



Culture Review **Implementation**

our journey of positive change



**OFFICIAL**

# Culture Review Oversight Group Agenda

Monday, 1 March 2021

2.00pm-3.30pm

Canberra Health Services, Building 28, Meeting Room 1

		Sponsor	
<b>Item 1</b>	<b>Welcome and apologies</b>		
	1.1 Introductions	Chair	5 min
<b>Item 2</b>	<b>Minutes of the previous meeting</b>		
	2.1 Minutes from 22 June 2020	Chair	5 min
	2.2 Actions Arising – for discussion	Chair	5 min
<b>Item 3</b>	<b>Decision and discussion items</b>		
	3.1 Culture Review Implementation Program Risk	D-G, ACTHD	5 mins
	3.2 Annual Review of Culture Review Implementation	Chair	15 min
	3.3 Oversight Group Facilitated Workshop	Chair	20 min
<b>Item 4</b>	<b>Updates</b>		
	4.1 Member Updates (Verbal)	All Members	30 min
<b>Item 5</b>	<b>Noting Items</b>		
	5.1 Culture Review Implementation Program Plan		
	5.2 Implementation of Recommendations and Project Plan		
	5.3 Launch of the Great Workplaces Program Quarterly Newsletter		
	5.4 Workplace Resolution and Support Service – Status Report to 31 January 2021		
<b>Item 6</b>	<b>Other Business</b>		
	6.1 Oversight Group Communique	Chair	5 min
	6.2 Oversight Group Key Messages	Chair	5 min

**Next meetings:**

Thursday 18 March 2021, 12 noon – 5:00 pm (**Facilitated Workshop**)

30 April 2021

29 June 2021



# Culture Review Oversight Group Minutes

**OFFICIAL**

**22 June 2020**  
**2:00pm to 5:00pm**  
**via Video Conference**

## **Members:**

- Ms Rachel Stephen-Smith MLA, Minister for Health (Chair)
- Mr Shane Rattenbury MLA, Minister for Mental Health (Deputy Chair)
- Ms Kylie Jonasson, Director-General, ACT Health Directorate (ACTHD)
- Ms Bernadette McDonald, Chief Executive Officer, Canberra Health Services (CHS)
- Ms Barbara Reid, ACT Regional Chief Executive Officer, Calvary, ACT (CPHB)
- Ms Madeline Northam, Regional Secretary, Community and Public Sector Union (CPSU)
- Mr Matthew Daniel, Branch Secretary, Australian Nursing and Midwifery Federation ACT (ANMF)
- Professor Walter Abhayaratna OAM, proxy for Dr Antonio Di Dio, President, Australian Medical Association ACT Limited (AMA)
- Ms Darlene Cox, Executive Director, Health Care Consumers Association ACT (HCCA)
- Mr Steve Ross, Executive & Industrial Officer, Australian Salaried Medical Officers' Federation ACT (ASMOF), proxy for Dr Richard Singer, President, ASMOF
- Dr Peter Hughes AOM, President, Visiting Medical Officers Association ACT (VMOA)
- Professor Russell Gruen, Dean, College of Health and Medicine, Australian National University (ANU)
- Professor Michelle Lincoln, Executive Dean, Faculty of Health, University of Canberra (UC)

## **Apologies:**

- Nil

## **Staff present:**

- Ms Jodie Junk-Gibson, Executive Branch Manager, Culture Review Implementation (CRI) Branch, Office of the Director-General, ACTHD (Adviser)
- Mr Ash van Dijk, Senior Adviser, Office of Minister Rachel Stephen-Smith MLA
- Ms Sandra Cappuccio, Advisor, Office of Minister Shane Rattenbury MLA
- Ms Suze Rogashoff, Director CRI Branch, Office of the Director-General, ACTHD (Secretariat)

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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.

The Chair noted that the meeting provided an opportunity to discuss the findings and recommendations from the Inaugural Annual Review undertaken by Mick Reid, stating that this matter was a priority for the group and that one third of the meeting time had been allocated to enable discussion.

The Chair noted that there were further opportunities in the meeting to discuss the work underway across the ACT public health system that was contributing to shaping positive workplaces.

The Chair acknowledged that there were two proxies for the meeting:

- Professor Walter Abhayaratna OAM representing Dr Antonio Di Dio for the AMA; and
- Mr Steve Ross representing Dr Richard Singer for the ASMOF ACT.

She reminded members that the role of the Oversight Group is to provide high-level governance of the implementation of the 20 recommendations of the *Final Report: Independent Review into the Workplace Culture within ACT Public Health Services* (the Review), and that the Oversight Group provides strong and transparent governance to ensure that implementation is efficient and effective, and that staff and stakeholders are appropriately engaged.

The Chair asked if any member had an actual or perceived conflict 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 5 May 2020 and requested any comments before she asked the Group for their endorsement.

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

### 2.2 Actions arising

The Chair noted that most action items had been completed, however two items were outstanding:

- The Final Report from ANU: This has not yet been endorsed by the Culture Review Implementation Steering Group (Steering Group). Once endorsed, the document will be distributed to Oversight Group members; and
  - Calvary Performance and Development Planning Template: This has been received and will be circulated after today's meeting.
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## Item 3 Decision and Discussion Items

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### **3.1 Annual Review of the Culture Review Implementation – Report**

The Chair noted that the Inaugural Annual Review (Annual Review) was circulated to members on Friday 29 May 2020. The Annual Review was tabled in the ACT Legislative Assembly on 4 June 2020. The Chair further noted that as this was the first Oversight Group meeting after the release of the Annual Review, it was a great opportunity for discussion by the members.

It was acknowledged that Mick Reid had provided members with a summary of his findings at the previous Oversight Group meeting. He recognised that progress has been made but that more work needs to be done on across-system initiatives. The Chair acknowledged the work of Mick Reid in developing a succinct and timely report.

The Chair noted that there was inclusion of a further paper for this agenda item talking to the recommendation about conducting a strategic workshop for members to discuss roles and expectations of Oversight Group members.

Ms Junk-Gibson spoke to the agenda item, and in particular, the findings from the Annual Review.

The Chair proposed that the Oversight Group convene two half day forum/workshops, one in August to focus on a review of the Terms of Reference (ToR), and to enable members to discuss and agree on a shared understanding of the role of Oversight Group members. It was proposed that the second workshop be conducted in late 2020, noting that government would be moving into caretaker on 11 September 2020. This second workshop would be an opportunity for the incoming minister, whoever that may be, to discuss the role of the group further.

The Chair opened up the matter for comment and discussion. Key discussion points included:

- Agreement on the proposed workshops for the Oversight Group members;
  - Acknowledgement that sector-wide initiatives required increased attention and speed of action;
  - Acknowledgement that the Inaugural Annual Review was useful, however greater emphasis on evaluation was required, including agreement on measures of success;
  - Members requested further information on system-wide initiatives, such as recommendation 13 (leadership and mentoring program);
  - An acknowledgement that clinical engagement at a peer to peer level was good but that there were gaps in engagement with senior clinicians that needed to be worked on;
  - The cohesion between Calvary and the rest of the health service required focus;
  - It was noted that there had been significant improvement in clinician and clinical engagement during COVID-19, with people working together to come up with
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innovative solutions, and that the health system needs to maintain this momentum and not slip back into the way things occurred pre COVID-19;

- It was acknowledged that there are unrealised opportunities with the Partnership Board and the University sector;
- It was noted that the ToR should clearly articulate the connections with other governance committees;
- There was acknowledgement of the stress and pressure trainees and doctors were under as a result of COVID-19, particularly around training, and there was a lack of awareness of what the Oversight Group was doing and the impact that will/is having on that group;
- However, it was noted that there are examples of positive engagement in the response to COVID-19 such as the co-design work between the Health Directorate and the NGO group;
- Further work was required on the Communications and Engagement Strategy;
- It was accepted that there was opportunity that more cohort targeted specific information about actions impacting the Group would be useful and that CHS was happy to work with the AMA and other member organisations to target communications;
- It was acknowledged that while the focus of the Oversight Group was on progressing the 20 recommendations, there was significant other work happening that impacted on culture across the system and it was challenging to report on all the work that is in progress; and
- Agreement that the second Annual Review should be more substantial and include connection with clinicians and staff more broadly to appreciate the depth of work happening in organisations. There may be opportunity to focus on how the health system and universities responded to COVID-19.

Ms Northam asked if any consideration had been given to who would be the independent facilitator for the workshop. Ms Junk-Gibson indicated that early discussion were occurring with a potential facilitator. The Chair asked that if members had any suggestions, they should provide them to Ms Junk-Gibson.

Clarity was sought regarding the impact of COVID-19 on doctors training and careers. Professor Abhayaratna advised that clinical exams have been cancelled. These are barrier exams and career progression cannot occur until the exams are held. He noted that exams will be held early 2021 and supervisor reports have a greater weighting and the relationship with supervisors is more important and has the potential of making trainees more vulnerable.

**ACTION:** Feedback from Oversight Group members to obtain specific content for inclusion into the Key Messages document be provided to Ms Junk-Gibson.

**ACTION:** Ms Junk-Gibson to schedule the Oversight Group workshop in August 2020. The workshop will discuss ToR and roles and responsibilities of Oversight Group members.

**ACTION:** Members to provide any suggestions on a workshop facilitator to Ms Junk-Gibson.

**ACTION:** Members to discuss any specific topics and issues to be raised at the August Oversight Group Workshop with Ms Junk-Gibson.

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### 3.2 Workplace Culture Framework for the ACT public health system

The Chair noted that the Steering Group had not signed off the final report from ANU but that once endorsed, it would be provided to members.

Ms Junk-Gibson advised that the Heads of HR in CHS and Calvary, and the Executive Group Manager of Corporate and Governance in ACTHD are focussing on progressing the application of the framework for the health system. The following work is in development:

- *An Organisation Culture Maturity Model* which will enable organisations to assess their progress on the culture journey;
- Data and metrics methodology;
- *A Workplace Culture Framework Operational Guideline* which articulates how the framework will operate and will be applied;
- A review of training programs, as outlined in recommendation 16, and leadership development noted in recommendation 13. This includes discussions regarding developing a 'Manager 101' training; and
- Development of a training program to support building capability in HR teams to support the strategic culture program, such as training in risk management, change management, and the use of data to inform initiatives and support evaluation.

The Chair noted the importance of the Oversight Group to be across the application of the Framework and suggested that the August Oversight Group meeting/workshop be extended by one hour to enable full discussion about the Framework. It was agreed that each organisation would undertake the Organisation Culture Maturity Model assessment so members could appreciate the model and the differences across the organisations in the ACT public health system.

**ACTION:** The August Oversight Group Workshop be extended by one hour to enable members to be fully briefed about the Workplace Culture Framework and the complementary key pieces of work.

### 3.3 Respect, Equity and Diversity Framework Mapping

The Oversight Group was provided a briefing on the mapping of the Respect, Equity and Diversity (RED) Framework. Key points discussed included:

- that the work forms part of a larger program of work to address Recommendation 3;
  - Background on the ACT Government RED Framework and the role of RED Contact Officers (REDCOs) who provide information to staff who are experiencing workplace issues;
  - The mapping of the application of the RED Framework in each organisation had been completed in December 2019 and each organisation has developed an action plan with the aim of strengthening the RED Framework;
  - A RED Working Group has been established and meets on a quarterly basis with members updating progress made, sharing challenges and talking through organisation specific initiatives;
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- There is a focus on evaluation of RED contacts, noting that there is no evaluation built into the whole of government framework; and
  - As a result of the positive feedback to this mapping process, mapping of the complaints and grievances process in each organisation is underway.

Members acknowledged the amount of work that had been invested into the mapping process. Some members note that in the past, the role of REDCOs was not taken seriously and that it was a resource that can make a real difference in workers' lives. Some members stated that they had a keen interest in the RED Framework.

There was some discussion about other roles, such as the Employee Advocate, that offered workers an opportunity to seek guidance in staff issues. Ms McDonald advised that there were some minor changes being made to the Employee Advocate role to strengthen it, noting that the position had been in place for one year and that the new focus of the role would be in bringing parties together to resolve issues.

Ms Northam indicated that the unions had a role as a referral point and Ms Junk-Gibson agreed to raise this with the three organisations and have this noted.

It was acknowledged how important selection of REDCOs was, and that it was essential to ensure that they had sufficient time to undertake the role. It was noted that each organisation was reviewing vetting processes and the duration of appointments to REDCO roles. The importance of time-limiting an individual being in the REDCO role was discussed, suggesting that people who were good at the role get to have a break and mentor new REDCOs.

There was discussion about the role of REDCOs with the implementation of the 'Speaking Up for Safety' (SUFS) program, and Ms Reid spoke about the experience at Calvary, reiterating the importance of building on the REDCO and the direct linkage to SUFS.

The Chair noted that the mapping exercise is critical to supporting recommendation 3 which is focussed on promoting healthier cultures to reduce inappropriate workplace behaviour across the ACT public health system.

**ACTION:** Ms McDonald to provide a future Oversight Group with a briefing on changes to the Employee Advocate role.

**ACTION:** Ms Junk-Gibson to meet with the three organisations to discuss the inclusion of the unions as a referral point in the REDCO mapping process and update process maps as appropriate.

### **3.4 Implementation of Recommendations and Project Plan and Dashboard**

The Chair introduced the Implementation of Recommendations, Project Plan and the Dashboard noting that this item would provide members with more context and information on the range of initiatives underway across the system.

Ms Junk-Gibson provided context about how the timeframes and general approach had been set in March 2019 through agreement with Mick Reid, Minister Fitzharris, the then DG ACTHD, and the CEOs of CHS and Calvary. It was noted that COVID-19 has had an impact on the timeframes associated with implementation of some of the recommendations. It was acknowledged that there is an opportunity to review and re-set timeframes which would consider the findings from the Inaugural Annual Review, the current review of progress



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against the recommendations by individual organisations and the broader culture reform work underway.

Ms Junk-Gibson talked through the work that had been undertaken against a number of recommendations, advising that a paper on the research strategy (recommendation 7) would be presented to the Steering Group in July, and that work was progressing on recommendations 13 (leadership and mentoring program) and 16 (review of training) post finalisation of the Workplace Culture Framework. The updated timeframes would be reflected in program documentation provided to the next Oversight Group meeting.

The Chair sought input from ANU and UC in relation to the Partnership Board. Professor Gruen noted the importance of having strong lines of communication and shared strategic planning and decision making. He stated that the Partnership Board was not meeting regularly enough, noting that COVID-19 had impacted meeting frequency. He noted that the governance arrangements were not fully understood. Professor Lincoln supported Professor Gruen's comments and noted that Ms Jonasson was in the process of meeting with all members of the Partnership Board. There was general agreement that the Partnership Board needs to focus on developing a clear strategy. Professor Abhayaratna discussed the need for the Partnership Board to be successful, noting there needs to be clarity around the role of ACT Health, i.e. confirmation if it is a regional centre, a general hospital, a tertiary hospital or an academic centre.

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## **Item 4 Updates**

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### **4.1 Organisation Progress Updates**

In the absence of Ms Jonasson, Ms Junk-Gibson provided the Oversight Group with an update of the work being progressed in the Health Directorate including improved communication, opportunities for collaboration and networking across the directorate, recognition and celebration of achievements, and increased transparency.

In response to the 2019 staff survey results, all Executives have been tasked with developing an action plan in response to Divisional level survey results.

A number of other activities that are supporting building a positive workplace were discussed including the Values Champion network, conducting a number of training programs under the Positive Culture Uplift initiative, and the recruitment revitalisation program.

### **4.2 Member Updates – verbal**

#### **4.2.a Calvary Public Hospital Bruce**

Ms Reid talked about key achievements at Calvary including the implementation of the Values in Action Capability Framework; the overhaul of the performance planning process, including the conduct of 50 workshops; implementation of the Workplace Violence and Aggression Policy and a 360-degree assessment process for senior managers.

Ms Cox asked about the Choosing Wisely program. Ms Reid advised that the new Director of Medical Services had been appointed and this initiative will be progressed with oversight from this position.

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#### **4.2.b Canberra Health Services**

Ms McDonald provided an update of key work occurring at CHS including:

- Choosing Wisely program was progressing with the implementation of three projects;
- Minor modifications to the Employee Advocate role;
- Ongoing work in the referral areas;
- Establishment of a Governance and Oversight Committee;
- HR department has now returned to normal work;
- There is currently a process of reviewing the structure for Clinical Director roles; and
- Noting that there had been a number of useful meetings with the unions.

#### **4.2.c Australian Nursing and Midwifery Federation ACT (ANMF)**

Mr Daniel noted that consultation is a function of good culture, and that consultation should be embedded in leaders' capabilities.

He recognised that in communicating effectively about the Oversight Group work that the key messages document will help focus conversations with members and that any feedback received from members would be fed back to the Oversight Group.

#### **4.2.d Visiting Medical Officers Association (VMOA)**

Dr Hughes had nothing further to add.

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

Mr Ross stated that the overall direction of culture reform was good, and that change was occurring.

Mr Ross spoke about the impact of the Fair Work Commission's decision to refuse the Medical Practitioners Enterprise Agreement, noting the flow on impact on JMOs training allowance. Ms McDonald noted that the ACT Government was the employer in relation to negotiating the EA, not CHS, but that everyone was seeking to resolve the matter.

#### **4.2.f Australian Medical Association ACT (AMA)**

Professor Abhayaratna reiterated the AMA's commitment to culture. He noted that the relationship between Calvary and CHS, and integration of service is key to improving culture. He stated that the administrative arrangements and funding streams were not conducive to seamless territory wide planning. He noted that COVID-19 had provided opportunities to build on changes to the system.

#### **4.2.g Health Care Consumers Association ACT (HCCA)**

Ms Cox noted the importance of territory wide planning and the need to integrate services and improve collaboration. She discussed the importance of communication and collaboration with the NGO sector and noted that the Chief Operating Officer (COO) at CHS had instigated a meeting with NGOs every Friday in responding to COVID-19 and this forum has enabled ongoing discussions about service issues and is making a positive difference.

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#### **4.2.h Community and Public Sector Union (CPSU)**

Ms Northam reported that the CPSU was still seeing issues arising in hot spot areas but not to the same level as previously. She advised that a number of CPSU members had undertaken training for Joint Selection Committees.

#### **4.2.i Faculty of Health, University of Canberra (UC)**

Professor Lincoln stated that UC was planning to re-establish placements. She stated that at UC there had been a significant move to on-line learning. She noted that she had been working with Professor Gruen to improve collaboration between ANU and UC on research.

#### **4.2.j College of Health and Medicine, ANU**

Professor Gruen echoed Professor Lincoln's comments about their collaboration. He discussed the work underway with the ACT Government on the international student pilot, noting that students were expected back in late July for Semester 2. He noted that there were risks identified but that the collaboration to progress this was excellent.

#### **4.2.k Minister for Mental Health**

Minister Rattenbury raised the challenges for mental health services across the health system. He stated that he was pleased with how staff had responded and commented on the improved collaboration with Calvary, stating that it was incumbent on the health system to build on this positive work and keep up the momentum.

#### **4.2.l ACT Health Directorate (ACTHD)**

*Refer to Agenda Item 4.1*

The Chair thanked everyone for their updates.

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### **Item 5 Information Items**

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#### **5.1 Culture Review Implementation Program Plan**

Ms Junk-Gibson advised that a review of timeframes for all deliverables was being undertaken and that the program plan and risk documents would both be updated once that review had been finalised.

#### **4.2 Culture Review Implementation Program Risk**

*Refer to Agenda Item 5.1.*

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### **Item 6 Other Business**

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#### **6.1 Oversight Group Communique**

The Chair advised that the Communique would be updated to include the discussion about the Annual Review and the workshop in August to discuss the ToR and the role of the Oversight Group. The Chair requested that feedback and changes should be forwarded through to the Secretariat to enable the document to be finalised.

Ms Cox proposed acknowledging the collaboration during the COVID-19 acute phase and this was agreed.

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**ACTION:** Ms Junk-Gibson to update the Communique and circulate to members for reviewing prior to publishing.

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## **6.2 Oversight Group Key Messages**

The role of the Oversight Group was reinforced as overseeing the program of work and it was noted that communicating what is happening on the ground is important.

Feedback from members on the Key Messages document was sought, the Chair asking how it could be changed so it is something members want to send out to their members. It was noted that nuancing of the messages was important in focussing on what is important to organisation's members against specific recommendations. There was discussion about the format of the key messages document, with an agreement that only dot points on key discussion items should be included.

The Chair asked members to discuss their requirements for the Key Messages document with Ms Junk-Gibson out-of-session, noting that the focus of the Key Messages document should be on what the Oversight Group discussed and what progress is being made against specific recommendations.

**ACTION:** Ms Junk-Gibson to discuss content of the Key Messages document with Oversight Group members and update and circulate the document to members for feedback.

The Chair thanked members for their ongoing contribution and commitment to ensuring that there is enduring and sustainable cultural change, and that she looked forward to seeing members face-to-face at the August meeting, restrictions permitting.

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**Next Meeting: 19 August 2020**  
**12 noon – 5.00pm**  
**Venue TBA**



## Culture Review Oversight Group Action Items Register

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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	5.3	Measures of success - Revisit at April meeting to confirm alignment with Workplace Change Framework.  Was to be included in the June meeting but deferred to August due to full June agenda  Further conversation related to 'success' for consideration at Workshop 18 March 2021	Secretariat	22/4/2020  19/8/2020	
27/2/2020	6.1	Ms Reid to present to the Oversight Group in April 2020 on the implementation of the 'Speaking up for Safety' pilot in Calvary Hospital	Ms Reid	22/4/2020	Deferred to meeting later in 2020 due to staff availability
5/5/2020	3.2	Ms Junk-Gibson to provide Oversight Group members with a copy of the Australian National University, Research School of Management's Final Report following endorsement of the report by the Culture Review Implementation Steering Group.	Secretariat	Following endorsement by CRISG	Complete

Meeting Date	Agenda Item	Action Required	Officer Resp	Due Date	Status
5/5/2020	4.1	Ms Reid to share the Calvary performance and development planning template with members of the Oversight Group.	Ms Reid	22/6/2020	Complete
22/6/2020	3.1	<b>Annual Review of the Culture Review Implementation – Report</b> Feedback from Oversight Group members to obtain specific content for inclusion into the Key Messages document be provided to Ms Junk-Gibson.	All	7/7/2020	Complete
22/6/2020	3.1	<b>Annual Review of the Culture Review Implementation – Report</b> Ms Junk-Gibson to schedule the Oversight Group workshop in August 2020. The workshop will discuss ToR and roles and responsibilities of Oversight Group members.	Secretariat	7/7/2020	Complete
22/6/2020	3.1	<b>Annual Review of the Culture Review Implementation – Report</b> Members to provide any suggestions on a workshop facilitator to Ms Junk-Gibson.	All	7/7/2020	Complete
22/6/2020	3.1	<b>Annual Review of the Culture Review Implementation – Report</b> Members to discuss any specific topics and issues to be raised at the August Oversight Group Workshop with Ms Junk-Gibson.	All	20/7/2020	Complete
22/6/2020	3.2	<b>Workplace Culture Framework for the ACT public health system</b> The August Oversight Group Workshop be extended by 1 hour to enable member to be fully briefed about the Workplace Culture Framework and the complementary key pieces of work.  <a href="#">WCF and complementary work presented at the Informal Oversight Group meeting undertaken in October 2020.</a>	Secretariat	7/7/2020	Complete
22/6/2020	3.3	<b>Respect, Equity and Diversity Framework Mapping</b> Ms McDonald to provide a future Oversight Group with a briefing on changes to the Employee Advocate role.	Ms McDonald		

Meeting Date	Agenda Item	Action Required	Officer Resp	Due Date	Status
22/6/2020	3.3	<b>Respect, Equity and Diversity Framework Mapping</b> Ms Junk-Gibson to meet with the three organisations to discuss the inclusion of the unions as a referral point in the REDCO mapping process and update process maps as appropriate.	Ms Junk-Gibson	02/2021	Complete
22/6/2020	6.1	<b>Oversight Group Communique</b> Ms Junk-Gibson to update the Communique and circulate to members for reviewing prior to publishing.	Secretariat	7/7/2020	Complete
22/6/2020	6.2	<b>Oversight Group Key Messages</b> Ms Junk-Gibson to discuss content of the Key Messages document with Oversight Group members and update and circulate the document to members for feedback.	All	7/7/2020	Complete



# Culture Review Oversight Group Meeting Paper

**OFFICIAL**

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**Agenda Item:** 3.1

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**Topic:** Culture Review Implementation Program Risk

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**Meeting Date:** 1 March 2021

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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 Branch

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## Purpose

1. To provide the Culture Review Oversight Group with an update of key program risks identified for the Culture Review Implementation Program.

## Background

2. Project risk and issues management is proactive throughout the life of the program. The early consideration of risks at the outset and as an iterative process will have significant implications for the overall success of the Culture Review Implementation program.
3. Failure to undertake effective project risk and issues management will result in cost overruns, schedule slippage and shortfalls in capability and resourcing. Effective project risk and issues management is essential to anticipate, understand and manage risks.
4. The risk register is intended to be a living document that is reviewed monthly and updated as required.

## Issues

5. There are **43 active** risks identified in the Program Risk Register.
6. The risks recorded on the Program Risk Register are categorised as follows:

Risk Category	Number of risks in category	Risk Profile
Commercial	1	1 Low
Contractual	1	1 Low
Financial	4	1 Low 3 Medium



Risk Category	Number of risks in category	Risk Profile
Governance	6	2 Low 4 Medium
People	5	5 Medium
Project	4	4 Medium
Reputation and Image	3	3 Medium
Stakeholder Management	7	7 Medium
Strategy	12	12 Medium

7. There are **five** risks with a risk rating of **Low**, and **38** risks with a risk rating of **Medium**.
8. The Risk Register continues to be reviewed regularly to assess the effectiveness of existing controls and to identify and execute additional treatments.
9. The overall risk profile for the program has continued to improve, with effective controls established to address the following areas previously reported as high risk:

Risk	Controls (best of)
Resource failure	<ul style="list-style-type: none"> <li>Resources directed from the program to support the initial COVID-19 response have returned to the program.</li> <li>Program and project planning to identify resource requirements.</li> <li>Endorsement of resourcing by Steering Group.</li> <li>Escalation of issues related to resourcing to Steering Group for discussion.</li> <li>Additional project support is provided to organisations by CRI Branch, when required.</li> </ul>
Communications and stakeholder engagement	<ul style="list-style-type: none"> <li>Communications and Stakeholder Engagement Strategy and phase 1 action plan reviewed and amended to strengthen the change and engagement components and develop stronger links with each of the communications teams of the three organisations within the ACT public health system.</li> <li>Phase 2 action plan developed in consultation with internal communications teams and external stakeholders. Phase 2 will focus on delivering consistent and regular messages to internal and external audiences.</li> <li>The intranet and internet pages have been refreshed, with new content being regularly uploaded.</li> <li>Development of communications collateral by CRI Branch on key priorities and system-wide initiatives.</li> </ul>

Risk	Controls (best of)
	<ul style="list-style-type: none"> <li>Engagement with internal communications teams to ensure alignment of internal communications strategies with endorsed Communications and Stakeholder Engagement Strategy.</li> </ul>
Program schedule	<ul style="list-style-type: none"> <li>Strong governance structure established to oversight and direct implementation of program.</li> <li>Steering Group endorsement and oversight of work plans, resourcing, and budget requirements to deliver the recommendations.</li> <li>Progress of implementation is regularly reported to the Steering Group, Oversight group, in biannual reports to the ACT Legislative Assembly and in the independent annual review of the program.</li> <li>Formal engagement and reporting mechanisms have been established with heads of HR and delivery teams across system.</li> <li>Program Plan is regularly reviewed and adjusted.</li> <li>Implementation schedule endorsed by Steering Group.</li> <li>All program resources have been redirected back from initial COVID-19 response to program delivery.</li> <li>Face to face consultation and education/training activities have recommenced within the boundaries of current COVID guidelines.</li> <li>Escalation of risk and issues related to program delivery and schedule to Steering Group, as required.</li> </ul>
Governance mechanisms provide insufficient oversight and control, or speed of decision making to enable delivery of projects within the agreed scope, schedule, quality, or cost tolerances.	<ul style="list-style-type: none"> <li>Delivery leads have been assigned within each organisation to coordinate the implementation, reporting and internal approvals.</li> <li>Meetings are facilitated by CRI Branch with all delivery leads to share information, monitor progress and identify issues and dependencies.</li> <li>Regular Heads of HR meetings facilitated by EBM, Culture Review Implementation Branch.</li> <li>Governance and Reporting Framework endorsed by Steering Group to ensure consistent and clear approach to governance and reporting across system.</li> <li>CRI SharePoint site established for delivery leads with critical dates calendar and standardised reporting templates.</li> </ul>
System-wide collaboration and sharing of information	<ul style="list-style-type: none"> <li>A strong governance structure and reporting framework has been established to support a system-wide approach.</li> </ul>

Risk	Controls (best of)
	<ul style="list-style-type: none"> <li>• Extensive internal and external stakeholder consultation to seek input and agreement for strategic program approach.</li> <li>• Regular meetings with culture implementation teams across all three organisations to increase collaboration across system.</li> </ul>
Inconsistent approaches to delivering culture reform across system	<ul style="list-style-type: none"> <li>• Steering Group has endorsed the system-wide strategic approach and is monitoring progress.</li> <li>• The Workplace Culture Framework (WCF) identifies the five workplace change priority areas.</li> <li>• The Rapid Evidence Assessments related to each priority area have been provided to each organisation to support evidence-based intervention design.</li> <li>• The Organisational Culture Improvement Model has been utilised to assist organisations to identify gaps and opportunities for improvement. The OCIM enables organisations to target interventions in alignment with the five workplace change priority areas identified in the Workplace Culture Framework.</li> </ul>

### Consultation

10. The Culture Review Implementation Branch is facilitating regular program meetings with the organisation culture program leads.
11. These regular meeting provides a forum to discuss risks that have been identified within each organisation, ensure dependencies are identified and managed across the system and ensures that local risks are captured on the Program Risk Register and appropriately escalated to the Culture Review Implementation Steering Group, as necessary.

### Recommendation

That the Oversight Group:

- *Note that key program risks are being monitored and managed.*



# Culture Review Oversight Group Meeting Paper

**OFFICIAL**

Agenda Item:	3.2
Topic:	Annual Review of Culture Review Implementation
Meeting Date:	1 March 2021
Action Required:	Discussion
Cleared by:	Director-General, ACT Health Directorate
Presenter:	Chair

## Purpose

1. That the Culture Review Oversight Group (Oversight Group) note:
  - a. The terms of reference for the second annual review of the culture review implementation (Attachment A), and
  - b. A procurement process currently underway to progress the second annual review.

## Background

2. Recommendation 19 of the *Final Report: Independent Review into the Workplace Culture within ACT Public Health Services* (the Review) 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 System”.
3. Mr Mick Reid from Michael Reid and Associates was contracted to conduct the inaugural annual independent and external review (Annual Review).
4. The Annual Review was undertaken during April and May 2020 and consisted predominantly of a desktop review approach due to the limited time between the completion of the Review and the commencement of the Culture Program across the ACT public health system.
5. Mr Reid’s report from the Annual Review was tabled in the ACT Legislative Assembly on 4 June 2020.

## Issues

6. There has been a revision of the Terms of Reference for the 2021 Annual Review (Attachment A). This includes an expansion of stakeholder consultation to facilitate connection with clinicians and staff more broadly as discussed at the June 2020 Oversight Group meeting.

## Recommendation

That the Oversight Group:

- *Note the Terms of Reference for the second Annual Independent external review of the Culture Review Implementation; and*
- *Note that there is a procurement process underway to progress the appointment of a Reviewer to undertake the second annual review.*



## Culture Review Oversight Group

**OFFICIAL**

### Culture Review Implementation: Annual Review Terms of Reference

#### Purpose

1. To outline the scope and terms of reference of the second 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 Review).

#### 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 Culture Review 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 Culture Review 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 Culture Review 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 Culture Review Report. It represents an important learning opportunity and transparent accountability mechanism.

#### Scope

7. The scope and focus of this 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 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 Report;
- c. The impact on the workforce culture from the changes introduced to date; and
- d. The effectiveness of the initiation and planning phase of the culture review implementation process, given that the focus is now in implementation phase, 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. Internal strategies developed by each of the three public health organisations that link to the overarching Culture Review Implementation strategy;
    - iii. information generated by key initiatives occurring under the banner of the culture review implementation process (e.g. the ANU partnership to develop a Workplace Culture Framework, and the HR Functions Review); and
  - b. access to staff climate surveys, and any work progressed as a result of the surveys;
  - c. access to workforce data and metrics relevant to assessing the impact of the culture review implementation (although negotiation with provider seeking permission in line with IP rights about survey design required);
  - d. access to organisation Workforce Profile Dashboards;
  - e. access to Organisation Culture Improvement Model (OCIM) baseline (2019) and 2020 assessments;
  - f. 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.
- g. Opportunity for focus groups or discussions including:
- i. From a cross-section of the workforce across the ACT public health system;
  - ii. With members from the Clinical Leadership Forum; and
  - iii. Members from the Professional Colleges Advisory Group.
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 May 2021.

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

12. The Reviewer will commence work on this review in March 2021 and will provide an Annual Review Report to the Minister for Health and the Minister for Mental Health by 30 May 2021.
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.





# Culture Review Oversight Group Meeting Paper

**OFFICIAL**

<b>Agenda Item:</b>	3.3
<b>Topic:</b>	Culture Review Oversight Group Workshop – 18 March 2021
<b>Meeting Date:</b>	1 March 2021
<b>Action Required:</b>	Discussion
<b>Cleared by:</b>	Director-General, ACT Health Directorate
<b>Presenter:</b>	Chair

## Purpose

1. To provide the Culture Review Oversight Group (Oversight Group) with the opportunity to discuss the schedule of the second facilitated workshop being held on 18 March 2021.

## Background

2. A recommendation from the inaugural annual review completed by Mr Mick Reid in April 2020 was that the Oversight Group convene a workshop to discuss some of the points raised in the review.
3. At the Oversight Group meeting of 22 June 2020, it was agreed to convene two half day workshops.
4. As a result of timing and broader environmental factors impacting availability of members, including responding to COVID-19, the initial workshop was held on 25 August 2020.
5. The key discussion points agreed in the workshop included:
  - A commitment by all members that engagement, incorporating agreed actions, will be based on trust and modelled through consistency of the behaviours demonstrated both at the meeting and in interactions externally;
  - That future meetings will include the opportunity for focused discussion, with the option of the discussion to be facilitated by an independent facilitator;
  - That the members commit to building a psychologically safe environment to enable depth in discussion;
  - Acknowledgement that the Oversight Group provides an opportunity for members to raise problems and leverage the combined expertise of the Group to understand, collectively problem-solve and explore solutions;

- The strength of the Oversight Group is through its ability to influence change across the system through engaging and communicating with the constituent groups that are represented;
  - Members are keen to be a part of the solution - with initial discussion focused on seeking areas to collaborate on and identifying collective project/s for members to be involved with;
  - The collective agreed goal being to build confidence in the ACT public health system; and
  - Recognition that it was now time for the Oversight Group to be solution-focused and future facing.
6. The second Oversight Group workshop is scheduled for 18 March 2021, from 12.00pm-5.00pm and will include lunch and afternoon tea. The workshop will be facilitated by Ms Dianne van Meegen.

### Issues

7. The purpose of the workshop is to continue the discussions commenced on 25 August 2020, with a focus on:
- a. How we transition from the current focus to being future focused to ensure we can achieve sustainable and enduring cultural change?
  - b. How we maintain this focus in the future?
  - c. Acknowledging the work currently underway, and recognising that the effect and impact of these initiatives will be fully realised in the future;
  - d. What members identify as future indicators of success? How will we know we have succeeded?
  - e. What next?

### Summary

8. This is the second Oversight Group workshop agreed to by the Oversight Group members as an outcome from the inaugural annual review. The purpose of the workshop is to advance the initial discussions from the August 2020 workshop to enable us to steer the ACT public health system towards our future vision of culture reform.

### Recommendation

That the Oversight Group:

- *Note the information contained in this paper; and*
- *Discuss the purpose of the Workshop scheduled for 18 March 2021.*



# Culture Review Oversight Group Meeting Paper

**OFFICIAL**

Agenda Item:	4.1
Topic:	Member Updates
Meeting Date:	1 March 2021
Action Required:	Discussion
Cleared by:	Director-General, ACT Health Directorate
Presenter:	All members

## Purpose

1. An opportunity for members to provide an update on progress being made, including initiatives, identified themes, collaboration and risks related to the implementation and progression of culture reform across the ACT public health system.

## Background

2. The Culture Review Oversight Group (Oversight Group) provides opportunity at each meeting for members to talk about progress, themes, and challenges in progressing culture reform across the ACT public health system.

## Recommendation

That the Oversight Group:

- *Note the information provided by members about progress, themes, and challenges in culture reform across the ACT public health system.*



# Culture Review Oversight Group Meeting Paper

**OFFICIAL**

<b>Agenda Item:</b>	5.1
<b>Topic:</b>	Culture Review Implementation Program Plan
<b>Meeting Date:</b>	1 March 2021
<b>Action Required:</b>	Noting
<b>Cleared by:</b>	Director-General, ACT Health Directorate
<b>Presenter:</b>	Executive Branch Manager, Culture Review Implementation Branch

## Purpose

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

## Background

1. The Program Plan 2019-2022 (Program Plan) at Attachment A is an overarching strategic framework for the Culture Review Implementation program.
2. 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.
3. The Program Plan is intended to be a living document that will be revised over time 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.
4. The three domains of the Program Plan are:
  - Domain 1: Organisational Behaviour, Workforce and Leadership;
  - Domain 2: Education and Research; and
  - Domain 3: Structure and Engagement.

5. 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.
6. Agenda Item 5.2, Implementation of Recommendations and Project Plan and Dashboard, nests beneath the Program Plan.

### **Issues**

7. The key area of focus during this phase of the Program Plan is Organisational Behaviour, Workforce and Leadership. This phase of the program will set the foundations for sustainable culture change.
8. Key strategies during this phase include:
  - a. Identifying, mapping and responding to core issues, recognising idiosyncrasies of the ACT public health system and adapting interventions for each individual organisation as required;
  - b. Ensuring that an evidence-based methodology is applied to the design and evaluation of interventions;
  - c. Defining the capabilities that are required to flexibly respond to the identified issues and increase workforce capability where required; and
  - d. Investing in capability development of the workforce to support organisational behaviour, workforce and leadership change.

### **Recommendation**

That the Oversight Group:

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





# Culture Review Implementation

our journey of positive change

# Program Plan 2019-2022

Our Vision: To invest in a values-based public health system to achieve enduring and sustainable positive workplaces

December 2020

## THEMES

## RECOMMENDATIONS

## GOAL

## KEY ACHIEVEMENTS

## KEY INITIATIVES IN PROGRESS

## NEXT 6 MONTHS

### ORGANISATIONAL BEHAVIOUR, WORKFORCE & LEADERSHIP

1, 2, 3, 13, 14, 15, 16

> We will invest in our people and processes to build safe and positive workplaces across the system

- Vision, values and desired behaviours incorporated into organisational and people-related practices and strategic and business planning.
- Analysis of the REDCO Network and Complaints and Grievances processes to identify opportunities for enhancement across the system.
- Review of HR functions across the system.
- Workplace Culture Framework (WCF) developed to guide cultural change initiatives.
- Organisational Culture Improvement Model (OCIM) developed to evaluate organisation maturity against the five priority areas of the WCF.
- Baseline assessment of organisational maturity using OCIM tool.

- Development of an indicator model and performance metrics to measure the impact of specific cultural reform interventions.
- Implement dashboards to track progress and monitor maturity.
- Review and analysis of people training programs delivered across the system.
- Procurement for the development of management and leadership programs.
- Implementation of Speaking up for Safety program within Calvary Public Hospital Bruce and Canberra Health Services.

- Develop management and leadership programs.
- Implement program of interventions and measurable outcomes, supported by evidence, with metrics to track progress and report achievements.

### EDUCATION & RESEARCH

7

> Through strong collaboration, partnership and engagement we will develop and shape a learning mindset across the system

- Health and Wellbeing Partnership Board established to drive collaborative relationships across education, research and health services sectors.
- Committee Chairs selected for the Research Working Group and Workforce Education and Training Working Group.

- Continue to work in partnership with the tertiary sector to identify new opportunities to enhance curriculum development for nursing, midwifery, allied health and medicine.
- Development of a coordinated cross-directorate health research strategy in partnership with the academic sector, NGOs, service providers and consumers.

- Development of priorities and workplans for the Workforce and Education and Training Working Group to drive initiatives to streamline the conduct of research activity and enable greater collaboration between health services and the tertiary education sector.

### STRUCTURE & ENGAGEMENT

4, 5, 6, 8, 9, 10, 11, 12, 20

> We will encourage and embed a two-way discourse with our staff, our stakeholders and our partners to evolve our system

- Communication and Engagement Strategy developed through consultation with key stakeholders.
- NGO Leadership Group established.
- Canberra Health Services (CHS) has become a champion health service member of Choosing Wisely Australia and is engaging with clinicians to ensure treatments and tests are in line with up-to-date evidence, are patient focussed and with the goal to minimise unnecessary and low-value treatments, tests and practices.

- Drafting of the ACT/NSW Cross Border agreement, which includes schedules and specific actions to better integrate ACT and Southern NSW health services.
- Development of the Organisational Change Strategy to inform the approach for delivering long-term cultural change across the ACT public health system.
- Development of communications collateral to support awareness, understanding and application of the Workplace Culture Framework, Organisation Culture Maturity Model and other key change improvement activities.

- Delivery of Phase Two of communications action plan.
- Execution of the Change Management Strategy within each organisation.



December 2020

## Organisational Behaviour, Workforce and Leadership

### Establishing the Foundations - System-Wide



Establish evidence-based roadmap for culture reform

Workplace Culture Framework

Priority Change Areas: Organisational Trust; Leadership and People; Workplace Civility; Psychological Safety; Team Effectiveness

Assessment of organisation culture maturity

Organisation Culture Improvement Model (OCIM)

◆ Organisation Level OCIM (Baseline)

◆ Unit/Division Level OCIM (Baseline)

Analyse impact and effectiveness of culture reform initiatives

Organisation Health Indicators and Measures

◆ Health Indicators Model

◆ Baseline performance measures

OCIM Assessment / Climate Survey / Pulse Survey / Performance Measures

◆ Dashboards (Phase One)



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## Organisational Behaviour, Workforce and Leadership

Fostering Organisational Culture Improvement Strategy (FOCIS) – Canberra Health Services







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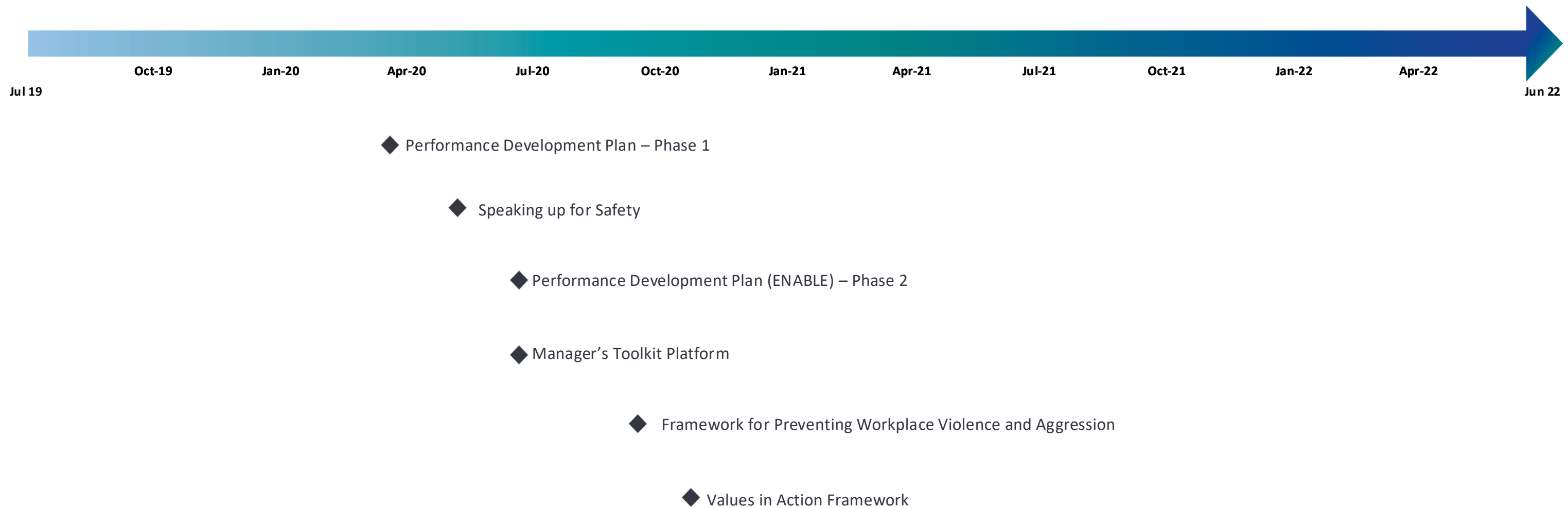
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## Organisational Behaviour, Workforce and Leadership

The Great Workplaces Program – Calvary Public Hospital Bruce





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## Organisational Behaviour, Workforce and Leadership

ACT Health Directorate



- ◆ Values Project
  - ◆ Values Champion Network
  - ◆ Core Learning Frameworks
  - ◆ Performance Framework
  - ◆ Culture Uplift Project
    - ◆ Better Recruitment Practices (training)
    - ◆ Director-General Awards



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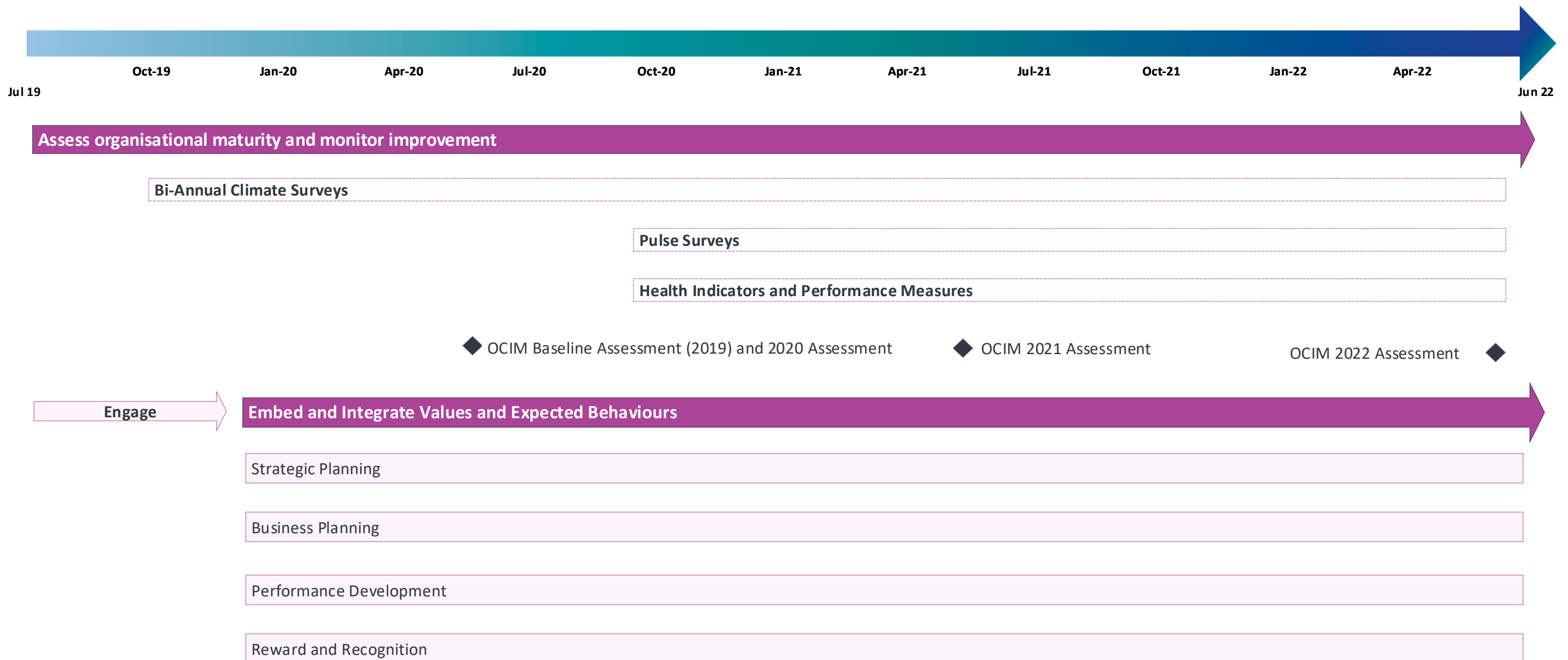
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## Organisational Behaviour, Workforce and Leadership

### Organisational Values (Recommendation 1)

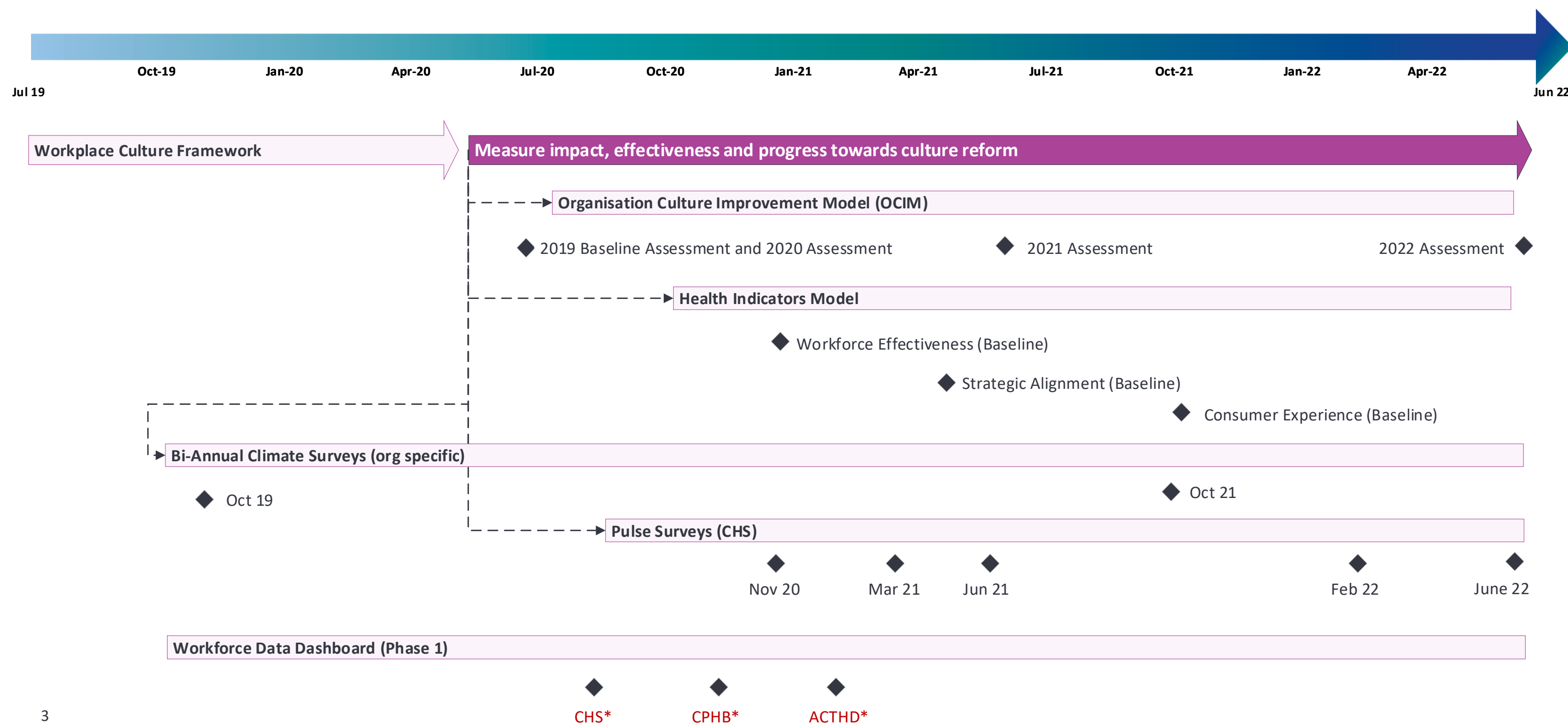




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## Organisational Behaviour, Workforce and Leadership

### System-Wide Approach - Organisational Effectiveness (Recommendation 2)





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## Organisational Behaviour, Workforce and Leadership

### Promoting a Healthier Culture (Recommendation 3)

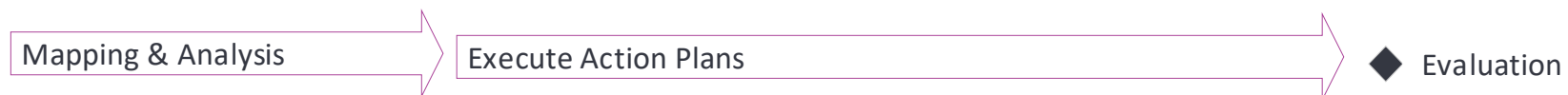


### Strengthen Employee Support Services

#### REDCO Contact Officers Network



#### Complaints and Grievances Processes





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## Organisational Behaviour, Workforce and Leadership



### Occupational Violence Strategy Project (CHS) and Occupational Violence Program (CPHB)

Workplace Civility Policy / Guidelines\* - CHS

Preventing Occupational Violence Policy / Procedure\* - CPHB

### Nurses and Midwives: Towards a Safer Culture Project (ACTHD)

Civility Index (*schedule TBC*)





December 2020

## Organisational Behaviour, Workforce and Leadership

### Leadership and Mentoring (Recommendation 13)



### Management Programs

#### Management 101 Program (System-Wide)

Procurement

Program Design

Program Delivery (Pilot)

◆ Evaluation

### Leadership Programs

#### Leadership Program (System-Wide)

Procurement

Program Design

Program Delivery (Pilot)

◆ Evaluation

#### Canberra Health Services

◆ Executive Leadership

◆ Nursing and Midwifery Leadership Program

#### ACT Health Directorate

◆ Culture Uplift training



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## Organisational Behaviour, Workforce and Leadership

Leadership and Mentoring (Recommendation 13)



Mentoring Program





December 2020

## Organisational Behaviour, Workforce and Leadership

### Role of Human Resources (Recommendation 14)





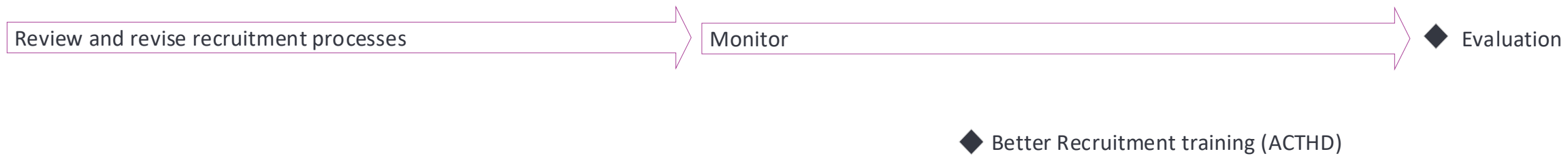
December 2020

## Organisational Behaviour, Workforce and Leadership

### Recruitment Processes (Recommendation 15)



### Recruitment Processes

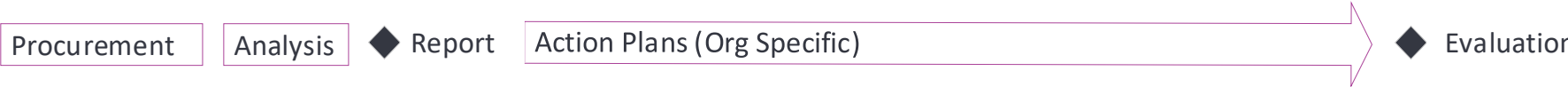
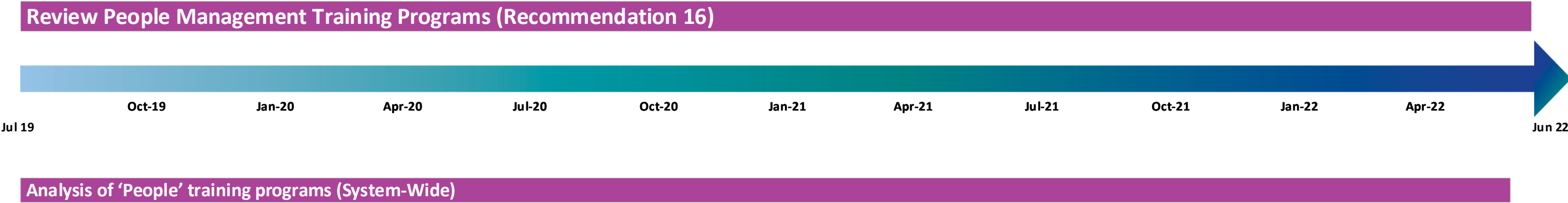


◆ Better Recruitment training (ACTHD)



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## Organisational Behaviour, Workforce and Leadership



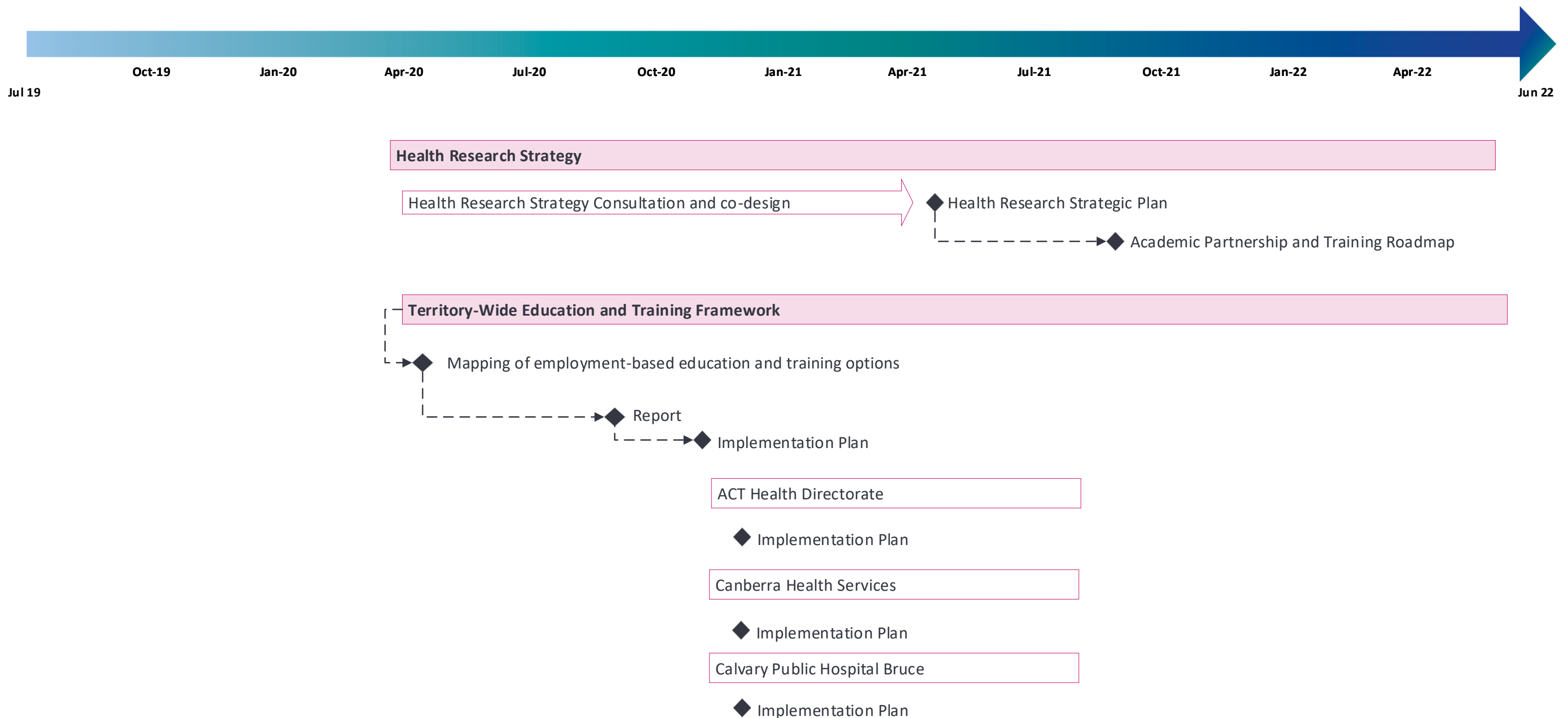




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## Education and Research

### Academic Partnerships, Research and Training (Recommendation 7)

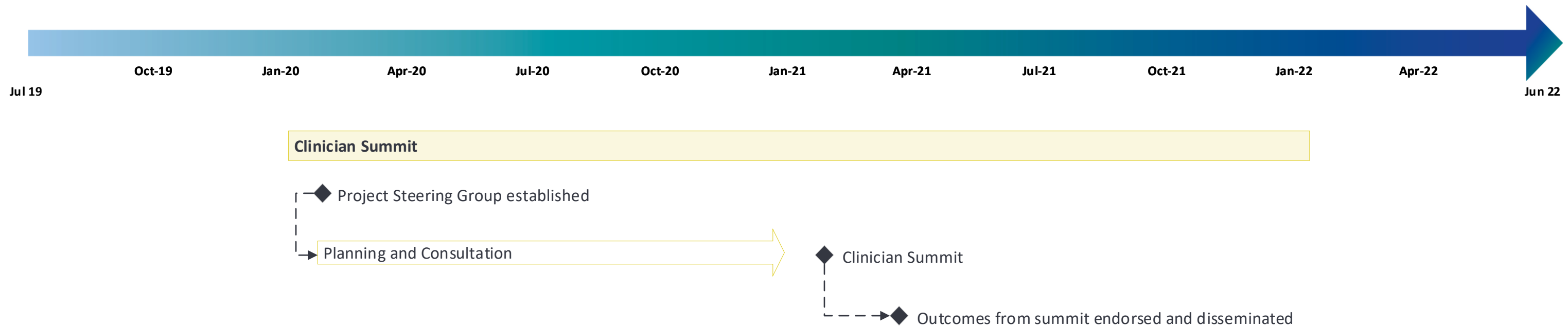




December 2020

## Structure and Engagement

### Summit of Senior Clinicians and Administrators (Recommendation 4)





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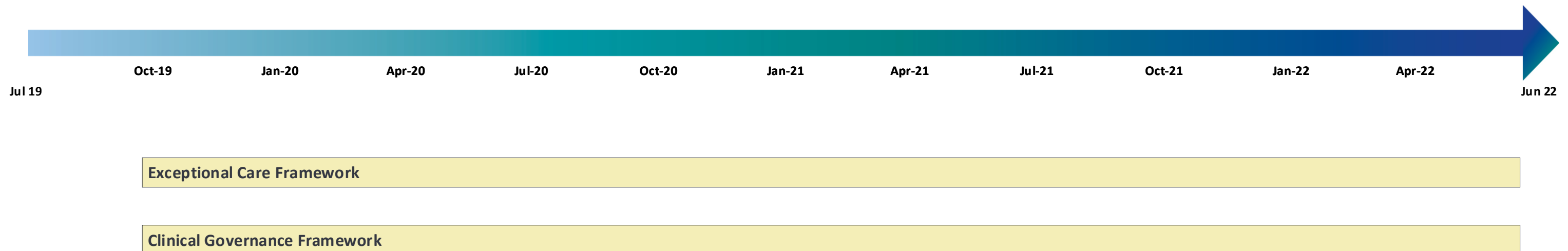
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## Structure and Engagement

### Divisional Structures of Canberra Health Services (Recommendation 5)





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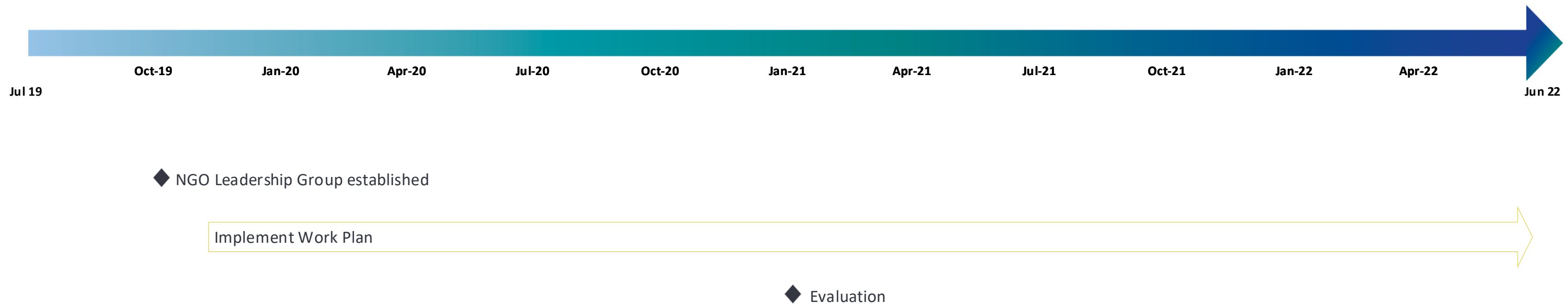
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## Structure and Engagement

### NGO Engagement (Recommendation 6)







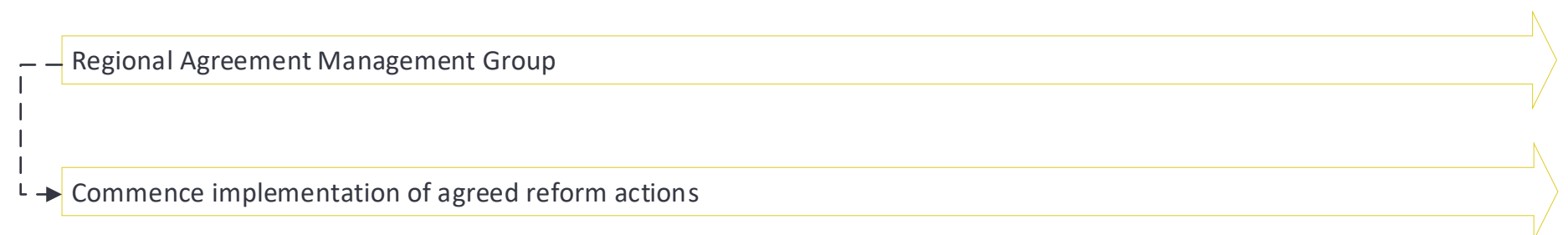
December 2020

## Structure and Engagement

### MOU (Recommendation 8)



◆ Ministerial endorsement of draft ACT-NSW Health Partnership Agreement (2020-2025)







December 2020

## Structure and Engagement

### Improving and Measuring Clinical Engagement (Recommendation 9)



Canberra Health Services

Improving Medical Engagement and Culture Strategy



December 2020

## Structure and Engagement

Clinical Governance (Recommendation 10)



Canberra Health Services

Improving Medical Engagement and Culture Strategy

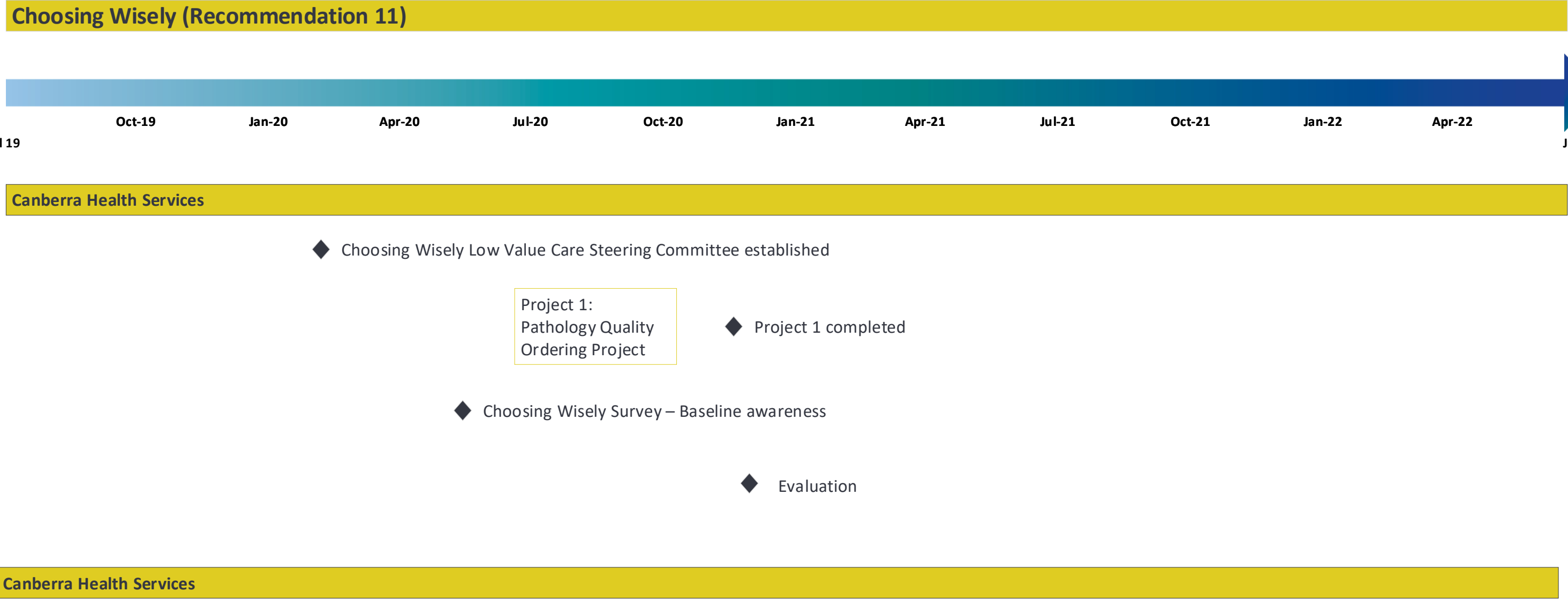
Calvary Public Hospital Bruce

Clinical Governance Framework



December 2020

## Structure and Engagement





December 2020

## Structure and Engagement

Clinically Qualified Divisional Directors (Recommendation 12)

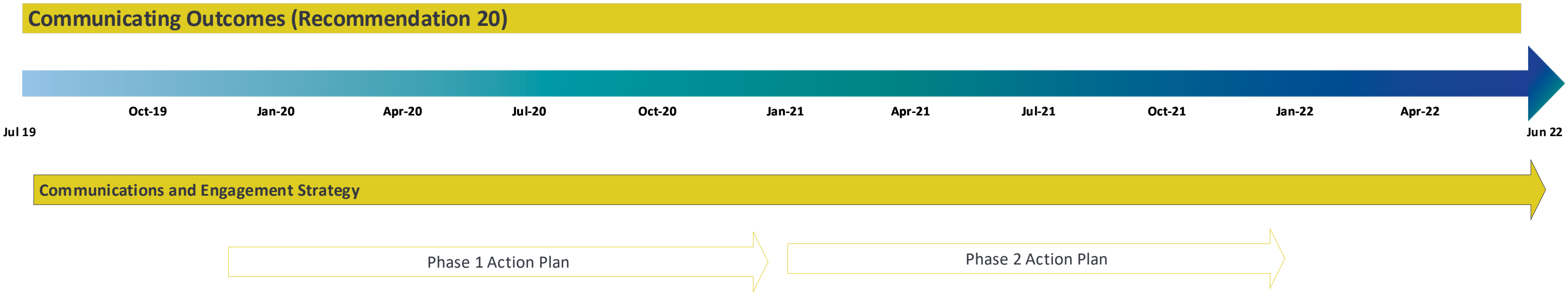






December 2020

## Structure and Engagement





## Culture Review Oversight Group Meeting Paper

**OFFICIAL**

Agenda Item:	5.2
Topic:	Implementation of Recommendations and Project Plan
Meeting Date:	1 March 2021
Action Required:	Noting
Cleared by:	Director-General, ACT Health Directorate
Presenter:	Executive Branch Manager, Culture Review Implementation Branch

### Purpose

1. To provide the Culture Review Oversight Group (Oversight Group) with an update on 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 outlined in the Review and indicates achievement of actions and recommendations.
6. Significant progress has been made by each organisation in completing actions across a range of recommendations.

7. The following table summarises the status of the implementation of the 92 Actions:

	Action Status – Total Actions = 92
<b>Blue (Completed)</b>	<b>51</b> Actions have been completed.
<b>Green (On Track)</b>	<b>41</b> Actions in progress and tracking to the agreed delivery date
<b>Amber (At Risk)</b>	<b>0</b> Actions at risk of deviating more than 12 weeks from agreed delivery date
<b>Red (Delay)</b>	<b>0</b> Actions have exceeded the agreed delivery date by more than 12 weeks

8. Recommendations that have been fully completed are:

- a. Recommendation 5 (CHS should review mechanisms to better integrate clinical streams of the community health services within the Clinical Divisional Structures);
- b. Recommendation 10 (Clear requirement for senior clinicians to collaboratively participate in clinical governance activities);
- c. Recommendation 11 (Choosing Wisely program);
- d. Recommendation 12 (Clinically qualified Divisional Directors across each Clinical Division with Business Manager support within CHS);
- e. Recommendation 17 (Public Commitment);
- f. Recommendation 18 (Culture Review Oversight Group); and
- g. Recommendation 20 (Change Management and Communications Strategy).

### **Recommendation**

That the Oversight Group:

- *Note the information provided in this paper; and*
- *Note the information contained in the Implementation of Recommendations and Project Plan report at Attachment A.*



## Implementation of Recommendations - February 2021

ON TRACK	AT RISK	DELAY	COMPLETE
Action is tracking to the agreed delivery date.	Action at risk of deviating more than 12 weeks from the agreed delivery date.	Action has exceeded the agreed delivery date by more than 12 weeks.	Action has been completed.

### Key:

IMPLEMENTATION TIMELINE (BASELINE 1)
ADJUSTED IMPLEMENTATION TIMELINE (BASELINE 2)
CURRENT IMPLEMENTATION STATUS
ACTION COMPLETED

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
<b>Recommendation 1 of the Final Report, March 2019</b> <i>That the three arms of the ACT public health system should commence a comprehensive process to re-engage with staff in ensuring the vision and values are lived, embraced at all levels, integrated with strategy and constantly reflected in leadership. To achieve this the ACT Health Directorate should take the lead in providing the necessary tools and guidelines and coordinate the implementation by Canberra Health Services, Calvary Public Hospital and the ACT Health Directorate.</i>	People Strategy, ACT Health Directorate	A1.1: Commence values and vision work	<b>This action has been completed (endorsed by Steering Group November 2020)</b> <ul style="list-style-type: none"> <li>The Director-General ACTHD launched the Values Refresh Project in 2019. The project aimed to reaffirm the ACTPS Values and assist the ACTHD identify with its new role as the steward of the ACT health system.</li> <li>New Directorate values were launched on 1 October 2019 including an ongoing communication plan of activities.</li> <li>The Values Champion Network was established in 2019. The network members are a coalition of volunteers who actively support the adoption of the ACTPS values across the Directorate.</li> <li>A Values Implementation Plan was developed to prioritise and plan improvement actions.</li> <li>The Director-General Staff Forum was established to share and receive information from staff.</li> <li>The first Director-General awards were held in 2019 to recognise Directorate employees and teams who have made an outstanding contribution to the Directorate. The award categories align to the ACT Health Directorate and ACT Public Service values.</li> </ul>		Baseline 1													COMPLETE
		A1.2: Embed vision and values	<b>This action has been completed (endorsed by Steering Group November 2020)</b> <ul style="list-style-type: none"> <li>Revised performance development plans are available in the online eLearning system.</li> <li>The Culture Uplift training program was launched in October 2019 which supported staff to have higher quality values-based conversations and interactions in the workplace.</li> </ul>					Baseline 1										COMPLETE
		A1.3: Evaluate	<b>This action has not yet commenced</b>  Update not provided for this reporting period.									Baseline 1						ON TRACK



RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
	People and Culture, Canberra Health Services	A1.1. Commence values and vision work	This action has been completed		Baseline 1												COMPLETE	
		A1.2: Embed vision and values	This action has been completed				Baseline 1									COMPLETE		
		A1.3: Evaluate	This action has been completed							Baseline 1						COMPLETE		
	Great Workplaces Program, Calvary Public Hospital Bruce	A1.1. Commence values and vision work	<b>This action has been completed (endorsed by Steering Group November 2020)</b>  A number of activities have been undertaken by CPHB, including: <ul style="list-style-type: none"><li>• A landing page on Calvary Connect with ENABLE, Performance Development Plan (PDP) branding and resources finalised.</li><li>• 94% performance development plan (PDP) uptake on the redesigned PDP template.</li><li>• Face to face training for staff and managers on the PDP has been delivered.</li><li>• The new online PDP tool has been launched.</li><li>• Values in Action Capability Framework (VIAF) has been developed and is mapped against Calvary's mission, vision, values and behaviours. The VIAF identifies behaviours and demonstrates living our values as well as development opportunities.</li></ul>		Baseline 1											COMPLETE		
		A1.2: Embed vision and values	<b>This action is completed (endorsed by Steering Group February 2021)</b>  <ul style="list-style-type: none"><li>• The Values in Action Capability Framework (VIAF) has been finalised and has been linked to CPHB mission, mission, values and behaviours. The launch was delayed due to recruitment of the new General Manager for Calvary Public Hospital Bruce (CPHB).</li><li>• The VIAF will be launched with the executives on 24th February this will be followed by a number of information sessions for managers and staff.</li><li>• Following the launch, 360 Assessment for managers will be conducted in March and April based on the VIAF.</li></ul>				Baseline 1			B2						COMPLETE		
		A1.3: Evaluate	<b>This action is completed (endorsed by Steering Group February 2021)</b>  <ul style="list-style-type: none"><li>• Completion of the 2020 Employee Engagement Survey resulted in a 51% response rate. The response has assisted in evaluating the status of our lived values and expected behaviours.</li><li>• Further evaluation will be conducted through analysis of the implementation of the VIAF being embedded into the Performance Development Framework as well as pulse surveys and the OCIM.</li></ul>								Baseline 1					COMPLETE		
	<b>Overall Status of Recommendation 1:</b> <b>Recommendation 1 has been completed by Canberra Health Services and Calvary Public Hospital.</b> This recommendation is on track to be completed by the Health Directorate within the endorsed timeframe.																	



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RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
	Great Workplaces Program, Calvary Public Hospital Bruce	A2.1: Commence developing suite of measures	Update not provided for this reporting period.			Baseline 1	Baseline 2										ON TRACK	
		A2.2: Implement and monitor suite of measures	Update not provided for this reporting period.				Baseline 1	Baseline 2									ON TRACK	
		A2.3: Conduct 2019 staff survey (evaluate)	<b>This action has been completed (endorsed by Steering Group February 2021)</b> <ul style="list-style-type: none"><li>Survey was delayed due to National Office wanting to conduct a national employee engagement survey.</li><li>Training for Engagement Champions was delayed due to COVID-19 restrictions.</li><li>The Employee Engagement Survey was conducted during 17th August to 30th August. Analysis has been completed and results communicated. Action plans have been developed which include launching of the Gallup Conversation Starters with teams, which are small interactive discussions addressing the first six Gallup questions.</li></ul>			B1	Baseline 2									COMPLETE		
		A2.4: Conduct 2022 staff survey (evaluate)	Update not required for this reporting period.												B2	B1	ON TRACK	
	<b>Overall Status of Recommendation 2:</b> This Recommendation is on track to be completed within the agreed timeframe.																	

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019		2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
<b>Recommendation 3 of the Final Report, March 2019</b> <i>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).</i>	System-wide, led by Culture Review Implementation Branch (CRI Branch)	A3.1: Planning, procurement and foundation work	<b>This action has been completed (endorsed by Steering Group February 2021)</b> <ul style="list-style-type: none"> <li>The Cognitive Institute presented the Speaking up for Safety program to Directorate staff on 21 August 2020. Subsequent discussion indicated that the clinical quality and safety focus of the program may not suit the composition of the Directorate's workforce.</li> <li>It was agreed at the CRIWG meeting of 3 September 2020 that the CRI Branch would investigate alternative solutions implemented in other government agencies, for consideration by the Directorate.</li> <li>The CRI Branch engaged with 6 ACTPS and Commonwealth APS agencies to gather information on approaches that have been implemented to promote a culture of speaking up and increase psychological safety in the workplace.</li> <li>Analysis of the findings and recommendations were tabled by the CRI Branch to the ACTHD Culture Review Implementation Working Group in November 2020.</li> </ul>			Baseline 1			Baseline 2							COMPLETE
	People and Strategy, ACT Health Directorate	A3.1: Planning, procurement and foundation work	<b>This action is in progress.</b> <ul style="list-style-type: none"> <li>Culture uplift training (Being a Conscious Leader) continues. Two workshops were announced. Invitation sent out to 38 Managers across Directorate. More sessions to be announced based on training rooms and vendor availability.</li> <li>Respect, Equity and Diversity Contact Officer (REDCO) executive sponsor announced and the RED information on HealthHQ revised and updated.</li> <li>Further refinement on management of misconduct processes is planned, including testing of previous (deidentified) cases against any recommended new processes, and education for managers and supervisors.</li> </ul>			Baseline 1			Baseline 2							ON TRACK
		A3.2: Implementation	<b>This action is in progress.</b> <ul style="list-style-type: none"> <li>The HR policies pertaining to learning and development, recruitment and WHS have been reviewed and updated on the Directorate intranet page (Health HQ).</li> <li>Kronos launched for ACTHD and sessions facilitated by people strategy to support managers and staff to manage timesheets and regular advice provided to managers on Kronos and appropriately manage staff expectations.</li> <li>People Strategy continues to provide support to managers and staff in regard to queries relating to workplace behaviours.</li> <li>Active promotion of EAP programmes and introduction of Workplace Resolution and Support Service to the staff network.</li> <li>We marked the first year anniversary of our Values Champions Network on 16 September 2020 at the DG staff forum and promoted healthy conversation and highlighting the Directorate's achievements.</li> </ul>						Baseline 1							ON TRACK
		A3.3: Program delivery	<b>This action is in progress.</b> <ul style="list-style-type: none"> <li>The second Director-General Awards launched in 2020 to recognise ACT Health Directorate employees and teams who have made an outstanding contribution to our organisation.</li> <li>A new award category 'Quiet Achiever' was introduced to last years' DG awards sponsored by the Values Champions' staff network was introduced for staff who are reliable working and completing duties and achieving goals without disruption or disturbance and a staff member who won't actively seek recognition or celebration but quietly work to complete tasks and resolve issues.</li> </ul>									Baseline 1				ON TRACK

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019		2020				2021				2022		STATUS	
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		Q1
	People and Culture, Canberra Health Services	A3.1: Planning, procurement and foundation work	<p><b>This action has been completed (endorsed by Steering Group November 2020).</b></p> <ul style="list-style-type: none"><li>On 20 August 2020 the Cognitive Institute presented to CHS Executives and Union representatives on their Programs: Speaking Up For Safety and Promoting Professional Accountability.</li><li>The Cognitive Institute license agreement has been signed to progress the implementation of the Speaking Up For Safety Program at CHS, with the process underway for facilitator nominations and implementation being completed in 2021.</li></ul>			Baseline 1		Baseline 2								COMPLETE	
		A3.2: Implementation	<p><b>This action is in progress.</b></p> <p>Update not provided for this reporting period.</p>			Baseline 1				Baseline 2						ON TRACK	
		A3.3: Program delivery	<p><b>This action is dependent on Action 3.2. An update is not required for this reporting period.</b></p>								Baseline 1						ON TRACK
	Great Workplaces Program, Calvary Public Hospital Bruce	A3.1: Planning, procurement and foundation work	<p><b>This action has been completed (endorsed by Steering Group November 2020).</b></p> <ul style="list-style-type: none"><li>Partnered with the Cognitive Institute (under license by Vanderbilt) to roll out the Speaking up for Safety program at Calvary ACT.</li><li>Five in house facilitators have been accredited on Speaking up for Safety program.</li></ul>			Baseline 1										COMPLETE	
		A3.2: Implementation	<p><b>This action has been completed (endorsed by Steering Group November 2020).</b></p> <ul style="list-style-type: none"><li>Speaking up for Safety program has been launched.</li><li>Over 27 Speaking up for Safety sessions have been delivered in accordance with the COVID-19 restrictions.</li></ul>			Baseline 1										COMPLETE	
		A3.3: Program delivery	<p><b>This action has been completed (endorsed by Steering Group February 2021)</b></p> <ul style="list-style-type: none"><li>Program delivery is well underway with over 700 (57%) staff trained. Little Company of Mary (LCM) have a KPI to have 80% of all staff trained by June 2021. LCM will conduct an evaluation of the program and may provide a summary to the Steering Group.</li></ul>								Baseline 1						COMPLETE
<p><b>Overall Status of Recommendation 3:</b></p> <p><b>This recommendation has been completed by the CRI Branch and Calvary Public Hospital.</b></p> <p>This Recommendation is on track to be completed by Canberra Health Services and ACT Health Directorate within the agreed timeframes.</p>																	

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019		2020		2021		2022		STATUS				
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4
<b>Recommendation 4 of the Final Report, March 2019</b> <i>The ACT Health Directorate convene a summit of senior clinicians and administrators of both Canberra Health Services and Calvary Public Hospital to map a plan of improved clinical services</i>	Health Systems, Policy and Research, ACT Health Directorate	A4.1: Plan and conduct first summit	This action is in progress.													ON TRACK
			A networking event was held on 3 February 2021.													
Overall Status of Recommendation 4: This Recommendation is on track to be completed within the agreed timeframe.																
<b>Recommendation 5 of the Final Report, March 2019</b> <i>The CEO of Canberra Health Services should review mechanisms to better integrate clinical streams of the community health services within the Clinical Divisional Structures.</i>	People and Culture, Canberra Health Services	A5.1: Review mechanisms and integrate Community Health Services	This action has been completed (endorsed by Steering Group November 2020). <ul style="list-style-type: none"><li>There has been a concerted effort from the CEO to have Community Health linked in with broader governance processes and meetings.</li><li>Off-site community health services are viewed as an extension of CHS and are therefore expected to participate in any governance meetings and structures.</li><li>Expectations have been recalibrated that although physically not located on the CHS campus that people are involved in governance mechanisms/meetings virtually by using available technology such as WebEx. The expectations have reinforced one organisation and that there is an expectation to participate and be included even if off-site.</li></ul>													COMPLETE
		A5.2: Evaluate	This action has been completed (endorsed by Steering Group November 2020). <ul style="list-style-type: none"><li>Ongoing integration of community health services will be monitored and evaluated through the following mechanisms:<ul style="list-style-type: none"><li>quarterly Workplace Culture Pulse Surveys to track attitudinal changes;</li><li>available data about meeting attendance and frequency maintained from the meetings;</li><li>yearly Organisational Culture Improvement Model (OCIM) assessments, including portfolio assessments; and</li><li>2022 Workplace Culture Survey.</li></ul></li></ul>												COMPLETE	
Overall Status of Recommendation 5: This recommendation has been completed.																
<b>Recommendation 6 of the Final Report, March 2019</b> <i>That the ACT Health Directorate re-establish open lines of communication with the NGO sector and other external stakeholders.</i>	Health Systems, Policy and Research, ACT Health Directorate	A6.1: Commence re-opening of communication lines	This action has been completed (endorsed by Steering Group November 2020). <ul style="list-style-type: none"><li>The NGO Leadership Group (NGLOG) was established October 2019.</li></ul>													COMPLETE
		A6.2: Establish NGO Leadership Group	This action has been completed (endorsed by Steering Group November 2020). <ul style="list-style-type: none"><li>Meetings of the NGOLG continue to be held bi-monthly.</li></ul>												COMPLETE	
		A6.3: Evaluate	This action is in progress.  An evaluation is to be conducted and completed by August 2021.													
Overall Status of Recommendation 6: This Recommendation is on track to be completed within the agreed timeframe.																



RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
<b>Recommendation 7 of the Final Report, March 2019</b> <i>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</i>	Centre for Health and Medical Research, ACT Health Directorate	A7.1: Review existing arrangements (develop relationships, define positions)	<b>This action is in progress.</b>  Request for Quote was released 19 January 2021 with a closing date of 1 February 2021.															ON TRACK
		A7.2: Produce academic partnership and training strategy	<b>This action is in progress.</b>  Update not provided for this reporting period.															ON TRACK
		A7.3: Implement academic partnership and training strategy	<b>This action is dependent on action 7.2. Update not required for this reporting period.</b>															ON TRACK
	<b>Overall Status of Recommendation 7:</b> This Recommendation is on track to be completed within the agreed timeframe.																	
<b>Recommendation 8 of the Final Report, March 2019</b> <i>That discussions occur between ACT and NSW with a view to developing a Memorandum of Understanding (MoU) for improved collaboration between the two health systems for joint Ministerial consideration.</i>	Partnerships and Programs, ACT Health Directorate	A8.1: Commence negotiations	<b>This action has been completed (endorsed by Steering Group November 2020).</b>  • The ACT has continued negotiations with NSW on the Health Partnership Agreement 2020-2025 (the draft agreement) and there is currently a general consensus for all actions listed under the priority focus schedules, the only elements remaining for negotiation are the funding parameters.  • The next ACT/NSW Senior Official Working Group meeting is scheduled for 2 November 2020. The focus of this meeting will be the negotiation of the outstanding funding parameters.  • Once the funding parameters are defined and the draft agreement is finalised, it will be submitted for Ministerial endorsement and Cabinet consideration. The projected time for signing the agreement is January 2020.															COMPLETE
		A8.2: Implement MOU	<b>This action is dependent on completion of action 8.1.</b>  Due to the pandemic and ACT caretaker there has been a delay in progressing the agreement. Once the agreement is signed, the ACTHD and NSW Ministry of Health will formally progress cross border initiatives.															ON TRACK
		<b>Overall Status of Recommendation 8:</b> This Recommendation is on track to be completed within the agreed timeframe.																

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RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
	Great Workplaces Program, Calvary Public Hospital Bruce	A9.1: Agree measures	<p><b>This action has been completed (endorsed by Steering Group February 2021)</b></p> <ul style="list-style-type: none"><li>• The new online Performance Development Plan (PDP) includes mandatory objectives including one for medical professional encouraging them to be engaged in business processes and initiatives. More than 800 staff have completed the new online PDP tool called ENABLE.</li><li>• A people dashboard has been developed through Power BI which provide critical data analytics to ensure we are able to deliver services.</li><li>• The OCIM assessment has been conducted for 2019 vs 2020 and an action plan developed to reach our 2021 targets.</li></ul>															COMPLETE
		A9.2: Ongoing monitoring and reporting	<p><b>This action has not commenced.</b></p> <p>Update not provided for this reporting period.</p>														ON TRACK	
	<p><b>Overall Status of Recommendation 9:</b></p> <p>This Recommendation has been completed by Canberra Health Services.</p> <p>This Recommendation is on track to be completed by Calvary Public Hospital Bruce within the agreed timeframe.</p>																	



RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	STATUS			
				2019				2020				2021				2022					
<b>Recommendation 11 of the Final Report, March 2019</b> <i>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 . . . . .</i>	People and Culture, Canberra Health Services	A11.1: Assess Program	This action has been completed.		Baseline 1													COMPLETE			
					[Progress bar from Q3 2019 to Q3 2020]																
		A11.2: Implement and monitor	This action has been completed.				Baseline 1														COMPLETE
							[Progress bar from Q2 2020 to Q3 2021]														
	Great Workplaces Program, Calvary Public Hospital Bruce	A11.1: Assess Program	This action has been completed (endorsed by Steering Group November 2020)  • A presentation was delivered to the executive cohort and the decision made to participate in the Choosing Wisely initiative.		Baseline 1														COMPLETE		
						[Progress bar from Q3 2019 to Q4 2020]															
		A11.2: Implement and monitor	This action has been completed (endorsed by Steering Group February 2021)  • In June 2020 the Choosing Wisely Initiative was endorsed by executives as an initiative to be implemented at CPHB. • CPHB have developed a Project Governance and Reporting Communication and Stakeholder Engagement Matrix to which outlines the communication plan, roles and responsibilities and provides the governance and support to manage the initiative. • CPHB are focussing on two of the Choosing Wisely recommendations to engage clinicians to ensure treatments and tests are in line with up-to-date evidence, are patient focussed and with the goal to minimise unnecessary and low-value treatments, tests and practices.				Baseline 1														COMPLETE
							[Progress bar from Q3 2020 to Q4 2021]														
<b>Overall Status of Recommendation 11:</b> This recommendation has been completed.																					
<b>Recommendation 12 of the Final Report, March 2019</b> <i>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.</i>	People and Culture, Canberra Health Services	A12.1: Conduct pilot	This action has been completed (endorsed by Steering Group November 2020).  • The operating model CHS has in place requires that all Clinical and Unit Directors are suitably clinically qualified.  • Each clinical division in CHS is supported by quality and safety, finance, and HR Business Partners, dedicated to providing expert and timely advise and support in their respective areas of expertise to enhance manager capability.  • In early 2020 the Division of Medicine implemented a Business Manager operating structure, with Business Managers assigned to support Unit Directors and clinicians drive key business activities, including financial and people management to improve capacity of clinical leaders.		Baseline 1													COMPLETE			
					[Progress bar from Q2 2019 to Q4 2020]																
		A12.2: Rollout full recommendations	This action has been completed (endorsed by Steering Group November 2020).  • Quality and safety, finance, and HR Business Partners have been fully embedded across CHS.  • Learnings from implementing Business Managers in the Division of Medicine have been used by other clinical divisions to advance operating models.							Baseline 1									COMPLETE		
										[Progress bar from Q2 2020 to Q4 2021]											
	<b>Overall Status of Recommendation 12:</b> This Recommendation has been completed.																				





RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
	People and Culture, Canberra Health Services	A14.2: Implement changes	Update not provided for this reporting period.				Baseline 1			BASELINE 2							ON TRACK	
	A14.3: Evaluate	This is dependent on action 14.2. Update not required this reporting period.							Baseline 1				Baseline 2			ON TRACK		
	Great Workplaces Program, Calvary Public Hospital Bruce	A14.2: Implement changes	Update not provided for this reporting period.				Baseline 1			BASELINE 2							ON TRACK	
	A14.3: Evaluate	This is dependent on action 14.2. Update not required this reporting period.							Baseline 1					Baseline 2		ON TRACK		
<p><b>Overall Status of Recommendation 14:</b> This recommendation is on track to be completed within the agreed timeframe.</p>																		

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS	
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2		
<b>Recommendation 15 of the Final Report, March 2019</b> <i>The recruitment processes in the ACT public health system should follow principles outlined in the Enterprise Agreements, Public Sector Management Act 1994 and relevant standards and procedures.</i>	People Strategy, ACT Health Directorate	A15.1: Review staff advice including intranet material and implement changes as required	<b>This action has been completed (endorsed by Steering Group November 2020).</b>  • ACTHD established a Core Learning Framework for all staff members, including expectations regarding performance, behaviour, processes and procedures that is aligned to the ACTPS Core Learning Policy. • Implemented best recruitment practices through updated policy and staff training, including giving prominence to our values within selection processes and documents.		<div>Baseline 1</div>													COMPLETE	
		A15.2: Continually monitor/evaluate recruitment activity	<b>This action is in progress.</b>  • Planning to announce ongoing workshops for Best Practice Recruitment and Selection training. • Multiple Best Practice Recruitment and Selection training workshops facilitated. • Supporting the business units a few more Best Practice Recruitment and Selection training were announced late last year. • Introduced values based interview questions bank in the training content to support and strengthen values based recruitment in selection processes. • Work to commence to modernise position descriptions.															ON TRACK	
	People and Culture, Canberra Health Services	A15.1: Review staff advice including intranet material and implement changes as required	<b>This action has been completed (endorsed by Steering Group November 2020).</b>  • The Recruitment policy and procedure have been reviewed and updated to ensure CHS has well-structured recruitment processes that attract and select high quality individuals, and the merit principle is promoted. • Recruitment Selection Training has been reviewed and an additional component on unconscious bias incorporated. The refreshed training commenced delivery in August 2020.		<div>Baseline 1</div>														COMPLETE
		A15.2: Continually monitor/evaluate recruitment activity	<b>This action has been completed (endorsed by Steering Group November 2020).</b>  • CHS' Recruitment Team continue to monitor and evaluate that recruitment processes follow legislative, Enterprise Agreement and current policy and procedure requirements.																COMPLETE
	Great Workplaces Program, Calvary Public Hospital Bruce	A15.1: Review staff advice including intranet material and implement changes as required	<b>This action has been completed (endorsed by Steering Group November 2020).</b>  • An updated recruitment system has been rolled out with further customisation and features. • Recruitment support material (e.g. Forms, Selection Panel Reports etc) was received and it is up to date. • The Recruitment policies and procedures are up to date. • A one of its kind New Staff Portal was created on the intranet site for managers and new staff to easily access required information.		<div>Baseline 1</div>														COMPLETE
	A15.2: Continually monitor/evaluate recruitment activity	<b>This action has not commenced.</b>  Update not provided for this reporting period.																ON TRACK	
<b>Overall Status of Recommendation 15:</b> This recommendation has been completed by Canberra Health Services. This recommendation is on track to be completed by the Health Directorate and Calvary Public Hospital Bruce within the agreed timeframe.																			



RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
<b>Recommendation 17 of the Final Report, March 2019</b> <i>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 ACT 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.</i>	Minister and Executive	A17.1: Deliver public commitment	This action has been completed.		<div>Baseline 1</div> <div></div>													COMPLETE
	<b>Overall Status of Recommendation 17:</b> This recommendation has been completed.																	
<b>Recommendation 18 of the Final Report, March 2019</b> <i>A ‘Cultural Review Oversight Group’ should be established to oversight the implementation of the Review’s recommendations. The Group should be chaired by the Minister for Health and Wellbeing, and include the Minister for Mental Health, the</i>	Minister and CRI Branch	A18.1: Commence group activities	This action has been completed (endorsed by Steering Group February 2021)  First meeting of the Culture Review Oversight Group occurred March 2019.		<div>Baseline 1</div> <div></div>													COMPLETE
		A18.2: Bi-monthly group meetings	This action has been completed (endorsed by Steering Group February 2021)  Meetings have been scheduled bi-monthly.		<div>Baseline 1</div>													
	<b>Overall Status of Recommendation 18:</b> This recommendation has been completed.																	
<b>Recommendation 19 of the Final Report, March 2019</b> <i>That the ‘Cultural Review Oversight Group’ auspice for the next three years, an annual, independent and external review of the extent of implementation of the recommendations of the Review and assessment for cultural change</i>	System-wide, led by Culture Review Implementation Branch (CRI Branch)	A19.1: Annual Review (2020)	This action has been completed (endorsed by Steering Group February 2021)					<div>Baseline 1</div> <div></div>										COMPLETE
		A19.2: Annual Review (2021)	This action is in progress.  Terms of Reference for the 2021 Annual Review will be tabled at the March 2021 meeting of the Oversight Group.								<div>Baseline 1</div> <div></div>						ON TRACK	
		A19.3: Annual Review (2022)	This action is not due until 2022. Update not required for this reporting period.												<div>Baseline 1</div> <div></div>		ON TRACK	
	<b>Overall Status of Recommendation 19:</b> This recommendation is on track to be completed within the agreed timeframe.																	



RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
<b>Recommendation 20 of the Final Report, March 2019</b> <i>As a result of this Review, the Culture Review Oversight Group should engage with staff in the development of a change management strategy which clearly articulates to staff, patients/clients and the community the nature of the issues to be addressed and the mechanisms for doing it.</i>	System-wide, led by Culture Review Implementation Branch (CRI Branch)	A20.1a: With staff, collaboratively develop a communication strategy	This action has been completed.		Baseline 1												COMPLETE	
		A20.1b: With staff, collaboratively develop a change management strategy	<b>This action has been completed (endorsed by Steering Group February 2021)</b>  • There has been a review of the Communications and Stakeholder Engagement Strategy. The strategy has been evolved and matured to strengthen the change and engagement components and develop stronger links with each of the communications teams of the three organisations within the ACT public health system.		Baseline 1			Baseline 2									COMPLETE	
	<b>Overall Status of Recommendation 20:</b> This recommendation has been completed.																	



## Culture Review Oversight Group Meeting Paper

**OFFICIAL**

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**Agenda Item:** 5.4

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**Topic:** Launch of the Great Workplaces Program Quarterly Newsletter

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**Meeting Date:** 1 March 2021

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**Action Required:** Noting

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**Cleared by:** Regional CEO, Calvary ACT

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**Presenter:**

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### Purpose

1. To provide the Culture Review Oversight Group (Oversight Group) members with the Great Workplaces Program Newsletter from December 2020.

### Background

2. Calvary Public Hospital Bruce (CPHB) strongly believes that communication is the key to everything we are doing under the Culture Review Implementation initiative. A concerted effort towards communication allows staff to understand the progress, provides updates and communicate what activities are planned for the future.
3. With this premise in mind, the Great Workplaces Program (GWP) team launched its first newsletter in December 2020 (Attachment A). The rationale behind launching the newsletter in December was to close the year on a high by sharing the achievements and aspirations of the GWP.
4. The newsletter captures the activities of the program and shares the achievements and progress to date. It also connects the dots for the employees by showing how CPHB is contributing to the Culture Review Implementation. The newsletter included the testimonials and feedback from staff who participated in the activities and initiatives rolled-out in the program.
5. The newsletter outlines the plan for the next six months. The newsletter will go out every quarter and will share broader territory-wide initiatives as well. The GWP team is partnering with Culture Review Implementation (CRI) Branch to work on the communications strategy. The GWP newsletter will play a key role in its execution.

## **Recommendation**

That the Oversight Group:

- *Note the Great Workplaces Program Newsletter.*

DECEMBER 2020

# Newsletter

The Great Workplaces Program is implementing recommendations from the Independent Review into the Workplace Culture within ACT Public Health Services

## Message from the Regional CEO

**As Regional CEO, I strongly believe in building a workplace that supports our employees and empowers them to be the best that they can be.**

I take this responsibility very seriously, and I'm committed to making the changes we need to improve based on your feedback from the Independent Review into the Workplace Culture within ACT Public Health Services (the Review). As a result, the Great Workplace Program (Program) was established, and everything we will do as part of this program will be based on our values and strategic intent.

The Program will have a direct impact on us all as it shapes our culture, which in return will reflect how we as an organisation behaves. Culture doesn't just help attract amazing people; it amplifies their abilities and allows them to do their best work.

We have seen some significant initiatives come out of the Program, such as the online Performance Development Plan, ENABLE, and De-escalation Training as part of providing a safe working environment for our staff. It is paramount to the success of this Program that staff are fully informed, and there are easy and practical ways for staff to seek information about the Program, raise issues and questions, and receive regular updates such as this newsletter.

In support of this commitment, we have created a portal on Calvary Connect as the central hub of information and resources about the Program, its offerings, and a place where you can lodge questions and concerns. This portal will be regularly updated with frequently asked questions, short videos, and the latest news from the Great Workplaces Team.

You will be equipped with the information, advice and tools that will support you, your managers and teams to adapt to the contemporary work practices that will continue to improve our workplace culture.

I encourage you to visit the portal regularly and work with your manager and the Great Workplaces Team as we progress. For now, please take the time to read this newsletter and find out what initiatives and exciting opportunities are in store for 2021.

**I would like to wish all of you a Merry and Safe Christmas and a Happy New Year!**

**Barb Reid**  
Regional Chief  
Executive Officer - ACT



## What's happening in The Great Workplaces Program?

### CAPABILITY BUILDING

ENABLE  
Values in Action Framework  
360 Feedback Survey  
Workplace Culture Framework

### CREATING A SAFE WORK ENVIRONMENT

Safe Work Environment Initiative  
Creating a Circle of Respect  
Speaking Up for Safety  
Training on De-escalation Techniques

### UPCOMING INITIATIVES

Respect, Equity & Diversity Contact  
Officers (REDCO)  
A Dynamic HR Dashboard  
Conversation Starters  
Selection Panel Training  
Choosing Wisely

# Welcome to the December Edition

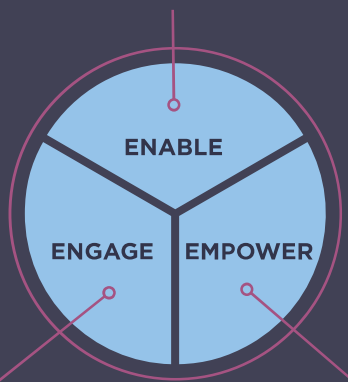
2020 has been a challenging and interesting year. Firstly, we saw the devastating fires with the air quality the worst ever recorded in the capital.

Then followed by the announcement of the COVID-19 pandemic which, resulted in us making adjustments to the way we work, live, learn, play, and worship. Then in October, we saw the election of the Labor Party for the sixth consecutive term of government in the Territory.

Meanwhile, amid everything, Calvary Public Hospital Bruce (CPHB), established the Great Workplaces Program (Program). The Program was established to implement the Recommendations from the Workplace Culture Review and was launched in March.

COVID-19 impacted on the availability of resources and stakeholder engagement; however, significant effort was invested in conceptualisation, research, development and consultation of high impact initiatives. The Program of work is developed against an e3 model: Engage, Enable and Empower, which is the over-arching framework for CPHB's response to all relevant recommendations.

To commission every person with the right resources and opportunity to fully utilise their capability and capacity for optimised results.



To understand not just what to do, but why and how we do it, so we are truly being for others.

To ensure we are all safe, supported, guided and entrusted to our current roles and as innovators for better futures.

**The e3 model: Engage, Enable and Empower, is the over-arching framework for CPHB's response to all relevant recommendations.**



**The Values In Action Framework builds on our Values and defines the behaviours that our organisation and people need to be successful. It establishes a common language for staff at CPHB.**

One of the initiatives that has taken a considerable amount of time to develop but has not yet been launched is the Values in Action Capability Framework (VIAF). The VIAF will provide a foundation for a well-aligned Workforce Planning, Recruitment, Talent and Performance Management processes in the organisation. The VIAF is a capability framework that has been mapped to CPHB mission, vision, values, and behaviours and identifies behaviours and attitudes that demonstrate living our values. Learning and development activities have been mapped against each capability as a guide. The VIAF will provide an easy way for CPHB staff to understand the required capabilities at every organisational level and will be officially launched in early 2021.



## ENABLE

August 2020 saw the launch of CPHB's first-ever online Performance Development Plan, ENABLE.

The ENABLE landing page was created, which contains content such as sample objectives, a guidebook and short instructional videos.

2021 will see further advancements with ENABLE such as the ability to attach documents, add multiple managers for visibility, make progress notes against objectives, as well as additional resources, the embedding of the VIAF and instructional videos. Staff will be able to use VIAF as a guide for development opportunities.



"It's extremely easy to use!"

"Our PDP tool keeps on getting better."

"Well done. The new tool looks awesome."

## 360° Feedback Survey

As part of the manager's development initiative, CPHB is planning to conduct a 360° Feedback Survey for all its executives and people managers.

As Elon Musk says it "We all need people who will give us feedback. That's how we improve." The purpose of any 360° Feedback Survey is to assist individuals to understand their strengths and weaknesses which can contribute to their professional development. It is NOT a performance appraisal. The feedback received will be kept confidential by external consultant, Engage Consulting, and will only be shared with the participant.

It will provide an evidence-base for the organisation to plan and prioritise development and other initiatives accordingly. In the first phase, competencies were identified through the new Capability Framework (Values in Action Framework) and our Executive Team participated in the 360° Feedback Survey. They are now creating their development plans.

“

Wow, it was such a change from 360° surveys I've done in the past. They usually take a degree to work out all the double negatives, so this was really refreshing and clear. Excellent survey and actually discussed the important stuff. It actually felt good to do.

”

Testimonial by a Senior Manager who was nominated as a rater by one of the participants

## The CPHB Initiatives to Create a Safe Work Environment

At Calvary Public Hospital Bruce (CPHB), we take our staffs' physical and psychological well-being very seriously.

We have a duty of care towards our patients, ourselves and others.

To ensure a safe working environment for staff, CPHB has a ZERO tolerance policy against bullying, harassment, occupational violence and aggression, while placing great importance on injury prevention. Calvary also have in place an EAP program, RED framework and have recently introduced the Speaking Up Safety initiative.

CPHB's approach towards creating a safe work environment for staff offers a multifaceted approach towards developing a healthy, safe and highly engaged workforce.



### Occupational Violence and Aggression Framework

To ensure a safe working environment for our staff, CPHB are implementing several critical initiatives. Including a comprehensive framework on Occupational Violence and Aggression.

The Framework focuses on four key elements; (i) Governance, (ii) Awareness, (iii) Training and (iv) Support.



This initiative is in conjunction with the Nurses and Midwives: Towards a Safer Culture (NM TASC) - The First Step- Strategy that was endorsed and launched by the former Minister for Health and Wellbeing, and the previous Minister for Mental Health Shane Rattenbury MLA, in December 2018. The Strategy includes four broad recommendations, each with their own priority actions including, Organisation Wide Actions for Governance, Occupational Violence, Challenging Occupational Behaviours and Safe Work Practices.

CPHB has partnered with TeamTeach Asia-Pacific (TTAP) to deliver de-escalation training. TTAP has been providing training to over 750,000 people in the UK. Since its move to the Asia Pacific in 2005 has trained over 20,000 people in a range of mainstream and unique settings including education, health and community services. The evidence suggests that we can manage 95% or more of all violence and aggression incidents without recourse to physical interventions. Finally, in November, following the loosening of border restrictions, we saw the launch and pilot of the de-escalation training. Approximately 80 people participated in the training and, overall very positive feedback was received as an outcome. CPHB aims to provide the training on de-escalation to over 500 staff members in the current financial year. It is a huge undertaking and an investment towards the safety of our staff. A customised e-learn module has also been developed for CPHB and will be launched in 2021.



Made me stop and reflect on my de-escalation skills to keep myself and others safe.

## Testimonials by participants



**Respect.**  
It's what we owe to each other.

When you come to Calvary, we enter into an agreement: violence and aggression – it's never ok.  
Being for others is our mission.

At Calvary Public Hospital Bruce we are committed to healing and respect. In return, we ask that you make the same commitment back to us.

**It's a circle of respect.**

Calvary | Preventing Occupational Violence

**Respect.**  
It's what we owe to each other.

Violence and aggression – it's never ok. We respect our patients and visitors, and we expect our staff to be treated with the same respect in return.

**Respect.**  
It's what we owe to each other.

When you come to Calvary, we enter into an agreement: violence and aggression – it's never ok.  
Our mission at Calvary Public Hospital Bruce is being for others. We are committed to healing and respect. In return, we ask that you make the same commitment back to us.

**It's a circle of respect.**

Calvary | Preventing Occupational Violence

For assistance and support regarding violence and aggression towards staff, check out the Occupational Violence page on Calvary Connect.

**It's a circle of respect.**

Visit Calvary Connect for more information.

Calvary | Preventing Occupational Violence

**A CIRCLE OF RESPECT**

# Respect.

## It's what we owe to each other.

Keep an eye out for more Circle of Respect communications coming from the Great Workplaces Team.

## Safety C.O.D.E

To ensure the safety of our patients and staff in the organisation, Recommendation 3 of the review focuses on adopting the Vanderbilt model. However, Calvary National has already been exploring the same model and finalised Speaking Up for Safety (SUFS) program.

Calvary ACT opted to be the first territory to roll-out the program. It was launched in February 2020. The SUFS initiative is critical to ensure Calvary has an organisation-wide safe and reliable culture. Staff working in safe organisations are confident to speak up about any issue any time; they love working in the organisation and would recommend the care for their family. Five CPHB

**SAFETY™**  
**C.O.D.E.**

**C** CHECKS **O** OPTIONS **D** DEMANDS **E** ELEVATES

staff were accredited by the Cognitive Institute (under licence by Vanderbilt) to deliver the programme. The programme was scheduled to commence rollout after the NSQHS accreditation survey at CPHB in late March 2020 however was put on hold due to COVID-19. Training began in July 2020, and over 500 employees have since been trained. The program has been very well received.

## Respect, Equity & Diversity Contact Officers (REDCO):

**Respect, Equity and Diversity (RED) Framework supports the ACTPS to meet its obligations under the Public Sector Management Act 1994 (the PSM Act) and assists employees to understand expectations regarding their own and others' behaviour in the workplace.**

The RED Framework is aligned with the Code of Conduct to fully integrate the organisational Values and Behaviours into everyday work practice.

REDCOs provide a critical service by providing information to staff seeking a solution to improve or resolve a workplace issue or situation, which may relate to inappropriate behaviour or misconduct. Therefore, the training and upskilling of REDCOs are essential. The Great Workplaces Program will be conducting training for all CPHB REDCOs in early 2021 so that they are better equipped to assist our staff.

## Dynamic HR Dashboard

One of the key findings of the review was the gap in the availability of meaningful data for managers and executives to get the required visibility to make better decisions.

Initiatives to increase Managers' capabilities across CPHB has commenced. The initiatives include the design of a web presence to host tools and resources to assist managers at all stages of an employee cycle. This includes cascaded scripted conversation starters to help 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 critical data and analytics, and other related resources. The dashboard with current employee lifecycle data analytics will enable evidence based decisions.





# Workplace Culture Framework

**Following our culture challenges being highlighted through the 2019 Independent Review into Workplace Culture and the subsequent recommendations, Minister Stephen-Smith approved the release of the Workplace Culture Framework (Framework).**

The Framework identifies the key cultural changes we need to shape an environment that fosters respect, inclusiveness and trust. It builds on our strengths and identifies key cultural changes that we need to consider to be the ACT public health system of tomorrow, today. The Framework has been developed based on evidence such as workforce data, trustworthy scientific research and, most importantly, your feedback.

To ensure this, we collaborated with leaders in evidence-based management practices – the Australian National University Research School of Management (ANU-RSM).

The Framework is designed to get to the heart of our issues, with five culture priority areas:

- Organisational Trust
- Leadership and People Skills
- Workplace Civility
- Psychological Safety
- Team Effectiveness

Right now, there's work being done such as the development of action plans (both system-wide and organisation-specific), and identifying our training and development needs in people skills. You'll start to see regular updates on where we're at and how we're tracking against the Framework.

Culture change takes time. It's a journey that requires our focus and effort. But it's a journey we're committed to.

If you have any questions about any of the initiatives or about the Program in general please contact.

**Linda Kolic**

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Ext: 6432

**Mohsin Rahim**

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Ext: 6879



# Culture Review Oversight Group Meeting Paper

**OFFICIAL**

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**Agenda Item:** 5.4

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**Topic:** Workplace Resolution and Support Service (WR&SS) Status Report  
to 31 January 2021

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**Meeting Date:** TBA

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**Action Required:** Noting

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**Cleared by:** CEO, Canberra Health Services

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**Presenter:** CEO, Canberra Health Services

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## Purpose

1. To provide a status report on the Workplace Resolution and Support Service (WR&SS) from April 2020 to 31 January 2021.

## Background

2. Following the recruitment of a new Senior Director for 12 months, and a review of the Employee Advocate role and function, it was agreed that the service be modified and the Workplace Resolution and Support Service (WR&SS) was established, continuing to support both Canberra Health Services (CHS) and the ACT Health Directorate (ACTHD).
3. The WR&SS (the Service) differs from the Employee Advocate in that it no longer provides an advocacy service just for employees. The Service has expanded its function and works towards and advocates for an overall positive workplace. The Service now provides the following functions:
  - a. direct resolution between employees by providing internal mediation and facilitated discussions in the first instance. This removes the stress on employees which can result from participating in external mediation, as well as expediting the process and making it more cost effective.
  - b. conducts the facilitated discussions or mediation for all Preliminary Assessments where the outcome is Alternative Dispute Resolution.

- c. supports managers as well as staff in helping them address and manage inappropriate workplace behaviours, deal with interpersonal conflict between team members, conduct difficult conversations about performance and attendance and provide guidance. The Service also links and refers staff to existing supports within the organisation.
  - d. provides direct support to all parties involved in complex Return to Work matters and facilitates mediation and discussions where required.
  - e. provides direct support to Teams in high conflict situations.
  - f. supports all staff who, have been referred to the Professional Standards Unit; have been offered or accepted Voluntary/Involuntary Redundancies; have been (or are being) terminated or suspended from duties. This enables wellbeing checks including Suicide Risk Assessments to be conducted so staff can be provided with support tailored to their individual circumstances.
  - g. provides direct support to employees experiencing personal stressors that impact the workplace, including Family Violence, mental health issues and suicidal ideation. The service undertakes psychosocial assessments and makes warm referrals linking employees with appropriate resources and services.
  - h. provides feedback and recommendations on existing processes and advocates for change to ensure that processes are fair, and employees are supported.
4. Following the review and establishment of the WR&SS, an amendment to the resourcing was agreed, utilising the same amount of funding already approved. Rather than utilising the funding for a full-time SOGC, the funding now incorporates a part-time SOGC and a part-time ASO6. All members of the team have extensive human resources and facilitation experience.

5. The revised funding split is as follows:

Position	CHS	ACTHD
SOG A Senior Director	60 per cent	40 per cent
SOG C Assistant Director	80 per cent	20 per cent

6. In the ten months from April 2020 to 31 January 2021, there have been 166 contacts from staff. The number of employees contacting the Service has been constant, even with larger numbers of staff not working on site due to COVID-19 arrangements.
7. Of the 166 contacts since April 2020, most have been referred to, or have involved liaison with the People & Culture Division. Referrals come from HR Business Partners and Employees Services in People & Culture, from managers and from individual employees.

#### Issues:

8. The types of issues being reported to the WR&SS include:
  - Serious bullying allegations and bad behaviours;
  - Perception that senior managers who display poor behaviours are 'untouchable'; and
  - Favouritism/Nepotism and questionable recruitment practices.

### General Themes

- Unreasonable behaviour in the workplace;
- Addressing under performance in the absence of performance plans;
- Complaints and issues raised with Management not listened to or actioned;
- Managers lacking confidence to approach or conduct difficult conversations;
- Fear of retaliation of making a complaint and/or talking to WR&SS – many people wanting to remain anonymous;
- No discussion about what constitutes ‘good’ or ‘bad’ performance between managers and staff; and
- Cultural issues (lack of awareness/understanding of cultural differences).

**Table One: Number of contacts by Directorate (April 2020 - 31 January 2021)**

Directorate	Number of cases
ACT Health Directorate	8
Canberra Health Services	158
<b>Total</b>	<b>166</b>

9. The number of contacts from the ACT Health Directorate is low in comparison to those from CHS and this is attributed to two main reasons – firstly as a result of the restructure which created the ACT Health Directorate and CHS; and the larger numbers of ACT Health Directorate staff working from home and out of the face to face environment where they may be subject to usual workplace conflicts etc. The high number of CHS contacts relates to staff still working on site, with issues such as workplace conflict being regularly reported and addressed.
10. At 31 January 2021, 119 cases have been closed (i.e., resolved or referred to other areas for action). Of the remaining 47, a number relate to ongoing issues which cannot be resolved in a timely manner (such as staff returning to the workplace following extended sick leave, or compensation claims).

### Positive Feedback

- Employees report that they are comforted in the fact that the Service reports directly to the CEO/DG and not through the formal HR structure, providing the feeling of a safe environment. Feedback has been consistent in that staff are empathic and supportive; they feel ‘heard’, their concerns are taken seriously; and that they are not just ‘another number’ or a case.
- Managers have expressed appreciation for advice on dealing with conflict with or between employees, that matters are resolved promptly and resolution through mediation and discussion has proven a high success rate.
- People & Culture/HR are the main referrers and appreciate the strong partnership and the value and expertise that the Service provides in supporting the complex and highly sensitive situations.
- Many contacts have reported to the Service that they are more positive about the messaging from the CEO and DG about changing workplace culture and the steps taken to date to address this. The language around workplace values seems to be more prominent of late.

## **Recommendation**

That the Oversight Group:

- *Notes the contents of this document.*



# Culture Review Implementation

our journey of positive change



## Culture Review Oversight Group Communique of meeting on 1 March 2021

The eight meeting of the Cultural Review Oversight Group (Oversight Group) was held on Monday, 1 March 2021.

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

This is the first meeting since the 2020 election and the first meeting for Minister Davidson, Minister for Mental Health and Deputy Chair of the Oversight Group.

Significant items discussed by the Oversight Group today included:

### Annual Review

The Oversight Group noted the Terms of Reference for the second annual review to be conducted in the first half of 2021 to review the progress and impact of implementing the 20 recommendations from the Independent Review. The annual review was recommended by the Independent Review and the Oversight Group has committed to conducting a review annually.

### Oversight Group Workshop

The second workshop for the Oversight Group members is scheduled for 18 March 2021. The purpose of the workshop is to review the measures of success for the culture review implementation program identified in July 2019 and establish new success indicators. The Workshop offers another chance to build on collaborative relationships with stakeholders from across the system to support the ongoing investment in culture reform and to continue discussions on driving future change to support ongoing culture reform.

### Meeting schedule

The Oversight Group meets bi-monthly and its next meeting is scheduled for 30 April 2021.

### Media contacts:

ACT Health Directorate: M 0403 344 080 E [healthmedia@act.gov.au](mailto:healthmedia@act.gov.au)

Canberra Health Services: M 0466 948 935 E [chsmmedia@act.gov.au](mailto:chsmmedia@act.gov.au)

Calvary Public Hospital Bruce: M 0432 130 693 E [calvary@calvary-act.com.au](mailto:calvary@calvary-act.com.au)

Minister Stephen-Smith Media contact:

Caitlin Cook: M 0434 702 827 E [caitlin.cook@act.gov.au](mailto:caitlin.cook@act.gov.au)

Minister Davidson Media contact:

Julia Marais-van Vuuren: M 0468 568 967 E [Julia.MaraisVanVuuren@act.gov.au](mailto:Julia.MaraisVanVuuren@act.gov.au)



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# Culture Review Oversight Group Meeting Paper

**OFFICIAL**

<b>Agenda Item:</b>	6.2
<b>Topic:</b>	<b>Key Messages for Represented Groups from the Oversight Group Meeting</b>
<b>Meeting Date:</b>	1 March 2021
<b>Action Required:</b>	<b>Noting and feedback</b>
<b>Cleared by:</b>	<b>Director-General, ACT Health Directorate</b>
<b>Presenter:</b>	Executive Branch Manager, Culture Review Implementation Branch

## Purpose

1. The purpose of the 'Oversight Group Key Messages' document is to provide information to represented members of the Culture Review Oversight Group (Oversight Group) to support communications to their members about the progress in delivering initiatives associated with the culture review program.

## Background

2. There has been acknowledgement that communication across the ACT public health system has been challenging and fragmented.
3. This document serves to provide consistent information across the ACT public health system about initiatives already underway and those planned to enable more effective communication and understanding.
4. At the February 2020 meeting of the Oversight Group, it was agreed that members would be provided with key messages from each meeting, in addition to the minutes and Communique, to support communications with members and employees.
5. The Culture Review Implementation Branch drafts the Managers Key Messages document each month and then provides the document to each organisation to update with information regarding organisation-specific initiatives being implemented or progressed. The Managers Key Messages have both a current and future focus.

## Issues

6. Consistent and timely communication is identified as a priority to provide information about work underway across the system.

7. The draft Oversight Group Key Messages document for the March 2021 Oversight Group meeting is at Attachment A.
8. To ensure that the Oversight Group Messages document continue to meet the needs of members and employees feedback is sought from Oversight Group members and the individuals being represented as to the relevance of the information being messaged and information being sought in future key message documents.

### **Recommendation**

That the Oversight Group:

- *Note the Oversight Group Key Messages document;*
- *Provide feedback to the Secretariat about information to be included in future editions; and*
- *Once endorsed, circulate the 'Key Messages' to members of stakeholder groups.*



# Culture Review Implementation

our journey of positive change



## Key Messages from the Eighth Culture Review Oversight Group Meeting held on 1 March 2021.

Welcome to our 'Key Messages' document, which has been created to provide ongoing communication from you, our Oversight Group members, to our workforce, your members and employees about progress in delivering culture review program activities across the system.

### What was discussed at the Oversight Group meeting?

- We talked about the Program Risk associated with progressing culture change across the system. Program risk is being reviewed regularly. There is acknowledgement that through the engagement across the system that all identified risks are being managed well.
- The Second Annual Review of the Culture Review Implementation is scheduled to take place during March and April of 2021.
- The Terms of Reference for the annual review were discussed and it was noted that broader consultation would occur, including with clinicians and staff, in gathering evidence to inform the review.

### Update on Other Work Happening Across the System

- Calvary Public Hospital Bruce launched their Values in Action Framework in February 2021. The Framework builds on the Calvary's values work and defines the behaviours the organisation and people require to be successful, and it establishes a common language for staff
- The rollout of the 'Speaking up for Safety' program continues at Calvary with more than 500 staff being trained in the program to date.
- Canberra Health Services also commenced implementation of the 'Speaking up for Safety' program. An initial expression of interest has been completed and staff representatives have been identified who will undertake the train-the trainer program. The staff representatives will then undertake training sessions with the entire CHS workforce throughout 2021 and 2022.
- Senior clinicians and administrators from across the public health system came together in early February at a networking event to discuss clinical service coordination and collaboration. This networking event was a pre-cursor to the formal Summit which is planned for June 2021.
- There has been substantial work undertaken in understanding the requirements of management and leadership development across the ACT public health system. At a system-wide level, the highest priority is in the development of management fundamentals training, with a focus on what knowledge and skills managers need to be successful in managing others. This work has culminated in the development of a Statement of Requirements to enable procurement activity to be undertaken to develop and deliver training.



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# Culture Review Implementation

our journey of positive change



- A training analysis is being undertaken to review current 'people' training programs delivered within each organisation to identify strengths, opportunities, and gaps requiring further development. Linkages have been made with the Territory-Wide Education and Training Framework and feedback from the training analysis will be considered with regards to further refinement of the Framework.

## Workplace Culture Framework

- The Workplace Culture Framework is the roadmap for the ACT public health Systems journey towards a positive workplace culture. The Framework is designed to act as a guide for each arm of the ACT public health system to implement evidence-based practices that foster respect, inclusion and trust.
- The Workplace Culture Framework supporting Workplace Skills Development Model and Rapid Evidence Assessments were publicly released in December 2020.

## Organisation Culture Improvement Model (OCIM)

- The OCIM has been developed to measure current level of maturity and to highlight the level of improvement required against measures and attributes which are indicative of an effective workplace culture.
- The attributes identified in the OCIM link to the five workplace change areas of the Workplace Culture Framework.
- All three organisations have undertaken a baseline assessment (June 2019) and June 2020 assessment of cultural maturity and set targets for 2021 using the OCIM.

## HR Functions Review

- The review of the Human Resource functions in the three organisations in the ACT public health system has been finalised with each organisation considering the findings of the report and where appropriate, taking action.
- The HR Review has enabled the assessment of each organisation's current state and outlines recommendations to support the maturity of HR models and their capacity to meet future organisational requirements.

A total of seven recommendation from the review into workplace culture have been completed and significant progress has been made on other recommendations. As an indication of the amount of work happening across the system, there are a total of 92 discrete actions to deliver on the recommendations and 50, or 54 percent, of these actions have been completed.



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# Culture Review **Implementation**

our journey of positive change



## What are we focusing on in coming months?

Our focus of work over the next two months includes:

- Undertaking a procurement activity to progress management fundamentals training;
- Finalisation of the training analysis;
- Commence process to test the validity and reliability of the OCIM;
- Finalisation of the OCIM – Business Unit Assessment;
- Ongoing development of communications materials to support organisational culture reform;
- Development of communications for external stakeholders and broader ACT community.



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