

Canberra Health Services

Health Professionals Classification Review

Project Management Plan

Work Area	Author(s)	Contact Details
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General

Project Title	Health Professional Classification Review
Planned Start Date	5 June 2019
Approved Start Date	5 June 2019 (Date of EA commencement)
Actual Start Date	20 June 2019 (Date of 1st JWP meeting)
Approved End Date	20 December 2020*

*or a longer period agreed by the JWP

Organisation

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	Position	CHS CEO
	Contact	
Executive Sponsor <i>Who is responsible for the resourcing and the outcomes of this project?</i>	Name	Janine Hammat
	Position	EGM People & Culture
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Project Manager <i>Who is responsible for the execution of the project and the management of the project resources?</i>	Name	Sean McDonnell
	Position	Snr Director Workforce Relations
	Contact	
Clinical Lead <i>Who is responsible for the clinical coordination and input to the project?</i>	Name	Jo Morris
	Position	Senior Director Allied Health
	Contact	
Program Support Unit Project Coordinator <i>Who is the Program Support Unit point of contact for this project?</i>	Name	Trevor Melksham (interim)
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Document Acceptance and Release Notice

This document is Version 4, dated 27 February 2020 of the Health Professional Classification Review Project Management Plan and is a managed document. This document is authorised for release once all it has been approved by the Health Professional Classification Review Joint Working Party.

Document Development History

Build Status:

Version	Date	Author	Reason
1	22 October 2019	Trevor Melksham	Initial document
2	8 January 2020	Jo Morris	Project officer (PO)
3	12 February 2020	Trevor Melksham (PO)	Incorporate feedback
4	27 February 2020	Trevor Melksham	Adopted by HP JWP

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1. INTRODUCTION

1.1 Document Purpose

The purpose of this Project Management Plan (PMP) is to provide the framework for the Health Professional Classification Review Project. This document will be used to outline and plan how the project will be undertaken and managed and will be used by a variety of stakeholders to gain a shared understanding of the project's objectives, scope, risks, budget and milestones.

1.2 Background

The project was agreed during bargaining for the Health Professional Enterprise Agreement 2018-2021 (HPEA) and is required to be undertaken in accordance with Annex E of the HPEA.

1.3 Intended Audience

The intended audience for this Project Management Plan is:

- Canberra Health Services Chief Executive Officer;
- the Joint Working Party (JWP) established by the HPEA;
- the project Team
- key stakeholders such as ACTPS Directorates employing HPs and Calvary Public Hospital Bruce (CPHB)

2. PROJECT DEFINITION

2.1 Project Objectives

To undertake a review of the Health Professional classification structure. The purpose of the review is to address the relevance of the Health Professional Classification as applied to ACT Allied Health Practitioners employed under the HPEA.

2.2 Project Deliverables

As a result of this project:

- Employers of Allied Health Practitioners and other interested parties will have a clear understanding of the relevance of the current Health Professionals Classification structure as applied to Allied Health Practitioners employed under the HPEA.
- Employers of Allied Health Practitioners and other interested parties will have a clear understanding of the relevant research and evidence used to inform the recommendations, such as data from other jurisdictions and relevant private organisations.
- A final report, agreed by the JWP, including recommendations, for Chief Executive Officer support.
- The JWP will make recommendations to the ACTPS Head of Service, which may include interim arrangements where appropriate
- A Health Professional classification structure relevant to all Allied Health Professionals and that is applicable to the needs of all agencies employing health professionals under the HPEA.

2.3 Project Outcomes

The objective for the project is to:

- develop a Health Professional classification structure relevant to all Allied Health Professionals and applicable to the needs of agencies employing health professionals under the HPEA; and
- ensure that the Allied Health classification structure is flexible to accommodate the ACT Allied Health workforce of the future.

2.4 Project Inclusions and Exclusions

Included in scope
Health Professionals employed in the HP classification in the ACT in CHS, ACTHD, CPHB, Education Directorate, Community Services Directorate and Justice and Community Safety Directorate.
Excluded from scope
PBI tax benefits
Matters that have been or should be addressed through the enterprise bargaining process
Classification review of individual positions (there is current provision for this in the HPEA)
Professional Development – there is a separate project being undertaken to capture this
HPEA classifications of Dentist, Medical Physics and Radiation Therapists
Health Professionals employed under classifications that are covered through other EAs

2.5 Project Milestones

Milestone	Planned Delivery Dates
Terms of Reference Joint Working Party	29 August 2019
Communication plan	29 October 2019
Establish working groups to support engagement with occupational groups	28 February 2020
Report that outlines the relevance of the ACT Health Professional Classification structure as applied to ACT Public Sector Allied Health Practitioners employed under the HPEA (Report 1)	31 March 2020
A JWP agreed priority order of occupational groups for review	31 March 2020
Report that outlines the pertinent objective data from other jurisdictions and private sector market relevant to the occupations under review (Report 2)	30 April 2020
Stakeholder workshops and questionnaires	May – June 2020
Draft Project report – for input and approval by JWP	July – November 2020
Final report for review by CEO CHS	January – March 2021

2.6 Work Streams

In order to establish effective working groups, the JWP needs to agree on the makeup of the working groups. It is impractical to have a separate working group for the many professions included in the Health Professional classification. In the last 20-30 years policy makers and health services have been wrestling with a sensible way of grouping Allied Health professionals. A report to the Victorian Ministerial Advisory Committee for Allied Health (ref) proposed the following broad groupings:

- Allied Health: therapy,
- Allied Health: diagnostic and technical/ manufacturing,
- Allied health: scientific
- Allied Health: complementary services.

Whilst work undertaken in 2018 by the ACT Health Chief Allied Health office proposed two broad groups:

- Therapeutic Allied Health
- Diagnostic & Scientific Allied Health

Creating working groups based on aligning professions together does not restrict individuals or professional leads from providing information relevant to one profession only, nor does it preclude one professional group from having an individual classification system at the end of the review, it merely creates an environment of like-minded professionals to provide expert advice and information to the process.

Occupation level working groups, with representation from all relevant Directorates, will provide specific profession-based input into a review of the Health Professional classification structure, with support from the CHS Workforce Relations and IR team, using the information provided to them by reports one and two.



2.7 Project Budget

Financial Summary	Year 1	Year 2	Year 3
Employment costs - SOGB	1 x FTE	0.5FTE	n/a
Total Project Budget	n/a		

2.8 Assumptions

- No additional funding for project resources expected to be available
- No impact if there is a change of Government as the project is mandated by the HPEA
- This review will inform any recommended changes to the HPEA in relation to classification structure/s at the next negotiation of the HPEA

2.9 Project Tolerances

- Delay or slippage of greater than one week from the Project Schedule will be reported to and monitored by the Project Sponsor.
- Delay or slippage of greater than one week from the Project Schedule will be reported to the JWP at the next scheduled meeting.
- High and extreme risks reported to the Project Sponsor and Work quality will be monitored by the JWP and if remediation is required this will be escalated to the Project Sponsor.

2.10 Constraints

- Timeframe for completion within the set date of 18 months from the commencement of the HPEA on 5 July 2019.
- Interaction with the CMTEDD managed ACT service-wide classification review (impact unknown).
- Engagement and consensus may be limited across all relevant Health Professionals employed under the ACT HPEA.

2.11 Project Interdependencies

Related Project/Activity	Overview of Project/Activity	Impact on HP Review
ACT Service-wide classification review	Managed by CMTEDD (Ian Gratton)	The HP review must be coordinated with the service-wide review
HSO/AHA Review (including Wardspersons)	Required by the SSEA	Will/may utilise resources committed to or supporting the HP Review
VMO Contract	Contract renewal arbitration	Will/may utilise resources committed to the HP Review
Nurses and Midwives Agreement	Enterprise bargaining process	Will/may utilise resources committed to the HP Review
HP PD review	Review of HP Professional Development provisions in HPEA	There may be strong interdependency with the review of Profession Leads, CHS

3. PROJECT MONITORING AND CONTROL

3.1 Roles and Responsibilities

Position	Project Role	Responsibilities
Bernadette McDonald (CEO)	Project Owner	<ul style="list-style-type: none"> • Provide project strategic direction • Approves key documents • Approves the program and endorses/drives any subsequent changes to scope, deliverables, resourcing or timelines • Key point of liaison with the Head of Service and Ministers • Responds to issues escalated by the Project Sponsor
Janine Hammat (EGM People & Culture)	Project Sponsor	<ul style="list-style-type: none"> • Establishes the agenda by articulating expectations, end points, deliverables (in terms of outcomes) and timeframes for the program of work • Champions and communicates this agenda • Escalates high and extreme risks and issues to the Project Owner • Responds to issues escalated by the Project Manager
Sean McDonnell (Senior Director, Workforce Relations)	Project Manager	<ul style="list-style-type: none"> • Responsible for project delivery and the Project Team • Assigns the required resources • Is the key contact/advisor for the Project Sponsor • Manages the day to day operations of the Project Officer • Escalates high and extreme risks and issues to the Project Sponsor • Responds to issues escalated by the Project Officer
Trevor Melksham (Director, Workforce Relations – Classification Projects)	Project Officer	<ul style="list-style-type: none"> • Accountable for the day-to-day management of set project deliverables, work streams and resources • Manage the delivery of project outputs to quality and schedule • Project level stakeholder engagement • Analyse and critique project to ensure risks, costs and deliverables are addressed • Reports to Project Manager and escalates issues and risks
Trevor Melksham / Other	Project Coordinator	<ul style="list-style-type: none"> • Secretariat to the Joint Working Party • Organises meetings • Prepares minutes and meeting papers • Monitors email correspondence

3.2 Governance structure and arrangements

The governance tiers for the Health Professional Classification Review are defined in the following table.

Group	Role	Membership	Frequency
CHS CEO	<ul style="list-style-type: none"> • Sets direction • Decision making, review and approval of recommendations 	CHS CEO	Completion of project
EAI Governance Group	<ul style="list-style-type: none"> • Monitors the implementation of enterprise agreements (EAI); • Provides oversight of committees and working parties responsible for EAIP projects, tasks and administrative actions 	CHS Executive Directors and Executive Group Managers	Quarterly
Joint Working Party	<ul style="list-style-type: none"> • Responsible for strategic oversight and leadership of the project • Prioritise the order of review for occupational groups including the applicable timetables, based on the following criteria: <ol style="list-style-type: none"> a) Where ARInS/allowances (including applications for ARInS) exist; b) Where there is evidence of abnormally high turnover and recruitment and retention considerations; and c) Any other relevant matter. • Consider all relevant information including data in other jurisdictions relevant to the occupations under review • Make recommendations to the head of service, which may include interim arrangements where appropriate. 	<ul style="list-style-type: none"> • One representative nominated by the CPSU • One representative nominated by the HSU • One representative nominated by Professionals Australia • One representative nominated by the Directorate • One representative nominated by Canberra Health Services • One representative nominated by Calvary Health Care ACT Ltd. 	Monthly
Working Groups	<ul style="list-style-type: none"> • Professional level input to ensure contributions and representation from all allied health professions • Reports to the Joint Working Party through the project officer 	<ul style="list-style-type: none"> • Relevant professional leads • Representatives from the different Directorates 	<ul style="list-style-type: none"> • TBC

3.3 Status Reporting

A status report will be provided to the JWP by the Project Officer at each monthly meeting. Updates will be provided to the CEO CHS as required by the Project Sponsor.

3.4 Schedule Management

A project schedule has been developed and will be frequently updated as activities progress and milestones are achieved and provided at [Attachment A](#).

3.5 Communication Strategy

A Communication Strategy will be developed and implemented in consultation with the Communications Team throughout the project lifecycle.

3.6 Risk Management

All risks will be assessed in accordance with the ACT Health Risk Management Policy and Framework and will be monitored and reported on throughout the life of the project.

A Risk Management Plan has been developed and provided at [Attachment B](#).

3.7 Issues Management

Issues, defined as risks that have materialised, will be captured within the Issues Register, and tabled at the Joint Working Party meetings, as well as tabled with the Working Groups as necessary. As delegated, issues will be addressed by the Project Officer.

3.8 Records Management

Records management will be in accordance with ACT *Territory Records Act 2002* legislation.

3.9 Benefits Realisation Plan

The benefits realisation plan aims to identify how the project will achieve the planned benefits. The benefits realisation plan is provided at [Attachment C](#).

3.10 Project Evaluation and Closure

At the completion of this project, a formal Closure Report will be generated to provide a summary of the project including an overview of the objectives, outstanding items, evaluation and lessons learned.

Attachment A – Project Schedule

Task	Start	Finish
Project Establishment		
Project Planning (plan and schedule)	01 February 2020	27 February 2020
Project Plan and Schedule Approval	28 February 2020	26 March 2020
Project Implementation		
Paper 1	01 February 2020	26 March 2020
Paper 2	01 February 2020	17 April 2020
Stakeholder workshops and questionnaires	04 May 2020	25 June 2020
Draft report – including classification structure	30 July 2020	26 November 2020
Final report	27 November 2020	28 January 2021
Closure and Evaluation		
Approval of final report by CEO CHS	01 February 2021	30 April 2021
Relevant changes to HPEA at next bargaining	30 April 2021	31 October 2021
Project Closed and Completed		

Attachment B – Risk Management Plan

No.	Risk Description	Current Controls	Risk Owner	Risk Assessment Level	Treatment Strategy
1	<p>Risk Statement: Project does not achieve intended outcomes.</p> <p><u>Possible Causes:</u> poor project planning, timeframe constraints do not allow for adequate planning and implementation, non-compliance to legal obligations</p> <p><u>Possible Consequences:</u> no agreed classification structure for inclusion in the next round of HPEA bargaining</p>	<p>Extensive project plan and schedule with realistic timeframes for completion of activities is in development.</p> <p>Ongoing monitoring and review of project status and direction to ensure alignment with objectives.</p> <p>Various methods of stakeholder engagement to capture and address staff concerns has been planned</p>	Project Sponsor	<p>Likelihood: Possible</p> <p>Consequence: Major</p> <p>Rating: High</p>	<p>Evaluate project outcomes and identify strategies to address gaps/opportunities.</p> <p>Clear communication strategy</p> <p>Escalate significant issues to the Joint Working Party.</p>
2	<p>Risk Statement: Limited capacity to deliver project outcomes in a timely manner.</p> <p><u>Possible Causes:</u> delay in commencement of project due to project officer recruitment issues, staff capacity to undertake work in addition to business as usual responsibilities.</p> <p><u>Possible Consequences:</u> significant delay in achieving project activities.</p>	<p>Establishing realistic timeframes to address limitations and develop strategies in consultation with appropriate staff members is in progress.</p> <p>Ongoing communication with appropriate staff members and key stakeholders on required tasks to complete and associated timeframes.</p>	Project Manager	<p>Likelihood: Likely</p> <p>Consequence: Major</p> <p>Rating: High</p>	<p>Action strategies as identified in the planning stages.</p> <p>Review timeframes, as required.</p> <p>Escalate to the Joint Working Party.</p>

3	<p>Risk Statement: Agreement unable to be reached on key decisions and issues.</p> <p><u>Possible Causes:</u> differing views on key decisions and issues, inconsistent information provided to different delegates/stakeholders.</p> <p><u>Possible Consequences:</u> project does not progress until a decision is made or issue has been resolved resulting in significant delays; unclear project direction</p>	<p>Frequent Working Group meetings on important matters to appropriate delegates in meetings to ensure key and consistent information is provided.</p> <p>Joint Working Party meetings scheduled on a monthly basis to discuss significant issues and reach agreement on key decisions.</p>	Joint Working Party	<p>Likelihood: Possible</p> <p>Consequence: Major</p> <p>Rating: High</p>	<p>Joint Working Party to discuss and reach agreement on key decisions.</p> <p>Working Groups to escalate to Joint Working Party when agreement on decisions are not achieved.</p>
4	<p>Risk Statement: Delays to provision of required information, approvals and key decisions.</p> <p><u>Possible Causes:</u> competing priorities, differing views on key matters causing delays to approvals and decisions</p> <p><u>Possible Consequences:</u> milestones significantly delayed and project is unable to progress until information is received or approvals and key decisions have been made</p>	<p>Timeframes are frequently and proactively communicated to stakeholders for when information, decision and approvals are required.</p> <p>Share project schedule to key stakeholders to allow stakeholders to allocate time to undertake work, communicate with their key stakeholders and provide information.</p>	Joint Working Party Project Officer	<p>Likelihood: Possible</p> <p>Consequence: Major</p> <p>Rating: High</p>	Escalate to the Joint Working Party for appropriate action.
5	<p>Risk Statement: Staff resistance to change on new classification structure.</p>	<p>Communication plan and strategies implemented e.g. regular staff workshops/engagement activities</p>	Joint Working Party	<p>Likelihood: Possible</p> <p>Consequence: Major</p> <p>Rating: High</p>	Continue frequent communication strategies (workshops, bulletins, updates to

	<p><u>Possible Causes:</u> staff disagreement with the proposed new structure, staff change fatigue</p> <p><u>Possible Consequences:</u> increased staff dissatisfaction, absence and potential departure from organisation; decreased staff performance levels</p>	<p>and dedicated intranet page to socialise and provide information on and opportunity to input into new classification structure.</p> <p>Dedicated email address for staff to provide feedback.</p>	Project Officer		intranet) to inform staff of opportunities to provide input and subsequent proposed changes.
6	<p><u>Risk Statement:</u> Minimal project stakeholder engagement and access.</p> <p><u>Possible Causes:</u> key project stakeholders (e.g. Working Group/Steering Committee members, external stakeholders) absent/on leave, competing priorities, conflicting calendar schedules, resistance to change</p> <p><u>Possible Consequences:</u> project will not progress or will be significantly delayed due to key stakeholders unable to attend meetings or undertake required work</p>	<p>Identify period of significant key stakeholder absence to factor into schedule.</p> <p>Identify an appropriate proxy for the stakeholder during periods of absence if appropriate.</p>	Project Team	<p>Likelihood: Possible</p> <p>Consequence: Major</p> <p>Rating: High</p>	<p>Continue to engage key stakeholders to identify availability/leave.</p> <p>Escalate to Joint Working Party.</p>

Attachment C – Benefits Realisation Plan

Benefit Description	Methodology	Baseline Measure Description	Baseline Date	Target Measure Description	Target Date
<i>[Describe the benefit]</i>	<i>[Describe how the benefit will be measured including source of data, frequency of measurement]</i>	<i>[Identify baseline measure including data or description of current service]</i>	<i>[Identify date baseline measure was collated]</i>	<i>[Identify target measure ensuring this measure aligns with project outcomes]</i>	<i>[Identify date of when target measure will be collated]</i>
Improved AH staff satisfaction with the classification structure through implementing a robust and defensible structure	Successful ballot supporting a new enterprise agreement	Agreement with unions prior to next EA ballot	Not applicable	A successful ballot is 50% + 1 vote.	At date of next EA ballot