



OFFICIAL

Culture Reform Oversight Group Agenda

Tuesday, 29 June 2021

2.00pm - 5.00pm

Boardroom, Level 5, 6 Bowes Street/WebEx

		Sponsor	
Item 1	Welcome and apologies		
	1.1 Introductions	Chair	5 min
Item 2	Minutes of the previous meeting		
	2.1 Minutes from 1 March 2021	Chair	5 min
	2.2 Actions Arising – for discussion	Chair	5 min
Item 3	Presentations		
	3.1 ACT Public Health Services Cultural Review Implementation - Second Annual Review	D-G, ACTHD	45 min
	3.2 Speaking Up For Safety - CPHB	Chair	30 min
Item 4	Decision and discussion items		
	4.1 Workforce Dashboards - Measures of Success	Chair	20 min
	4.2 Working Group Progress	Chair	45 min
Item 5	Updates		
	5.1 Member Updates (Verbal)	All Members	30 min
Item 6	Noting Items		
	6.1 Implementation of Recommendations and Project Plan		
	6.2 Culture Review Implementation Program Risk		
	6.3 Culture Review Implementation Steering Group Meeting Minutes – 19 May 2021 Meeting		
	6.4 Choosing Wisely		

Item 7 Other Business

7.1 Oversight Group Communique	Chair	5 min
7.2 Oversight Group Key Messages	Chair	5 min

Next meetings:

09 August 2021
27 October 2021
13 December 2021



Culture Review Oversight Group Minutes

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7 May 2021

2:00pm to 5:00pm

Stromlo Room, Abode Hotel, 10 Bowes Street and via WebEx

Members:

- Ms Rachel Stephen-Smith MLA, Minister for Health (Chair)
- Ms Emma Davidson MLA, Minister for Mental Health (Deputy Chair)
- Ms Rebecca Cross, Director-General, ACT Health Directorate (ACTHD) via WebEx
- Ms Barbara Reid, ACT Regional Chief Executive Officer, Calvary, ACT (Calvary)
- Ms Madeline Northam, Regional Secretary, Community and Public Sector Union (CPSU)
- Mr Matthew Daniel, Branch Secretary, Australian Nursing and Midwifery Federation ACT (ANMF)
- Mr Peter Somerville, proxy for Dr Antonio Di Dio, President, Australian Medical Association ACT Limited (AMA)
- Mr Steve Ross, proxy for Dr Jeffrey Looi, President, Australian Salaried Medical Officers' Federation ACT (ASMOF)
- Dr Peter Hughes AOM, President, Visiting Medical Officers Association ACT (VMOA)
- Professor Russell Gruen, Dean, College of Health and Medicine, Australian National University (ANU)
- Professor Jennie Scarvell, proxy for Professor Michelle Lincoln, Executive Dean, Faculty of Health, University of Canberra (UC)

Apologies:

- Ms Bernadette McDonald, Chief Executive Officer, Canberra Health Services (CHS)
- Ms Darlene Cox, Executive Director, Health Care Consumers Association ACT (HCCA)

Staff present:

- Ms Jodie Junk-Gibson, Executive Branch Manager, Culture Review Implementation (CRI) Branch, Office of the Director-General, ACTHD (Adviser)
- Ms Meg Bransgrove, Senior Adviser, Office of Minister Rachel Stephen-Smith MLA
- Mr John Ord, Office of Minister Emma Davidson MLA
- Ms Eliza Moloney, Adviser, Office of Minister Emma Davidson MLA
- Ms Suze Rogashoff, Director CRI Branch, Office of the Director-General, ACTHD (Secretariat)

Item 1 Welcome

The Chair welcomed members and formally opened the meeting through an Acknowledgement of Country.

The Chair welcomed Ms Cross to her first Oversight Group meeting, via WebEx from Brisbane.

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

- Professor Jennie Scarvell representing Professor Michelle Lincoln for UC;
- Mr Peter Somerville representing Dr Antonio Di Dio for the AMA; and
- Mr Steve Ross representing Dr Jeffrey Looi for the ASMOF ACT.

The Chair noted that apologies had been received from Ms McDonald from CHS and Ms Cox from HCCA, and that Ms Cox had provided comments on the meeting papers that Ms Junk-Gibson would share with the group.

Item 2 Minutes of the previous meeting

2.1 Approval of minutes

The Chair noted the minutes from the meeting of 1 March 2020. She advised that Ms Northam from CPSU had provided feedback on the minutes and these were included in red text in the draft minutes. The Chair requested if there were any comments before she asked the Group for their endorsement.

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

2.2 Actions arising

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

- Members seeking clarification or updates on referrals: The Chair reminded members that if they had any concerns about matters relating to work areas, these should be raised with Ms Cross, Ms McDonald or Ms Reid.
- Speaking up for Safety (SUFS) presentation by Calvary: This will be scheduled for the June Oversight Group meeting.

Ms Northam requested that data to support the Measure of Success of the program be provided to the Group.

ACTION: Ms Junk-Gibson to raise at the Steering Group meeting on 19 May 2021, ascertain when data can be provided to Oversight Group member and report back to June Oversight Group meeting.

Item 3 Decision and Discussion Items

3.1 Oversight Group Workshop and Working Groups

The Chair noted that one of the outcomes from the workshop was the consistent view of members that they wanted to be more involved with culture reform discussions and

developing solutions. The Oversight Group had agreed to the creation of three working groups to facilitate this.

Ms Junk-Gibson provided a summary of the purpose and scope of the three working groups, as discussed at the workshop. The Chair sought to confirm membership of each working group. It was discussed and agreed that membership of the working groups would not be confined to Oversight Group members, but that it was an opportunity to include other interested parties into discussion.

Membership of the three groups was agreed as follows:

Professional Transition to Work – Professor Michelle Lincoln, Professor Russell Gruen, Ms Eliza Moloney, Ms Jodie Junk-Gibson, ASMOF representative and Mr Matthew Daniel.

Early intervention - Ms Maddy Northam, Dr Peter Hughes, Ms Barb Reid, Ms Rebecca Cross, CHS representative, AMA representative and ANMF representative

System-Wide HR Matters – CPSU representative, Mr Steve Ross, Mr Matthew Daniel, Ms Bernadette McDonald, AMA representative, Ms Meg Bransgrove. It was also noted that there should be a representative from Calvary and ACTHD.

It was agreed that each working group would set its own Terms of reference, scope and work plan and provide an update to the June Oversight Group meeting.

ACTION: Ms Junk-Gibson to coordinate meetings of all three working groups and provide secretariat support.

ACTION: Working Groups to provide an update of progress, including Terms of Reference, to the June Oversight Group meeting.

Oversight Group members considered a new vision and name for the group that reflects the emphasis on the group being solution-focused and future facing. The group agreed to the following:

Vision

Building a better health system through organisational reform that respects our workforce, our patients and the community.

Name

Culture Reform Oversight Group

3.2 Culture Review Oversight Group Terms of Reference

There was discussion regarding the Terms of Reference and it was agreed that this item would be held over to the June meeting to enable the inclusion of the Working Groups and the clarity around the connections to other governance committee.

ACTION: Secretariat to add Terms of Reference to the agenda for the June meeting.

3.3 Clinicians Summit – Recommendation 4

The Chair noted the work that had progressed in relation to the Clinicians Summit, and that the Culture Review Implementation Steering Group (Steering Group) had endorsed the closure of the recommendation at the April 2021 meeting.

The Group considered that it was not appropriate to close the recommendation at this time, but noted that a different approach, not necessarily a Summit, will achieve the intent of the recommendation.

It was agreed to formally refer responsibility for the recommendation to the Clinical Leadership Forum (CLF), with progress to be reported back to the Oversight Group on a regular basis.

There was discussion about the gaps in professional bodies membership of the CLF and the Chair noted that there have been discussions about expanding the CLF membership to address this gap.

ACTION: The Secretariat to write to Professor Imogen Mitchell, CLF Chair, and Dr Dinesh Arya, Chief Medical Officer ACT Health Directorate and advise of the decision regarding transfer of responsibility for the Summit recommendation.

ACTION: Ms Junk-Gibson to advise the Steering Group of the Oversight Group's decision regarding closure of the Summit Recommendation.

ACTION: Secretariat to include an update from the CLF on Recommendation 4 at future Oversight Group meetings.

3.4 HR Functions Review

Ms Cross spoke to this paper noting that the HR Functions Review has been a significant piece of work and has identified that there are opportunities for each organisation to build capability and enhance engagement within their organisation. While the report highlighted the different levels of maturity, it identified four areas that all three organisations need to focus on: recruitment, performance management, HR metrics, and strategic workforce planning.

The group recognised that the three organisations have done a lot of work already to improve their services.

It was agreed that the HR Functions Review Reports could be used as the basis for the work plan for the System-wide HR Matters Working Group.

Members agreed that inviting Mr Damian West and Mr Russell Noud to this working group would be beneficial.

DECISION: The Oversight Group agreed to the HR Functions Review Report being published on the ACT Health website.

ACTION: Ms Junk-Gibson to contact CMTEDD and other organisations referred to in the reports and advise of the decision to publicly release the report.

ACTION: All three organisations to advise their HR Teams that the reports are to be publicly released before they are published.

ACTION: Ms Junk-Gibson to invite Mr West and Mr Noud to be members of the System-wide HR Matters Working Group.

3.4 Culture Connect Newsletter

The Chair noted that the Culture Connect newsletter had been developed in a very short timeframe and was a good example of how we can provide stakeholders with information about culture reform across the system.

The Chair asked all member organisations to identify ideas to be included in future Culture Connect newsletter which will be produced on a quarterly basis.

ACTION: Members to advise Ms Junk-Gibson of ideas for articles in the newsletter, including case studies on high performing teams/examples of improvements in workplace culture.

ACTION: Ms Junk-Gibson to pass on questions received in response to the newsletter to member organisations so they can pass this onto their members.

Item 4 Updates

4.1 Member Updates – verbal

4.1.a Minister for Mental Health

Minister Davidson advised she had attended the Safewards Roadshow event and was impressed with the way Safewards is being implemented in CHS and Calvary Public Hospital Bruce.

4.1.b ACT Health Directorate (ACTHD)

Ms Cross spoke about the Organisation Culture Improvement Model (OCIM) noting that the model has applicability beyond the health services, and she was intending to speak about it at an ACT Public Service Strategic Board meeting.

Ms Junk-Gibson advised that:

- a Division level assessment tool has been developed,
- A meeting had been held with Damian West to discuss the potential of using it across the ACTPS,
- There will be a presentation of the OCIM at the People Forum, in addition to Strategic Board,
- The CRI Branch are focussing on testing the reliability and validity of the tool, and
- Commercialisation of the tool is being explored.

Ms Cross noted that she had also attended the Safewards Roadshow event and, like Minister Davidson, was impressed with the work happening in CHS and Calvary.

4.1.c Community and Public Sector Union (CPSU)

Ms Northam queried when the report of the REDCO evaluation would be finalised and sought information on the training REDCOs undergo. She also sought information on the number of REDCO referrals over the past 12 months.

Ms Junk-Gibson advised that the evaluation paper was due to the Steering Group later this month.

Ms Northam also noted that the Whole of Service survey was in the planning phase and noted that CHS was not planning on conducting this survey, rather running the biannual survey in November.

Ms Cross noted that the discussions at Strategic Board regarding the Whole of Service survey indicated it would be a pilot survey initially. She also noted concerns about survey fatigue at CHS and that CHS has significant trend data as a result of their current climate survey approach.

4.1.d Australian Medical Association ACT (AMA)

Mr Somerville advised the group that AMA had conducted seminars on burnout, targeted at interns to assist them in recognising the signs of burnout and managing it. The seminars involved senior professionals sharing their experiences of burnout and strategies that have used.

4.1.e College of Health and Medicine, ANU

Professor Gruen spoke about the inter-professional work happening in conjunction with UC.

4.1.f Australian Nursing and Midwifery Federation ACT (ANMF)

Mr Daniel spoke about the increasing demand on practitioners and that this was, he considered, a significant risk to improving the culture in the system.

4.1.g Faculty of Health, University of Canberra (UC)

Professor Scarvell advised that UC had undertaken research into student transitioning into aged care facilities and other settings.

4.1.h Calvary

Ms Reid advised that the focus for Calvary is on occupational violence and noted the close alignment with the Nurses and Midwives: Towards a Safer Culture project. She noted that a dynamic HR dashboard had been developed which allowed for data analysis and supported decision making at multiple levels in the organisation. She also advised that Calvary National had developed a "Wellness" dashboard and she advised she would share it with the group.

ACTION: Ms Reid to provide the Calvary Wellness Dashboard to the Secretariat for distribution to members out of session.

ACTION: Secretariat to distribute link to Whole of Government Wellbeing Dashboard to members.

4.1.i Visiting Medical Officers Association (VMOA)

Dr Hughes sought information about reported bullying and harassment incidents.

ACTION: Ms Junk-Gibson to raise at the May 2021 Steering Group meeting and advise the Oversight Group when data on reported bullying and harassment incidents would be provided.

ACTION: Secretariat to ensure that a paper is developed for the next Oversight Group meeting with contribution from ACTHD, CHS and CPHB in relation to bullying and harassment including how it is measured and what actions organisations are taking.

4.1.j Australian Salaried Medical Officers' Federation (ASMOF-ACT)

Mr Ross advised that Dr Jeffrey Looi has recently taken over as the President of ASMOF ACT. Mr Ross advised that the appeal against the Medical Practitioners Enterprise Agreement had not been successful, and that negotiations have now commenced for the next Enterprise Agreement.

Mr Ross advised that he had been involved in a conference and all jurisdictions have indicated that workforce shortages are impacting delivery of services. The Chair noted that the Government is working to address the pressures these shortages place on staff,

particularly in the ED, noting that there have been ongoing discussions about models of care, and that this issue was a challenge now and would continue to be in the future.

Item 5 Information Items

5.1 Culture Review Implementation Program Plan

5.2 Implementation of Recommendations and Project Plan

5.3 Culture Review Implementation Program Risk

The Chair asked members if there were any comments in relation to information papers 5.1, 5.2 and 5.3. There were no comments, and the papers were noted.

5.4 Annual Review of Culture Review Implementation - Update

Mr Junk-Gibson advised that procurement activity was close to finalised and it was expected that meetings with key stakeholders would be scheduled for late May- early June. A representative from the CRI Branch will contact Oversight Group members to arrange meetings with the reviewer.

Item 6 Other Business

6.1 Oversight Group Communique and 6.2 Oversight Group Key Messages

The Chair noted that there had been significant discussion and decisions made on a number of items that should be included in the Communique and the Key Messages document including the new name and the HR Working Group.

ACTION: Secretariat to update Communique and Key Messages document and circulate to members for feedback and comments

Meeting closed at 4:50pm

Next Meeting: 29 June 2021
2:00 – 5.00pm



Culture Review Oversight Group Action Items Register

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Meeting Date	Agenda Item	Action Required	Officer Resp	Due Date	Status
11/06/2019	5.3	Members seeking clarification or updates on referrals to speak directly with D-G ACTHD, CEO CHS and Regional CEO Calvary.	Members	Ongoing	Ongoing
27/2/2020	6.1	Ms Reid to present to the Oversight Group in April 2020 on the implementation of the 'Speaking up for Safety' pilot in Calvary Hospital Scheduled for June 2021 Oversight Group meeting to enable the outcomes of the evaluation of the program to be included in presentation.	Ms Reid	22/4/2020 29/6/2021	Complete
7/5/2021	2.1	Data to Support Measures of Success Ms Junk-Gibson to raise at the Steering Group meeting on 19 May 2021, ascertain when data can be provided to Oversight Group member and report back to June Oversight Group meeting. Dashboard reports for ACT Health Directorate, CHS and Calvary Public Hospital Bruce were provided to member in the week commencing 15 June 2021 as background information.	Ms Junk-Gibson	29/6/2021	Complete
7/5/2021	3.1	Oversight Group Working Groups Ms Junk-Gibson to coordinate meetings of all three working groups and provide secretariat support for the initial meeting.	Ms Junk-Gibson	29/06/2021	Complete

Meeting Date	Agenda Item	Action Required	Officer Resp	Due Date	Status
7/5/2021	3.1	Oversight Group Working Groups Working Groups to provide an update of progress, including Terms of Reference, to the June Oversight Group meeting.	Working Groups	29/6/2021	Ongoing
7/5/2021	3.2	Culture Reform Oversight Group Terms of Reference Secretariat to add Terms of Reference to the agenda for the June meeting. This item held over following finalisation of the Annual Review to consider recommendations.	Secretariat	29/6/2021	
7/5/2021	3.3	Clinicians Summit – Recommendation 4 The Secretariat to write to Professor Imogen Mitchell, CLF Chair, and Dr Dinesh Arya, Chief Medical Officer ACT Health Directorate and advise of the decision regarding transfer of responsibility for the Summit recommendation.	Secretariat	10/05/2021	Complete
7/5/2021	3.3	Clinicians Summit – Recommendation 4 Ms Junk-Gibson to advise the Steering Group of the Oversight Group's decision regarding non-closure of the Summit Recommendation.	Ms Junk-Gibson	19/5/2021	Complete
7/5/2021	3.3	Clinicians Summit – Recommendation 4 Secretariat to include an update from the CLF on Recommendation 4 at future Oversight Group meetings.	Secretariat	June 2021	
7/5/2021	3.4	HR Functions Review Ms Junk-Gibson to contact CMTEDD and other organisations referred to in the reports and advise of the decision to publicly release the report.	Ms Junk-Gibson	17/05/2021	Complete
7/5/2021	3.4	HR Functions Review All three organisations to advise their HR Teams that the reports are to be publicly released before they are published.	ACT HD, CHS and Calvary	19/5/2021	Complete
7/5/2021	3.4	HR Functions Review Ms Junk-Gibson to invite Mr West and Mr Noud to be members of the System-wide HR Matters Working Group.	Ms Junk-Gibson	10/05/2021	Complete

Meeting Date	Agenda Item	Action Required	Officer Resp	Due Date	Status
7/5/2021	3.5	Culture Connect Newsletter Members to advise Ms Junk-Gibson of ideas for articles in the newsletter, including case studies on high performing teams/examples of great workplace culture.	All	29/6/2021	Ongoing
7/5/2021	3.5	Culture Connect Newsletter Ms Junk-Gibson to pass on questions received in response to the newsletter to member organisations so they can pass this onto their members.	Ms Junk-Gibson	Ongoing	Ongoing
7/5/2021	4.1	Member Updates – Calvary Ms Reid to provide the Calvary Wellness Dashboard to the Secretariat for distribution to members out of sessions.	Ms Reid	31/5/2021	
7/5/2021	4.1	Member Updates Secretariat to distribute link to Whole of Government Wellbeing Dashboard to member	Secretariat	18/5/2021	Complete
7/5/2021	4.1	Member Updates – VMOA Ms Junk-Gibson to raise at the May 2021 Steering Group meeting and advise the Oversight Group when data on reported bullying and harassment incidents would be provided.	Ms Junk-Gibson	9/8/2021	Complete
7/5/2021	6.1 & 6.2	Oversight Group Communique and Key Messages Documents Secretariat to update Communique and Key Messages document and circulate to members for feedback and comments	Secretariat	18/5/2021	Complete



Culture Reform Oversight Group Meeting Paper

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Agenda Item:	3.1
Topic:	Presentation: ACT Public Health Services Cultural Review Implementation - Second Annual Review
Meeting Date:	29 June 2021
Action Required:	Noting and Discussion
Cleared by:	Director-General, ACT Health Directorate
Presenter:	Executive Branch Manager, Culture Review Implementation

Purpose

1. To provide the Reviewer, Ms Leon, an opportunity to meet with the Culture Reform Oversight Group (Oversight Group) to discuss initial findings, to test some initial thinking and clarify any questions that have arisen from the meetings undertaken to date.

Background

2. Recommendation 19 of the *Final Report: Independent Review into the Workplace Culture within ACT Public Health Services* (the Culture Review) states "That the 'Culture Review Oversight Group' auspice for the next three years, an annual, independent and external review of the extent of implementation of the recommendations of the Review and consequent impact on cultural changes within the ACT Public Health System".
3. At the Oversight Group meeting on 1 March 2021, the Oversight Group agreed on the Terms of Reference for the second annual review. These are at [Attachment A](#).
4. Ms Renee Leon was contracted to conduct the annual independent and external review and work commenced on 26 May 2021.
5. Ms Leon has met with all Oversight Group members and will be conducting focus groups over the coming two weeks.

Presentation

6. Ms Leon's presentation will enable discussion of the initial findings from the Annual Review and will provide the opportunity to clarify any questions and to test initial thinking with the Oversight Group as a whole.

Recommendation

That the Oversight Group:

- *Note the presentation provided by Ms Renee Leon.*



Attachment B

Culture Review Oversight Group

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Culture Review Implementation: Annual Review Terms of Reference

Purpose

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

Background

2. On 10 September 2018, the former Minister for Health and Wellbeing announced the establishment of an Independent Review into the Workplace Culture within ACT Public Health Services.
3. The Culture Review Report was released by the former Minister for Health and Wellbeing on 7 March 2019.
4. The former Minister for Health and Wellbeing; Minister for Mental Health; Director-General, ACT Health Directorate; Chief Executive Officer, Canberra Health Services; and Regional Chief Executive Officer, Calvary Hospital jointly and publicly committed to implement the 20 recommendations in the Culture Review Report. This was further supported by a Public Commitment Statement released on 4 September 2019 by leaders of the organisations represented on the Culture Review Oversight Group (Oversight Group).
5. The Oversight Group is commissioning an annual review of the culture review implementation process and progress, in line with Recommendation 19, in the Culture Review Report, which states:
‘That the ‘Culture Review Oversight Group’ auspice for the next three years, an annual, independent and external review of the extent of implementation of the recommendations of the Review and consequent impact on cultural changes within the ACT Public Health Services’.
6. The annual review process is an important independent assessment of the culture review implementation process and its progress in implementing the 20 recommendations in the Culture Review Report. It represents an important learning opportunity and transparent accountability mechanism.

Scope

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

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

Methodology

8. The annual review process will draw upon information from a range of sources across the three arms of the ACT public health system, to strengthen its analysis and avoid duplication of effort.
9. It is proposed that the annual review include:
 - a. A desktop review of key documentation produced as part of the culture review implementation process across the three organisations. This will include:
 - i. public statements, documentation from the governance and stakeholder engagement bodies (i.e. the Culture Review Oversight Group, Culture Review Implementation Steering Group, Clinical Leadership Forum, and Health and Wellbeing Partnership Board) as well as from the leadership and staff within each of the three public health organisations;
 - ii. Internal strategies developed by each of the three public health organisations that link to the overarching Culture Review Implementation strategy;
 - iii. information generated by key initiatives occurring under the banner of the culture review implementation process (e.g. the ANU partnership to develop a Workplace Culture Framework, and the HR Functions Review); and
 - b. access to staff climate surveys, and any work progressed as a result of the surveys;
 - c. access to workforce data and metrics relevant to assessing the impact of the culture review implementation (although negotiation with provider seeking permission in line with IP rights about survey design required);
 - d. access to organisation Workforce Profile Dashboards;
 - e. access to Organisation Culture Improvement Model (OCIM) baseline (2019) and 2020 assessments;
 - f. One-on-one interviews with a cross-section of key stakeholders:
 - i. Minister for Health;
 - ii. Minister for Mental Health;

- iii. Director-General, ACT Health Directorate;
 - iv. Chief Executive Officer, Canberra Health Services;
 - v. Regional Chief Executive Officer, Calvary ACT;
 - vi. select members of the Culture Review Oversight Group and Culture Review Implementation Steering Group; and
 - vii. other nominated key stakeholders.
- g. Opportunity for focus groups or discussions including:
- i. From a cross-section of the workforce across the ACT public health system;
 - ii. With members from the Clinical Leadership Forum; and
 - iii. Members from the Professional Colleges Advisory Group.
10. Development of a draft Annual Review Report containing findings and initial recommendations for discussion with key leaders; and
11. Finalisation and submission of an Annual Review Report by 30 May 2021.

Structure, Process and Timing

- 12. The Reviewer will commence work on this review in March 2021 and will provide an Annual Review Report to the Minister for Health and the Minister for Mental Health by 30 May 2021.
- 13. The Minister for Health will table the Annual Review Report in the ACT Legislative Assembly at the earliest opportunity, and thereafter publicly release the Report.
- 14. The Reviewer will determine if some material needs to be anonymised to protect individuals from harm, to the extent that it contains personal information or material provided in confidence.
- 15. The Oversight Group will ensure that the management response to the Annual Review Report guides the next phase of the culture review implementation process and associated initiatives.



Culture Reform Oversight Group Meeting Paper

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Agenda Item:	3.2
Topic:	Presentation: Speaking up for Safety Implementation in Calvary Public Hospital Bruce
Meeting Date:	29 June 2021
Action Required:	Discussion
Cleared by:	Regional Chief Executive Officer, Calvary ACT
Presenter:	Regional Chief Executive Officer, Calvary ACT

Purpose

1. Both Calvary Public Hospital Bruce (CPHB) and Canberra Health Services (CHS) have been implementing the Speaking up for Safety (SUFS) program through The Cognitive Institute.
2. CPHB will present on the background to the program, progress to date and lessons learnt through the implementation of the train-the-trainer program.

Background

3. Recommendation 3 of the *Final Report: Independent Review into the Workplace Culture within ACT Public Health Services* (the Culture Review) states:

That a program designed to promote a healthier culture to reduce inappropriate workplace behaviour and bullying and harassment be implemented across the ACT Public Health System. The model adopted should be based on the Vanderbilt University Medical Center Patient Advocacy Reporting System (PARS) and Co-worker Observation Reporting System (CORS).

4. In late 2019, Little Company of Mary decided that CPHB would become the pilot site to implement SUFS. Implementation of the program commenced in February 2020.

5. The purpose of the presentations are to provide:
 - a. Background to the SUFS program,
 - b. Information on the program,
 - c. Progress by CPHB in implementing the program, and
 - d. Information on lessons learnt to date.

Issues

6. The SUFS program being implemented in CPHB is assessed as being a critical commitment to recalibrate expectations and build the knowledge and understanding of the workforce on the communication process that underpins the SUFS methodology.

Recommendation

That the Oversight Group:

- *Note the presentations provided by CPHB on the implementation of the Speaking Up for Safety program.*



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Culture Reform Oversight Group Meeting Paper

Agenda Item:	4.1
Topic:	Workforce Dashboards - Measures of Success
Meeting Date:	29 June 2021
Action Required:	Noting/Discussion
Cleared by:	Director-General, ACT Health Directorate
Presenter:	Chair

Purpose

1. To provide the Culture Reform Oversight Group (Oversight Group) with a summary of the indicators captured in organisational Workforce Profile Dashboards demonstrating the markers outlined in the Oversight Group 'Measures of Success'.

Background

2. At the 19 November 2019 Oversight Group meeting, a paper was endorsed outlining a range of indicators that demonstrate 'Measures of Success'. At that time none of the organisations were producing dashboards to present data about their workforce.
3. The Oversight Group has regularly requested a system-wide dashboard that demonstrates progress against the agreed indicators by the ACT Health Directorate, Calvary Public Hospital Bruce, and Canberra Health Service.
4. A paper mapping data available from each organisation in their individual workforce dashboards against the agreed indicators is at [Attachment A](#).

Issues

5. The Culture Review Implementation Branch will work with ACT Health Directorate, Calvary Public Hospital Bruce, and Canberra Health Service to populate a system-wide dashboard that sets out the agreed key workforce data for each organisation, and visually represents changes and any trends over an extended period.
6. Each organisation is at a different level of maturity with regards to the use of dashboards, specifically:

- how information is represented;
 - what data is represented; and
 - how the data is used to inform organisational decision-making.
7. There are some indicators that are not currently available, however once the Whole of Government Human Resources Information Management System (HRIMS) project is implemented and rolled-out across the ACTPS more data will be available including:
- percentage of staff accessing professional development; and
 - training and professional development accessed by the workforce.
8. There remains substantial opportunities for improvement in visually demonstrating data associated with workforce in a meaningful way.

Recommendation

That the Oversight Group:

- *Note the summary of the information currently available from ACT Health Directorate, Canberra Health Services and Calvary Public Hospital Bruce workforce dashboards.*



Culture Reform Oversight Group Measures of Success

Attachment A.

Oversight Terms of Reference (ToR)

The ToR outlines the purpose and intent of the Oversight Group - The role of the Oversight Group is to oversee the implementation of the recommendations of the Final Report.	
Measure	Comment
Role	Not captured in Dashboard. Through the current ToR, there is opportunity to, at least annually, reflect on the purpose and intent of the Oversight Group.
Values and Behaviour	
Functions	
Reporting Mechanism	

Monitoring and reporting on the outcomes of the Culture Review Implementation

Assessment of the outcomes of the culture review implementation will occur through a robust project management approach and identified measures.	
Measure	Comment
Program Plan documentation	Not captured in Dashboard. Information circulated as standard agenda item for each Oversight Group.
Project Implementation Planning documentation	
Control and Management of Budget	
Management of Program Risk	
Tracking and reporting against the phases in the Communications and Engagement Strategy	In progress.
Management or work priorities across ACT public health system	Discussed at the Culture Review Implementation Steering Group.

Identified Measures

Lead indicators to be measured and monitored over time, capturing impact and change.				
Measure	ACTHD	CPHB	CHS	Comment
Staff turnover and separation/exit rate	Yes	Yes	Yes	
Leave data	Yes	Yes	Yes	
Worker's compensation, non-compensation rate	Yes		Yes	Not entirely captured in Dashboards.
Return to work rates	Yes	NA	Yes	CHS in Dashboard.
Use of Employee Assistance Program	Yes	Yes	Yes	Not captured in attached Dashboard. ACTPSEAP procurement underway to refresh term. Anticipated reporting available will be enhanced from current reporting.
Injury Management reporting	Yes	Yes	Yes	Compensable- CHS in Dashboard. CPHB Dashboards under development during FY 2021-2022.
Reports of bullying, harassment and discrimination	Yes	Yes	Yes	CHS in Dashboard.
Referrals for Preliminary actions	Yes	Yes	Yes	CHS in Dashboard.
The number of referrals for alternate actions	Yes	Yes	Yes	Not captured in Dashboard.
Referrals for misconduct assessment	Yes	Yes	Yes	CHS in Dashboard.
Percentage of complaints referrals considered through alternate actions	Yes	Yes	Yes	Not captured in Dashboard.
Retention rate	Yes	Yes	Yes	
Number of applications for advertised temporary and permanent vacancies	Yes	Yes	Yes	Not captured in attached Dashboards.
Percentage of contractors used	Yes	No	Yes	Not captured in Dashboards.
Promotion rate and higher duties	Yes	Yes	Yes	Not captured in Dashboards.
Percentage of staff who know the organisational values	Yes	Yes	Yes	Not captured in attached Dashboards. Available from surveys.
Percentage of staff who agree they are being enacted in the workplace	Yes	Yes	Yes	Not available in attached Dashboards. Available from surveys.
Increased engagement of workforce in responding to climate survey and pulse surveys	Yes	Yes	Yes	Not available in attached Dashboards. Data available through monitoring surveys.
Percentage of staff accessing professional development annually	No	No	No	Not available in aggregate with confidence through current platforms.

Lead indicators to be measured and monitored over time, capturing impact and change.				
Measure	ACTHD	CPHB	CHS	Comment
Training and professional development accessed by workforce	No	No	No	Individual Capabilities data available, reduced confidence in capturing complete picture. Available through HRIMS once implemented across ACTPS.
Patient satisfaction	N/A	Yes	Yes	Not captured in Dashboard.
Percentage of senior clinicians participating in clinical governance	N/A	Yes	Yes	Not captured in Dashboard.

*

The secondary phase involves the development of lead indicators that will be measured and monitored over time, capturing impact and change.



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Culture Reform Oversight Group Meeting Paper

Agenda Item:	4.2
Topic:	Oversight Working Groups Progress
Meeting Date:	29 June 2021
Action Required:	Discussion
Cleared by:	Director-General ACT Health Directorate
Presenter:	Chair

Purpose

1. To provide the Culture Reform Oversight Group (Oversight Group) with an update of the progress made with the three working groups.

Background

2. As an outcome from the Oversight Group Workshop on 18 March 2021, it was agreed that three working groups would be established to:
 - Develop solutions to matters that impacted the system,
 - Develop a model to adopt to support effective discussion, and
 - Agree on the scope of work and a work program.
3. At the workshop there was agreement that:
 - The strength of the Oversight Group is through its ability to influence change across the system through engaging and communicating with the constituent groups represented,
 - Members indicated their commitment to be a part of the solution,
 - The agreed collective goal was to build confidence in the ACT public health system, and
 - A recognition that the Oversight Group needed to be solution-focussed and future-facing.
4. Oversight Group members agreed to the creation of three working groups. Member composition is at Attachment A.

Issues

5. The initial meetings of the three working group were held on the following dates:
 - System-wide HR Matters – 11 June 2021;
 - Professional Transition to Work – 16 June 2021; and
 - Early Intervention (Union Consultation) – 17 June 2021.
6. The agenda for the initial meeting including the following items:
 - Appointment of the Working Group Chair,
 - Agreement on secretariat support arrangements,
 - Discussion and agreement on Terms of Reference,
 - Decision on the scope of work, and
 - Discussion and agreement on the Working Group's forward work plan.
7. Progression of discussions for each working group is at a different point due to the purpose of the working group and the understanding of the agreed scope.
8. The Early Intervention Working Group reviewed the Terms of Reference and these have been circulated to members prior to being provided to the Oversight Group for endorsement.
9. The Professional Transition to Work Working Group saw positive engagement and agreement on the purpose and intent of the group. The Terms of Reference will be discussed at the next meeting.
10. With the System-wide HR matters Working Group there was insufficient clarity on how it related to the Early Intervention (Union Consultation) Working Group. Therefore, it was assessed that discussion at the June Oversight Group meeting would be useful to provide further clarity about purpose and guide the direction of the Working Group.

Recommendation

That the Oversight Group:

- *Note that the initial meetings of the Oversight Group Working Groups have been held;*
- *Discuss the System-wide HR matters Working Group to provide further clarity about purpose and guide the direction of the Working Group;*
- *Further discussion and agreement on the role and scope of two of the working groups will occur; and*
- *An update will be provided to the September Oversight Group meeting.*



Culture Review Oversight Group Meeting Paper

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Attachment A.

Outline of the membership for the three Working Groups.

1. Professional transition to work.

Group members: Professor Michelle Lincoln (UC), Professor Russell Gruen (ANU), Ms Eliza Maloney (Minister for Mental Health office), Ms Laura Turner (ANMF), Ms Meg Bransgrove (Minister for Health office), Professor Nick Brown (UC), Professor Jane Frost (UC), and Ms Jodie Junk-Gibson (ACTHD).

2. Early Intervention with union consultation.

Group members: Ms Maddy Northam (CPSU), Dr Peter Hughes (VMOA), Ms Barb Reid (CPHB), Ms Rebecca Cross (ACTHD), Tom Cullen (ANMF), Dr Walter Abhayaratna (AMA), Ms Raelene Burke (CHS), Mr Mohsin Rahim (CPHB), Mr Steve Ross (ASMOF), Matthew Daniels (ANMF), Ms Bernadette McDonald, (CHS), Dr Damian West (CMTEDD), Mr Russell Noud (CEMTEDD), Ms Barb Reid (CPHB).

3. Identify system-wide HR issues (dealing with systemic hygiene issues and create a model to support solution focussed approaches).

Group members: Dr Walter Abhayaratna/ Mr Tony Chase, Ms Darlene Cox, Mr Matthew Daniel, Ms Bernadette McDonald, Dr Damian West (CMTEDD), Ms Janet Wilson (CMTEDD), Mr Steve Ross (ASMOF), Mr Brenton Higgins (CPSU), Jodie Junk-Gibson (ACTHD), Ms Bernadette McDonald (CHS), Ms Raelene Burke (CHS), Mr Mohsin Rahim (CPHB), Meg Bransgrove (Minister for Health office).



Culture Reform Oversight Group Meeting Paper

OFFICIAL

Agenda Item: 5.1

Topic: Member Updates

Meeting Date: 29 June 2021

Action Required: Discussion

Cleared by: Director-General, ACT Health Directorate

Presenter: All members

Purpose

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

Background

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

Recommendation

That the Oversight Group:

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



Culture Reform Oversight Group Meeting Paper

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Agenda Item: 6.1

Topic: Implementation of Recommendations and Project Plan

Meeting Date: 29 June 2021

Action Required: Noting

Cleared by: Director-General, ACT Health Directorate

Presenter: Executive Branch Manager, Culture Review Implementation Branch

Purpose

1. To provide the Culture Review Oversight Group (Oversight Group) with an update on the progress made in implementing the recommendations of the *Final Report: Independent Review into the Workplace Culture within ACT Public Health Services* (the Review).

Background

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

Issues

5. The Implementation of Recommendation Status Update at Attachment A provides information on system-wide and organisation specific activities against each of the recommendations in the Review. It includes a timeline for each activity, identifies where there is variance from the implementation timeline outlined in the Review and indicates achievement of actions and recommendations.
6. Significant progress has been made by each organisation in completing actions across a range of recommendations.

7. There are a total of **92** Actions that need to be completed across the ACT public health system to implement the **20** Recommendations of the Review.
8. The following table summarises the status of the implementation of the 92 Actions:

On Track	32 Actions are in progress and on track to be delivered by the agreed date
At Risk	1 Action is at risk of being delayed by more than 12 weeks
Delayed	1 Action is delayed by more than 12 weeks
Completed	58 Actions have been completed

9. The following table summarises the status of Actions that are reported as **At Risk** or **Delayed**:

At Risk	Action 19.2 Annual Review	Culture Review Implementation Branch	Second Annual Review is currently underway and will be completed in July 2021.
Delayed	Action 2.2 Implement and monitor a suite of measures	ACT Health Directorate	Work is in progress. ACTHD will request closure of this Action at the August meeting of the Steering Group.

10. Status of the implementation of Recommendations by each organisation is summarised below:

	Recommendation Status
Culture Review Implementation Branch	6 of 9 Recommendations completed
ACT Health Directorate	1 of 11 Recommendations completed
Canberra Health Services	7 of 12 Recommendations completed
Calvary Public Hospital	4 of 10 Recommendations completed

11. A total of **8** Recommendations have been endorsed as completed by all responsible parties:
- Recommendation 5* (Review mechanisms to better integrate clinical streams of the community health services within the Clinical Divisional Structures in CHS);
 - Recommendation 8* (Memorandum of Understanding (MoU) for improved collaboration between the ACT and NSW public health systems for joint Ministerial consideration);
 - Recommendation 10* (Clear requirement for senior clinicians to collaboratively participate in clinical governance activities);
 - Recommendation 11* (Choosing Wisely program);
 - Recommendation 12* (Clinically qualified Divisional Directors across each Clinical Division with Business Manager support within CHS);

- f. *Recommendation 17* (Public Commitment);
- g. *Recommendation 18* (Culture Review Oversight Group); and
- h. *Recommendation 20* (Change Management and Communications Strategy).

Recommendation

That the Oversight Group:

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

Key:

IMPLEMENTATION TIMELINE (As per Final Report)
ADJUSTED IMPLEMENTATION TIMELINE (Endorsed by Steering Group)
CURRENT IMPLEMENTATION STATUS
ACTION COMPLETED

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS	
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2		
Recommendation 1 of the Final Report, March 2019 <i>That the three arms of the ACT public health system should commence a comprehensive process to re-engage with staff in ensuring the vision and values are lived, embraced at all levels, integrated with strategy and constantly reflected in leadership. To achieve this the ACT Health Directorate should take the lead in providing the necessary tools and guidelines and coordinate the implementation by Canberra Health Services, Calvary Public Hospital and the ACT Health Directorate.</i>	People Strategy, ACT Health Directorate	A1.1: Commence values and vision work	This action has been completed.		<div>Baseline 1</div>													COMPLETE	
																		COMPLETE	
		A1.2: Embed vision and values	This action has been completed.				<div>Baseline 1</div>											COMPLETE	
		A1.3: Evaluate	This action has not yet commenced									<div>Baseline 1</div>						ON TRACK	
	People and Culture, Canberra Health Services	A1.1: Commence values and vision work	This action has been completed		<div>Baseline 1</div>														COMPLETE
																		COMPLETE	
		A1.2: Embed vision and values	This action has been completed				<div>Baseline 1</div>											COMPLETE	
		A1.3: Evaluate	This action has been completed								<div>Baseline 1</div>							COMPLETE	
	Great Workplaces Program, Calvary Public Hospital Bruce	A1.1: Commence values and vision work	This action has been completed.		<div>Baseline 1</div>														COMPLETE
																		COMPLETE	
		A1.2: Embed vision and values	This action is completed.				<div>Baseline 1</div>	B2										COMPLETE	
		A1.3: Evaluate	This action is completed.								<div>Baseline 1</div>							COMPLETE	
Overall Status of Recommendation 1: On Track • Recommendation 1 has been completed by Canberra Health Services and Calvary Public Hospital. • This Recommendation will be closed in August 2021, pending endorsement by Steering Group to close Action 1.3 (ACTHD) at next Steering Group meeting.																			

[illegible]

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019		2020				2021				2022		STATUS	
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		Q1
	People and Culture, Canberra Health Services	A2.1: Commence developing suite of measures	This action has been completed.			Baseline 1		Baseline 2									COMPLETE
		A2.2: Implement and monitor suite of measures	This action has been completed.					Baseline 1		Baseline 2							COMPLETE
		A2.3: Conduct 2019 staff survey (evaluate)	This action has been completed.				B1										COMPLETE
		A2.4: Conduct 2021 staff survey (evaluate)	This action is in progress. • Planning on track.												B2		ON TRACK
	Great Workplaces Program, Calvary Public Hospital Bruce	A2.1: Commence developing suite of measures	This action has been completed. Endorsed as completed at the May 2021 meeting of the Culture Review Implementation Steering Group.			Baseline 1		Baseline 2									COMPLETE
		A2.2: Implement and monitor suite of measures	This action has been completed. Endorsed as completed at the May 2021 meeting of the Culture Review Implementation Steering Group.					Baseline 1		Baseline 2							COMPLETE
		A2.3: Conduct 2019 staff survey (evaluate)	This action has been completed.				B1	Baseline 2									COMPLETE
		A2.4: Conduct 2021 staff survey (evaluate)	This action is in progress. The next engagement survey is planned for August 2021.												B2	B1	ON TRACK
Overall Status of Recommendation 2: AT RISK • This Recommendation is on track to be completed within the agreed timeframe by Canberra Health Services and Calvary Public Hospital. • Action 2.2 (ACT Health Directorate) has exceeded the implementation timeframe by 12 weeks.																	

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019		2020				2021				2022		STATUS	
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		Q1
Recommendation 3 of the Final Report, March 2019 <i>That a program designed to promote a healthier culture to reduce inappropriate workplace behaviour and bullying and harassment be implemented across the ACT public health system. The model adopted should be based on the Vanderbilt University Medical Center Patient Advocacy Reporting System (PARS) and Co-worker Observation Reporting System (CORS).</i>	System-wide, led by Culture Review Implementation Branch (CRI Branch)	A3.1: Planning, procurement and foundation work	This action has been completed.			Baseline 1		Baseline 2									COMPLETE
	People and Strategy, ACT Health Directorate	A3.1: Planning, procurement and foundation work	This action is in progress.			Baseline 1		Baseline 2				Baseline 3				ON TRACK	
		A3.2: Implementation	This action is in progress.			Baseline 1				Baseline 2				ON TRACK			
		A3.3: Program delivery	This action is in progress.								Baseline 1						ON TRACK
People and Culture, Canberra Health Services	A3.1: Planning, procurement and foundation work	This action has been completed.			Baseline 1		Baseline 2								COMPLETE		
	A3.2: Implementation	This action is in progress.			Baseline 1				Baseline 2				ON TRACK				
	A3.3: Program delivery	This action is in progress.								Baseline 1						ON TRACK	
Great Workplaces Program, Calvary Public Hospital Bruce	A3.1: Planning, procurement and foundation work	This action has been completed.			Baseline 1										COMPLETE		
	A3.2: Implementation	This action has been completed.			Baseline 1									COMPLETE			
	A3.3: Program delivery	This action has been completed (endorsed by Steering Group February 2021)								Baseline 1						COMPLETE	
Overall Status of Recommendation 3: On Track • This recommendation has been completed by the CRI Branch and Calvary Public Hospital. • This Recommendation is on track to be completed by Canberra Health Services and ACT Health Directorate within the agreed timeframes.																	

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019		2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Recommendation 4 of the Final Report, March 2019 <i>The ACT Health Directorate convene a summit of senior clinicians and administrators of both Canberra Health Services and Calvary Public Hospital to map a plan of improved clinical services</i>	Health Systems, Policy and Research, ACT Health Directorate	A4.1: Plan and conduct first summit	This action is in progress.													COMPLETE
			Update was not provided for this reporting period.													
Overall Status of Recommendation 4: On Track																
Recommendation 5 of the Final Report, March 2019 <i>The CEO of Canberra Health Services should review mechanisms to better integrate clinical streams of the community health services within the Clinical Divisional Structures.</i>	People and Culture, Canberra Health Services	A5.1: Review mechanisms and integrate Community Health Services	This action has been completed.													COMPLETE
	A5.2: Evaluate	This action has been completed.														COMPLETE
Overall Status of Recommendation 5: This recommendation has been completed.																
Recommendation 6 of the Final Report, March 2019 <i>That the ACT Health Directorate re-establish open lines of communication with the NGO sector and other external stakeholders.</i>	Health Systems, Policy and Research, ACT Health Directorate	A6.1: Commence re-opening of communication lines	This action has been completed.													COMPLETE
	A6.2: Establish NGO Leadership Group	This action has been completed.														COMPLETE
	A6.3: Evaluate	This action is in progress.														ON TRACK
	Update was not provided for this reporting period.															
Overall Status of Recommendation 6: On Track This Recommendation is on track to be completed within the agreed timeframe.																

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS		
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2			
Recommendation 7 of the Final Report, March 2019 <i>The initiatives already underway to develop a valued and more coordinated research strategy in partnership with the academic sector and others are strongly supported. These provide a mechanism to encourage professional development and address culture, education, training, research and other strategic issues.</i>	Centre for Health and Medical Research, ACT Health Directorate	A7.1: Review existing arrangements (develop relationships, define positions)	This action is in progress. <ul style="list-style-type: none">• A request for tender process was undertaken to procure suitable interested consultants to deliver a research strategic plan in line with the Statement of Requirements agreed by the ACT Health and Wellbeing Partnership Board.• All tenders received were between 2.5 and 3 times the maximum budget allocated to deliver on research strategic plan.• Following discussions with Minister Stephen-Smith it was decided to develop the research strategic plan using existing expertise.• A reference group has been formed, lead by Alan Philp EGM PPH, to draw on the expertise of relevant stakeholders, including:<ul style="list-style-type: none">o Canberra Health Services;o University of Canberra;o Australian National University;o The Health Analytics Research Collaborative;o Strategic Communications;o NSW Ministry of Health Agency for Clinical Innovation;o Centre for Health and Medical Research; ando Epidemiology.• The reference group had its first meeting 22 April 2021.• Following that meeting, a discussion document has been drafted to facilitate shared understanding and goal setting within the group.															ON TRACK		
		A7.2: Produce academic partnership and training strategy	This action is in progress. Update was not provided for this reporting period.																	ON TRACK
		A7.3: Implement academic partnership and training strategy	This action has not yet commenced. Update not provided for this reporting period.																	
	Overall Status of Recommendation 7: On Track This Recommendation has been reported as on track.																			
Recommendation 8 of the Final Report, March 2019 <i>That discussions occur between ACT and NSW with a view to developing a Memorandum of Understanding (MoU) for improved collaboration between the two health systems for joint Ministerial consideration.</i>	Partnerships and Programs, ACT Health Directorate	A8.1: Commence negotiations	This action has been completed.															COMPLETE		
		A8.2: Implement MOU	This action has been completed.																COMPLETE	
	Overall Status of Recommendation 8: This Recommendation is closed. This Recommendation was endorsed as closed by the Steering Group at the May 2021 meeting.																			

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS	
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2		
Recommendation 9 of the Final Report, March 2019 <i>Clinical engagement throughout the ACT public health system, particularly by the medical profession, needs to be significantly improved. Agreed measures of monitoring such improvement needs to be developed through consensus by both clinicians and executives. Such measures should include participation in safety, quality and improvement meetings, reviews and other strategy and policy related initiatives.</i>	People and Culture, Canberra Health Services	A9.1: Agree measures	This action has been completed.			Baseline 1		Baseline 2										COMPLETE	
		A9.2: Ongoing monitoring and reporting	This action has been completed.						Baseline 1										COMPLETE
	Great Workplaces Program, Calvary Public Hospital Bruce	A9.1: Agree measures	This action has been completed.			Baseline 1		Baseline 2											COMPLETE
	A9.2: Ongoing monitoring and reporting	This action is in progress. • Ongoing monitoring through Performance Development Plan objectives and HR Dashboard analytics progressing as planned							Baseline 1										ON TRACK
Overall Status of Recommendation 9: On Track • This Recommendation has been completed by Canberra Health Services. • This Recommendation is on track to be completed by Calvary Public Hospital Bruce within the agreed timeframe.																			
Recommendation 10 of the Final Report, March 2019 <i>There should be a clear requirement for senior clinicians to collaboratively participate in clinical governance activities.</i>	People and Culture, Canberra Health Services	A10.1: Develop governance participation plan	This action has been completed.				Baseline 1		Baseline 2										COMPLETE
		A10.2: Commence participation	This action has been completed.			Baseline 1		Baseline 2											COMPLETE
		A10.3: Monitor participation	This action has been completed.						Baseline 1										COMPLETE
	Great Workplaces Program, Calvary Public Hospital Bruce	A10.1: Develop governance participation plan	This action has been completed.				Baseline 1												COMPLETE
		A10.2: Commence participation	This action has been completed..			Baseline 1													COMPLETE
	A10.3: Monitor participation	This action has been completed.						Baseline 1										COMPLETE	
Overall Status of Recommendation 10: This recommendation has been completed.																			

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS	
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2		
Recommendation 11 of the Final Report, March 2019 <i>Canberra Health Services and Calvary Public Hospital should assess the appropriateness of the Choosing Wisely initiative as a mechanism for improving safety and quality of care, developing</i>	People and Culture, Canberra Health Services	A11.1: Assess Program	This action has been completed.		Baseline 1													COMPLETE	
					➡														
	A11.2: Implement and monitor	This action has been completed.				Baseline 1													COMPLETE
				➡															
	Great Workplaces Program, Calvary Public Hospital Bruce	A11.1: Assess Program	This action has been completed.		Baseline 1													COMPLETE	
					➡														
A11.2: Implement and monitor	This action has been completed.					Baseline 1													COMPLETE
						➡													
Overall Status of Recommendation 11: This recommendation has been completed.																			
Recommendation 12 of the Final Report, March 2019 <i>That Canberra Health Services adopt the progressive evolution of clinically qualified Divisional Directors across each Clinical Division with Business Manager support and earned autonomy in financial and personnel management.</i>	People and Culture, Canberra Health Services	A12.1: Conduct pilot	This action has been completed.		Baseline 1													COMPLETE	
					➡														
	A12.2: Rollout full recommendations	This action has been completed.								Baseline 1							COMPLETE		
					➡														
	Overall Status of Recommendation 12: This Recommendation has been completed.																		

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
Recommendation 13 of the Final Report, March 2019 <i>That an executive leadership and mentoring program be introduced across the ACT public health system specifically designed to develop current and future leaders. This program should include both current and emerging leaders.</i>	System-wide, led by Culture Review Implementation Branch (CRI Branch)	A13.1: Planning	This action is in progress. <u>Management Fundamentals</u> <ul style="list-style-type: none">Request for Tender for a consultancy to design and deliver Management Fundamentals training was released as an Open Tender in May 2021. It is expected that the successful consultancy will be contracted in July 2021. <u>Leadership Program</u> <ul style="list-style-type: none">Scoping workshops to confirm the requirements for a system-wide leadership development program will continue in May 2021. The Request for Tender for development of Leadership Training is expected to be released in July 2021. <u>Mentoring Program</u> <ul style="list-style-type: none">The CRI Branch has investigated existing mentoring programs being delivered across the ACTPS and APS. Information from these investigations was tabled by the Branch at the May Steering Group meeting to inform further discussion about the development of mentoring programs for the ACT public health system.Steering Group agreed at the May meeting that mentoring programs would be developed within organisations, rather than a system-wide approach.															ON TRACK
	People Strategy, ACT Health Directorate	A13.2: Implementation	This action is in progress. <ul style="list-style-type: none">Continuing involvement in the process for developing foundational training for managers.															ON TRACK
	People and Culture, Canberra Health Services	A13.2: Implementation	This action is in progress. Update was not provided for this reporting period.															ON TRACK
	Great Workplaces Program, Calvary Public Hospital Bruce	A13.2: Implementation	This action is in progress. <ul style="list-style-type: none">Input and discussions have concluded to finalise the Statement of Requirements for the Management Fundamentals Training.															ON TRACK
	Overall Status of Recommendation 13: On Track <ul style="list-style-type: none">This Recommendation is on track to be completed within the agreed timeframe.																	

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS		
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2			
Recommendation 14 of the Final Report, March 2019 <i>The three arms of the ACT public health system should review their HR staffing numbers and functions in response to the concerns staff have expressed regarding timeliness and confidence in</i>	System-wide, led by Culture Review Implementation Branch (CRI Branch)	A14.1: Conduct initial review	This action has been completed.	<div><div>Baseline 1</div></div>				<div><div>BASELINE 2</div></div>										COMPLETE		
						<div><div></div></div>														
	People Strategy, ACT Health Directorate	A14.2: Implement changes	This action is in progress. • The final report was received in November 2020. This has been reviewed by Corporate and Governance. Further internal consideration is underway.					<div><div>Baseline 1</div></div>				<div><div>BASELINE 2</div></div>								ON TRACK
						<div><div></div></div>				<div><div></div></div>										
		A14.3: Evaluate	This action has not commenced. Update was not provided for this reporting period.									<div><div>Baseline 1</div></div>				<div><div>Baseline 2</div></div>			ON TRACK	
	People and Culture, Canberra Health Services	A14.2: Implement changes	This action is in progress. • People and Culture staff were consulted. The new structure has been finalised and staff have been informed of the changes that will occur in some of the units.					<div><div>Baseline 1</div></div>				<div><div>BASELINE 2</div></div>								ON TRACK
						<div><div></div></div>				<div><div></div></div>										
		A14.3: Evaluate	This action has not yet commenced. Update was not provided for this reporting period.									<div><div>Baseline 1</div></div>				<div><div>Baseline 2</div></div>			ON TRACK	
Great Workplaces Program, Calvary Public Hospital Bruce	A14.2: Implement changes	This action has not yet commenced. Update was not provided for this reporting period.					<div><div>Baseline 1</div></div>				<div><div>BASELINE 2</div></div>								ON TRACK	
					<div><div></div></div>				<div><div></div></div>											
	A14.3: Evaluate	This action has not commenced. Update was not provided for this reporting period.									<div><div>Baseline 1</div></div>				<div><div>Baseline 2</div></div>			ON TRACK		
Overall Status of Recommendation 14: On Track This recommendation is on track to be completed within the agreed timeframe.																				

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
Recommendation 15 of the Final Report, March 2019 <i>The recruitment processes in the ACT public health system should follow principles outlined in the Enterprise Agreements, Public Sector Management Act 1994 and relevant standards and procedures.</i>	People Strategy, ACT Health Directorate	A15.1: Review staff advice including intranet material and implement changes as required	This action has been completed.		Baseline 1												COMPLETE	
		A15.2: Continually monitor/evaluate recruitment activity	This action is in progress. • External recruitment review is being planned.				Baseline 1										ON TRACK	
	People and Culture, Canberra Health Services	A15.1: Review staff advice including intranet material and implement changes as required	This action has been completed.		Baseline 1		Baseline 2										COMPLETE	
	A15.2: Continually monitor/evaluate recruitment activity	This action has been completed.				Baseline 1										COMPLETE		
Great Workplaces Program, Calvary Public Hospital Bruce	A15.1: Review staff advice including intranet material and implement changes as required	This action has been completed.		Baseline 1												COMPLETE		
	A15.2: Continually monitor/evaluate recruitment activity	This action is in progress. • Best Practice Recruitment and Selection training has commenced to be delivered to ensure recruitment practices are aligned to the EBA, PSM Act and Standards.				Baseline 1									ON TRACK			
Overall Status of Recommendation 15: On Track • This recommendation has been completed by Canberra Health Services. • This recommendation is on track to be completed by the Health Directorate and Calvary Public Hospital Bruce within the agreed timeframe.																		

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
Recommendation 16 of the Final Report, March 2019 <i>The range of training programs for staff offered by the ACT public health system should be reviewed with respect to their purpose, target audience, curriculum, training styles and outcomes so that they address the issues raised in this Review.</i>	System-wide, led by Culture Review Implementation Branch (CRI Branch)	A16.1: Conduct training program review	This action has been completed.													COMPLETE		
		A16.1: Conduct training program review	This action has been completed.													COMPLETE		
	People Strategy, ACT Health Directorate	A16.1: Conduct training program review	This action has been completed.													COMPLETE		
		A16.2: Implement changes	This action is in progress. • CRI Branch are arranging a facilitated training evaluation workshop to build capability within HR in the application of evaluation methodology for the internal assessment of training programs.													ON TRACK		
	People and Culture, Canberra Health Services	A16.1: Conduct training program review	This action has been completed.													COMPLETE		
		A16.2: Implement changes	This action is in progress. • The final Training Analysis report has been received. • The Consultancy that undertook the Training Analysis has provided a quote for Phase 2.													ON TRACK		
	Great Workplaces Program, Calvary Public Hospital Bruce	A16.1: Conduct training program review	This action has been completed.													COMPLETE		
		A16.2: Implement changes	This action has not yet commenced. • The customised e-Module on OVA has been launched to compliment the de-escalation training that has been undertaken to date by approximately 350 staff members. • To further strengthen and build on the capability of managers three sessions of the Neuroscience of Tough Conversations training has been delivered.													ON TRACK		
	Overall Status of Recommendation 16: On Track This recommendation is on track to be completed within the agreed timeframe.																	

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
Recommendation 17 of the Final Report, March 2019 <i>Should the recommendations of this Review be accepted, a public commitment should be jointly made by the Ministers for Health and Wellbeing, and Mental Health, the Director-General ACT Health Directorate, the CEO Canberra Health Services, the General Manager Calvary Public Hospital and key representative organisations to collectively implement the recommendations of this Review to ensure ongoing cultural improvement across the ACT public health system.</i>	Minister and Executive	A17.1: Deliver public commitment	This action has been completed.		<div>Baseline 1</div> <div></div>													COMPLETE
	Overall Status of Recommendation 17: This recommendation has been completed.																	
Recommendation 18 of the Final Report, March 2019 <i>A ‘Cultural Review Oversight Group’ should be established to oversight the implementation of the Review’s recommendations. The Group should be chaired by the Minister for Health and Wellbeing,</i>	Minister and CRI Branch	A18.1: Commence group activities	This action has been completed.		<div>Baseline 1</div> <div></div>													COMPLETE
		A18.2: Bi-monthly group meetings	This action has been completed.		<div>Baseline 1</div> <div></div>										COMPLETE			
	Overall Status of Recommendation 18: This recommendation has been completed.																	
	Recommendation 19 of the Final Report, March 2019 <i>That the ‘Cultural Review Oversight Group’ auspice for the next three years, an annual, independent and external review of the extent of implementation of the recommendations of the</i>	System-wide, led by Culture Review Implementation Branch (CRI Branch)	A19.1: Annual Review (2020)	This action has been completed.					<div>Baseline 1</div> <div></div>									
A19.2: Annual Review (2021)			This action is in progress. • The second Annual Review is due to commence in May 2021. • The Review will be completed by July 2021.							<div>Baseline 1</div> <div></div>							AT RISK	
A19.3: Annual Review (2022)			This action is not due to commence until April 2022.											<div>Baseline 1</div>				ON TRACK
Overall Status of Recommendation 19: At Risk • Action 19.2 is expected to be completed by July 2021.																		
Recommendation 20 of the Final Report, March 2019 <i>As a result of this Review, the Culture Review Oversight Group should engage with staff in the development of a change management strategy which clearly articulates to staff, patients/clients and the community the nature of the issues to be addressed and the mechanisms for doing it.</i>	System-wide, led by Culture Review Implementation Branch (CRI Branch)	A20.1a: With staff, collaboratively develop a communication strategy	This action has been completed.		<div>Baseline 1</div> <div></div>													COMPLETE
		A20.1b: With staff, collaboratively develop a change management strategy	This action has been completed.		<div>Baseline 1</div> <div></div>			<div>Baseline 2</div> <div></div>								COMPLETE		
	Overall Status of Recommendation 20: This recommendation has been completed.																	

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
<div>      </div>																		



Culture Reform Oversight Group Meeting Paper

OFFICIAL

Agenda Item: 6.2

Topic: Culture Review Implementation Program Risk

Meeting Date: 29 June 2021

Action Required: Noting

Cleared by: Director-General, ACT Health Directorate

Presenter: Executive Branch Manager, Culture Review Implementation Branch

Purpose

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

Background

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

Issues

5. There are **45 active** risks identified in the Program Risk Register.
6. The overall risk profile for the Program is as follows:

Risk Category	Low	Medium	High	Extreme
Commercial	1	0	0	0
Contractual	0	0	0	0
Financial	1	2	0	0

Governance	2	4	0	0
People	0	5	0	0
Project	1	4	0	0
Reputation and Image	0	3	0	0
Stakeholder Management	0	6	0	0
Strategy	0	14	2	0
TOTAL	5	38	2	0

7. An Executive Summary of risks with a risk rating of **High** and **Extreme** is at Attachment A.
8. One new risk with a rating of **High** has been identified for the culture program.
9. This risk (Risk ID 50: Limited understanding of organisational direction for resolving workforce culture issues) has been included in the Executive Summary.
10. The Risk Register continues to be reviewed monthly to assess the effectiveness of existing controls and to identify and execute additional treatments.

Consultation

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

Recommendation

That the Oversight Group:

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



Culture Review Implementation

our journey of positive change



Executive Overview of the Culture Implementation Program Risk Register as at 15 June 2021

Risk Rating	Risk	Source	Impact	Controls (best of)
High	<u>Risk Ref ID: 43</u> <i>Sustainability of culture reform after program ends.</i>	<ul style="list-style-type: none">• Delivery of recommendations is not sufficient to transform culture and embed sustainable change.• Program duration may be inadequate to build the foundations required for sustained culture reform.• Effective governance and oversight to continue strategic delivery and evaluation of interventions and realisation of benefits after program ends.• Capability and capacity within organisations to deliver and sustain culture reform after program ends.• Agreement on strategic approach for ensuring sustainability of culture reform across the system.• Lack of centralised team to ensure continuous and sustained improvement and measurement of progress across entire health System following end of program.• Budget and resourcing constraints.	<ul style="list-style-type: none">• Culture reform is not sustained after program ends in June 2022.• Inconsistent approaches or approaches that lack strategic direction are applied across the system following end of program resulting in culture reform not being sustained.• Effectiveness and impact of interventions is not measured or evaluated to inform targeted approaches and ongoing improvement.	<ul style="list-style-type: none">• Early consultation is underway to inform the strategic approach for ensuring sustainability of culture reform across the system.
High	<u>Risk Ref ID 50</u> <i>Limited understanding of organisational direction for resolving workforce culture issues.</i>	<ul style="list-style-type: none">• Organisation does not have an endorsed strategy for addressing workforce and culture issues.• Organisation priorities and actions do not align with the strategic direction for culture reform across system.• Limited engagement with Senior Executives and workforce about climate survey and pulse survey results, post-survey actions and linkages to strategic direction for culture reform.• Limited active engagement with Executives to support the investigation of themes and development of appropriate action plans.• Lack of accountability for developing and delivering appropriate action plans and communicating progress and outcomes to the workforce.• Lack of internal strategic communications plan to manage messaging to the workforce.	<ul style="list-style-type: none">• Organisation strategy, priorities, and actions for advancing culture reform are not clear.• Misalignment of organisation workforce culture reform priorities and system-wide priorities.• Staff are not aware of the investment being made in the workforce and the benefits of change.• Expectations of staff are not clear.• Potential for distrust in organisation due to insufficient information about what is being progressed within the organisation and how this will support staff.• Staff do not feel heard.• Continued reporting of poor workforce culture.	<ul style="list-style-type: none">• Increased focus on internal culture strategy and alignment to system-wide culture work.• OCIM assessment to be undertaken from June 2021. This will inform discussion on progress towards achieving targets set in July 2020 and setting of new targets, priorities, and actions for 2021/22.• Divisional unit level OCIM assessments will also be piloted within ACT HD in 2021. These will link in with the organisational OCIM assessment.• Both unit and organisation level OCIM assessments will link in with 2021/22 business planning within ACT HD.• OCIM, climate and pulse surveys, and analysis of workforce data will inform discussions about areas of focus, priorities, and actions for the next 12 months.• CRI Branch continues to work with internal communications teams to develop frequent and targeted communications to workforce and external stakeholders.



Culture Reform Oversight Group Meeting Paper

OFFICIAL

Agenda Item:	6.3
Topic:	Culture Review Implementation Steering Group Meeting Minutes – 19 May 2021 Meeting
Meeting Date:	29 June 2021
Action Required:	Noting
Cleared by:	Director-General, ACT Health Directorate
Presenter:	Director-General, ACT Health Directorate

Purpose

1. To provide Culture Reform Oversight Group (Oversight Group) members with the minutes of the Culture Review Implementation Steering Group (Steering Group) for the meeting held on 19 May 2021.

Background

2. There has been acknowledgement that greater awareness of the discussions at the Steering Group would be of benefit to the Oversight Group members.
3. At the Oversight Group meeting of 7 May 2021, it was agreed that the Steering Group minutes would be made available as part of the Oversight Group meeting pack.
4. The frequency of the Steering Group is every second month.

Issues

5. The Steering Group met out-of-session on 22 June to discuss budget allocations for organisation-specific activities and resources, as the amount requested by the three organisations exceeded the available budget.
6. Steering Group members agreed to reallocate funding for the following previously agreed system-wide initiatives:
 - a. \$75,000 for training evaluation capability development,
 - b. \$5,000 for communications and stakeholder engagement,
 - c. \$10,000 for other program expenses, and
 - d. 200,000 from the central contingency fund.

7. The Steering Group agreed to reallocate these funds to CHS and CPHB to support culture reform within frontline services in the final year of the program:
 - a. \$250,00 to CHS, and
 - b. \$40,000 to Calvary.

Recommendation

That the Oversight Group:

- *Note the minutes from the Steering Group meeting of 19 May 2021, and*
- *Note the outcomes of the out-of-session Steering Group meeting budget deliberations.*



OFFICIAL

Culture Review Implementation Steering Group Minutes

19 May 2021

3:00pm – 5:00pm

Via Webex

Members:

- Rebecca Cross, Director-General, ACT Health Directorate (ACTHD), Chair (from 3:30pm)
- Bernadette McDonald, Chief Executive Officer, CHS, Deputy Chair
- Barbara Reid, Regional Chief Executive Officer, Calvary ACT
- Raelene Burke, Executive Director, People and Culture, Canberra Health Services (CHS)
- John Fletcher, Executive Group Manager, Corporate Governance, ACTHD
- Mohsin Rahim, proxy for Regional Human Resource Officer, Calvary ACT
- Jodie Junk-Gibson, Executive Branch Manager, Culture Review Implementation (CRI) Branch

Apologies:

- Nil

Also present:

- Suze Rogashoff, Strategic People Adviser, CRI Branch, Secretariat

Item 1 Welcome

Ms Junk-Gibson opened the meeting, welcoming members and noting that the Chair was travelling between meetings.

Item 2 Minutes of Previous meeting

2.1 Approval of minutes

The Chair sought comments on the minutes from the meeting held on 4 April 2021. Ms Reid noted that Mr Rahim had not been invited to the meeting and so was not an apology. The minutes were updated accordingly. There being no further changes, and the minutes were endorsed.

2.2 Actions arising

The progress towards completing actions on the actions register was noted. The following items were discussed:

Health Indicators model (26 November 2020 meeting). Work on the health indicators model is ongoing.

REDCO Evaluation (26 November 2020 meeting). Reports have not been received from any organisations as yet. These will be provided at the next meeting.

Organisation Culture Improvement Model (7 April 2021 meeting). Awaiting receipt of the final report from People measures. This will be distributed to members once received.

Health Research Strategic Planning Update (7 April 2021 meeting). An update was provided by Bruce Shadbolt however it is being revised before distribution to CRISG members.

Item 3 Discussion Items

3.1 Annual Review of Culture Review Implementation

Ms Junk-Gibson spoke to this paper, advising that the initial budget allocated to the Annual Review had proved insufficient. An RFQ had been provided to three organisations/people with only one response received. An initial assessment of this response found that Synergy does not have the expertise to undertake the review and that the response was HR centric and narrow. The proposal was costed at \$145,000.

A further two potential reviewers were contacted with Ms Renee Leon advising of her availability to undertake the review and having expertise to undertake the review. Ms Leon provide a quotation for the work.

It was noted that at the Steering Group meeting held on 3 August 2020, \$60,000 was allocated from the 2020/21 budget to undertake the annual review. This was based on the costings associated with the first annual review (total cost \$56, 000) and was a desk-top review only.

Based on initial pricing from Ms Leon to undertake the review with support staff, an additional \$100,000 would be required.

DECISION: The committee agreed to allocate a further \$100,000 from the program contingency fund to undertake the 2021 Annual Review.

3.3 Mentoring

Ms Junk-Gibson spoke to this paper, noting that there was limited interest in a system-wide approach to a mentoring program in the discussion at the Heads of HR Meeting held the previous week. Rather that there appeared to be conversation suggesting that organisations had a preference to implement an internal informal program. It was noted that the ACTPS Whole of Government mentoring program is not suitable and that one is not in existence at this time. The proposal being discussed was in reference to developing an ACT Public Health System mentoring program.

Both ACTHD and CSH advised that mentoring was not a priority at the current time and in Calvary it is part of their leadership development program. It was noted that mentoring had linkages to performance development and broader leadership programs.

DECISION: A system-wide mentoring program would not be progressed, rather each organisation would conduct internal mentoring programs in response to local requirements.

3.5 OCIM

Ms Junk-Gibson spoke to the paper, noting that People Measures had been provided with feedback on the report and were making changes. Once received, the report would be distributed to members.

Ms Junk-Gibson advised that work is progressing in relation to commercialisation of the OCIM with CRI Branch members participating in the Canberra Innovation Network 'Ideas to Impact' program to gain an understanding of the various aspects that should be considered when commercialising a product.

Ms Junk-Gibson advised that she had been in touch with Janine Hammat at SA Health regarding testing the OCIM.

Ms McDonald discussed the need to further test and refine the OCIM before further validation work with external organisations occurs. It was agreed that the OCIM requires further usage and feedback should inform the review and evolution of the model.

Ms Cross queried whether the assessment methodology was robust. It was noted that the OCIM had been developed as a self-assessment tool rather than a tool to enable an external evaluation of an organisation's maturity.

There was discussion regarding the potential to engage a consultant later to ascertain if the model assesses what it is purported to measure. It was noted that the model does not deliver the change, organisations do, however the model provides a means to assess how an organisation is progressing with their goal of culture improvement.

ACTION: Ms Junk-Gibson to distribute the People Measures Report to members when received.

ACTION: Secretariat to include an update on the OCIM to the agenda for the August meeting.

3.6 Update from the Culture Review Oversight Group

Ms Junk-Gibson spoke to the paper noting that the Oversight Group had agreed to a change of name to the Culture Reform Oversight Group.

Ms Junk-Gibson advised that three Oversight Group Working Groups would hold their inaugural meetings in June to agree on the terms of reference for each group, the scope and work plan. Each group would report back to the Oversight Group June meeting. It was noted that the System-wide HR Matters working group would be considering the HR Functions Review Report.

There was discussion about the provision of ongoing support for the Working Groups. It was noted that CRI Branch would only be providing secretariat support for the first meeting and that ongoing administrative support would be discussed at each individual working group meeting.

It was noted that the budget had included some funds for the Working groups in case there were projects that the Working Group wanted to progress. This would be discussed in more details at Agenda Item 3.1.

It was noted that the Oversight Group had requested that Recommendation 4 (Clinician Summit) not be closed. Formal responsibility for the recommendation had been referred to the CLF who would provide regular updates and progress to the Oversight Group.

There was discussion regarding the provision of workforce data to the Oversight Group. CHS and Calvary agreed to provide their dashboard reports to demonstrate the types of data provided to managers. However, it was agreed that this data would not be provided on a monthly basis.

It was agreed that if data/information is provided to Oversight Group members that it is not to be distributed further. The information was being provided to provide surety to the Oversight group that organisations are monitoring and using data to inform decisions. It was noted that the narrative was more important than the actual data.

There was discussion regarding annual Agency data which could be used to show year on year change.

ACTION: CHS and Calvary to provide workforce dashboard to the Secretariat to ascertain matching to the measures of success.

Ms Junk-Gibson advised that the Oversight Group felt there was solid work happening in the communications area, noting the Culture Connect newsletter and the UC/ANU Inter-professional passport.

There was acknowledgement that everyone has a responsibility to support the messaging and communication of the progress being made.

ACTION: CRI Branch to print copies of the Culture Connect newsletter and provide to CHS and CPHB for distribution in tea rooms and other appropriate areas.

It was noted that the oversight Group had agreed to publish the HR Functions Review Reports on the ACT health website and that this would occur on 26 May 2021.

3.2 Budget

Ms Junk-Gibson spoke to the paper, noting that all three organisations had submitted resource requests.

DECISION: The committee discussed the requests and approved the following allocations for 2021-22 financial year:

Culture Review Implementation Branch

- Executive Branch Manager (0.5 FTE)
- SOG A (1 FTE)
- SOG B (1 FTE)
- SOG B (1 FTE)
- SOG C (1 FTE)
- Contractor (communications specialist - 16 hours per week)

Canberra Health Services

- SOG B
- SOG C
- SOG C
- SOG A
- SOG C
- ASO 6

-
- SOG B
 - HP 4
 - SOG B

ACT Health Directorate

- SOG C
- SOG C Assistant Director, Positive Workplaces & Employee Advocate Function- **\$263,642**

The following planned activities were also agreed to fund:

1. Continue delivery of Culture Uplift training \$21,418;
2. Participation in Whole of Government workplace climate survey \$25,000;
3. Pulse Surveys – Culture Uplift evaluation \$25,000;
4. Recruitment evaluation to measure impact of revised policy, training, and protocols \$35,000;
5. Bystander responsibilities education \$20,000;
6. Diversity and Inclusion action plan development workshop \$20,000;
7. Diversity and Inclusion staff network initiatives \$20,000;
8. Aboriginal and Torres Strait Islander Employment action plan development workshop \$20,000; and
9. People with Disability employment action plan development workshop \$20,000.

Calvary Public Hospital Bruce

- SOG B
- SOG B
- ASO 6

System-wide Allocation

1. \$150,000 to undertake the 2022 Annual Review of the Culture Program
2. \$5,000 for communications and stakeholder engagement
3. \$700,000 for middle manager leadership training program
4. \$75,000 for Capability Development - Training Analysis Project Phase 2 – Evaluation
5. \$150,000 for Culture Review Oversight Group Working Group initiatives
6. \$10,000 for other program expenses, and
7. \$200,000 to the central contingency fund.

It was noted that the contingency fund would be reviewed in January 2022 with a view to allocating contingency funds to organisations.

The committee noted that:

- \$41,716 allocated to the Clinician Summit will be returned to the central contingency, and
- Unspent funding allocated to CRI Branch (\$410,000) will be rolled over to finalise the 2021 Annual Review and Management Fundamentals next financial year

Funding for the following system-wide projects were not approved:

1. Mentoring Program - \$200,000 included in the Management Training Program; and
2. Measures and Evaluation - \$50,000 included in Capability Development project (training evaluation).

There was discussion regarding the allocation of \$100,000 in 2020/21 financial year for the Research Strategy and as to whether these funds would be expending this financial year. Mr Fletcher advised that full expenditure was expected. Ms Cross advised that she was expecting to receive more details regarding the Research Strategy and would provide it to members when received.

There was discussion regarding the sustainability of the culture reform program when funding ceased at the end of 2021/22 financial year. Ms McDonald advised that the ongoing delivery of the Occupational Violence project was the biggest risk.

Ms Cross advised that the Annual Review would focus on the sustainability of culture reform and would identify areas of risk that may need ongoing funding.

ACTION: Ms Junk-Gibson to review all budget allocations for 2021/22 financial year and provide final assurance to the committee that there is sufficient budget to fund all resources and initiatives agreed to by the committee.

Additional comment post meeting: On review of the information available, it was identified that further discussion and agreement was required by the CRISG on the dispersal of available funds for FY 2021-2022.

2.4 REDCO Evaluation

Ms Junk-Gibson provided a summary of the process and approach taken to evaluation of the REDCO process mapping exercise. She noted that no evaluation reports had been received to date and that they would be provided to the August meeting.

3.7 Memorandum of Understanding

The committee noted the contents of the paper.

DECISION: The committee endorsed the closing of Recommendation 8, noting that this work will continue to be progressed by the ACT Health Directorate.

3.8 Request to Approve Completed Actions – Calvary Public Hospital Bruce

The committee noted the contents of the paper.

DECISION: The committee approved the completion of the actions provided in the meeting paper.

3.9 Re-baseline Timing for the Completion of Three ACT Health Directorate Actions

The committee noted the contents of the paper.

DECISION: The committee approved the revised timelines for the actions provided in the meeting paper.

Item 4 Information/Noting Items

4.1 Implementation of Recommendations and Project Plan

The committee noted the contents of the paper.

4.2 Management Fundamentals Update

Members noted the update.

4.3 System-wide Communications Collateral Update

The committee noted the contents of the paper.

4.4 Choosing Wisely

The committee noted the contents of the paper.

Item 6 Other Business

Ms Cross spoke about the scheduling of future Steering Group meetings, proposing that, the Steering Group meet every two months, in the alternate months from the Oversight Group meeting. This would provide the Steering Group with the opportunity to review the agenda and prepare for the Oversight Group meeting.

Members agreed to the proposal.

Meeting closed at 4:45pm



Culture Reform Oversight Group Meeting Paper

OFFICIAL

Agenda Item: 6.4

Topic: Choosing Wisely

Meeting Date: 29 June 2021

Action Required: Noting

Cleared by: Chief Executive Officer, Canberra Health Services (CHS)

Presenter: Chief Executive Officer, Canberra Health Services

Purpose

1. To provide the Culture Reform Oversight Group (Oversight Group) with a progress update on the Choosing Wisely and Low Value Care Program.

Background

2. In November 2019 Canberra Health Services (CHS) became a champion health service member of Choosing Wisely Australia with a view to engaging clinicians in the Choosing Wisely principles:
 - Health profession-lead to build and sustain the trust of both clinicians and patients;
 - Clear emphasis on improving quality of care and on harm prevention;
 - Patient-focused communication between clinicians and patients is a central tenet;
 - Evidence-based and reviewed on an ongoing basis;
 - Multidisciplinary – encouraging physicians, nurses, pharmacists and other healthcare professionals to participate; and
 - Transparency – processes used to create the recommendations, as well as supporting evidence, are published.
3. In February 2020 the Choosing Wisely Low Value Care Steering Committee (CWSC) was established to provide leadership and coordination in adopting Choosing Wisely actions and other identified low value care initiatives in a coordinated, sustained manner across CHS.
4. A Project Officer role has been funded for a further twelve months (ending February 2022) through the Independent Culture Review budget to address the Independent Culture Review - Recommendation 11:

Canberra Health Services and Calvary Public Hospital should assess the appropriateness of the Choosing Wisely initiative as a mechanism for improving safety and quality of care, developing improved clinical engagement and greater involvement in clinical governance.

5. The project objective is to engage clinicians to ensure treatments and tests are in line with up-to-date evidence, are patient focussed and with the goal to minimise unnecessary and low-value treatments, tests, and practices.

Issues

6. A twelve-month progress report has been completed (Attachment A).
7. The Choosing Wisely and Low Value Care Program currently has six projects in progress:

Pathology Quality Ordering Projects

- Quality pathology coagulation blood ordering project demonstrated no change in practice after two rounds of education with junior medical officers and a change to IT ordering lists in the emergency department. There is a plan to relaunch this project in line with the Quality Frequency C-reactive protein project.
- Quality Thrombophilia blood screening project:
 - Following the 'blocking' of inappropriate orders a recent audit showed a 68% reduction (15 tests) of inappropriate ordering of thrombophilia screening tests for the month of March 2021 compared to the monthly average of previous three months Dec 2020 to Feb 2021. Based on the Medicare Benefits Schedule cost per screening of \$232.30 per screen, this has saved CHS \$3,484.50 in March. This saving does not include other costs such as medical officer/pathology scientists time and patient waiting time in emergency department.
 - The decision was made to 'block' inpatient testing after consultation with stakeholders in pathology genetics and haematology and haematology, neurology, respiratory and obstetrics units. As was recommended in the CHS Thrombophilia Audit report there is limited value in testing in the acute clinical setting with only 1.4% of testing found to be appropriate.
 - To time of report there has been no concerns expressed to scientist or registrars regarding blocking of this test.
 - Next steps will be to continue the current process of 'blocking' business as usual with a plan to reaudit in three months' time to monitor if change has been embedded.
- Quality Frequency project C-reactive protein (CRP) testing:
 - The project plan was to minimise CRP testing that was repeated in less than 48hour period for an individual consumer CHS wide using communications and education. This project is delayed based on Choosing Wisely and Low Value Care Project Clinical Lead discussions with Executive Director of Medical Services that due to current competing priorities for executive and senior medical staff the focus for projects should be targeted to area or units.
 - Next step is to identify a target area/unit to progress improvements in appropriate ordering.
 - The plan to relaunch the coagulation blood ordering project with this project will also be reviewed.
- Quality ordering Urine Microscopy, Culture and Sensitives (MCS) in the emergency department
 - Analysis and audit report is completed Evaluating appropriateness of Urine culture ordering from the Canberra Hospital Emergency Department using an Evidence-based algorithm: An interim analysis (Yi Tong Vincent Aw, Gnana Wijethilke, Philip Whiley, and Teisa Holani)

- The report identified that 60.3% of all urine's samples sent for culture from CHS emergency department were deemed inappropriate. A revised evidence-based algorithm is effective at identifying clinically significant urinary tract infections with a sensitivity of 100% and specificity of 71.2%. By applying this algorithm to determine if urine samples are appropriate to send for culture the CHS emergency department could expect to save \$74,528 per annum with 4140 less urine cultures sent to pathology.
- We are awaiting confirmation of a Choosing Wisely nurse champion in the emergency department to drive improvements in appropriate ordering of urine cultures.

Imaging Quality Ordering Projects

- Ventilation/perfusion (VQ) lung scan v Computed Tomography Pulmonary Arteries (CTPA) project:
 - A decision flow chart has been implemented in the emergency department.
 - One consumer with a diagnosis of pulmonary embolism in pregnancy interviewed identified that choice of imaging modality and radiation dosage was discussed with her and she was very happy with care she received.
 - A consumer handout has been developed however is not being used, identification of barriers to using the consumer handout is underway.
 - Next steps- Reaudit consumers in April 2021 with diagnosis of pulmonary embolism in pregnancy for reaudit to determine impact of the implementation of the flowchart.
- Computed Tomography of Kidneys, Ureters and Bladder (CTKUB) Project in otherwise healthy emergency department patients under 50 years of age, with known history of kidney stones:
 - Communication, education and review of ClinEd pathway completed in March 2021.
 - Next steps- Reaudit on relevant consumers' clinical records in April 2021 to determine impact.

Sepsis project:

- Baseline data collection underway to determine areas that require improvements.
- Next steps- Finalise the data analysis and meet with project clinical lead to confirm target areas.

8. Communications recently undertaken include:

- Choosing Wisely Week 22 - 26 March 2021 was celebrated at CHS with an update in The Check-up;
- The Prevocational Education and Training Unit presented Choosing Wisely education videos each day on the JMO education website; and
- Lanyard cards are being designed for the JMO's progressing, awaiting final design.

9. CHS Choosing Wisely Health Professional Follow Up Survey (Attachment B).

- An initial survey was undertaken in July 2020 to check awareness of Choosing Wisely Australia and local projects and identify current trends in attitudes towards unnecessary medical tests, treatments, with 36 participants completing the survey.
- The survey is based on a template designed by NPS MedicineWise for use by member organisations.
- A follow up survey was conducted in February/March 2021 with medical officers within Canberra Health Services including:
 - First year interns and junior medical officers from Prevocational Training and Education Unit,

- Emailed to 312 senior medical officers, and
- A total of 78 medical officers completed this survey which closed on 26 March 2021
- In the previous survey conducted in July 2020 only 11% (n=4) of respondents were aware of Choosing Wisely Australia from local or internal health service project, this has increased to 24% (n=19) in 2021.
- The top 4 reasons that medical officers may order unnecessary tests is, consistent across both surveys include:
 - Difficulties accessing information from doctors in other settings, including results of tests, treatments or procedures;
 - Consultant expectations;
 - Uncertainty regarding diagnosis; and
 - Potential for medical litigation.
- An important theme emerged from the free text comments which is that treating doctor is required/requested to order unnecessary tests to get inpatient/transfer team to review and/or accept patient and that individuals did not feel they order unnecessary tests.

10. Consumer Engagement

- An information session was held by CHS staff at HCCA on the 30 March 2021 to present on the several Choosing Wisely projects underway at CHS.
- Feedback is being sought from the group following the discussions on how to better engage consumers and carers in the Choosing Wisely, how to promote the 5 Questions and if there a particular area consumers think we should focus on.
- A new consumer member to join the Choosing Wisely and Low Value Care Steering Committee is currently being recruited.

Benefits/Sensitivities

11. Nil

Recommendation

That the Oversight Group:

- *Note the information provided in this paper.*



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Choosing Wisely and Low Value Care Program

PROGRESS REPORT 2020



**CHS is now
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1. Executive Summary

The key objective for the Choosing Wisely and Low Value Care (CWLVC) project was to engage clinicians to ensure treatments and tests are in line with up-to-date evidence, are patient focussed and with the goal to minimise unnecessary and low-value treatments, tests, and practice.

In 2020 the CWLVC successfully engaged clinicians in projects that follow or are aligned with national Choosing Wisely (CW) recommendations. The CWLVC Steering Committee formed in February 2020 whose role was to provide leadership and coordination in adopting Choosing Wisely actions and other identified low value initiatives in a coordinated and sustained manner. The first CWLVC Steering Committee had one senior medical officer (clinical lead) in attendance, however over the year we have engaged and collaborated directly with 31 medical officers (this includes senior, advanced trainees and junior medical officers) through the Steering Committee, working groups and during the development of specific projects.

The Choosing Wisely project office commenced six projects in 2020, with four related to pathology specimens and two which are a collaboration between Medical Imaging (MI) and the Emergency Department (ED). One project is complete however will be relaunched as no measurable change, and five projects are continuing into 2021. The Comfort Care Pathway (CCP) was co-branded with CW.

A CHSCW Health Professional Survey was undertaken in mid-2020 and found 90% agreement ('agreed' or 'strongly agreed') from medical officers that there is a problem with the use of unnecessary tests, treatments, and procedures in medical practice and respondents commonly characterised pathology (97%) and imaging/radiology (78%) as areas of practice which are perceived to have a problem with unnecessary testing. A resurvey is currently underway.

In the first year of CWLVC at CHS there has been significant engagement with medical officers and the working groups are enthusiastic and confident that there will be measurable evidence of clinicians making wiser choices in 2021. Funding for a further 12 months has been secured.

2. Purpose

The purpose of this paper is to provide a report on the progress for the Choosing Wisely and Low Value Care (CWLVC) project and the planned approach for 2021 based on learnings from the first 12 months.

3. Background

Canberra Health Services' (CHS) vision is *creating exceptional health care together*, and our role is *to be a health service that is trusted by our community*. One of the ways these will be achieved is to ensure we have mechanisms for improving involvement and engagement in quality and safety and clinical governance by clinicians and the Choosing Wisely Australia (CWA) Framework provides one model to achieve this through:

- 1) Changing clinician attitudes to practice
- 2) Fostering consumer engagement and acceptance
- 3) Changing key clinical practices
- 4) Promoting alignment with the healthcare system

The CW initiative is a global social movement which was launched in Australia in April 2015. This initiative seeks to support consumer safety by identifying and reducing tests, treatments and



Challenging the notion 'more is better' when it comes to healthcare

procedures that are not evidence based and could potentially cause harm. The goal of CWA is to start conversations between consumers and healthcare professionals about unnecessary tests, treatments, and procedures, enhancing the quality of care and, where appropriate, reducing unnecessary care.

CW is governed by the following principles:

- Health profession-lead to build and sustain the trust of both clinicians and patients
- Clear emphasis on improving quality of care and on harm prevention
- Patient-focused communication between clinicians and patients is a central tenet
- Evidence-based and reviewed on an ongoing basis
- Multidisciplinary – encouraging physicians, nurses, pharmacists, and other healthcare professionals to participate²
- Transparency – processes used to create the recommendations, as well as supporting evidence, are published

In November 2019 CHS became a champion health service member of CWA with a view to engaging clinicians in the CW principles. A CWLVC Steering Committee was established, and the terms of reference were endorsed on the 17th March 2020.

The project objective was to engage clinicians to ensure treatments and tests are in line with up-to-date evidence, are patient focussed and with the goal to minimise unnecessary and low-value treatments, tests, and practices.

A project officer was employed for a period of 12 months and funding for an additional 12 months has recently been secured. This project officer role is funded through the Independent Culture Review budget to address the Independent Culture Review - recommendation 11:

Canberra Health Services and Calvary Public Hospital should assess the appropriateness of the Choosing Wisely initiative as a mechanism for improving safety and quality of care, developing improved clinical engagement and greater involvement in clinical governance.

Among the commitments set out in the original international CW charter were: ‘managing conflicts of interest, improving the quality of care, improving access to care, and promoting the just distribution of finite resources.’ These principles also underpin the CWLVC project at CHS.

4. Achievements

A governance process was developed for the project and for endorsement of recommendations when higher level endorsement was required (such as blocking of test ordering) ([Attachment A](#)) The CWLVC Steering Committee met monthly reaching a quorum each month, with no meetings cancelled through the year despite operating during the pandemic.

There has been an increased number of senior medical officers engaged throughout the year commencing with one Senior Medical Officer at the first Steering Committee meeting to 22 who were consulted on specific projects or involved with working groups. In addition, numerous teams were consulted for advice and feedback to working groups.



“This is the best meeting I have ever been to where medical staff are talking about quality and safety”

Six projects (Attachment B) were commenced which are either CW recommendations or have a focus on rational ordering which is evidence based.

- Pathology Quality Ordering Coagulation Blood Tests Project #1a- Aim: To reduce the number of inappropriate coagulation studies by 30%. To encourage thoughtful clinician ordering. “No such thing as a routine blood test” “Every test deserves a reason”, hospital wide. Minimise patient discomfort and bruising from inappropriate blood pathology testing.
- Pathology Quality Ordering Thrombophilia Blood Screening Project #1b- Aim: To reduce the number of inappropriate thrombophilia screening done guided by local expert recommendations.
- Pathology Quality Ordering Frequency focus on CRP’s Project #1c- Aim: To reduce the number of CRP’s ordered within 48 hour frequency. To encourage appropriate blood ordering frequency for CRP’s TFT’s HbA1c, and Haematinic’s as per The Royal College of Pathologists of Australia (RCPA).
- Imaging Quality Ordering Project – Assessing suspected pulmonary embolism in pregnancy CTPA v VQ #2a- Aim: To improve the appropriate choice of imaging CTPA versus VQ scan for women with suspected pulmonary embolism in pregnancy.
- Imaging Quality Ordering Project – CTKUB #2b- Aim: To reduce the number of inappropriately ordered computed tomography kidney, ureters and bladder (CTKUB)
- Pathology Quality Ordering Midstream Urine Culture Project #3- Aim: To improve the appropriateness of MCS ordering in CHS emergency department. Up to 60.3% of all urine samples sent for culture from CHS emergency department were deemed inappropriate in audit and analysis completed by Vincent Aw et al.

Survey

A CHS Choosing Wisely health professional survey conducted in mid 2020 found that greater than 90 per cent of the 36 respondents agreed or strongly agreed that there is a problem with the use of unnecessary tests, treatments and procedures in medical practice and that having unnecessary tests, treatments or procedures can be harmful for patients.

Furthermore 93 per cent of the 37 respondents ‘agreed’ or ‘strongly agreed’ that medical practitioners have a responsibility to help reduce the inappropriate use of tests, treatments, and procedures.

When considering the overall health service, respondents commonly characterised pathology, radiology/imaging, and medications as areas of practice that experience issues with unnecessary tests, treatments and procedures (Table 1).



TABLE 1. Areas of practice that are perceived to experience problems with unnecessary medical testing, treatments, and procedures

Areas of practice	%	(n)
Pathology	97%	32
Radiology/Imaging	78%	26
Medications	47%	15
Procedures/Surgeries	22%	7
Blood products	9%	3
In-patient consults	3%	1

*Respondents could select more than one response to this question.

Sixteen respondents who were aware of Choosing Wisely Australia, were asked to identify where they had heard about the initiative.

TABLE 2. Sources of information on Choosing Wisely Australia (n=16)

Source of information	% (n)
Colleagues	50% (8)
Professional college, society or association	38% (6)
Local or internal health service project	25% (4)
NPS MedicineWise	25% (4)
Conferences	13% (2)
Choosing Wisely Australia website	13% (2)
Social Media	6% (1)

*Respondents could select more than one response to this question.

A re-survey is currently underway.

Focus Groups

Focus groups were conducted with JMO's to discuss 'drivers' for blood test ordering cultural/behavioural and IT platforms. The common driver for blood test ordering is advanced trainee suggests blood tests to be ordered. Below are other comments JMO's made around what drives blood test orders:

Cultural/Behavioural drivers

- Not in a position to say no
- If anything goes wrong, ordering gives me piece of mind especially coming into a weekend or over weekend where I am not familiar with patient
- In ED not working under advanced trainee so often unsure what to order so order more
- Not comfortable to ask senior/consultant whether I should or should not so do an order which may be unnecessary
- Sometimes seniors rattle off list which I can't pick up and I won't ask again

- Sometimes results come back and I am unsure of why they were ordered and unsure of what results to highlight to consultant
- I need help with clinical reasoning
- Feel uncomfortable in diagnostic setting such as 'chest pain' don't feel I have the experience to be certain its non-cardiac I order Troponin which leads to second Troponin
- After hours with sick patients maybe "septic" so order to provide confidence
- Aware that some tests for example HbA1c or some rheumatology tests 'should' not need to be ordered regularly but in context of patient unsure and so order again
- In ED frequently take extra blue tube to be sure this is a 'cultural thing', everyone else does it so I should to

How do the platforms or systems we have affect your workflow?

- ED different to wards and Calvary still paper based
- Don't remember induction into how to use IT systems
- Aware of e-learning but not revisited since medical school
- Peer to peer teaching
- Clinical portal use dependent on boss/team but yes mostly use on a big round
- Clinical portal mixes imaging and pathology lists which is annoying
- We always use CIS to review blood pathology as it is easier to use, read and follow
- In CIS you can see which bloods have been ordered for the day
- There are less clicks in CIS, in clinical portal there are too many clicks

Do you review results?

- Yes, always review results, on rare occasions when very busy may not do in a systematic way but always try

Observation activities including:

- Shadowing a senior medical officer on a ward round to see how the medical team uses the current CHS IT systems to order and review test results
- Shadowing a phlebotomist on a ward round to see how requests are received and managed

Audits:

- An audit to map and identify gaps at CHS for 29 CWA recommendations was completed by a vacation medical student in January 2020. The audit showed for 9 out of 29 CWA recommendations CHS practice is in line, that 14 CWA recommendations were considered N/A, or the audit was unable to be completed due to difficulties in accessing data or incomplete data. There were 6 CWA recommendations assessed for appropriateness of ordering and 4 of these are now active CW projects in CHS.
- Pathology blood tests audits have been completed for including coagulation blood tests, thrombophilia screening, HbA1c, CRP's, TFT's, Haematinics. These audits showed:
 - 50 per cent of coagulation blood ordering is appropriate
 - 1.4 per cent of thrombophilia tests were appropriately ordered for indication or at the right time
 - 95 per cent of HbA1c blood testing is likely appropriate
 - 90 patients per week have 5 or more CRP's

- 61 per cent of TFT blood tests were appropriate
- 82 -92 per cent of Haematinics were appropriate
- Audits were completed analysing the number of pregnant patients with suspected pulmonary embolism who underwent CTPA (computed tomography pulmonary angiogram) or V/Q scanning (pulmonary ventilation perfusion scan), analysing radiation dose to maternal patient, foetus and maternal breast and time spent in the emergency department per test. This audit showed that CTPAs result is comparatively higher maternal dose of radiation but lower foetal dose of radiation than VQ scans. Time spent in the emergency department averaged for CTPA (593 mins) v VQ scan (672 mins).

CHS participated in the National CW network:

- Participated in monthly national champion health service network presentation meetings, a forum where health services present and share CWLVC projects that they have completed
- Met with other champion health services project officers to discuss their experiences, successful practice changes and common challenges
- Collaborated with CW network sharing information and resources
- Forwarded invitations to colleagues in CHS on topics where there is shared interest, including the National COVID-19 Clinical Evidence Taskforce.

A communication plan was developed and implemented including:

- An announcement on intranet news item that CHS is a champion health service member of CWA
- A CW intranet page which is regularly updated
- Presentations at CHS clinical forums to increase awareness including:
 - Our Care Committee
 - JMO's education sessions
 - All staff WebEx forum - Jane Dahlstrom, Executive Director, Division of Pathology
 - All staff WebEx forum – Dave Pepper, Interviews 3 special guests, Mike Hall introduces Choosing Wisely Principles
 - Clinical Director's forum
 - Medical Officer Webinar Q + A
- Three short awareness and education videos have been filmed for the intranet and for use in JMO training
- Used communications systems such as WhatsApp groups to communicate with JMOs
- Used education platforms such as the newly developed JMO's education page
- Used digital boards (TVs)
- Supported Calvary Hospital to become a champion member of the CW network
- Met with Healthpathways – (predominantly work in primary care) including the:
 - Primary Health Network (PHN)
 - South Eastern New South Wales PHN
 - Capital Health Network (CHN)

One of the most notable moments for the project officer was to hear a senior medical officer say about the CWLV steering committee *“this is the best meeting I have ever been to where medical staff are talking about quality and safety”*.

5. Learnings

Throughout 2020 there were numerous learnings for the project which has informed the planning for 2021.

- When project planning consideration needs to be given to setting timelines noting that the clinical staff involved also have clinical workloads and competing demands resulting delayed responses to actions needed
- There are limitations in the current digital clinical systems to adding flags, changing ordering batches, or blocking a test
- Challenge at times to see agreement on an outcome when a larger group of clinicians are involved
- Communication to all required cohorts can be challenging given competing demands (e.g. COVID-19) and at times delays in actions required from the Communications Unit and limitations on what is permitted to be included on intranet sites (i.e. images)
- Need to allow more time for data collection and analysis
- A different approach is needed to engage with advanced trainees
- The key focus in 2020 was on medical officer engagement, experience of other health services is that projects more successful when nurses, midwives and allied health are engaged and onboard the CWLVC project.
- Keeping momentum during a pandemic can be challenging
- Changes in executive leadership can impact projects
- Other Choosing Wisely champion health services have identified the difficulties in embedding Choosing Wisely principles in a healthcare system with traction, brand recognition and positive outcomes taking 18 to 24 months to develop

6. Project Outcomes

When the project plan was developed in March 2020 the following outcomes were identified and below indicates how we performed against each of these.

- *Evidence based change in test and treatment practices by clinicians*

One project has had a post project measurement completed; other projects are still in progress. The quality ordering pathology project 1a coagulation blood tests showing no change in clinical practice after communications, education, and IT software change (EDISlist changed to prompt rational ordering) interventions. In 2021 the campaign will be reinvigorated to communicate CW recommendation regarding coagulation blood tests and to repeat these measures with a target of reduction of inappropriate testing by 20%. In discussion with other champion health services we know that the first attempt at implementing a CWLVC project is likely to fail and that it is through the integration, coordination and perseverance of education, communication, and prompts (either IT or visual posters etc.) that you can elicit change.

- *Improved communication between medical officers*

There is improved communication between medical officers in CHS in 2021, and while the clinical lead and other members of the steering committee actively spoke to clinicians about CW, the reason that communication has improved between clinicians in 2021 is partly due to the COVID crisis. The COVID crisis introduced more and varied messaging through the Intranet Hub, it introduced us all to online meetings and these do allow time poor people to log on and attend meetings wherever they are this likely led to a better attendance at steering committee meetings and working group meetings

throughout the year. WhatsApp groups have been formed and used for education purposes, and the junior medical officer education internet platform has evolved because of the lack of face to face teaching. All these new innovative ways to communicate do advantage the CWLVC project.

- *Increasing numbers of clinicians that are actively involved in projects*

There has been an increased number of senior medical officers engaged throughout the year commencing with one Senior Medical Officer at the first Steering Committee meeting to 22 Senior Medical Officers, 2 Advanced Trainees and 7 JMO's who were consulted on specific projects or involved with working groups. In addition, numerous teams were consulted for advice and feedback to working groups.

- *Increased recognition of CW brand in CHS*

A follow up survey is currently underway to measure brand with results available in March 2021.

- *Improve communications between clinicians and consumers*

There has been no baseline evaluation done on communication between clinicians and consumers. Early in the project the steering committee (including the CEO from Health Care Consumers Association) decided that it would be best to have recognition and introduction to the CW brand in 2020 with staff before moving forward with the encouraging consumers to "Ask 5 Questions". A tenet of the CW framework is to encourage important conversations about unnecessary testing, and sometimes harmful tests, treatments, and procedures. The best decisions should be made after reviewing best available evidence and discussion between consumer and the healthcare team. This will be included in the planning for 2021.

7. Next Steps

- Finalise, evaluate, and report on projects that have commenced but not yet finalised
- Develop new communications plan with relaunched site which will include:
 - recommendations, flow chart or diagrams for projects
 - hospital wide introduction to CW principles
 - patient experience videos
 - further Senior Medical Officer and medical officer videos for specific project
 - introduction of Yoda doll with a planned message of "Will this test to patient care a difference make?"
 - Presenting at relevant divisional meetings and forums for communicating principles and ability for all to access resources and create CWLVC projects
 - Engaging with clinical directors to lead CW in their areas
- Focus on partnering with consumers to encourage and empower people to obtain the information and advice they need to make an informed decision about any tests, treatments, or procedures available to them. Attachment C includes the 'Ask 5 Questions' consumer information
- Survey 2021 interns on commencement (planned for week starting 15th February 2021) at CHS using the CHS health professional survey with a repeat survey in Sep 2021 with a view to evaluation medical culture around the ordering of tests, treatments, and procedures at CHS.
- Ensure process and structure for sustainability.

Attachment A

Clinical governance

Clinical governance structures have been implemented

- Choosing Wisely and Low Value Care Steering Committee established in February 2020
- Terms of reference endorsed 17th March 2020
- Diagram 1 indicates governance for the Choosing Wisely and Low Value Care program
- Diagram 2 indicates the process for recommendation development and approval, noting that Our Care Committee are required to approve recommendations that have blocking functions.

Diagram 1- Governance

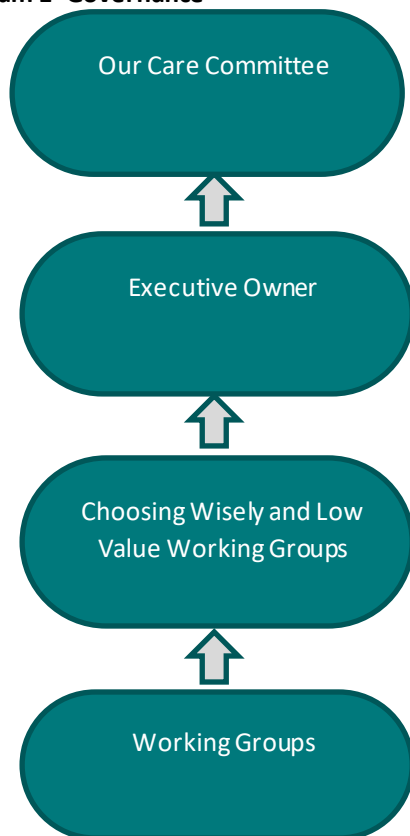
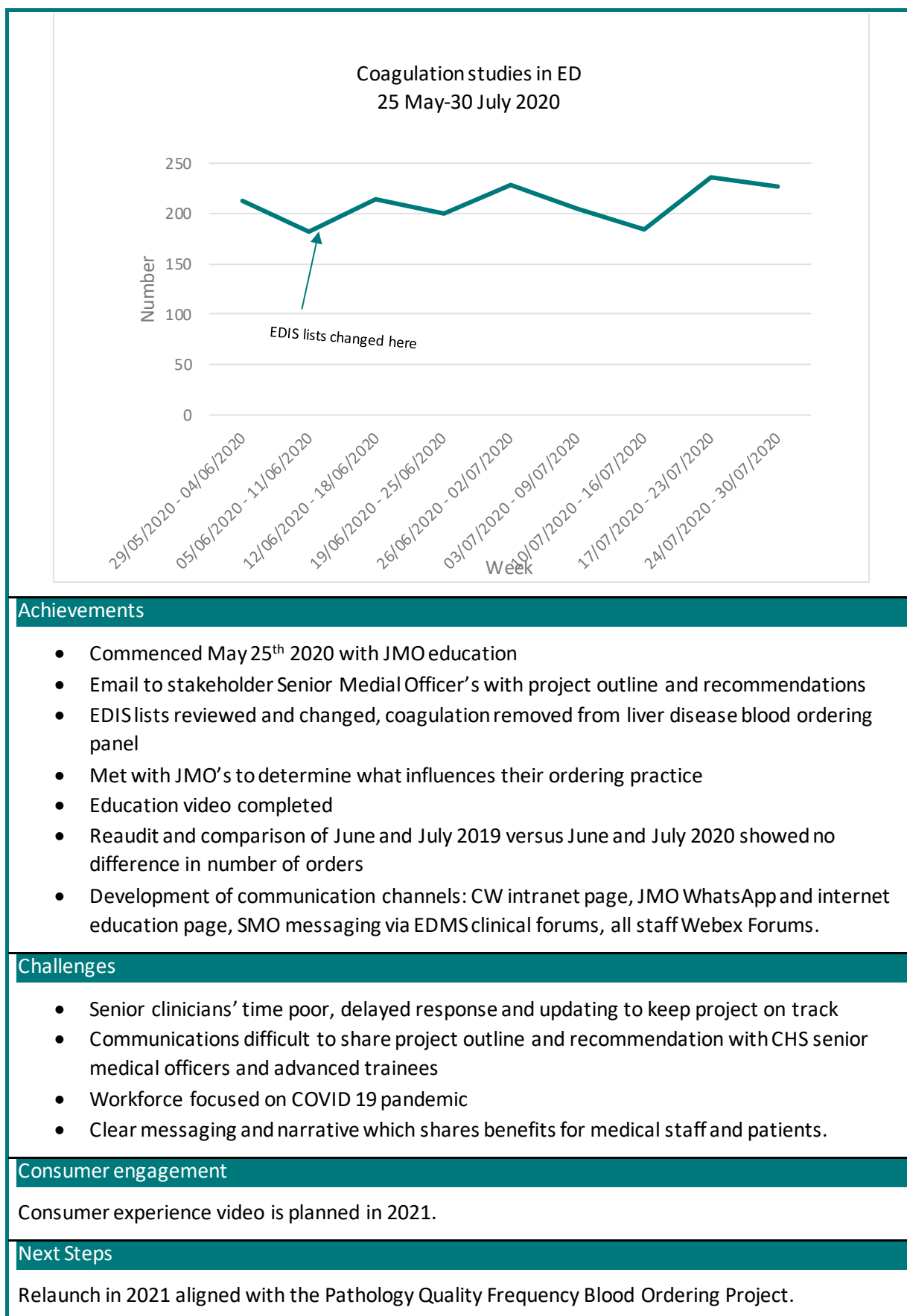


Diagram 2- Project Flow



Attachment B – Project Summaries

Project Title
Pathology Quality Ordering Coagulation Blood Tests Project #1a
Working Group
Christine Brown, Philip Crispin, Jane Dahlstrom, Mike Hall, Kirsty Rady, Ashwin Swaminathan
Objective
To reduce the number of inappropriate coagulation studies by 30%. To encourage thoughtful clinician ordering. “No such thing as a routine blood test” “Every test deserves a reason”, hospital wide. Minimise patient discomfort and bruising from inappropriate blood pathology testing.
Background
<p>Recommendation from Australasian College for Emergency Medicine</p> <p><i>Avoid coagulation studies in emergency department patients unless there is a clearly defined specific clinical indication, such as for monitoring of anticoagulants, in patients with suspected severe liver disease, coagulopathy, or in the assessment of snakebite envenomation*.</i></p> <p><i>Abnormal coagulation test results in conditions such as acute coronary syndrome can usually be predicted by history, and they rarely affect patient management. Routine coagulation studies in the emergency department therefore represent a substantial added cost, with no benefit to patients. Coagulation studies should be performed based on a history of warfarin or heparin use, or a history of severe liver disease.</i></p>
Data and analysis: Baseline audit
50 patient clinical records were reviewed by clinical expert for appropriateness of request for coagulation blood ordering with 46 per cent found to be inappropriate. Below graph documents appropriate and inappropriate coagulation blood test ordering and percentage of cohort who had a clinical condition which may influence ordering practice.
<div><div><div>Coag blood tests appropriateness assessment Jun-Aug 2019 (n=50)</div><div><div><div><div></div><div>100%</div></div><div><div></div><div>80%</div></div><div><div></div><div>60%</div></div><div><div></div><div>40%</div></div><div><div></div><div>20%</div></div><div><div></div><div>0%</div></div></div><div><div></div><div>54%</div></div><div><div></div><div>46%</div></div></div><div><div>Appropriate</div><div>Inappropriate</div></div></div></div>



Project Title
Pathology Quality Ordering Thrombophilia Blood Screen Project #1b
Working Group
Christine Brown, Philip Crispin, Jane Dahlstrom, Mike Hall, Kirsty Rady, Ashwin Swaminathan
Objective
To reduce the number of inappropriate thrombophilia screening done guided by local expert recommendations.
Background
<p>Testing for inherited thrombophilia became a common practice following the identification of underlying genetic traits that predisposed to venous thromboembolism. Increasingly evidence has accumulated indicating that the results are not useful in determining management. Indeed, using thrombophilia results to determine who gets anticoagulation may increase the risks associated with therapy in the primary prevention setting. Common inherited thrombophilia genes have been shown not to predict recurrent venous thromboembolism following a first thrombosis. However, there remains uncertainty of the potential clinical impact of strong thrombophilias, including multiple co-inherited deficiencies and genetic variants. National and international guidelines now recommend thrombophilia testing be limited to younger patients with idiopathic venous thromboses and inherited thrombophilia has been included in Choosing Wisely recommendations.</p> <p>The Haematology Society of Australia and New Zealand recommends:</p> <p><i>Do not conduct thrombophilia testing in adult patients under the age of 50 years unless the first episode of venous thromboembolism (VTE)</i></p> <ol style="list-style-type: none"> <i>Occurs in the absence of a major transient risk factors (surgery, trauma, immobility), or</i> <i>Occurs in the absence of oestrogen-provocation or</i> <i>Occurs at an unusual site.</i>
Data and analysis: Baseline audit
<p>There were 140 testing episodes that met inclusion criteria, of which 28 (20%) met the recommended criteria for thrombophilia testing. Of these 22 (15.7% of total) were performed during an acute presentation where recommendations are to not perform the coagulation inhibitor assays. There was a single test performed as part of family screening. Including this case, only 6 (4.3%) were within recommended guidelines for indication and timing.</p>
Achievements
<ul style="list-style-type: none"> • Report and recommendations developed • Communication to areas commonly ordering: <ul style="list-style-type: none"> ○ Haematologists at the monthly haematology meeting ○ Stroke Unit ○ Obstetrics and Gynaecology ○ Respiratory Medicine • Governance developed for projects where 'blocking' of a test is being considered.

Recommendations
<ol style="list-style-type: none"> 1. That the report gets circulated to medical teams to discuss appropriateness of testing 2. That Choosing Wisely seeks agreement from Divisions to prohibit inpatient inherited thrombophilia testing; 3. Following this agreement, the hematology laboratory will query inherited thrombophilia tests and process only when there is a recognized clinical indication and the tests are performed at the right time.
Next Steps
<ul style="list-style-type: none"> • Clinical lead is to complete communications with stakeholders • Following completion and evaluation of communication report and recommendations to be tabled at Our Care Committee (OCC) • Implementation plan to be actioned.

Project Title

Pathology Quality Ordering Frequency Tests Project #1c

Working Group

Christine Brown, Philip Crispin, Jane Dahlstrom, Mike Hall, Kirsty Rady, Ashwin Swaminathan

Objective

To reduce the number of CRPs ordered within 48hour frequency. To encourage appropriate blood ordering frequency for CRPs TFT’s HbA1c, and Hematinics as per The Royal College of Pathologists of Australia (RCPA).

Background

Inappropriate pathology blood ordering creates unnecessary patient discomfort, consumes limited hospital resources and negatively impacts on medical staff efficiency. There are minimum recommended retesting intervals for numerous pathology blood tests an example of this is CRP were measurements on the same day or on consecutive days are of limited clinical value. This project will encourage medical officers to consider appropriate ordering frequency with the initial focus on CRP’s but education will also be completed for the other blood tests listed above.

Data and analysis: Baseline audit

A case study of one patient stay found that in 61 days the patient underwent 54 CRP’s blood tests. What is of note in the case study is when the patient felt well and had 0 MEWS score CRP was in normal range. When the patient felt unwell and MEWS was elevated CRP was elevated. Currently at CHS we are ordering approximately 2300 CRPs per week. The graph below shows total number of CRP’s against number of patients undergoing CRPs per week, however the appropriateness in the total numbers was not assessed.

Total CRPs/Number of patients per week

Aug 1 - Aug 28

Total CRPs for the week

Total patients per week with CRP

2225

1293

2161

1281

2367

1366

2178

1233

1 Aug-7 Aug

8 Aug-14 Aug

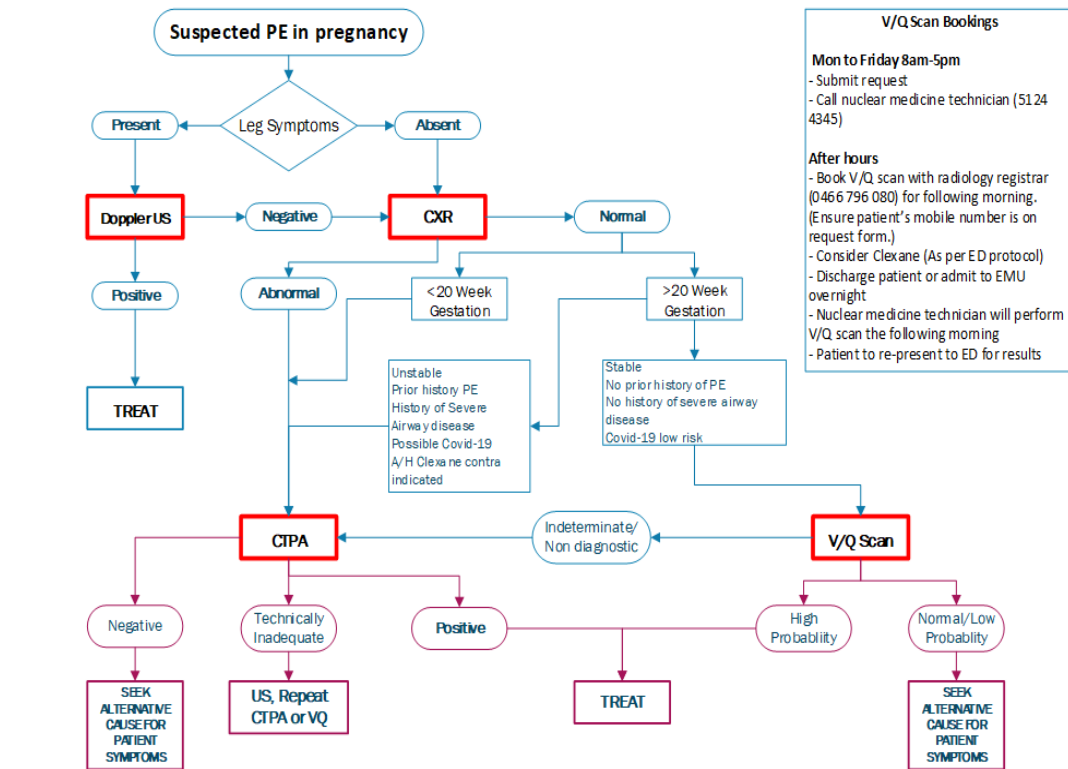
15 Aug-21 Aug

22 Aug-28 Aug

WEEK

Achievements
<ul style="list-style-type: none"> • Audit and case study completed • Planning in place to commence in March 2021.
Challenges
<ul style="list-style-type: none"> • Senior clinicians' time poor, delayed response and updating to keep project on track.
Consumer engagement
<ul style="list-style-type: none"> • Patient experience video planned • Focus groups planned with Health Care Consumers Association (HCCA).
Next Steps
<ul style="list-style-type: none"> • Education dates to be scheduled for JMO's and RMO's • Communication via Clinical Directors Forum to be scheduled • Information sheet and slides for education to be developed • Remeasure date to be scheduled and completed.

Project Title												
Imaging Quality Ordering Project – Assessing Suspected Pulmonary Embolism in Pregnancy CTPA v VQ												
Working Group												
Christine Brown, Erin Fitzgerald, Geetha Gudunguntla, Mike Hall, Catherine Hayter, Jade Lee, Charles Ngu, Apurv Garg, Stuart Schembri, Ashwin Swaminathan												
Objective												
To improve the appropriate choice of imaging CTPA versus VQ scan for women with suspected pulmonary embolism in pregnancy.												
Background												
Pregnancy is characterized by a higher incidence of pulmonary embolism (PE) than in age-matched nonpregnant women. However, the diagnosis of PE during pregnancy might prove to be more difficult than in the general population. Clinicians strongly rely on imaging studies to establish a prompt diagnosis. Two main imaging studies are used in the evaluation for PE, computed tomography of the pulmonary arteries (CTPA) and pulmonary ventilation perfusion scan (VQ scan) consideration is given to radiation dosage based on fetal age, maternal breast and maternal body habitus. A flowchart has been developed to improve appropriate choice.												
Baseline audit of calculated patient radiation dosage CTPA v VQ scan												
Baseline measurement completed/presented 17 th August 2020 CWLVC Steering Committee Meeting. CHS audit demonstrates that CTPAs result in comparatively higher maternal dose radiation but lower fetal doses of radiation than VQ scans.												
Preliminary audit results show calculated radiation dosage for CTPA v VQ scans for: maternal dose, foetal dose and total maternal breast dose. These factors are further influenced by gestational age and patient body habitus.												
<div>VQ n = 30, CTPA n = 35</div> <table><tr><td>Doses (mSv):</td><td>Maternal dose</td><td>Total foetal dose</td><td>Total breast dose</td></tr><tr><td>VQ (median) n=30</td><td>1.22</td><td>0.47</td><td>0.60</td></tr><tr><td>CTPA (median)n=35</td><td>2.08</td><td>0.04</td><td>TBA</td></tr></table>	Doses (mSv):	Maternal dose	Total foetal dose	Total breast dose	VQ (median) n=30	1.22	0.47	0.60	CTPA (median)n=35	2.08	0.04	TBA
Doses (mSv):	Maternal dose	Total foetal dose	Total breast dose									
VQ (median) n=30	1.22	0.47	0.60									
CTPA (median)n=35	2.08	0.04	TBA									
Recommendations												
Flowchart has been developed and is in use in the emergency department.												



Author: Dr Catherine Hayter
Approved by: Dr Charles Ngu

Medical Imaging Radiologist Document
Page 1 of 1

Date Approved: 25/09/2020
Review Date: 25/09/2021

Achievements

- Flowchart developed and implemented in emergency department
- Consumer handout developed for VQ scan and CTPA for women with suspected pulmonary embolism
- Education video completed by Jade Lee for placement on CW intranet page, junior medical officers education internet site
- Feedback from emergency department clinicians has been positive.

Challenges

- Difficult to message/share communicate across the organization with all levels of medical staff
- Delay in education video being filmed due advanced trainee exams.

Next Steps

- Complete evaluation and endorsement of consumer handout
- Guideline to be approved and placed on CHS Policy and Guidelines register
- Review data in June 2021
- Consider presenting project to Choosing Wisely Australia network
- Business and usual.

Project Title
Pathology Quality Ordering MCS Project #3
Working Group
Vincent Aw, Christine Brown, Gnana Wijethilake, Philip Whiley, Teisa Holani, Mike Hall, Jane Dahlstrom, Karina Kennedy, Drew Richardson, Daniel Fawaz.
Objective
To improve the appropriateness of MCS ordering in CHS emergency department. Up to 60.3% of all urine samples sent for culture from CHS emergency department were deemed inappropriate in audit and analysis completed by Vincent Aw et al.
Background
<p>Recommendation from Royal College of Pathologists of Australasia</p> <p><i>Do not perform surveillance urine cultures or treat bacteriuria in elderly patients in the absence of symptoms or signs of infection</i></p> <p>Asymptomatic bacteriuria is a common finding in all ages and in association with other comorbidities. Treatment of asymptomatic bacteriuria is recommended in pregnancy but not in other clinical situations.</p> <p>Prophylaxis against development of symptoms prior to simple cystoscopy and prosthetic joint replacement is not recommended. Extensive guidelines from the Infectious Diseases Society of America (IDSA) are available for this condition and asymptomatic bacteriuria in catheterised patients.</p> <p>The use of chemical screening strips in asymptomatic patients may lead to unnecessary urine cultures when positive results are obtained. Increasing antibiotic resistance in urinary pathogens may be a consequence of unnecessary treatment.</p>
Data and analysis: Baseline audit
<p><i>60.3% of all urine samples sent for culture from Canberra Hospital Emergency Department were deemed inappropriate.</i></p> <p>A retrospective analysis of N = 602 urine cultures sent from the Canberra Hospital Emergency Department over 32 days (1st January 2018 to 29th January 2018; and 28th May 2018 to 30th May 2018) was completed and then the following algorithm was used based on current guidelines to determine appropriateness of sending urine samples for culture.</p> <p>Urine culture deemed appropriate to send for culture regardless of urine dipstick result if from the following high-risk groups:</p> <ul style="list-style-type: none"> • Pregnant women • Renal transplant patient • Patients presenting with symptoms consistent with renal colic and/or for potential urological procedure (i.e. suspected renal/ureteric calculi, planned stent exchange, etc.).

Urine culture deemed appropriate to send for culture only if positive dipstick result (including any of leukocytes, nitrites, blood) from the following low-risk groups:

- Patient with symptoms suggestive of urinary tract infection (i.e, dysuria, urinary frequency, haematuria, with or without suprapubic pain and/or flank pain)
- Patients with urinary devices (i.e. suprapubic catheter, indwelling catheter, etc.) with symptoms suggestive of catheter-associated urinary tract infection (i.e. symptoms as above, change in appearance or flow of urine, new associated pain)
- Acutely confused patients unable to give a reliable history regarding urinary symptoms
- Immunocompromised patients (taking immunosuppressive medications or with recent dose of chemotherapy)
- Patients with acute kidney injury
- Patients with per vaginal symptoms
- Patients who are febrile on presentation.

Results following analysis with revised algorithm

- The Revised Algorithm is effective at identifying clinically significant urinary tract infections with a sensitivity of 100% and a specificity of 71.2%
- The algorithm is objectively superior to using urine dipstick result to identify clinically significant urinary tract infections with superior sensitivity (100% vs 90.2% - 100%), specificity (71.2% vs 29.2% to 53.5%) and true skill statistic (0.712 vs 0.292 - 0.437)
- By applying this algorithm to determine if urine samples are appropriate to send for culture, the Canberra Hospital Emergency Department can expect to avoid sending up to 4140 inappropriate urine samples a year with a cost saving of up to \$74,528 per year, with no increase in morbidity.

Achievements

- Retrospective analysis completed using an evidence-based algorithm which is objectively superior to using urine dipstick

Challenges

- Initial project summary registered with REGIS but application for ethics incomplete. Ethics approval now being sought

Next Steps

- Complete ethics application
- Education for nurses and medical officers in the emergency department
- Action implementation plan
- Develop hospital wide communications including information sheet and video.

Project Title
Imaging Quality Ordering CTKUB Project #2b
Working Group
Christine Brown, Daniel Fawaz, Jo Crogan, Mike Hall, Catherine Hayter, Urologists
Objective
To reduce the number of inappropriately ordered computed tomography kidney, ureters and bladder (CTKUB)
Background
<p>Recommendation from Australasian College for Emergency Medicine</p> <p><i>Avoid requesting computed tomography (CT) imaging of kidneys, ureters and bladder (KUB) in otherwise healthy emergency department patients, age <50 years, with a known history of kidney stones, presenting with symptoms and signs consistent with uncomplicated renal colic</i></p> <p>Acute flank pain due to suspected renal colic is a common clinical presentation in the emergency department. While a CT-KUB allows a rapid, contrast-free diagnosis of kidney stones, it is a high ionizing-radiation technique. Younger patients with typical renal colic pain that remits spontaneously, or with analgesia, and have no features on history, examination or laboratory investigations that suggest complicated renal stones or a serious alternate diagnosis can be managed without repeated imaging. Concerning features include fever, features of urinary tract infection, lack of haematuria, ongoing high analgesia requirements, or palpable abdominal mass</p>
Baseline audit
Completed by medical vacation student in Dec 2019 – Jan 2020 found appropriate ordering 78%.
Achievements
<ul style="list-style-type: none"> • Clinical lead identified from emergency department • Project discussed at emergency department staff specialist meeting • Discussion and planning with urologists in progress
Next Steps
<ul style="list-style-type: none"> • Develop and deliver education • Develop information sheet and video for placement on intranet • Develop an implementation and action plan • Schedule date for remeasure

Attachment C: Consumers 5 Questions



5 QUESTIONS

TO ASK YOUR DOCTOR BEFORE YOU GET ANY TEST, TREATMENT OR PROCEDURE

Some medical tests, treatments, and procedures provide little benefit. And in some cases, they may even cause harm.

Use the 5 questions to your doctor to make sure you end up with the right amount of care — not too much and not too little.

1

DO I REALLY NEED THIS TEST OR PROCEDURE?

Medical tests help you and your doctor or other health care provider decide how to treat a problem. And medical procedures help to actually treat it.

2

WHAT ARE THE RISKS?

Will there be side effects? What are the chances of getting results that aren't accurate? Could that lead to more testing or another procedure?

3

ARE THERE SIMPLER, SAFER OPTIONS?

Sometimes all you need to do is make lifestyle changes, such as eating healthier foods or exercising more.

4

WHAT HAPPENS IF I DON'T DO ANYTHING?

Ask if your condition might get worse — or better — if you don't have the test or procedure right away.

5

WHAT ARE THE COSTS?

Costs can be financial, emotional or a cost of your time. Where there is a cost to the community, is the cost reasonable or is there a cheaper alternative?

For further information visit
choosingwisely.org.au

Join the conversation
@ChooseWiselyAU

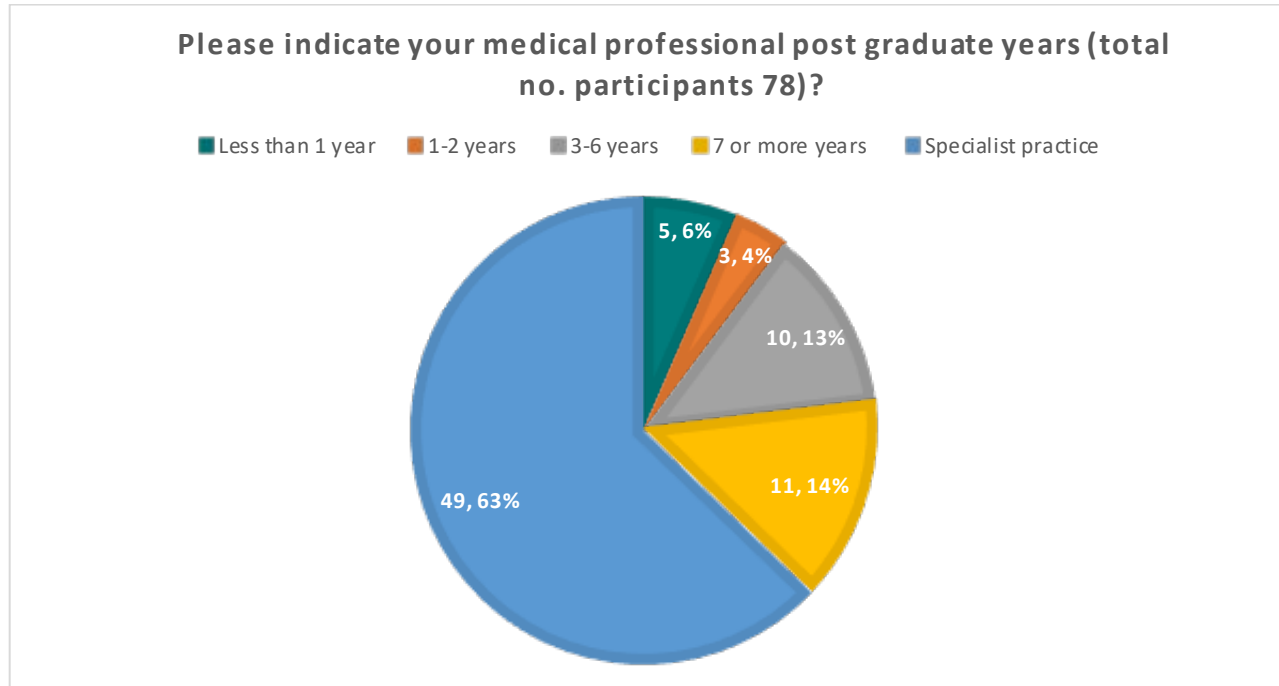
Adapted from material developed by Consumer Reports.

Choosing Wisely Australia® is an initiative enabling clinicians, consumers and healthcare stakeholders to start important conversations about unnecessary tests, treatments and procedures. With a focus on high quality care, Choosing Wisely Australia is being led by Australia's medical colleges and societies and facilitated by NPS MedicineWise.

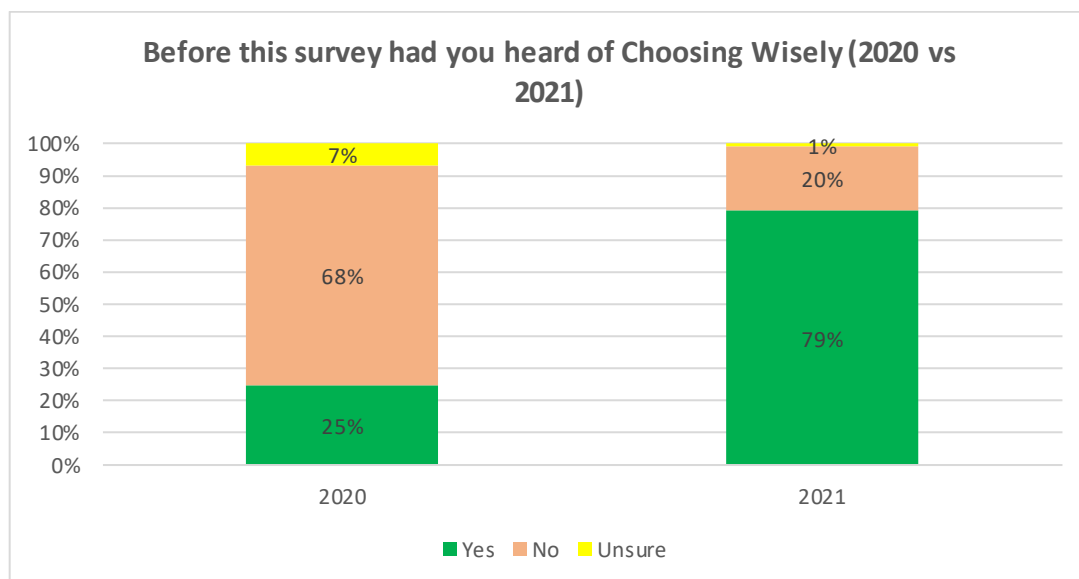
Reasonable care is taken to provide accurate information at the time of creation. This information is not intended as a substitute for medical advice and should not be exclusively relied on to manage or diagnose a medical condition. Choosing Wisely Australia® disclaims all liability (including for negligence) for any loss, damage or injury resulting from reliance on or use of this information. Read the full disclaimer at www.choosingwisely.org.au



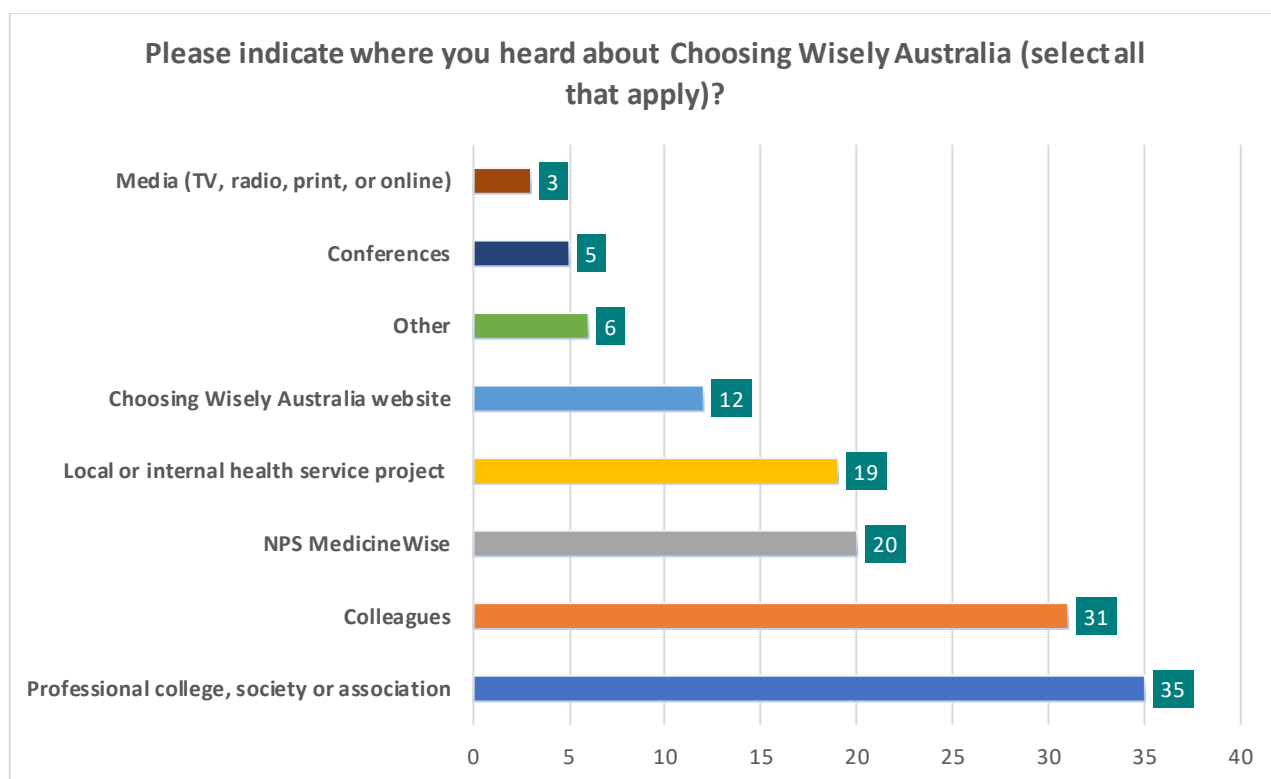
Attachment B: CHS Health Professional Survey results March 2021



Graph 1: Chart indicating survey participants medical professional post graduate years



Graph 2: Bar chart indicating percentage awareness of Choosing Wisely from survey 2020 25% compared to survey 2021 79% (214% increase)



Graph 3: Bar chart indicating where medical officers heard about Choosing Wisely Australia in 2021.

What are the main reasons you may end up requesting an unnecessary test, treatment or procedure?		
Value	Percent	Responses
Difficulties accessing information from doctors in other settings, including results of tests, treatments or procedures	56.3%	45
Consultant expectations	43.8%	35
Uncertainty regarding diagnosis	38.8%	31
Potential for medical litigation	35%	28
Patient referred specifically for the (unnecessary test/treatment/procedure	23.8%	19
Taking the approach that it is better to test than not to test	21.3%	17
Other (please specify) see below	21.3%	17
The recommended test, treatment or procedure is unavailable	16.3%	13
Not applicable – it's not my role to request test/treatments/procedures	7.5%	6
The need to keep patients engaged	3.8%	3

Table 1: List (multiple responses allowed) of main reason medical officers may end up requesting an unnecessary test, treatment, or procedure?

Other (17 comments)	
1.	Admitting teams refusing to accept a patient without a specific bloods/imaging as not willing to admit the 'ambiguous' patient or admit for period of observation (i.e. appendicitis wanting a CT A/P, obvious clinical cellulitis with sepsis wanting a CRP or USS to r/o DVT). Using tests as a way of gate-keeping admission of patients or delaying time to review. Despite ED staff specialists strongly advocating against these tests.
2.	I do not order unnecessary tests
3.	I hope I don't order unnecessary tests, but I am always open to questioning my practice. None of the above options seem applicable
4.	Inpatient team declining admission until the unnecessary test is completed (and to minimise delays to admission and to optimise flow through the emergency department, I will often arrange unnecessary blood tests because I believe the risk of delayed admission decisions and negative impact on flow through the department places patients at significant risk (both the patient having the unnecessary test, and those waiting for bed space to begin their treatment)
5.	Inpatient teams request is the number 1
6.	Local culture
7.	Most unnecessary requests are made before I take over care or by junior staff without asking
8.	Not applicable. I don't order unnecessary tests
9.	Often requests from other inpatient teams that are not indicated or appropriate, however refusing to accept patient for admission unless these are performed
10.	Particularly other specialities refusing to see or admit a patient without the unnecessary test
11.	Routine requests which are not considered prior to ordering
12.	Difficulties in expectations of inpatient teams: although I may be happy with treatment and diagnosis, inpatient teams accepting care regularly request further tests
13.	Frequently test requested by admitting teams, I try not to even facilitate but still do some to be collegiate
14.	High risk patient may become lost to follow-up/not pursue outpatient testing of potentially hazardous condition
15.	I doubt you will get much useful information from this question! The individual ordering the test seldom thinks it is unnecessary
16.	If the patient requests an unnecessary test/treatment, I find that if the time is taken to explain risks/benefits, how it will/won't change management, then it is very rare that the patient continues to insist on their original plan. Most of the unnecessary investigations are due to other inpatient units asking for tests that do not change either the immediate management or disposition decision
17.	No choice available

Table 2: Free text responses to What is the main reason you (medical officer) may end up ordering an unnecessary test, treatment, or procedure?



Culture Review Implementation

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Culture Reform Oversight Group Communique of meeting on 29 June 2021

The tenth meeting of the Cultural Reform Oversight Group (Oversight Group) was held on Tuesday, 29 June 2021.

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

Significant items discussed by the Oversight Group today included:

Second Annual Review of the Culture Review Implementation

Ms Renee Leon was contracted to undertake the second annual and independent review of the culture review implementation. Ms Leon met with a range of key stakeholders in May and June of 2021 including the Minister for Health, Minister for Mental Health, members of the Oversight Group to gain insights to inform the annual review. Focus Groups are being undertaken with a cross section of staff from across the public health system.

Ms Leon provided a verbal update of her initial findings for discussion.

The report for the annual review is expected to be provided to the Minister for Health by the end of July 2021.

Speaking Up For Safety

Ms Barb Reid, Regional Chief Executive Officer, Calvary ACT provided members with presentations on the implementation of the Speaking Up For Safety (SUFS) program in Calvary Public Hospital Bruce.

Measures of Success

Members were provided with information on the workforce data and reports that Canberra Health Services, Calvary Public Hospital Bruce and ACT Health Directorate regularly provide within their organisation and how that maps to the agreed indicators that demonstrate the measures of success for the program.

Meeting schedule

The Oversight Group meets bi-monthly and its next meeting is scheduled for 9 August 2021.



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Minister Davidson Media contact:

Julia Marais-van Vuuren: M 0468 568 967 E Julia.MaraisVanVuuren@act.gov.au



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Culture Reform Oversight Group Meeting Paper

OFFICIAL

Agenda Item:	7.2
Topic:	Key Messages for Represented Groups from the Oversight Group Meeting
Meeting Date:	29 June 2021
Action Required:	Noting and feedback
Cleared by:	Director-General, ACT Health Directorate
Presenter:	Executive Branch Manager, Culture Review Implementation Branch

Purpose

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

Background

2. There has been acknowledgement that communication across the ACT public health system has been challenging and fragmented.
3. This document serves to provide consistent information across the ACT public health system about initiatives already underway and those planned to enable more effective communication and understanding.
4. At the February 2020 meeting of the Oversight Group, it was agreed that members would be provided with key messages from each meeting, in addition to the minutes and Communique, to support communications with members and employees.

Issues

5. Consistent and timely communication is identified as a priority to provide information about work underway across the system.
6. The draft Oversight Group Key Messages document for the 29 June 2021 Oversight Group meeting is at Attachment A.
7. To ensure that the Oversight Group Messages document continues to meet the needs of members and employees, feedback is sought from Oversight Group members and the individuals being

represented as to the relevance of the information being messaged and information being sought in future key message documents.

Recommendation

That the Oversight Group:

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



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Key Messages from the Tenth Culture Reform Oversight Group Meeting held on 29 June 2021.

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

What was discussed at the Oversight Group meeting?

Second Annual Review of the Culture Review Implementation

Ms Renee Leon was contracted to undertake the second annual and independent review of the culture review implementation. Ms Leon met with a range of key stakeholders in May and June of 2021 including the Minister for Health, Minister for Mental Health, members of the Oversight Group to gain insights to inform the annual review. Focus Groups are being undertaken with a cross section of staff from across the public health system.

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Speaking Up For Safety Program

Ms Barb Reid, Regional Chief Executive Officer, Calvary ACT provided members with a presentation on the implementation of the Speaking Up For Safety (SUFS) program in Calvary Public Hospital Bruce.

Measures of Success

Members were provided with information on the workforce data and reports that Canberra Health Services, Calvary Public Hospital Bruce and ACT Health Directorate regularly provide within their organisation and how that maps to the agreed indicators that demonstrate the measures of success for the program.

Choosing Wisely - Canberra Health Services

Canberra Health Services provided an update of the progress on the Choosing Wisely and Low Value Care Program.

Update on Other Work Happening Across the System

- Management Fundamentals update procurement
- Ongoing implementation of SUFS in CHS
- This section will be updated post the meeting and will incorporate information provided by member organisations at the meeting.



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What are we focusing on in coming months?

Our focus of work over the next two months includes:

- Finalising the 2021 Annual Review of the Culture Review Implementation;
- Finalising a procurement activity to progress management fundamentals training program;
- Undertaking a procurement activity to progress a middle managers leadership training program;
- Ongoing implementation of the Organisation Culture Improvement Model (OCIM) with organisations undertaking their 2021 assessment;
- Continuing the development of communications materials to support organisational culture reform; and
- Developing communications for external stakeholders and broader ACT community.



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