
To: McDonald, Ben (Health) <Ben.McDonald@act.gov.au>
Cc: [REDACTED]@nousgroup.com.au>; O'Leary, Catherina (Health) <Catherina.O'Leary@act.gov.au>
Subject: RE: ACT Health Nous Sessions [SEC=UNCLASSIFIED]

Thanks Ben

Can I confirm that these 6 sessions are all going ahead?

I have four only in my diary. The additional two, not in my diary, are

1. ACT Health All Staff Forum TCH – 12:00pm – 1:30pm, on the 17th
1. Executive Workshop – We have allocated 30 minutes for you in the agenda – 10:00am – 10:30am, on the 18th

Thanks
 Robert

Robert Griew
Nous Group | Principal
d: + 61 2 6201 9010 | **m:** [REDACTED] | **w:** www.nousgroup.com

From: McDonald, Ben (Health) <Ben.McDonald@act.gov.au>
Sent: Friday, 13 July 2018 3:28 PM
To: [REDACTED]@nousgroup.com.au>
Cc: [REDACTED]@nousgroup.com.au>; O'Leary, Catherina (Health) <Catherina.O'Leary@act.gov.au>
Subject: ACT Health Nous Sessions [SEC=UNCLASSIFIED]

Hi Robert,

Hope you have enjoyed your week off.

Further to the calendar invites I have sent through please see a list below confirming the consultation sessions we have booked next week as well as the executive workshop.

Tuesday 17 July:

1. NGO Sector Session – 10:00am – 11:30am
2. ACT Health All Staff Forum TCH – 12:00pm – 1:30pm
3. Colleges Session – 2:00pm – 3:30pm

Wednesday 18 July:

1. Executive Workshop – We have allocated 30 minutes for you in the agenda – 10:00am – 10:30am
2. ACT Health All Staff Forum Bowes St – 2:00pm – 3:30pm
3. Medical Associations/Unions Session – 3:30pm – 5:30pm

Please let me know if you have concerns.

Kind Regards,

Ben McDonald
 ACT Health Organisational Reform Transition Team
 Level 4, 4 Bowes Pl, Woden
 Phone: (02) 6207 8786 | Email: ben.mcdonald@act.gov.au

For all questions or comments regarding the ACT Health organisational reform please email healthreferencegroup@act.gov.au



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Nous Group is an award-winning management consulting firm. We partner with leaders across Australia and the UK to shape world-class businesses, effective government and empowered communities. Our people are bold and engaging and offer a broad consulting capability that creates strategic opportunities, enables performance improvement, and shapes agendas of national significance.

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Dal Molin, Vanessa (Health)

From: Power, Leanne
Sent: Tuesday, 17 July 2018 10:42 AM
To: Dal Molin, Vanessa (Health)
Subject: FW: Singed brief [SEC=UNCLASSIFIED]
Attachments: 20180716130101395.pdf

Hi Vanessa

For your information - copy of signed brief on the interim Robert Griew Report thanks Leanne

Leanne Power | Director, Office of the Head of Service

Phone: 02 620 75990 | Mobile: [REDACTED] | Email: leanne.power@act.gov.au Chief Minister, Treasury and
Economic Development Directorate | ACT Government Level 5, Canberra Nara Centre, 1 Constitution Avenue
Canberra ACT 2601 | GPO Box 158 Canberra ACT 2601 | www.act.gov.au

Dal Molin, Vanessa (Health)

From: Dal Molin, Vanessa (Health)
Sent: Wednesday, 18 July 2018 3:24 PM
To: O'Leary, Catherina (Health)
Subject: FW: Singed brief [SEC=UNCLASSIFIED]
Attachments: 20180716130101395.pdf

Catherina,
 For your information also.

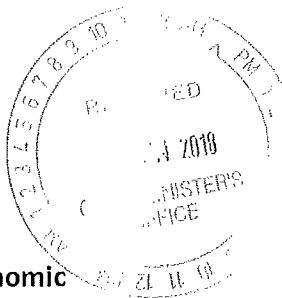
Thanks
 Vanessa

-----Original Message-----

From: Power, Leanne
Sent: Tuesday, 17 July 2018 10:42 AM
To: Dal Molin, Vanessa (Health) <Vanessa.DalMolin@act.gov.au>
Subject: FW: Singed brief [SEC=UNCLASSIFIED]

Hi Vanessa
 For your information - copy of signed brief on the interim Robert Griew Report thanks Leanne

Leanne Power | Director, Office of the Head of Service
 Phone: 02 620 75990 | Mobile: [REDACTED] | Email: leanne.power@act.gov.au Chief Minister, Treasury and
 Economic Development Directorate | ACT Government Level 5, Canberra Nara Centre, 1 Constitution Avenue
 Canberra ACT 2601 | GPO Box 158 Canberra ACT 2601 | www.act.gov.au



MINISTERIAL BRIEF

Chief Minister, Treasury and Economic
Development Directorate

UNCLASSIFIED

To: Minister for Health and Wellbeing
Minister for Mental Health

Tracking No.: CMTEDD2018/3184

Date: 21 June 2018

CC: Chief Minister

From: Head of Service

Subject: Interim report – New health governance arrangements for the ACT

Critical Date: As soon as possible

Critical Reason:

Purpose

To advise on progress on developing the governance arrangements to underpin the new administrative arrangements for the ACT Public Service in relation to ACT Health.

Recommendations

That you:

1. Note the interim report *New health governance arrangements for the ACT* by Robert Griew, Principal Nous Group, attached to this brief.
2. Note that as a next step, the ACT Health Directorate and Nous Group will talk with ACT Health staff and external stakeholders to refine, test and improve thinking about the governance, roles, functions and relationship proposals presented in the interim report. The current proposed approach may alter with the benefit of this consultation.

Noted / Please Discuss

Meegan Fitzharris

Noted / Please Discuss

Shane Rattenbury

Minister's Office Feedback

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Background

1. In March this year the Chief Minister agreed to a new governance structure for the ACT Health Directorate that structurally separates its policy and operational functions. The separation responds to the growing size and complexity of health service delivery in the ACT and region and aligns the Territory with the direction of reform in other jurisdictions across Australia.
2. The separation, which will be operational from 1 October 2018, entails the creation of a strategic function that has the core responsibility to oversee the operation of the health system as a whole and to set the direction for health services in the Territory, and an operational service delivery function that has the core responsibility to provide acute, subacute, primary hospital services to the ACT and surrounding region and the range of community-based health services to the ACT community.
3. In May this year I engaged Robert Griew, Principal Nous Group, to provide advice on the best practice governance, roles, functions and relationships for the new entities including the lines of accountability for the Director-General and Chief Executive Officer to Ministers and to each other.
4. Mr Griew was asked to consider the learnings from the governance arrangements for separated models in other jurisdictions and to tailor an approach for the unique needs of the Territory, allowing for a focus on the operational effectiveness and efficiency of clinical service delivery, as well as on the strategic policy and planning for the broader stewardship of the ACT public health system and the promotion of health and wellbeing in the ACT.
5. Mr Griew's significant experience in the health sector placed him in an advantageous position to provide expert advice. As a former Secretary of the Northern Territory Department of Health and Community Services, Mr Griew has direct experience in running a health system of comparable size to the ACT. As such he has practical insight and experience into lines of accountability, clinical service delivery and the overall stewardship of a health system.

IssuesInterim report

6. Mr Griew's approach involved a review of governance arrangements in Queensland, Victoria, New South Wales and Tasmania to identify issues and learnings. First principles thinking was then applied in discussions with myself, the interim Director-General ACT Health Directorate, the acting Deputy Director General Canberra Hospital and Health Services, the ACT Solicitor-General and the Under Treasurer.
7. Mr Griew has provided an interim report based on the reviews and discussions to date. A copy is at Attachment A.
8. In summary, the key elements of the proposed approach as currently developed are:
 - a. Establishing the role of the ACT Health Directorate as the system steward and strategic policy adviser to Ministers. The Directorate would have a view and responsibility across the health system, a role to drive collaboration and a whole of system perspective and a responsibility for outcomes including for

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the health of the ACT population through the non-acute, community, preventative and health promotion components of the health system.

- b. Establishing the accountability of the Canberra and Region Health Services (CRHS) as the provider of all publicly owned health services. CRHS would focus on the professional, quality, efficient and effective delivery of health services to the ACT and the region.
9. The key features of the Directorate would comprise:
- a. a streamlined senior structure
 - b. a central policy and strategy function that has clear roles for clinical leads, health professionals and other staff and stakeholders associated with services in the formulation of policy and strategy through secondments and cross cutting governance committees
 - c. a central service outcomes function that relates to all service providers in the ACT health system and be the key area that negotiates Service Level Agreements, monitors service performance and provides advice back to each service provider, the Director-General and Ministers
 - d. a number of whole of system governance committees that promote collaboration on key areas, for example, clinical workforce planning, research and evidence, service coordination, public health emergency management.
10. The key features of the CRHS would comprise:
- a. funding provided through the Directorate as a separate and transparent appropriation
 - b. a Service Level Agreement with the Directorate that includes reporting on resource usage, performance outcomes and KPIs
 - c. the capacity for the CEO CRHS to administer the publicly owned health services including direct responsibility for ancillary and corporate service support necessary to effectively run the services.
11. The roles and functions of the Director-General and the CEO CRHS would be prescribed in a protocol to be negotiated to the satisfaction of Ministers and the Head of Service.
12. The CEO CRHS would provide policy and budget proposals to the Director-General. The Director-General would provide all proposals to Ministers for consideration. The Director-General would provide advice on the priority of proposals to Ministers.
13. The Director-General would raise concerns regarding all performance concerns first with the CEO CRHS. If concerns persisted, the Director-General would have the responsibility to provide advice with recommended actions to the relevant Minister in regard to health performance issues (such as clinical standards) or the Head of Service in regard to personnel or financial management issues.

Next steps

14. Mr Griew has provided an interim report with the expectation that as a next step the Directorate and Nous Group will talk with ACT Health staff and external stakeholders

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to refine, test and improve thinking about the governance, roles, functions and relationships proposals presented in the report. The list of proposed consultations is at Attachment B.

15. The focus of the consultations will be to test the strengths and risks of what is proposed, to elicit feedback on the information required by staff and stakeholders to optimise performance in particular areas and to seek views on the skills and capabilities required by the Directorate and CRHS to make the new arrangements work.
16. The current proposed approach may alter with the benefit of these consultations.
17. More extensive staff consultations are also planned to occur, through ACT Health's Transition Office, once the high level governance arrangements have been broadly settled.

Financial Implications

18. The financial implications of establishing the governance arrangements and structure will be met within the existing ACT Health Directorate budget.

Consultation

Internal

19. Nil.

Cross Directorate

20. Mr Griew engaged with the interim Director-General ACT Health Directorate, acting Deputy Director General Canberra Hospital and Health Services, the ACT Solicitor-General and the Under Treasurer.

External

21. Mr Griew engaged with senior executives in health departments in New South Wales, Queensland, Tasmania and Victoria.

Media Implications

22. It is likely that there will be media interest in the new governance arrangements.



Signatory Name:
Kathy Leigh

Phone: x50246

Action Officer:
Leanne Power

Phone: x75990

Attachments

Attachment	Title
Attachment A	Interim report, <i>New health governance arrangements for the ACT</i>
Attachment B	List of proposed consultations

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Goods and/or Services REQUEST FOR QUOTATION UNDER \$25,000

REQUEST FOR QUOTATION INFORMATION

The Territory as represented by the Health Directorate would like to invite Robert Griew, Principal, Nous Group to respond to this Request for Quotation (RFQ).

This RFQ comprises:

- Schedule 1 – Statement of Requirement;
- Schedule 2 – General Terms and Conditions for Purchase Orders (Goods and/or Services); and
- Schedule 3 – Supplier's Quotation, including Supplier's declaration.RF

SCHEDULE 1 - STATEMENT OF REQUIREMENT

RFQ Title:	ACT Health - Organisational Transition (Stakeholder Consultation)		
RFQ Number:	2018 5311	Territory Contact Officer:	For all matters relating to this RFQ contact: Vanessa Dal Molin at 62079532 or Vanessa.dalmolin@act.gov.au
Purchasing Directorate:	Health Directorate	Section/Business Unit:	Office of the Director General
Issue Date:	22/06/2018	Closing Date:	27/06/2018
Supplies Required by:	20/07/2018		
Lodgement method:	Quotation should be lodged with Vanessa Dal Molin via email at Vanessa.dalmolin@act.gov.au in pdf format by the closing date specified above. Please note: due to system restrictions responses cannot exceed one file and 3MB.		
Questions	Any questions relating to this RFQ should be addressed to the Territory Contact Officer and sent via email.		

The Requirement

Item	Details
Description of Requirement (including warranties for goods):	<p>On 23 March 2018, the Minister for Health and Wellbeing and the Minister for Mental Health announced that ACT Health would be restructured to establish two agencies. One agency is to be responsible for clinical operations and will focus on the operational delivery of quality health care services to the community.</p> <p>The second organisation will be responsible for strategic policy and planning stewardship of the ACT's health system. It will oversee the health system as a whole and set the strategic direction for health services, as well as provide health protection services and health promotion.</p> <p>The new structure is to commence from 1 October 2018.</p> <p>In May 2018, the Nous Group (Robert Griew) was engaged by the Chief Minister, Treasury and Economic Development Directorate to provide advice on the best practice governance, roles, functions and relationships for the two new entities, including the lines of accountability for the Director General and Chief Executive Officer to Ministers and to each other.</p> <p>The NOUS Group has provided an interim report to the Head of Service – <i>New health governance arrangements for the ACT</i>, by Robert Griew, Principal Nous Group.</p> <p>It is proposed to ask the Nous Group to undertake a series of consultations with ACT Health staff and external stakeholders to refine and test the views outlined within the Interim Report.</p> <p>The focus of stakeholder consultations will be to seek feedback on the proposed governance model, including potential strengths and risks, and determine the skills and capabilities required within both organisations to ensure that the new arrangements will be successful.</p> <p>The Consultant will be required to engage with staff and stakeholders, as outlined in <u>Attachment A</u> (stakeholder consultation listing). This listing may be refined and reviewed following discussions between NOUS Group and ACT Health.</p> <p>The Consultant will undertake the required consultations over a period of three (3) days. It is envisaged that a further day (one day) will be required to refine and review the Interim Report titled <i>New health governance arrangements for the ACT</i>, following the consultation process, for provision to the Head of Service and Interim Director-General, ACT Health.</p> <p>ACT Health will provide support by way of scribing and note taking services.</p> <p><u>Out of Scope</u> – there is no need for the Consultant to consult on the existing organisational structure or the outcomes of a recent form and function review.</p>

Item	Details
Background Information:	As above.
Delivery Instructions (for goods) or Service Timeframes/ Milestones (for services):	<p>The Consultant will provide the following deliverables in the required timeframes</p> <ul style="list-style-type: none"> ○ Undertake consultations, as agreed between ACT Health and Nous Group, up to a maximum of three (3) full days. ○ Review and refine the Interim Report titled <i>New health governance arrangements for the ACT</i> – one (1) full day. ○ Final report and presentation to the Head of Service and Interim Director-General, ACT Health. A final report is to be provided in the week commencing 16 July 2018.
Required insurance/s	<p>The Supplier must effect and maintain all Insurances required to be effected by it by law and the following Insurances:</p> <ol style="list-style-type: none"> 1. Public liability insurance with coverage in the amount of no less than \$10 million in respect of each occurrence; 2. For Supplies that include services, professional indemnity insurance with coverage in the amount of no less than \$10 million in the annual aggregate; and 3. For supplies that include goods, product liability insurance to a value of \$10 million in the annual aggregate. <p>The Supplier must provide evidence of the above insurances.</p>

SCHEDULE 2 - GENERAL TERMS AND CONDITIONS FOR PURCHASE ORDERS (GOODS AND SERVICES)

If this quotation is accepted and approved by the Australian Capital Territory (indicated at the end of the document), the following general terms and conditions for purchase orders (Goods and/or Services) will apply to the provision of the supplies.

1. Provision of Supplies

- 1.1 The Supplier must provide the goods and/or services specified in the Purchase Order (Supplies) according to the provisions of the Purchase Order and these terms and conditions (collectively, **Contract**) and to a high standard of care, skill and diligence.
- 1.2 Supplies that are goods must be new and unused, free from any security interest, defects in materials and workmanship, of acceptable quality and must conform to any specifications and descriptions set out in the Purchase Order.
- 1.3 If the Supplies contain hazardous substances, the Supplier must provide material safety data sheets for those hazardous substances.

2. Price of Supplies

- 2.1 Except if otherwise stated in the Purchase Order, the price for the Supplies is:
 - (a) payable within 30 days of receipt by the Territory of an Invoice;
 - (b) inclusive of GST and all other taxes, duties and charges; and
 - (c) inclusive of all disbursements, including out of pocket expenses incurred by the Supplier.
- 2.2 An Invoice may be issued by the Supplier upon the satisfactory completion of each milestone set out in the Purchase Order, or if no milestones are specified, on the satisfactory completion of all services and acceptance of all goods comprising the Supplies.

3. Delivery and Acceptance

- 3.1 Supplies that are goods must be delivered at the times and places detailed in the Purchase Order, in good order and condition and marked with the relevant Purchase Order Number and full delivery point details. Delivery will be free into store unless otherwise specified in the Contract.
- 3.2 The Territory may reject Supplies supplied incorrectly, damaged, in excess of or less than specified quantities or otherwise found not to be in accordance with the Purchase Order.
- 3.3 If the Territory rejects any Supplies, the Supplier must, at no cost to the Territory and within any

timeframe specified by the Territory, remove the Supplies (in the case of goods) and:

- (a) replace any rejected Supplies that are goods; and
- (b) re-perform any rejected Supplies that are services; or
- (c) refund any payment for the rejected Supplies.

- 3.4 If the Territory does not reject the Supplies within 14 days of receiving the Supplies, the Territory is taken to have accepted the Supplies.

4. Title and Risk

Risk of loss and damage and title in Supplies that are goods passes to the Territory on its acceptance of those goods.

5. Warranty

For Supplies that are goods, the Supplier must:

- (a) during any warranty period specified in the Purchase Order, at no cost to the Territory, correct all defects in the Supplies by way of repair, replacement or such other means acceptable to the Territory; and
- (b) ensure, to the extent practicable and permitted by law, that the Territory receives the benefit of any warranty given by a third party with respect to any goods,

however, this does not in any way relieve the Supplier of any obligation or warranty by it under the Contract and the Supplier is liable for all costs incidental to the discharge of any warranty under the Contract.

6. Insurance

The Supplier must effect and maintain for the Purchase Order term any Insurances specified in the Purchase Order.

7. Indemnity

The Supplier indemnifies the Territory, its employees and agents against all liability in respect of all claims, costs and expenses in relation to all loss, damage, injury or death to persons or property caused by the Supplier, in connection with the provision of the Supplies, except to the extent that the Territory caused the relevant loss, damage or injury.

8. Cancellation

The Territory may cancel the Purchase Order in part or whole, at any time by notice to the Supplier, if the Supplier:

- (a) enters, or in the Territory's absolute opinion, is likely to enter, into any form of external administration or makes any arrangement with its creditors or takes advantage of any statute for the relief of insolvent debtors;
- (b) fails to provide the Supplies within, or to meet any other, timeframes or milestones specified in this Contract; or
- (c) is otherwise in breach of a provision of this Contract, where that breach:
 - (i) if capable of being remedied, is not remedied within the period specified in a notice by the Territory, or
 - (ii) is not capable of being remedied.

9. Assignment and Subcontracting

The Supplier must not assign or subcontract any of its rights or obligations under this Contract without the prior written consent of the Territory.

10. Applicable Law

The laws of the Australian Capital Territory apply to this Contract.

11. Variation

This Contract may be varied only by the written agreement of the parties prior to the expiration of the Contract.

12. Entire Agreement

The Contract constitutes the entire agreement of the parties in relation to the provision of the Supplies and all other agreements, warranties and representations are excluded.

SCHEDULE 3 - SUPPLIER'S QUOTATION FOR SUPPLIES (TO BE COMPLETED BY SUPPLIER)**Supplier's Details**

Full legal name:	Nous Group.
Registered office or postal address:	121 Marcus Clarke Street, Canberra ACT 2601
ACN/ABN (if applicable):	
ABN (if applicable):	66 086 210 344

Contact Officer for the Supplier

For all matters relating to this RFQ, including any notices, the Supplier's contact officer will be:

Name:	Mr Robert Griew
Position title:	Principal, Nous Group
Phone:	6201 9010
Mobile:	
Email:	@nousgroup.com.au

Supplier's Quotation

Details of relevant qualifications and/or certifications held:	Nous Group has undertaken extensive public policy consulting work, including going directly to the governance and administrative arrangements in government. Nous Principal Robert Griew is an ex Secretary of the Department of Health and Community Services in the NT.
If Insurances are required by the Statement of Requirements, please state the insurances held:	
Provide a brief summary of similar work undertaken/goods supplied in the past 12 months.	This quotation is for an extension to the Interim report on new governance arrangements for ACT Health completed by Robert Griew of Nous Group for the Chief Minister's Directorate recently. The service sought here is for consultation with staff and other stakeholders on the matters covered in that Interim report.

SUPPLIER'S QUOTATION FOR SUPPLIES (CONTINUED...)

Goods (if applicable)

Item Number	Item Description	Quantity	Unit Price (excluding GST)	GST Component	Unit Price (including GST)	Total
Total (including GST)						

Details of Warranties (if applicable)

Insert the details of any warranty period that will be offered for these good/s.

Services (if applicable)

Brief response to Statement of Requirements, including milestones (if applicable)	Nous Principal Robert Griew will conduct 3 days of consulting plus 1 day to finalise Interim Report already provided, in light of the consultations.					
	Key personnel (if applicable) and pricing	Name and Position (if applicable) Robert Griew, Nous Principal and Leader of Canberra Office	Expected Hours/Days allocated	Hourly Rate (including GST)	Daily Rate (including GST)	
	Please note: Total Cost field must be completed.	See attached Scope of Work Document	4 days		\$6,050	
Total Cost (including GST)						\$24,200

SUPPLIER'S DECLARATION

I/We quote to provide the goods and / or services described in the RFQ (Supplies) at the prices specified in this Supplier's Quotation.

I/We understand that if accepted by the Territory, this Supplier's Quotation becomes the purchase order for the provision of the Supplies.

I/We declare I/We have read and, if this Supplier's Quotation is accepted by the Territory, agree to provide the Supplies on the basis of the General Terms and Conditions for Purchase Orders (Goods and/ or Services).

Prior to signing ensure you have the legal authority to be a signatory for this quote.

NB: physical signatures are not required for this document. Complete the information and return electronically to the email address provided in Schedule 1.

Signatory's Full Printed Name:	Robert Griew	Signatory's Title/Position:	Principal, Nous Group
Signatory's Phone Number:	[REDACTED]	Signatory's email address:	[REDACTED]@nousgroup.com.au
Signatory's Signature:	[REDACTED]	Date:	26/06/2018

TERRITORY APPROVAL FORM (TO BE COMPLETED BY THE AUSTRALIAN CAPITAL TERRITORY)

By signing this form I, Michael De'Ath within the Office of the Director General representing the Health Directorate on behalf of the Australian Capital Territory, commit to purchasing the above specified consultancy services in accordance with the methodology and price specified in the Supplier's Quotation.

Signatory's Full Printed Name:	Michael De'Ath	Signatory's Title/Position:	Interim Director General
--------------------------------	----------------	-----------------------------	--------------------------

The Territory accepts the quotation and the Supplier is permitted to commence the provision of the Supplies.

Signature: [REDACTED]

Date: 26 / 6 / 18

Trevillian, Sarah (Health)

From: Robert Griew <[REDACTED]@nousgroup.com.au>
Sent: Friday, 20 July 2018 10:14 PM
To: O'Leary, Catherina (Health)
Cc: De'Ath, Michael (Health); McDonald, Ben (Health)
Subject: RE: Consultation session write-up

Thanks Catherina (& Ben)

The bigger issue is that I am in Sydney for next two weeks.

As I mentioned Paul Kelly has reached out post the big E/D meeting asking to provide some comment. I offered to have a phone session. Just to be clear re that one, given my previous piece of work for him and my NT relationship with him, I will decline to go into structure issues re preventive health, other than to remind him (if he raises it) that different jurisdictions do this differently). It is your issue Michael and Catherina. I also think he will respect not putting me in conflicted position. He is quite proper.

For others who missed a meeting you did create for them, how about giving them your and my emails and asking them to send us an email with any thoughts they have on the three questions we asked in 2 pager?

Cheers

Robert

Robert Griew
 Nous Group | Principal
 d: + 61 2 6201 9010 | m: [REDACTED] | w: www.nousgroup.com

From: O'Leary, Catherina (Health) <Catherina.O'Leary@act.gov.au>
Sent: Friday, 20 July 2018 5:33 PM
To: Robert Griew <[REDACTED]@nousgroup.com.au>
Cc: De'Ath, Michael (Health) <Michael.De'Ath@act.gov.au>; McDonald, Ben (Health) <Ben.McDonald@act.gov.au>
Subject: Consultation session write-up

Hi Robert

Attached are the notes taken from the consultation sessions for your final report, noting you already have the feedback from the clinical executive.

I am receiving calls from some individuals (mostly from colleges) who were unable to attend the sessions but would still like to provide input. How would you like to address these? I am happy to meet with them individually and pass any relevant information on to you if that helps, but I am not sure that it will fit with the timeframe of your deliverable. Happy to discuss.

Regards

Catherina

Catherina O'Leary | Director Transition Office

Office of the Director-General | ACT Health

6 Bowes Street Woden

Ph 02 62075391 | Mob [REDACTED]

<<http://health.act.gov.au/>> health.act.gov.au

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Trevillian, Sarah (Health)

From: [REDACTED]@racp.edu.au>
Sent: Friday, 20 July 2018 11:26 AM
To: O'Leary, Catherina (Health)
Cc: [REDACTED]
Subject: RE: ACT Health Consultation Session - Robert Griew

Dear Catherina,

Thank you for your invite to participate in the ACT Health Consultation Session. Unfortunately I received this invite from my colleagues at midday on Tuesday, so my apologies that there were no ACT representatives from the RACP NSW/ACT Regional Committee present at this session.

In the future you are welcome to email us at RACPNSW@racp.edu.au and we will be able to directly ask our ACT Committee members if they would like to attend sessions/meetings that are being held. I know that our ACT representatives are keen to become more involved in consultation sessions such as this.

Please let me know if you have any queries.

Many thanks,

[REDACTED]

[REDACTED] NSW/ACT
 Member Services

The Royal Australasian College of Physicians
 145 Macquarie Street, Sydney NSW 2000
 Phone: + 612 9256 5486 (x2486)
 Email: Rachel.Smith@racp.edu.au

From: O'Leary, Catherina (Health) [mailto:Catherina.O'Leary@act.gov.au]
Sent: Thursday, 12 July 2018 4:39 PM
To: O'Leary, Catherina (Health); [REDACTED]@ranzcp.org; college.sec@surgeons.org; ranzcog@ranzcog.edu.au; ranzcr@ranzcr.edu.au; Royal Australasian College of Physicians; ceo@racgp.org.au; ranzco@ranzco.edu
Subject: ACT Health Consultation Session - Robert Griew
When: Tuesday, 17 July 2018 2:00 PM-3:30 PM (UTC+10:00) Canberra, Melbourne, Sydney.
Where: Bowes Training & Conference Centre, Level 2 Building 2 Bowes Street Phillip ACT

On 23 March 2018, the Minister for Health and Wellbeing and the Minister for Mental Health announced that ACT Health would be separated into two distinct organisations.

One organisation will be responsible for clinical operations and will focus on the operational delivery of quality health care services to the community.

The second organisation will be responsible for strategic policy and planning stewardship of the ACT's health system.

In May 2018, the Nous Group (Robert Griew) was engaged to provide advice on the best practice governance, roles, functions and relationships for the two new organisations, including the lines of accountability for the Director General of Health and Chief Executive Officer of Canberra Hospital and Health Services (CHHS) to Ministers and to each other.

Mr Griew is now undertaking a series of consultations with ACT Health staff and external stakeholders to refine and test the views outlined within an interim report that he has prepared.

The focus of stakeholder consultations will be to seek feedback on the proposed governance model, including potential strengths and risks, and determine the skills and capabilities required within both organisations to ensure that the new arrangements will be successful.

To inform the consultation, a background paper has been developed, and is attached for your consideration.

The focus of the consultation will be to discuss the three key questions at the end of the paper.

I would like to invite you to attend a meeting with Mr Griew on Tuesday 17 July 2:00pm – 3:30pm at Bowes Training & Conference Centre, Level 2 Building 2 Bowes Street Phillip ACT.

Your contribution will help ensure both organisations are set up for success.

Sincerely,

Catherina O'Leary

Catherina O'Leary
Director Transition Office – ACT Health

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Trevillian, Sarah (Health)

From: OLeary, Catherina (Health)
Sent: Friday, 20 July 2018 5:33 PM
To: '[REDACTED]@nousgroup.com.au'
Cc: De'Ath, Michael (Health); McDonald, Ben (Health)
Subject: Consultation session write-up
Attachments: ACT Health Corp ED Nous Consultation Session.docx; ACT Health NGO Nous Consultation Session.docx; All Staff Forum - ACT Health Nous Consultation Session.docx; Colleges - ACT Health Nous Consultation Session.docx; Medical Associations Unions - ACT Health Nous Consultation Session.docx

Hi Robert

Attached are the notes taken from the consultation sessions for your final report, noting you already have the feedback from the clinical executive.

I am receiving calls from some individuals (mostly from colleges) who were unable to attend the sessions but would still like to provide input. How would you like to address these? I am happy to meet with them individually and pass any relevant information on to you if that helps, but I am not sure that it will fit with the timeframe of your deliverable. Happy to discuss.

Regards

Catherina

Catherina O'Leary | Director Transition Office

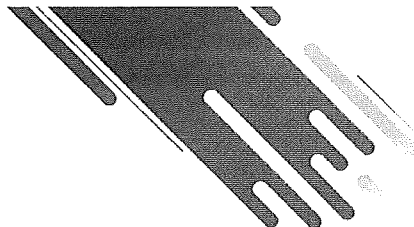
Office of the Director-General | ACT Health

6 Bowes Street Woden

Ph 02 62075391 | Mob [REDACTED]

<<http://health.act.gov.au/>> health.act.gov.au

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ACT Health Corporate Executive Directors Consultation Session – ACT Health/Nous Group

Attendees:

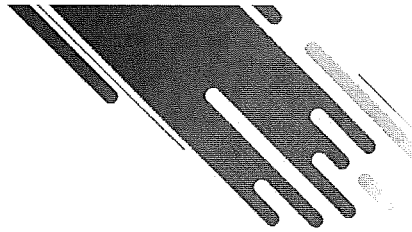
Robert Griew – Nous Group
 Catherina O’Leary – Director Transition Office
 Ben McDonald – Transition Office, Secretariat
 Rosemary Kennedy – Business Support Services
 Colm Mooney – Health Infrastructure Branch
 Jodie Chamberlain – Territory-wide Health Services
 Trevor Vivian – Chief Financial Officer
 Janine Hammat – People & Culture (HR)
 Peter O’Halloran – Chief Information Officer
 Emily Harper - Health Improvement Branch
 Conrad Barr – Health Protection Service
 Patrick Henry – Policy & Stakeholder Relations

General Discussion:

- Administrative functions: E.g. Who would produce external documentation for corporate functions?
- Funding flow: clarity over the flow of funding was discussed. Will the flow of funding be through the directorate (DG) to the clinical organisation (CEO)?
- Branding of the two new organisations needs to be considered. Its portrayal to the community and effectiveness needs to be investigated.
- *Full governance documentation is required by October 1*. Concerns were raised as to the October 1 deadline for the split and if a successful split is achievable in the time remaining.
- Agreement was that creating another “shared service” between the two new organisations was to be avoided.
- Sustainability over time: understanding and skill level of the staff and branches will help plan the long-term sustainability, capability and capacity of the new organisations.
- Change in government: flexibility needs to be considered and attention given to potential change of government, election priorities and commitments as well as a shift in current government priorities.

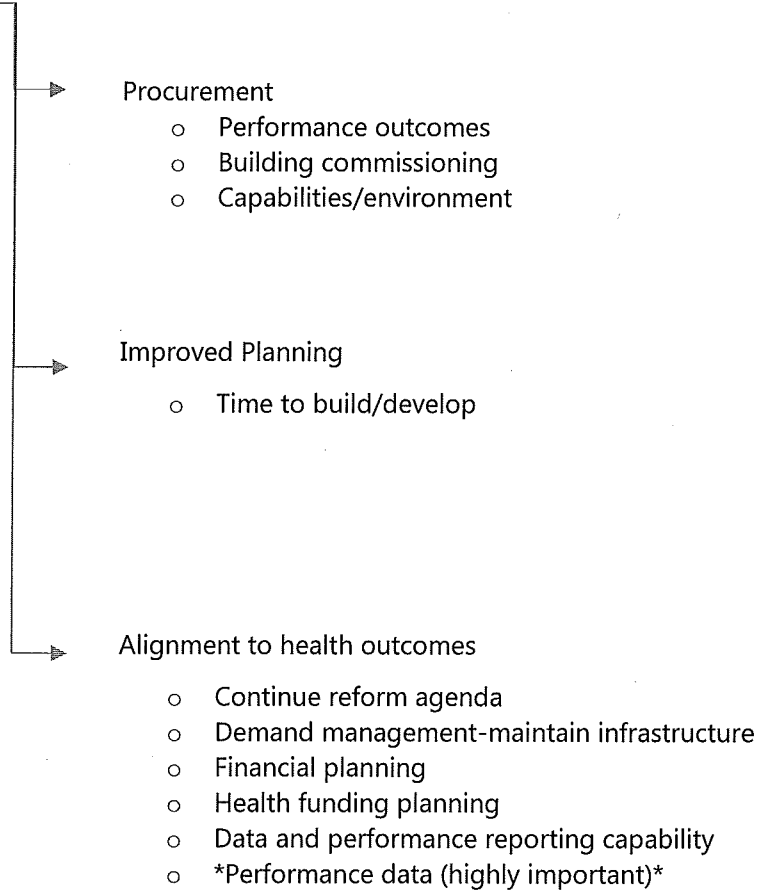
Functions:

- Clarity of functions between the two organisations is vital for effective service delivery.
- Hospital services (clinical organisation) needs to have the independence to make decisions on its functions and have the capacity to distribute its own funding.
- Data and performance information should be produced and maintained by the hospital.
- In the current structure there is no capability for strategic planning.

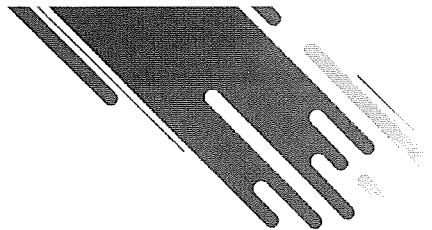


Capabilities:

- Clarity of responsibilities and purposes.
 - o Support to Calvary networking?
- Relationships with NGO's



- Effective vs. over-governance
 - o Accountability and culture change—the potential to maintain good momentum, a resistance to good governance has been noticed
- Sustainability of change, uncertainty is affecting morale.
- *Transparency*
- Corporate knowledge should be used in forward planning.



ACT Health All Staff Forum Consultation Session – ACT Health/Nous Group

Attendees:

Robert Griew – Nous Group

Catherina O'Leary – Director Transition Office

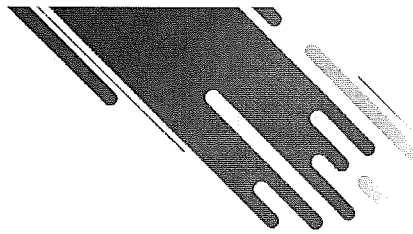
Ben McDonald – Transition Office, Secretariat

Canberra Hospital Forum – 63 ACT Health Staff

Bowes Street Forum – 109 ACT Health Staff

General Discussion:

- Unclear lines between strategy and policy to service delivery.
- Concerns that Health Protection Services (HPS) may fall into the ministry rather than the health service. HPS currently perform functions that could be considered to fall into both the ministry and the health service.
- Territory-wide service delivery model—how does it fit within the report?
- The health directorate as it currently functions as one organisation is so invested in ad hoc issues that arise that the daily service delivery is lacking the attention it requires to function effectively.
- What assurance is there of stability on the new structure?
- Policies eg. Models of Care and Clinical Governance—have been developed only by the corporate function of the directorate without any consultation with on the ground staff or consideration of implementation or practicality of the policy.
- Consultation across all levels is required in policy development. Inclusive consultation through the planning period, not only consultation of a finished policy.
- Staffing allocations need to be considered— review shortages and increase recruitment in struggling areas.
- The name 'Canberra and Region Health Services' needs to be reconsidered. It implies that the health service has the capacity to care for the surrounding region, which we are not resourced to do.
- Recruitment
 - o Recruitment approvals should remain within each department to ensure efficiency of approvals.
 - o Will recruitment be available within both new organisations?
- Containing recruitment until Nov 30 is impacting the current workforce. *Confirmed that all clinical recruitment is processing as normal, all other permanent or temporary recruitment post Nov 30 is being assessed by the transition team to avoid further disruption at the time of transition.
- Clarity over what exactly will take place on October 1 is needed.
- Cost
 - o Consider ongoing costs of the restructure. Eg. Branding, duplication of roles.

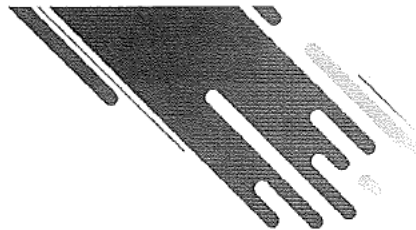


Functions:

- Work matching
 - o Eg. NGO contracts being managed by areas and staff who understand the services the NGO is providing.
- Clinical records— will legal officers have access to clinical records if their function remains in the ministry? Is there legislation that should be considered about information sharing/access to clinical information?
- Stability
 - o Committing to the new structure

Capabilities:

- Data
 - o Data reporting and access is inconsistent. Data is not available to some of those who require access. Policies needs to be developed to ensure accurate and effective data capturing and management.
- Consider placing clinical leads at the hospital developing policy functions and clinical operational leads in the health service. Operational leads may report to both the clinical leads in the ministry and the CE of the health service.
- Clinical quality and safety needs to be assured.
- How will shared services support a 24/7 workforce. Need to ensure the service levels provided are fit for purpose
- Governance
 - o Ensuring clinical business planning alignment with strategic plans and governance.
 - o Whole of system health planning roles.
 - o Linking issues that occur within each organisation (shared solutions)
 - o Escalation and horizontal governance
 - o Opportunity for efficiencies in purchasing decisions.
 - LHN Board Structure – potential to create a mid-level board to ensure cross-organisation efficiencies and opportunities
 - o Clear roles and responsibilities
- Health and safety
- Common strategic goals
- Right staff in the right roles at the right location
- Scoping of works and roles
- Strategy for moving people.



Medical Associations & Unions Consultation Session – ACT Health/Nous Group

Attendees:

Robert Griew – Nous Group

Catherina O'Leary – ACT Health Director Transition Office

Ben McDonald – ACT Health Transition Office, Secretariat

██████████ – Visiting Medical Officers Association

██████████ – Australian Salaried Medical Officers Federation

██████████ – Australian Nursing & Midwifery Federation-ACT Branch

██████████ – Australian Medical Association

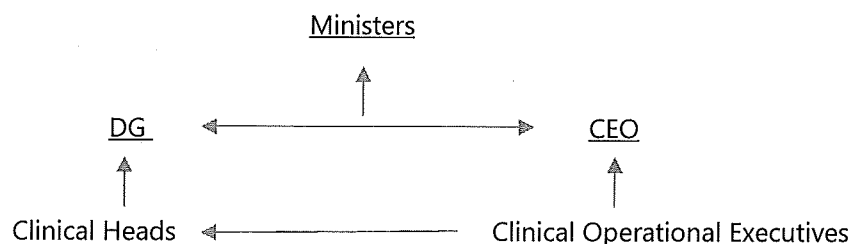
General Discussion:

- Key Concerns
 - o Culture
 - o Competency
 - Executive competency and turnaround— some clinical areas have long serving executives whereas others have only had acting executives and the roles have never been filled on a permanent basis. There appears to be a high proportion of people in acting roles.
 - Current accountability lines of the executive should be considered to ensure decision making occurs at the appropriate level.
 - o Staff turnover
 - Addressing areas with high levels of staff turnover should be considered.
 - Eg. Allied health turn over 33% or 1200 employees within the ACT each year.
 - Investigating why this turnover is occurring should be considered—workforce culture?
 - o What is the Role of the Chief Nurse and Chief Allied Health Officer in the new organisations? How to ensure they are focused on practice rather than operational matters
 - o Potential absence of clinical staff in the ministry
 - o Ensuring clear roles and responsibilities
 - o Concerns that there will be an increased administrative burden, especially with respect to policy functions
 - o Clinical decisions being overruled by administrative managers – a practice to be avoided

Functions:

- Ensuring change fatigue does not affect the workforce.
- Delegation of decision making.
- Retaining decision making at high organisational levels affects the efficiency of the workforce. Lowering some decision making authority will result in more efficient and practical work.

- Under the current model the ministry operates too many functions that should be operating within the health service. The health service should be independent in performing its functions and the ministry should only act as a support function for the health service.
- Need to ensure the size of the organisation is sufficient to manage demand; will waiting times be improved by the split?
- Clinical heads should sit within the ministry performing policy functions and clinical operational roles should be developed and sit within the health service. Concern that the dual reporting to Ministers may create issues.



Capabilities:

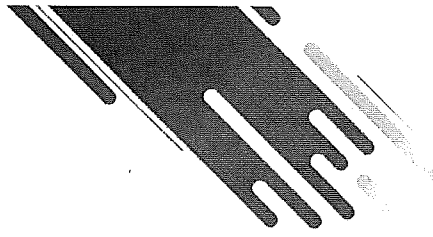
- ACT Health currently not only supports the citizens of the ACT but many from interstate. Consideration should be given to future capacity and capability of the health service. Updating infrastructure is the only way to sustain growth in Canberra and the surrounding regions that use the health service.
- Need to ensure that resources are shifted to where they are needed and that the flow of cash is directed to the right place
- Non-clinical staff are being appointed to clinical administrative roles due to lack of efficient recruitment.
- Innovation
 - o Need to slow down the number of innovation projects and focus on the basics
 - o Attention should be in using the current systems effectively and correctly rather than implementing new systems due to the lack of workforce capability.
- Senior clinical ranks – need to make stability a priority; make it feasible for people to perform their roles by giving them the authority, skills and resources to do so. Need to vest authority in EDs and ensure there is a clear understanding of the core business and the ED role in driving culture change.

Attendees:

Ben McDonald – ACT Health Transition Office, Secretariat

[REDACTED] - ACTCOSS, [REDACTED]

- Use and consideration of corporate knowledge and experience should be incorporated within planning mechanisms.
- Individual attention to each NGO should be considered due to the different functions each organisation provides. A management, rather than a partnership culture between NGO's and the directorate has existed and has affected working outcomes.
- Need to further segment the NGO sector and develop tailored and targeted communication to ensure best outcomes.
- The Minister for Health & Wellbeing does not have an active advisory committee that consists of any NGO members. An advisory committee to the Minister, Directorate and Health Service/s should be considered.

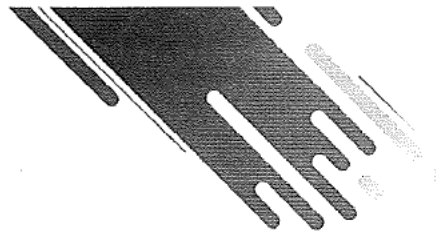


Functions:

- Directorate needs to direct attention to stewardship with the NGO's.
- Contract Management
 - o Inconsistent & unclear
 - o Several NGO's are unclear as to who to contact for contract matters.
 - o Previously, the divisions with PSR who related to the NGO's services managed the contract. This function was clear and transparent.
 - o No reporting guidelines or SOP exist. Unclear when or to who reports are due.
 - o Total lack of official correspondence.
- Over 24 months four NGO & Directorate meetings have taken place where commitments were made but never delivered, nor did any further communication take place.

Capabilities:

- Efficient and quicker decision making
 - o Decisions made by those at the source and on the ground but also held to account for that responsibility.
- Consistency of health care delivery across the territory, commitment to tertiary hospitals.
- Cooperation and collaboration.



Medical Colleges Consultation Session – ACT Health/Nous Group

Attendees:

Robert Griew – Nous Group

Catherina O'Leary – ACT Health Director Transition Office

Ben McDonald – ACT Health Transition Office, Secretariat

██████████ – ACT College of Psychiatrists, ACT Branch Staff Specialist Psychiatrist

██████████ – Royal Australian College of Surgeons, ACT Manager

General Discussion:

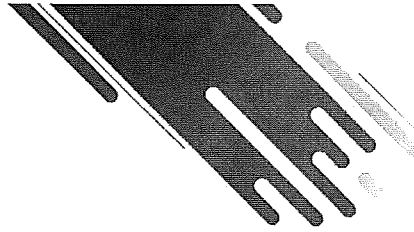
- What were the reasons the split was decided?
 - o The directorate and the community has grown
 - o The national health standards endorse health services should be run as two separate organisations.
- As mental health move further away from public services and towards NGO's it is important there are clear lines of communication between the two and good working relationships are developed.
- Decision making mechanisms
 - o Related workforce colleges could be consulted on planning and policy implementation.
 - o The affected on the ground work force should also be consulted.
 - o Some decision making authority should be vested in the front line service staff.
- Currently experience a slow response to recommendations made by colleges and other such organisations.

Functions:

- How will the restructure address or fix the other fundamental issues within the organisation?
 - o An effective working relationship between the two organisations needs to be developed and maintained.
- Statement of intent was signed between ACT Health and the Royal College of Surgeons to tackle bullying, sexual harassment and negative workforce culture.
- ACT Health Clinical Culture Committee disestablished?

Capabilities:

- Office of Mental Health
 - o A concern is the expansion of mental health services in the territory without the workforce capabilities to back it up.



- Role allocation and sizing.
 - o Ensuring roles are allocated and sized according to the needs of the area while considering the capabilities of the candidates for the position.
 - o Right job, right person, right place.
 - o Staff that are required to act within policy and perform functions in the ministry should not have to manage operational functions eg. Rostering.

Trevillian, Sarah (Health)

From: Robert Griew <[REDACTED]@nousgroup.com.au>
Sent: Saturday, 21 July 2018 10:07 PM
To: OLeary, Catherina (Health); McDonald, Ben (Health)
Subject: Medical Associations Unions - ACT Health Nous Consultation Session
Attachments: Medical Associations Unions - ACT Health Nous Consultation Session.docx

Hi there

Just working on doc.

One pick up: I think [REDACTED] in this group was CPSU (representing both clerks and allied health) And [REDACTED] was AMA/ASMOF

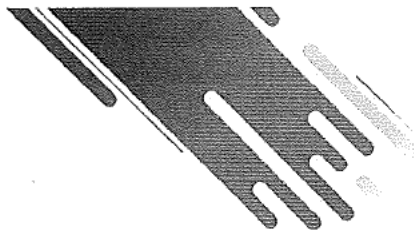
Cheers

Robert

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Medical Associations & Unions Consultation Session – ACT Health/Nous Group

Attendees:

Robert Griew – Nous Group

Catherina O'Leary – ACT Health Director Transition Office

Ben McDonald – ACT Health Transition Office, Secretariat

██████████ – Visiting Medical Officers Association

██████████ – Australian Salaried Medical Officers Federation

██████████ – Australian Nursing & Midwifery Federation-ACT Branch

██████████ – Australian Medical Association

General Discussion:

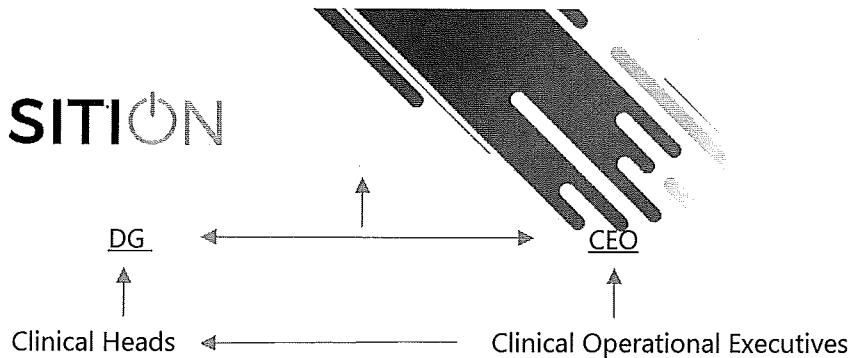
- Key Concerns
 - o Culture
 - o What is the Role of the Chief Nurse and Chief Allied Health Officer in the new organisations? How to ensure they are focused on practice rather than operational matters
 - o Potential absence of clinical staff in the ministry
 - o Ensuring clear roles and responsibilities
 - o Concerns that there will an increased administrative burden, especially with respect to policy functions
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Ministers

TRANSITION



Capabilities:

- ACT Health currently not only supports the citizens of the ACT but many from interstate. Consideration should be given to future capacity and capability of the health service. Updating infrastructure is the only way to sustain growth in Canberra and the surrounding regions that use the health service.
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Trevillian, Sarah (Health)

From: Robert Griew <[REDACTED]@nousgroup.com.au>
Sent: Monday, 23 July 2018 12:06 AM
To: OLeary, Catherina (Health); McDonald, Ben (Health); De'Ath, Michael (Health)
Cc: [REDACTED]
Subject: 180721 Feedback related to governance and transition - ACT Health
Attachments: 180721 Feedback related to governance and transition - ACT Health.docx

Hi all

I have written up my account of consultation feedback. I have based it off your notes Ben and also from notes I made for myself after each day.

Next:

- Welcome your feedback. You will notice I have marked this draft and confidential.
- I have put in a comment box on the universities. You will remember we couldn't get them and I thought you were going to get another time.
- Others: Paul Kelly will call me. I am due to meet with Julie Tong. Others who missed meetings, you will get to email us comments on our three questions?
- Once I have your feedback on this I will turn it into an Attachment to my Report and make some consequential changes to my Interim Report.

One last note. I got a message via Vanessa in your office Michael, that Leanne Power was hoping I would include some more material for selection / appointment documentation for the D-G and CE jobs, including for example draft KPIs for each. Just so you know, I asked Vanessa to let Leanne know that I am happy to see if anything I have already included changes and think a bit about what sort of things each might be accountable for.

Drafting KPIs would be a very interesting exercise and I would be fascinated to help but... I have done this before both as a D-G and as a consultant and it is a whole project on its own. You have to look at policy expectations, current state performance, other jurisdictions performance, best practice evidence, technical measurement questions and then you have to talk to some people. Great geeky work for geeks like me:) But, depending how you read the question, a bit beyond this project. I am conscious this is second hand and I haven't spoken to Leanne, so I may be responding to a misunderstanding.

Think that is it for now.

Hope you all had lovely weekends.

Warm regards

Robert

Robert Griew

Nous Group | Principal

d: + 61 2 6201 9010 | **m:** [REDACTED] | **w:** www.nousgroup.com | [View Robert's profile](#)

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Feedback from consultations with ACT Health staff and stakeholders

Who we consulted

- Senior leaders in clinical, policy and administrative streams
- Two large staff fora, including Health Directorate and Hospital and Health Services staff
- Staff unions
- Medical colleges
- Representatives of the non-government sector, including service providers, advocacy and peak bodies from within the health sector and across other sectors.

Commented [RG1]: Phone calls outstanding: Professor Paul Kelly, Chief Health Officer and whoever was due to come from the university sector but was the only one, so we cancelled the meeting. We should at least have me talk to this person.

1. General comment on decision to separate:

In several of the consultations there was some initial questioning of the rationale for the separation of a strategy and stewardship role for the Health Directorate from a government owned health services provider organisation. In all the consultations, though probably not for all individuals within them, this dissipated with some discussion.

The Interim paper explained the change in terms of the increase in size and complexity of the ACT Health system and the fact that all other jurisdictions have some form of an operational / system steward split. By itself, this did not convince people in the consultations. However, when they reflected on their own analysis of problems ACT Health has been confronting most could see a case for the change. IE most could see how, properly implemented, a separation of the Directorate from a Health Service could address their concern.

This suggests that it is important in dealings (especially with staff) to explain more concretely the gains from focussed attention on the two roles. Examples of the current challenges raised include the following. It is worth noting, this was not in answer to question being asked. People volunteered their own critique and analysis of current performance.

- The CEO, plus Executive Group, responsible for the Health Service function needs to have direct responsibility for a range of corporate elements essential to running health services. Examples of services they do not currently have sufficiently within their services include quality and safety, clinical governance, core facility services (such as sterilisation services), the components of HR & Finance services core to service operations.
- The policy, strategy, commissioning function, especially a whole of government and whole of Territory Health perspective has not, in the view of several people we consulted, been functioning optimally. Staff and managers who should be focussing on this have been overly drawn into issues in one part of the publicly owned health service, the Hospital. National priorities, such as participation in AHMAC committees, needs more focussed intellectual concentration.
- Participants could see a significant gain in a stronger focus on whole of government issues, including for example dealing with the "social determinants of health" in collaboration with the Education & Housing Directorates or with all the other agencies engaged in key cross cutting areas, such as children at risk.
- Several people criticised what they believe has been an ineffective accretion of functions, resources and senior positions to the centre, not always matched by either the sophistication or stability of staff in those areas to provide a stable and clear direction for the system, especially operational areas.

Participants also raised a number of specific questions about the general question of the change. These included the following.

- The Board question: There was general agreement that it is not realistic to have Boards in small jurisdiction. Nonetheless, this potentially denies the ACT the benefit of a patient, community and advocacy voice in health governance. There was discussion of options across the consultations. Models for consumer, community and advocacy voice could include:
 - o Some form of community advisory committee for the new health service;
 - o Some form of community advisory committee for the ACT Health system as a whole; or
 - o A quasi-governance mechanism, with senior whole of government members (eg DDGs from Treasury or Community Services, as well as community members).
- My advice on these options would be that the two organisations already sit within a defined public sector governance framework so a shadow Board with other senior public servants on it could be quite problematic. It is also hard to see how a community advisory body specifically for the Health Service organisation does not end up as a quasi-Board, at least in the public eye.
- There could, however, be some significant gain from a forum, probably convened by the Director-General of the Directorate, with CEOs from health service providers (including the new public one) meeting with community, advocacy and patient representatives.
- There is also a related, important point in this area, which is to acknowledge, better than the two-page summary of my Interim Report did, the diversity of roles of NGOs, including clinical service provision, advocacy (both as a service for individuals and on a systemic level) and as peak voices for particular sectors. The NGO sector is not reducible to service provision.
- Role of private sector – the recent tensions and a history of variable relationship with the Little Company of Mary came up in different ways in different fora. There was confusion on the part of some staff as to why other sector health services are not included in the new Health Service provider, especially given some services provided by LCM and NGOs are designated public services. More experienced staff and all outside the public sector understood the issue.
- There is, however, an underlying concern, that there is a strong need for improved relationship, coordination across sectors. The point was made that the most cost-effective solutions and best patient journeys are often across the public-private divide and are currently lost due to poor relationship.
- So, while people understand the separation of publicly owned from other service providers in the establishment of the new Health Service provider organisation, There are two imperatives. One is on the Health Directorate, to ensure effective resource allocation and coordination across the system as a whole. The other is on the Health Service organisation, to work as a model citizen and foster cooperation and patient centred decision making across services. There was also significant discussion and endorsement of the importance of senior clinical staff in the new health service provider participating in this process.
- The name of the new publicly owned health service: No one supported the inclusion of the term "Region" in the name. This is because people are very worried about setting up some expectation that the ACT health system can guarantee, or is responsible, for what happens in Southern NSW. The most interesting conversation provoked was a group of senior clinical leaders asking if it could be possible for the ACT Government to open a dialogue with the NSW Government regarding better collaboration and common policies and protocols across the common catchment area.
- Notwithstanding this, the weight of opinion is toward either keeping the Canberra Hospital and Health Service name or some slight revision, perhaps to acknowledge more centrally the importance of community health. There are some who feel the Hospital and Health Service

name implies invisibility for community health. It is likely it is not just the name that evokes this reaction but wider historical issues.

- *The Commissioning role:* All who raised it agreed that funding should flow to the Health Service through the ministry function and that there should be a strong and high functioning commissioning function to run this aspect of the relationship with all service providers – public, private and NGO.
- This will require entirely new level of skill and different approach in the Health Directorate. From different perspectives, stakeholders wanted to be assured that the commissioning role cannot just be a “crude purchaser-provider” function. Sophisticated, health evidenced, analytics are required, as well as top level relational capability.
- There is concern from the NGOs and policy staff that policy areas, who have traditionally been the go-to and anchor for sectoral organisations, not being side-lined in the new organisational structure. Success will look like a three-way relationship, between service providers, with both the relevant policy areas and the commissioning part of the new Directorate.
- To distinguish the commissioning relationships from the policy input and advising relationships, the second diagram in the two-page discussion starter paper used a solid line to denote the commissioning relationships and a dotted line to denote the advisory ones. NGOs accepted the distinction but were keen to make the point that the two kinds of relationship are equally important. I will make the lines different, solid colours in the final version.
- *Relationship with Government:* There was frank conversation about the need to be clear who is the policy advising voice to government, ie to avoid both the Health Service organisation and the Health Directorate providing competing advice to ministers. In general people (on both sides of the intended split) were comfortable with the formula outlined in the Interim Report, ie that advice from the Health Service organisation will be information and analysis, largely related to performance; and that advice from the Health Directorate will include policy advice.
- Staff and managers pointed out how government can assist in keeping this arrangement workable, by directing service questions through the Health Directorate and policy questions to the Health Directorate. There was support for some Protocol, agreement or other codification of such an arrangement.
- As one senior clinical manager put it, “It is operational performance that will get all of the scrutiny and questions potentially flowing to the CEOs office but the resources to answer those questions will be sitting with the DGs office, probably rightly.”

2. Functional separation issues:

Notwithstanding the support for the overall direction, stakeholders raised several questions regarding the alignment of specific functions and the complexity of separating others. Some of these questions flow out of dissatisfactions with current arrangements. Some look forward to the inevitable choice points that confront implementation.

The following points were raised. I should note that I am not in a position to judge if all the points are accurate, but they are recorded because of the strength with which views were put.

- Some functions are in the wrong place:
 - o Facilities and services – there are a whole series of services that need to move as soon as possible. Examples cited include management of sterilising resources, linen, food services, security, cleaning.

- Clinical governance and quality management in the government health services, which needs to be run by clinicians in those services, albeit reporting progress to a Health Directorate overview function.
- Some functions are underdeveloped:
 - One of the functions that has not worked as well as it could (possibly because the relevant officers are distracted in the operational) is bringing together education, research and the evidence focus needed for contemporary health policy making.
- Some functions have been overdone:
 - There was quite strong criticism that there has been significant investment in system innovation, from which those who commented had not seen sufficient return on investment. Participants acknowledged that a high degree of staff turnover and organisational change had not been conducive to this endeavour.
- Some functions are unhelpfully intertwined:
 - Chief (medical, nursing and allied health) roles are currently mixed with administrative operational leads in the Hospital. This is unusual when compared to other jurisdictions and puts unrealistic pressure on individuals to operate in intense day to day operational pressure environments while simultaneously providing leadership on a higher strategic level. These roles need to be separated.

The dimension of functional alignment that is causing the most anxiety (and which, therefore, caused the most discussion, was the degree of difficulty in separating interrelated functions for the two new organisations. There are a few, subtly different, cases here.

- *Corporate functions:*
- Plenty of participants complain that the current integrated "corporate" service units are often caught a bit between functions, without necessarily having the capabilities to serve either operational or strategic roles properly.
- They make the point that teams that have the same name in the corporate office and in a clinical service setting serve different purposes. e.g. Finance in the Directorate is about funding, projection modelling, broad allocation of resources to service providers. Finance in a Health Service is about running the business and managing the predictable horizon, in terms of demand and driving ongoing operational efficiencies.
- Nonetheless, they are worried about increased non-clinical cost, if efficiencies of scale are lost in creating fit for purpose finance, HR, IT, comms and data functions in both new organisations. People are also concerned at the number and capability of corporate staff to divide and assign to new and more distinct roles.
- Other areas captured in this category include:
 - Strategic data vs Operational data
 - Strategic HR and workforce planning vs operational HR and workforce planning
 - Internal communications
- IT services is similar but was singled out by some because they feel significant investment in service improvement is starting to show results. "This is an area of service delivery that has improved over the past two years."
- Similarly, people identified a centralised data holding is an end goal, using operational source data but interrogated from both operational and strategic exerts.
- In both, the message is to embed clinical leaders and managers in design, development and project governance, while also building for whole of system functionality. The strategic functions belong to the Health Directorate but success requires embedding much of the development work in the service delivery world. Staff there who can ensure systems actually work and, therefore, that data and other raw material for health Directorate analysis and strategy is robust. informed by its leading practitioners and service managers.

- There are serious implementation issues here. ACT Health needs to avoid “leading anyone on” that structural change will be enough. Capability issues will need to be addressed and change planned carefully to avoid any interim loss of support to either front line or strategic functions.
- Policy, strategy and planning functions:
- The key point here was that the functions that form a core responsibility of the Health Directorate need to become more effective. There are a number of prerequisites:
 - o Replacing lost health system expertise in those core functions
 - o Developing clever ways of drawing in expertise from the Health Service organisation, other health service providers, research sector expertise and advocacy voices. This could involve secondments, chairing and advising of fixed term policy processes, and (for bigger exercises) governance across all sectors convened by the Health Directorate.
 - o Developing planning processes that are at once sophisticated in dealing with inherently complex problems and simple enough to allow coordination of operational planning in the Health Service organisation and longer-term strategic planning for the whole health system in the Health Directorate.
 - o This last point is not to preference the government health service provider sector but rather an acknowledgment that they are such a strong part of the health system overall that system wide health strategies and plans will not work if they are not coordinated with them.
- A strong point was made that there have been a number of policy and planning processes over the last years that have not delivered or have taken too long. A strong point was made that fixed timeframes supported by finite commitments from clinical, public health and research sector leaders could be much more efficient than the current practice.
- Two last questions re function:
 - o People pointed out that health protection and other public health functions involve direct service delivery, including regulation and management of emergencies with public health implications. They were keen to know whether this meant public health functions would be moving to the Health Service organisation.
 - o When we informed them that this is not the plan, the point was made that the papers tend to refer to “clinical services” and “services” interchangeably, whereas health services also include non-clinical services, such as public health provides. The advice here is to be more rigorous in describing clinical services as clinical services, not unintentionally excluding non-clinical services.
 - o There was also some questioning of the eventual placement of health promotion and preventive health inside the Health Directorate, once public health's place there was answered. Will preventive health sit in the same structure within the Directorate as health protection? This was acknowledged and deferred, as a structural issue.
 - o There was also some question re the relative role of the Office for Mental Health and mental health policy work conducted in the Health Directorate. This was acknowledged and deferred, as a structural issue.

3. Capability issues:

As outlined already, there was a lot of questioning of current state capability in ACT Health in the consultations. When these were discussed further, in light of the separation of ACT Health into the Directorate and the Health Service organisations, two key points emerged repeatedly.

- Restructure will not fix capability problems. As each area was talked through, participants in each discussion could generally describe how the separation of the new functions would allow for better capability definition. However, recruiting or reskilling staff with skills to do the new roles is a subsequent and separate exercise.
- Participants view the current state to be weak in many areas. They were careful not to blame staff in those areas or individual managers. The general view is that there has been a period of high turnover and structural change that has contributed to a loss of people with subject matter knowledge.
- They are, however, very concerned that this needs to be understood because the capability gain needed to deliver against the new, in some ways more ambitious, arrangement will be larger than might be expected.

Areas that participants stated were not operating fully effectively prior to the separation decision included the following: data and analysis, human resources, finance, business planning – all both at an operational and strategic level. Again, it is worth emphasising that I am not in a position to validate these perceptions.

Relational ability, especially in managing relationships with non-government sector organisations and the universities, was also raised. This will be a key component of the new commissioning function in the Health Directorate to work, not as a “crude purchaser” but as a sophisticated commissioning agent.

Challenges with executive leadership, planning for and executing major change management and leading a culture of accountability were also raised by several participants in consultations. Again, this was significantly tagged to staff turnover and structural churn, rather than commenting on the inherent ability of individuals.

In the consultations with senior Health Directorate staff we did notice a culture of senior managers feeling that processes, demands, change were things they experienced being done to them, not part of their individual and collective responsibility to lead. Attention to change leadership will be a key capability question to execute this reform.

4. Timing and implementation:

As noted above, consultation fora raised serious implementation challenges in both the near and medium term.

It is important to define what success on 1 October looks like. Presumably it might include:

- Clear functional definitions and role descriptions
- Structures for both organisations
- Staff knowing where their job will be located within the new structures
- New structural units having a clear understanding of how their tasks will differ from past tasking
- Visible movement toward senior recruitment
- Establishment of governance structures
- A vision of further change processes which will be ongoing

All of this will have been done via as visible and consultative a process as possible. If individual staff placements cannot be settled before then, clear communication and pastoral care will obviously be required. All of this was clearly high on the priority list of many staff who came to consultation fora.

It is equally important to define what cannot be achieved by 1 October, but which is, nonetheless, mission critical. Presumably this might include:

- Explicit capability and process design projects around headline needs such as commissioning, data and analytics, development of corporate functions in the two organisations, governance structures
- Explicit work to improve and further redefine relationships across the entire health sector in the ACT to improve coordination and ensure other sectors are not confused by changes such as the development of a new and more sophisticated commissioning function.
- Ready admission of the continuing work that is needed, so that ACT Health and the ACT Government does not open itself up to criticism for not achieving outcomes by 1 October that were not by then achievable.

A particular concern that came up was that NGO funding contracts are due to be renewed on 1 July 2019, with a mandatory 6 months' notice of changes. Apparently, some processes have been suspended while the structural reform of ACT Health is underway.

This could leave very little or no time to consider and negotiate changes. Some forward thought is needed on handling issues such as this, for the Directorate and Government not to be criticised for not having foreseen the issue.

Similar issues were raised regarding other procurements, eg by some corporate service areas.

ACT Health cannot stop business as usual while it recreates itself. The consultations suggested that many staff and middle and senior managers are very anxious about this. This underlines the importance of high order change management and leadership capability.

This will include both strong internal and external communications, integrally connected to the change management operation. Change management of this magnitude will require its own governance that engages all requisite partners for planning, execution, messaging, and troubleshooting are all working in continuous synchrony.

Trevillian, Sarah (Health)

From: Robert Griew <[REDACTED]@nousgroup.com.au>
Sent: Monday, 30 July 2018 4:38 PM
To: O'Leary, Catherina (Health); McDonald, Ben (Health); De'Ath, Michael (Health)
Cc: [REDACTED]
Subject: RE: 180721 Feedback related to governance and transition - ACT Health

G'day Catherina

Any further from our putative correspondents?

I've made a start and, conscious of your timelines, am tempted to finalise the report tonight, at least to the point of sending you an advanced pre-final draft.

Cheers

Robert

Robert Griew
Nous Group | Principal
d: + 61 2 6201 9010 | **m:** [REDACTED] | **w:** www.nousgroup.com

From: O'Leary, Catherina (Health) <Catherina.O'Leary@act.gov.au>
Sent: Wednesday, 25 July 2018 6:41 PM
To: Robert Griew <[REDACTED]@nousgroup.com.au>; McDonald, Ben (Health) <Ben.McDonald@act.gov.au>; De'Ath, Michael (Health) <Michael.De'Ath@act.gov.au>
Cc: [REDACTED]@nousgroup.com.au
Subject: RE: 180721 Feedback related to governance and transition - ACT Health

Hi Robert

Thanks for this – we are currently writing to those that were unable to attend to offer them an opportunity to email in their feedback to me (or meet with me if they prefer). Ben will provide you with the contact details of the university sector person we had to shift so you can call them directly. It won't meet your timeframes, but it will be informative anyway.

I am comfortable with the commentary, noting that these are in the main opinions rather than hard evidence (but of course that is what consultation is) and it gives us some areas to consider further and conduct some deeper analysis. The way the money flows, ensuring that there is a 'level playing field' between the Hospital and other LHN providers was a big concern for many and the issue of how we ensure a balance between oversight and interference was something that seemed to crop up a lot. As you pointed out, a number of people didn't think the split would resolve the issue of conflicting advice to the ministers without clarity about who was doing what and ensuring that this was clearly understood and implemented at all levels. A key area that many struggled with was how we would manage the 'grey' areas that did not fall neatly in either organisation, in particular the way the organisations would interface over things like systems, strategies and relationship management; and the issue of whether to duplicate or not duplicate functions.

It would be good if you could make reference at the end of the summary that there are change management plans in place and being implemented by the Transition Office, these plans will be further informed by the feedback received through this consultation process (just to be clear that it is not actually an afterthought but part of the plan).

Will you provide the full report here first for comment before it goes to CMTEDD?

Regards

Catherina

From: Robert Griew [mailto:██████████@nousgroup.com.au]
Sent: Tuesday, 24 July 2018 2:02 PM
To: O'Leary, Catherina (Health) <Catherina.O'Leary@act.gov.au>; McDonald, Ben (Health) <Ben.McDonald@act.gov.au>; De'Ath, Michael (Health) <Michael.De'Ath@act.gov.au>
Cc: ██████████@nousgroup.com.au
Subject: RE: 180721 Feedback related to governance and transition - ACT Health

G'day all

Just to let you know I have spoken to Paul Kelly, who raised a couple of really good points, and will to Julie Tongs this afternoon.

Do you have any comments on write up so far? Guess we will expose next draft ehn to CM Directorate?

I will then move to finish it off, subject to question about university sector, and then to adjust Interim to Final Report.

Cheers

Robert

Robert Griew

Nous Group | Principal

d: + 61 2 6201 9010 | **m:** ██████████ | **w:** www.nousgroup.com

From: Robert Griew
Sent: Monday, 23 July 2018 12:06 AM
To: 'O'Leary, Catherina (Health)' <Catherina.O'Leary@act.gov.au>; McDonald, Ben (Health) <Ben.McDonald@act.gov.au>; 'De'Ath, Michael (Health)' <Michael.De'Ath@act.gov.au>
Cc: ██████████@nousgroup.com.au
Subject: 180721 Feedback related to governance and transition - ACT Health

Hi all

I have written up my account of consultation feedback. I have based it off your notes Ben and also from notes I made for myself after each day.

Next:

- Welcome your feedback. You will notice I have marked this draft and confidential.
- I have put in a comment box on the universities. You will remember we couldn't get them and I thought you were going to get another time.
- Others: Paul Kelly will call me. I am due to meet with Julie Tong. Others who missed meetings, you will get to email us comments on our three questions?
- Once I have your feedback on this I will turn it into an Attachment to my Report and make some consequential changes to my Interim Report.

One last note. I got a message via Vanessa in your office Michael, that Leanne Power was hoping I would include some more material for selection / appointment documentation for the D-G and CE jobs, including for example draft KPIs for each. Just so you know, I asked Vanessa to let Leanne know that I am happy to see if anything I have already included changes and think a bit about what sort of things each might be accountable for.

Drafting KPIs would be a very interesting exercise and I would be fascinated to help but... I have done this before both as a D-G and as a consultant and it is a whole project on its own. You have to look at policy expectations, current state performance, other jurisdictions performance, best practice evidence, technical measurement questions and then you have to talk to some people. Great geeky work for geeks like me:) But, depending how you read the question, a bit beyond this project. I am conscious this is second hand and I haven't spoken to Leanne, so I may be responding to a misunderstanding.

Think that is it for now.

Hope you all had lovely weekends.

Warm regards

Robert

Robert Griew

Nous Group | Principal

d: + 61 2 6201 9010 | **m:** [REDACTED] | **w:** www.nousgroup.com | [View Robert's profile](#)

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Dal Molin, Vanessa (Health)

From: De'Ath, Michael (Health)
Sent: Tuesday, 31 July 2018 10:03 PM
To: Robert Griew
Cc: OLeary, Catherina (Health); [REDACTED] Dal Molin, Vanessa (Health)
Subject: Re: 180731 Report - New health governance arrangements for the ACT

Thanks Robert. Will read through as I'm travelling tomorrow.

Michael De'Ath

On 31 Jul 2018, at 9:56 pm, [REDACTED]@nousgroup.com.au> wrote:

Hi there

Attached is near to final draft of whole report.

Can I get your comments, then I plan to share still as draft with Kathy Leigh and Leanne Power.

Thanks

Robert

Robert Griew

Nous Group | Principal

d: + 61 2 6201 9010 | **m:** [REDACTED] | **w:** www.nousgroup.com

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<180731 Report - New health governance arrangements for the ACT.pdf>

Stevenson, Nicole (Health)

From: [REDACTED]@nousgroup.com.au>
Sent: Tuesday, 31 July 2018 10:03 PM
To: De'Ath, Michael (Health); OLeary, Catherina (Health)
Cc: [REDACTED]
Subject: RE: 180731 Report - New health governance arrangements for the ACT

PS – You mentioned the other day that you thought I have been given the PWC report.
 I don't think I have. Or if I was I didn't keep hold of it, so it is not in our files.
 I have a good sense of what is in it from hearing you and Kathy refer to it.
 I mention this because Leanne asked me that specific question because there had been a query I think.
 Jut wanted to be complete.
 Cheers
 Robert

Robert Griew
Nous Group | Principal
d: + 61 2 6201 9010 | **m:** [REDACTED] | **w:** www.nousgroup.com

From: Robert Griew
Sent: Tuesday, 31 July 2018 9:57 PM
To: De'Ath, Michael (Health) <Michael.De'Ath@act.gov.au>; OLeary, Catherina (Health) <Catherina.O'Leary@act.gov.au>
Cc: [REDACTED]@nousgroup.com.au>
Subject: 180731 Report - New health governance arrangements for the ACT

Hi there
 Attached is near to final draft of whole report.
 Can I get your comments, then I plan to share still as draft with Kathy Leigh and Leanne Power.
 Thanks
 Robert

Robert Griew
Nous Group | Principal
d: + 61 2 6201 9010 | **m:** [REDACTED] | **w:** www.nousgroup.com

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Stevenson, Nicole (Health)

From: Robert Griew [REDACTED]@nousgroup.com.au>
Sent: Wednesday, 1 August 2018 11:17 AM
To: De'Ath, Michael (Health); Dal Molin, Vanessa (Health); Doran, Karen (Health); Bone, Chris (Health); McGregor, Leonie (Health); O'Leary, Catherina (Health)
Subject: RE: In strictest confidence: 180731 Report - New health governance arrangements for the ACT

Thanks Michael

I look forward to your feedback.

Cheers

Robert

Robert Griew
Nous Group | Principal
d: + 61 2 6201 9010 | **m:** [REDACTED] | **w:** www.nousgroup.com

From: De'Ath, Michael (Health) <Michael.De'Ath@act.gov.au>
Sent: Wednesday, 1 August 2018 10:19 AM
To: Robert Griew <[REDACTED]@nousgroup.com.au>; Dal Molin, Vanessa (Health) <Vanessa.DalMolin@act.gov.au>; Doran, Karen (Health) <Karen.Doran@act.gov.au>; Bone, Chris (Health) <Chris.Bone@act.gov.au>; McGregor, Leonie (Health) <Leonie.McGregor@act.gov.au>; O'Leary, Catherina (Health) <Catherina.O'Leary@act.gov.au>
Subject: In strictest confidence: 180731 Report - New health governance arrangements for the ACT

Thank you Robert. This reads very well.

I'm now opening up the audience for feedback, in confidence. Karen, Leonie and Chris, can you each have a detailed read and provide any feedback back to Vanessa and me in the first instance. We will collate and respond back to Robert. Please do not distribute further or discuss beyond these email recipients.

Vanessa, can you please also get a copy to Sam Engle. I don't have his email address. This will now assist him re the AAs work as discussed with him yesterday.

Thank you

Michael

Sent from my iPad

Begin forwarded message:

From: Robert Griew <[REDACTED]@nousgroup.com.au>
Date: 31 July 2018 at 9:56:32 pm AEST
To: "De'Ath, Michael (Health)" <Michael.De'Ath@act.gov.au>, "O'Leary, Catherina (Health)" <Catherina.O'Leary@act.gov.au>
Cc: [REDACTED]@nousgroup.com.au>
Subject: 180731 Report - New health governance arrangements for the ACT

Hi there

Attached is near to final draft of whole report.

Can I get your comments, then I plan to share still as draft with Kathy Leigh and Leanne Power.

Thanks

Robert

Robert Griew

Nous Group | Principal

d: + 61 2 6201 9010 | **m:** [REDACTED] | **w:** www.nousgroup.com

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Dal Molin, Vanessa (Health)

From: OLeary, Catherina (Health)
Sent: Thursday, 2 August 2018 11:58 AM
To: Engele, Sam
Cc: Dal Molin, Vanessa (Health)
Subject: FW: In strictest confidence: 180731 Report - New health governance arrangements for the ACT
Attachments: 180731 Report - New health governance arrangements for the ACT.pdf; ATT00001.htm

As discussed
 Catherina

From: De'Ath, Michael (Health)
Sent: Wednesday, 1 August 2018 10:19 AM
To: [REDACTED]@nousgroup.com.au; Dal Molin, Vanessa (Health) <Vanessa.DalMolin@act.gov.au>; Doran, Karen (Health) <Karen.Doran@act.gov.au>; Bone, Chris (Health) <Chris.Bone@act.gov.au>; McGregor, Leonie (Health) <Leonie.McGregor@act.gov.au>; OLeary, Catherina (Health) <Catherina.O'Leary@act.gov.au>
Subject: In strictest confidence: 180731 Report - New health governance arrangements for the ACT

Thank you Robert. This reads very well.

I'm now opening up the audience for feedback, in confidence. Karen, Leonie and Chris, can you each have a detailed read and provide any feedback back to Vanessa and me in the first instance. We will collate and respond back to Robert. Please do not distribute further or discuss beyond these email recipients.

Vanessa, can you please also get a copy to Sam Engle. I don't have his email address. This will now assist him re the AAs work as discussed with him yesterday.

Thank you

Michael

Sent from my iPad

Begin forwarded message:

From: Robert Griew <[REDACTED]@nousgroup.com.au>
Date: 31 July 2018 at 9:56:32 pm AEST
To: "De'Ath, Michael (Health)" <Michael.De'Ath@act.gov.au>, "OLEary, Catherina (Health)" <Catherina.O'Leary@act.gov.au>
Cc: [REDACTED]@nousgroup.com.au
Subject: 180731 Report - New health governance arrangements for the ACT

Hi there

Attached is near to final draft of whole report.

Can I get your comments, then I plan to share still as draft with Kathy Leigh and Leanne Power.

Thanks

Robert

Robert Griew

Nous Group | Principal

d: + 61 2 6201 9010 | **m:** [REDACTED] | **w:** www.nousgroup.com

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Dal Molin, Vanessa (Health)

From: Dal Molin, Vanessa (Health)
Sent: Thursday, 2 August 2018 5:47 PM
To: Doran, Karen (Health); McGregor, Leonie; Bone, Chris (Health) (Chris.Bone@act.gov.au)
Cc: OLeary, Catherina (Health)
Subject: FW: In strictest confidence: 180731 Report - New health governance arrangements for the ACT [DLM=For-Official-Use-Only]
Attachments: 180731 Report - New health governance arrangements for the ACT.pdf; ATT00001.htm

Hi all,

Just checking in to see whether you have any comment on the attached document. It would be appreciated if comments could be received by noon(ish) tomorrow, so that we can feed back to Robert before end of the day.

Many thanks

Vanessa

From: De'Ath, Michael (Health)
Sent: Wednesday, 1 August 2018 10:19 AM
To: [REDACTED]@nousgroup.com.au; Dal Molin, Vanessa (Health) <Vanessa.DalMolin@act.gov.au>; Doran, Karen (Health) <Karen.Doran@act.gov.au>; Bone, Chris (Health) <Chris.Bone@act.gov.au>; McGregor, Leonie (Health) <Leonie.McGregor@act.gov.au>; OLeary, Catherina (Health) <Catherina.O'Leary@act.gov.au>
Subject: In strictest confidence: 180731 Report - New health governance arrangements for the ACT

Thank you Robert. This reads very well.

I'm now opening up the audience for feedback, in confidence. Karen, Leonie and Chris, can you each have a detailed read and provide any feedback back to Vanessa and me in the first instance. We will collate and respond back to Robert. Please do not distribute further or discuss beyond these email recipients.

Vanessa, can you please also get a copy to Sam Engle. I don't have his email address. This will now assist him re the AAs work as discussed with him yesterday.

Thank you

Michael

Sent from my iPad

Begin forwarded message:

From: Robert Griew <[REDACTED]@nousgroup.com.au>
Date: 31 July 2018 at 9:56:32 pm AEST
To: "De'Ath, Michael (Health)" <Michael.De'Ath@act.gov.au>, "OLeary, Catherina (Health)"

<Catherina.O'Leary@act.gov.au>

Cc: [REDACTED]@nousgroup.com.au>

Subject: 180731 Report - New health governance arrangements for the ACT

Hi there

Attached is near to final draft of whole report.

Can I get your comments, then I plan to share still as draft with Kathy Leigh and Leanne Power.

Thanks

Robert

Robert Griew

Nous Group | Principal

d: + 61 2 6201 9010 | **m:** [REDACTED] | **w:** www.nousgroup.com

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Stevenson, Nicole (Health)

From: Dal Molin, Vanessa (Health)
Sent: Friday, 3 August 2018 12:37 PM
To: OLeary, Catherina (Health)
Cc: De'Ath, Michael (Health)
Subject: Robert Griew Report - Comments [DLM=For-Official-Use-Only]
Attachments: 180731 Report - New health governance arrangements for the ACT - with ACT Health comments.pdf; ACT Health Organisational Structure.pdf

Hi Cat,

Here are the comments I've received thus far on the Robert Griew report – they are included as 'sticky notes' on the document. Please let me know if you need me to show these to you.

Only person I haven't heard from is Leonie.

Happy to review in a different way if you would like.

I've also attached the current org structure that should be reflected in the report – there is a comment on this also.

Thanks
 Vanessa

Vanessa Dal Molin | Business Manager
 Office of the Director General, ACT Health
Ph: (02) 6207 9532 | **M** [REDACTED] | **Email:** vanessa.dalmolin@act.gov.au
health.act.gov.au

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Dal Molin, Vanessa (Health)

From: OLeary, Catherina (Health)
Sent: Friday, 3 August 2018 1:00 PM
To: Robert Griew
Cc: Dal Molin, Vanessa (Health)
Subject: feedback on report [DLM=For-Official-Use-Only]
Attachments: 180731 Report - New health governance arrangements for the ACT - with ACT Health comments.pdf; ACT Health Organisational Structure.pdf

Importance: High

Hi Robert

As discussed, attached are comments on the report for your consideration, taking into account feedback from the DG and DDGs. Vanessa has kindly added them as 'sticky notes' on the document. Also attached is the current org structure that should be reflected in the report – there is a comment on this also.

Please call me if you have any questions or concerns.

Regards
Catherina

Catherina O'Leary | Director Transition Office
 Office of the Director-General | **ACT Health**
 6 Bowes Street Woden
Ph 02 62075391 | **Mob** [REDACTED]
health.act.gov.au

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Trevillian, Sarah (Health)

From: Robert Griew <[REDACTED]@nousgroup.com.au>
Sent: Saturday, 4 August 2018 4:45 PM
To: Leigh, Kathy; Power, Leanne
Cc: De'Ath, Michael (Health); OLeary, Catherina (Health); [REDACTED]
Subject: FW: 180731 Report - New health governance arrangements for the ACT
Attachments: 180804 Report - New health governance arrangements for the ACT.pdf

Hi there

We finished the consultations phase that the Health Directorate took on, following my engagement with Chief Minister's to do the initial advice.

Attached is a draft report that picks up the consultation input and has had a critical eye over it from Michael and his Executive. I got the last of the Health folk's input yesterday so, when you have had a chance to review, I will finalise the report.

The consultations were very valuable both in terms of some terrific input, for eliciting in Health people's own terms the case for change and many of the key implementation questions to take into account, but also in shining a light on some of the change management challenges.

Michael will no doubt brief you. I am happy to provide a final verbal debrief as well.

I look forward to your comments.

Best regards

Robert

Robert Griew
 Nous Group | Principal
 d: + 61 2 6201 9010 | m: [REDACTED] | w: www.nousgroup.com | View Robert's profile
<http://www.nousgroup.com/people/robert-griew/>

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Stevenson, Nicole (Health)

From: Robert Griew <[REDACTED]@nousgroup.com.au>
Sent: Monday, 6 August 2018 10:00 PM
To: OLeary, Catherina (Health); De'Ath, Michael (Health)
Cc: [REDACTED]
Subject: RE: 180731 Report - New health governance arrangements for the ACT

Thanks Catherina

I'll put those in when I do last version, post any comment from CMD.

Best wishes

RG

Robert Griew

Nous Group | Principal

d: + 61 2 6201 9010 | **m:** [REDACTED] | **w:** www.nousgroup.com

From: OLeary, Catherina (Health) <Catherina.O'Leary@act.gov.au>
Sent: Monday, 6 August 2018 12:20 PM
To: Robert Griew <[REDACTED]@nousgroup.com.au>; De'Ath, Michael (Health) <Michael.De'Ath@act.gov.au>
Cc: [REDACTED]@nousgroup.com.au
Subject: RE: 180731 Report - New health governance arrangements for the ACT

Thanks Robert – the comments were in the marked up version, and you captured most of them, but missed one. It was on page 19 and suggested adding the following under the Directorate and/or DG's responsibilities:

- Administration of health legislation - provide policy advice to Ministers under Administrative Arrangement Orders and legislative arrangements.

We also suggested that references to s19 of the Act be amended to 's19 of the PSM Act'.

Thanks

Catherina

From: Robert Griew [mailto:[REDACTED]@nousgroup.com.au]
Sent: Saturday, 4 August 2018 4:29 PM
To: De'Ath, Michael (Health) <Michael.De'Ath@act.gov.au>
Cc: OLeary, Catherina (Health) <Catherina.O'Leary@act.gov.au>; [REDACTED]@nousgroup.com.au
Subject: 180731 Report - New health governance arrangements for the ACT

Hi Michael and Catherina

Attached is a revised version taking account of the comments from your Executive.

I hope I picked up your comments Catherina. I didn't find a flag in Vanessa's marked up version that reflected what I thought you mentioned. Please let me know if not.

Things of note:

- Bigger catchment population than I had previously been told.

- Chief Psychiatrist included in diagram
- QEII hospital explicitly included in diagram
- Some specific additions to functions in advice section

I will now also provide for comment to Kathy Leigh and Leanne Power.

Best regards

Robert

Robert Griew

Nous Group | Principal

d: + 61 2 6201 9010 | **m:** [REDACTED] | **w:** www.nousgroup.com | [View Robert's profile](#)

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Dal Molin, Vanessa (Health)

From: OLeary, Catherina (Health)
Sent: Tuesday, 7 August 2018 6:00 PM
To: Chicco, Dee (Health)
Cc: Dal Molin, Vanessa (Health); McDonnell, Sean (Health); De'Ath, Michael (Health)
Subject: RE: ACT health restructure consultation [SEC=UNCLASSIFIED]
Attachments: Hand Out - Robert Griew Consultations.pdf

Thanks Sean for your help.

Dee, could you please send the response below from Michael's email as agreed with Vanessa.

C

Dear [REDACTED]

Thank you for your email in relation to consultation on the restructure process.

The HSU was invited by the Transition Office to attend two consultation sessions. These invitations were sent to [REDACTED] on 6 July for a meeting on 28 July, and a follow up email on 26 July providing a further option of meeting with Catherina O'Leary at a mutually agreeable time. I understand now that the invitation should have been sent to you rather than Sarah and I apologise for that oversight. The offer of meeting, however did extend to both [REDACTED] and other HSU colleagues.

The meeting with the Health Union that occurred yesterday was in response to the offer of a follow-up meeting with Catherina.

Catherina has recently been experiencing technical issues with her telephone and apologises if this meant she missed your call. She does not have any record of other communication from the HSU in relation to these invitations.

ACT Health sees the ongoing consultation with all the unions as being important. You are most welcome to set up a meeting time with Catherina to discuss your feedback on the proposed governance model, including potential strengths and risks as per the original invitations. I also attach the discussion paper that was provided previously to inform your discussion. Catherina can be reached on 6207 5391, or contact my assistant Dee on 6205 5334 to arrange a time.

Yours sincerely

From: [REDACTED]@hsu.asn.au]
Sent: Monday, 6 August 2018 8:15 PM
To: De'Ath, Michael (Health) <Michael.De'Ath@act.gov.au>
Cc: McDonnell, Sean (Health) <Sean.McDonnell@act.gov.au>
Subject: ACT health restructure consultation


Dear Michael

I am just following up as to why the HSU was not invited to the consultation meeting held today.

I followed up with the meeting organiser - OLeary, Catherina but she did not get back to me.

I was alerted to the meeting by another Health Union but I was not able to get any response in order to be involved by phone today (as I am based in Sydney).

With regards

 *HSU NSW/ACT/QLD*

Level 2, 109 Pitt Street
Sydney NSW 2000

Telephone: 1300 478 679

Mobile: 

Email: @hsu.asn.au

Web: www.hsu.asn.au

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I acknowledge the Traditional Owners of the land on which I live and work as the First People of this country, and pay respect to their Elders past, present and future.

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Developing new governance arrangements for ACT Health

The ACT Health system has come a long way. The population it serves has grown and it supports the health service needs of a wide catchment. Currently, ACT Health provides services for a catchment of approximately 400,000 people in the ACT and a further 200,000 people from the surrounding Southern NSW area (inclusive of Southern NSW Local Health District LGAs as defined by NSW Health). Canberra now has its own medical school. The health system has relationships with three universities, training health professionals and engaging in world class health research.

In recognition of this growing sophistication and delivery, the ACT Government has decided to make changes to the structure and governance of its health system. Consistent with the direction of reform in other jurisdictions, the Government has decided to separate the Health Directorate and the provider of publicly owned health services in the ACT, which will become a new organisation, to be known as the Canberra and Region Health Services (CRHS).

The Government wants to allow CRHS both the capacity to run the ACT's publicly owned health services and clear accountability for doing so. It also wants the Directorate to step up to a role ensuring the effective and efficient operation of the whole health system, including all health providers. The Government also wants stronger preventive health and health promotion outcomes across the whole of the ACT community.

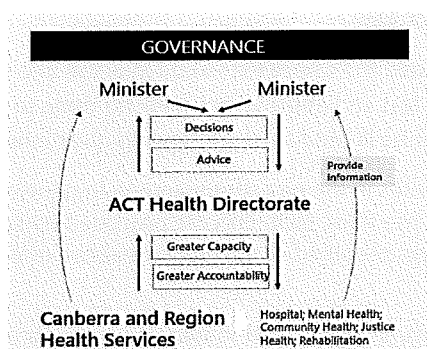
The Chief Minister's Directorate has engaged Nous Group (Nous) to advise on the governance, roles, functions and relationships across this restructured system. The aim is to ensure that the ACT gets the best combination of learning from similar reforms in other jurisdictions and an approach tailored for the unique needs of the Territory.

There are three phases to Nous' approach. First was a review of arrangements in four other jurisdictions, to learn lessons from others' experiences. Second has been a series of deep dive conversations with senior ACT public servants.

The next phase will be to consult people across the ACT health system, including ACT Health staff. It is important to note that the hypotheses, draft propositions and conclusions in our work to date need to be tested and improved in a series of consultations.

Two diagrams summarise our thinking at the end of phase two of our work.

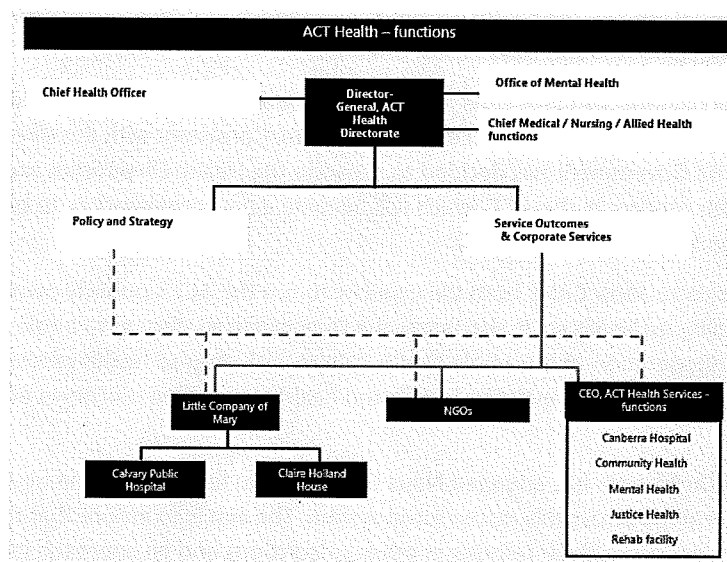
The first is a summary diagram of the governance relationship between the Ministers, the Directorate and the new CRHS.



The key points to be drawn from this are that the role of the Directorate as the policy adviser to Ministers, the greater capacity and accountability of the CRHS as a provider of publicly owned health services in the ACT, including to its wider catchment.

The Directorate will have a view and responsibility across the health system, a role to drive collaboration and whole of system perspective and a responsibility for outcomes, including for the health of the ACT population. CRHS will focus on the professional, quality, efficient and effective delivery of its health services.

The second diagram explains a bit further the functions and relationships of the Directorate and health service providers in the ACT, including the new ACT Health Services. **This is not a proposed structure for the Directorate.** It is a diagram representing the key functional responsibilities and how they anchor key relationships.



The key points in this diagram are represented by the two red coloured lines.

The solid red line shows the centrality of the Service Outcomes function as the point in the Directorate that relates to all service providers. This area of the Directorate will need exceptional analytic, health data and health system performance intelligence because it will anchor the role of the Directorate in negotiating Service Level Agreements, monitoring performance and providing advice back to each provider, to the Director-General of the Directorate and to the Ministers. This area will also need exceptional relationship skills.

The dotted red line shows the importance of leading clinicians, health professionals and other staff and stakeholders associated with services in the formulation of policy and strategy for the ACT health system, through that function in the Directorate.

In consultations over the next phase, the Directorate and Nous will talk to staff, managers, clinical leaders and other stakeholders to refine, test and improve the thinking done to date. The focus of the consultations will include (but not be limited to) the following questions:

1. What are the strengths and risks in the new arrangement, in general and for the part of the system you work in or relate to? Do the titles, including the proposed name of Canberra and Region Health Services, and the relationships described in the diagram above effectively describe optimal arrangements?
2. What are some of the opportunities we need to take to keep improving performance, for example, in terms of the functions put together in the new arrangements and in terms of communication?
3. What are the most important skills and capabilities for the Directorate and CRHS to acquire, develop further or refine to make the new arrangements work?

Trevillian, Sarah (Health)

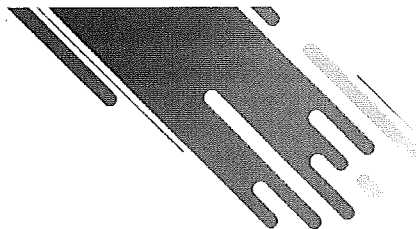
From: OLeary, Catherina (Health)
Sent: Friday, 10 August 2018 5:12 PM
To: Dal Molin, Vanessa (Health)
Cc: Chicco, Dee (Health)
Subject: ACT Health NGO Nous Consultation Session follow up letter
Attachments: ACT Health NGO Nous Consultation Session follow up letter.docx

Hi

We thought we should close the loop with external stakeholders on the Nous consultations. Do you think this could go from Michael? I'm happy to send it from me if you'd prefer.

Thanks

Catherina

**ACT Health's transition to two organisations – ACT Health/Nous Group Consultation**

I am writing to thank you for your recent engagement with the ACT Health transition process and attendance at the ACT Health/Nous Group consultation session. I value your time and input into supporting this significant organisational change. The report from Nous is currently being finalised and we will share relevant findings with you in due course.

I would like to acknowledge some of the key issues that were raised at the session, and assure you that your feedback has been and will continue to be considered.

A clear message was the perception of a *management*, rather than a *partnership*, culture between ACT Health and non-government partners which has affected relationships. You suggested that there should be enhanced advisory mechanisms to support the Minister, the two new health entities and health service providers. This is being considered as part of the broader transition, and further work in this area will be discussed in coming months.

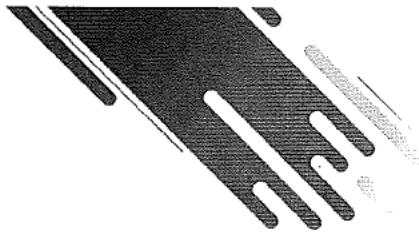
Regarding the functions and capabilities of the two new health entities, common feedback from the consultation sessions focused on the need to improve contract management consistency and transparency; and to streamline decision making processes. These issues will be further explored in the development of the new entities.

In the coming weeks, we will continue to liaise with staff and stakeholders. I will be hosting another session for you and representatives of your organisation to provide an update on progress and an opportunity for further feedback. Further details of this second session will be sent out shortly.

Once again, thank you for your time, and please feel free to send any other thoughts or questions through to: HealthReferenceGroup@act.gov.au

Sincerely,

Michael De'Ath
Interim Director-General
ACT Health
August 2018

**To be addressed to Attendees:**

Sarah Jane Olsen – Hepatitis ACT, Executive Director

[REDACTED] – ATODA, [REDACTED]

[REDACTED] – A Gender Agenda, [REDACTED]

[REDACTED] – Aids Action Council ACT, [REDACTED]

[REDACTED] – Carers ACT, [REDACTED]

[REDACTED] – Heart Foundation, [REDACTED]

[REDACTED] – Health Care Consumers Association, [REDACTED]

[REDACTED] – COTA ACT, [REDACTED]

[REDACTED] – Cancer Council ACT, [REDACTED]

[REDACTED] – Palliative Care ACT, [REDACTED]

[REDACTED] – Winnunga

[REDACTED] ATODA, [REDACTED]

[REDACTED] – ACTCOSS, [REDACTED]

Stevenson, Nicole (Health)

From: Robert Griew <[REDACTED]@nousgroup.com.au>
Sent: Sunday, 12 August 2018 5:05 PM
To: De'Ath, Michael (Health); Dal Molin, Vanessa (Health); OLeary, Catherina (Health)
Cc: [REDACTED]
Subject: Final Report on Governance Arrangements for ACT Health
Attachments: 180812 Report - New health governance arrangements for the ACT.pdf

Hi there

Attached is the final report.

I have included two last changes, both from Health.

- The dot point from you Catherina, re responsibility for legislation.
- A comment that came in via email from Dr Sonj Hall to the effect that it is important to build up the effectiveness of the research and evidence function and ensure (as a cross cutting function) that it continues to draw on (but not be limited to) senior clinician input. I figured that is a point consistent with what was there.

Thank you again for both the opportunity to do this important work and the support from you and Ben, Catherina in actually doing the consultations. I enjoyed the whole project and wish you all well in implementation.

Michael, I will set up a final call with your office. Vanessa, I'll give you a ring tomorrow re that.

I will send this also to Kathy and Leanne in CMD. I haven't had any comment from them on the previous version.

With warm regards

Talk soon

Robert

Robert Griew

Nous Group | Principal

d: + 61 2 6201 9010 | **m:** [REDACTED] | **w:** www.nousgroup.com | [View Robert's profile](#)

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Stevenson, Nicole (Health)

From: Robert Griew <[REDACTED]@nousgroup.com.au>
Sent: Sunday, 12 August 2018 5:07 PM
To: Leigh, Kathy; Power, Leanne
Cc: [REDACTED]; De'Ath, Michael (Health)
Subject: FW: Final Report on Governance Arrangements for ACT Health
Attachments: 180812 Report - New health governance arrangements for the ACT.pdf

Hi there

I had two final comments from Health and have now finalised this report. It is attached.

Thank you for the wonderful opportunity to work on this important project.

I wish you all well for implementation.

With warm regards

Robert

Robert Griew

Nous Group | Principal

d: + 61 2 6201 9010 | **m:** [REDACTED] | **w:** www.nousgroup.com

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Trevillian, Sarah (Health)

From: Ritchie, Angela (Health)
Sent: Monday, 20 August 2018 11:38 AM
To: McDonald, Ben (Health)
Cc: Chicco, Dee (Health)
Subject: FW: ACT Health's transition to two organisations - ACT Health/Nous Group Consultation [SEC=UNCLASSIFIED, DLM=Sensitive]

Hi Ben,

Please see email below for action.

Kind regards

Angela Ritchie

Administrative Support to Director-General | ACT Health
 Level 5, 2-6 Bowes Street, Woden | GPO Box 825 Canberra ACT 2601
 T: (02) 6205 4705 | E: angela.ritchie@act.gov.au | W: www.health.act.gov.au



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From: [REDACTED]@cotaact.org.au
Sent: Monday, 20 August 2018 11:32 AM
To: Ritchie, Angela (Health) <Angela.Ritchie@act.gov.au>
Subject: RE: ACT Health's transition to two organisations - ACT Health/Nous Group Consultation [SEC=UNCLASSIFIED, DLM=Sensitive]

Angela

Please send further email information to me as I will be attending further sessions

Many thanks

Regards



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 2 Wisdom Street, HUGHES ACT 2605
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 W: www.cotaact.org.au FB: COTA ACT TW: @COTA ACT



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From: [REDACTED]
Sent: Monday, 20 August 2018 11:22 AM

To: [REDACTED]

Subject: FW: ACT Health's transition to two organisations - ACT Health/Nous Group Consultation
[SEC=UNCLASSIFIED, DLM=Sensitive]

Dear [REDACTED]

For your information - I am forwarding this in case you have not seen it. Note that there are plans for another session.

From: Ritchie, Angela (Health) [mailto:Angela.Ritchie@act.gov.au] **On Behalf Of** DGACTHealth

Sent: Friday, 17 August 2018 11:59 AM

To: [REDACTED]@cotaact.org.au>

Subject: ACT Health's transition to two organisations - ACT Health/Nous Group Consultation [SEC=UNCLASSIFIED, DLM=Sensitive]

Dear [REDACTED]

Please see attached letter on behalf of Mr Michael De'Ath, Interim Director-General ACT Health.

Kind regards

Angela Ritchie

Administrative Support to Director-General | ACT Health

Level 5, 2-6 Bowes Street, Woden | GPO Box 825 Canberra ACT 2601

T: (02) 6205 4705 | **E:** angela.ritchie@act.gov.au | **W:** www.health.act.gov.au



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[Phish/Fraud](#)

[Not spam](#)

[Forget previous vote](#)

Dal Molin, Vanessa (Health)

From: De'Ath, Michael (Health)
Sent: Sunday, 26 August 2018 2:00 PM
To: Doran, Karen (Health); McGregor, Leonie (Health); OLeary, Catherina (Health); [REDACTED]@springgreenconsulting.com.au; Dal Molin, Vanessa (Health)
Cc: Chicco, Dee (Health)
Subject: Fwd: 180824 ACT Health alternate pictures.pptx
Attachments: 180824 ACT Health alternate pictures.pdf; ATT00001.htm

In confidence and not for forwarding. Can we discuss when we meet tomorrow please. Robert has been liaising with the incoming CEO who has offered some useful feedback that Robert is now seeking to represent diagrammatically. The initial feedback I've given is that Safety and Quality is missing.

Please have a look and if Catherina and [REDACTED] could possibly join us at 1.30 that would be good to just spend a few minutes finalising any feedback.

Sent from my iPad

Begin forwarded message:

From: Robert Griew <[REDACTED]@nousgroup.com.au>
Date: 26 August 2018 at 11:45:02 am AEST
To: "De'Ath, Michael (Health)" <Michael.De'Ath@act.gov.au>
Subject: 180824 ACT Health alternate pictures.pptx

Hi Michael

Interested views.

Off to lunch. Will put in report when return.)

Cheers

Robert

Robert Griew

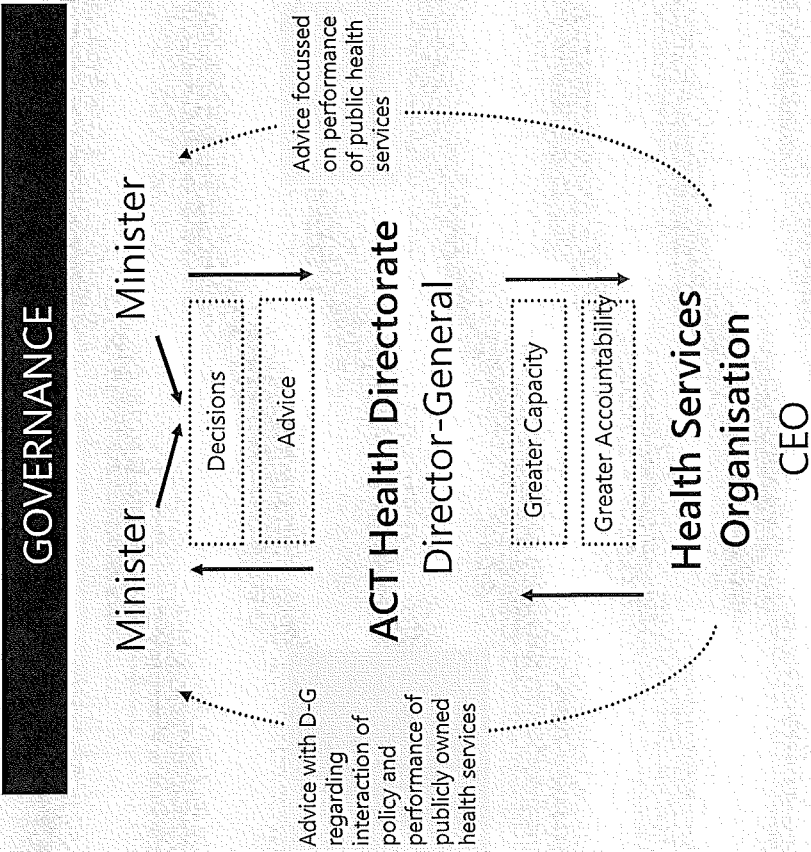
Nous Group | Principal

d: + 61 2 6201 9010 | **m:** [REDACTED] | **w:** www.nousgroup.com

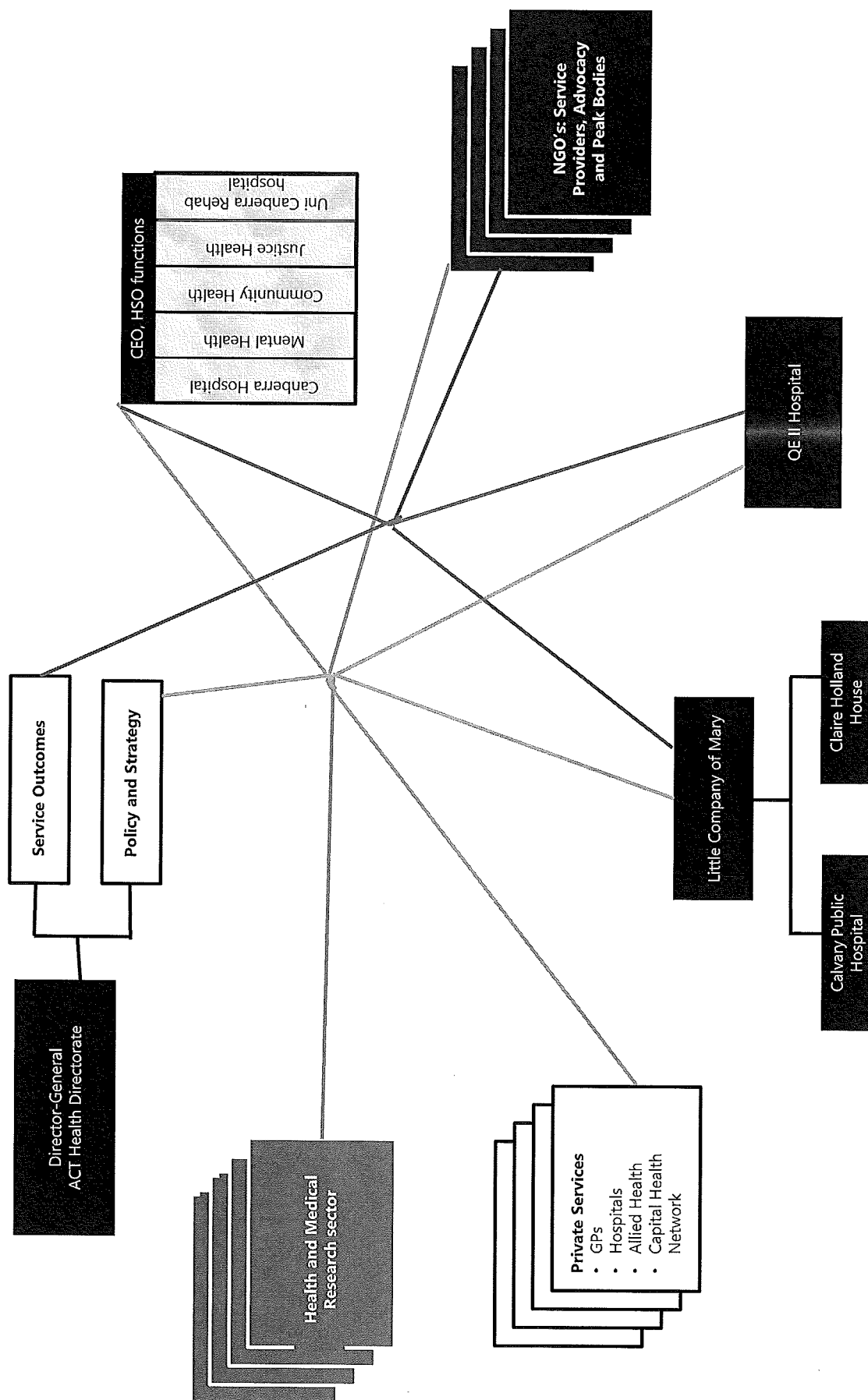
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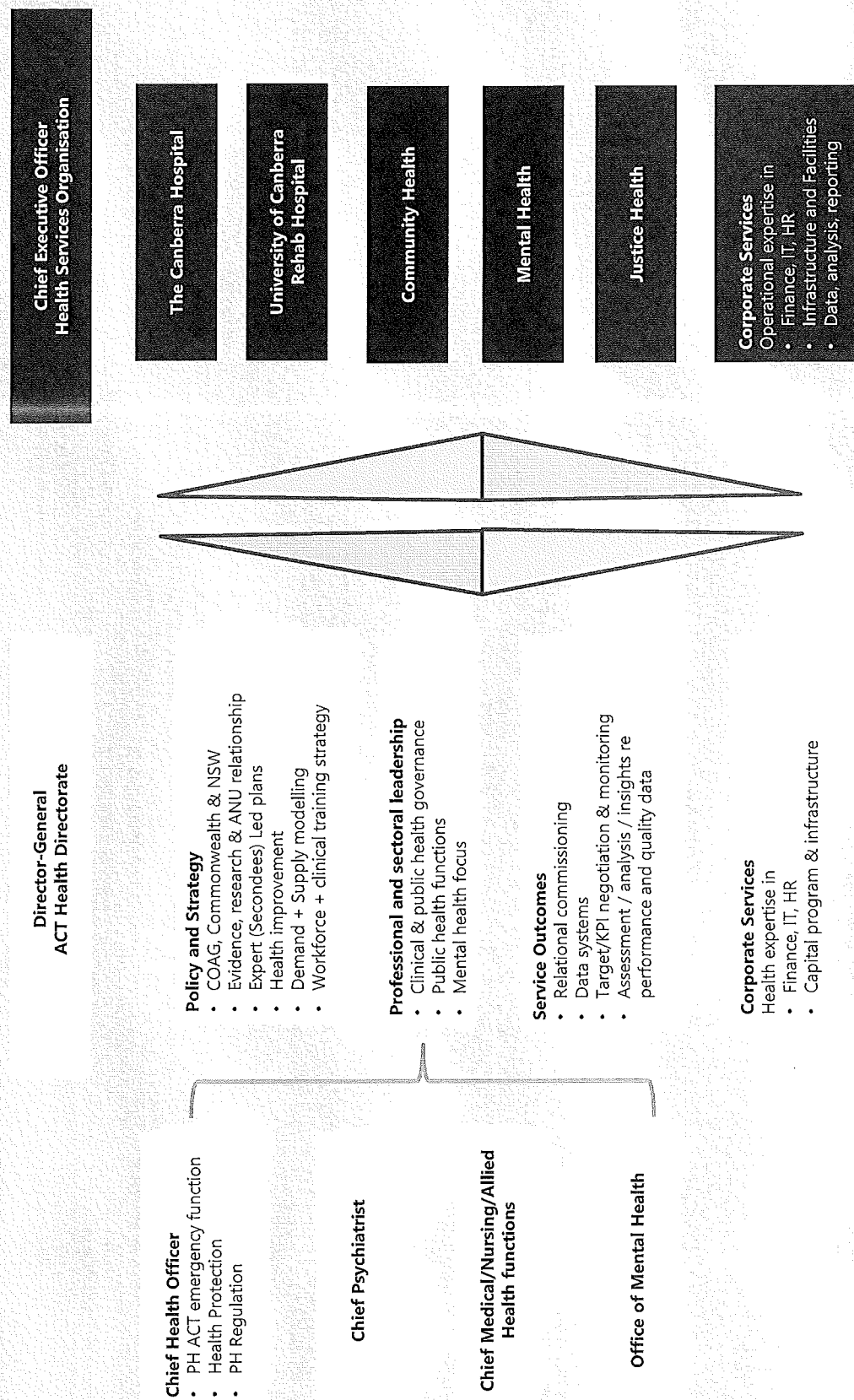
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ACT Health – System Stewardship



Functions – ACT Health Directorate and Health Services Organisation



Stevenson, Nicole (Health)

From: Robert Griew <[REDACTED]@nousgroup.com.au>
Sent: Sunday, 26 August 2018 2:11 PM
To: De'Ath, Michael (Health)
Subject: Exec summary
Attachments: Document Title.pdf

Couple of changes in here, plus text.

I'll ring in bit

Cheers

RG

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1 Executive Summary

The ACT health system has come a long way. The population it serves has grown and it supports the health service needs of a wide catchment. Currently, ACT Health provides services for a catchment of approximately 400,000 people in the ACT and a total catchment twice that from the surrounding Southern NSW area. Canberra now has its own medical school.

The health system has relationships with three universities and a public Vocational Education and Training provider, training health professionals and engaging in world class health research. It has a vibrant and extensive sector of non-government organisations (NGOs) that provide direct services, advocate on behalf of communities and patients and also include peak bodies contributing to policy development.

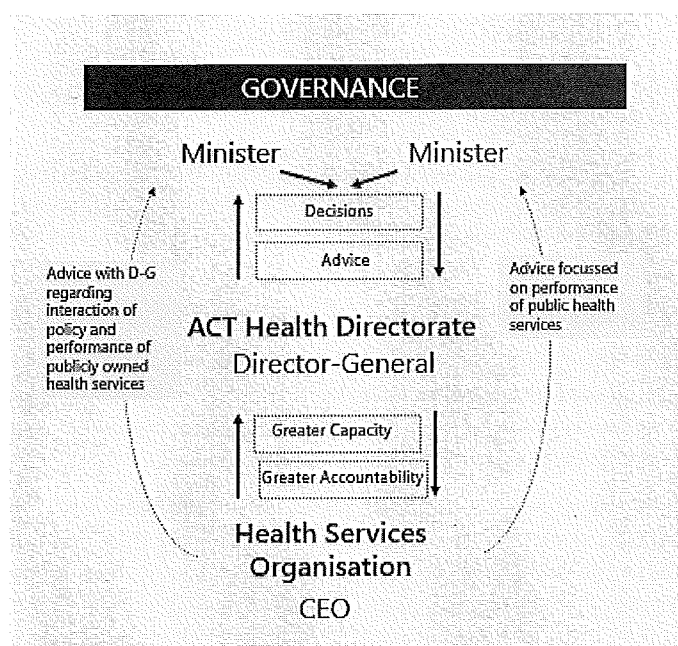
In recognition of this growing sophistication and delivery, the ACT Government has decided to make changes to the structure and governance of its health system. Consistent with the direction of reform in other jurisdictions, the Government has decided to separate into two new organisations the ACT Health Directorate and the provider of publicly owned clinical health services in the ACT. The second of these two new organisations will be referred to in this paper as the Health Services Organisation.

The Government wants the Health Services Organisation to have both the capacity to run the ACT's publicly owned clinical health services and the clear accountability for doing so. It also wants the Health Directorate to step-up to a role that ensures the effective and efficient operation of the whole health system, including all health providers. The Government also wants stronger preventive health and health promotion outcomes across the whole of the ACT community, in both their strategic and non-clinical service provision elements.

The Chief Minister's Directorate engaged Nous Group (Nous) to advise on the governance, roles, functions and relationships across this restructured system. The aim is to ensure the ACT learns from similar reforms in other jurisdictions and adopts an approach tailored for the unique needs of the Territory.

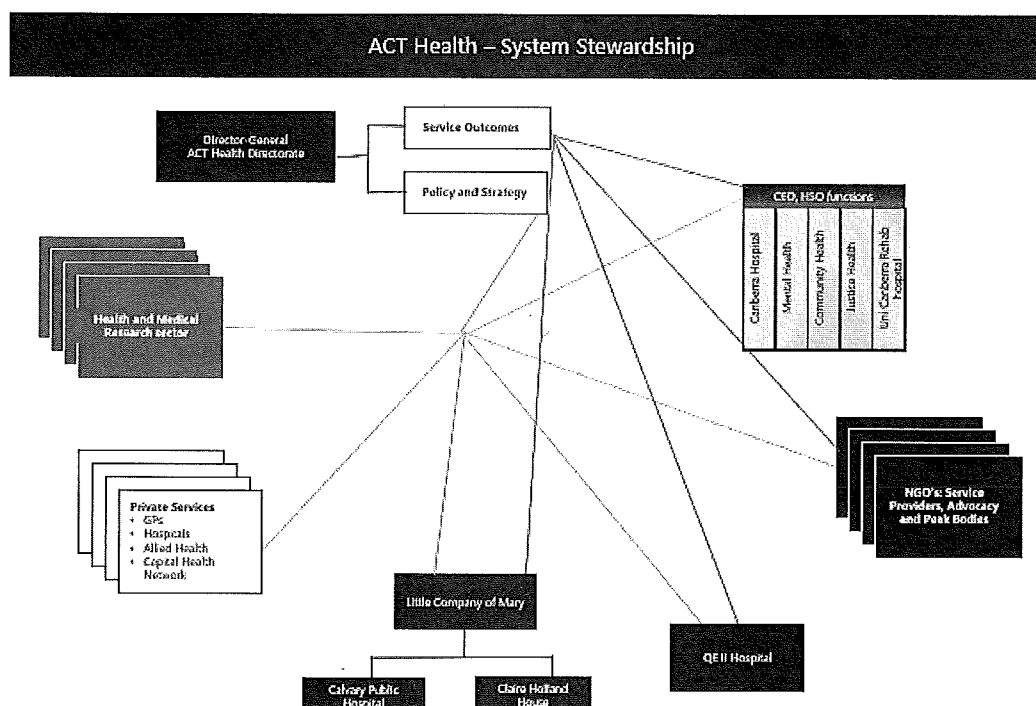
Nous' adopted a three-phase approach to this engagement which included: 1. a review of arrangements in four other jurisdictions, to learn lessons from others' experiences; 2. a series of deep dive conversations with senior ACT public servants; and 3. consultation with people from across the ACT health system including ACT Health staff.

Three diagrams summarise our thinking arising from the work undertaken.



This diagram summarises the governance relationship between the Ministers, the Directorate and the new Health Services Organisation. It illustrates the role of the Health Directorate as policy adviser to ministers and the greater capacity and accountability of the Health Services Organisation as a provider of publicly owned clinical health services in the ACT and its wider catchment.

The Health Directorate will have a view and responsibility across the ACT health system, a role designed to drive collaboration from a whole of system perspective with a responsibility for outcomes, including for the health of the ACT population. The Health Services Organisation will focus on professional, quality, efficient and effective delivery of its clinical health services. On the interaction of policy advice and operation of the publicly owned clinical service system, the heads of both new organisations will brief ministers together.



This diagram represents the dimensions of system stewardship, which is the core function of the ACT Health Directorate. There are a few points to be made.

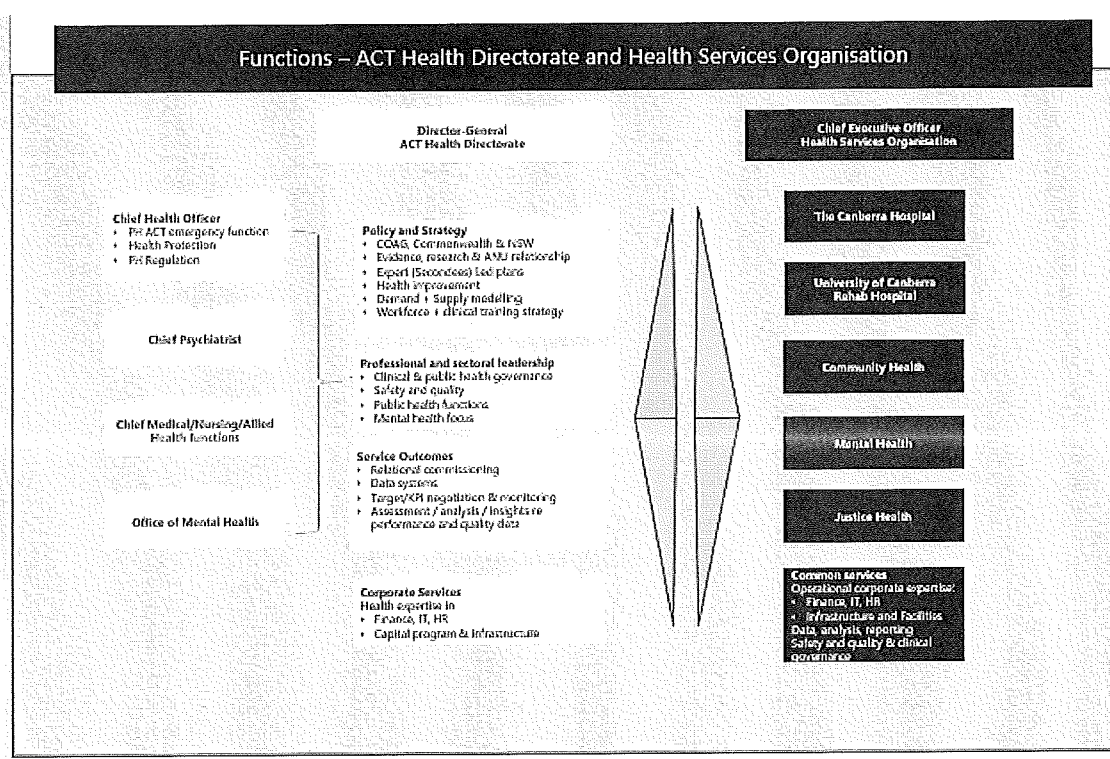
First there are many players in the operation of the health system overall, some publicly owned by the ACT Government, some funded through ACT Health and some important players nonetheless. All are in fact connected to each other, sharing staff, patients and an interest in the health and health challenges of the ACT community.

Second the ACT Health Directorate has two kinds of lever indicated by the two coloured lines.

The green lines indicate a set of Service Outcomes relationships with all funded service providers. These are bilateral relationships governed by Service Level Agreements. To deliver on this function the ACT Health Directorate will need exceptional analytic, health data and health system performance intelligence. This function will also need exceptional relationship management skills

The yellow lines show the importance of leading clinicians, health professionals and other staff and stakeholders associated with services, in the formulation of policy and strategy for the ACT health system. The connection point in to the Directorate for this line is through the policy and strategy function, which supports the role of the ACT Health Directorate as the primary source of advice to ministers. The relationships are wider than just funded services and their people and are multilateral, not bilateral. The

function of the ACT Health Directorate is significantly a convenorship role here, drawing on expertise and perspectives across the health sector in the ACT in the formulation of advice.



This diagram depicts the functions of the Health Directorate and the new Health Services Organisation. This is not a proposed structure for the Directorate. It is a diagram representing the key functional responsibilities. The relationships and roles in governance are summed up in the previous two diagrams.

Following documentary review, in depth interviews and discussions with ACT public service leaders, Nous Group Principal Robert Griew conducted a series of consultations, in collaboration with the Head of the Transformation Unit in the ACT Health Directorate, Catherina O'Leary. These consultations included staff, managers, clinical leaders and other stakeholders.

The consultations largely supported the changes being made and highlighted particular areas of attention that will need to be paid during implementation. This includes the need to build capability, both in areas with new roles and in some areas, to provide a baseline of health expertise from which to move forward. A 'Consultation Report' provided at Appendix C summarises the main themes emerging from the consultations.

The consultation also underlined the importance of the Transition Team in the ACT Health Directorate, on detailed planning and communication regarding the milestones for 1 October and beyond and on the importance of proactive change management across the health system.

Dal Molin, Vanessa (Health)

From: De'Ath, Michael (Health)
Sent: Sunday, 26 August 2018 2:18 PM
To: OLeary, Catherina (Health); Doran, Karen (Health); McGregor, Leonie (Health); jennifer.bennett@springgreenconsulting.com.au; Dal Molin, Vanessa (Health)
Cc: Chicco, Dee (Health)
Subject: Fwd: Exec summary
Attachments: Document Title.pdf; ATT00001.htm

Please discard the earlier diagram and work from this attachment. This is what is intended to replace the original part of the report.

I think it adds value but very interested in your views.

Sent from my iPad

Begin forwarded message:

From: Robert Griew <[REDACTED]@nousgroup.com.au>
Date: 26 August 2018 at 2:10:59 pm AEST
To: "De'Ath, Michael (Health)" <Michael.De'Ath@act.gov.au>
Subject: Exec summary

Couple of changes in here, plus text.

I'll ring in bit

Cheers

RG

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Stevenson, Nicole (Health)

From: Robert Griew <[REDACTED]@nousgroup.com.au>
Sent: Sunday, 26 August 2018 6:15 PM
To: De'Ath, Michael (Health)
Cc: OLeary, Catherina (Health)
Subject: 180826 Report - New health governance arrangements for the ACT updated
Attachments: 180826 Report - New health governance arrangements for the ACT updated.docx;
 180826 ACT Health governance Exec Summ.docx

Use this one. Have had one go-through. Will get a proof in am.

I've also attached an updated Exec Summary, if you want to use more concise version.

Cheers

Robert

Robert Griew

Nous Group | Principal

d: + 61 2 6201 9010 | **m:** [REDACTED] | **w:** www.nousgroup.com | [View Robert's profile](#)

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Stevenson, Nicole (Health)

From: Robert Griew <[REDACTED]@nousgroup.com.au>
Sent: Sunday, 26 August 2018 6:20 PM
To: De'Ath, Michael (Health)
Cc: O'Leary, Catherina (Health)
Subject: RE: ACT Health - revised report and Exec Summ

Apols – laptop fun n games. Didn't think first version went.

And pdf app has frozen. Tomorrow...

Cheers

RG

Robert Griew
Nous Group | Principal
d: + 61 2 6201 9010 | **m:** [REDACTED] **w:** www.nousgroup.com

From: Robert Griew
Sent: Sunday, 26 August 2018 6:17 PM
To: De'Ath, Michael (Health) <Michael.De'Ath@act.gov.au>
Cc: 'O'Leary, Catherina (Health)' <Catherina.O'Leary@act.gov.au>
Subject: ACT Health - revised report and Exec Summ

Hi there

Use these two versions. I have just tidied up a bit.

Have included executive summary, also tidied a bit, in case you want to use more concise version.

Will organise proof tomorrow.

Cheers

Robert

Robert Griew
Nous Group | Principal
d: + 61 2 6201 9010 | **m:** [REDACTED] **w:** www.nousgroup.com | [View Robert's profile](#)

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Dal Molin, Vanessa (Health)

From: Dal Molin, Vanessa (Health)
Sent: Monday, 27 August 2018 3:56 PM
To: 'Robert Griew'
Cc: OLeary, Catherina (Health)
Subject: RE: Emailing: 180826 Report - New health governance arrangements for the ACT updated [DLM=For-Official-Use-Only]
Attachments: 180826 Report - New health governance arrangements for the ACT - with DG comments.docx

Dear Robert,

Thanks for providing the attached report. There are just some minor suggestions included in the attached document which we provide for your consideration.

Happy to discuss if you need.

Thanks
 Vanessa

Vanessa Dal Molin | A/g Business Manager Office of the Director General, ACT Health
 Ph: (02) 6207 9532 | M [REDACTED] | Email: vanessa.dalmolin@act.gov.au
health.act.gov.au

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-----Original Message-----

From: Robert Griew [mailto:[REDACTED]@nousgroup.com.au]
Sent: Sunday, 26 August 2018 4:28 PM
To: De'Ath, Michael (Health) <Michael.De'Ath@act.gov.au>
Cc: OLeary, Catherina (Health) <Catherina.O'Leary@act.gov.au>
Subject: Emailing: 180826 Report - New health governance arrangements for the ACT updated

Hi there

Attached is a revised version of the report.

It is not a pdf, as I am having trouble converting it as a pdf.

New words are highlighted in yellow.

Cheers
 Robert

Robert Griew
 Nous Group | Principal
 d: + 61 2 6201 9010 | m: [REDACTED] | w: www.nousgroup.com

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We create bold ideas and influential, enduring solutions in the areas of business and digital strategy, public policy, organisational capability and executive and talent development.

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Stevenson, Nicole (Health)

From: Robert Griew <[REDACTED]@nousgroup.com.au>
Sent: Monday, 27 August 2018 4:33 PM
To: Leigh, Kathy; De'Ath, Michael (Health)
Cc: Power, Leanne; OLeary, Catherina (Health); [REDACTED]
Subject: Report - New health governance arrangements for the ACT updated
Attachments: 180826 Report - New health governance arrangements for the ACT updated.pdf

Hi there

Attached is our final report on new health governance arrangements for the ACT.

It has been a pleasure to work with you all on this important assignment.

With best regards

Robert

Robert Griew

Nous Group | Principal

d: + 61 2 6201 9010 | **m:** [REDACTED] | **w:** www.nousgroup.com | [View Robert's profile](#)

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Trevillian, Sarah (Health)

From: OLeary, Catherina (Health)
Sent: Monday, 27 August 2018 6:49 PM
To: Robbins, Jarrah (Health); McDonald, Ben (Health); Redmond, Joanna (Health); Nolan, Julie (Health)
Subject: Nous report [sensitive]

Hi

Just to let you know that the Nous report has been finalised and delivered to the Head of Service. Once she has cleared this, we will be able to have a copy and circulate it to key stakeholders (the DG also wants to make it available on the intranet and external website). I am expecting we will have the document before the end of this week.

In the meanwhile, we are to continue to progress with our plans. The report is unlikely to significantly alter anything we have in train.

C

Catherina O'Leary | Director Transition Office
Office of the Director-General | **ACT Health**
6 Bowes Street Woden
Ph 02 62075391 | Mob [REDACTED]
health.act.gov.au

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Dal Molin, Vanessa (Health)

From: Dal Molin, Vanessa (Health)
Sent: Sunday, 16 September 2018 8:17 PM
To: [REDACTED]@optusnet.com.au'
Cc: De'Ath, Michael (Health)
Subject: Report - New health governance arrangements for the ACT [DLM=For-Official-Use-Only]
Attachments: 180826 Report - New health governance arrangements for the ACT updated.pdf

Dear [REDACTED],

Please find attached, for your reference, a report prepared by NOUS Consulting titled New Health Governance Arrangements for the ACT.

Regards

Vanessa

Vanessa Dal Molin | Business Manager
Office of the Director General, ACT Health
Ph: (02) 6207 9532 | **M** [REDACTED] | **Email:** vanessa.dalmolin@act.gov.au
health.act.gov.au

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Dal Molin, Vanessa (Health)

From: Dal Molin, Vanessa (Health)
Sent: Wednesday, 19 September 2018 9:49 AM
To: Power, Leanne
Subject: FW: Invoice for extension of Nous consultations [DLM=For-Official-Use-Only]
Attachments: HDA04 invoice 2.pdf

From: Robert Griew [mailto: [REDACTED]@nousgroup.com.au]
Sent: Tuesday, 4 September 2018 2:56 PM
To: Dal Molin, Vanessa (Health) <Vanessa.DalMolin@act.gov.au>
Cc: Power, Leanne <Leanne.Power@act.gov.au>; O'Leary, Catherina (Health) <Catherina.O'Leary@act.gov.au>; [REDACTED]@nousgroup.com.au>
Subject: Invoice for extension of Nous consultations

Hi Vanessa

Attached is an invoice for the extension to the recent consultation project.

Thanks for the opportunity.

Cheers

Robert

Robert Griew

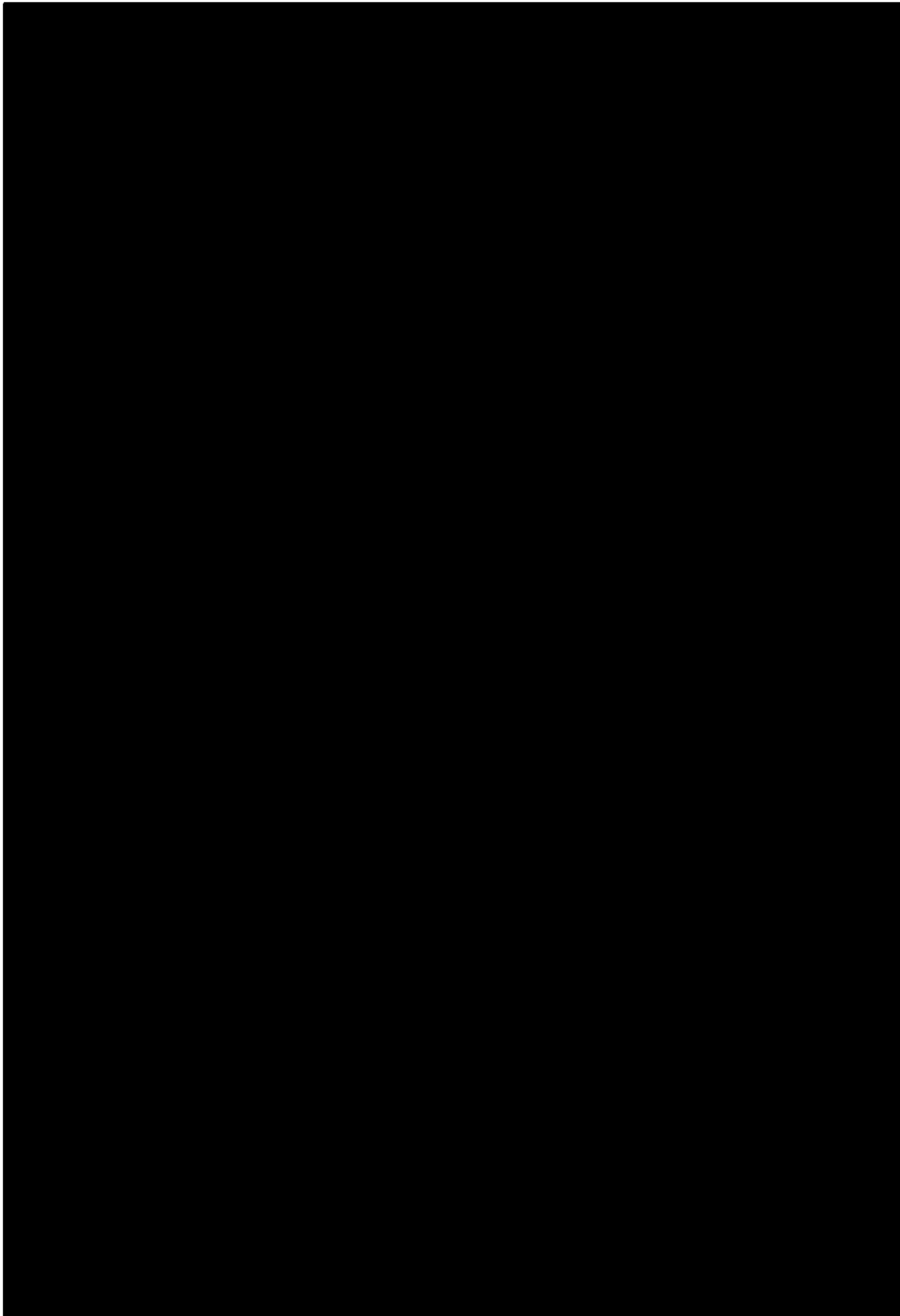
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d: + 61 2 6201 9010 | **m:** [REDACTED] | **w:** www.nousgroup.com

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Dal Molin, Vanessa (Health)

From: OLeary, Catherina (Health)
Sent: Monday, 24 September 2018 2:02 PM
To: ACT Health DLO
Cc: Dal Molin, Vanessa (Health)
Subject: FW: Report - New health governance arrangements for the ACT updated
Attachments: 180826 Report - New health governance arrangements for the ACT updated.pdf

Hi

Attached is the Nous report as requested.

Regards

Catherina

From: Robert Griew [mailto: [REDACTED]@nousgroup.com.au]
Sent: Monday, 27 August 2018 4:33 PM
To: Leigh, Kathy <Kathy.Leigh@act.gov.au>; De'Ath, Michael (Health) <Michael.De'Ath@act.gov.au>
Cc: Power, Leanne <Leanne.Power@act.gov.au>; OLeary, Catherina (Health) <Catherina.O'Leary@act.gov.au>; [REDACTED]@nousgroup.com.au
Subject: Report - New health governance arrangements for the ACT updated

Hi there

Attached is our final report on new health governance arrangements for the ACT.

It has been a pleasure to work with you all on this important assignment.

With best regards

Robert

Robert Griew

Nous Group | Principal

d: + 61 2 6201 9010 | **m:** [REDACTED] | **w:** www.nousgroup.com | [View Robert's profile](#)

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Trevillian, Sarah (Health)

From: OLeary, Catherina (Health)
Sent: Tuesday, 25 September 2018 1:16 PM
To: Nolan, Julie (Health); Robbins, Jarrah (Health); McDonald, Ben (Health); Jean, David (Health); Weir, Tania (Health); He, Michael (Health)
Subject: Nous Report - New health governance arrangements for the ACT updated (002).pdf
Attachments: 180826 Report - New health governance arrangements for the ACT updated (002).pdf

Hi

The Nous report is now cleared for release and will be published to the intranet this week.

Regards

Catherina

Dal Molin, Vanessa (Health)

From: Dal Molin, Vanessa (Health)
Sent: Thursday, 27 September 2018 9:30 PM
To: OLeary, Catherina (Health)
Subject: FW: Nous Report - New Health Governance Arrangements for the ACT [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]
Attachments: CMTEDD2018_4754 - Nous Report New Health Governance Arrangements Note by Minister and HoS Comments.pdf

Cat,
 Just sending you attached for your records – apologies for the delay in getting this to you.

Cheers
 Vanessa

From: Kalleske, Sarah
Sent: Friday, 21 September 2018 3:27 PM
To: De'Ath, Michael (Health) <Michael.De'Ath@act.gov.au>
Cc: Dal Molin, Vanessa (Health) <Vanessa.DalMolin@act.gov.au>; Power, Leanne <Leanne.Power@act.gov.au>; Chicco, Dee (Health) <Dee.Chicco@act.gov.au>
Subject: Nous Report - New Health Governance Arrangements for the ACT [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

Good afternoon Michael

Kathy has asked me to forward the attached brief to you – noting her and Minister Fitzharris' comments.

Kind regards
 Sarah

Sarah Kalleske | Executive Assistant to Kathy Leigh, Head of Service and Director-General
 Phone: 02 6205 0241 | Email: sarah.kalleske@act.gov.au
 Chief Minister, Treasury and Economic Development Directorate | ACT Government
 Level 5, Canberra Nara Centre, 1 Constitution Avenue Canberra ACT 2601 | GPO Box 158 Canberra ACT 2601 | www.act.gov.au



MINISTERIAL BRIEF

Chief Minister, Treasury and Economic
Development Directorate

UNCLASSIFIED

To: Minister for Health and Wellbeing

Tracking No.: CMTEDD2018/4754

cc Minister for Mental Health

Date: 11 September 2018

From: Head of Service

Subject: Nours Report - New Health Governance Arrangements for the ACT

Critical Date: NA

Critical Reason:

Recommendations

That you:

1. Note the attached report, including consideration of releasing the report, and the information contained in this brief.

Noted / Please Discuss

Meegan Fitzharris MLA

19/9/2018

Minister's Office Feedback

Please discuss release of report to staff and media with OG ACT Health and provide advice asap. Thank you

UNCLASSIFIED

Tracking No.:
CMTEDD2018/4754

UNCLASSIFIED

Background

1. Following the Government's decision on 23 March 2018 to amend the structure of Health Directorate, I commissioned Robert Griew from the Nous Group to provide advice and a written report on the best practice governance model for the ACT Health system.
2. Following initial discussions and analysis Robert Griew provided an interim report on 28 June 2018. This report was used to guide a consultation process with ACT Health staff and other stakeholders that was led by Robert Griew and Michael De'Ath, Interim Director-General.
3. Robert Griew provided the final report to me on 28 August 2018, incorporating the outcomes from the consultation. A copy of the final report is provided at Attachment A.
4. On 30 August 2018 you met with Robert Griew to discuss the report.

IssuesKey observations in the report

5. Sections 5.3 and 5.4 of the report identify the key functions and responsibilities of the two health entities:
 - The Health Directorate performs a system steward role for the ACT Health system as a whole. Specific responsibilities include policy and strategy, funding and monitoring health service outcomes, health professional/specialist leadership and corporate services functions.
 - The Health Services Organisation (working title adopted for the purpose of the report) function is to provide high quality, efficient and effective clinical health services. The scope of services are those owned by the Government and include Canberra and University of Canberra hospitals, ACT Community Health, Mental Health and Justice Health.
6. Section 5.5 of the report identifies the capabilities, skills and frameworks that need to be developed and in place to effectively support the new structures.
7. The report highlights that while the Director-General and Chief Executive Officer will administer their own specific functions there is an important need for communication and collaboration and for each executive to maintain a clear and constructive relationship with the other.
8. Both the Director-General and Chief Executive Officer will need to have a strong commitment to effective relationships and collegial problem solving across the leadership of all parts of the health system.

Protocol for governance and interactions

9. To enable the Director-General and CEO to themselves establish the specific governance arrangements I have included a term and condition in each executive contract that requires the Director-General and Chief Executive Officer to develop a joint protocol within two months of commencement on 1 October 2018.

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10. The protocol will define the roles and responsibilities, performance indicators and outcomes, accountabilities and reporting relationships. Once developed and agreed the protocol will be incorporated into the performance agreements for the Director-General and Chief Executive Officer.

Financial Implications

11. Nil.

ConsultationInternal

12. As above.

Cross Directorate

13. As above.

External

14. Nil.

Work Health and Safety

15. Nil.

Benefits/Sensitivities

16. I understand that there is an expectation of staff within the Health Directorate that the report, which includes feedback from staff consultation, will be released publicly.

Communications, media and engagement implications

17. It is expected that the media will be interested in the release of the report.

Signatory Name: Kathy Leigh

Phone: x50246

Action Officer: Leanne Power

Phone: x75990

Attachments

Attachment	Title
Attachment A	New Health Governance Arrangements for the ACT Report

UNCLASSIFIED