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REVIEW OF THE HUMAN RESOURCES FUNCTION

in

CALVARY PUBLIC HOSPITAL BRUCE

November 2020

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EXECUTIVE SUMMARY

INTRODUCTION

This report presents the findings of a review of Human Resources functions in Calvary Public Hospital Bruce (CPHB) [1]. The review was undertaken to identify gaps in functions, capabilities and resourcing and to propose strategies to close those gaps within CPHB. The review also considered opportunities for increased collaboration between CPHB and the two other entities within the ACT public health system, namely, the ACT Health Directorate (ACTHD) and Canberra Health Services (CHS).

APPROACH

The review of the HR function in CPHB involved a series of information gathering activities comprising:

- Discussions with Regional CEO, Ms Barbara Reid
- Discussions with Regional Chief HR Officer, Ms Judi Childs
- A discussion with (current) General Manager, Calvary, Ms Roslyn Everingham
- A discussion with (then) General Manager, Calvary, Mr Mark Dykgraaf
- A discussion with Director HR, Mr Brian Keech
- A group discussion with HR staff
- Group discussions with clients of HR drawn from across CPHB
- A group discussion with consultants from the Australian National University engaged by the ACTHD to deliver a culture change model for the ACT health system
- A discussion with Mr Patrick Morgan, Business Analyst and contractor to ACTHD
- Examination of submissions received from unions invited to contribute to the review
- A review of a range of documentation provided by CPHB.

[1] The scope of the review included similar examinations of the HR functions within the ACT Health Directorate and Canberra Health Services. The findings from these examinations have been reported separately.

FINDINGS OF THE REVIEW

The main findings of the review are outlined in detail in the body of the report. Information gathered was analysed and is presented in themes aligning with specific HR functions, as follows:

- Workforce planning
- HR metrics
- Recruitment, selection and secondments
- Performance management
- Learning and development
- Work health and safety
- Workplace relations
- Diversity management
- Organisational development.

Against each function, a broad introduction / background based on a review of best practice approaches to the delivery of this function within organisations is presented. A description of the current approach to delivering each function within CPHB follows, including discussion of issues identified during the course of the review.

Following this, the role of HR Business Partners in delivering HR functions to CPHB is discussed, and then a benchmarking assessment against comparable organisations to inform appropriate HR resourcing requirements for CPHB is presented.

Drawing together the information and analysis described above, an HR Maturity Assessment Model[2] provided by ACTHD and adapted by the review has been used to assess the current level of development of the HR function within CPHB. This assessment identified a number of areas where current practice does not yet match best practice approaches. Specifically, CPHB's diversity management and organisational development functions were assessed as operating at a Baseline level of maturity and therefore represent the priority areas for improvement.

The elevation and effective operation of these functions will need to be based on the use of a comprehensive HR metrics data collection, analysis and reporting function. This function was assessed as operating at a Functional level at present and therefore also needs to become a focus for further capability building.

[2] See People and Culture Diagnostic (June 2018) – Appendix B (page 37). The model can also be found in this report at Attachment C.

Based on this assessment, a roadmap for change is presented that outlines the sequenced implementation of recommended solutions in the following priority areas:

- **Recruitment**
- **Performance Management**
- **HR Metrics**
- **Strategic Workforce Planning.**

Specific recommendations in relation to each of these four priority areas are provided in the diagram below.

Leadership Development

Recruitment

- Begin a process of updating position descriptions for role types across CPHB
- Implement training for panel members and chairs on recruitment and selection practices and monitor the quality of selection practices and decisions
- Initiate longitudinal evaluations of the effectiveness of recruitment and selection activities and use this to inform improved practices
- Collaborate with the ACT Health Directorate to establish a mechanism to allow staff secondments to occur across the Territory's health system

Performance Management

- Introduce formal and informal training in performance management for managers, with a very strong hands-on, on-the-job component e.g. via simulations for managers and a mentoring program
- Support training by developing an accessible database of performance management and development case studies as well as clear guidelines on processes and practices
- Consider the need to redesign templates and guidance material to ensure a focus on capability development in areas of future work area need
- Ensure participation in performance development discussions is visibly modelled and promoted by senior staff

OD Initiatives

Metrics

- Establish an in-house, ongoing HR data analytics and reporting capability
- Initiate or improve the collection, collation, analysis, reporting of and access to data for:
  - Recruitment and selection activities
  - Participation in and impact of learning and development activities
  - The quality and impact of participation in the performance and development scheme
- Consider upgrading the RiskMan system and educating staff to use it consistently and correctly for data capture
- Create an accurate representation of positions within the organisational structure and use this in the analysis of workforce data

Strategic Workforce Planning

- Develop and communicate a whole of CPHB workforce plan that identifies skills gaps and priority areas for targeting via recruitment, succession planning and knowledge transfer
- Ensure that the workforce plan is well explained to managers and the current and future implications for each business area are mapped out and specified
- Develop pathways and interventions designed to prepare staff for progression to leadership roles (e.g. a mentoring program for clinical staff to improve preparation for leadership roles)

INTRODUCTION

This report presents the findings of a review of Human Resources functions in Canberra Public Hospital Bruce (CPHB)[1]. The review was undertaken to identify gaps in functions, capabilities and resourcing and to propose strategies to close those gaps within CPHB. The review also considered opportunities for increased collaboration between CPHB and the two other entities within the ACT public health system, namely, the ACT Health Directorate (ACTHD) and Canberra Health Services (CHS).

BACKGROUND TO THE REVIEW

The scope of the review was established as follows:

- Assess the functions, capabilities, and resources currently provided or held by the HR functions within CPHB
- Conduct a benchmarking assessment of other high performing, similar organisations to identify a methodology to determine best practice HR resourcing requirements within organisations in the health sector
- Articulate the HR function's desired 'future state' (the critical roles, functions, capabilities, and resources/capacity) that will be required within the HR function.[3]
- Identify the strengths and 'gaps' in HR functions between the 'current state' and ideal 'future state'
- Identify any barriers preventing the HR functions from transitioning to the desired future state
- Outline solutions to allow the HR functions to build on current strengths, close gaps between the current and future state, and address barriers to achieving the future state
- Identify a high-level plan that outlines the sequenced implementation of recommended solutions.

Based on these specifications, this review was undertaken to ensure that CPHB has the right capabilities, resources and functions to meet its current and future requirements and a staged plan to guide the implementation of proposed changes.

The HR functions delivered by CPHB, ACTHD and CHS and operate independently to support their respective workforces and there is very little functional contact, co-operation or sharing of services between them.

Although this report focuses on the HR function and the delivery of HR services within CPHB, as mentioned, consideration was also given to opportunities to achieve improved collaboration across the ACT health system as a whole.

[3] For the ACTHD and CHS consideration was also given to the role to played by ACT Government Shared Services in delivering the HR function, however as a non-government organisation, CPHB does not make use of Shared Services.

At present, there is no whole of health system strategy for the delivery of HR functions. The heads of HR functions across the health system's constituent organisations do not regularly meet, aside from some engagement currently in relation to the response to initiatives arising from responses to the cultural review[4] (as members of the Cultural Review Executive Group). However, where opportunities for collaboration became apparent during the course of this review, they have been noted and appropriate recommendations made.

STRUCTURE OF THE REPORT

The report is structured as follows. First, we present a brief overview of the current structure and functions of the HR unit that holds primary responsibility for the delivery of HR functions within CPHB. We then present the findings of the review, categorised by HR function:

- Workforce planning
- HR metrics
- Recruitment, selection and secondments
- Performance management
- Learning and development
- Work health and safety
- Workplace relations
- Diversity management
- Organisational development.

Against each function, we present a broad introduction / background based on a review of best practice approaches to the delivery of this function within organisations. A description of the current approach to delivering each function within CPHB follows, including discussion of issues identified during the course of the review.

Following this, we discuss CPHB's use of HR Business Partners in delivering HR services across the organisation. We then provide a benchmarking assessment against comparable organisations to inform appropriate HR resourcing requirements for CPHB.

Drawing together the information and analysis described above, we have used an HR Maturity Assessment Model[5] to assess the current level of development of the HR function within CPHB.

We then present a roadmap for change that outlines the sequenced implementation of recommended solutions and, finally, provide a discussion of opportunities that might exist across the ACT health system (i.e. across CPHB, ACTHD and CHS) for the delivery of HR functions.

[4] ACT Public Health Services Cultural Review Implementation Inaugural Annual Review (May 2020)
[5] See People and Culture Diagnostic (June 2018) – Appendix B (page 37)

APPROACH

The review of the HR function in CPHB involved a series of information gathering activities comprising:

- Discussions with Regional CEO, Ms Barbara Reid
- Discussions with Regional Chief HR Officer, Ms Judi Childs
- A discussion with (current) General Manager, Calvary, Ms Roslyn Everingham
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- A discussion with Director HR, Mr Brian Keech
- A group discussion with HR staff
- Group discussions with clients of HR drawn from across CPHB
- A group discussion with consultants from the Australian National University engaged by the ACTHD to deliver a culture change model for the ACT health system
- A discussion with Mr Patrick Morgan, Business Analyst and contractor to ACTHD
- Examination of submissions received from unions invited to contribute to the review
- A review of a range of documentation provided by CPHB.

Further detail in relation to each of these activities is provided below.

EXECUTIVE CONSULTATIONS

As mentioned, discussions were conducted with the Regional CEO, Ms Barbara Reid, Regional Chief HR Officer Ms Judi Childs, General Manager, Calvary, Ms Roslyn Everingham, (former) General Manager, Calvary, Mr Mark Dykgraaf and Director HR, Mr Brian Keech.

These discussions focused on discussion of the following issues:

- Responsibilities and the full scope of work undertaken by the HR function and its key deliverables
- Current planning and business processes and the rationale behind them
- Communication channels and current working relationships with other business units and areas within CPHB
- Features of the current state that facilitate the effective and efficient delivery of the HR functions
- Features of the current state that impede the effective and efficient achievement of the function's outcomes
- Areas of duplication or overlap as well as any gaps in critical, desired functions
- Future state requirements in terms of critical roles and functions required to deliver the HR function now and into the future, as well as identified capability gaps
- Options regarding the HR function's structure, responsibilities, capabilities, resourcing and management of relationships.

GROUP DISCUSSION WORKSHOPS

A group discussion workshop was held with staff from the HR team. The group discussion focused on the issues listed above under 'Executive Consultations'.

STAKEHOLDER CONSULTATIONS

Group discussion workshops were held with stakeholders from across CPHB to whom HR services are provided. These sessions focused on:

- The scope and nature of HR functions received
- What is currently working well in relation to these services and the way in which they are delivered
- What could be improved in relation to HR services and the way in which they are delivered.

At the end of all of the discussions described above, participants were invited to provide further information directly to Workplace Research if they had additional input that they would like considered. No CPHB staff took up this option.

REVIEW OF RELEVANT DOCUMENTATION

A review of relevant documentation was undertaken. This documentation included:

- Structural chart for CPHB HR Services
- Final Report on the Independent Review into Workplace Culture (March 2019)
- ACT Health Workforce Strategy 2018 - 2027
- ACT Public Service Headcount by Directorate
- ACT Public Health Services Cultural Review Implementation – Inaugural Annual Review (M. Reid & Associates, May 2020) and Terms of Reference (February 2020)
- ACT Auditor-General's Report on the Shared Services Delivery of HR and Finance Services (Report No. 1/2020)
- ACT Government State of the Service Report 2018-19
- HR/P&C Maturity Assessment Model
- Report of the ACHS National Safety and Quality Health Service (NSQHS) Standards Survey – ACT Health (March 2018)
- Complaints and Grievances Process Map prepared by Mr Patrick Morgan
- Submission received from the Australian Salaried Medical Officers Federation (August 2020).

This documentation was used to supplement the information gathered through the other consultations described above.

OVERVIEW OF THE CURRENT STRUCTURE AND FUNCTIONS OF THE HR FUNCTION

Below, we present a brief overview of the current structure of the HR function within CPHB. Within CPHB, the HR team holds primary responsibility for the delivery of HR functions across the organisation. The current structure of the HR team is shown in Figure 1.

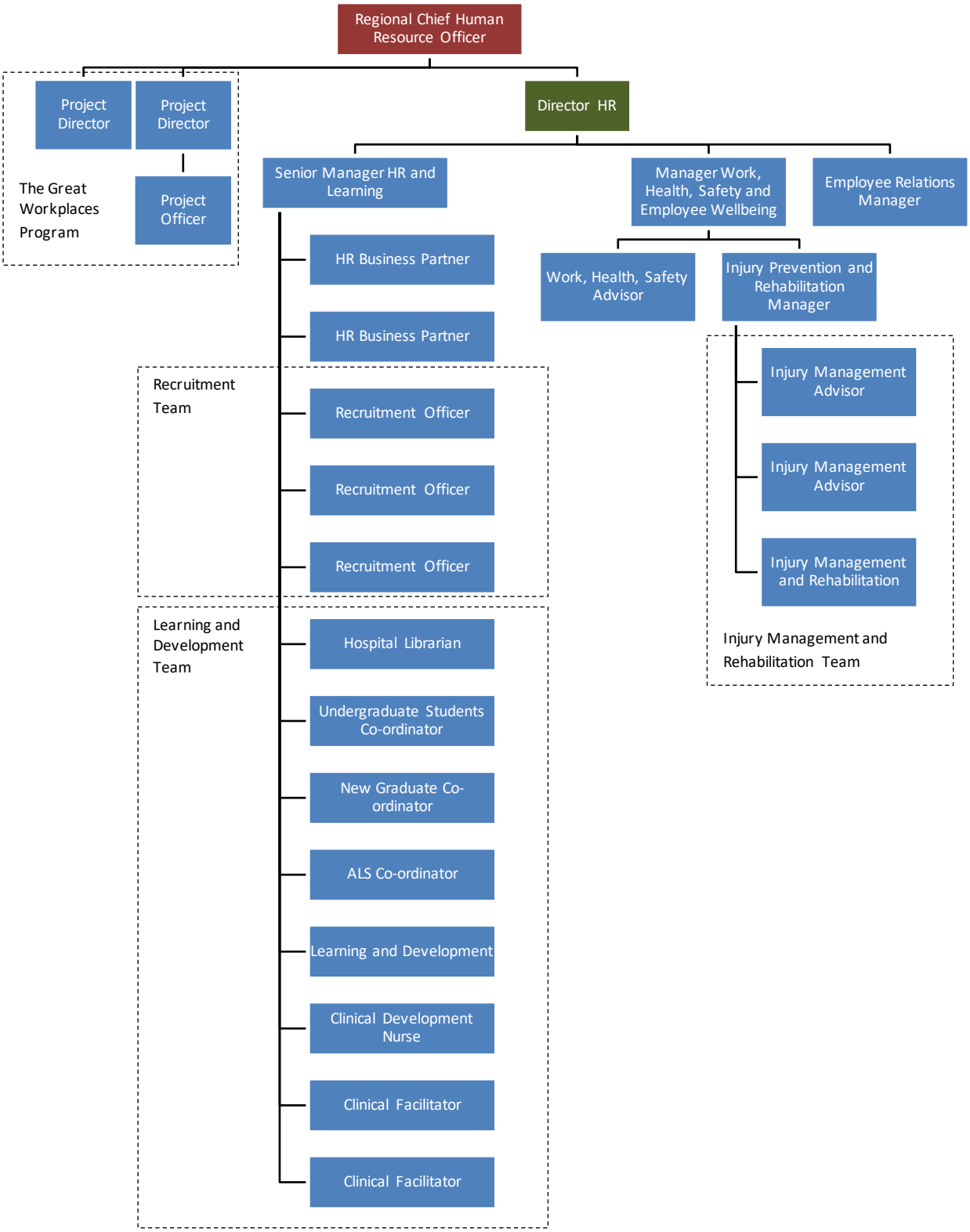

Figure 1: Current structure of the Human Resources work area (as at August 2020)

The functions delivered by Human Resources are listed in the table below.

		CORE FUNCTIONS
PEOPLE AND CULTURE TEAM	Recruitment Team	▪ Recruitment and management of recruitment system ▪ Contract management
	Learning and Development Team	▪ Delivery of training and clinical education programs ▪ Management of e-learning programs ▪ Management of work experience program ▪ Co-ordination of graduate programs ▪ Library services
	Injury Management and Rehabilitation Team	▪ Injury management ▪ Safety assessments ▪ Workstation assessments ▪ Incident investigation ▪ Incident record keeping
	Work, Health and Safety	▪ WHS ▪ Provision of safety advice ▪ Occupational violence prevention
	Employee Relations	▪ Enterprise Agreement negotiations and management Employment policy ▪ Advise staff on EA and entitlements ▪ Performance management policy and systems ▪ Preliminary assessments of misconduct and performance issues ▪ Assist with union and staff consultation on workplace matters
	HR Business Partners	▪ Provision of strategic HR advice and support to senior managers ▪ Provision of assistance with local roll out, adaptation and implementation of HR initiatives
	The Great Workplaces Program	▪ Implementation of the Great Workplaces Program, to reduce instances of occupational violence

FINDINGS OF THE REVIEW

Feedback received during consultations indicated that there is recognition that HR is making progress in developing and implementing improvements across a number of the services that it delivers. Work Health and Safety is seen as a relative strength within the organisation and cross-organisational collaboration on training, particularly for nurses, was seen to be effective. There was recognition of several strategic initiatives, such as an increased emphasis on longer term planning in the learning and development areas. The recent introduction of HR Business Partner roles is also likely to be of significant benefit.

ISSUES ARISING FROM THE REVIEW: SPECIFIC FUNCTIONAL AREAS

The review, however, identified a number of issues that have implications for the structure, delivery and distribution of HR functions across CPHB, and to some extent, across the health system. As mentioned, we have grouped these issues and present the main findings of the review against specific functions. These functions are:

- Workforce planning
- HR metrics
- Recruitment, selection and secondments
- Performance management
- Learning and development
- Work health and safety
- Workplace relations
- Diversity management
- Organisational development.

WORKFORCE PLANNING

Background

Workforce planning is a proactive process of identifying the workforce capacity and capability required by an organisation to meet its current and future objectives. It aims to ensure that the right people (those with the skills and capabilities necessary for the work) are available in the right numbers, in the right employment types, in the right place and at the right time to deliver business outcomes. When done well, workforce planning delivers dividends beyond this. In providing a reliable evidence base for recruitment decisions, it can steer investment to areas where the greatest impact will be felt and it reduces reliance on ad hoc, reactive recruitment decisions.

Workforce planning in the health sector is important, given the extensive development time and cost required to train new health professionals and the need to anticipate and respond to changing health care needs in the community (Ono, Lafortune, & Schoenstein, 2013).

Best practice in workforce planning has the following foundations:

- WFP activities are supported by the capture and analysis of sound data e.g. from activities such as (but not limited to) capability needs analyses, skills audits, and analyses of relevant employment markets
- WFP integrates with other HR strategies and practices that make it possible to attract and retain capable staff e.g. through informing the targeting and delivery of learning and development opportunities, as well as practices to support succession planning and knowledge retention (De Bruecker, Van den Bergh, Beliën, & Demeulemeester, 2015)
- To inform a WFP plan for a healthcare workforce, the organisation should ensure a high degree of stakeholder involvement and engagement in the following:
    - Horizon scanning – define future issues and challenges that may affect the workforce
    - Scenario generation – identify *how* future issues could occur
    - Workforce modelling – consider the workforce needs across the scenarios and the potential impact of future issues
    - Policy analysis – define policies and processes for the workforce to face the proposed scenarios (Willis, Cave, & Kunc, 2018)

To develop and implement meaningful workforce plans that will ultimately deliver required capability, organisations need to be mindful of the foundational HR capabilities on which workforce planning depends, such as effective data collection, analysis and reporting of workforce data, sound recruitment and selection practices, and an effective learning and development function.

The APSC Workforce Planning Guide (2011) also makes the following recommendations for best practice:

- Incorporate WFP into strategic and business planning processes
- Ensure WFP is supported by a strong governance process
- Focus on key workforce risks to achieving business outcomes
- Seek to understand the organisation's workforce in the context of the wider economic and business environments
- Focus on strengthening the workforce capability and capacity, now and in the future
- Ensure WFP responds to internal and external changes that affect the organisation
- Utilise WFP to reduce the number of quick, reactive, and ad hoc recruitment decisions
- Ensure WFP provides a reliable evidence base for managers to make decisions about the workforce and guide investment to areas where it has the greatest impact.

Issues

The review identified the following issues:

- The review found that strategic workforce planning is perceived to be a significant gap in the HR service offering. Participants observed that they were not aware of a workforce plan for CPHB and that there was no visibility of any broad strategy that could be used to guide planning for recruitment or staff development

- Workforce planning needs to articulate closely with recruitment activities to ensure that potential gaps are identified well in advance and strategies to fill these developed. Effective workforce planning and recruitment activities also need to be supported by a clearly articulated succession planning function. Succession planning activities prepare capable staff for progression to higher levels through the provision of informal and formal development opportunities, such as mentoring and training, including a focus on leadership skills. At present, succession planning is also a gap in the CPHB HR framework.

  CPHB requires specialist skills that are difficult to recruit externally and for which it competes with other organisations and jurisdictions. Challenges associated with delays in recruitment and selection mean that there is a risk that CPHB can 'miss out' on good candidates for some role types. Additional planning and preparation is therefore needed to ensure that these skills are grown within the organisation through the provision of formal and informal professional development opportunities to suitable staff, so that they can be drawn on when gaps arise. Knowledge transfer prior to retirement was also identified as an area for further development, that if addressed, could greatly assist the organisation to retain valuable capabilities. The review understands that CHPB is in the process of revising its Capability Framework in order to provide a basis for the identification of capability gaps across the organisation

- Further to the point made above, participants also noted that there is no redundancy built into the HR team, meaning that CPHB's HR capability is vulnerable to staff absences and departures. There may be a need to address this with a focus on succession planning, knowledge transfer and cross-skilling within the HR team

- At present, the ACT Health Directorate holds responsibility for health system service planning in the Territory (e.g. determining which services are needed, where they should be delivered, and what should be delivered by non-government services) and workforce planning for the clinical workforce. Responsibility for both these functions is held in the Directorate's Health System Planning and Evaluation Division, rather than within the HR function. This arrangement allows the system-wide workforce planning function to maintain a close alignment with the broader health system planning capability, and to be informed by knowledge of the health sector

  In relation to workforce planning, it is intended that the Directorate takes a longer-term, strategic focus with consideration given concurrently to capital development, while CHPB (and CHS) retains responsibility for workforce planning at an operational level. However, the review was told that the Directorate does not appear to be clear about its role in system-wide strategic matters and this results in a lack of clarity for CPHB also. As a result, it appears that strategic workforce planning for the sector and for roles that span it (e.g. nursing and allied health roles) is not well developed.

HR METRICS

Background

HR metrics addresses how efficient, effective, and impactful an organisation's HR practices are (Boudreau & Ramstad 2007; Cascio & Boudreau, 2011). The use of HR metrics allows an organisation to diagnose workforce issues, to track and assess the effectiveness of HR functions and interventions, and to prepare business cases to support the value of HR initiatives. The analysis of HR metrics can also inform efforts to improve the quality, relevance and delivery of HR services, and can help managers to make more effective decisions (e.g. in relation to staff management, capability development, and budget management). Metrics can be both qualitative (e.g. responses to open-ended survey questions) or quantitative (e.g. workforce demographics) in nature and a combination of both is optimal. Examples of HR metrics, in addition to workforce demographic data, are numerous but can include (Edwards & Edwards, 2019):

- Staffing rates
- Workforce tenure
- Unscheduled absences
- Turnover data
- Diversity numbers
- Outcomes of recruitment decisions
- Retention rates
- Employee engagement
- Training effectiveness.

Best practice in the use of HR metrics has the following foundations:

- The use of HR metrics should be differentiated from basic HR reporting. Specifically, HR reporting reflects numbers (e.g. overall headcount), but does not add value regarding judgements and evaluation of the performance of functions. On the other hand, HR metrics can assist HR (and the organisation) to *evaluate* their HR systems, programs, and processes (Fink & Sturman, 2017)
- Organisations can collect and utilise three primary HR measurements, and a combination of these gives insights into the synergies among HR functions and their overall value:
    - Efficiency – measuring the resources used by HR programs (e.g. cost-per-hire)
    - Effectiveness –the outcomes produced by HR activities (e.g. learning from training)
    - Impact – measuring the business or strategic value created by the activity (e.g. greater reach in services) (Lawler, 2012)

- The following four elements are necessary for effective HR metrics:
    - Logic - clear connections between employees and organisational success, as well as the principles and conditions that predict individual and organisational behaviour
    - Analytics - tools and techniques to translate data into relevant insights
    - Measures - the numbers calculated from an information management system
    - Process- (communication and knowledge transfer mechanisms through which the information becomes accepted and acted upon by key organisational decision makers (Lawler, 2012)

Issues

The review identified the following issues:

- Participants noted that in recent times managers and members of the Executive have sought workforce data to inform decision-making and that this represents a positive development. As a result of this increase in demand, analyses of workforce data generated by HR have been more targeted in their focus and therefore more useful. This in turn has increased managers' confidence in the capacity of HR to provide them with valuable tools and content. HR staff did note however, that there is a need to develop managers' ability to understand and apply the outcome of data analyses
- Building on these advances, CPHB has recognised a need to further develop its in-house analytics and reporting capability for workforce data and it has begun a process of developing reliable, accessible data dashboards for managers, making use of the Microsoft Power BI data visualisation tool. At present, sustainable access to reliable and valid data is lacking and so a focus on remedying this will need to be a focus of this development work - for example, although the participation of staff in the performance cycle is documented, the level of performance they attain is not and participants also noted that leave balances are not accurate. The review was advised that, despite client demand for meaningful data, it is still difficult to find business information that can be used to assess interventions or the implications of specific scenarios (such as the cost implications of adopting different staffing options). This data deficit deprives the organisation of an important input to decision-making and hampers the ability of HR to assist it to make the most effective use of its workforce
- Participants noted that there is no single, accurate record of positions within the organisational structure. This makes it difficult to analyse other datasets by FTE (e.g. lost-time injuries in a given period of time worked) or to generate accurate HR reports for separate work areas. They also commented that the lack of an effective establishments function means that it is difficult to alter position numbers and position classifications if this is needed, because the recorded information is unreliable and because it is unclear who holds responsibility for this function. They pointed to a lack of governance over the maintenance of the establishments function
- HR staff also noted that a lot of the analysis of organisational data is very manual in nature, as CPHB lacks access to a data analytic package or system that allows the production of detailed or sophisticated analysis. The development of capability in this area may be facilitated with improved access to appropriate tools for managing and analysing data
- Within the hospital, a significant amount of mandatory training is conducted and its completion is an important component of professional development and the maintenance of competency standards and registration for many roles within the organisation. However, the review was advised that data gathering in relation to training participation, completeness and impact is minimal and it is difficult to gain a clear, current picture of the organisation's performance in this area.

RECRUITMENT, SELECTION AND SECONDMENTS

Background

Recruitment and selection processes represent a targeted search for a pool of potential candidates from which an organisation can select people with the desired knowledge, skills, and experience to fill well-defined job vacancies. Recruitment and selection processes are most effective when they are strategically guided, proactive, structured, and based on sound decision-making (Taylor & Collins, 2000). Effective recruitment and selection strategies and practices:

- Ensure the organisation has the necessary skills, knowledge, and attributes to meet current and future strategic and operational requirements - therefore they must articulate with workforce plans and be based on good quality information
- Ensure that supply meets demand requirements - therefore they must be timely, well informed and based on efficient processes
- Result in the selection of suitable candidates who will become productive and effective members of the organisation[6] (McGraw, 2016)

In contrast, ineffective recruitment and selection practices can be very costly, resulting in demotivated teams, decreased productivity, interpersonal tension, and financial implications for the organisation. Good selection processes must not only deliver effective and productive new employees, they must also be fair and equitable and, in the public sector, be merit-based (Taylor & Collins, 2000).

Best practice in recruitment and selection has the following foundations:

- A thorough job analysis to identify role and person requirements for effective performance
- Determination of any mandatory or inherent job requirements e.g. qualifications, licences, citizenship, medical standards etc. ensuring these are essential to performance of the job
- An appropriately targeted approach to market
- Identification of reliable and valid selection techniques against which to assess candidates
- The conduct of rigorous, structured, objective, and comprehensive assessments of candidates that enable the identification of those most suited to the role
- The use of tests that are void of any potential biases or discrimination
- An assessment and selection process that involves several stages occurring over time, measuring specific and well-defined criteria
- Conduct of assessment processes by trained and qualified assessors / panel members
- Decisions based on all information provided (e.g. application, interview, referee reports etc.)
- The recording of detailed records and provision of constructive feedback to unsuccessful applicants on their performance
- Periodic evaluation of the reliability and validity of selection processes (Anderson & Cunningham-Snell, 2000; Taylor & Collins, 2000).

[6] To achieve this, panel members must be trained in designing sound processes and in making good shortlisting and selection decisions.

Issues

The review identified the following issues:

- Review participants commented that recruitment processes at CPHB are slow and need to be the focus of improvement. Participants said that delays were related to deficits in processes and online systems and, as mentioned elsewhere, the lack of an effective establishments system also creates impediments such as making it difficult to create job sharing arrangements across part time workers. Compounding this, HR clients seemed to have a low level of knowledge of recruitment policies and processes within CPHB, and also were not aware of where they could go to seek advice. Some noted that a single front door was needed for the HR function that could direct clients to the appropriate area
- Participants reported that the approach to recruitment within CPHB does not make use of contemporary practices and could be more sophisticated. There appears to be a need to modernise the approach used to assess and select applicants, particularly in clinical areas of the organisation that require specialist skills. More contemporary approaches focus on ensuring that criteria used to rate candidates allow a rigorous assessment of capability, involve the use of multi-method approaches to assessment, and include an emphasis on training panel members in best practice recruitment and selection. Participants noted that panel training needed to be an area of focus within CPHB as, while managers tend to ensure that legislated requirements are met, they are not familiar with and do not use best practice recruitment methods to assess and select candidates
- The review was advised that clear, accurate, current position descriptions are generally not available across CPHB. Clients of HR said that responsibility for maintaining position descriptions needed to be consolidated and centralised to improve the consistency and currency of these documents. Similarly, participants noted that the organisation lacked expertise in job sizing or role evaluation, meaning that it was difficult to confirm the validity of classifications assigned to roles when this was needed, for example, prior to the commencement of a recruitment activity
- It was widely reported that secondment pathways are valuable for career development while allowing staff to retain job security, but it was noted that secondments were difficult to access for staff wishing to move between CPHB, CHS and the Directorate (or other arms of the health system such as the Ambulance Service). If staff at CPHB wish to work at CHS, they need to resign their CPHB position at present. There was a view that a cross-system agreement should be developed to remedy this situation and to allow secondments to occur. There was frustration that a mechanism for this did not seem to be available – the review notes that similar views were held within the Directorate and CHS with respect to the need for centralised co-ordination and the development of a collaborative solution that spans organisations. The review was advised that movement between public and private entities is straightforward and common in other jurisdictions that operate a similar model to the ACT, such as in seen in the Hunter New England Local Health Area in NSW where Calvary Mater provides services within the public health system. There is a need to establish mechanisms to make this possible in the ACT, and there may be a role for HR to play an active role in facilitating secondments across the ACT Health system.

PERFORMANCE MANAGEMENT

Background

Performance management systems comprise a suite of practices that include discussions about performance, remuneration, promotion and termination decisions, probation outcomes, disciplinary procedures, transfers, and approaches to addressing development needs within an organisation (Pulakos, 2004). Used effectively, performance management provides organisations, work areas and individuals with a regular opportunity to monitor, review and evaluate progress toward the achievement of their objectives (Gerrish, 2016). A comprehensive, effective, and well-executed performance management system has the potential to contribute significantly to the development of staff and the effective functioning of organisations.

Best practice suggests that a successful performance management system typically has the following foundations:

- It has structures to support the effective functioning of the performance management system, for example, a performance management policy as well as performance appraisal and disciplinary processes and procedures
- It is linked to interventions that can lead to behaviour management, performance improvement and the development of teams and individuals (Fletcher, 2000)
- It ensures that employees:
    - Know and understand what is expected of them in their job role (i.e. performance objectives and performance standards)
    - Have the skills and knowledge required to deliver on these expectations
    - Are given feedback and an opportunity to discuss their work performance
    - Are rewarded for their performance through reward and/or recognition practices (which can be informal in nature)
    - Are counselled for underperformance and/or behaviour which is out of alignment with organisational values and/or inconsistent with achievement of organisational goals
    - Are given the opportunity to work in an environment that makes it possible to achieve optimum performance (Kramar, 2016).

The effective management of underperformance is an essential component of performance management, and is an area that is often identified in staff surveys as an area of dissatisfaction (for example, in the 2019 Australian Public Service Employee Census, only 20% of respondents agreed that their agency dealt with underperformance effectively). Underperformance can pose significant risks to the organisation and is harmful in numerous ways that include decreased productivity and work quality, poor team morale, reputational damage to the organisation, and a loss of resources (financial or time). Therefore, it is critical that organisations are proactive in preventing, managing, and addressing underperformance issues by implementing relevant strategies at the organisational and individual levels.

Drawing on research findings, the following strategies can be used by organisations to establish and perpetuate a best practice approach to performance management:

- *Setting goals and expectations:* Organisations should identify and define goals and competencies that underpin effective performance and managers should discuss the values of the organisation with all staff, including their implications for behaviour in the work area. This provides clarity for managers (as well as their staff) and gives them a baseline against which to communicate work expectations. Managers can set goals collaboratively at the team and individual levels, encouraging staff to explain their understanding of how these goals align to those of the broader organisation or work area (Fletcher, 2001)

  Expectations about the performance management system itself also need to be clear. It is important that staff at all levels have performance plans in place that will allow the supervisor to observe and assess performance, and that will allow the employee to self-assess. The performance plan should incorporate standards or competencies that are shared with the employee, so they understand what they are being assessed against. Reviews should follow an established, organisation-wide cycle that is well publicised and promoted at the most senior levels, and that is supported by straightforward, accessible and relevant tools (such as performance agreement templates, capability frameworks and work level standards) (Fletcher, 2000)

- *Delivering well timed feedback*: It is important that feedback about performance is given frequently enough to both reinforce and motivate desired behaviour and to allow performance problems to be identified and addressed. Employers can establish a set plan for performance discussions on, for example, a weekly or fortnightly schedule. However, project and task-based deadlines also provide clear points for informal performance feedback to occur. Such an approach strengthens the linkages between performance feedback and specific instances of work performance. When underperformance occurs, it is important to address it immediately and directly for a valid and legally defensible decision to be made about continuing employment. A timely approach also means that employees could remedy underperformance issues before further action is required (Schultz & Schultz, 2018)

- *Supporting managers with skill development*: Organisations need to ensure that managers are skilled in providing feedback that motivates and supports the development of their staff and that addresses underperformance when it occurs. Supervisors' skill is particularly critical, both in providing managers with the confidence and ability they need to initiate productive conversations with their staff about performance matters and to ensure that discussions have the desired impact. Supervisors often report that they feel uncomfortable or unprepared to give feedback, especially if performance is poor. Therefore, it is essential that supervisors are given opportunities to develop their own skills and confidence as feedback providers and motivators. Research has shown that supervisors who are empowered to develop and use effective skills in giving feedback are likely to experience better long-term relationships with their employees, as well as improving the performance of their staff. Ideally, all managers supervising employees should receive training in giving effective and timely feedback. Managers may also need development and encouragement (as well as norm setting by more senior managers) to give praise and to openly discuss and celebrate individual and team successes (Fletcher, 2001)

- *Ensuring that opportunities for development are made available and accessible to managers and staff*: Managers need to be able to access and act on opportunities to develop staff. This requires the availability of activities and schemes that can be drawn on when the need arises, for example, career planning seminars, mentoring schemes, a performance review scheme that facilitates and integrates discussions about learning and development, and through ensuring the transparency and visibility of offerings provided through the learning and development function. Organisations may also consider developing a rewards and recognition system that is not dependent on the provision of monetary rewards (for example, that has a focus on public recognition, awards ceremonies or the provision of development opportunities) (Kramar, 2016)

Recognition schemes and practices can be considered as a component of an organisation's performance management function. They are designed to motivate and encourage staff and to reinforce positive behaviours by publicly acknowledging effective and exceptional performance and accomplishments. Recognition can be provided as part of the normal feedback processes described above, or in a more formal way such as through the use of one-off awards or ceremonies. Reward schemes differ from recognition schemes in that they aim to provide a material benefit in return for a high level of performance and effort. Formal reward and recognition programs signal to employees that the organisation values them and, when effective, they define and encourage shared behaviours that contribute to a positive and healthy workplace culture by acting as a reinforcement tool. Well-designed schemes can result in increased workplace satisfaction, higher productivity and longer tenure (Gerrish, 2016). However, if the nature of awards and the selection of successful recipients is not clear to employees or perceived as fairly distributed, a reduction in motivation can occur. To mitigate these risks, the organisation should ensure that award categories are clearly defined, that examples of awardable actions are provided for staff, that the criteria guiding decision making are transparent and the reasoning behind the recipients' selection is explained (Bartol & Durham, 2000).

Issues

Many participants noted shortcomings with CPHB's performance management system. The following issues were identified:

- The review was advised that CPHB has a reasonably good level of participation in its performance management scheme and, as of January 2020, 80% of staff had a performance agreement in place. Despite the reasonably good level of involvement of staff in this system, participants commented that a tokenistic approach was often taken to participation, and that the focus of performance management is on the career progression of individuals, rather than on building competence in areas of capability that would be of benefit to the organisation as a whole. Participants also noted that formal discussions were scheduled too infrequently across the performance cycle and that a focus on more frequent and less formal discussions was needed.

  There is likely to be scope to address several of these issues through a combination of the redesign of templates and guidance material and training for managers and staff. We understand that CPHB has begun a refresh of its performance framework, with the intention of updating policy, ensuring a focus on performance and development plans and revising the utility provided by the formal performance cycle. This refresh will provide an opportunity to incorporate an emphasis on capability development to give the organisation a mechanism to address wider skills gaps and to take practical steps towards succession planning through, for example, incorporating opportunities for knowledge transfer, shadowing and on-the-job learning into individual performance and development plans

- Performance management was identified as an issue across the organisation. HR staff noted that managers lack skill in this area and that this is exacerbated by a lack of accountability for addressing performance issues and a lack of available support and guidance for managers. Clients of HR corroborated this and also pointed to managers' lack of confidence in relation to having effective performance discussions, stemming from a lack of capability. Participants said specifically that many managers in CPHB, but particularly those with a clinical focus, did not have the skills needed to give effective feedback, to talk about performance constructively, to plan a program of work with a development focus, to identify and act on development opportunities for staff or to address underperformance. Additionally, many managers do not keep good records of discussions relating to performance, which means that documentation is unavailable to support action if performance problems escalate.

  Managers' lack of capability in these areas translates into a reluctance to address underperformance issues as soon as they become apparent, meaning that these issues can progress and escalate until a more robust intervention is needed. Participants noted that the first response to a long-standing performance problem can come in the form of a bullying and harassment complaint. Further to this, participants said that probation needed to be used more effectively when early work performance or behavioural problems arise to ensure that they are addressed before incumbents achieve permanency

LEARNING AND DEVELOPMENT

Background

Organisations are responsible for ensuring that their employees have the appropriate skills and knowledge to work productively and to perform tasks to a high level of quality. The achievement of this requires an organisational commitment to learning and development.

Best practice approaches to learning and development have the following foundations. They:

- Begin with effective induction and onboarding processes that have a development focus
- Align learning priorities with organisational objectives (now and into the future)
- Are based on an understanding of capability gaps at the individual and organisational levels (which depends on a capacity for data capture, analysis, and interpretation)
- Focus on the business application of training (rather than the type of training), creating a learning culture that integrates learning with day to day work experiences and requirements at the points of acquisition and application of new skills and knowledge (Kegan & Lahey, 2016; Marsick & Watkins, 2003)
- Make use of a spectrum of appropriate learning modalities and delivery modes (van Dam, 2017) that may include on the job training, internal and external courses and workshops, mandatory training, opportunities to achieve professional development requirements, supported external study, coaching and mentoring (Smith, 2016)
- Address cultural barriers to learning and consider the psychological principles of learning including individual differences in ability, motivation, active practice of the material, massed versus distributed practice, whole versus part learning, transfer of training and reinforcement
- Have managers that invest in, and are accountable for, the learning and development of their staff (Schultz & Schultz, 2018)
- Evaluate learning and development formally, systematically and rigorously (Patrick, 2000).

The APSC's (2003) Framework for Managing Learning and Development in the APS specifies that HR practitioners play a key role in the development and implementation of an organisation's successful learning and development program. HR practitioners do this when they:

- Understand organisational objectives (short-term and long-term) for learning and development
- Ensure learning and development initiatives are integrated into all people management strategies (such as recruitment, performance management, career management)
- Involve representatives from all business functions in planning and review of overall learning and development strategy
- Provide specialist advice to clients within the organisation in areas that support good practices, such as performing capability needs analyses, selecting appropriate learning interventions and delivering an evaluation strategy
- Are creative in designing and/or brokering timely and appropriate interventions to best suit the learning requirements of the agency and are prepared to take risks with new ways of learning
- Respond to business unit requests for tailored programs in a timely way
- Are accountable for reporting on the organisation's investments in, and outcomes from, learning and development
- Share learning with their HR colleagues
- Maintain up-to-date knowledge of issues, trends and good practice in learning and development.

Issues

The review identified the following issues:

- HR participants commented that CPHB's learning and development function was small but was based on effective collaboration between external providers and internal HR teams. Despite this, they also said that training within the organisation was nursing-centric and that other roles, such as allied health and management roles, did not receive the same focus
- It was widely reported that middle management needs to become a focus for development opportunities with an early emphasis on building leadership capability and capability in performance management. It was noted that there is also a significant need for formal training in leadership and management for clinicians – many specialist staff are well qualified technically but lack rounded leadership and people management skills. Participants noted that clinicians are being asked to step into managerial roles that they are not equipped for. Previously, training for staff in these roles has been available from the Directorate but it is somewhat generic in nature and does not incorporate CPHB's corporate values, which are established by its parent organisation, the Little Company of Mary. To some extent, there is seen to be a need to tailor leadership development programs to fit these values, even though the cultural issues that contribute to leadership problems within the organisation are common to most hospital environments
- HR participants observed that recently there has been an increased emphasis on longer term planning for the delivery of learning and development initiatives, including the introduction of a mandatory training matrix to track the status of training and staff qualifications within the organisation. This will allow HR and managers to identify actual and potential gaps and direct resources to address these

- Participants noted that staff had access to a national online training system but no local system that could host online training specific to CPHB or the ACT. The lack of an appropriate platform hampers the development of in-house online training to address local Territory requirements or local knowledge or skills gaps – however, there may be an opportunity to use a secure YouTube channel for video-based training. Online training that is rolled out nationally was at times inconsistent with the ACT's legislative requirements, reducing its relevance to CPHB staff
- Participants noted that within the hospital there was a culture of not making time available for learning – this means that training opportunities were not always targeted at the groups with the most need
- CBPS staff noted that, on some occasions, they have been able to access health-based training programs that are available to staff at the ACT Health Directorate (such as manual handing training, and training for REDCOs). These have been accessed on a fee for service basis. Staff indicated that they would like to be able to participate in training offered by the Directorate, ACTPS or CHS on a more frequent basis (for example, training in child protection). Staff at CPHB also expressed interest in accessing CHS training but this is not available at present and there is no contact between the two organisation's HR areas with respect to training access. CPHB noted that 'getting staff off the floor' can be difficult and is an ongoing issue that impedes training access for operational staff
- Currently, there is a cross-system approach to graduate training for doctors, but not for nurses, even though both CPHB and CHS operate their own graduate nurse programs. There is an opportunity here for the development of a cross-system approach to nurse training that has the potential to improve the efficiency of the component programs, broaden learning outcomes for nurses and, potentially, assist with system-wide workforce planning
- HR staff also noted that CPHB would benefit from having access to the online, subscription-only information/publications portal used by the Directorate e.g. clinical and professional journals. The review was advised that the Directorate expected CPHB to pay 50% of the cost of the subscription, which was seen to be out of proportion to the scale of CPHB's role in the health system.

WORK HEALTH AND SAFETY

Background

Workplace Health and Safety (WHS) policies and practices address the obligation for organisations to consider an employee's overall safety, health, and wellbeing at work. Apart from the obvious personal, social, and financial costs associated with injuries and deaths, there are significant indirect costs when WHS systems fail. Poor performance of this function can have a critical impact on a business' operation and ongoing performance, often because of reduced productivity and low morale (Chmiel, 2000).

Below, some key best practice characteristics and elements of an effective WHS function are described:

- *Workplace Health and Safety Management Systems (WHSMS):* A WHSMS is a set of policies, procedures and plans that organisations can use to manage health and safety at work in a systematic way. Such a system:
    - Guides the identification, assessment, analysis, and correction of risks in the workplace
    - Establishes accountabilities and governance structures for these functions
    - Establishes mechanisms to communicate WHS matters to employees

- Includes mechanisms for employees to report, communicate and be consulted on WHS matters
- Ensures access to WHS training for employees who require it
- Includes control measures for the management of WHS hazards
- Establishes mechanisms for the resolution of WHS concerns (Nordlöf, Wiitavaara, Högberg, & Westerling, 2017; Holte & Kjestveit, 2012)

- *Safety Culture:* A WHSMS is not effective unless it is accompanied by a positive safety culture (Hale & Hovden, 1998). A 'safety culture' comprises the shared beliefs employees hold in relation to WHS matters (Cooper, 2000) that drive their decisions and behaviours regarding safety (Health & Safety Executive, 2005). Practices that assist organisations to create and maintain a positive safety culture include:
  - Ensuring that a highly visible commitment to safety is displayed by senior management
  - Ensuring that safety is communicated clearly as a key organisational value
  - Decentralising decision-making for key groups responsible for operational safety
  - Educating employees about safety and providing mechanisms for them to contribute ideas on improved safety
  - Ensuring that safety considerations are integrated into high-level decision making within the organisation (Kim, Park and Park, 2016)

- *Health and Safety Representatives (HSRs):* HSRs are worker-elected and are only appointed when requested by staff. They facilitate and represent an employee voice for health and safety matters in the workplace. The functions of an HSR include (from Worksafe Queensland, 2017):
  - Representing workers on health and safety matters
  - Making recommendations on health and safety practices and policies
  - Investigating complaints and risks to worker health and safety
  - Monitoring health and safety measures taken by the organisation
  - Giving feedback to the organisation about how it is meeting its duties (Frick, 2011; Walters & Nichols, 2007).

  Research has shown that properly trained and supported HSRs can have a positive effect on work health and safety outcomes, particularly where their primary role is to give voice to employee concerns, and where the organisation already has a comprehensive and active work health and safety management system in place - meaning that the contributions of staff, via the HSR, are likely to be attended to and acted on (MacEachen et al., 2016)

- *Workplace Health and Safety Officers (WHS Officer):* A WHS Officer is an employee appointed by management who performs in a safety advocate role. WHS Officers complete regulator-approved training and undertake legislated work health and safety functions to assess and improve the performance of a workplace. They are a designated safety resource for a workplace with some organisations establishing WHS Officers as a dedicated full-time role, and others opting to integrate the WHS Officers role into a human resources, operational manager, or other function. The WHS Officer role is focused on informing and influencing management and employees about the health and safety performance of the organisation and enacting improvement across the organisation, whereas HSRs are limited in scope to providing an employee voice for work health and safety issues specific to the particular workgroup they represent (Worksafe Queensland, 2017)

- *WHS Reporting:* WHS reporting should provide management with relevant, valid, reliable and current information that can inform decision making, for example, covering events, event severity, identified hazards, elimination efforts, risk control activities, safety inspections undertaken, financial indicators, lost time (Chmiel, 2000).
- *Employee Assistance Programs:* Employee Assistance Programs (EAPs) provide counselling and psychosocial support to employees. To be effective, an EAP needs to be visible, promoted to staff, accessed from skilled providers, and subject to evaluation (Milne, Blum, & Roman, 2004).

Issues

The review identified the following issues:

- Participants noted a number of features of the work health and safety function that are currently working well, including:
    - The emphasis on a strong safety culture across the organisation
    - A low incident rate
    - Good collaboration between HR and business areas on WHS management
    - An effective approach to early intervention for injury management
    - The recent introduction of initiatives to target occupational violence, adopted under the Great Workplaces Program
    - Effective workplace risk assessments conducted by a qualified physiotherapist
    - A high level of experience in this area within the HR team.
- Clients of HR noted that although the WHS function is in some ways well developed, when WHS staff go on leave, positions are not backfilled and the team is unable to cope with the demand placed on this busy function. This may represent a risk to the organisation should critical issues not receive the response they require.
- HR clients also noted that the EAP service provider engaged by CPHB offers its services over the phone, an approach that was described as inadequate. They also commented that the EAP provider is not equipped to respond to critical incidents and this represents a gap

- Clients of HR commented to the review that there is minimal support to assist staff members' return to work following injury. Participants reported that the involvement of multiple parties (including HR and rehabilitation providers) leads to delays in the resolution of issues that have staffing and resource implications for managers. Additionally, they told the review that there is a lack of proactive or responsive communication about cases and, as a result, managers are sometimes left with little information about the status of the employee concerned and when or if a return to work might be possible. Managers also noted that they are unable to easily access advice about altering working hours to accommodate those returning to work
- HR staff made the observation that the online risk management and reporting system used by CPHB, RiskMan, was not as effective as it needed to be and should be upgraded with access to updated modules. Deficits in system capability are exacerbated by a lack of current, complete data. This was attributed to the fact that managers are not educating staff about the need to use the system to record incidents and risks, therefore, important information is not always being recorded. Additionally, definitions of WHS KPIs are not consistent across the organisation, meaning that recorded data may vary in quality or relevance. The review was advised that much of the required information entry was done by HR staff, who said that there needed to be an emphasis on shared responsibility with managers for ensuring that risk-based data was accurate and current
- HR staff noted that all organisations in the ACT health system use RiskMan but the same versions are not used by all three and there is no data sharing or joint reporting. There may be an opportunity to work towards platform sharing and a common reporting arrangement that will facilitate an understanding of, and development of responses to, the many WHS risks that span the ACT health system
- HR staff commented that pre-engagement medicals are not undertaken by qualified medical staff and do not provide CPHB with the information needed to make valid assessments of the suitability of job candidates. This is a service provided by an external party engaged by CPHB and HR staff noted that it did not provide value for money
- As mentioned in earlier, the review was advised that there are deficits in performance management across CPHB. In conjunction with this, bullying behaviour is also prevalent (primarily perpetuated by staff at more senior levels) and has a significant detrimental effect on staff and the working environment. Bullying prevention is now the focus of training-based interventions that include the participation of senior staff.

WORKPLACE RELATIONS

Background

Workplace relations refers to the management of work-related obligations and entitlements between an organisation and its employees. According to the Australian Human Resources Institute ('Workplace Relations', accessed August 2020), the responsibilities of an organisation's HR area include acting as a liaison between employees and managers and creating / advising on policies and procedures relating to working conditions, pay, compensation, benefits, contracts, work-life balance, and rewards and recognition. HR has two primary functions in this area: To prevent and resolve problems or disputes between employees and management; and to assist in creating and enforcing policies that are fair and consistent for all employees.

According to best practice, HR practitioners working in workplace relations must have strong foundations in:

- Knowledge of, and contribution to, current enterprise agreements covering roles in the workplace, as well as bargaining processes and mechanisms for granting approval for agreements (approval provided by the Fair Work Commission)
- A sound understanding of leave types available to employees, legal requirements relating to leave and processes for responding to applications for leave
- The ability to draft and assist in the implementation of policies and processes for managing employee behaviour, including bullying, discrimination and sexual harassment and prevention of incidents and the legal repercussions should an incident arise
- An understanding of employee records, for example, in relation to basic employment information, pay, overtime, leave entitlements, superannuation agreements, individual flexibility arrangements, guarantee of annual earnings and termination
- A sound understanding of Workplace Health and Safety policies, standards and practices
- Experience in the implementation of policies and processes for managing ill / injured employees, including return to work and the management of compensation claims
- In-depth knowledge of relevant industrial relations legislation governing employment terms and conditions (e.g. *Fair Work Act 2009* and *Fair Work Amendment Act 2013)*, workplace health and safety (e.g. *Work Health and Safety Act, 2011* and *Work Health and Safety Regulations, 2011*), immigration (for the recruitment of staff from outside Australia) and anti-discrimination laws
- Experience with various negotiation and dispute resolution methods (Davis, 2007; Kaufman, 2001; Fair Work Commission, accessed August 2020).

Employee Advocates. To assist in the management and resolution of problems that arise between employees and management, some organisations engage Employee Advocates (EA), as is the case within the ACT health system. However, for advocates to perform their role successfully, they must be respected and considered 'credible' within the organisation and be able to provide accurate and objective information (Askew, Schluter, Dick, Rego, Turner, & Wilkinson, 2012; Duffy, 2009).

Best practice for the functions and responsibilities of the EA role includes the following. The EA:

- Aids staff who are subjected to negative behaviours
- Acts as a form of social and / or instrumental support for staff and assist them to take an active stance in addressing aversive situations
- Plays a role in the prevention of negative behaviour from occurring
- Handles complaints and grievances effectively in the short to medium term using informal methods of resolution
- Takes a longer-term approach focused on reducing the harmful consequences of behaviour that has occurred
- Supports management in the elimination of negative behaviours in the workplace (Budd & Colvin, 2008; Cortina & Magley, 2003; MacDermott, 2002).

Issues

The review identified the following issues:

- Participants noted that CPHB has historically lacked capability in the management of industrial relations issues and has sought to develop this function. CPHB now employs a single staff member with well developed skills in this area, and HR clients commented that good advice was available from this individual, including assistance in managing underperformance issues. However, this resource is shared across multiple sites in the region and the responsibility of the role is broad, spanning both employee relations and industrial relations matters. The review was told that these functions are therefore greatly under-resourced. Participants noted that it was very difficult to get a response to enquiries or requests for assistance with serious issues and in relation to the interpretation of Enterprise Agreements - participants noted that this became an acute issue during the early stages of the COVID-19 pandemic when managers were trying to clarify entitlements and obligations in a time pressured situation. Despite the existence of a dedicated resource in this area some participants are still not aware of it, noting that it is difficult to know where to go to obtain advice on employee relations matters, or on conditions and entitlements
- HR clients commented that there was no organisation-wide rostering system in place and that it was left to managers to work out their team's rosters, primarily using their own Excel spreadsheets. Rostering was time-consuming for managers, who told the review that they often performed this task in their own time on weekends. There is a need to establish an enterprise-wide system that is easily accessible and straightforward to use and, ideally, to adopt a more collaborative, planned approach to rostering
- HR clients also noted that staff attendance is recorded in a 'clock in – clock out' system that was too rigid to accommodate the need for flexibility in working arrangements and start and finish times of certain role types, like nurses
- CHS takes the lead in managing negotiations for four Enterprise Agreements (EA) together covering for medical staff, nurses and midwives, health professionals and health support services and CPHB and the ACT Health Directorate are also represented in negotiations. CPHB has a position on the bargaining team although the review was advised that they are not always fully informed of developments and intentions, which can be opaque at times. There is a need to improve the degree of communication and joint planning that occurs across the health system in relation to EA negotiations
- HR clients commented that decisions made in misconduct cases at times seemed to be inconsistent and unrelated to the severity of the offence. They noted that there is a need for the introduction of a formalised, consistently applied process for managing behaviour problems particularly when they are at a stage when they are easier to resolve. The review was informed that CPHB is undertaking a pilot study to examine the potential benefits of adopting the Vanderbilt model (a staged model for dispute resolution) to assist in the management of interpersonal problems and staff grievances and complaints. The introduction of this approach may go some way towards improving the organisation's ability to respond effectively to problems before they escalate and require more serious intervention. In early 2020, staff were being trained and accredited in the use of the model.

DIVERSITY MANAGEMENT

Background

In an organisational context, a focus on diversity recognises the wide range of unique traits and characteristics held by people. These characteristics can take many forms and may include (but are not limited to) gender, age, race, sexual orientation, disability, religious beliefs, geographic location, and income level. Valuing and embracing diversity requires recognising individual differences in people and providing relevant supports to benefit both the individual and the organisation. Diversity management refers to the implementation of different workplace practices that are suited to the needs of different groups within the workforce and that create respectful and fair workplaces. Organisations that use diversity management practices aim to maximise the engagement, potential, participation, and productivity of their employees (Mor Barak, Lizano, Kim, Duan, Rhee, Hsiao, & Brimhall, 2016).

The ACT Public Service (ACTPS) has stated its commitment to creating a 'positive, respectful, supportive and fair work environment where employee differences are respected, valued and utilised to create a productive and collaborative workplace' (CMTEDD, accessed August 2020). In 2010[7], the ACTPS introduced its Respect, Equity and Diversity (RED) Framework and introduced RED Contact Officers (REDCOs) to model and promote the ACTPS values, to raise awareness of the importance of respect, equity and diversity in the workplace and to assist in the development of a positive workplace culture across the service.

Primarily, REDCOs do not resolve issues but assist staff to contact the appropriate person, team or services to assist them in relation to the issue they have approached the REDCO about. The role of a REDCO is voluntary and is undertaken in addition to normal duties. A number of CPHB staff operate as REDCOs.

Managing diversity and the implementation of diversity approaches operates at three levels:

- Organisational level e.g. changes in terms of operating procedures, affirmative action and educational programs
- Interpersonal level e.g. relationship change in terms of better understanding the views of others
- Individual level e.g. attitudinal change in terms of interpersonal processes (specifically those that reside within the individual; Lawthom, 2000).

Best practice in diversity management has the following foundations. The requirement to:

- Ensure policies are implemented with an understanding of how they algin with overall organisational objectives
- Ensure policies / interventions are evaluated and assessed to determine their levels of effectiveness (Lawthom, 2000)
- Ensure diversity is embraced by top management and communicated to all
- Implement organisation-wide awareness training
- Individualise performance management models that align with work style preferences and motivation
- Focus on developmental needs and career aspirations of all
- Provide flexible working arrangements and employee assistance programs as required (Bartz, Hillman, Lehrer, & Mayhugh, 2009)

[7] This was reviewed in 2014/2015

- Adherence to the MOSAIC model of diversity management (Kandola & Fullerton, 1996), which encompasses the following:
    - *Mission and Values:* Managing diversity needs to be dovetailed into business objectives, mission statements and vision to ensure it is seen as important by *all* employees
    - *Objective and Fair Processes:* Key processes and systems should be monitored to ensure fairness (e.g. recruitment, selection, induction and appraisal techniques and systems are potential areas of bias)
    - *Skilled Workforce:* Ensure the workforce is aware of diversity and developed and managed appropriately
    - *Active Flexibility:* Working patterns, policies and practices should be flexible, addressing the work / life needs of all employees
    - *Individual Focus:* Employees are considered and managed on an individual basis, not on a group basis
    - *Culture that Empowers:* Workplace culture should be consistent with the principle of managing diversity (e.g. devolved decision making, participation and consultation).

Issues

The review identified the following issues:

- As mentioned, CPHB participates in the REDCO program. REDCOs provide a first point of contact for employees with enquiries related to potential discrimination and harassment. They are responsible for providing information to employees to help prevent, manage and eliminate workplace discrimination, bullying and harassment
- Aside from participation in the REDCO program, the emphasis on diversity management is not highly visible within CPHB. Participants provided the review with little information or commentary on CPHB's diversity and inclusion functions, perhaps suggesting that this is an area that warrants development both within HR and across the organisation. HR clients told the review that CPHB needs to introduce diversity training to increase the level of cultural awareness across the organisation.

ORGANISATIONAL DEVELOPMENT

Background

Although there is debate surrounding the definition of organisational development (OD), most commonly it refers to the use of a systematic, evidence-based approach to the planned implementation of strategies, structures and processes for improving organisational effectiveness and performance (Cacioppe & Edwards, 2005; Cummings & Worley, 2014) and the quality of working life of its staff (Saunders & Barker, 2001).

McLean (2010) views organisational development as "any process or activity, based on the behavioural sciences, that, either initially or over the long term, has the potential to develop in an organisational setting enhanced knowledge, expertise, productivity, satisfaction, income, interpersonal relationships, and other desired outcomes, whether for personal or group/team gain, or for the benefit of an organisation" (p. 9). It is an "applied behavioural science approach to planned changes and development of an organisation because the emphasis on OD is more on improving organisation capabilities rather than the actual organisational processes and it is about large scale organisational change that is based on people's perception and behaviour" (Mullins, 2007, p. 720).

OD is the arm of HR that aims to deliver evidence-based change to improve an organisation's design, processes, capabilities, and functioning. In a health care context, workforces are complex and cost pressures are considerable and, if care is to be of higher quality and lower cost, the key to improvement lies in effective, well designed, interventions (Koeck, 1998) that draw on existing HR and organisational capabilities and that engage staff in their development and implementation. A capable, effective OD function can drive these changes.

Best practice in organisational development has the following foundations:

- It emphasises goals and processes, but with an emphasis on processes
- The need for change is supported by empirical evidence (Bushe & Marshak, 2014)
- The concept of organisational learning as a means of improving an organisation's capacity is implicit in most approaches
- It deals with change and improvement over the medium to long term and therefore may need to be sustained over an on-going period
- It involves the organisation as a whole, as well as its component parts
- It is participative, drawing on theory and practices of behavioural science
- It has management support and involvement from the top down
- It concentrates on planned change and improvement, but focuses on processes that are adaptable to changing situations (Senior, 2000)
- Interventions / approaches are guided by the following underlying values:
    - People should be treated with respect
    - There must be trust, openness, and a collaborative organisational climate
    - Less emphasis should be placed on hierarchical structures
    - Confrontation: Issues concerning employees must be treated head-on
    - People who will be affected by the change must be included in the planning and execution of the change process (Odor, 2018)
- It is not a 'one off' event that ends when change has been implemented, rather it is an on-going process
- It is an iterative or cyclical process which is continuous, whereby interventions are evaluated, assessed, adjusted, and re-introduced, comprising the following steps:
    - Diagnose the current situation / need for change or improvement (informed by relevant data)
    - Develop a vision for change / improvement
    - Gain commitment to the vision (at all levels of the organisation)
    - Develop an action plan
    - Implement the change / introduce the intervention
    - Assess and reinforce the change
- Decision-making relating to planned change and improvement involves staff at all levels, not just senior management (Senior, 2000).

Issues

The review identified the following issues:

- At present, CPHB does not have a designated organisational development function nor strong capability within this area within most of its core HR functions, including workforce planning, recruitment, learning and development, performance management, work health and safety and workplace relations. The broad absence of capability in this area will need to be addressed, either by building a strategic capability within existing HR functional areas or through the creation of a dedicated, stand alone function that guides development work across all functions
- CPHB has been required to develop a response to the 2019 *Independent Review into the Workplace Culture within the ACT Public Health Services* but, as mentioned, the organisation lacks a designated organisational development function. To guide health organisations' responses to the cultural review, the ACT Health Directorate has established a Cultural Review Implementation Branch (which is time limited) and commissioned the Australian National University (ANU) to develop a change framework for application within the health system. Implementation of the ANU model will become each organisation's responsibility at the conclusion of the ANU consultancy. Consequently, there will be a need to determine where responsibility for the implementation stage of this project will lie within CPHB.

ANU Change Framework

The change framework that has been developed by the ANU[8] will be used to assist leaders in the ACT health system to respond effectively to the 2019 *Independent Review into the Workplace Culture within the ACT Public Health Services*. The ANU work focused on reviewing and making recommendations designed to effect change in the behaviour of leaders and staff. Its scope therefore differs from that of the current review reported here, which address the organisation's current HR function. Nevertheless, both analyses have identified common issues and themes, including the need to:

- Address deficits in the approach to developing and using metrics to inform decision-making
- Improve the organisation's approach to and adoption of effective performance management activities
- Adequately resource and expand learning and development offerings with an emphasis on the development of leadership skills for managers.

In line with the scope of the project, interventions recommended in the ANU report focus on workplace behaviours, with the goal of building an inclusive and psychologically safe working environment. Recommendations address the need to:

- Develop an organisation-wide approach to measuring, analysing and reporting on workplace behaviours and to using this to inform decision-making
- Establish effective systems and processes to support the prevention and management of poor workplace behaviours and the effective management of staff performance
- Improve people skills across the workforce through the development of a broadly applicable learning and development strategy and a toolkit to inform and support organisational change (including guidance fact sheets covering issues such as workplace civility).

[8] Documented in *Investing in Our People: A System-wide, Evidence-based Approach to Workplace Change Final Report*, 2020

Although the scope of both projects differ, they have a basis in common evidence. As a result, interventions recommended in the ANU report are consistent with those outlined in the current review, which also highlight the need to prioritise the development and use of appropriate HR metrics for CPHB, its approach to performance management and the leadership capabilities of managers.

HR BUSINESS PARTNERS

Background

CPHB has recently introduced an HR Business Partner model to support the delivery of HR services to the organisation. Two Business Partners are employed and share responsibility for providing advice to business areas. This model was introduced following the completion of consultations for this review, therefore, the review did not have the opportunity to gather information about its operation within CPHB, however, it is anticipated that this initiative will be very well received across CPHB.

Issues

The following issues are noted:

- The review was told that line managers at CPHB do not have a good understanding of contemporary HR and of what can be offered to support them in managing their business areas effectively. Therefore, there is considerable scope for HR Business Partners to play a key role in applying strategic HR within the organisation
- HR Business Partners do not have a formal division of responsibility along structural lines, as is typically the case when this model is employed. When Business Partners share responsibility for organisational units, they are able to provide coverage for each other during periods of absence. However, under this model, Business Partners may not as easily gain the in-depth knowledge of a business area or establish the kind of trusted relationship with senior executive staff that can develop when they have sole responsibility for one area. CPHB would be well advised to monitor this issue over time.

BENCHMARKING HR FUNCTIONS

Background

Benchmarking techniques use quantitative and / or qualitative data to make comparisons between organisations that are alike in relevant ways, or between different sections of organisations. It can assist organisations to align functions and practices against other leading organisations who are considered 'best practice', and / or against wider best practice techniques e.g. techniques identified by leading researchers, academics and advisors.

According to Stone (2014), in practice, external benchmarking can be time-consuming and hampered by the difficulty of obtaining relevant information and identifying comparable organisations to benchmark against. Both qualitative and quantitative data should be collected, and where possible, from within and outside the industry of interest, provided comparability on important dimensions can be established and maintained. It is important not to view HR practices in isolation from each other (e.g. examining recruitment practices may also require consideration of an organisation's staffing strategy) and to consider comparisons in terms of the context of the organisations from which the data originated.

Stone (2014) outlines several key practices to endure that benchmarking is conducted appropriately, including:

- Keeping the goals of the benchmarking exercise specific e.g. choosing an HR function or activity to be improved, completing a thorough analysis of the 'current state' and carefully selecting a limited number of organisations that excel in the area
- Engaging managers, who will be involved in the changes, in the benchmarking process to ensure they are fully aware of what they need to do and whether it will work for the organisation
- Exchanging and sharing information – the organisation should be prepared to assist other organisations with their benchmarking or similar activities
- Seeking legal advice where necessary - discussions of intellectual property ownership and similar legal issues may require an organisation to obtain require legal advice
- Respecting confidentiality – there is a need to maintain the privacy of other organisation/s information.

The scope of this review included a targeted benchmarking assessment with other similar organisations to examine comparative HR resourcing requirements, with a focus on the health sector where relevant. The number of HR staff an organisation requires is heavily dependent on the size of the organisation and its industry type. According to the Australian Human Resources Institute ('HR Audit Information Sheet', accessed August 2020), ideally, organisations would employ one HR professional to every 50 employees. However, this ratio is not a realistic expectation for many organisations, and a maximum ratio of one to 100 is a more commonly achieved goal for many organisations[9]. We note that these ratios generally refer to HR advisers only and exclude recruitment roles that process large volumes of work, as their inclusion can skew numbers for large organisations with high volume staff intakes.

Issues

For benchmarking purposes the following organisations were identified as being comparable to CPHB. The table below shows the HR to staff ratios for CPHB compared against nominated organisations.

Organisation	Staff FTE	HR staff FTE	HR to Staff Ratio
Canberra Health Services	6 672	81	1:82
John Hunter Hospital	Not available	Not available	Not available
Calvary Public Hospital Bruce	1 078	20	1:54
Calvary Mater Newcastle	Not available	Not available	Not available
ACT Health Directorate	613[10]	11	1:56
Environment, Planning and Sustainable Development Directorate	647	18	1:35

The comparisons above show that the HR to staff ratio in CPHB is in line with the ideal ratio of 1:50 recommended by AHRI.

[9] It should be noted that ratios which approach 1:100 can only be achieved in large organisations where considerable economies of scale in HR service delivery can be achieved.
[10] Pre-COVID-19 numbers

Aside from staffing numbers, all organisations differ in their purpose, functions, the complexity of their operating environments and their stages of maturity / development, making benchmarking challenging. While the HR to staff ratio in CPHB appears to be appropriate at present, it must be noted that the organisation's HR function is in the early stages of a period of development and maturity and this is likely to impact on the resourcing needs of this function.

Should CPHB increase its HR staffing complement to address various gaps and priorities identified in this review, it may, for a time, need to exceed 'business as usual' best practice benchmarking ratios.

ASSESSMENT AGAINST HR MATURITY MODEL

In 2018, prior to the split between the Directorate and CHS, the ACT Government commissioned KPMG to undertake a review of the Executive Support, Employee Services and Organisational Development teams within the then People and Culture Unit. As part of this review a model was developed in partnership with the Unit to allow the assessment of maturity of the existing HR function. The model was then known as the HR/People and Culture Maturity Assessment Model [11]. Using a 5-point scale extending from Baseline to Leading Practice, it provided a benchmark for the assessment of current HR functions against leading practice in 6 areas:

- Business and Alignment
- P&C Capabilities
- Governance and Process
- Enabling Technology
- Data Analytics
- Talent and Workforce Management.

For continuity, this model has been drawn on in the current review to support a maturity assessment of the current HR function within CPHB. The 6 areas assessed in the original model do not span all HR functions of relevance to the current review, and so the model has been expanded to allow an assessment of the maturity of additional functions. The modified model, termed the HR Maturity Assessment Model, allows an assessment of the maturity of a HR functions spanning 12 areas:

- HR Capabilities
- Governance and Processes
- Enabling Technology
- Strategic Business Alignment/Workforce Planning
- Data Analytics
- Recruitment, Selection and Secondments
- Performance Management
- Talent Management
- Work Health and Safety

[11] See People and Culture Diagnostic (June 2018) – Appendix B (page 37)

- Workplace Relations
- Diversity Management
- Organisational Development

The information captured via consultations and document reviews, discussed above in this report, was used to inform the assessment of the current level of maturity of the CPHB HR function, which is provided below.

HR Maturity Assessment Model – Key Area	WRA Identified HR Function	Baseline	Functional	Professional	Performing	Leading Practice
HR Capabilities	**All**			HR specialists are in place for key areas (e.g. Employee services, L&D, IR). The majority of staff have relevant HR/People Management experience.		
Governance and Processes	**All**			Formal committees and processes are in place for key areas (e.g. WHS, recruitment). Efforts are made to identify opportunities to improve governance and processes.		
Enabling Technology	**All**		Basic HRIS transaction processing system is in place. Basic Employee Self-Service (ESS) is in place for several transaction types.			

HR Maturity Assessment Model – Key Area	WRA Identified HR Function	Baseline	Functional	Professional	Performing	Leading Practice
Strategic Business Alignment *and* Workforce Planning	**Workforce Planning**		An informal Workforce strategy is in place covering limited areas and/or is short term focused. Localised resource planning activities are in place for some role types.			
Data Analytics	**HR Metrics**		The source of data is the payroll system and the HRIS. Basic measures are in place and basic reports are made available, relating to past and present. Some recording systems are manual or locally generated (Excel).			
N/A	**Recruitment, Selection, Secondments and Staff Movements**		There are recruitment and selection processes in place, but these vary widely and are reactive in nature. Secondment pathways exist for some professional groupings and staff movement is an option but may be difficult to access.			

HR Maturity Assessment Model – Key Area	WRA Identified HR Function	Baseline	Functional	Professional	Performing	Leading Practice
N/A	**Performance Management**		Although participation is good, there is a lack of depth and capability in performance management practices across the organisation.			
Talent Management	**Learning and Development**			For clinical staff, in particular, talent practices pay some consideration to the needs of the next generation of workers.		
N/A	**Work Health and Safety**				There is a significant emphasis on WHS and safety culture across the organisation. There are formal processes, systems, and policies in place.	
N/A	**Workplace Relations**		There are dedicated, skilled resources in this area but this area is significantly under-resourced. Practices across the organisation are inconsistent.			

HR Maturity Assessment Model – Key Area	WRA Identified HR Function	Baseline	Functional	Professional	Performing	Leading Practice
N/A	**Diversity Management**	Strategies and frameworks have low visibility. Specific resources derived from an ACTPS program are dedicated to this function but this is based on the participation of volunteers.				
N/A	**Organisational Development**	There is currently no designated organisational development function nor strong capability in this area.				

ROADMAP: PRIORITY AREAS FOR IMPROVEMENT

The review has identified a number of areas, under each of the nine HR service delivery functions, where current practice does not yet match best practice approaches. In this section of the report, we identify what the review regards as the **four most important** areas in which priority should be given to enhancing processes to build capability of HR staff and CPHB managers and further develop the maturity and effectiveness of the services delivered.

The four priority areas were identified based on the analysis of the issues presented throughout this report, and on the basis of the HR maturity assessment described in the preceding section. This assessment identified that the organisational development and diversity functions in CPHB are currently operating at the lowest level of maturity (at Baseline) and therefore represent the areas of highest development need. Workforce planning, recruitment and selection, performance management, workplace relations functions, and the collection and use of HR metrics have all been assessed as operating at the Functional level at present (noting that Functional represents the second lowest level of competence on the scale), indicating significant room for improvement in these areas.

Effective workforce planning and recruitment and selection functions are essential as without strength in these areas, organisational capability can become compromised. The review contends that interventions in these areas are therefore required. The operation of a capable HR metrics data collection, analysis and reporting function provides a foundation for all HR activities and, as such, must be considered to be a priority that will facilitate the elevation and effective operation of other functions. Although the workplace relations function warrants attention, the need here is primarily resource based, and further benefits in this area are likely to flow from a focus on improvements in workforce planning, the quality of recruitment and selection activities and the effectiveness of performance management. Similarly, improvements in the area of diversity and inclusion are likely to follow should more effective and contemporary recruitment and selection practices be implemented and performance management deficits be addressed. Therefore, at the present time, it is recommended that other areas take precedence.

Drawing together these findings, the review has identified the need to develop CPHB's HR functions in the following priority areas:

- Leadership Development, comprising a focus on **Recruitment** and **Performance Management**
- Organisational Initiatives, comprising a focus on **HR Metrics** and **Strategic Workforce Planning**.

A focus on recruitment and performance management will support the development of CPHB staff and leaders, while a focus on metrics and strategic workforce planning will build the organisation's capacity to function in an informed way in preparation for future challenges.

Specific recommendations in relation to each of these four priority areas are provided in the diagram below.

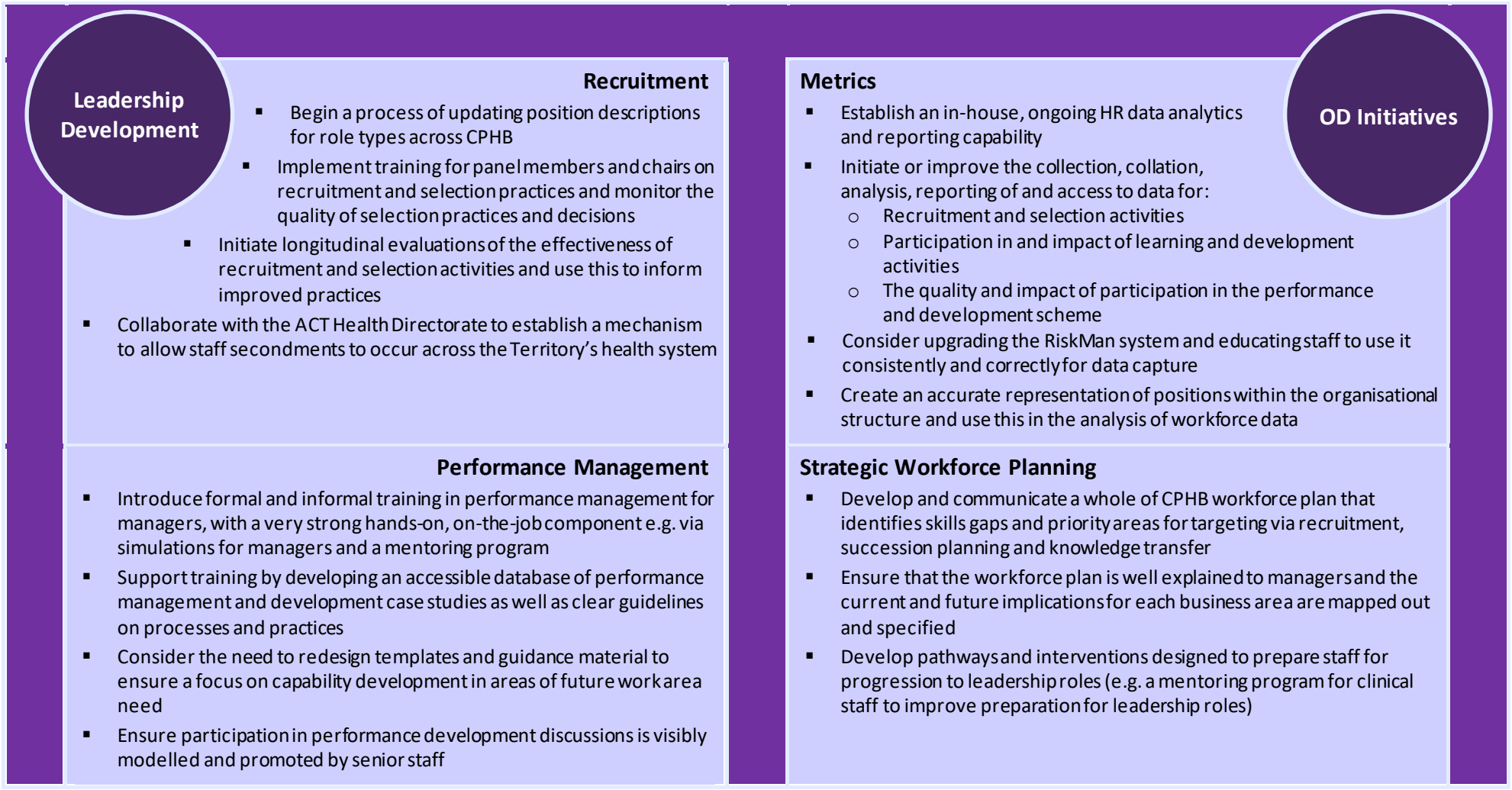

Figure 2: Roadmap: Priority Areas for Improvement

OPPORTUNITIES ACROSS THE HEALTH SYSTEM

The review was asked to consider what opportunities might exist across the ACT health system (i.e. across ACTHD, CHS and CPHB) for the delivery of HR functions that would facilitate an across system, consistent and aligned approach that would enable the delivery of cost-effective HR support and services to staff and that would reduce duplication of effort.

The following observations are offered by the review, however, it should be noted that not one of the three organisations comprising the review expressed any strong desire to co-operate in a cohesive way in all of the areas nominated, each maintaining the need for their own independence and often citing the uniqueness of their operations and budgetary constraints as barriers to cross system collaboration.

For some of the functional areas, noted with an asterisk *, there was acknowledgement that cross system collaboration may warrant further consideration.

Areas of HR Service delivery that may benefit from an **across-system approach** identified (in no particular order) include:

- Integration (as far as is practicable) of the collection, analysis and reporting of HR metrics to support all facets of organisational planning and performance
- * The development and implementation of a leadership capability framework (this would incorporate clinical and non-clinical capabilities)
- A common and co-ordinated approach to the conduct of a learning needs analyses conducted regularly to identify and refresh priority areas for capability building
- A 'shared services' arrangement (led by one agency – preferably the ACT Health Directorate) on a 'fee for service' basis for shared learning and development services – this would include corporate training and common clinical training requirements
- * Co-ordinated initiatives to facilitate staff movements / secondments across the entities
- * Continuous improvement in common WHS initiatives including injury prevention and management
- System-wide access to employee advocacy services (subject to an evaluation of the effectiveness / success on the current arrangements)
- Diversity initiatives.

Areas where it may be feasible to establish **centres of excellence / communities of practice** that are jointly funded (as needed on an agreed proportional basis) or simply operate as a collaborative arrangement between the entities and accessed by all:

- * Strategic workforce planning – it is suggested that responsibility for this planning reside in the ACTHD with operational WFP undertaken by each organisation to align with the broader strategic intent / objectives
- Succession planning and talent management
- Management of code of conduct matters including investigations (currently led by CMTEDD but there is general dissatisfaction about timeliness and efficiency of these arrangements)
- * Performance management including underperformance management
- * Best practice recruitment.

The review noted that the heads of HR do not currently have a forum / standing committee arrangement to meet on a regular basis to discuss, monitor and progress whole-of-system approaches – this is seen as a significant gap.

CONCLUSION

This report presents the findings of a review of Human Resources functions in Canberra Public Hospital Bruce. The review was undertaken to identify gaps in functions, capabilities and resourcing and to propose strategies to close those gaps within CPHB. The review also considered opportunities for increased collaboration between CPHB and the two other entities within the ACT public health system, namely, the ACT Health Directorate (ACTHD) and Canberra Health Services (CHS).

The report presents the findings of the review, categorised by HR function. Against each function, the issues identified during the course of the review are discussed. Following this, the role of HR Business Partners in delivering HR functions to CPHB is examined, and then a benchmarking assessment against comparable organisations to inform appropriate HR resourcing requirements for CPHB is presented. Drawing together the information and analysis described above, the review has used an HR Maturity Assessment Model to assess the current level of development of the HR functions within CPHB.

Finally, the review presents a roadmap for change that outlines the sequenced implementation of recommended solutions.

The findings of the review are presented to CPHB for consideration.

ATTACHMENT A: LIST OF PARTICIPANTS

Participant	Role
Ms Barbara Reid	Regional CEO
Ms Judi Childs	Regional Chief HR Officer
Ms Roslyn Everingham	General Manager, Calvary
Mr Mark Dykgraaf	Former General Manager, Calvary
Mr Brian Keech	Director HR
Mr Patrick Morgan	Business Analyst and contractor to ACTHD
Staff of the HR work area	
CPHB staff and clients of HR	
Staff of the Culture Review Implementation Branch	
Consultants from the Australian National University Research School of Management	

ATTACHMENT B: HR MATURITY ASSESSMENT MODEL [12]

Key Area	Base Line	Functional	Professional	Performing	Leading Practice
Strategic Business Alignment	There is no formal strategy in place.	An informal Workforce strategy is in place covering limited areas and/or is short term focused.	A formal workforce strategy is documented and covers short and medium term objectives and links between business and workforce strategy.	A formal workforce strategy exists and includes key values and goals of the organisation and includes long term objectives.	A workforce strategy exists and is directly aligned with the value chain of the organisation and reflects clearly articulated mission, vision and values.
Key Area	**Base Line**	**Functional**	**Professional**	**Performing**	**Leading Practice**
P&C Capabilities	P&C is operated typically by people 'who like working with people'. There is little to no formal HR/People background in key P&C staff.	The P&C manager is in charge of the function where the P&C generalist role prevails. There are not areas of speciality supporting the business.	P&C specialists are in place for key areas (e.g. Employee services, talent management, IR). The majority of P&C staff have relevant HR/People experience.	Many staff in the P&C function hold relevant qualifications. All P&C staff have direct and extensive HR/People experience and have advanced knowledge of HR/People trends and leading practice.	P&C is an experienced unit and considered a trusted advisor to business leaders. P&C leaders and staff have a key links to the business strategies and have an innovative approach to HR /people outcomes creating tangible value to the business.
Key Area	**Base Line**	**Functional**	**Professional**	**Performing**	**Leading Practice**
Governance and Process	Decision making authority is adhoc and arbitrary and there is no formal governance structure in place creating large inefficiencies.	Decision making is overly cumbersome. There are a few oversight committees or frameworks in place that create inefficiencies and unnecessary process.	Formal committees and processes are in for key areas only (e.g. IR, Employee relations, recruitment). Efforts are made to identify wasteful activities and streamline processes.	There are organisation wide committees and formalised lean operating structures and processes in place. There is a focus on the voice of the customer to define value and there is incorporation of leading practice.	Lean governance is a 'way of working' and is embedded in day to day operations. Governance model can be quickly adapted to accommodate business change. Effective, efficient and customer led process with a strong focus on continuous improvement.

[12] Source: People and Culture Diagnostic (June 2018)

Key Area	Base Line	Functional	Professional	Performing	Leading Practice
Enabling technology	There is no formal P&C technology and no HR Information system (HRIS) in place. P&C administration is manual in nature.	Basic HRIS transaction processing system is in place. Basic Employee Self-Service (ESS) is in place for several transaction types.	A basic P&C technology roadmap exists. Manager Self-Service (MSS) and ESS are in place for most basic P&C transactions.	A P&C formal technology strategy exists. Comprehensive workflow exists for most P&C transactions. MSS and ESS are used for all transactional P&C functions and embraced by staff. Emerging technologies are assessed and embraced to meet changing business needs.	A P&C formal and future focused IT strategy exists and is defined and updated regularly. MSS and ESS are used for all transactional P&C functions and embraced by staff. The P&C IT strategy considers emerging and disruptive technologies and the benefits/risks to the organisation.
Key Area	**Base Line**	**Functional**	**Professional**	**Performing**	**Leading Practice**
Data analytics	The source of P&C data is primarily the payroll system and there are no formal measures in place. Only basic reporting is available with a 'rear view mirror' focus.	The source of P&C data is the payroll system and the HRIS. Basic measures are in place and basic reports are made available relating to past and present.	The source of P&C data is the HRIS. There is a dashboard of agreed measures with are routinely reported with a focus on past and present. Limited self-service available for agreed list of reports.	The source of P&C data is the HRIS and a third Party system. A dashboard of measures is reported in real time focusing on past present and future. Reporting team provides dashboards and more complex reporting.	The source of P&C data is the HRIS and a third Party system. Data from all enterprise applications are linked. A real time, robust, complex and customisable reporting dashboard focused on past present and future exists.
Key Area	**Base Line**	**Functional**	**Professional**	**Performing**	**Leading Practice**
Talent management and Workforce planning	Basic hire, develop, engage and retain processes exist. Localised resource planning activities are in place.	Basic hire, develop, engage and retain processes exist and Talent practices are focused on the current workforce. Localised resource planning activities are in place.	Talent practices pay some consideration to the needs of the next generation of workers. Localised resource planning activities are in place coupled with a high level strategic workforce plan.	Talent practices are driven by an understanding of the business strategy. Strategic workforce planning is actioned organisationally and includes complete demand and supply forecasting.	Talent practices are a prioritised blend of current and future skills and capability requirements. Talent practices are articulated in a strategy and are aligned with areas of the organisation via uniquely configured talent interventions.

ATTACHMENT C: REFERENCE LIST

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