

## Agenda

**27 February 2020**

9.00am-12.00pm, Canberra Health Services, Building 24, Meeting Room 1

	Sponsor
<b>Item 1 Welcome and apologies</b>	
1.1 Introductions	Chair
<b>Item 2 Minutes of the previous meeting</b>	
2.1 Minutes from 19 November 2019	Chair
2.2 Actions Arising – for discussion	Chair
<b>Item 3 Presentations</b>	Chair
3.1 Presentation: Staff Surveys	Chair
3.2 Presentation: Workplace Change Framework	D-G, ACTHD
<b>Item 4 Decision and discussion items</b>	
4.1 Organisation Progress update	CEO, CHS
4.2 ACT Health Clinical Advisory Committee – Feedback	EBM, CRI
4.3 Annual Review – Terms of Reference	Chair
4.4 Culture Review Implementation Program Risk	EBM, CRI
4.5 ACT NSW Memorandum of Understanding for Regional Collaboration	D-G, ACTHD
4.6 Culture Review Implementation Program Plan	D-G, ACTHD
4.7 Implementation of Recommendations and Project Plan	EBM, CRI
4.8 Culture Review Implementation Communications and Engagement Strategy – Action Plan	EBM, CRI
<b>Item 5 Updates</b>	
5.1 Member Updates – verbal	All members
<b>Item 6 Noting</b>	
6.1 Recommendation 3: Promotion of Healthier Culture	Chair
<b>Item 7 Other Business</b>	
7.1 Oversight Group Communique	Chair

**Next meeting:**

22 April 2020, 10.00am-12.00pm, Calvary Hospital, Boardroom, O'Shannassy Building

**Upcoming meetings:**

- |                  |                 |                          |
|------------------|-----------------|--------------------------|
| • 22 June 2020   | 10.00am-12.00pm | ACT Health Directorate   |
| • 19 August 2020 | 10.00am-12.00pm | Canberra Health Services |

## Minutes

**19 November 2019**

**3:15pm to 5:30pm**

**Level 5, 6 Bowes Street, Woden**

### Members:

- Ms Rachel Stephen-Smith MLA, Minister for Health (Chair)
- Mr Shane Rattenbury MLA, Minister for Mental Health (Deputy Chair)
- Mr Michael De'Ath, Director-General, ACT Health Directorate
- Ms Bernadette McDonald, Chief Executive Officer, Canberra Health Services
- Ms Barbara Reid, ACT Regional Chief Executive Officer, Calvary, ACT
- Mr Brenton Higgins, Community and Public Sector Union, proxy for Ms Madeline Northam, Regional Secretary, Community and Public Sector Union
- Mr Matthew Daniel, Branch Secretary, Australian Nursing and Midwifery Federation ACT
- Mr Peter Somerville, Chief Executive Officer, Australian Medical Association ACT Limited, proxy for Dr Antonio Di Dio, President, Australian Medical Association ACT Limited
- Ms Wendy Armstrong, Health Care Consumers Association ACT, proxy for Ms Darlene Cox, Executive Director, Health Care Consumers Association ACT
- Dr Richard Singer, President, Australian Salaried Medical Officers' Federation ACT
- Dr Peter Hughes AOM, President, Visiting Medical Officers Association ACT
- Professor Russell Gruen, Dean, College of Health and Medicine, Australian National University
- Professor Michelle Lincoln, Executive Dean, Faculty of Health, University of Canberra

### Staff present:

- Ms Jodie Junk-Gibson, Executive Branch Manager, Culture Review Implementation Branch, Office of the Director-General, ACT Health Directorate (Adviser)
- Ms Catherine Corver, Communications Manager, Culture Review Implementation Branch, Office of the Director-General, ACT Health Directorate (Secretariat)
- Mr Ash van Dijk, Senior Adviser, Office of Minister Rachel Stephen-Smith MLA
- Ms Sandra Cappuccio, Mental Health Advisor, Office of Minister Shane Rattenbury MLA

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**Item 1 Welcome**

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The Chair welcomed members and formally opened the meeting through an acknowledgement of country.

She acknowledged that there were three proxies for the meeting:

- Ms Wendy Armstrong representing Ms Darlene Cox for the Health Care Consumers Association, ACT;
- Mr Brenton Higgins representing Ms Madeline Northam for the Community and Public Sector Union; and,
- Mr Peter Somerville representing Dr Antonio Di Dio for the Australian Medical Association, ACT.

The Chair noted that this was the fourth meeting of the Oversight Group and since the meeting in September, she had attended both individual and group meetings where people had a generally positive outlook on the work being undertaken to improve the workplace culture of the ACT public health system.

She reminded members that the role of the Group is to provide high-level governance of the implementation of the twenty recommendations of the *Final Report - Independent Review into the Workplace Culture within ACT Public Health Services* (the Review).

She confirmed that the meeting had a full agenda, including a presentation at Agenda Item 3.1, from Associate Professor Alessandra Capezio and Dr Sally Curtis from the Australian National University (ANU) Research School of Management, College of Business and Economics. The presentation would provide a verbal update of their work in progressing the Culture Change Framework to support and inform the initiatives to improve the workplace culture in the ACT public health system.

The Chair confirmed that the Director-General, ACT Health Directorate, Mr De'Ath and Regional Chief Executive Officer of Calvary ACT, Ms Reid, would include in their updates at Agenda Item 4 details of how they have been progressing on their referrals.

The Chair asked if any member had any actual or perceived conflicts of interest to declare. Noting no comments, she opened the meeting.

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**Item 2 Minutes of the previous meeting**

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**2.1 Approval of minutes**

The Chair noted the Minutes from the meeting of 4 September 2019 and requested any comments before she asked the Group for their endorsement.

Mr Somerville asked Mr De'Ath for an update on the Positive Culture Uplift Program. Ms Junk-Gibson confirmed that Mr De'Ath would provide that update in his agenda item later in the meeting, at 4.1 k. Mr Somerville then asked how the audit process would be managed in Mr De'Ath's update, specifically for Recommendation 15 in the transitioning to whole of government recruitment processes. Mr De'Ath deferred the question to Ms Junk-Gibson, who

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confirmed that there were a range of initiatives underway, and that an audit would occur in the future.

No further comments were raised, and the minutes were accepted and endorsed by the Group.

The Chair noted that the minutes were quite detailed and asked whether members would prefer that in future they should be more concise and outcomes focussed. Mr Hughes commented that he preferred to keep the same level of detail in future minutes. As no-one expressed a different view, the Chair agreed to maintain a level of detail in future minutes.

## **2.2 Actions arising**

The Chair noted that most Action Items had been completed. Members agreed.

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### **Item 3**

#### **3.1 Presentation from ANU Research School of Management – Update on the preliminary findings in the development of the Workplace Culture Change Framework (Framework) for the ACT public health system – Associate Professor Alessandra Capezio and Dr Sally Curtis.**

Mr De'Ath welcomed and introduced Associate Professor Capezio and Dr Curtis.

Dr Curtis noted the following:

- Reminded the Group that their approach was to gather evidence to inform proposed initiatives and/or interventions for the ACT public health system over the short, medium and long-term.
- Since late September they have been conducting interviews with staff both within and external to the system. This component included individual interviews with Senior Executives and external stakeholders.
- They are currently at the halfway mark of conducting the Positive Co-creation Workplace Workshops with staff participating across each of the organisations.
- The workshops are being conducted using co-design principles, where end-users are involved in developing solutions.
- A specialist in co-design in the healthcare sector is part of the research team managing the workshops. Coupled with their research of global scientific literature this evidence-based methodology will assist to clearly state issues and what the root causes are before the solutions can be identified and applied.
- The delivery of the draft Framework to the Oversight Group will occur in mid-February 2020, followed by additional consultations with staff to ensure the solutions make sense for the ACT public health system, with the final Framework being provided to the ACT Government in April 2020.

Associate Professor Capezio reaffirmed that her presentation included only initial observations at this point. More robust findings would be known once the workshops were completed, Rapid Evidence Assessments (a type of systematic review) were finalised and incorporated into the other collected data.

The five key preliminary findings include:

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**1. Management and leadership skills and capability deficits across the system – across both clinical and non-clinical sectors.** Key findings: lack of clarity of roles across all levels of management; no leadership management and capability skills framework in operation currently across the system; there is a perception that some managers have been promoted into higher management roles because of their technical skills, not their leadership skills, this then raises deficits in the people management aspect of the business.

**2. Lack of psychological safety.** Key findings: some participants reported an inability to honestly share their concerns or provide ideas to improve work processes and practices due to their managers or work environment not being inclusive and open; high level of fear of being rebuked for their thoughts or ideas. This issue inhibits people's ability to grow and stifles both creativity and productivity across the ACT public health system.

**3. Workplace incivility across the system.** Key findings: a range of negative behaviours cited, including bullying and harassment, there is also a lack of understanding of different types of workplace incivility and how to effectively mitigate them. Participants noted that the current grievance management systems were overly onerous and procedural in nature and not effectively dealing with the complaints. The researchers recognised that the Vanderbilt model was one tool that the Final Review proposed to ameliorate the issue. The researchers were currently exploring the assumptions that the Vanderbilt model was based upon, and its evidence-base, to examine whether it would be effective in the ACT public health system context.

**4. Perceived lack of transparency and involvement in strategic decision-making.** Key findings: Participants, particularly clinical staff, reported being consulted but still felt or perceived a lack of transparency and involvement in strategic decision-making. This perception fuels a lack of trust and cynicism, and also diminishes social cohesion between clinical and non-clinical staff creating what has been reported as an 'us and them' mindset.

**5. Organisation-wide metrics and workforce metrics need to be improved.** Key findings: Perception of participants confirmed that there was a lack of confidence in how the system captured and used the data it collects about its workforce and workplace behaviours and outcomes. People were concerned with how the data was evaluated and effectively used to enhance each organisation. The researchers noted there was opportunity to improve the way the system gathered data, improved the reliability and validity of its metrics, particularly through the staff climate surveys, and the validity of its results.

**Next steps:** Associate Professor Capezio reaffirmed that the results presented today were preliminary and required more robust analysis once the workshops and interviews were completed. The team confirmed that they were focused on completing the workshops across the organisations, finalising their analysis of the workforce data, finishing their systematic reviews of scientific literature, and coupled with information from the previous interviews, this data will be captured in the draft version of the Framework, that will be delivered to the ACT Government in mid-February 2020.

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Mr De'Ath thanked Dr Curtis and Associate Professor Capezio for their informative presentation. He noted that feedback he had received personally from staff across the Health Directorate about the workshops last week, had been positive. People had valued the one-hour sessions and felt they were able to be honest and open. He then asked the Group if there were any comments.

Members queried how staff could contribute if they were unable to attend a session. The researchers confirmed that a questionnaire was available on the online registration site. In addition, the questionnaire will be sent back out to participants at the conclusion of each workshop to forward to colleagues or to enable participants to provide more feedback.

Members also confirmed an ability to help in promoting the workshops to their members.

A query was raised about the availability of a written presentation. Associate Professor Capezio confirmed that their session had been noted as an update and that the Secretariat had requested this be presented verbally. Ms Junk-Gibson confirmed that request.

The Chair asked if it would be possible to circulate an agenda paper for the next meeting and Dr Curtis and Associate Professor Capezio agreed to provide a brief paper.

A further query was raised about why the evidence base for the Vanderbilt model was being re-examined, given its widespread acceptance as having strong evidence. Associate Professor Capezio and Dr Curtis noted that there are some assumptions built into the Vanderbilt model regarding the organisational readiness to implement change, The ANU team's work has identified that there may be a need for additional foundational skill building in management to support implementation of any behaviour change model in the ACT's public health system.

The Chair thanked the ANU team for their presentation and confirmed that the Group looked forward to receiving the draft Framework in February.

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#### **Item 4 Member Updates**

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##### **4.1.a. Australian Medical Association ACT (AMA)**

Mr Somerville noted that in recent weeks the AMA had been conducting a survey of junior doctors. He noted that this year's results in relation to culture issues, such as bullying and harassment had worsened, not improved. He questioned the pace of changes happening to improve the culture across the system, and therefore improve these results in future.

Ms McDonald queried how many people had undertaken the survey. Mr Somerville responded that 10 per cent of JMOs had responded so far. Ms McDonald noted that for CHS surveys they seek to ensure a response rate of at least 35 per cent to deliver a representative sample size to confirm broad application of results across a specific job category. Mr Somerville noted that the survey had not closed and Ms McDonald said CHS would be happy to promote it and encourage JMOs to participate.

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#### **4.1.b. University of Canberra (UC)**

Professor Lincoln noted that she had no specific culture concerns to raise. However, in an effort to increase collaboration amongst their health students she confirmed that the University will be piloting a Canberra Team Challenge in February 2020, comprising university health students working together to answer complex problems and partnering with ANU College of Health and Medicine. She said that they are beginning to promote the challenge to students and that prizes would be awarded. She noted that currently 80 students had registered and that the university was seeking sponsors.

#### **4.1.c. Health Care Consumers Association (HCCA)**

Ms Armstrong confirmed that her organisation had nothing to raise however she reaffirmed their association would continue to discuss the culture review with members, as improving the quality of healthcare available to the consumers of Canberra continues to be their organisation's objective.

#### **4.1.d. Community and Public Sector Union (CPSU)**

Mr Higgins commented that recruitment practices in the public health sector had not complied with the Public Sector Management Act 1994 and noted that some work is being done to address these concerns, confirming that there is a level of support from ACTHD and CHS, with discussions underway. However, the CPSU remains concerned that as one issue is addressed, too often another issue emerges. He also confirmed that the CPSU were negotiating another workshop with the ANU researchers for their members.

#### **4.1.e. Australian Salaried Medical Officers' Federation (ASMOF-ACT)**

Dr Singer confirmed that his organisation has been focused on Enterprise Agreement negotiations for his members. He commented that since the last meeting, he has had a number of useful meetings with Ms Junk-Gibson and Mr van Dijk.

#### **4.1.f. Australian Nursing and Midwifery Federation (ANMF)**

Mr Daniel noted that currently there is a mix of capabilities in the HR areas across the system to deal with issues that his members continue to raise. He has had a number of meetings with Ms Janine Hammat, Executive Group Manager, People and Culture, CHS. He also acknowledged that he had the opportunity to meet with the ANU researchers to provide his feedback. He noted that the ANMF has raised resourcing and staffing issues as a potential barrier exacerbating the likelihood of poor behaviour.

The Chair noted that she and Minister Rattenbury had also met with the ANU researchers and one point of their discussion had been on how best to prepare health staff to manage the inevitable periods of high pressure and stress, even with sufficient resources. She acknowledged that health staff need to have a high threshold to cope with work pressures, but it was crucial that the right support mechanisms needed to be in place to support staff members.

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#### **4.1.g. Visiting Medical Officers Association (VMOA)**

Dr Hughes noted recent media articles in the *Canberra Times* concerning culture issues. The Chair acknowledged Dr Hughes concerns and noted that front page newspaper reports on the state of the health system are something that jurisdictions across the nation had to contend with. While the Government will continue to work with the media in a transparent way as changes are made, it would not be measuring success only on the decline of media reporting.

#### **4.1.h. College of Health and Medicine ANU**

Professor Gruen confirmed that following on from his comments at the last meeting there had been significant progress on a new strategy and business case to strengthen the university's capabilities in health and medicine which would be discussed at an ANU Council meeting in December 2019. Following that meeting, their large-scale business case would be prepared taking into consideration answers to 'What will the Medical School of the ANU look like in 2050?' and 'How health services will be provided in an increasingly digital world'. He confirmed that their strategy would address workplace culture and he will keep the Group updated on progress at the next meeting.

#### **4.1. i. Calvary Public Hospital, Bruce (CPHB)**

Ms Reid, Regional Chief Executive Officer, Calvary ACT, noted that:

- Calvary Public Hospital Bruce will be part of the Calvary Healthcare Ltd pilot of two programmes delivered by the Cognitive Institute under licence from the Vanderbilt University.
- The programmes, *Speaking Up for Safety*, and *Promoting Professional Accountability* will be progressively rolled out from February 2020. Work has progressed to select internal facilitators who will be accredited to deliver the training.
- The Executive leadership team attended an initial briefing session on 21 October 2019.
- In response to addressing Recommendation 10 of the Review (*There should be a clear requirement for senior clinicians to collaboratively participate in clinical governance activities*): Re-invigoration of the Clinical Governance Committee commenced from September 2019, and it is now the peak committee for clinical services governance.
- Core functions of clinical services are being more closely monitored.
- Clinical review committees have been redesigned and some changes to membership have been made.

Ms Reid also provided a presentation to the Group as per an approach they are taking to improve their workplace culture:

- Foundations for their cultural transformation are their values and their strategic priorities (care of their people and their working environments; focus on quality and safety; partnering and planning for the present and the future; caring for their resources)
  - Learnings linked to: Purpose, Mastery and Autonomy
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- Calvary are promoting the following statement across their organisation: 'Great Workplaces Deliver Great Outcomes – for our patients, clients, consumers, community, stakeholders and staff.'

Series of programs and activities over the next 2.5 years to promote and embed the 'Great Workplaces Strategy Overview'.

Further details available in the papers provided with this item.

#### **4.1.j. Canberra Health Services (CHS)**

Ms McDonald, Chief Executive Officer, Canberra Health Services (CHS), provided the following update:

- The Vision, Values and Behaviours have been implemented across the organisation. With staff making a pledge to uphold the values.
  - Every quarter the organisation will focus on a particular value. In this quarter they focussed on 'Kind' which corresponded to World Kindness Day Wednesday 13 November 2019. She confirmed that people loved the way the day was promoted, including the copious amounts of sugar-laden food that was offered and accepted by staff.
  - She confirmed that Ms Rebecca Clifford, the Employee Advocate had so far met with 64 staff. Her role has been well received and CHS is providing another partial resource to help her out in the new year. The Employee Advocate, whilst based at CHS, is on-site at ACTHD one day per fortnight.
  - A full complement of four Human Resources Business Partners are now in place.
  - Director Workforce Training has identified a number of priority areas for attention.
  - The Occupational Violence (OV) Strategy has been endorsed and is now with the Communications team for publishing. The OV policy was endorsed at the October 2019 CHS Policy Committee, with some minor updates required. The OV Procedure will be tabled at the CHS Policy Committee in November 2019.
  - Ongoing review of corporate governance committees.
  - Manager's Guidelines for Preliminary Assessments and investigations are currently being developed.
  - Monthly reports on Preliminary Assessments and Investigations are submitted to Health Services Executive Committee (HSEC).
  - Senior Manager Forums continue to be held monthly to update all senior managers on topical information and to cascade this information to their units.
  - A further Executive Development session was held on 8 October 2019.
  - Methodology for dealing with referrals continues to be implemented.
  - Psychological support for staff after critical incidents – procedure is currently in development.
  - The Positive Workplace Working Group had their inaugural meeting on Monday 18 November. This group currently has 91 members and is chaired by Ms McDonald. The group will meet on a monthly basis. Members of this group include nurses and allied
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health practitioners and two senior doctors. Ms McDonald confirmed she is trying to find more doctors and she has also expanded the group to welcome medical students.

- Ms McDonald also confirmed that a number of consultative meetings have been held, many of which members of this Group had been invited to attend.
- Ms McDonald confirmed that currently 31 per cent of staff had completed the CHS Climate Survey, which opened on 8 November and closes on 22 November.

Further details available in the papers provided with this item.

#### **4.1.k. ACT Health Directorate (ACTHD)**

Mr De'Ath, noted key progress points against the Review recommendations as follows:

- **Recommendation 1:** Refreshed ACTHD Values were launched on 1 October 2019. Values Champion Masterclasses commenced in October 2019, with subsequent classes to be held in November 2019, March 2020 and May 2020. New values-based performance and development plans are available for staff in Capabiliti.
  - **Recommendation 2:** ACTHD Workplace Climate Survey opened on 8 November 2019, with the survey initially closing on 22 November 2019. However, Mr De'Ath confirmed that he had made the decision to extend the deadline by a couple of days, with staff being informed shortly.
  - **Recommendation 3:** Culture Uplift Program commenced with an executive briefing on 24 October. Two programs for staff – *Being a Conscious Leader* and *Conscious Interactions* commence in November. A suite of support measures, including targeted work with complex teams, and mentoring for leaders is also part of this suite.
  - **Recommendation 4:** Preliminary discussion has occurred with clinical leads of Canberra Health Services and Calvary Public Hospital Bruce in relation to convening a summit of senior clinicians and administrators in 2020. Further consultation will be needed across the system to plan such a summit to ensure it is productive, value adding and will engage participants.
  - **Recommendation 6:** The establishment of an NGO Leadership Group has been completed with the first meeting held on 23 October 2019.
  - **Recommendation 7:** The Research Working Group and the Workforce Education and Training Working Group are in the process of being established. The Working Groups will drive initiatives and provide expert advice to the ACT Health and Wellbeing Partnership Board.
  - **Recommendation 8:** The Cross Border Senior Officials Working Group has been established with two meetings held on 16 September 2019 and 22 October 2019.
  - **Recommendation 13:** Initial discussions to inform concept development related to leadership and mentoring are underway from a system-wide perspective. These elements will be incorporated into the Culture Change Framework scheduled for completion by 14 February 2020.
  - **Recommendation 14:** The Culture Review Implementation Branch has commenced procurement activities following endorsement of the Human Resources Function
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Review Proposal at the 6 September 2019 Steering Group. Procurement evaluation is scheduled for the week commencing 18 November.

- **Recommendation 15:** The ACT Health Directorate has transitioned to Whole of Government recruitment processes. Draft revised recruitment guidelines for the Directorate were presented to the Corporate and Governance group on 18 November 2019. Compliance and assurance processes are being reviewed; and training programs for selection panel chairs commencing in November 2019.
- **Recommendation 16:** A review of all mandatory training is underway. The purpose of the review is to assess currency of information, update expectations for staff within and to establish requirements and timeframes to finalise this work.

Further details available in the papers provided with this item.

#### **4.1.1. Minister for Mental Health**

Minister Rattenbury confirmed he had no comments to add to the reports given by ACTHD and CHS.

The Chair thanked everyone for their updates.

#### **ACTION:**

- **Ms McDonald to present an update at the next meeting.**

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### **Item 5 Decision and discussion items**

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#### **5.1 Referrals from Panel – Report from ACTHD and Calvary**

An agreed action item as an outcome from the 4 September 2019 Oversight Group was for separate presentations from the Director-General, ACT Health Directorate and Regional Chief Executive Officer, Calvary Hospital on actions to address specific areas referred by the Review Panel. These updates were provided.

#### **5.2 ACT Health Clinical Advisory Committee**

Mr De'Ath spoke to this item. He confirmed that the inaugural meeting of the ACT Health Clinical Advisory Committee occurred on 5 November 2019. He noted that this Committee had sought advice from the colleges on how best to engage to establish this forum. He cited that 30 people attended the meeting and that discussion was wide-ranging and all attendees exhibited a high level of enthusiasm and interest in the objectives of the forum. The Chair noted that the group had been very engaged and concerned to ensure the voices of trainees, students and junior doctors were heard. The Committee is therefore establishing a local group to feed into its deliberations.

#### **ACTION:**

- **Note the progress in the establishment of this Committee and its initial meeting.**

#### **5.3 Measures of success**

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The Chair thanked Ms Junk-Gibson and Mr van Dijk for their work in creating the paper for the meeting.

The Chair noted that the measures of success was important and that the Terms of Reference set the tone for how the Group will know when success will be achieved. Ms Junk-Gibson confirmed that the Indicators Status Model outlining the data model to compare the 'health of the system' is a parallel co-design piece alongside the Workplace Culture Change Framework that the ANU is currently developing in partnership with the Culture Review Implementation Branch. This will be a model to report against in future phases.

Ms Armstrong asked how perceptions and responses from health consumers would be assessed. Ms Junk-Gibson affirmed that a future meeting has been scheduled to further discuss this and explore opportunities to gather responses and feedback in a deliberate way.

The Chair acknowledged that further discussions will occur between HCCA and Ms Junk-Gibson.

The Chair also reaffirmed that this paper would support the three Annual Independent Reviews as per Review Recommendation 19.

**ACTION:**

- **Secretariat to meet with Health Care Consumers Association.**
- **Revisit at April meeting to confirm alignment with Workplace Change Framework.**

**5.4 Annual Review – Terms of Reference**

The Chair noted that Mr Mick Reid has been approached to conduct the 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.

Mr Somerville provided verbal feedback to support the Terms of Reference and agreed to provide this to the Secretariat ([Attachment A](#)).

**ACTION:**

- **Members to refer to Mr Somerville's feedback to the Terms of Reference captured in Attachment A.**
- **Updated Terms of Reference will be presented to the next meeting for endorsement.**

**5.5 NGO Engagement**

The Chair asked Mr De'Ath to speak to this item.

Mr De'Ath confirmed that the refreshed NGO Committee held its first monthly meeting on 23 October 2019. At this meeting discussion focused on its Terms of Reference, first year workplan and milestones.

Mr Higgins asked who the co-chairs of the committee were. Mr De'Ath confirmed it was Ms Carrie Fowlie, Chief Executive Officer, Alcohol, Tobacco and Other Drug Association, ACT (ATODA) and Ms Kylie Jonasson, Deputy Director-General, ACT Health Directorate.

**ACTION:**

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- **The Chair asked that the Secretariat send the NGO membership list to Group members, this is at Attachment B.**

#### **5.6 Culture Review Implementation Program Risk**

The Chair acknowledged that due to longer discussions earlier in the meeting that was consequently making the meeting run over time, she asked all members to provide any comments on this item to the Secretariat after the meeting.

The Chair requested this item to be placed earlier in the next meeting's agenda due to its importance.

#### **ACTION:**

- **Members to email feedback to the Secretariat.**
- **Secretariat to list agenda item earlier in the next meeting's agenda.**

#### **5.7 Culture Review Implementation Program Plan.**

The Chair acknowledged the importance of the Program Plan and that it was a living document that was consistently being updated.

As per the previous item, due to time constraints, the Chair asked all members to provide any comments to this item to the Secretariat after the meeting.

#### **ACTION:**

- **All comments on this item to the Secretariat.**

#### **5.8 Implementation of Recommendations and Project Plan**

Mr De'Ath spoke to this item. He commented that there is positive and steady progress on the Project Plan and like the Program Plan it is living document that will be continually updated.

#### **5.9 Culture Review Implementation Communications and Engagement Strategy**

Mr De'Ath noted that since the last meeting there has been a lot of consultation to refine the Communication Strategy. He noted that on 15 October the Strategy was presented to the ACT Government Communications and Engagement Peer Advice Panel, implemented by the Chief Minister Treasury and Economic Development Directorate. Their comments were positive and constructive. Focus has now turned to the creation of the Action Plan of specific deliverables and mechanisms to support the objectives of the first phase – 'building relationships and setting the foundation.'

#### **ACTION:**

- **The Group supported the Communications Strategy.**
- **Action Plan 1 to be presented at the February 2020 meeting.**

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### **Item 6 Information Items**

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#### **6.1 Clinical Leadership Forum Communique**

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The Chair noted that she intended to attend the next meeting. She confirmed that the forum has a good representation of job categories across the public health system, with the recent addition of an allied health, junior medical officer and consumer representatives.

**Other Business**

**7.1 Oversight Group Communique**

The Chair sought feedback to the Communique.

Mr Gruen asked for details of members of the Group to be included into the Communique on a regular basis. The Chair agreed to this inclusion.

The Chair confirmed a couple of other edits, in addition to Mr Gruen's comments.

**ACTION:**

- **Secretariat to incorporate changes into the Communique and arrange for it to be published on the ACT Health website.**
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**Next Meeting: 27 February 2020**  
**10:00am – 12.00pm**  
**Canberra Health Services**  
**Building 24**



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Ms Rachel Stephen-Smith MLA  
Minister for Health, Aboriginal and Torres Strait Islander Affairs,  
Disability, Children, Youth and Families,  
Employment and Workplace Safety and Urban Renewal  
ACT Legislative Assembly  
GPO Box 1020  
Canberra ACT 2601

3 December 2019

By email: [Stephen-Smith@act.gov.au](mailto:Stephen-Smith@act.gov.au)

Dear Minister

I wanted to follow up from the CROG meeting held on 19 November 2019 in regard to several matters set out below. I apologise for the delay in getting this correspondence to you.

Firstly, I wanted to thank you for allowing Peter Somerville to act as my proxy for the meeting.

The matters I wished to follow up on from the meeting are:

**Agenda 2.1 Minutes of 4 September CROG Meeting**

Agenda Item 4.1 k [page 7] – Mr Somerville inquired about the Positive Culture Uplift Program and the proposal that had been received. Ms Junk-Gibson indicated it would be dealt with later in the agenda but this did not happen. I would appreciate if Ms Junk-Gibson could respond with information on the status of the program and update on discussions with the provider.

**Agenda 3.1 Update from ANU**

Thank you for agreeing to the proposal that the ANU project team provide a written report to the CROG; this is sensible and reflects the fact that significant funds are, no doubt, being

expended on the project and it is a courtesy to CROG members that the project team provide a written update.

Despite this, AMA(ACT) has significant overall concerns about the project that extend to particular parts of it. First and foremost amongst these, is our concern that the creation and duration of the project will delay implementation of the substantive recommendations of the Independent Review. In particular, we are very concerned about any delay in introducing a Vanderbilt-style program into Canberra Health Services.

Recommendation 3 of the Independent Review is, in our view, the key recommendation made by the reviewers and we would be concerned if the actions of the ACT Health Directorate, having overall responsibility for implementation of the recommendations, in establishing this project delays the implementation of this most important recommendation.

In other words, AMA (ACT) is concerned that there will be, or may already have been, delays or distractions arising from the project in circumstances where many comparable organisations in Australia and around the world have adopted such Vanderbilt-style programmes.

It is an irony that while the ACT Health Directorate was establishing the current project and early work was being undertaken, Calvary Public Hospital Bruce ('CPHB') announced it is to be a pilot site for the introduction of the Cognitive Institutes' programmes *Speaking up for Safety* and *Promoting Professional Accountability*.

In our view, Canberra Health Service should be permitted to introduce such programmes as CPHB *without delay and as a matter of urgency*.

Secondly, we have a specific concern about the waste involved in that part of the project examining the 'evidence behind' Vanderbilt-style programmes. This reference is drawn from notes of that part of the project team presentation given by Dr Capezio. If this is a correct characterisation of the work to be undertaken, it is a waste of time and effort and a distraction from the important work to be done in implementing the substantive recommendation.

We invite the project team to either clarify the work to be done or abandon that part of the project.

#### **Agenda 5.4 – Annual Review Terms of Reference**

During the course of the meeting, draft terms of reference were discussed and AMA (ACT) proposed some amendments to the draft. These were:

- In paragraph 4, Background, removing the reference to the so-called 'Public Sector' commitment. This followed on correspondence earlier in the year following the signing of the 'Public Sector' commitment; an event AMA (ACT) was not made aware of prior to the fact or consulted on the wording. For your information, I attach correspondence sent to the then Minister and circulated to other CROG members dealing with this issue.

In our view, the 'Public Sector' commitment merely reflected the legal obligations of the relevant employers to provide a safe workplace as it relates to the findings of the Independent Review. The power of the commitment made by all members of the CROG is that, for the other remaining members, it is a voluntary commitment demonstrating their involvement in and dedication to, implementation of the recommendations.

In our view, the 'Public Sector' commitment may have had the effect of undermining the broader commitment made by all members of the CROG.

- In paragraph 7, Scope we propose:  
Inserting a new paragraph:

'7.a. Record any changes or amendments to the recommendations of the Independent Review of a not-insubstantial nature and the reasons for making such changes or amendments.'

7.a. becomes 7.b.

7.b. becomes 7.c. and is amended by deleting all words after the word 'date' through to and including the word 'process'.

In our view, the deleted words are not properly part of a term of reference as they represent commentary. The persons undertaking the inaugural annual review are quite capable of analysing the state of the implementation process and appropriately 'noting' it should that be appropriate.

7.c. becomes 7.d. and is amended in placitum i. by adding the words 'and why,' after the word 'well'.

Amend placitum ii. by deleting the entire second sentence.

Insert a new placitum iii. comprised of the deleted words from placitum ii.

Placitum iii becomes placitum iii.

After further consideration, we also propose that:

- paragraph 1, Purpose be amended to reflect the language of recommendation 19 such that the words after the word 'annual' be deleted and replaced by the words of Recommendation 19 commencing from the word 'independent' through to the end of the recommendation. In our view, it is preferable to maintain the language of the recommendations as far as possible.

A 'marked up' version of the draft terms will be provided subsequently.

#### **Production of Minutes and Format of Papers**

Given that minutes are not provided until the following meeting's papers are produced, I'd suggest a change to this process and that draft minutes are provided to the parties within

two week of the meeting date. This will give the participants a timely opportunity to review the draft with the actual meeting still relatively recent.

I'd also suggest that for future meetings, the meeting papers are produced and numbered sequentially with a contents also showing each item and the starting page for each item or sub-item shown with the applicable page.

Given the volume of papers provided this would be a most helpful change.

I also suggest that, at the start of each meeting, the participants nominate the most important agenda items to be discussed and those items be discussed prior to the remainder of the agenda items or which items are merely for noting. In our experience, this assists the process in ensuring the most important issues are dealt with in a timely manner.

We request that a copy of this correspondence be provided to all members of the CROG.

Yours sincerely

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

**Dr Antonio Di Dio**

**AMA (ACT) President**

attach.

## Attachment

**Peter Somerville**

---

**From:** Peter Somerville  
**Sent:** Tuesday, 28 May 2019 11:41 AM  
**To:** Darlene Cox; madeline.northam@cpsu.org.au; matthew@anmfact.org.au; anmfact@anmfact.org.au  
**Cc:** Steve Ross; 'Peter D Hughes'; Antonio Di Dio  
**Subject:** 'Public Sector Commitment' to Implementation of Independent Review Recommendations

Good morning

The week before last, Minister Fitzharris made a statement to the Legislative Assembly when releasing the Government's Response to the Final Report of the Independent Review; the links to the documents can be found here:

<https://www.health.act.gov.au/sites/default/files/2019-05/Ministerial%20Statement%20-%20Government%20Response%20to%20Independent%20Review.pdf>

and here:

<https://www.health.act.gov.au/sites/default/files/2019-05/Government%20Response%20to%20the%20Final%20Report%20of%20the%20Independent%20Review%20into%20the%20Workplace%20Culture%20within%20ACT%20Public%20Health%20Services.pdf>

The Government and the Minister have committed to implementing all recommendations and have further committed to working with stakeholders and staff to do so.

On the same day, the Minister for Health, the Minister for Mental health, CEO CHS, DG ACT Health and GM Calvary signed a 'Public Sector commitment' and did media on the Commitment. The document and photo can be found at the bottom of the webpage accessed here: <https://www.health.act.gov.au/about-our-health-system/culture-review-implementation>

The public commitment is said to be the response to Rec 17 of the Final Report. However, Recommendation 17 states the following:

*'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.'* **[My emphasis].**

It appears that our organisations have been excluded from participation in the 'Public Sector Commitment' despite the language of Rec 17.

In raising this matter with the Minister's office for clarification, we suggested that the AMA (ACT) was expecting to be a contributor to the formulation of the commitment, be part of the public commitment and be a signatory. The Minister's office has responded that they wished to move quickly on the issue, owed a duty of care to the community and staff and viewed the change as a relatively minor matter.

While the Minister's view is that the recently "Public Sector commitment" has been made on behalf of the public sector (including Calvary) and was in response to a 'Duty of Care' that owed to the Canberra community and staff, it is somewhat undercut by the fact that the Commitment specifically refers to Rec 17.

We take a somewhat different view to Minister Fitzharris – the point of recommendation 17 was to assure the community, consumers and staff – and our members - that the 'key representative organisations' are part of the Review's implementation and change processes - both publicly and in private. In addition, that we took these matters seriously and implementation should be consultative with changes or additions to the recommendations or impacting on the recommendations, subject to consultation with the CROG rather than appearing as media announcements.

There is considerable cynicism amongst our members and others, notwithstanding the Final Report, that the Report will not be fully implemented and the bare minimum will be done before it's filed away. On the other hand, the CROG has convened for an initial meeting and progress is being made on implementation – a fact which the Minister believes should be to the Government's credit, and probably correctly so.

In addition, the Minister says that the CROG should consider which 'representative organisations' should form part of a broader Rec 17 commitment and has referred to the various medical colleges and the College of Midwives but there are likely to be others. Of course, the more 'representative organisations' that become involved means the greater distance in time and difficulty in either amending the 'Public Sector commitment' or drafting and agreeing a second commitment that includes all organisations.

In summary and in our view, the exclusion of 'key representative organisations' from the 'Public Sector commitment' and part of the implementation of Rec 17 is not a good sign and runs counter to the commitment to implement all the recommendations.

AMA (ACT) has foreshadowed that this matter should be considered at the next CROG meeting but, in any event, we wanted to be a signatory to the 'Public Sector' commitment subject to a review of the language or that the 'Public Sector commitment' be amended to reflect the language and parties referred to in Recommendation 17.

Please call me on 0417 047 764 if you wish to discuss.

Regards

Peter

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**Peter Somerville**  
**Chief Executive Officer**  
**AMA (ACT) Limited**  
**Phone - 02 6270 5410**  
**Fax - 02 6273 0455**  
**E-mail - [execofficer@ama-act.com.au](mailto:execofficer@ama-act.com.au)**  
**Web - [www.ama-act.com.au](http://www.ama-act.com.au)**



## Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs  
Minister for Children, Youth and Families  
Minister for Health  
Minister for Urban Renewal  
Member for Kurrajong

Dr Antonio Di Dio  
President  
Australian Medical Association (ACT) Limited  
PO Box 560  
CURTIN ACT 2605

Dear ~~Dr Di Dio~~ *Antonio*

Thank you for your letter of 3 December 2019 regarding several queries in relation to the 19 November 2019 Culture Review Oversight Group meeting held in the offices of the ACT Health Directorate in Woden. I apologise for the delay in responding and can assure you that the Australian Medical Association (ACT)'s continued commitment to the work of the Culture Review in the ACT public health system is recognised and greatly appreciated.

My answers to your queries are as follows:

- **Agenda 2.1 – Minutes of 4 September CROG meeting**

You noted that at this agenda item Mr Somerville asked Ms Jodie Junk-Gibson for details about a proposal that had been received for the Positive Culture Uplift Program. Ms Junk-Gibson confirmed with Mr Somerville that this item would be addressed by Mr Michael De'Ath, Director-General ACT Health Directorate at Agenda item 4.1.1. This occurred, as reported in the meeting minutes. However, I am sure that the ACT Health Directorate would be happy to provide a further briefing if you are interested. In addition, regarding a query related to recruitment, Ms Junk-Gibson confirmed that there were a range of initiatives underway, and that an audit will occur in the future.

- **Agenda 3.1 – Update from ANU**

This item was noted as a verbal update from the ANU, with Associate Professor Alessandra Capezio and Dr Sally Curtis providing preliminary findings from workshops that were still being conducted with staff across the public health system. I have requested that a written report be provided by the ANU team for circulation with papers for the next meeting, detailing their initial draft findings. However, I note that the majority of CROG members expressed no concerns about receiving a verbal update while the ANU's work was ongoing, and that most CROG members provide their own updates verbally.

---

### ACT Legislative Assembly

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Phone +61 2 6205 2661 Email [stephen-smith@act.gov.au](mailto:stephen-smith@act.gov.au)



@RachelSS\_MLA



rachelssMLA



rachelss\_mla



- **Vanderbilt-style program**

I acknowledge the AMA ACT's concerns about the delay in introducing a 'Vanderbilt-style program into Canberra Health Services' and this was also discussed during the CROG meeting. As you are aware, Recommendation 3 of the Final Report notes a 'model should be based on the Vanderbilt University Medical Center Patient Advocacy Reporting System (PARS) and Co-worker Observation Reporting System (CORS)'. This remains our objective. However, as Associate Professor Capezio and Dr Curtis noted in their presentation, and Ms Bernadette McDonald affirmed, there needs to be a baseline of sound management capability across the public health system in order to effectively implement a Vanderbilt-style program. An early finding from the ANU project is that these management capabilities require further attention. While no-one is questioning the existing evidence base for the Vanderbilt model, the ANU project is assessing the underlying assumptions of Vanderbilt-style programs to ensure that we do not rush to a solution without ensuring that our health system's leaders and managers have the skills and confidence to support their staff during its implementation.

As you have noted, Calvary Public Hospital Bruce will be piloting two programs from the Vanderbilt University from February 2020. Ms Barbara Reid advised the CROG that Calvary would take time to implement these two programs, starting with *Speaking Up for Safety* and then considering the rollout of *Promoting Professional Accountability*. I look forward to further updates from Calvary on the progress of this pilot. This offers significant opportunities to learn from the implementation to reinforce further progress across the ACT public health system through iterative program and project planning.

- **Agenda 5.4 – Annual Review Terms of Reference**

Thank you for your marked-up version of the draft Annual Review Terms of Reference. We will provide your paper as Attachment A to the Culture Review Oversight Group minutes of 19 November 2019 for members' consideration.

- **Production of Minutes and Format of Papers**

I note your request that minutes from each meeting be provided earlier than the current timeframe. I recognise that the current approval process has not made this feasible for the November 2019 minutes and will continue to work with Ms Junk-Gibson and her team to progress minutes to CROG members more quickly after future meetings.

- **Numbering of meeting papers**

I note your request for the meeting papers to be numbered and a contents page to be produced. The Secretariat emails all papers to members in a single combined pdf document. The agenda is essentially a 'contents page' and is the first document within the pdf. Each meeting paper is numbered for each agenda item.

- **Prioritisation of agenda items**

I note your suggestion to begin each meeting with members nominating most important agenda item to be discussed, with other items only for noting. However, rather than doing this at the beginning of each meeting (potentially taking up valuable time), I have asked the Secretariat to

request that members nominate priorities within one week of the agenda being distributed, which occurs approximately two weeks prior to the meeting. As members may identify differing priorities, and some items may require timely decision-making, I will consider all requests and advise members at the start of the meeting of the items I intend that the meeting note and those that require timely or substantive discussion.

Thank you again for your constructive feedback as we work to build a stronger workplace culture across the ACT public health system. I look forward to seeing you at the next CROG meeting, and to catching up separately to discuss issues raised by your members and the opportunities for us to work together to foster a more integrated health system in the ACT.

Yours sincerely

A handwritten signature in black ink, appearing to read 'R. Stephen-Smith', with a stylized flourish at the end.

Rachel Stephen-Smith MLA

17 JAN 2020

## Action Items Register

Meeting Date	Agenda Item	Action Required	Officer Resp	Due Date	Status
11/06/2019	5.3	Members seeking clarification or updates on referrals to speak directly with D-G ACTHD, CEO CHS and Regional CEO Calvary.	Members	ongoing	Ongoing
19/11/2019	4.1.l.	Member updates - Ms McDonald to present an update at the next meeting	CEO, CHS	27/02/2020	Refer to Item 4.1
19/11/2019	5.2	Note the progress in the establishment of the Clinical Advisory Committee and its initial meeting.	Members	27/02/2020	Noted
19/11/2019	5.3	Measures of success - Secretariat to meet with Health Care Consumers Association to discuss how perceptions and responses from health consumers would be assessed.	Secretariat	27/02/2020	Meeting scheduled for 14/02/2020
19/11/2019	5.3	Measures of success - Revisit at April meeting to confirm alignment with Workplace Change Framework.	Secretariat	22/04/2020	To be included in Agenda for April meeting
19/11/2019	5.4	Annual Review – Terms of Reference - Members to refer to Mr Somerville's feedback to the Terms of Reference.	Members	27/02/2020	Refer to Item 4.3
19/11/2019	5.4	Annual Review – Terms of Reference - Updated Terms of Reference will be presented to the next meeting for endorsement.	Members	27/02/2020	Refer to Item 4.3

Meeting Date	Agenda Item	Action Required	Officer Resp	Due Date	Status
19/11/2019	5.5	The Chair asked that the Secretariat send the NGO membership list to Group members.	Secretariat	27/02/2020	The NGO membership list was provided to Members with the Minutes
19/11/2019	5.6	Culture Review Implementation Program Risk - Members to email feedback to the Secretariat.	Members	27/02/2020	No comments were received
19/11/2019	5.6	Culture Review Implementation Program Risk - Secretariat to list agenda item earlier in the next meeting's agenda.	Secretariat	27/02/2020	Refer to Item 4.4. 27 Feb 20 Meeting
19/11/2019	5.7	Culture Review Implementation Program Plan - All comments on this item to the Secretariat.	Members	27/02/2020	No comments were received
19/11/2019	5.9	Culture Review Implementation Communications and Engagement Strategy - The Group supported the Communications Strategy.	Members	27/02/2020	Noted
19/11/2019	5.9	Culture Review Implementation Communications and Engagement Strategy - Action Plan 1 to be presented at the February 2020 meeting.	Secretariat	27/02/2020	Refer to Agenda Item 4.8, 27 Feb 20 Meeting

Meeting Date	Agenda Item	Action Required	Officer Resp	Due Date	Status
19/11/2019	7.1	Oversight Group Communique - Secretariat to incorporate changes into the Communique and arrange for it to be published on the ACT Health website.	Secretariat	27/02/2020	Complete

## Meeting Paper

<b>Agenda Item:</b>	3.1
<b>Topic:</b>	<b>Presentation: Staff Surveys</b>
<b>Meeting Date:</b>	27 February 2020
<b>Action Required:</b>	<b>Noting</b>
<b>Cleared by:</b>	Director-General, ACT Health Directorate
<b>Presenter:</b>	Ms Jacqui Parle - Best Practice Australia

### Purpose

1. In November 2019, the ACT Health Directorate and Canberra Health Services conducted staff surveys to measure employee sentiment. Ms Jacqui Parle from Best Practice Australia will present on the background to the surveys, factors related to survey design and the survey process.

### Background

2. From 2003 until 2015, staff surveys were undertaken at regular two-yearly intervals by ACT Health. However, there was no survey undertaken in 2017.
3. The 2019 staff survey provides a significant opportunity for the ACT public health system to gain insights from our employees. The survey provides an opportunity to understand and measure what our employees have to say and serves as a baseline at a critical point in work underway.
4. Further, the staff survey serves as a secondary check and an alternate evidence data base to support the robustness of the Workplace Change Framework being developed in partnership with the ACT public health system and the Australian National University Research School of Management.
5. Calvary ACT staff survey will be conducted by Gallop in mid-2020.

### Issues

6. The Staff Survey is integral to gauge the culture work underway and provides insight into the perceptions of our workforce.
7. Employee perception is important to understand because:
  - Our employees have these perceptions;
  - Our employees use these perceptions to frame their actions and behaviours;

- Our employees' actions and behaviours will either drive, or limit, organisational performance; and
- We are dealing with perceptions.

### **Presentation**

8. The presentation will specifically provide information on:

- What's the point of undertaking staff survey's;
- Survey design - what does this mean;
- What are we trying to understand about our employees; and
- What do we do with the information?

### **Recommendation**

That the Oversight Group:

- *Note that the presentation provided by Ms Jacqui Parle from Best Practice Australia will provide context and understanding of the 2019 Staff Survey undertaken in the ACT Health Directorate and Canberra Health Services.*

## Meeting Paper

<b>Agenda Item:</b>	3.2
<b>Topic:</b>	<b>Presentation: Workplace Change Framework</b>
<b>Meeting Date:</b>	27 February 2020
<b>Action Required:</b>	<b>Noting</b>
<b>Cleared by:</b>	Director-General, ACT Health Directorate
<b>Presenter:</b>	Associate Professor Alessandra Capezio, Australian National University Dr Sally Curtis, Australian National University Associate Professor Eric Barends, Center for Evidence-Based Management

### Purpose

1. The ANU Research School of Management will provide an update on the work undertaken to date including findings, challenges and risks, and evidence supported by research to inform the development of the Workplace Change Framework.

### Background

2. A number of the recommendations from the *Final Report: Independent Review into the Workplace Culture within ACT Public Health Services* (the Review) are directly linked to organisational behaviour, leadership and workforce. The ANU partnership will focus on developing a Workplace Change Framework that will ensure a strategic framework to guide and inform future cultural change initiatives across the ACT public health system.
3. The partnership with Australian National University- Research School of Management (ANU-RSM) was formalised by the Culture Review Implementation Steering Group.
4. The aim of the project being to develop a Workplace Change Framework to support and inform the initiatives to improve the workplace culture across the ACT public health system.
5. The development of the Workplace Change Framework will ensure that:
  - the model and required behavioural change is informed by the recommendations from the Review and through consultation with key stakeholders;
  - measures will be developed to support the Culture Change Framework and an approach to evaluating the impact of interventions using rigorous methods;

- there is an assessment of available evidence (including literature reviews, rapid evidence assessments, critical appraised topics and engagement with professionals through facilitated conversations) to understand ACT-specific factors and inform development of individual action plans to address recommendations outlined in the Review to effect sustainable change; and
  - a system-wide approach is developed, involving stakeholder engagement, drawing on expertise in the area of organisational behaviour, to support the incremental development of the ACT public health system approach.
6. The presentation by ANU-RSM will build on discussions and earlier presentations provided to the Oversight Group in September and November of 2019.

## Issues

7. Several key themes were identified as a result of stakeholder interviews resulting in ANU-RSM progressing a number of Rapid Evidence Assessments (REA) and Critically Appraised Topics (CAT) on:
- management and leadership capability;
  - learning and innovation;
  - psychological safety; and
  - management of grievances and complaints.
8. The REA is the 'use of a specific methodology to identify comprehensively the most relevant studies on a topic, and select studies based on explicit criteria. The methodological quality of these studies is assessed by one or two independent reviewers on explicit criteria'. While a CAT is defined as 'a quick and succinct assessment of what is known and not known, in the scientific literature about an issue or practical issue by using a systematic methodology to search and critically appraise primary studies.'
9. The requirement to undertake REAs and CATs are to understand the critical elements on themes, assumptions that underpin initiatives and interventions, organisation variables that require addressing prior to implementation, impacts of previous interventions, moderating factors and considerations to increase the likelihood of success.
10. It is noted that the above themes are consistent with the findings from the Review, and further support the consideration, planning and development of initiatives related to recommendations 3, 13 and 16. These are:
- **Recommendation 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

Centre Patient Advocacy Reporting System, (PARS) and Co-worker Observation Reporting System (CORS).

- **Recommendation 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.

- **Recommendation 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 the Review.

11. The Workplace Change Framework has been developed to effectively consider and address the recommendations outlined above. The framework is more specifically a pipeline logic model with an underlying theory of behavioural change. The framework encompasses a program of evidence-based interventions with measurable outcomes. Such a framework is important for the development of implementation plans and metrics to track progress and report achievements.

## **Presentation**

12. The presentation will specifically include an aggregation of feedback from:

- evidence gained from interviews with leaders of the three organisations that form the ACT public health system;
- one-on-one interviews with individuals from across the ACT public health system and representing different job families;
- co-design workshops undertaken within the three organisations across the ACT public health system;
- workforce data and 2015 and 2019 Employee Survey data;
- information gathered through REAs and CATs; and
- outline identified key challenges and risks across the ACT public health system.

13. Lastly, the presentation will include the Workplace Change Framework.

## **Recommendation**

That the Oversight Group:

- *Note that the presentation provided by the ANU will outline the evidence gathered, aggregated data, challenges and risk and the Workplace Change Framework for the ACT public health system.*

## Meeting Paper

<b>Agenda Item:</b>	4.1
<b>Topic:</b>	<b>Organisation Progress Update - Canberra Health Services</b>
<b>Meeting Date:</b>	27 February 2020
<b>Action Required:</b>	<b>Noting/Discussion</b>
<b>Cleared by:</b>	Chief Executive Officer, Canberra Health Services
<b>Presenter:</b>	Chief Executive Officer, Canberra Health Services

### Purpose

1. That members note the presentation from the Chief Executive Officer (CEO), Canberra Health Services (CHS), providing an update on the management of referrals from the Panel conducting the Independent Review in the organisation.

### Background

2. The Culture Review Oversight Group (Oversight Group) is briefed at every meeting by the Leadership Team on progress made in each area referred by the Panel.
3. At the Oversight Group on 4 September 2019, the Chief Executive Officer, Canberra Health Services presented on the progress made on managing the referrals initiated through the Panel from the Independent Review. Ms McDonald provided a comprehensive presentation outlining how the initial approach applied to referral areas at CHS was being generalised to assessing and understanding broader issues and challenges arising in other work areas.
4. At the Oversight Group meeting on 19 November 2019, the Director-General, ACT Health Directorate and the Regional Chief Executive Officer, Calvary Hospital presented on their organisation's progress in managing the referrals and proactively investing in broader workplace environments.
5. It was agreed at that meeting that a further presentation would be provided by Canberra Health Services at the 27 February 2020 Oversight Group meeting on their progress in managing referrals from the Panel.

### Issues

6. The presentations have progressively demonstrated the significant work that has been invested in areas identified by the Independent Panel.
7. It is evident that across all organisations that approaches in assessing, analysing and understanding the underlying issues are being generalised and incorporated as standard practice.

## **Recommendation**

That the Oversight Group:

- *note the information about progress made in addressing the referrals from the Panel provided by the Chief Executive Officer, Canberra Health Services; and*
- *agree that the agenda item related specifically to referrals as a result of the Independent Panel is removed, and that there is a focus on the investment in our workforce through the application of evidence-based approaches, reported through documented member updates.*

## Meeting Paper

<b>Agenda Item:</b>	4.2
<b>Topic:</b>	<b>ACT Health Clinical Advisory Committee (Professional Colleges) - Feedback</b>
<b>Meeting Date:</b>	27 February 2020
<b>Action Required:</b>	<b>Noting</b>
<b>Cleared by:</b>	Michael Culhane, Office of Deputy Director-General, Health Systems, Policy and Research
<b>Presenter:</b>	Executive Branch Manager, Culture Review Implementation

### Purpose

1. To provide the Culture Review Oversight Group (Oversight Group) with an update on the ACT Health Clinical Advisory Committee (Professional Colleges).

### Background

2. The purpose of the ACT Health Clinical Advisory Committee (Professional Colleges) is to provide professional colleges an opportunity to consider workforce culture in the ACT public health system and other systemic and institutional issues.

### Issues

3. The first meeting of this committee was held on 5 November 2019. The Terms of Reference ([Attachment A](#)) were endorsed out-of-session on 20 December 2020.
4. A communique ([Attachment B](#)) was distributed to members for dissemination to their respective colleges.
5. The second meeting is scheduled for 11 February 2020. There are two agenda Items for discussion:
  - a. Update from the Executive Branch Manager, Cultural Review Implementation Branch; and
  - b. Discussion occurring within jurisdictional leadership committees.

## **Recommendation**

That the Oversight Group:

- *Note the Terms of Reference at Attachment A;*
- *Note the communique from the 5 November 2019 meeting at Attachment B.*

## Terms of Reference

<b>Role</b>	To provide Professional Colleges' perspective on workforce culture and other systemic and institutional issues, to the Cultural Review Oversight Group and other key leadership committees within the ACT public health system.
<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>Functions</b>	<p>The ACT Health Clinical Advisory Committee (Professional Colleges) provides:</p> <ul style="list-style-type: none"><li>• Collective advice and opinion from perspective of Professional Colleges to assist the Cultural Review Oversight Group and other leadership committees to implement improvements.</li><li>• To review communicate from, and agenda of, forthcoming ACT public health system key leadership committees to consider issues with the intention of providing constructive advice to address systemic and institutional issues.</li></ul>
<b>Membership</b>	<ul style="list-style-type: none"><li>• Representatives of Professional Colleges in the ACT</li></ul> <p>Clinical leads from ACT Health Directorate, Canberra Health Services and Calvary Public Hospital Bruce will be invited to join the meeting.</p>
<b>Reporting</b>	This Committee will provide advice to the Cultural Review Oversight Group and other key leadership committees within the ACT public health system.
<b>Facilitator</b>	Chief Medical Officer, ACT Health Directorate
<b>Secretariat</b>	The Office of Professional Leadership and Education, ACT Health Directorate
<b>Agenda requests</b>	<p>The Secretariat is to receive requests for agenda items two weeks before the meeting, unless otherwise advised.</p> <p>Papers are to be distributed three working days before the meeting.</p>
<b>Meeting Frequency</b>	Meetings will be held approximately two weeks before the scheduled meeting of the Cultural Review Oversight Group.

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<b>TOR Review Frequency</b>	Annually
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<b>Approved</b>	20 December 2019
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## **Communique of meeting on 5 November 2019**

The inaugural meeting of the ACT Health Clinical Advisory Committee (Professional Colleges) was held on 5 November 2019. The meeting was attended by representatives from fifteen medical and nursing and midwifery Professional Colleges and other invitees.

The ACT Health Directorate Chief Medical Officer, Dr Dinesh Arya chaired the meeting and emphasised that the role of the committee is to provide advice to the Cultural Review Oversight Committee (CROG) to help address cultural, systemic and institutional issues.

Minister for Health, Rachel Stephen-Smith MLA, provided an overview of the function of the CROG and elaborated on her expectations of the function of the ACT Health Advisory Committee (Professional Colleges). She invited the committee to work collaboratively to provide leadership across the ACT Health public health system.

Ms Jodie Junk-Gibson, Executive Branch Manager - Culture Review Implementation, presented an overview of the ACT Health Directorate Cultural Review Implementation to the committee.

The committee discussed matters related to workplace culture and behaviours, responsibility of clinicians in leadership roles, need for training modules, issue of unpaid overtime and the need to invest in students while in medical, nursing and midwives schools. Members acknowledged that change is necessary and supported improvements to the culture across the ACT Public Health system.

The committee discussed the need to capture feedback from Junior doctors/trainees and students and recommended this occur by holding focus groups.

### **Membership**

It was agreed that the representative of the professional colleges will be members. Clinical leads from the ACT Health Directorate, Canberra Health Service and Calvary Public Hospital Bruce would be invited to attend.

### **Terms of Reference**

The draft Terms of Reference (ToR) were discussed and will be endorsed out of session.

### **Future Meetings**

Future meetings will be held approximately two weeks before the CROG (which is held every two months).

The next meeting will be on 11 February 2020 from 3.00pm – 5.00pm. Agendas (and papers, if any) will be sent out in mid-January 2020.

Contact: [clinical.leadership@act.gov.au](mailto:clinical.leadership@act.gov.au)

## **Communique of meeting on 11 February 2020**

The second meeting of the Professional Colleges Advisory Committee was held on 11 February 2020.

The ACT Health Directorate Chief Medical Officer, Dr Dinesh Arya chaired the meeting and reminded members that the role of the committee is to provide a collective view on workforce culture and other systemic and institutional issues from perspective of Colleges, to the Cultural Review Oversight Group (CROG).

Ms Jodie Junk-Gibson, Executive Branch Manager - Culture Review Implementation, presented an update on the implementation of recommendations from the Cultural Review to the Committee and the Communications Strategy Action Plan. She also updated the meeting on consultation undertaken by Australian National University, Research School of Management to develop a Workplace Change Framework.

The committee discussed matters raised during this presentation, including how to improve communication. Members acknowledged that change may take time.

It was agreed that a special meeting of this committee will be arranged in March 2020 for members of this committee to have a presentation on the Workplace Change Framework.

### **Terms of Reference**

The Terms of Reference (ToR) were endorsed out of session.

### **Future Meetings**

Future meetings will be held approximately two weeks after the CROG (which is held every two months).

The next meeting will be held on 6 May 2020 from 3.00pm – 5.00pm. Agendas (and papers, if any) will be sent out in mid-April 2020.

Contact: [clinical.leadership@act.gov.au](mailto:clinical.leadership@act.gov.au)

## Meeting Paper

<b>Agenda Item:</b>	4.3
<b>Topic:</b>	<b>Annual Review – Terms of Reference</b>
<b>Meeting Date:</b>	27 February 2020
<b>Action Required:</b>	<b>Decision</b>
<b>Cleared by:</b>	Director-General, ACT Health Directorate
<b>Presenter:</b>	Chair

### Purpose

1. That the Culture Review Oversight Group (Oversight Group) review and endorse the draft Terms of Reference (ToR) for the annual review in order to implement Recommendation 19 of the *Final Report – Independent Review into the Workplace Culture within ACT Public Health Services* (the Review).

### Background

2. At the Oversight Group meeting on 4 September, the Minister for Health proposed that the inaugural annual review be conducted in March 2020.
3. The draft ToR for the annual review has been developed in response to Recommendation 19 of the Review which stated “That the ‘Culture 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”.
4. At the Oversight Group meeting on 19 November, Mr Somerville, representing the AMA (ACT), provided verbal and written feedback to support the ToRs and this feedback has been incorporated in the ToRs, where appropriate.

### Issues

5. The draft ToR for the Annual Review is provided at [Attachment A](#).
6. Mr Mick Reid has been approached to conduct the annual, independent and external review with contractual arrangements expected to be finalised in February.
7. Mr Reid has advised that he is available to undertake the review in March 2020 with a finalised report to be provided in April 2020.

## **Recommendation**

That the Oversight Group:

- *Endorse the Terms of Reference for the Annual Review.*

## Culture Review Implementation: Inaugural Annual Review

### Terms of Reference

#### Purpose

1. To outline the scope and terms of reference of the inaugural annual review of the Culture Review Implementation program in support of achieving the 20 recommendations as outlined in the Final Report – Independent Review into the Workplace Culture within ACT Public Health Services (the Final Report).

#### Background

2. On 10 September 2018, the former Minister for Health and Wellbeing announced the establishment of an Independent Review into the Workplace Culture within ACT Public Health Services.
3. The Final Report was released by the former Minister for Health and Wellbeing on 7 March 2019.
4. The former Minister for Health and Wellbeing; Minister for Mental Health; Director-General, ACT Health Directorate; Chief Executive Officer, Canberra Health Services; and Regional Chief Executive Officer, Calvary Hospital jointly and publicly committed to implement the 20 recommendations in the Final Report. This was further supported by a Public Commitment Statement released on 4 September 2019 by leaders of the organisations represented on the Culture Review Oversight Group (Oversight Group).
5. The Oversight Group is commissioning an annual review of the culture review implementation process and progress, in line with Recommendation 19, in the Final Report which states:

*‘That the ‘Culture 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 Services’.*

6. The annual review process is an important independent assessment of the culture review implementation process and its progress in implementing the 20 recommendations in the Final Report. It represents an important learning opportunity and transparent accountability mechanism.

#### Scope

7. The scope and focus of this inaugural annual review will be to examine, and make findings and recommendations in relation to the following:

- a. Record any changes or amendments to the recommendations of the Independent Review of a not insubstantial nature and the reasons for making such changes or amendments.
- b. The extent of the progress made with the culture review implementation process against the original plans outlined in the Final Report;
- c. The impact on the workforce culture of the changes introduced to date; and
- d. The effectiveness of the initiation and planning phase of the culture review process undertaken, including:
  - i. What has worked well and why, and has there been any early impact?
  - ii. What has not worked well and why, and has there been any impact?
  - iii. What may therefore need to change or be improved?
  - iv. What has been learned so far and how can these insights and experiences be leveraged to improve the process and outcomes/impact of the culture review implementation process?

## **Methodology**

- 8. The annual review process will draw upon information from a range of sources across the three arms of the ACT public health system, to strengthen its analysis and avoid duplication of effort.
- 9. It is proposed that the annual review include:
  - a. A desktop review of key documentation produced as part of the culture review implementation process across the three organisations. This will include:
    - i. public statements, documentation from the governance and stakeholder engagement bodies (i.e. the Culture Review Oversight Group, Culture Review Implementation Steering Group, Clinical Leadership Forum, and Health and Wellbeing Partnership Board) as well as from the leadership and staff within each of the three public health organisations;
    - ii. information generated by key initiatives occurring under the banner of the culture review implementation process (e.g. the ANU partnership to develop a Culture Change Framework, and the HR Functions Review); and
    - iii. access to staff climate surveys.
  - b. One-on-one interviews with a cross-section of key stakeholders:
    - i. Minister for Health;
    - ii. Minister for Mental Health;
    - iii. Director-General, ACT Health Directorate;

- iv. Chief Executive Officer, Canberra Health Services;
  - v. Regional Chief Executive Officer, Calvary ACT;
  - vi. select members of the Culture Review Oversight Group and Culture Review Implementation Steering Group; and
  - vii. other nominated key stakeholders;
10. Development of a draft Annual Review Report containing findings and initial recommendations for discussion with key leaders; and
11. Finalisation and submission of an Annual Review Report by 30 April 2020.

### **Structure, Process and Timing**

12. The Reviewer will commence work on this review in March 2020 and will provide an Annual Review Report to the Minister for Health and the Minister for Mental Health by 30 April 2020.
13. The Minister for Health will table the Annual Review Report in the ACT Legislative Assembly at the earliest opportunity, and thereafter publicly release the Report.
14. The Reviewer will determine if some material needs to be anonymised to protect individuals from harm, to the extent that it contains personal information or material provided in confidence.
15. The Oversight Group will ensure that the management response to the Annual Review Report guides the next phase of the culture review implementation process and associated initiatives.

## Meeting Paper

<b>Agenda Item:</b>	4.4
<b>Topic:</b>	<b>Culture Review Implementation Program Risk</b>
<b>Meeting Date:</b>	27 February 2020
<b>Action Required:</b>	<b>Discussion</b>
<b>Cleared by:</b>	Director-General, ACT Health Directorate
<b>Presenter:</b>	Executive Branch Manager, Culture Review Implementation

1. To provide the Culture Review Oversight Group (Oversight Group) with an update of key program risks identified for the culture review implementation.

### Background

2. The Program Risk Register identifies the key risks associated with the culture review implementation.

### Issues

3. There are 34 program risks identified in the Program Risk Register. An Executive Overview of the key risks, their current levels and controls are listed in priority order in Attachment A.
4. It is proposed to include Risk management as a standing Oversight Group agenda item to enable oversight of the risks on the register and discussion of emerging or escalating risks.
5. The register is intended to be a living document that will be reviewed and updated as required.

### Recommendation

That the Oversight Group:

- *Note the key program risks identified for the Culture Review Implementation.*

## Attachment A – Executive Overview of the Culture Implementation Program Risk Register as at 6 February 2020

Risk Rating	Risk	Source	Impact	Controls (best of)
High	<u>Ref 4:</u> <i>Failure in Stakeholder relationships</i>	<ul style="list-style-type: none"> <li>Poor stakeholder engagement and consultation;</li> <li>Lack of collaboration;</li> <li>Interdependencies, risks and issues across system not recognised/mapped;</li> <li>Reactive management of stakeholder issues;</li> <li>Interest in performance of ACT public health system;</li> <li>ACT election in 2020;</li> <li>Communications ineffective;</li> <li>Leakage of information or data breach;</li> <li>Accessibility to sensitive information through FOI Act.</li> </ul>	<ul style="list-style-type: none"> <li>Reduced information sharing;</li> <li>System-wide interdependencies, issues and risk not managed;</li> <li>Reduced capacity to deliver the recommendations of the Review and interventions to improve workplace culture across the system;</li> <li>Impact to reputation of ACT public health system;</li> <li>Negative media coverage;</li> <li>Political criticism;</li> <li>Staff criticism;</li> <li>Impact to staff morale;</li> <li>Further embedding of poor workplace culture;</li> <li>Decreased buy-in/disengagement resulting in poor support of Culture Review Implementation;</li> <li>Failure to attract and retain a capable workforce.</li> </ul>	<ul style="list-style-type: none"> <li>Governance includes Culture Review Implementation Steering Group (Steering Group) and Culture Review Oversight Group (Oversight Group);</li> <li>Membership of Oversight Group includes key external stakeholders;</li> <li>Regular meetings scheduled by Culture Review Implementation (CRI) Branch with key internal and external stakeholders to report progress of implementation and seek feedback/collaboration where appropriate;</li> <li>Culture Review Implementation Communications and Engagement Strategy has been drafted in consultation with key stakeholders across system;</li> <li>Implementation plan and progress reported at each meeting of Steering Group and Oversight Group.</li> </ul>
High	<u>Ref 13:</u> <i>Stakeholders not supportive of a system-wide, strategic approach to culture change across ACT public health system.</i>	<ul style="list-style-type: none"> <li>Siloed approach to addressing the recommendations of the Review;</li> <li>Implementation of 'quick fixes' that do not embed/sustain positive workplace culture;</li> <li>Governance and reporting structures within organisations;</li> <li>Activities undertaken by organisations do not align with strategic direction endorsed by Steering Group.</li> </ul>	<p>Organisation's divergent approaches and initiatives do not align with the system-wide strategy resulting in:</p> <ul style="list-style-type: none"> <li>duplication of effort;</li> <li>budget overspend;</li> <li>dependencies,</li> <li>risk and issues not identified and managed across system; and</li> <li>benefits not realised.</li> </ul>	<ul style="list-style-type: none"> <li>Steering Group guides the strategic direction for the Culture Review Implementation;</li> <li>Budget spend on implementation activities to be endorsed by the Steering Group with consideration of strategy and linkages to recommendations and Workplace Change Framework.</li> </ul>

Risk Rating	Risk	Source	Impact	Controls (best of)
High	<u>Ref 16:</u> <i>Complex governance structures across System result in reporting of culture change being fragmented, unclear or delayed.</i>	<ul style="list-style-type: none"> <li>System-wide governance;</li> <li>Multiple delivery leads within each organisation without single coordination point;</li> <li>Membership on local governance committees and reporting mechanisms to and from the Steering Group;</li> <li>Delays due to internal approval processes/governance committee meetings not aligning with reporting deadlines.</li> </ul>	<ul style="list-style-type: none"> <li>Inconsistent/incomplete reporting to the CRI Branch resulting in inaccurate or incomplete reporting to the Steering Group, Oversight Group, Biannual Updates and Performance Reviews;</li> <li>Delays in identifying and managing dependencies, risks, issues and benefits result in strategic objectives/goals not being met.</li> </ul>	<ul style="list-style-type: none"> <li>A Culture Review Implementation SharePoint site has been established with a critical dates calendar and reporting templates;</li> <li>Delivery leads have been identified to coordinate organisational reporting and internal approvals;</li> <li>Organisations to provide status reports to Culture Review Implementation Branch bi-monthly with reports collated by CRI Branch into system-wide report for Steering Group and Oversight Group;</li> <li>Regular meetings facilitated by CRI Branch with organisation delivery leads to share information.</li> </ul>
High	<u>Ref 18:</u> <i>Inconsistent approaches to delivering interventions for positive workforce culture across the System.</i>	<ul style="list-style-type: none"> <li>Agreement of Steering Group for a coordinated strategic approach;</li> <li>Support across the Health System for the implementation approach;</li> <li>Siloed/divergent approaches to delivering interventions within organisations and across System;</li> <li>Individual services may undertake projects or initiate interventions independently of the Culture Review Implementation without adequate analysis of system-wide inter-dependencies and risk;</li> <li>Implementation planning;</li> <li>Resource availability and capability;</li> <li>Roles and responsibilities definition;</li> <li>Program/Project management.</li> </ul>	<ul style="list-style-type: none"> <li>Interventions do not achieve the expected benefit across system.</li> <li>Potential impact to program schedule and budget due to duplication of effort/uncoordinated effort across System;</li> <li>Benefits are not consistently realised across the System.</li> </ul>	<ul style="list-style-type: none"> <li>Steering Group established to direct the strategic approach, set key priorities and monitor the progress of the implementation.</li> <li>Workplace Change Framework will inform the change priorities and recommend pilot intervention design;</li> <li>Steering Group to endorse change priorities, pilot implementation sites and implementation approach;</li> <li>Resourcing requirements for delivering interventions to be reviewed by the Steering Group and funded under the CRI budget, where appropriate;</li> <li>Reporting mechanisms to be established to and from local governance committees to ensure alignment to the endorsed strategic direction and oversight for the implementation.</li> </ul>
High	<u>Ref 19:</u> <i>Resources Failure</i>	<ul style="list-style-type: none"> <li>Lack of skill/subject matter expertise/capability available within System to support Culture Review Implementation activities;</li> <li>Budget constraints prevent sourcing suitable resources;</li> <li>Inadequate resourcing;</li> <li>Capability deficits;</li> <li>Business as usual (BAU) responsibilities.</li> </ul>	<ul style="list-style-type: none"> <li>Interventions not delivered within some areas or do not achieve the expected benefit;</li> <li>Inconsistent improvement of workforce culture across the System.</li> </ul>	<ul style="list-style-type: none"> <li>Steering Group has endorsed Budget Governance process which allows organisations to submit requests for funding to the Steering Group for dedicated resources;</li> <li>Steering Group to review resourcing requests with consideration of duplication of effort across the System and potential for consolidation/collaboration to provide value for money;</li> <li>Organisations to report risks and issues related to resourcing deficits to the CRI Branch Project Manager for recording on the Program Risk Register and escalation, as necessary.</li> </ul>
High	<u>Ref 21:</u> <i>Insufficient strategic planning for Culture Review Implementation by each arm.</i>	<ul style="list-style-type: none"> <li>Agreement by Steering Group for a coordinated strategic approach to delivering Culture Review Implementation;</li> <li>Support across the Health System for the endorsed implementation approach;</li> <li>Undertaking projects or initiate interventions independently of the Culture Review Implementation without adequate analysis of System-wide strategy, inter-dependencies and risk;</li> <li>Complex local governance structures and reporting structures between Steering Group and local working groups;</li> <li>Representation on local governance groups;</li> <li>Information sharing;</li> <li>Resource availability/capability within organisations for strategic planning.</li> </ul>	<ul style="list-style-type: none"> <li>Impact to program budget, schedule and benefits realisation due to siloed/localised approach;</li> <li>Strategic objectives and goals are not met;</li> <li>Reputational damage.</li> </ul>	<ul style="list-style-type: none"> <li>Governance structure established with clear roles and responsibilities and reporting mechanisms;</li> <li>Strategic direction to be informed by Workplace Change Framework;</li> <li>Strategic direction to be endorsed by Steering Group and Oversight Group;</li> <li>Organisations report to the Steering and Oversight Groups bi-monthly through the combined Implementation Progress Update and Program Risk Register.</li> </ul>

Risk Rating	Risk	Source	Impact	Controls (best of)
High	<u>Ref 22:</u> <i>'Quick fix' solutions implemented to meet the Recommendations of the report do not lead to sustained workforce culture change.</i>	<ul style="list-style-type: none"> <li>Political/internal pressures to address the recommendations of the report;</li> <li>Inadequate problem definition and/or understanding of root cause;</li> <li>Inadequate understanding and definition of inter-related issues and/or dependencies;</li> <li>Localised/siloed approaches to delivering interventions.</li> </ul>	<ul style="list-style-type: none"> <li>Interventions do not address root cause of issue and do not affect real or sustained change.</li> </ul>	<ul style="list-style-type: none"> <li>Contract with ANU Research School of Management to develop an evidence-based Workplace Change Framework, intervention design and evaluation methodology;</li> <li>Steering Group will consider the alignment of all implementation activities to the Change Framework, key priorities, recommendations of the Final Report and the overall system-wide strategy;</li> <li>Steering Group and Oversight Group will monitor actions through the Implementation of Recommendations Progress Update Report.</li> </ul>
High	<u>Ref 26:</u> <i>Capability deficits across the health system for addressing organisational behaviour, workforce and leadership issues.</i>	<ul style="list-style-type: none"> <li>Staff do not have the required training, skills or experience to undertake a strategic, evidence-based approach to addressing the issues.</li> </ul>	<ul style="list-style-type: none"> <li>Actions undertaken across the System do not lead to sustained change;</li> <li>Siloed approach to addressing issues limits opportunity for system-wide change;</li> <li>Negative perception of Health System due to inability to implement and measure sustained change;</li> <li>Continued reporting of poor workforce culture within the ACT Health System.</li> </ul>	<ul style="list-style-type: none"> <li>HR Function Review procurement activity has been endorsed by Steering Group. Procurement for consultancy to provide the service is underway;</li> <li>The Workplace Change Framework will further support identifications of capabilities required across the system to support sustainable culture change.</li> </ul>
High	<u>Ref 32:</u> <i>Information accessed through FOI requests results in damage to individual, group or organisation.</i>	<ul style="list-style-type: none"> <li>Release of sensitive information under FOI request.</li> </ul>	<ul style="list-style-type: none"> <li>Damage to image/reputation of individuals, group or organisation;</li> <li>Damage to staff morale;</li> <li>Political/media criticism.</li> </ul>	<ul style="list-style-type: none"> <li>Risk assessment to be undertaken by FOI team prior to information being released.</li> <li>Agreed Communications and Engagement Strategy, supported by phased action plan to engage with our workforce in a consistent way.</li> </ul>
High	<u>Ref 33</u> <i>Failure in Strategic Direction</i>	<ul style="list-style-type: none"> <li>Strategic planning and governance;</li> <li>Insufficient information provided to Steering Group to inform discussion/decisions;</li> <li>Quality of papers and project documentation;</li> <li>Insufficient time allowed for robust discussion during Steering Group meetings;</li> <li>Engagement of Steering Group members;</li> <li>Difference of opinions.</li> </ul>	<ul style="list-style-type: none"> <li>Strategic direction is not agreed and endorsed;</li> <li>Potential impact to budget, schedule and benefits realisation;</li> <li>Inability to implement and measure sustained change.</li> </ul>	<ul style="list-style-type: none"> <li>Sufficient information provided to the Steering Group members to inform discussion and decision making;</li> <li>Timely distribution of information;</li> <li>Consideration of issues out of session;</li> <li>Clear, concise and timely meeting papers with recommendations for consideration.</li> </ul>
High	<u>Ref 36</u> <i>Different assessment of priorities between organisation and system- wide governance groups.</i>	<ul style="list-style-type: none"> <li>System-wide governance;</li> <li>Organisational governance structures and reporting mechanisms;</li> <li>TORs for working groups including membership and roles and responsibilities;</li> <li>Strategic direction and approach not communicated;</li> <li>Diverse stakeholder groups;</li> <li>Stakeholder interests;</li> <li>Lack of support for endorsed activities/approaches.</li> </ul>	<ul style="list-style-type: none"> <li>Divergent/siloed approach to delivering change;</li> <li>Increase in cost and implementation timelines;</li> <li>Organisation/system do not realise benefits;</li> <li>Unable to measure and evaluate change.</li> </ul>	<ul style="list-style-type: none"> <li>Steering Group endorses implementation strategy and determines priorities.</li> </ul>

Risk Rating	Risk	Source	Impact	Controls (best of)
High	<u>Ref 35:</u> <i>Project quality and assurance.</i>	<ul style="list-style-type: none"> <li>Resourcing capacity and capability within organisations to undertake project management;</li> <li>Organisations do not provide project deliverables, documentation or expenditure reports to CRI Branch as specified in endorsed Governance Process;</li> <li>Organisations do not participate in project health checks, as specified in endorsed Governance Process;</li> <li>Governance and reporting structures;</li> <li>Program management and coordination within CRI Branch.</li> </ul>	<ul style="list-style-type: none"> <li>Unable to track progress, deliverables and benefits realisation for Culture Review Implementation;</li> <li>Unable to monitor or report progress of implementation;</li> <li>Early detection of project issues;</li> <li>Project/Program risks and issues not identified;</li> <li>Dependencies not identified;</li> <li>Benefits not realised;</li> <li>Stakeholder criticism of management of program.</li> </ul>	<ul style="list-style-type: none"> <li>Culture Review Implementation Governance and Budget Governance processes endorsed by Steering Group which include reporting responsibilities and quality assurance for Culture Review Implementation projects and expenditure.</li> <li>Project Manager, CRI Branch, to assist organisations where required to ensure projects are documented and quality assurance is applied to CRI projects, as specified in endorsed Governance paper.</li> </ul>

## Meeting Paper

<b>Agenda Item:</b>	4.5
<b>Topic:</b>	<b>ACT-NSW Memorandum of Understanding (MoU) for Regional Collaboration</b>
<b>Meeting Date:</b>	27 February 2020
<b>Action Required:</b>	<b>Noting</b>
<b>Cleared by:</b>	Michael Culhane, on behalf of Deputy Director-General, Health Systems, Policy and Research
<b>Presenter:</b>	Director-General, ACT Health Directorate

### Purpose

1. To provide an update to the Culture Review Oversight Group on progress towards implementing Recommendation 8 of the *Final Report: Independent Review into the Workplace Culture within ACT Public Health Services* (the Review).

### Background

2. Recommendation 8 of the Review states that, “discussions occur between ACT and NSW with a view to developing a Memorandum of Understanding for improved collaboration between the two health systems for joint Ministerial consideration.”
3. This recommendation follows the Review’s assessment that some of the long-standing cultural issues affecting the ACT Public Health Services are attributable to the relative isolation of the ACT Public Health System.
4. Cultural enhancements could therefore be achieved through broader clinical and executive experience in and exposure to other health services, namely the NSW health system.
5. There are several initiatives and governance forums in operation which seek to respond to this recommendation and enhance integration between the ACT and NSW health systems. These include:
  - a Memorandum of Understanding for Regional Collaboration;
  - an ACT/NSW Cross-Border Senior Officials Working Group;
  - an upcoming cross border workshop;
  - finalising outstanding reconciliation process for ACT/NSW (2015-16 to 2019-20 period); and
  - the 2020-25 ACT/NSW cross border agreement.

## Issues

### Memorandum of Understanding for Regional Collaboration (MoU)

6. In responding to this recommendation, the ACT Health Directorate has sought to align its efforts with the priority health actions listed under the *Memorandum of Understanding for Regional Collaboration (MoU)*, to be signed by the ACT Chief Minister, Andrew Barr MLA and the New South Wales (NSW) Premier, The Hon. Gladys Berejiklian Premier in 2020.
7. This document seeks to define the guiding principles and overall framework under which the ACT and NSW Government's will work together to enhance service delivery for its cross-border communities.
8. Rather than replacing existing or future operational cross-border agreements, the MoU seeks to establish a robust reporting and governance methodology to progress agreed priorities.
9. The ACT Health Directorate has engaged with NSW Ministry of Health officials to agree the following Health priority actions under the MoU, including:
  - develop and agree a new cross-border partnership agreement;
  - identify and explore options to better integrate the ACT Government and NSW Government across multiple domains that impact health, with a focus on improved patient outcomes and flows;
  - strengthen the governance arrangements between ACT Health and NSW Health;
  - strengthen the operational delivery of cross-border arrangements between ACT Health and NSW, including the operational relationship between Canberra Health Services and the Southern NSW Local Hospital District.
10. Progress on cross border collaboration will not be limited to the above actions specified in the MoU. ACT and NSW Government officials have agreed to progress a separate program of work under the Senior Officials Working Group (SOWG) workplan which will include emerging and discrete cross-border proposals that enhance the agreed MoU actions.

### ACT/NSW Cross-Border Senior Officials Working Group (SOWG)

11. In July 2019, the Minister for Health, Rachel Stephen-Smith MLA, wrote to the NSW Minister for Health and Medical Research, the Hon. Brad Hazzard MP, committing the ACT to improving regional health services planning with NSW. Included in that correspondence is the establishment of a SOWG.
12. The ACT and NSW Cross-Border SOWG was established on the 16 September 2019 to progress actions under the MoU and to advance the strategic partnership between the ACT Health Directorate and the NSW Ministry of Health with regard to cross-border collaboration. This forum is being used by senior ACT Health officials to advance initiatives that respond to the recommendations of the Review.
13. The SOWG has agreed on a workplan, which focus on establishing a cross-border health partnership, complete the outstanding reconciliation for the existing period (2015-16 to 2019-20); and develop a new 2020-25 cross-border agreement.

14. The SOWG is also working in collaboration with the ACT and Southern NSW Joint Operations Committee (JOC) to develop the JOC business plan and to include priority actions that support the improved integration of the ACT and Southern NSW hospital systems.
15. A key priority under this draft business plan is the development and implementation of a framework that supports enhanced access to professional development and education across the region. The JOC will explore options including joint recruitment processes, staff rotation/exchange, and different modalities of education delivery.
16. These actions will strengthen the clinical and operational linkages between the ACT Health system and the Southern NSW Local Hospital District.

#### Upcoming cross border workshop – enhancing the health partnership

17. To identify opportunities for greater collaboration, an interjurisdictional workshop has been scheduled for the 4 February 2020 with policy and operational stakeholders across ACT Health Directorate, Canberra Health Services, NSW Ministry of Health and the Southern NSW Local Hospital Districts.
18. The workshop will enable Senior Officials to engage with operational staff from both jurisdictions to further develop the agreed list of joint priority areas and progress cross-border initiatives in both the JOC and SOWG workplan, including, how the JOC and SOWG can support each other in the development and implementation of a clinical leadership framework.
19. The objective of the workshop will be to advance the Territory's partnership approach with NSW to deliver joint planning initiatives and promotion of better health pathways for ACT and NSW residents.
20. Outcomes from the inter-jurisdictional workshop will inform the final development of the SOWG workplan for implementation over the course of 2020.

#### Finalising outstanding reconciliation process for ACT/NSW (2015-16 to 2019-20 period)

21. On 18 December 2019, the Government agreed to a new set of negotiating parameters to assist with the finalisation of the outstanding reconciliation process (2016-16 to 2019-20 period). This will allow the ACT to work with NSW in settling outstanding payments.

#### 2020-25 ACT/NSW cross border agreement

22. On 29 October 2019 the NSW Minister for Health and Medical Research wrote to the ACT Health Minister acknowledging that finalising a sustainable agreement that meets the needs of South Eastern NSW and ACT communities is a priority for both Ministers. The letter also stated that the SOWG will develop an ACT/NSW Cross Border Agreement (2020 – 2025) for Ministers consideration by March 2020, to commence from 1 July 2020.

## Summary

23. In reference to Recommendation 8 from the Review it states that, “discussions occur between ACT and NSW with a view to developing a Memorandum of Understanding for improved collaboration between the two health systems for joint Ministerial consideration.”
24. Discussions have been underway throughout 2019 to progress cross border collaboration. As a result, there have been clear objectives identified and a work plan is being established.
25. There has been significant progress with discussions through significant collaboration which bodes well to meet identified objectives in the future. Quarterly update reports will be provided to the Oversight Group summarising work plans and initiatives developed to support cross-border partnerships and collaboration and on the formal agreement between ACT and NSW planned to commence from 1 July 2020.

## Recommendation

That the Oversight Group:

- *Note the update provided in this paper; and*
- *Note the progress made in Recommendation 8.*

## Meeting Paper

<b>Agenda Item:</b>	4.6
<b>Topic:</b>	<b>Culture Review Implementation Program Plan</b>
<b>Meeting Date:</b>	27 February 2020
<b>Action Required:</b>	<b>Discussion</b>
<b>Cleared by:</b>	Director-General, ACT Health Directorate
<b>Presenter:</b>	Director-General, ACT Health Directorate

### Purpose

1. To seek feedback from the Culture Review Oversight Group (Oversight Group) on the draft Culture Review Implementation Program Plan 2019-2022 (Program Plan).

### Background

2. The aim of the Program Plan is to provide an overarching strategic framework for the Culture Review Implementation program.
3. The draft Program Plan 2019-2022 on-a-page at Attachment A provides an overview of the four program domains and implementation plan for each domain.
4. Feedback on the Program Plan is invited from the Oversight Group members. Members are encouraged to provide ongoing feedback to the Secretariat as the Program Plan evolves.
5. Agenda Item 4.7, Implementation of Recommendations and Project Plan, nests beneath the Program Plan.

### Issues

6. The Program Plan 2019-2022 outlines how health services across the ACT public health system and the community will work together to lay the groundwork for the future. With a strong focus on organisational behaviour, workforce and leadership change and building a solid evidence-base, this Program Plan will put in place strategic projects and actions which will provide the foundations to drive long-term results while also implementing priority actions in the short-term.
7. The Program Plan is intended to be a living document that will be developed in phases. The first phase of the Program Plan (July 2019 to June 2020) will build the foundation for future years.
8. Strategies in Phase One will include:
  - Partnering with stakeholders across the ACT health sector in all levels of planning, delivery and evaluation;

- Ensuring that an evidence-based methodology is applied to intervention design and evaluation;
  - Identifying, mapping and responding to core issues, recognising idiosyncrasies of the ACT Public Health Service and adapting interventions for each individual organisation as required;
  - Defining the capabilities that are required to flexibly respond to the identified issues and increase workforce capability where required; and
  - Investing in capability development of the workforce to support organisational behaviour, workforce and leadership change.
9. Over time the Program Plan will be revised to reflect:
- New challenges and priorities;
  - Emerging evidence and opportunities; and
  - Complementary strategic interventions and responses on workplace culture across the ACT public health system.

### **Recommendation**

That the Oversight Group:

- *Note the Program Plan for the Culture Review Implementation.*

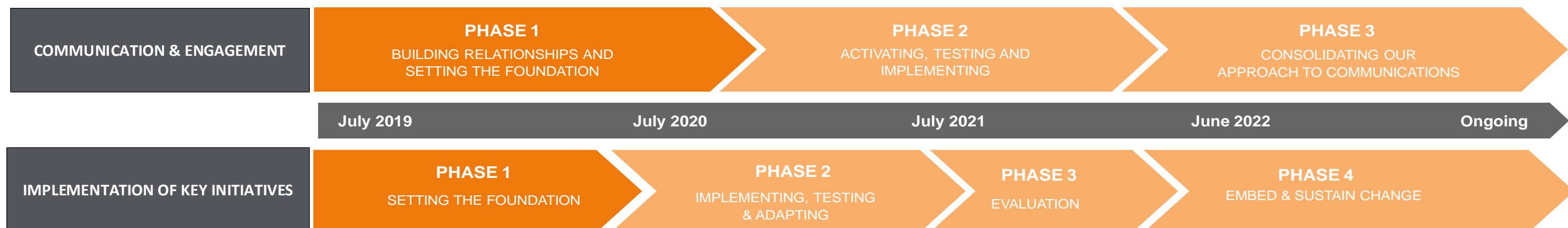
# Culture Review Implementation Program Plan 2019-2022

DRAFT February 2020

## VISION

> Invest in a values-based public health system to achieve enduring and sustainable positive workplaces

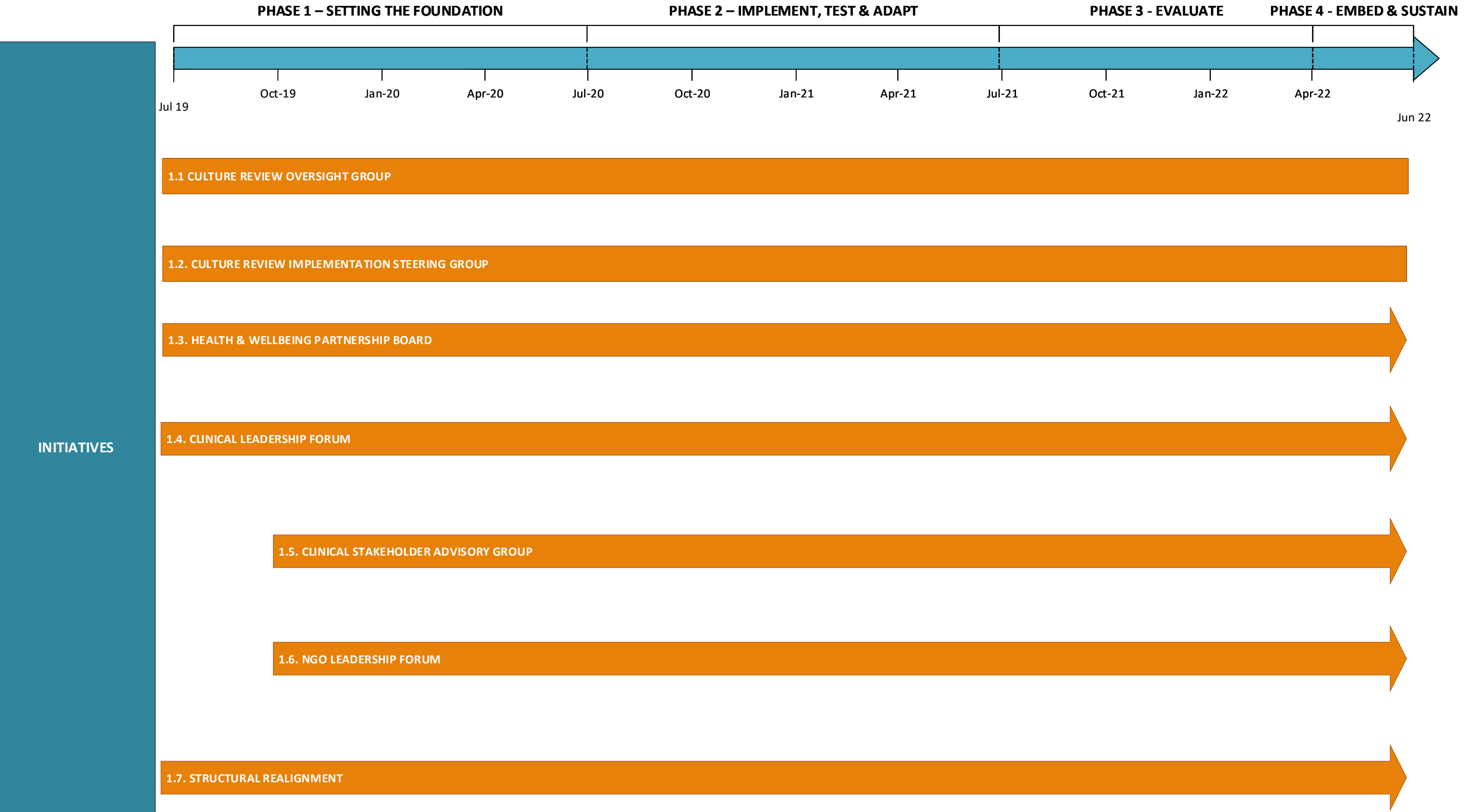
THEMES	GOVERNANCE & OVERSIGHT	ORGANISATIONAL BEHAVIOUR, WORKFORCE & LEADERSHIP	EDUCATION & RESEARCH	CLINICAL ENGAGEMENT
RECOMMENDATIONS	5, 8, 10, 12, 17, 18, 19	1, 2, 3, 6, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20	7, 16	2, 4, 5, 6, 9, 12, 20
GOAL	> Assess, review and establish good governance and oversight structures to ensure transparency and accountability across the System	> Invest in our people and processes to build safe and positive workplaces across the System	> Through strong collaboration, partnership and engagement we will develop and shape a learning mindset across the System	> Encourage and embed a two-way discourse with our clinicians to evolve our System
KEY INITIATIVES (PHASE 1)	<ul style="list-style-type: none"> <li>Establish Culture Review Oversight Group.</li> <li>Establish Culture Review Implementation Steering Group.</li> <li>Establish Health &amp; Wellbeing Partnership Board.</li> <li>Establish Clinical Leadership Forum.</li> <li>Establish Clinical Stakeholder Advisory Group.</li> <li>Establish NGO Leadership Forum.</li> <li>Structural alignment across ACT public health system.</li> </ul>	<ul style="list-style-type: none"> <li>Embed values, vision and expected behaviours across system.</li> <li>Partner with the Australian National University Research School of Management (ANU-RSM) to develop an ACT Public Health System Workplace Change Framework.</li> <li>ANU-RSM to undertake Rapid Evidence Assessments (REAs) to identify best evidence on elements required to promote healthier workplaces.</li> <li>System-wide Human Resources (HR) function review.</li> <li>Respect, Equity and Diversity (RED) Working Group established to map, review and assess key elements in the application of the RED Framework across the system.</li> <li>Align to with work underway on <i>Towards a Safer Culture Strategy and Occupational Violence Strategy's (CHS and CPHB)</i> to create positive workplaces across the system.</li> <li>Develop a suite of system-wide climate indicators and metrics.</li> </ul>	<ul style="list-style-type: none"> <li>Concept design for innovative approaches to the conduct and delivery of health and medical research in the ACT. Research Working Group and Workforce Education and Training Working Group to drive initiatives.</li> <li>Conduct Health Summit with senior clinicians and senior administrators at CHS and CPHB to ascertain how to map a plan for improved service coordination and collaboration.</li> <li>Develop partnerships with tertiary sector to identify new opportunities to enhance curriculum development of allied health, nursing, midwifery and medicine.</li> <li>Identify new opportunities to develop future leaders of the health sector.</li> <li>Establish partnership with ANU-RSM to develop, implement and evaluate the Health Sector Culture Change Framework through evidence-based methodology.</li> </ul>	<ul style="list-style-type: none"> <li>Establish ACT Clinical Leadership Forum.</li> <li>Engagement with Clinical Committees.</li> <li>Engagement with Colleges and other key stakeholder organisations.</li> <li>Develop measures to monitor clinical engagement across the ACT public health system.</li> </ul>



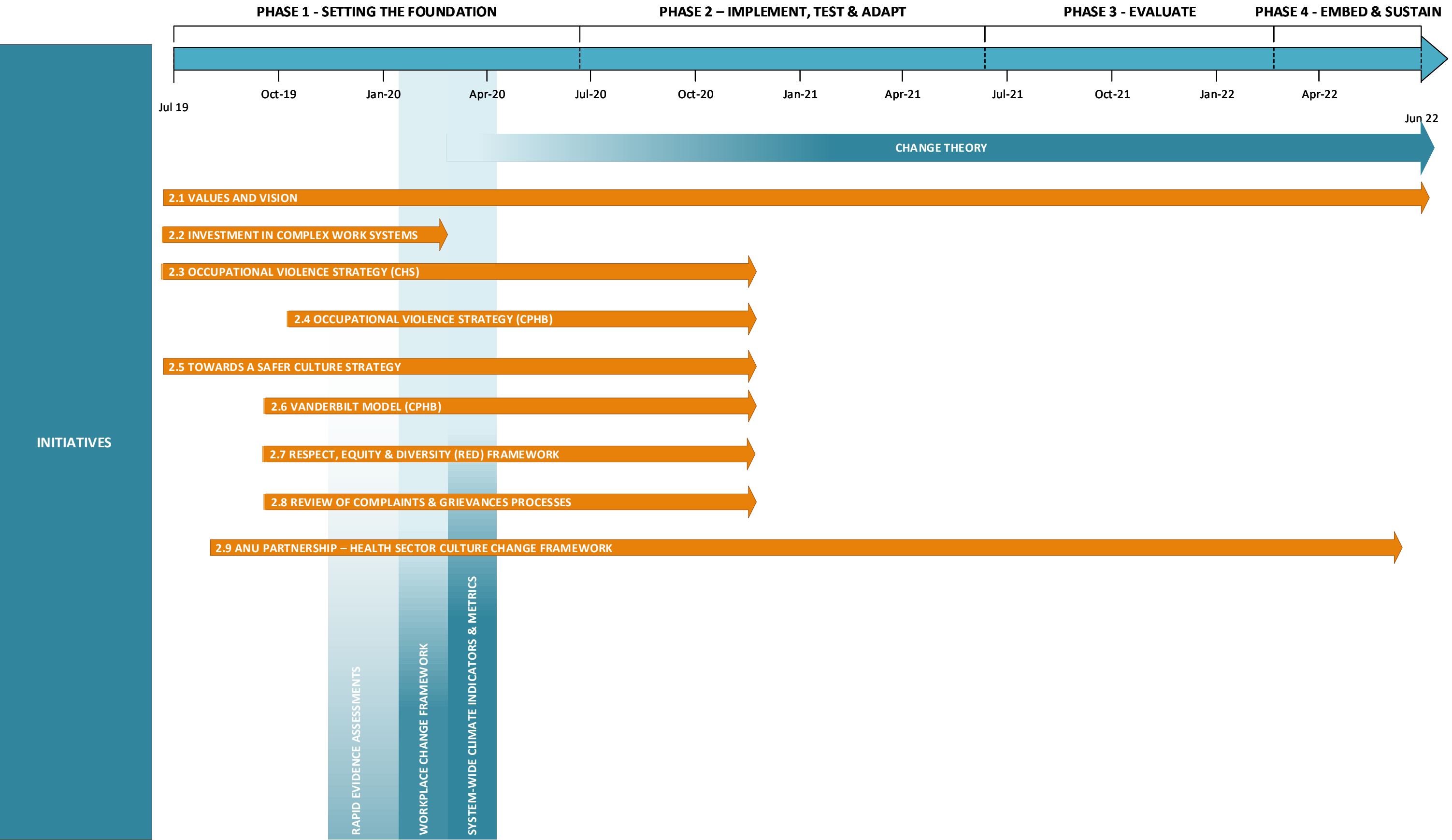
# Culture Review Implementation Program Plan 2019-2022

DRAFT February 2020

## 1. GOVERNANCE & OVERSIGHT



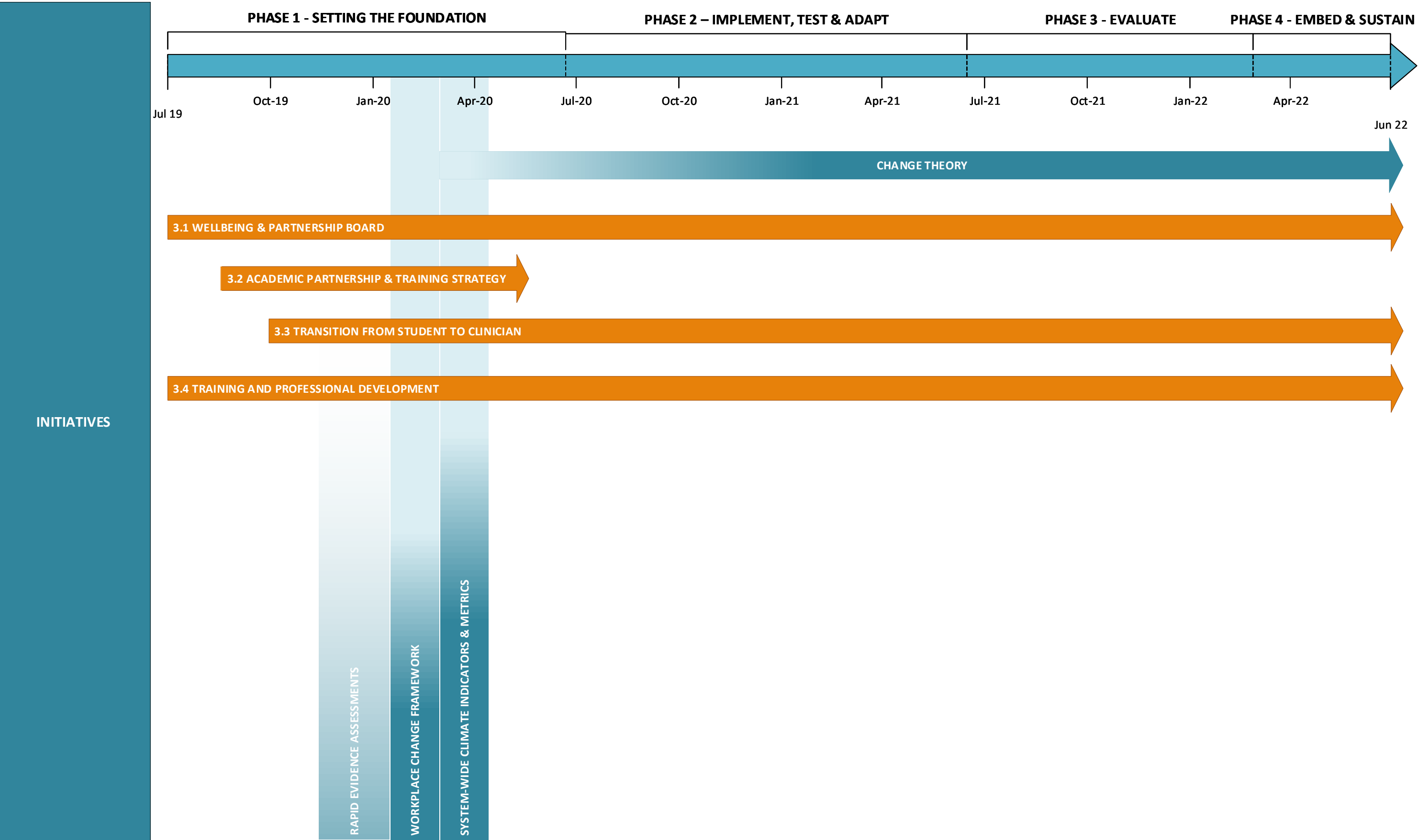
2. ORGANISATIONAL BEHAVIOUR, WORKFORCE & LEADERSHIP



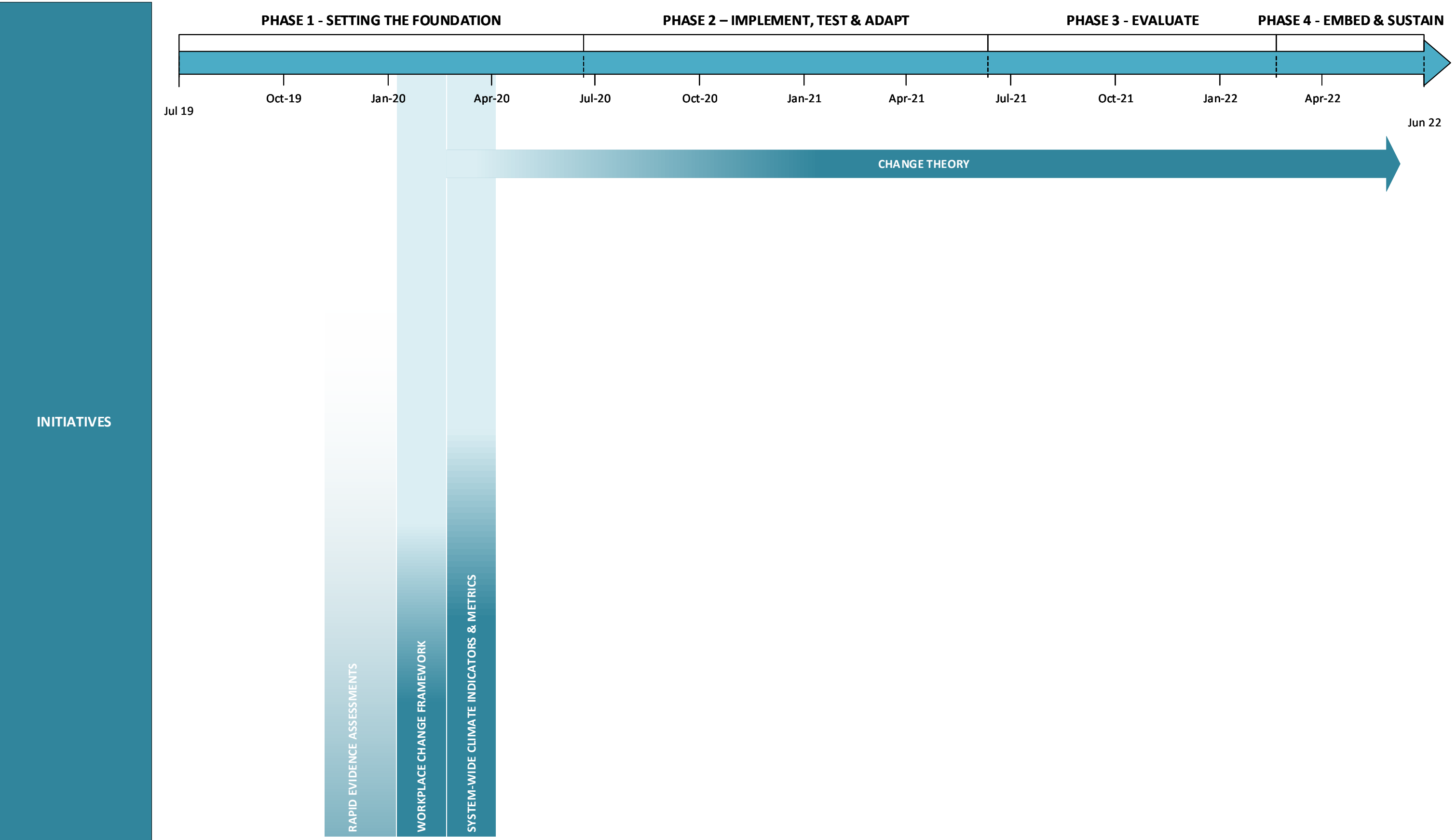
# Culture Review Implementation Program Plan 2019-2022

DRAFT February 2020

## 3. EDUCATION & RESEARCH



4. CLINICAL ENGAGEMENT



## Meeting Paper

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**Agenda Item:** 4.7

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**Topic:** Implementation of Recommendations and Project Plan

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**Meeting Date:** 27 February 2020

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**Action Required:** Noting

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**Cleared by:** Director-General, ACT Health Directorate

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**Presenter:** Executive Branch Manager, Culture Review Implementation

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### Purpose

1. To note the progress made in implementing the recommendations of the *Final Report: Independent Review into the Workplace Culture within ACT Public Health Services* (the Review).

### Background

2. This is a standing agenda item to provide an ongoing status update on the progress of work being undertaken to implement the Review recommendations.
3. Project planning documentation to support the mapping and reporting of progress made in addressing the recommendations was tabled at the Culture Review Oversight Group (Oversight Group) meeting on 4 September 2019. The documentation has continued to evolve since this time.
4. Feedback on the implementation planning documentation was invited from the Oversight Group members. To date no feedback has been received, however members are encouraged to provide feedback to the Secretariat as the planning documentation evolves.

### Issues

5. The Implementation of Recommendation Status Update at [Attachment A](#) provides information on system-wide and organisation specific activities against each of the recommendations in the Review. It includes a timeline for each activity, identifies where there is variance from the implementation timeline in the Review and indicates achievement of actions.
6. Significant progress has been made by each organisation in completing actions across a range of recommendations.
7. Recommendations that have been finalised are: Recommendation 18 (Commissioning of the Culture Review Oversight Group) and Recommendation 17 (Public Commitment).

8. The Culture Review Implementation Steering Group of December 2019 endorsed the renegotiation of the implementation timeline of the Summit related to recommendation 4. This is adjusted to being conducted by June 2020.

### **Recommendation**

That the Oversight Group:

- *Note the progress made in implementing the recommendations; and*
- *Provide feedback on the Project Planning documentation to the Secretariat.*

KEY:

- IMPLEMENTATION SCHEDULE
- CURRENT STATUS
- ACTION COMPLETED

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REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS THIS REPORTING PERIOD	2019				2020				2021				2022		STATUS
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
6	<b>Recommendation 6 of the Final Report, March 2019</b> That the ACT Health Directorate re-establish open lines of communication with the NGO sector and other external stakeholders.  <b>Government Response (May 2019)</b> The ACT Health Directorate has commenced the re-establishment of open lines of communication with the NGO sector with a view to establishing an NGO Leadership Group by October 2019.	<b>ACT Health Directorate</b> (Executive Group Manager, Health System Planning and Evaluation)	<b>A6.1:</b> Commence re-opening of communication lines	Action has been completed.  Communication has recommenced. Continue to evolve and develop further NGO re-engagement opportunities.		<div>A6.1</div>												COMPLETED	
			<b>A6.2:</b> Establish NGO Leadership Group	The inaugural meeting of the Non-Government Organisation Leadership Group (NGOLG) was held on 23 October 2019. Meetings will be held bi-monthly from January 2020.  • The NGOLG is co-Chaired by Deputy Director-General, Health System, Policy and Research Group and Chief Executive Officer, Alcohol Tobacco and Other Drug Association ACT (ATODA). • The NGOLG will finalise, and then review the Forward Work Plan at each meeting. • Preparations are underway for the NGO Meet and Greet, planned for 24 February 2020. • Meeting to be arranged with NGO members of NGOLG to advise on approach and messaging for NGO consultation for the Territory-wide				A6.2									COMPLETED		
			<b>A6.3:</b> Evaluate	Not yet commenced.										A6.3			To be scheduled		
7	<b>Recommendation 7 of the Final Report, March 2019</b> 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.  <b>Government Response (May 2019)</b> The ACT Health Directorate is building on work commenced with the inaugural ACT Health Summit: ‘Research, Teaching and Training’, held on 13 November 2018 which included the development of relationships within the academia sector. An academic partnership and training strategy is being developed. The Culture Review Oversight Group membership was extended to include the Deans of the Faculties of Health at ANU and UC (see response to recommendation 18).	<b>ACT Health Directorate</b> (Deputy Director-General, Health Systems Policy and Research)	<b>A7.1:</b> Review existing arrangements (develop relationships, define positions)	ACT Health and Wellbeing Partnership Board discussed and agreed governance and operational structures at the meeting of 21 June 2019.		<div>A7.1</div>												COMPLETED	
			<b>A7.2:</b> Produce academic partnership and training strategy	The ACT Health and Wellbeing Partnership Board held its fourth meeting on 2 December 2019. At this meeting, it was agreed to appoint an Interim Chair of the Research Working Group. It was also agreed to appoint the Chair of the Workforce Education and Training Working Group. There was also discussion about the functions of research management, the HealthANSWERS partnership and further opportunities for collaboration between organisations on research projects and programs.  The ACT Health and Wellbeing Partnership Board will hold its fifth meeting on 4 March 2020. The Interim Chair of the Research Working Group (Professor Graham Mann) and the Chair of the Workforce Education and Training Working Group (Dr Jane Frost) have been publicly announced. It is envisaged that the Working Groups will commence their work plans once the Chairs have been briefed by the Partnership Board on 4 March 2020.		<div>A7.2</div>										AT RISK			
			<b>A7.3:</b> Implement academic partnership and training strategy	Not yet commenced.						A7.3							To be scheduled		



REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS THIS REPORTING PERIOD	2019				2020				2021				2022		STATUS
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
	are developing governance participation plans to ensure senior clinicians are collaboratively participating in clinical governance activities. These plans will be finalised by end of June 2019 with a view to commencement in July 2019.		A10.2: Commence participation	Not yet commenced.			A10.2											To be scheduled	
			A10.3: Monitor participation	Not yet commenced.					A10.3								To be scheduled		
		Calvary Public Hospital Bruce  (General Manager)	A10.1: Develop governance participation plan	The Clinical Governance Committee has been revamped and integrated into the formal business governance hierarchy with clear terms of reference and reporting lines through to the Executive.  The updated Clinical Governance Framework has been completed.	A10.1		A10.1											ON TRACK	
			A10.2: Commence participation	Implementation has commenced.			A10.2		A10.2										ON TRACK
			A10.3: Monitor participation	Not yet commenced.					A10.3								To be scheduled		
11	<b>Recommendation 11 of the Final Report, March 2019</b> 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.  <b>Government Response (May 2019)</b> The Choosing Wisely Program will be assessed, and recommendations made to the CEO Canberra Health Services and Regional CEO Calvary ACT by October 2019.	Canberra Health Services  (Executive Group Manager, People and Culture)	A11.1: Assess Program	Agreement to implement the Choosing Wisely program has been provided. Recruitment process for a Project Officer role within Canberra Health Services is underway.		A11.1		A11.1									ON TRACK		
			A11.2: Implement and monitor	Not yet commenced.								A11.2						To be scheduled	
		Calvary Public Hospital Bruce  (Chief Human Resource Officer, Regional CEO, General Manager)	A11.1: Assess Program	Options are being explored within broader business strategy.		A11.1		A11.1									ON TRACK		
			A11.2: Implement and monitor	Not yet commenced.								A11.2							
12	<b>Recommendation 12 of the Final Report, March 2019</b> 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  (Executive Group Manager, People and Culture)	A12.1: Conduct pilot	All Divisional Directors are clinically qualified.  HR Business Partners model continues to support positive workplace culture and support personnel management development.  Financial delegations are under review.		A12.1			A12.1								ON TRACK		

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REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS THIS REPORTING PERIOD	2019				2020				2021				2022		STATUS
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
	November 2019.		A20.1b: With staff, collaboratively develop a change management strategy	A change management plan will be developed separately from the Communications and Engagement Strategy. This is being developed in line with the ACT Public Health System Workplace Change Framework.		A20.1b												ON TRACK	
					A20.1b														
			A20.2: Phase One to commence	The Action Plan for phase one is under development and is expected to be finalised in February 2020. The key aim of phase one is to foster engagement with employees and increase awareness of the rationale and motivation for developing positive workplaces and culture.			A20.2											ON TRACK	
					A20.2														
			A20.3: Phase Two to commence	Not yet commenced - scheduled to commence July 2020.							A20.3							To be scheduled	
			A20.3: Phase Three to commence	Not yet commenced - scheduled to commence July 2021.										A20.2					To be scheduled

## Meeting Paper

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**Agenda Item:** 4.8

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**Topic:** **Culture Review Implementation Communications and Engagement Strategy Action Plan**

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**Meeting Date:** 27 February 2020

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**Action Required:** **Noting/Feedback**

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**Cleared by:** **Chair**

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**Presenter:** Executive Branch Manager, Culture Review Implementation

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### Purpose

1. To provide the Culture Review Oversight Group (Oversight Group) with a draft of the Communications Action Plan to support Phase One of the Culture Review implementation Communications and Engagement Strategy (Communications Strategy).

### Background

2. The draft Communications Strategy was discussed at the Oversight Group meetings conducted on 4 September and 10 November 2019 with members of the Oversight Group providing feedback on the Communications Strategy.
3. The Communications Strategy was endorsed at the Culture Review Implementation Steering Group meeting in December 2019.

### Issues

4. The Communications Strategy includes a phased communication approach with Phase One covering the period July 2019 to July 2020 and focussing on 'Building relationships and setting the foundation'.
5. The Draft Communication Action Plan for phase one is at [Attachment A](#).

### Recommendation

That the Oversight Group:

- *Note the Draft Communication Action Plan for phase one;*
- *Provide feedback on the Draft Communication Action Plan.*

## Culture Review Implementation Communications and Engagement Strategy 2019-2022 – Phase One Action Plan – July 2020-July 2020

Communications	Key messages	Channel	Date	I/E *	Organisation	Frequency	Target Audience	Owner	Complete Y/N	Comments	Evaluation
Repository of information about the Culture Review Implementation (CRI) program.	<ul style="list-style-type: none"> <li>- Information about the program</li> <li>- Governance information</li> <li>- Location of reports</li> <li>- Status of the program</li> </ul>	CRI intranet	Ongoing	I	ALL	Ongoing	All staff across the ACT public health system	CRI Branch	Ongoing		Analytics reports
High level information about the CRI program and status of implementation activities	<ul style="list-style-type: none"> <li>- Status of implementation of Review recommendations</li> <li>- Oversight Group meeting communiques</li> <li>- Steering Group meeting minutes</li> </ul>	ACT Health website	Ongoing	E	ALL	Ongoing	Members of the general public, with a focus on ACT community	Steering Group/ CRI Branch	Ongoing		Analytics reports
Update on progress of CRI program and details of upcoming forums/workshops or events	<ul style="list-style-type: none"> <li>- Information update for staff</li> <li>- Details of specific events and encouraging staff engagement.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>DGs weekly newsletter (Friday)</b></li> <li>- <b>CHS CEO weekly newsletter</b> – email sent to CHS Comms on 31/1 to confirm</li> <li>- <b>CPHB newsletter*</b> - email to CPHB Comms on 31/1 to confirm</li> </ul>	As needed – but in Feb we will publicise and invite staff to attend the follow-up ACT Health Workplace Change Framework sessions. Likely to be in newsletters of 14, 21, and 28 Feb (dependent upon ANU timing)	I	ALL	As required	ALL	Steering Group/ CRI Branch	Ongoing and as needed		Difficult to assess due to newsletters being distributed via email channel, that has no evaluation component embedded into the channel.
Launch of final ACT Health Workplace Change Framework	<ul style="list-style-type: none"> <li>- Results of interviews and workshops held in 2019 across the system</li> <li>- What the results mean to you?</li> <li>- How will recommended changes be implemented, etc</li> </ul>	Desktop wallpaper	W/C 2 and 9 March 2020	I	ALL*	Once	All staff	Steering Group/ CRI Branch		*Sent emails to Hoami (ACTHD Comms), Elaine Greenaway (CHS Comms) and Greg Bayliss (CPHB) to book in for week commencing 9 March 2020 (saved in my email: Comms Planning/Channels) – NB: not available in CPHB	Difficult to assess, no evaluation component built into the channel.
Engaging with our workforce to explore opportunities	<ul style="list-style-type: none"> <li>- Tapping into ideas from our workforce to improve business practices</li> </ul>	*Share and Solve/specific focus groups	TBC	I	ACTHD	TBC	Staff in ACTHD	Steering Group/ CRI Branch		*Hoami confirmed on 31 Jan that no dates for 2020 sessions have been confirmed as this channel is being reviewed.	Evaluation built into approach, so that feedback received at time of activity.

\* I = Internal, E = External

## Culture Review Implementation Communications and Engagement Strategy 2019-2022 – Phase One Action Plan – July 2020-July 2020

Communications	Key messages	Channel	Date	I/E *	Organisation	Frequency	Target Audience	Owner	Complete Y/N	Comments	Evaluation
Monthly CRI status updates for DG	<ul style="list-style-type: none"> <li>- How CRI program of work is progressing</li> <li>- Provide key points for DG to market to staff, i.e. launch of Workplace Change Framework</li> <li>- Promote our contact avenues, i.e. intranet and email address.</li> </ul>	DG Lunchtime Focus Group	TBC*	I	ACTHD	Monthly	Staff in ACTHD	Steering Group/ CRI Branch		*Schedule of dates for 2020 to be confirmed.	
Promote events and encourage registration to attend workshops/ forums to provide feedback on the draft Workplace Change Framework	<ul style="list-style-type: none"> <li>- Results are in, we now need your feedback to ensure we've captured your input correctly</li> <li>- Confirm that our assessment is accurate, and our recommendations are achievable.</li> </ul>	Digital signage	Dates in Feb – dependent upon ANU dates	I	ALL	Feb 2020	All staff	Steering Group/ CRI Branch			No evaluation component embedded into the tool – unable to measure effectiveness
Regular update articles and opportunity to invite members to relevant events	<ul style="list-style-type: none"> <li>- Update on CRI program, what's happening when, how, why</li> <li>- Contact details</li> </ul>	Union newsletters – separate schedule to be developed	TBC	E	ALL	TBC	Segmented staff, i.e. nurses, doctors, admin staff	Steering Group/ Exec		Catherine to contact all unions – with intro by Jodie Junk-Gibson	Evaluation to be confirmed with unions.
Updates on CRI program	<ul style="list-style-type: none"> <li>- Status report of CRI program initiatives</li> </ul>	<ul style="list-style-type: none"> <li>- D-Gs DLC (monthly, 4<sup>th</sup> Monday)</li> <li>- D-G's Executive Hook-up (fortnightly)</li> </ul>	Every meeting	I	ACTHD	Weekly?	ACTHD staff	Steering Group/ CRI Branch		Confirm with Jodie that this forum is weekly and that we can include a regular update for DG to communicate to his managers.	TBC
Keeping senior managers in CHS updated on status of CRI program. Asking managers to share updates with their teams in relevant/regular staff meetings	<ul style="list-style-type: none"> <li>- Importance of providing updates of status of CRI program and implications for workforce</li> </ul>	CHS Monthly Manager's Forum – provided in talking point format	See comments	I	CHS	Monthly?	CHS staff	Steering Group/ CRI Branch		Catherine emailed Elaine in CHS Communications, Friday 31/1 to confirm the format, timing and ability to include CRI messages into this channel.	TBC
All Staff discussions – updates from CEO	<ul style="list-style-type: none"> <li>- Status update of CRI program and implications for staff</li> </ul>	CHS Staff Forum	As above	I	CHS	TBC	CHS staff	Steering Group/ CRI Branch		See comment above - Catherine sent email to CHS Comms to confirm format and ability to get regular updates	TBC

\* I = Internal, E = External

## Culture Review Implementation Communications and Engagement Strategy 2019-2022 – Phase One Action Plan – July 2020-July 2020

Communications	Key messages	Channel	Date	I/E *	Organisation	Frequency	Target Audience	Owner	Complete Y/N	Comments	Evaluation
										into this forum and the process	
Providing status updates of CRI implementation program	- Workplace change is a constant and we will work consistently across the ACT public health system to ensure best practice improvements will be managed well	<b>CHS Positive Workplace Working Group (PWWG)</b>	Meets monthly – JJG attends	I	CHS	Monthly	PWWG members	Steering Group/ CRI Branch		Need to confirm with CEO that she wants regular CRI updates and timing.	TBC
Monthly senior leader video message to staff	- Core CRI messages underpinning what their monthly messages to staff are for each month	<b>Video messages from Senior Leaders/ Executives and identified 'positive influencers' to workforce</b>	From March 2020	I	ALL	Monthly	All staff	Steering Group/ CRI Branch		Need to collaborate with Senior Exec and comms teams in each of the organisations to gain support.	TBC
Visual updates via video to show progress of the CRI program across the system	- Showing our progress within each organisation and across the system in a simple, clear visual manner via video	<b>Video – that will be pushed out from CRI intranet</b>	March 2020	I	ALL	Quarterly	All staff	Steering Group/ CRI Branch		Frequency of videos to be confirmed, however, quarterly and aligned with CRI phased approach is recommended.	TBC
Personal messages from senior leaders to staff about leadership and what inspires them to promote greater workforce cultures	- Various but schedule of topics on culture change, leadership, core organisational values, behaviours, etc.	<b>Podcasts</b>	From March 2020	I	ALL	Monthly, or bi-monthly to coordinate with videos	All staff	Steering Group/ CRI Branch		Need to check if podcasts can be limited to staff, or if the nature of podcasts are available to the public.	TBC
Visually show what behaviours are expected of our workforce	- Visual depiction of workforce behaviours - Demonstrating organisation values	<b>Posters</b>	TBC	I	ALL?	TBC	All staff?	CPHB		Greg Bayliss noted in July 2019 meeting that this mechanism would work well in CPHB but would need to be well supported by HR and Exec, particularly in Clinical areas.	TBC

\* I = Internal, E = External

## Meeting Paper

<b>Agenda Item:</b>	5.1
<b>Topic:</b>	<b>Member Updates</b>
<b>Meeting Date:</b>	27 February 2020
<b>Action Required:</b>	<b>Noting</b>
<b>Cleared by:</b>	Chair
<b>Presenter:</b>	All members

### Purpose

1. Members to provide an update to the meeting on progress and issues relevant to their culture review implementation process.

### Background / Issues

2. The Director-General, ACT Health Directorate and Regional Chief Executive Officer (CEO) Calvary ACT will provide a verbal update at the meeting. The update for Canberra Health Services will be provided by the CEO in agenda item 4.1.
3. The written update for the Culture Review Implementation Branch, ACT Health Directorate is provided at Attachment A.

### Recommendation

That the Oversight Group:

- *Note the updates provided by members.*

# Report

## ACT Health Directorate Progress Report

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**Meeting Date:** 27 February 2020

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**Summary of Activity:** **Recommendation 1:** Second Values Champion Masterclass was held on 25 November 2019.

**Recommendation 2:** Climate Survey results presented at an all staff forum on 12 February 2020.

**Recommendation 6:** The Non-Government Organisation (NGO) Leadership Group met on 21 November 2019 and 5 February 2020.

**Recommendation 8:** The Senior Officials Working Group meetings have commenced. An inter-jurisdictional workshop was held on 4 February 2020.

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**Progress against recommendations from The Final Report:** **Recommendation 1:** Values Champion Masterclasses held in November 2019 with subsequent classes scheduled for March 2020 and May 2020. Director-General awards forum based on new values held on 17 December 2019.

**Recommendation 2:** Workplace Climate Survey closed on 26 November 2019 with results presented to staff on 12 February 2020. 82% of staff completed the survey.

**Recommendation 3:** One session of *Being a Conscious Leader (executives and managers)* was conducted. Three sessions for staff on *Conscious Interactions* were undertaken. Complex Team Support and executive coaching services have been accessed by business units. Pilot program for "Respect, Equity and Diversity in Practice" held in February 2020.

**Recommendation 4:** A summit of senior clinicians and administrators is being planned for late June 2020. A Project Steering Group with representation from ACT Health Directorate, Canberra Health Services and Calvary Public Hospital Bruce has been established and met on 6 February 2020 to determine the format of the summit.

**Recommendation 6:** The NGO Leadership Group met on 21 November 2019 and 5 February 2020. The 23 January 2020 meeting was cancelled due to poor weather conditions. Meetings will continue to be held bi-

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monthly. An NGO Meet and Greet was held on 24 February 2020 to give NGOs the opportunity to meet the Director- General, ACT Health Directorate, NGO contract managers and policy contacts, and key ACT Health Directorate senior staff.

A meeting was held in December 2019 with peak NGO Leadership Group members to discuss a consultation and messaging approach in relation to the Territory-wide Health Service Plan. Consultation sessions with NGOs have been planned in February and March 2020.

**Recommendation 7:** The Interim Chair of the Research Working Group and the Chair of the Workforce Education and Training Working Group have been appointed. The Chairs will be briefed by the Partnership Board on 4 March 2020 prior to commencing their workplans.

**Recommendation 8:** Cross Border Senior Officials Working Group meetings were held on 20 January 2020 and 18 February 2020. An interjurisdictional workshop was held on 4 February 2020 with policy and operational stakeholders across ACT Health Directorate, Canberra Health Services, NSW Ministry of Health and the Southern NSW Local Hospital Districts to identify opportunities for greater collaboration. This input will inform the new ACT/NSW Cross-Border Agreement (2020-2025) currently being drafted by ACT Health Directorate and NSW Ministry of Health officials.

**Recommendation 13:** Initial discussions to inform concept development related to leadership and mentoring are underway from a system-wide perspective. These elements will be incorporated into the Culture Change Framework.

**Recommendation 14:** The health system has engaged a consultant to undertake the review. In the Directorate, the consultant has met with key stakeholders and has conducted a workshop with the HR team and one of two workshops with internal clients of HR. Information gathered through the consultation process will be used to inform the HR Review.

**Recommendation 15:** The ACT Health Directorate has transitioned to Whole of Government recruitment processes. A consultant was engaged to review position description format to include values-based content. Four recruitment training sessions (including one session targeted at executives) have been held. Revised recruitment guidelines were released for consultation in November 2019 and have now been finalised.

**Recommendation 16:** Core learning programs have been reviewed and aligned with the ACTPS Core Learning Framework.

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**Risks/ Issues:** Nil.

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**Recommendation:** Noting

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**Attachments:** Nil

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**Presenter:** Michael De'Ath, Director-General, ACT Health Directorate

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# Calvary Public Hospital Bruce Report

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**Meeting Date:** 27 February 2020

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**Summary of** *Please see attached Calvary Public Hospital Bruce Workplace Culture*

**Activity:** *Review Recommendations and Action Plan*

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**Progress against  
recommendations**

## ON-BOARDING:

**from The Final  
Report:**

The aim of the on-boarding programs is to integrate the new employee into the organisation. One of the key and most impactful elements is the orientation program. It helps the new starters find their feet.

### 1. All Staff Orientation

Calvary Public Hospital Bruce conducts a monthly All Staff Orientation which caters to all new staff from across hospital. The recruitment team works hard to ensure that most of the new starters are joining the organisation on the day of orientation to maximise the effectiveness. It does not include JMO and Volunteers.

### 2. Ready Set Go

However, if an employee joins the organisation other than the day of orientation then a special 1 hour session "Ready Set Go" is conducted to ensure new starter understands all important elements for them to work at CPHB.

### 3. Junior Medical Officers

The Junior Medical Officers cohort is extremely fluid. There is a customised orientation program organised by our Medical Administration team.

### 4. Volunteers

The volunteer's team organises a customised orientation program for our volunteers.

### 5. Contractors

A logbook has been developed and maintained which provides access to important information about CPHB site which every contractor needs to understand before commencing work at CPHB. The logbook and supporting essential information (incl: policies) are kept at every entrance.

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## PERFORMANCE FRAMEWORK

### 1. Probation

The probation process and tool was redesigned to ensure it is fit for purpose and user friendly. Education was provide to managers to use the new process and tool. Automated reports were developed which go out to managers on regular basis to remind them of the upcoming probation reviews.

### 2. Performance Development Plan

The Performance Development Plan (PDP) framework and tool have recently been redesigned and the new PDP tool is called “ENABLE”. Extensive research to understand best practices and various consultation exercises took place as part of redesign. The idea behind the redesign is to make it looks less bureaucratic, simple, relevant and effective. More than 50 training sessions were organised across the organisation for employees and managers to introduce the new tool and train them on using it effectively. The redesign and training sessions resulted in 90%+ staff developing their performance development plan and had a conversation with their managers about their priorities, tasks, feedback and development.

The stage is to develop an online PDP tool for staff, a comprehensive communication plan and training for people managers. Consultation with a number of providers has taken place. Part of the scope is embedding the Values in Action Capability Framework as a tool to assist with development opportunities. This work also includes the mapping of learning and development activities against the Values in Action Capability Framework.

## TALENT DEVELOPMENT:

### 1. Vocational Education and Training

A comprehensive vocational development program in partnership with Skills Canberra has been developed and organised for staff. The program offers different qualifications including Diploma of Leadership and Management and various certificates. All employees are encouraged to explore and enrol in these programs. These programs are also subsidised by the ACT Government and provides an exhaustive list of core and elective modules and learning.

### 2. Clinical Leadership Program

The Clinical Leadership Program was developed as a pilot program in the Medical and Surgical Stream of Calvary Public Hospital Bruce for approx. 45 staff members. The program was led by the stream educator in collaboration with learning and development, and executive team. The program focuses on three concurrent areas:

- a. Improving Clinical Knowledge
- b. Leaders in Healthcare
  - i. Clinical Leadership

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- ii. Managing Conflict
  - iii. Change Management
  - iv. Planning and Delivering Quality Improvement Projects
  - v. Team Building
  - vi. Emotional Intelligence
  - vii. Mentoring and Preceptorship
- c. Individual Development

It is now being discussed with other streams to be rolled out for a larger cohort.

### **3. Capability Framework**

A comprehensive capability framework has been developed. The framework is based on Calvary's 4 values and it's benchmarked against the market best practices. It provides clear guidelines on capabilities required at each level to perform the job – and to develop for the future roles. The framework is being integrated with PDP.

## **Safe Working Environment**

### **1. Speak Up for Safety**

The Speaking Up for Safety programme is being launched on Friday 28 Feb 2020 and will commence rollout after the NSQHS accreditation survey at Calvary Public Hospital Bruce (CPHB) in late March 2020. Five CPHB staff have now been accredited by The Cognitive Institute (under licence by Vanderbilt) to deliver this programme. This action directly relates to Recommendation 3 of the final Culture Review report.

### **2. Occupational Violence and Aggression**

As part of creating a Safe Working Environment, a comprehensive framework on Occupational Violence and Aggression has been developed for CPHB. The framework focuses on key elements such as governance, awareness support and staff training. The demo training sessions will commence on 2nd March. The program is planned to be rolled out in April/May 2020.

### **3. Bullying and Harassment**

The Bullying and Harassment policy was reviewed, modified and re-introduced in order to reinforce CPHB's zero tolerance policy on bullying and harassment. It reinforced the organisation's position, procedure, tools, reporting mechanisms in place and available.

## **MANAGING PEOPLE**

### **1. Quarterly Leadership Forum**

The Quarterly Leadership Forum (QLF) engages leaders from across CPHB once every quarter to understand the organisation's performance, new activities, business plan, financials, cultural

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imperatives, HR initiatives and provides a platform to voice any functional/people concerns. This is a very critical and impactful initiative as it provides our leaders an oversight on elements which enable them to understand the organisational direction, have productive conversations with their teams and align the activities to support business plan and strategic intent.

## **2. Delegations Framework**

A new Delegations Framework has been rolled out to further enhance transparency, build ownership and efficiency. To ensure the effectiveness of the new framework, a comprehensive training program was rolled out for all managers. It was mandatory for each manager to attend the training before exercising any HR delegations under the new framework. The training program was received really well; and significantly contributed in enabling managers better manage and lead their teams.

## **3. Having Difficult Conversations**

A short training program was developed and a pilot session was conducted to facilitate managers in having difficult conversations. CPHB's ER Manager also facilitates managers to help them have difficult conversations with their staff by providing tools and support. More sessions on difficult conversations will be organised as part of broader leadership development program.

## **4. Managers' Toolkit**

Initiatives to increase Managers' capabilities across CPHB have commenced. The initiatives include design of a web presence to host tools and resources to assist managers at all stages of the employment cycle. This includes cascaded scripted conversation starters to assist managers to talk to their teams aimed at embedding the fundamental elements of positive workplace culture (i.e. Engagement, Performance, and Feedback etc.), a reporting suite along with a dashboard with key data and analytics, workforce planning tools, performance and development templates and other related resources.

# **DATA AND ANALYTICS**

## **1. On-demand Workforce Analysis**

To enable managers to effectively manage their functions, HR conducted a comprehensive workforce analysis by reviewing and analysing the FTEs, reviewing skills requirement, gaps in workforce, non-productive FTEs, premium labour engagement etc. and produce reports for the managers.

## **2. Executive Oversight**

A detailed monthly dashboard was created to provide a broad oversight to the Executive Team on the following:

- a. FTE, Headcount, Productive and Non-Productive FTE
- b. Annual Leave Excess, Personal Leave Trends

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- c. Premium Labour Engagement and Costing (Agency, Casuals etc.)
  - d. Training & Development Compliance Status and Gaps
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**Risks/ Issues:** Nil currently

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**Recommendation:** *Constant monitoring of activity through CRISG.*

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**Attachments:** *Please see attached Calvary Bruce Public Hospital Workplace Culture Review Recommendations and Action Plan*

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**Presenter:** *Barbara Reid*

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# Report

## Culture Review Implementation Branch Update

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**Meeting Date:** 27 February 2020

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**Summary of Activity:** **Overarching Strategic approach to facilitating cultural change across the ACT public health system:**

The Culture Review Implementation (CRI) Branch has established a program design framework to address the recommendations from the Final Report. In particular, the architecture has been designed to address and manage risks, challenges, budget, strategic program planning, individual project planning, system-wide communications and engagement, including focusing on the development of a visual identity, coordination and facilitation of key stakeholders across the ACT public health system and secretariat of a number of significant committees.

**Recommendation 2:** Two aspects of this work being focussed on includes: analysis of workforce data and development of workforce reports to inform the Workplace Change Framework; and the development of a 'system-wide organisational health indicators' model incorporating measuring and reporting on three key elements - strategic alignment, workforce effectiveness and patient/consumer outcomes.

**Recommendation 3:** Ongoing investigation and due diligence regarding implementation of a Vanderbilt-style model; and undertaking a range of foundation work prior to the finalisation of the Workplace Change Framework.

**Recommendation 14:** Facilitation and coordination of procurement/contact management arrangements associated with the conduct of the HR Functions Review. The HR Functions Review has commenced, and the branch has developed a communications package for HR professionals and stakeholders, has responsibility for ongoing coordination and logistical arrangements of all activities to support the successful delivery of the project.

**Recommendation 19:** Facilitated the Terms of Reference for the Annual Review and finalisation of procurement activities to progress the Annual Review.

**Recommendation 20:** Development of an Action Plan for Phase One of the Culture Review Implementation Communications and Engagement Strategy.

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**Overarching strategic approach to facilitating cultural change across the ACT public health system:**

The Culture Review Implementation (CRI) Branch has established a program design framework to address the recommendations from the Final Report. In particular, the architecture has been designed to address and manage risks, challenges, budget, strategic program planning, individual project planning, system-wide communications and engagement, including focusing on the development of a visual identity, coordination and facilitation of key stakeholders across the ACT public health system and secretariat of a number of significant committees.

The CRI Branch has been integral in progressing the partnership arrangement with the Australian National University Research School of Management (ANU-RSM) to develop the Workplace Change Framework. This has included:

- Coordination of all interviews with key stakeholder's from across the health system and logistics and communication arrangements for workshops with staff in all three public health system organisations;
- Coordination of workforce data provision from ACT Health Directorate, Canberra Health Services and Calvary ACT;
- Compilation, analysis and reporting on key workforce data insights to inform the development of the Workplace Change Framework; and
- Review and correlation of climate survey data.

**Progress against  
recommendations  
from The Final  
Report:**

**Recommendation 2:**

Coordination and analysis of workforce data, development of workforce reports on all three organisations to inform the Workplace Change Framework. This will serve to further mature and develop the 'workforce effectiveness' element in the 'Organisational health model' measure.

Significant progress has occurred in the development of a 'system-wide organisational health indicators' model incorporating measuring and reporting on three key elements - strategic alignment, workforce effectiveness and patient/consumer outcomes. There has been broad consultation across the ACT public health system in seeking feedback and expertise to build the model. All elements of the model will be supported through evidence-informed thinking.

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### **Recommendation 3:**

#### **Vanderbilt-style Model**

It has been identified through ACT Health's partnership with the ANU-RSM to develop the ACT public health system Workplace Change Framework, that there needs to be a baseline of sound management capability across the public health system in order to implement a Vanderbilt-style program. Further, previous engagement by CHS in 2017 and 2018 reinforced the requirement by the Cognitive Institute that a number of factors required addressing before the ACT public health system would be at a readiness level to consider implementation of a Vanderbilt-type model.

Through the Workplace Change Framework there will be identification of a range of initiatives that will build management and leadership capability. Investigation by CHS and the CRI Branch has been underway in exploring the most appropriate model for the ACT public health system that will align with the Workplace Change Framework and the operating models of CHS and ACTHD.

A range of foundational work is being undertaken across the public health system before the Workplace Change Framework is finalised. This includes:

- mapping the application of the Respect, Equity and Diversity (RED) Framework in the three public health organisations with a view to strengthening the use of the RED Contact Officer network by staff; and
- mapping the complaints and grievance process to ensure there is consistent application of relevant policies, processes and procedures.

CRI Branch engaged a Business Analyst in November 2019 to work with the HR teams and RED Contact Officers to map the application of the RED Framework in each organisation. Process Maps and SWOT analysis were developed and each organisation is reviewing these documents and developing action plans to implement relevant changes or enhancements to their processes. This has also included the incorporation of the Employee Advocate role and understanding opportunities and gaps that are present in our current processes.

The Business Analyst has been re-engaged to undertake the mapping process for compliance and grievance processes with work commencing mid-February 2020.

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**Recommendation 14:**

The HR Functions Review will contribute to the development and refinement of a high-performance HR model that actively supports the implementation of organisational strategy and the fostering of positive cultural change and a positive workplace culture across the ACT public health system and within each organisation. The HR Functions Review will articulate the HR functions, resourcing requirements and capabilities required to deliver on strategic and operational commitments.

The CRI Branch conducted the procurement process to engage Workplace Research Associates Pty Ltd to undertake the HR Functions Review and the project commenced in January 2020.

The CRI Branch is facilitating a number of meetings with a range of key stakeholders across all three organisations including the Director-General ACTHD, Chief Executive Officers of CHS and CPHB and Executive Group Managers and Heads of HR. This initial consultation will be followed by workshops in February/March with HR Teams, a range of key internal clients of HR, and Shared Services at Chief Minister's, Treasury and Economic Development Directorate to gather further information to inform the Review.

Communications material has been developed to support the project including information for HR Teams ([Attachment A](#)) and material for internal clients of HR ([Attachment B](#)).

**Recommendation 19:**

Procurement is being finalised to engage Michael Reid & Associates to undertake the Annual Review of the Culture Review Implementation. It is anticipated that the contract will be executed in February with the review to occur in March 2020 and the report received in April/May 2020.

**Recommendation 20:**

A Culture Review Implementation Communications and Engagement Strategy (Communications Strategy) has been developed through consultation with the Communications teams at CHS, ACTHD and CPHB. The Communications Strategy was endorsed at the Culture Review Implementation Steering Group meeting in December 2019.

The Action Plan for phase one is under development and is expected to be finalised in February 2020. The key aim of phase one is to foster

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engagement with employees and increase awareness of the rationale and motivation for developing positive workplaces and culture.

A system-wide Culture Review Intranet site was launched on 20 December 2019 providing information on work underway, infographics on the system journey to date, links to support networks, and will in time recognise areas across the system that are demonstrating positive and values-based work practices.

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**Risks/ Issues:**

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**Recommendation:** Noting

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**Attachments:** Nil

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**Presenter:** Michael De'Ath, Director-General, ACT Health Directorate

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## Meeting Paper

<b>Agenda Item:</b>	6.1
<b>Topic:</b>	<b>Recommendation 3: Promotion of Healthier Culture</b>
<b>Meeting Date:</b>	27 February 2020
<b>Action Required:</b>	<b>Noting</b>
<b>Cleared by:</b>	Director-General, ACT Health Directorate
<b>Presenter:</b>	Chair

### Purpose

1. To note the progress to date on 'Recommendation 3: Promotion of Healthier Culture' of the *Final Report: Independent Review into the Workplace Culture within ACT Public Health Services* (the Review).

### Background

2. Recommendation 3 of the Review states 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)."
3. This recommendation follows the Panel's assessment that there may be some opportunity in applying a Vanderbilt-like model that focuses on staff proactively encouraged and enabled through systems to respectfully raise concerns. Further, the panel felt that through increasing the ability of our staff to safely raise concerns there would be benefits in quality and safety and patient and consumer outcomes.
4. There has been considerable effort in exploring options that are aligned to Vanderbilt-like models, whilst also undertaking due diligence in understanding the core issues present across the ACT public health system. There has been a range of consultation processes underway over an extended period of time to gather information.
5. Consultation has occurred with:
  - a. The Cognitive Institute;
  - b. The Ethos Program; and
  - c. Western Health.

## Issues

### Indicators of readiness

6. Consultation with the Cognitive Institute in 2017 and 2018, strongly recommended that prior to progressing to implementation a number of factors required addressing by ACT Health. These included:
  - a. The transition from ACT Health to two separate organisations (ACT Health Directorate (ACTHD) and Canberra Health Services (CHS) should be completed and in consolidation phase; and
  - b. The workforce was required to be at a level of readiness to adopt a new model of interaction; and
  - c. In more recent conversations, the Cognitive Institute has advised that from their experience with programs of significant cultural behavioural change, such as what is proposed through the work across the ACT public health system, success in enabling increased ability of employees to raise concerns is more likely to occur if it developed as a strategic multi-pronged program approach and not as a 'bolt on' initiative.
7. Both the ACT Health Directorate and Canberra Health Services have adopted a methodical approach prior to progressing any specific initiatives linked to Recommendation 3.
8. The methodical approach has involved:
  - a. Forming a partnership with the Australian National University Research School of Management (ANU-RSM) to understand the root causes of 'people' issues through exploring the best available evidence from interviews, focus groups, analysis of workforce data and completion of rapid evidence assessments and critically appraised topics;
  - b. Consultation with Vanderbilt-like providers;
  - c. Completion of a mapping exercise across all three organisations within the ACT public health system to identify key themes, gaps and opportunities for further enhancement;
  - d. Completion of organisation staff culture surveys in ACTHD and CHS;
  - e. Commencement of a mapping exercise of grievance and complaints process across all three organisations within the ACT public health system to identify key themes, gaps and opportunities for further development; and
  - f. Considerable strategic program planning to support the coordination, planning and facilitation of a range of complex initiatives.
9. The ANU-RSM is finalising the deliverable of a 'Workplace Change Framework' that will provide a logic model on key priority areas focusing on organisational behaviour, leadership and workforce related elements, recommending initiatives and evaluation mechanisms.
10. Through the 'Workplace Change Framework' linkage of proposed models and methodology to the key drivers from the range of Vanderbilt-like models will occur. This will ensure that there is an alignment of principles and specific initiatives that support a wholistic approach to sustainable culture change to build positive workplaces.

11. It is anticipated that a decision on the proposed direction will be confirmed by April 2020.

**Recommendation**

That the Oversight Group:

- *Note the considerable investment undertaken to date through consultation, evidenced-gathering and critical thinking to generate and design a Strategic Program Plan focussing on changing the operating model across the ACT public health system.*

## **DRAFT Communique of meeting on 27 February 2020**

The fifth meeting of the Cultural Review Oversight Group (the Oversight Group) was held on Thursday, 27 February 2020.

The meeting was Chaired by Rachel Stephen-Smith MLA, Minister for Health.

Significant items discussed by the Oversight Group today included:

### **ACT Public Health System Workplace Change Framework**

The Oversight Group had a further presentation from the research team from the Australian National University, Research School of Management to update the committee on the progress made in developing the Workplace Change Framework for the ACT public health system. A Workplace Change Framework encompasses a program of evidence-based interventions and their measurable outcomes that will address a number of recommendations from the *Final Report: Independent Review into the Workplace Culture within ACT Public Health Services* (the Review).

The ANU team shared their observations drawn from information gathered to date from targeted interviews with staff and key stakeholders from across the ACT public health system and analysis of workforce data and presented on the draft Workplace Change Framework.

### **Implementation of Recommendations**

ACT Health Directorate, Calvary Public Hospital Bruce and Canberra Health Services provided an update of the progress in implementing the recommendations from the Review.

Ms Bernadette McDonald, Chief Executive Officer, Canberra Health Services, provided a comprehensive briefing on the significant work in progress to improve and evolve a positive workplace culture in the organisation.

### **ACT Health Clinical Advisory Committee**

The first meeting of the ACT Health Clinical Advisory Committee (Professional Colleges) was held on 5 November 2019 and the ACT Health provided an update.

### **Memorandum of Understanding – ACT and NSW Health Services**

The Oversight Group were provided with an update of action taken by the ACT Health Directorate to progress this recommendation including the alignment of efforts with the priority health actions included in the Memorandum of Understanding for Regional Collaboration which is to be signed by the ACT Chief Minister and the New South Wales Premier in 2020.

### **Annual Review**

The Oversight Group approved the Terms of Reference for an annual review to be conducted in the first quarter of 2020 to review the progress and early impact of implementing the 20 recommendations from the Review. The annual review was recommended by the Independent Review and the Oversight Group has committed to conducting an annual review for the next three years. Mr Mick Reid has been approached to conduct the annual review which is expected to occur in March 2020.

**Meeting schedule**

The Culture Review Oversight Group meets bi-monthly, and its next meeting is scheduled for 22 April 2020, 10:00 am – 12: 00 noon.

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