

## Agenda

28 March 2019

10:00 am – 12:00 pm

Meeting room, ACT Legislative Assembly Building

	Speaker	Time
<b>Item 1</b> Welcome and apologies	Chair	2 mins
<b>Item 2</b> Introduction by Chair	Chair	3 mins
<b>Item 3</b> Discussion items		
3.1 Membership	Chair	5 mins
3.2 Culture Review Oversight Group (CROG) Terms of Reference	Chair	15 mins
3.3 Referrals	D-G	15 mins
<b>Item 4</b> Information items		
4.1 Implementation Timeline	D-G	20 mins
4.2 Updates from Leadership Team	D-G	20 mins
- Mr Michael De'Ath, Director-General ACT Health		
- Ms Bernadette McDonald, CEO, Canberra Health Services		
- Ms Barbara Reid, Regional CEO Calvary ACT		
4.3 Culture Review Implementation Steering Group (CRISG)	D-G	5 mins
4.4 Communications Plan	D-G	2 mins
4.5 Government Response – mid May 2019	Chair	2 mins
<b>Item 5</b> Other Business		
5.1 Meeting schedule for 2019	Chair	2 mins
5.2 Communications about CROG meetings - communique	Chair	5 mins
5.3 General themes for communique for 28/3 meeting (verbal)	Chair	5 mins

Next meeting: ..... June 2019

## Meeting Paper

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**Agenda Item:** 3.1

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**Topic:** Membership

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**Meeting Date:** 28 March 2019

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**Action Required:** Noting and Action

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**Cleared by:**

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**Presenter:** Chair

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### Purpose

1. For the meeting to endorse the membership and for members to introduce themselves.

### Background

2. The list for membership of the Culture Review Oversight Group (CROG) was provided in Recommendation 18 of the Final Report of the Independent Review into the Workplace Culture within ACT Public Health Services.
3. Recommendation 18 of the Report provides a suggested list of members for the CROG:  
*The Group should be chaired by the Minister for Health and Wellbeing, and include the Minister for Mental Health, the Director-General Health Directorate, the CEO Canberra Health Services, the General Manager Calvary Public Hospital, Senior Executives across the ACT Public Health System, the Executive Director Health Care Consumers Association of the ACT, President of the AMA (ACT), Branch Secretary ANMF (ACT), and Regional Secretary CPSU.*

### Issues

4. In line with the recommendation of the Review, the membership of the CROG is:
  - Minister for Health and Wellbeing (Chair)
  - Minister for Mental Health (Deputy Chair)
  - Director-General, Health Directorate
  - Chief Executive Officer, Canberra Health Services
  - Regional Chief Executive Officer, Calvary ACT
  - Regional Secretary, CPSU
  - Branch Secretary, ANMF ACT
  - President, AMA ACT

- President, Health Care Consumers Association (ACT)
  - Executive Branch Manager, Culture Review Implementation Team [ex-officio]
5. After consideration and considering the theme of clinical engagement in the Final Report, the Chair seeks to add ASMOF and the VMOA to the membership of the CROG.
  6. Similarly, after careful consideration of the themes around research, the Chair proposes to add the Deans of Health from ANU and University of Canberra.
  7. The Chair therefore proposes the following membership of the CROG
    - Minister for Health and Wellbeing (Chair)
    - Minister for Mental Health (Deputy Chair)
    - Director-General, Health Directorate
    - Chief Executive Officer, Canberra Health Services
    - Regional Chief Executive Officer, Calvary ACT
    - Regional Secretary, CPSU
    - Branch Secretary, ANMF ACT
    - President, AMA ACT
    - President, Health Care Consumers Association (ACT)
    - President, ASMOF
    - President, VMOA ACT
    - Dean, College of Health and Medicine ANU
    - Executive Dean, Faculty of Health, University of Canberra
- Executive Branch Manager, Culture Review Implementation Team [ex-officio]

## Recommendation

That the Committee:

- *Endorse the proposed extended membership of CROG*
- *Give a two minute introduction of themselves at the meeting.*

## Meeting Paper

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**Agenda Item:** 3.2

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**Topic:** Terms of Reference for the Culture Review Oversight Group

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**Meeting Date:** 28 March 2019

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**Action Required:** Noting and Action

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**Cleared by:**

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**Presenter:** Chair

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### Purpose

1. For the meeting to endorse the draft Terms of Reference (TORs) for the Culture Review Oversight Group (CROG).

### Background

2. The draft TORs of the CROG have been developed in line with the Recommendations of the Final Report of the Independent Review into the Workplace Culture within ACT Public Health Services.

### Issues

3. The draft TORs are attached.
4. The TORs are consistent with the requirements of peak committees across the health portfolio.
5. Of particular note are:
  - the standing agenda template; (attached)
  - the membership section which outlines the process for handling conflict of interest and remuneration;
  - the general policy of no proxies;
  - communication of issues between meetings;
  - confidentiality requirements; and
  - communique.

### Recommendation

That the Committee:

- *endorse the attached Terms of Reference for the CROG including the standing agenda template.*

# Culture Review Oversight Group

## Draft TERMS OF REFERENCE



ACT Health

<b>Role</b>	<p>The role of the Culture Review Oversight Group (CROG) is to provide a forum that oversees the implementation of the recommendations of the Final Report of the Review into the Workplace Culture in ACT Public Health Services (the Review). (March 2019)</p>
<b>Values and Behaviours</b>	<p>Participation and engagement in the Committee will reflect organisational values and the commitment to collaborating within strong governance frameworks. Members will display signature behaviours such as:</p> <ul style="list-style-type: none"> <li>• Accountable, transparent, decision-making</li> <li>• Genuine and respectful engagement with colleagues within the Directorates, across the ACT Public Service and the Health System and with community members</li> <li>• Open sharing of information to improve the delivery of services, to enable good governance, quality and accurate reporting and the development of evidence-based policies and programs</li> <li>• Innovative improvement of systems and services to achieve safe and effective person and family-centred care, and</li> <li>• Confidentiality of the process.</li> </ul>
<b>Membership</b>	<ul style="list-style-type: none"> <li>○ Minister for Health and Wellbeing (Chair)</li> <li>○ Minister for Mental Health (Deputy Chair)</li> <li>○ Director-General, Health Directorate</li> <li>○ Chief Executive Officer, Canberra Health Services</li> <li>○ Regional Chief Executive Officer, Calvary ACT</li> <li>○ Regional Secretary, CPSU</li> <li>○ Branch Secretary, ANMF ACT</li> <li>○ President, AMA ACT</li> <li>○ President, Health Care Consumers Association (ACT)</li> <li>○ Executive Branch Manager, Culture Review Implementation Team [ex-officio]</li> <li>[possible additional members to be discussed at inaugural meeting]</li> <li>○ President, ASMOF</li> <li>○ President, VMOA ACT</li> <li>○ Dean, College of Health and Medicine ANU</li> <li>○ Executive Dean, Faculty of Health, University of Canberra</li> </ul> <p>The CROG may also co-opt other individuals or representatives of organisations from time to time with the agreement of the Chair where special expertise or experience is required to assist the CROG in its work.</p>

	<p>Members will be asked to declare any actual, potential, or perceived conflicts of interest, at each meeting.</p> <p>There will be no sitting fees provided for meetings; however, travel or out of pocket costs will be reimbursed for attendance at meetings for stakeholder members and any subject matter experts requested to attend with the agreement of the Chair. Receipts should be submitted to the Secretariat.</p>
<b>Secretariat</b>	Secretariat Support will be provided from the Culture Review Implementation Team within the Office of the Director- General
<b>Meeting Frequency</b>	<p>Meetings are to be held quarterly, or as required by the Chair.</p> <p>The Ministers or the ACT Health Leadership team (DG HD, CEO CHS or Regional CEO Calvary) may also seek the CROG's advice on an 'out-of-session basis'. The Secretariat will circulate comments to members and provide a summary at the subsequent meeting.</p>
<b>Quorum</b>	At least 50% +1 of members in attendance shall be deemed to be a quorum. With the Chair and ACT Health leadership team as mandatory attendees.
<b>Absences from Meetings and Proxy Attendance</b>	<p>All Members are strongly encouraged to prioritise meetings.</p> <p>The CROG will have a general policy of no proxies, however the Chair may consider special circumstances. If a member requires a leave of absence, they are to formally write to the Chair at least three weeks before the quarterly meeting outlining the reasons for non-attendance and may request a proxy attend in their place. The request for a proxy will be considered on a case-by-case basis.</p> <p>If a member has not attended two meetings in a row, then they shall forfeit their membership and the Chair will appoint another member.</p>
<b>Functions</b>	<p>The CROG will:</p> <ul style="list-style-type: none"> <li>• Review progress and updates on the Implementation Plan with a particular focus on assessment of actions and progress against goals;</li> <li>• Auspice an annual, independent and external review of the extent of implementation of the recommendations of the Review and consequent impact on cultural changes within the ACT Public Health System;</li> <li>• Guide action under the Implementation Plan, including addressing issues of policy and strategy that impact on the delivery of the Implementation Plan; and</li> <li>• inform the updates of the Implementation Plan.</li> </ul>

<b>Reporting Mechanisms</b>	<p>The Culture Review Oversight Group is the peak governance committee for the Culture Review Implementation.</p> <p>The CROG receives information, regular reports and issues for escalation from members, through the Secretariat.</p> <p>The Culture Review Implementation Steering Group (CRISG) reports to the CROG.</p> <p>The CROG will provide a quarterly update to Government through the Chair. Following Government consideration, the CROG will issue a communique.</p>
<b>Meetings and Agenda Requests</b>	<p>Meeting papers and the Agenda will be cleared by the Chair and circulated one week in advance of meetings.</p> <p>Meeting papers will be considered in-confidence by all members. Any other material that is made available to CROG members which is by its nature confidential, marked as confidential or that the member ought to know is confidential, will be kept secret and confidential and not disclosed to anyone outside the CROG.</p> <p>Requests for agenda items and papers should be submitted to the Secretariat at least two weeks prior to the meeting.</p> <p>Papers will be distributed to members electronically five working days prior to the meeting taking place.</p>
<b>Standing Agenda Items</b>	<p>A summary of standing agenda items is at Attachment A.</p>
<b>Minutes</b>	<p>The Secretariat will prepare minutes of each meeting, and record actions items. Minutes and action items will be distributed within two weeks of the meeting taking place.</p>
<b>TOR Review Frequency</b>	<p>The Terms of Reference will be reviewed annually, or as required to ensure alignment with governance arrangements.</p> <p>The next review is due by March 2020.</p>
<b>TOR Approval</b>	<p>Meegan Fitzharris, MLA Minister for Health and Wellbeing March 2019</p>

## Standing Agenda

Xx Month 20xx

Xx:xx – xx:xx

Meeting room and Building

	Speaker	Time
<b>Item 1</b> Welcome and apologies	Chair	xx min
<b>Item 2</b> Minutes of the previous meeting		
2.1 Minutes from (date) – for endorsement		
2.2 Actions arising – for noting		
<b>Item 3</b> Discussion items – <i>items for discussion/decision go here</i>		
3.1 Update from Chair (High level matters as well as concerns and emerging issues facing the Implementation)	xxx	xx min
	xxx	xx min
3.2 Updates from Leadership Team Matters (on progress including concerns and emerging issues facing the Implementation in each area of the portfolio)		
<b>Item 4</b> Information items – <i>items that are for noting go here</i>		
4.1 Implementation Register (submitted by CRISG)	xx	x min
4.2 Communications Plan update	xxx	x min
<b>Item 5</b> Committee Reports		
5.1 Culture Review Implementation Strategy Group (CRISG)	xxx	x min
5.2 add here		
<b>Item 6</b> Other Business	xx	x min
6.1 Meeting schedule for 2019		
6.2 Communique from this meeting		

Next meeting: (date) (year)



## Meeting Paper

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**Agenda Item:** 3.3

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**Topic:** Referrals by Review

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**Meeting Date:** 28 March 2019

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**Action Required:** Noting (to be tabled at the meeting - not for circulation)

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**Cleared by:**

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**Presenter:** Director-General

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### Purpose

1. That members note the approach to be taken for referrals from the Review.

### Background

2. There has been interest from stakeholders, the media and the ACT Legislative Assembly about the referrals made by the Independent Review into Workplace Culture within ACT Public Health Services (the Review).
3. The Reviewers decided if they were to identify the clusters that this would 'focus attention on these areas to the detriment of recognising the pervasive nature of poor workplace behaviours throughout' the system (page 13 of the Final Report).
4. The Review has advised the Chair that the referral of clusters was drawn from analysis of submissions to the Review but the Review did not investigate them on a case-by-case basis. Each referral related to a cluster of similar concerns raised in a particular work area.
5. The Review advised that the referrals were made to Senior Executives (the Director-General, CEO and General Manager Calvary ACT) between December 2018 and February 2019; and a letter was sent to the Minister for Health and Wellbeing following the release of the Final Report (see Attachment – letter from Independent Review into the Workplace Culture Within ACT Public Health Services).

### Issues

6. As you may be aware, the Final Report states (p.12):

*During analysis, it became apparent that a number of submissions repeatedly citing bullying and inappropriate behaviours were clustered in a few sections of the ACT Public Health System. As previously mentioned, it was outside the scope of this Review to investigate such allegations. Nevertheless, where these clusters were identified, the relevant Senior Executive was advised. The confidentiality of submissions was maintained in these referrals.*

*Consideration was given by the Reviewers to identify these clusters in this Report. On balance, it was thought this would focus attention on these areas to the detriment of recognising the pervasive nature of poor workplace behaviours throughout the ACT Public Health System. One of the tasks of the 'Cultural Review Oversight Group' proposed in Section 10, should be to monitor ongoing improvements in these areas. Where Reviewers were particularly concerned during interviews about the wellbeing of an individual, with the agreement of that individual, again the relevant Senior Executive was notified and/or the option was given to the individual to refer their issue to the ACT Public Sector Standards Commissioner.*

7. The issue of individual referrals is not able to be further discussed in CROG. The Review has advised that where Reviewers were particularly concerned about the wellbeing of an individual, that person was advised by the Reviewer on ways forward. The Review did not provide the Minister nor the Health Portfolio with a list of these type of referrals. The information on individual referrals is known only to the individual themselves and the Senior Executive or the Commissioner who was contacted by the Reviewer or the individual. Any discussion, even a general one, would risk compromising the privacy of the individuals involved.
8. The clusters referred by the Review are reproduced below:

## **Referrals**

Work area	Nature of concerns raised
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]



# INDEPENDENT REVIEW INTO THE WORKPLACE CULTURE WITHIN ACT PUBLIC HEALTH SERVICES

08 March 2019

Ms Megan Fitzharris MLA  
Minister for Health and Wellbeing  
Chair of the Cultural Review Implementation Group

Dear Minister

This letter provides an overview of referrals made by the Independent Review into Workplace Culture within ACT Public Health Services (the Review). These referrals were drawn from analysis of submissions, the Review has not investigated them on a case-by-case basis. Each referral relates to a cluster of concerns raised in a particular work area and all were referred to the relevant Executive between December 2018 and February 2019.

Providing these referrals to the Executive ensured they could commence activities to gain a greater understanding of staff concerns, and develop a tailored plan to address them. No specific details (examples) from individual submissions, or the identity of submitters, was provided to the Executive in these referrals. The referral letters provided the work area and nature of concerns raised for each area in a similar format to Page 2 of this letter.

As you are aware the Final Report states (p.12):

*During analysis, it became apparent that a number of submissions repeatedly citing bullying and inappropriate behaviours were clustered in a few sections of the ACT Public Health System. As previously mentioned, it was outside the scope of this Review to investigate such allegations. Nevertheless, where these clusters were identified, the relevant Senior Executive was advised. The confidentiality of submissions was maintained in these referrals.*

*Consideration was given by the Reviewers to identify these clusters in this Report. On balance, it was thought this would focus attention on these areas to the detriment of recognising the pervasive nature of poor workplace behaviours throughout the ACT Public Health Service. One of the tasks of the 'Cultural Review Oversight Group' proposed in Section 10 should be to monitor ongoing improvements in these areas. Where Reviewers were particularly concerned during interviews about the wellbeing of an individual, with the agreement of that individual, again the relevant Senior Executive was notified and/or the option was given to the individual of referral of their issue to the ACT Public Sector Standards Commissioner.*

To support this activity the details of clusters in work areas and concerns raised are provided below.



## Meeting Paper

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**Agenda Item:** 4.1

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**Topic:** Implementation Timeline

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**Meeting Date:** 28 March 2019

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**Action Required:** Noting

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**Cleared by:**

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**Presenter:** Director-General Health

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### Purpose

1. For the meeting to note the implementation timeline for recommendations from the Final Report of the Independent Review into the Workplace Culture within ACT Public Health Services.

### Background

2. The Final Report of the Independent Review into the Workplace Culture within ACT Public Health Services contained a high level timeline for implementation of the recommendations.

### Issues

3. The Implementation Timeline is attached.
4. The health portfolio has begun early work on implementing the recommendations since the release of the report on 7 March 2019.
5. The Leadership Team (Director-General Health Directorate, CEO Canberra Health Services and the Regional CEO Calvary ACT) will provide a brief outline of current work underway.
6. Detailed project planning is in its early stages. The Culture Review Implementation Steering Group (see agenda item 4.3) will also hold its inaugural meeting in April 2019.
7. A more comprehensive report on implementation will be available at the next CROG meeting.

### Recommendation

That the Committee:

- *Note the implementation timeline.*



### Implementation Timeline:

Recommendation	Implementation lead/s	Actions	2019	2020	2021
1. That the three arms of the ACT Public Health System should commence a comprehensive process to re-engage with staff in ensuring the vision and values are lived, embraced at all levels, integrated with strategy and constantly reflected in leadership. To achieve this the Health Directorate should take the lead in providing the necessary tools and guidelines and coordinate the implementation by Canberra Health Services, Calvary Public Hospital and the Health Directorate.	All	Commence values and vision work	6 months		
		Embed Vision and Values		12 months	
		Evaluate			6 months

Recommendation	Implementation lead/s	Actions	2019		2020	2021	
2. That Canberra Health Services and Calvary Public Hospital in conjunction with the Health Directorate develop an appropriate suite of measures that: <ul style="list-style-type: none"> <li>reflect on elements of a great health service - both culture and strategy</li> <li>monitor patient/client perspectives of outcomes/experience, and</li> <li>engage clinicians in their development.</li> </ul>	Canberra Health Services and Calvary Public Hospital	Commence developing suite of measures		6 months			
	All	Implement/monitor suite of measures			12 months		
		Conduct all staff survey (evaluate)		3			3



Recommendation	Implementation lead/s	Actions	2019		2020	2021	
3. That a program designed to promote a healthier culture to reduce inappropriate workplace behaviour and bullying and harassment be implemented across the ACT Public Health System. The model adopted should be based on the Vanderbilt University Medical Center Patient Advocacy Reporting System (PARS) and Co-worker Observation Reporting System (CORS).	All	Planning, procurement and foundational work		9 months			
		Implementation			12 months		
		Program delivery				Ongoing	

Recommendation	Implementation lead/s	Actions	2019	2020	2021
<p>4. The Health Directorate convene a summit of senior clinicians and administrators of both Canberra Health Services and Calvary Public Hospital to map a plan of improved clinical services coordination and collaboration.</p>	<p>Health Directorate</p>	<p>Plan and conduct first summit</p>	<div data-bbox="1323 411 1444 459">6 months</div>		

Recommendation	Implementation lead/s	Actions	2019		2020	2021	
5. The CEO of Canberra Health Services should review mechanisms to better integrate clinical streams of the community health services within the Clinical Divisional Structures.	Canberra Health Services	Review mechanisms and integrate Community Health Services					

Recommendation	Implementation lead/s	Actions	2019	2020	2021
6. That the Health Directorate re-establish open lines of communication with the NGO sector and other external stakeholders. The proposal by the Alcohol, Tobacco and Other Drug Association (ATODA) and the Mental Health Community Coalition ACT (MHCC) to establish a peak NGO Leadership Group to facilitate this new partnership is supported.	Health Directorate	Commence re-opening of communication lines	6 months		
		Establish NGO Leadership Group		6 months	
		Continue meetings			Ongoing

Recommendation	Implementation lead/s	Actions	2019	2020	2021
7. The initiatives already underway to develop a valued and more coordinated research strategy in partnership with the academic sector and others are strongly supported. These provide a mechanism to encourage professional development and address culture, education, training, research and other strategic issues.	Health Directorate	Review existing arrangements (develop relationships, define positions)	9 months		
		Produce academic partnership and training strategy	6 months		
		Implement academic partnership and training strategy		12 months	

Recommendation	Implementation lead/s	Actions	2019	2020	2021
8. That discussions occur between ACT and NSW with a view to developing a Memorandum of Understanding (MoU) for improved collaboration between the two health systems for joint Ministerial consideration.	Health Directorate	Commence negotiations	9 months		
		Implement MOU		3	

Recommendation	Implementation lead/s	Actions	2019	2020	2021
<p>9. Clinical engagement throughout the ACT Public Health System, particularly by the medical profession, needs to be significantly improved.</p> <p>Agreed measures of monitoring such improvement needs to be developed through consensus by both clinicians and executives. Such measures should include participation in safety, quality and improvement meetings, reviews and other strategy and policy related initiatives.</p>	Canberra Health Services and Calvary Hospital	Agree measures	9 months		
		Ongoing monitoring and reporting		Ongoing	

Recommendation	Implementation lead/s	Actions	2019	2020	2021
10. There should be a clear requirement for senior clinicians to collaboratively participate in clinical governance activities.	Canberra Health Services and Calvary Hospital	Develop governance participation plan	3		
		Commence participation		6 months	
		Monitor participation		Ongoing	



Recommendation	Implementation lead/s	Actions	2019	2020	2021
11. Canberra Health Services and Calvary Public Hospital should assess the appropriateness of the Choosing Wisely initiative as a mechanism for improving safety and quality of care, developing improved clinical engagement and greater involvement in clinical governance.	Canberra Health Services and Calvary Hospital	Assess program	6 months		
		Implement and monitor		Ongoing	

Recommendation	Implementation lead/s	Actions	2019	2020	2021
12. That Canberra Health Services adopt the progressive evolution of clinically qualified Divisional Directors across each Clinical Division with Business Manager support and earned autonomy in financial and personnel management.	Canberra Health Services	Conduct pilot	12 months		
		Rollout full recommendations		21 months	

Recommendation	Implementation lead/s	Actions	2019	2020	2021
13. That an executive leadership and mentoring program be introduced across the ACT Public Health System specifically designed to develop current and future leaders. This program should include both current and emerging leaders.	All	Planning	12 months		
		Implementation		21 months	

Recommendation	Implementation lead/s	Actions	2019		2020	2021	
14. The three arms of the ACT Public Health System should review their HR staffing numbers and functions in light of the concerns staff have expressed regarding timeliness and confidence in current HR procedures, and the future needs for HR, as proposed in this Review.	All	Conduct initial review	9 months				
		Implement changes		12 months			
		Evaluate				3	

Recommendation	Implementation lead/s	Actions	2019	2020	2021
15. The recruitment processes in the ACT Public Health System should follow principles outlined in the Enterprise Agreements, <i>Public Sector Management Act 1994</i> and relevant standards and procedures.	All	Review staff advice including intranet material and implement changes as required	6 months		
		Continually monitor/evaluate recruitment activity		Ongoing	

Recommendation	Implementation lead/s	Actions	2019	2020	2021
16. The range of training programs for staff offered by the ACT Public Health System should be reviewed with respect to their purpose, target audience, curriculum, training styles and outcomes so that they address the issues raised in this Review.	All	Conduct training program review	9 months		
		Implement changes		6 months	

Recommendation	Implementation lead/s	Actions	2019	2020	2021
<p>17. Should the recommendations of this Review be accepted, a public commitment should be jointly made by the Ministers for Health and Wellbeing, and Mental Health, the Director-General Health Directorate, the CEO Canberra Health Services, the General Manager Calvary Public Hospital, and key representative organisations to collectively implement the recommendations of this Review to ensure ongoing cultural improvement across the ACT Public Health System.</p>	Ministers and Executive	Deliver public commitment	<div data-bbox="1323 517 1386 564">3</div>		

Recommendation	Implementation lead/s	Actions	2019	2020	2021
18. A 'Cultural Review Oversight Group' should be established to oversight the implementation of the Review's recommendations. The Group should be chaired by the Minister for Health and Wellbeing, and include the Minister for Mental Health, the Director-General Health Directorate, the CEO Canberra Health Services, the General Manager Calvary Public Hospital, Senior Executives across the ACT Public Health System, the Executive Director Health Care Consumers Association of the ACT, President of the AMA (ACT), Branch Secretary ANMF (ACT), and Regional Secretary CPSU.	Minister and Health Directorate	Commence Group activities	3		
		Quarterly Group Meetings	Ongoing		



Recommendation	Implementation lead/s	Actions	2019		2020		2021	
<p>19. That the 'Cultural Review Oversight Group' auspice for the next three years, an annual, independent and external review of the extent of implementation of the recommendations of the Review and consequent impact on cultural changes within the ACT Public Health System.</p>	Cultural Review Oversight Group	Annual review		3		3		3

Recommendation	Implementation lead/s	Actions	2019	2020	2021
<p>20. As a result of this Review, the 'Cultural Review Oversight Group' should engage with staff in the development of a change management and communications strategy, which clearly articulates to staff, patients/clients and the community the nature of the issues to be addressed and the mechanisms for doing it.</p>	<p>Cultural Review Oversight Group</p>	<p>With staff, collaboratively develop a change management and communication strategy</p>	<div data-bbox="1339 464 1565 512">12 months</div>		

## Meeting Paper

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**Agenda Item:** 4.3

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**Topic:** Culture Review Implementation Steering Group

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**Meeting Date:** 28 March 2019

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**Action Required:** Noting

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**Cleared by:**

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**Presenter:** Michael De'Ath, Director-General

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### Purpose

1. For the meeting to note the draft Terms of Reference (TORs) for the Culture Review Implementation Steering Group (CRISG).

### Background

2. The draft TORs of the CRISG have been developed in line with the requirements of peak committees across the health portfolio. They also reflect the Recommendations of the Final Report of the Independent Review into the Workplace Culture within ACT Public Health Services.

### Issues

3. The draft TORs are attached.
4. The CRISG will facilitate the implementation of the recommendations and assist CROG in its work.
5. The CRISG will report directly to the CROG through the Chair.
6. The CRISG will provide a report to CROG meetings and will brief CROG on any issues arising from implementation.

### Recommendation

That the Committee:

- *note the attached Terms of Reference for the CRISG.*

# Culture Review Implementation Steering Group Draft TERMS OF REFERENCE



ACT Health

<b>Role</b>	<p>The role of the Culture Review Implementation Steering Group (CRISG) is to provide a forum that facilitates the implementation of the recommendations of the Final Report of the Review into the Workplace Culture in ACT Public Health Services (the Review). (March 2019).</p> <p>The CRISG will:</p> <ul style="list-style-type: none"> <li>• assist the Culture Review Oversight Group (CROG) with the work of overseeing the implementation of the Review recommendations;</li> <li>• oversight and facilitate the annual review of workplace culture</li> <li>• Ensure there is clear and effective governance around the culture review implementation, including discussion on new and emerging issues, opportunities and risks;</li> <li>• Facilitate information sharing and discussion of key issues affecting the culture review implementation;</li> <li>• Consider issues around organisational leadership and culture as they relate to the culture review implementation;</li> <li>• Support the Leadership Team (Director-General Health, CEO Canberra Health Services and the Regional CEO Calvary ACT) to meet their responsibilities stipulated within the Culture Review recommendations; and</li> <li>• Ensure alignment of implementation work across the Portfolio.</li> </ul>
<b>Values and Behaviours</b>	<p>Participation and engagement in the Committee will reflect organisational values and the commitment to collaborating within strong governance frameworks. Members will display signature behaviours such as:</p> <ul style="list-style-type: none"> <li>• Accountable, transparent, decision-making</li> <li>• Genuine and respectful engagement with colleagues within the Directorates, across the ACT Public Service and the Health System and with community members</li> <li>• Open sharing of information to improve the delivery of services, to enable good governance, quality and accurate reporting and the development of evidence-based policies and programs, and</li> <li>• Innovative improvement of systems and services to achieve safe and effective person and family-centred care.</li> </ul>

<b>Membership</b>	<ul style="list-style-type: none"> <li>○ Director-General, Health Directorate (Chair)</li> <li>○ Chief Executive Officer, Canberra Health Services (Deputy Chair)</li> <li>○ Regional Chief Executive Officer, Calvary ACT (Deputy Chair)</li> <li>○ Executive Director, People and Culture, CHS</li> <li>○ Executive Director, Corporate and Governance, HD</li> <li>○ Executive Branch Manager, Culture Review Implementation Team</li> </ul> <p>Relevant agency project officers responsible for ensuring efficient implementation will also be invited to attend to support the CRISG</p> <p>The CRISG may also co-opt other individuals or representatives of organisations from time to time with the agreement of the Chairs where special expertise or experience is required to assist the CRISG in its work.</p> <p>Members will be asked to declare any actual, potential, or perceived conflicts of interest, at each meeting.</p>
<b>Secretariat</b>	Secretariat Support will be provided from the Culture Review Implementation Team within the Office of the Director- General
<b>Meeting Frequency</b>	Meetings are to be held monthly, or as required by the Chairs.
<b>Quorum</b>	At least 50% +1 of members in attendance shall be deemed to be a quorum. With the Chair and Deputy Chairs as mandatory attendees.
<b>Absences from Meetings and Proxy Attendance</b>	All Members are strongly encouraged to prioritise meetings. Absences or proxy requests are to be submitted to the Secretariat a week prior to the meeting.
<b>Functions</b>	<p>The Culture Review Implementation Steering Group has been established to:</p> <ul style="list-style-type: none"> <li>• provide leadership and oversight of a sustained, transparent and measurable approach to the implementation of the Review recommendations;</li> <li>• provide advice and direction to the Culture Review Oversight Group on implementation priorities and initiatives;</li> <li>• action any requests from the CROG including for further work or advice on culture review implementation</li> <li>• establish and monitor key priorities and strategies for implementation;</li> <li>• establish governance arrangements, to ensure appropriate authority, responsibility and accountability in implementing the review recommendations is supported across the organisation by its structure, delegations, policies and committee arrangements; and</li> <li>• action the escalation of issues, risks, opportunities and recommendations from the Culture Review Oversight Group.</li> </ul>

<b>Reporting Mechanisms</b>	<p>The CRISG reports to the CROG through the Chair.</p> <p>The Committee receives information, regular reports and issues for escalation on implementation matters from each member.</p> <p>In addition, all members of the CRISG are required to report on critical culture review implementation issues within their Division and/or professional group.</p> <p>Other organisational executives may also make direct submissions to the CRISG following approval from the Chair.</p>
<b>Meetings and Agenda Requests</b>	<p>Requests to list agenda items and papers should be received by the Secretariat at least one week prior to the meeting.</p> <p>Papers will be distributed to members electronically at least three days prior to the meeting taking place.</p>
<b>Standing Agenda Items</b>	<p>A summary of standing agenda items is at Attachment A.</p>
<b>Minutes</b>	<p>The Secretariat will prepare minutes of each meeting, and record actions items. Minutes and action items will be distributed within one week of the meeting taking place.</p>
<b>TOR Review Frequency</b>	<p>The Terms of Reference will be reviewed annually, or as required to ensure alignment with governance arrangements. The Committee will cease operation in March 2022 following full implementation of the cultural review.</p> <p>The next review is due by March 2020.</p>
<b>TOR Approval</b>	<p>Michael De'Ath Director-General ACT Health Directorate March 2019</p>

## Meeting Paper

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**Agenda Item:** 4.4

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**Topic:** Communications Plan

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**Meeting Date:** 28 March 2019

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**Action Required:** Noting

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**Cleared by:**

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**Presenter:** Chair

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### Purpose

1. For the meeting to note.

### Background / Issues

2. Communications will be an important element in ensuring strong staff and stakeholder engagement in the implementation process.
3. The Communications Plan for the Implementation will be developed by the Directorate Communications Team in close consultation with the Executive Branch Manager Culture Review Implementation.
4. The Communications Plan will be provided to CROG at its next meeting.

### Recommendation

That the Committee:

- *Note that the Communications Plan will be developed as a priority.*

## Meeting Paper

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**Agenda Item:** 4.5

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**Topic:** Government Response to the Final Report

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**Meeting Date:** 28 March 2019

---

**Action Required:** Noting

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**Cleared by:**

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**Presenter:** Chair

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### Purpose

1. For the meeting to note.

### Background / Issues

2. The Minister for Health and Wellbeing released the Final Report of the Independent Review into the Workplace Culture within ACT Public Health Services on 7 March 2019.
3. The Report was tabled in the ACT Legislative Assembly on 19 March 2019.
4. The Government has committed to providing a response to the Final Report in May 2019.
5. The Chair will write to CROG members prior to the tabling of the Government Response. The Secretariat will send a copy of the Response when it has been tabled in the ACT Legislative Assembly.

### Recommendation

That the Committee:

- *Note that a Government Response to the Final Report will be tabled in May 2019.*



## Meeting Paper

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**Agenda Item:** 5.1

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**Topic:** CROG Meeting Schedule for 2019

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**Meeting Date:** 28 March 2019

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**Action Required:** Noting

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**Cleared by:**

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**Presenter:** Chair

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### Purpose

1. For the meeting to note the proposed meeting schedule for the quarterly CROG meetings for 2019.

### Background / Issues

2. The following dates and times are proposed for the CROG meetings for 2019.

[this brief will be finalised shortly and will be sent with annotated agenda when dates are finalised]

June 2019

September 2019

December 2019

### Recommendation

That the Committee:

- *Note and diarise the dates for the CROG meetings in 2019*

## Meeting Paper

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**Agenda Item:** 5.2

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**Topic:** Communications about CROG Meetings including Communiques

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**Meeting Date:** 28 March 2019

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**Action Required:** Noting

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**Cleared by:**

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**Presenter:** Chair

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### Purpose

1. For the meeting to note the arrangements for communications following the CROG meetings.

### Background / Issues

2. General themes for a communique for each CROG meeting will be agreed at the meeting.
3. Following each CROG meeting, the Chair will brief Government on the meeting and any issues arising.
4. A communique will then be finalised and sent out to members for communication with their membership/stakeholders.

### Recommendation

That the Committee:

- *Note the arrangements for communications about the CROG meetings and issues arising.*

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Ms Meegan Fitzharris MLA  
Chair  
Culture Review Oversight Group  
ACT Legislative Assembly  
GPO Box 1020  
CANBERRA ACT 2601

27 March 2019

By email: [FITZHARRIS@act.gov.au](mailto:FITZHARRIS@act.gov.au)

Dear Minister

**Culture Review Oversight Group – 28 March 2019 Meeting.**

Thank you for arranging the above meeting and providing the agenda and meeting papers.

Given the short timeframe between the provision of the papers and the meeting, I thought it might be helpful to provide my response in writing. I request that, as a matter of urgency, you circulate this correspondence to the other members of the Culture Review Oversight Group ('CROG').

There are several matters that relate to tomorrow's meeting that require consideration in relation to diverging from the final recommendations of the Independent Review ('Final Recommendations'), the administrative processes of drafting and issuing the meeting papers, organisational issues relevant to AMA (ACT) and the substantive agenda items you have proposed.

***Diverging from the Final Recommendations***

**1. Process and Reasons**

I propose that where the CROG or the Culture Review Implementation Steering Group ('CRISG') propose to diverge from the Final Recommendations in a not insubstantial way,

that the divergence be recorded or reported to the CROG and, in the case of matters that relate directly to the CROG, agreement of the stakeholder representatives be sought.

In either case, reasons for the divergence should be provided to the CROG.

For example, there is currently a proposal to diverge from the Final Recommendations and expand the membership of the CROG to include the presidents of both ASMOF and the VMOA due to issues of clinical engagement outlined in the Final Report.

In my view, these are not insubstantial changes and have already been proposed to the CROG with a reason supporting the change.

A divergence is likewise proposed in regard to the relevant deans from the ANU and Canberra University.

### ***Administrative Processes***

#### **2. Late Circulation of Meeting Papers**

While I appreciate that the initial meeting of the CROG has been called together quickly, the lack of time to consider the papers detracts from the ability to properly and fully review the materials. In particular, important issues dealing with the proposed terms of reference, the provision of other relevant materials and the bringing forward of other agenda items will not receive proper consideration in such a short timeframe.

This is particularly so and relevant for stakeholders where there are obligations to both boards and members and, in the case of AMA (ACT), where non-executive officers are the designated representatives.

I note that the proposed terms of reference for the CROG mandates circulation of the agenda and other meeting papers one week in advance.

#### **3. Numbering of Pages**

It would be helpful if the papers could be both numbered and the agenda items on the first page marked with the relevant page numbers.

### ***Organisational Issues Relevant to AMA (ACT) and other CROG members***

#### **4. Executive and Non-Executive Officers as members of the CROG**

I note from the list of stakeholder members and proposed members that there is a mix of executive and non-executive offices included or proposed to be included. Of course, this is a change from the recommendations in the Interim Report of the Independent Review where stakeholder organisations were identified as members.

I also note that the proposed terms of reference for the CROG require that meeting papers be considered 'in-confidence' by all members and that any other material made available to CROG members be kept confidential.

While I understand and support a general need for confidentiality, as the President of AMA (ACT) it may be necessary for me to confidentially consult with my fellow AMA (ACT) board members on issues of importance. Similarly, being a non-executive officer of AMA (ACT), it

also may be necessary for me to confidentially consult with the executive officers of AMA (ACT) on issues of importance.

If either course of action is required, I assure you that AMA (ACT) will do its best to keep these matters in confidence.

### ***Substantive Agenda Items***

#### **5. Agenda Item 3.1 - Membership of CROG**

I support increasing the CROG by including the four office holders you propose.

In addition, two other minor matters have come to my attention in that the identified office holder for Calvary has changed from Recommendation 18 as has that for the Health Care Consumers of the ACT.

I am not sure why these changes have occurred.

#### **6. Agenda Item 3.2 - Terms of Reference for CROG**

##### **6.1 Role**

Recommendation 18 provides that the CROG should 'oversight the implementation of the Review's recommendations.' In my view, the proposed use of the words 'provide a forum that oversights' might tend to indicate a mere discussion rather than the direct responsibility for oversighting implementation.

I propose removing the words 'provide a forum that oversights' and replace those words with 'oversight'.

I note that reference to 'forum' appears in the draft terms of reference for CRISG, at Agenda Item 4.3, where it is more appropriate.

##### **6.2 Values and Behaviour**

Many of these behaviours appear to be irrelevant for CROG members. In particular dot points three and four seem particularly irrelevant, of a generic nature and could easily be deleted.

Dot point 2 would be more relevant if the words after 'colleagues' were deleted.

##### **6.3 Membership**

I would appreciate an explanation of the role, responsibilities and membership of the Culture Review Implementation Team.

In terms of co-opting other individuals or representatives of organisations, I would prefer that it be done with the agreement of the CROG. I repeat my comment in regard to the same reference that is made at the top of the following page of the draft TOR.

##### **6.4 Absence from Meetings and Proxy Attendance**

I refer to my earlier comment and distinction between executive and non-executive officers on the CROG and the relative difficulty in attending CROG meetings. One means to alleviate

this is to set meeting dates with long notice periods and this might be better dealt with under Agenda Item 5.1.

While it is my intention to attempt to minimize absences or the need for a proxy, the fact remains that it may be necessary and I propose that:

- the time for lodging a written request for a proxy or leave of absence be reduced to one week as applies to CRISG members in similar circumstances
- there be a presumption that the request for an absence or the proxy be approved and that, if the Chair refuses the request, she must give reasons for doing so.

In relation to forfeiting membership of the CROG after failing to attend two meetings in a row, in my view this seems unduly harsh. For example, a person with an extended illness may be unjustly excluded under this provision. I prefer that forfeiture only occur if the person who has missed two meetings in a row has not either submitted a request for a leave of absence or proxy for the two meetings concerned.

#### 6.5 Functions

Recommendation 18 provides that the CROG should 'oversight the implementation of the Review's recommendations.' To my mind this means that the CROG should 'supervise' or 'oversee' the implementation in accordance with the recommendation.

This TOR makes reference to the 'Implementation Plan' but no Implementation Plan has been provided nor is there any function identified for the CROG in relation to the development or approval of the Implementation Plan.

I propose that a new first dot point and function of the CROG should be inserted to the effect that:

- Approve the final Implementation Plan.

To reflect the language of Recommendation 18, I also propose that the former first dot point be amended by deleting the word 'Review' and inserting the word 'Oversee' such that:

- Oversee progress and updates . . . . against goals

#### 6.6 Meetings and Agenda Requests

The first and last paragraphs of this TOR do not seem to fit together. I suggest that the word 'electronically' be inserted in the first paragraph between the words 'circulated' and 'one' and that the final paragraph be deleted.

A minor matter but the use of the phrase 'secret and confidential' seems slightly unnecessary and it may be preferable to simply use the word 'confidential'.

#### 6.7 Standing Agenda

Given my earlier proposals on the functions of the CROG, I further propose that standing agenda item 3.2 be amended to read:

‘3.2 Report from Leadership Team (Matters on progress of Implementation Plan including concerns and . . . of the portfolio.)’

Given the matters outline in this section, in my view it would be a preferable for the CROG to defer endorsing the draft TOR (as indicated at paragraph 1 of Agenda Item 3.2) and seek feedback from CROG members out-of-session and then further discuss and approve the draft TOR at the next CROG meeting.

#### **7. Agenda Item 4.1 – Implementation Timeline**

While I acknowledge this a matter for noting, any feedback on the Implementation Timeline is made difficult in the absence of the Implementation Plan.

#### **8. Agenda Item 4.3 - CRISG**

While this item is also for noting, I refer to the Draft Terms of Reference for CRISG and the functions that the group is to undertake.

So far as they go, these functions seem sensible including leadership and oversight of the approach to implementation, establishing and monitoring priorities and initiatives for implementation and establishing suitable governance arrangements. However, I am most concerned that there is no reference to formulation of the Implementation Plan.

In my view, the CRISG should be given an additional function:

- Develop an Implementation Plan for presentation to, and approval by, the CROG

I further note that it proposed the CRISG be given a function to:

- Provide advice and direction to the CROG on implementation priorities and initiatives

In my view, it is not appropriate for the CRISG to provide ‘direction’ to the CROG and misstates the relationship between the two groups.

#### **9. Agenda Item 4.5 – Government Response**

I note that the ACT Government has announced that it has accepted all of the Final Recommendations ‘in principle’. No doubt, the Government’s response to the Final Report will deal with its acceptance of the Final Report ‘in practice’.

It would be helpful to understand the areas of major concern that occupy the space between ‘in principle’ and ‘in practice’.

#### **10. Additional Agenda Item – Approval of Implementation Plan**

I propose that, until such time as Implementation Plan is approved by the CROG, the first discussion item in Item 3 of the CROG Agenda be:

##### **3.1 Approval of Implementation Plan**

If other matters arise or occur, I will raise these at tomorrow's meeting.

Yours sincerely

A handwritten signature in black ink, appearing to be 'AD', with a long, sweeping horizontal stroke extending to the right.

**Dr Antonio Di Dio**  
**President**  
**Australian Medical Association (ACT) Ltd**