

PROXIMITY

Workplace Culture within the ACT Public Health System

Third and Final Annual Review

Final

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Executive Summary

Across the broader health sector, there is much research evidence which shows satisfied and engaged employees deliver high performance outcomes and increase patient safety and quality of healthcare. The connection between culture and clinical care is not a new concept and good clinical care is associated with a robust culture of safety, where everyone feels empowered to speak up, and respect is the basis of all interactions. Growing and supporting a positive workplace culture is an ongoing part of business strategy and performance and takes time to get right.

On 10 September 2018, the then ACT Government Minister for Health and Wellbeing announced a comprehensive, independent review into the workplace culture of the ACT public health system. At that time there had been much commentary from several stakeholders including medical staff representatives, about the poor culture across ACT's public health system. The Minister at the time also said there must be zero tolerance for bullying and harassment. It was noted governance structures and processes to deal with inappropriate workplace behaviour were unclear and people were not given the opportunity to lead. The 2019 Culture Review was tasked with independently investigating and reporting on the culture and behavioural issues as they relate to ACT public health services.

The [Final Report: Independent Review into the Workplace Culture within ACT Public Health Servicesⁱ](#) (the 2019 Culture Review) was provided to the ACT Government in March 2019. The 2019 Culture Review conveyed an unfavourable picture of the culture across the ACT public health system. It highlighted 'worrying and pervasive' issues such as poor behaviour, poor management and leadership, inefficient processes, inadequate training and a large proportion of staff who had witnessed staff-on-staff bullying and who were not proud to be working for the ACT public health system. Some of these issues had been present for many years.

Implementation of the 2019 Culture Review recommendations was supported by significant additional funding allocated by the ACT Government. A commitment was also made by key leaders and stakeholders (see Annexes 1 and 2) to collectively drive culture reform to support a positive workplace culture.

The [ACT Health Cultural Review Inaugural Annual Report 2020ⁱⁱ](#) (the first annual review) was the first of three annual reviews recommended in the 2019 Culture Review and reported on the work the ACT public health organisations were doing to align vision, values and workplace and human resource policies; the soundness of the governance structures to oversight implementation of the recommendations; and the good progress in advancing the 20 recommendations. This inaugural review also commented that "sustained and substantive improvements to organisational culture takes years to change."

The [Culture in the ACT public health system: Second Annual Review 2021ⁱⁱⁱ](#) (second annual review), completed in November 2021, highlighted the need for cultural reform to transition from implementation of the 20 recommendations of the 2019 Culture Review to embedding cultural improvements as part of normal business by the end of 2022. The second review also highlighted progress with consistency in values, progress with training programs and establishment of the building blocks and tools which would contribute to improving workplace culture.

This third and final annual review acknowledges the sub-cultures which continue to exist across the ACT public health system, and which make it difficult to progress consistent system-wide culture reforms. This final annual review has highlighted the importance of the building blocks or the key foundational elements which have been put in place, the piloting and testing of cross agency training and development approaches, the development of consistent data collection and reporting together with an acknowledgement of the need for more effective staff and stakeholder engagement at all levels. These elements along with the commitment of the leaders of the ACT public health system¹ to a more collaborative and team-based approach to system-wide improvements, streamlined governance arrangements, ongoing capacity building of all staff and a centralised coordination and support arrangement provide the key systemwide elements to effectively embed ongoing improvements to further develop and maintain a positive workplace culture.

In terms of progress and understanding early impacts of cultural workplace improvements, this final annual review highlighted three key high-level measures of progress: employee engagement, prevalence of harassment and bullying and the number and reporting of complaints². Across the three ACT public health organisations there has been a steady improvement in cultural maturity and slight improvements in organisational trust. There have been improvements in staff engagement levels across the three organisations. However, there remain significant percentages of staff not feeling engaged or who are actively disengaged in CHS and CPHB. In terms of bullying and harassment, there have been substantial improvements in CHS with a reduction in the prevalence of bullying and harassment with a shift from 44% of staff surveyed in 2019 indicating they had experienced bullying and harassment in the previous twelve months to 27% of the staff surveyed in 2021. In the ACTHD 2021 Staff Survey 12% of staff

¹ ACT public health system refers to Canberra Health Services (CHS); ACT Health Directorate (ACTHD); and Calvary Public Hospital Bruce (CPHB). In parts this report mentions the 'three organisations', acknowledging there are many other parts to the ACT public health system.

² This final annual review acknowledges there is a range of other workforce indicators contributing to measuring a positive workplace culture including staff turnover, diversity and leadership capability to name a few, however has focussed on these three high level indicators.

surveyed had personally experienced bullying with another 15% indicating they had witnessed someone else being bullied³. There was no quantitative information available for CPHB. The cultural reform process is on the right track in focussing on these areas. In terms of reporting of incidents or making complaints, the CHS 2021 Workplace Culture Survey showed 61% of those experiencing bullying and harassment reported this behaviour. In the ACTHD 9% of survey respondents⁴ who were bullied submitted a formal report.⁵ No data was available from CHPB⁶. There continue to be gaps in consistent data and reporting in other areas reflecting different staff surveys and methodologies of data capture, making system-wide assessments and trends difficult. It would not be difficult to have some consistent key questions for all staff in the ACT public health system.

Several foundational or underpinning initiatives have been established and have been tested or piloted and these will be critical to allow effective monitoring and oversight of changes and improvements in workplace culture, both within the three key agencies and across the ACT public health system. The Workforce Culture Framework and workforce dashboards, annual staff surveys, Organisational Culture Improvement Model, cross agency leadership and training programs and coordination of cultural reform effort within the ACTHD are examples of these key foundational elements. As planned, these have taken time to establish and now will be used to contribute to ongoing improvements, transparency, accountability for performance, consistent data collection and reporting across the system and allow improved targeting of effort to address areas of concern.

The leaders of each of the three organisations have been more visible, engaging with staff and taking action to address instances of poor behaviour. Additional effort is required to support middle managers and supervisors to also lead by example and empower staff and address poor behaviour at the local level. There remain areas of poor workplace behaviours and building the capability of leaders and managers at all levels is required to exemplify and facilitate appropriate behaviour. Ongoing awareness, training and development for managers and supervisors and clarity about performance expectations including behaviour should be consistently applied to individual performance agreements. Responsibilities and obligations for both the organisation and individual, to meet work health and safety obligations and other cultural improvement requirements to influence and celebrate positive behaviour, should be linked to performance agreements and/or contracts. It is also important staff be provided with clear and consistent communication about the importance of a positive workplace culture to work health and safety of employees and to patient outcomes and are actively engaged in the reform process. To embed performance and accountability from the top, it is recommended performance agreements for the Directors General and contracts or performance plans with CPHB and CHS include the outcomes, measures and targets required for ongoing improvements to workplace culture across the ACT public health system.

Teamwork and collaboration are key cultural practices which form the basis of successful quality improvement practices. The effort developed over the past couple of years to provide system-wide training and development has not only increased workforce capability but also contributed to the opportunity for a more collaborative approach across the ACT public health system. More engagement with staff is required and opportunities for collaboration beyond training and development programs should be encouraged and facilitated (some of which was observed in the development of the Digital Health Record).

The Culture Reform Oversight Group (Oversight Group) members discussed the need for governance structures with clear authority and territory-wide oversight. The Oversight Group has been the key forum overseeing the implementation of the 2019 Culture Review recommendations and its members have an ongoing role to play in driving and supporting a positive workplace across the health system. This third annual review suggests a possible governance structure to align strategy and performance and embed workplace culture improvements to embed a positive workplace culture into business-as-usual arrangements. Engagement of leaders, including clinical leaders, ministers, staff representatives, academia, employees, non-government organisations and other sectors of the ACT health system, including primary care and other health service providers, all have roles to play in effective oversight, advice and decision making to develop the ACT public health system as a "person-centred, innovative, high performing public health system for the Territory." A strong culture of respect and safety for staff and embedding the recommendations and lessons from the 2019 Culture Review with staff and their representatives to continuously improve processes and outcomes for all staff, is a key part of the ACT Health Services Plan 2022–2030 (released in August 2022).

The 2019 Culture Review acknowledged it would take a sustained and long-term effort to improve the culture of the ACT public health system, particularly when poor cultural behaviour has been present over a long period. Leaders and stakeholders involved in

³ This compares with an ACTPS average of 14% experienced bullying and 16% had witnessed bullying as reported in the 2021 ACTPS Survey Insights Papers, Strategy and Transformation Office, Chief Minister Treasury Economic Development Directorate of the ACT Government.

⁴ ACTHD had a 67% response rate in the 2021 ACTPS Employee Survey.

⁵ Some of the actions of staff in response to bullying: included 20% did not take any action; 34% had an informal conversation with other colleagues; and 19% confronted or discussed the matter with the perpetrator. Staff may have undertaken a number of these options, including submitting a formal report.

⁶ Some workforce data is not available and was not provided to the final annual review team. CPHB workforce survey data is different to ACT Government staff survey data and is not always comparable.

the implementation process over the last three years have committed to sustaining ongoing improvements to embed a positive culture across the ACT public health system for the benefit of employees and patient outcomes.

In the three years since the 2019 Culture Review there has been unprecedented challenges facing all health systems. The ACT experienced severe bushfires and its aftermath, COVID-19 pandemic (still impacting health services) and changes in leadership across all three public health organisations. The CHS accreditation process and the introduction of the digital health record were key priorities which required allocation of already stretched health workforce resources.

In this context, progress continued to be made to improve workplace culture across the ACT public health system albeit in some areas at a more manageable pace to account for other pressures on the health workforce during this implementation period. Further work is required to measure the impact of reform initiatives and to ensure all staff and leaders at all levels continue to be engaged and incorporate workplace culture initiatives into business-as-usual. Observations in this report also acknowledge the high levels of support and commitment of senior staff to improve workplace culture within their organisation. This review recognises how challenging this improvement journey is and has been, particularly with the challenges all health systems have faced over this time and the large scope to ensure each of the over 11,000 employees of the ACT public health system continue to be engaged to improve workplace culture and they feel confident, trusted and empowered to be their best. The following recommendations will build on the progress made over the past three years. The focus for leaders of the ACT public health system is to embed a positive workplace culture through governance and reporting, leadership and accountability, systems and procedures and effective engagement and communication.

Recommendations

Governance and reporting	Recommendation 1	Formalise ongoing governance arrangements for the ACT health system to address strategy, planning, performance and evaluation incorporating the oversight of workplace cultural improvements.
	Recommendation 2	Further develop and streamline existing performance reporting for which the head of each of the three ACT public health organisations has ongoing accountability. Develop system-wide information to measure the overall impacts of cultural improvement initiatives.
Leadership	Recommendation 3	Clarify roles, responsibilities and performance requirements, particularly to strengthen outcomes expected for cultural improvement for the head of each of the three ACT public health organisations through existing performance agreements and/or contracts.
	Recommendation 4	Consider and define the requirements to sustain system-wide leadership, management and human resources training and development programs including the allocation of resourcing and effort from the three organisations.
Systems and processes	Recommendation 5	Each of the three ACT public health service organisations allocate resourcing and effort to sustain the foundational processes and systems, governance and other programs now in place to improve workplace culture and productivity across the ACT public health system.
	Recommendation 6	Develop a system-wide strategy for workforce planning to develop and attract high performing talent, address emerging challenges such as workforce shortages and sustain a positive workplace culture across the ACT public health system
Effective engagement and communications	Recommendation 7	Improve transparency through more effective engagement and communication with staff, patients/clients and the community on initiatives to improve performance and workplace culture across the ACT public health system.

Introduction

Proximity Advisory Services (Proximity) was engaged to undertake the third and final annual review of the Culture Review Implementation which was designed to improve ‘a worrying and pervasive poor culture across the ACT Public Health System’ as outlined in the 2019 Culture Review.

On 16 May 2019, the then Minister for Health and Wellbeing; Minister for Mental Health along with the Director-General, ACT Health Directorate (ACTHD); Chief Executive Officer (CEO), Canberra Health Services (CHS); and Regional CEO, Calvary Public Hospital Bruce (CPHB)—collectively referred to as the leaders of the ACT public health system—jointly and publicly committed to implement the 20 recommendations in the 2019 Culture Review (Annex 1). This was further supported by a Public Commitment Statement released on 4 September 2019 by leaders of the organisations represented on the Culture Reform Oversight Group (Oversight Group) stating their commitment to work with the Ministers and the leaders of the ACT public health system to improve workplace culture, and through this, enhance the standard of health care and services provided to the Canberra community (Annex 2).

The ACTHD commissioned, on behalf of the Oversight Group, this third annual review of the Culture Review Implementation process and progress (final annual review), in line with Recommendation 19 from the 2019 Culture Review, 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’.

The final annual review commenced 4 July 2022 only eight months from the completion of the second annual review and concluded with the delivery of this final report to ACTHD Executive in early January 2023.

Approach

To address the scope of this final annual review (Annex 3), a three-phase approach was applied to develop and deliver the findings and recommendations presented in this report.

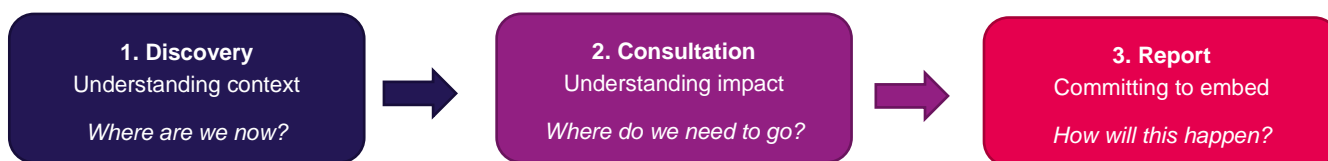


Figure 1. Review methodology

During this process scope for this final annual review was refined to better reflect this review as the final in a series of annual reviews. As such, this review focussed on recommendations which were not completed at the time of the second annual review. This means, to avoid duplication or overlap, the recommendations closed by November 2021 (based on reporting provided to the Oversight Group on 13 December 2021)⁷ are not subject to further consideration by this final annual review.

The final annual review team acknowledges the support provided by the Culture Review Implementation team (now part of the People Strategy and Culture Branch) in the ACTHD, the heads of each of the three ACT public health system organisations and the active engagement of the Oversight Group and each member of the Oversight Group, many other stakeholders and staff. We know it has been a challenging time for our health systems and we thank you and very much appreciate the valuable time and input you all provided.

Discovery

A desktop review of key documentation, produced from a range of sources across ACT public health organisations (ACTHD, CHS and CPHB) generally covering the information available to October 2022, was undertaken as part of this review. The documentation volume was substantial and on occasion complex to work through due to variable and or incomplete reporting. For example, the high-level workforce dashboard did not include complete data from all the ACT public health organisations⁸. The documentation reviewed reflected the complexity of implementing system-wide recommendations across three separate organisations with varying levels of organisational maturity, capability, workplace cultures, separate areas of concern and priorities. The types of documentation produced by each of the ACT public health organisations and the ACTHD Culture Review Implementation team included:

⁷ Of the 20 recommendations, the 11 recommendations to be reported on include Recommendations 2-4,6,7,9, 3-16 and 19. This is addressed under Detailed Observations and Findings.

⁸ CPHB was unable to provide all data as per the agreed Workforce Effectiveness Indicators Model at this time and advised the Culture Review Implementation team that all data (except for diversity data) will be provided in future reports.

- public statements;
- foundational content including the Workplace Culture Framework^{iv};
- internal strategies, staff surveys and implementation plans and resultant work progressed in relation to the Culture Review recommendations;
- workforce data and metrics including workforce dashboards presented to the Oversight Group;
- organisational culture improvement assessments for 2019, 2020 and 2021;
- reporting to, and by, various culture review governance committees and working groups covering all aspects of program and project management; and
- the previous independent annual reviews.

Despite the volume of documentation available, this final annual review found it difficult to measure system-wide impacts on culture through the lack of consistently measured key performance indicators from all the activities which had been separately undertaken by the three organisations over the past three years. As mentioned below there were some shortcomings and data gaps across the three ACT public health organisations and being able to compare trends over time. It is acknowledged changes in culture take time and with the unprecedented challenges faced by the health system, the focus of implementation has been putting in place foundational work including governance, systems, processes and reporting to gauge impact over time. This is addressed in the Looking Forward and Recommendations section of this report.

Consultation

Feedback from key personnel and focus groups during consultation provided valuable information to better understand their views and the potential impact and cut through of the cultural reform initiatives progressed so far. Information was gathered through extensive engagement with a broad range of stakeholders (Annex 4) including implementation governance and oversight members, representatives of the health workforce and health care consumers, academic partners, and staff from each of the ACT public health organisations. This engagement took place via in-person interviews, phone and video calls and email exchange over the period August to October 2022. Follow-up information was also provided from some of the participants. Specifically, consultation included:

Interviews	<p>Interviews occurred with key organisational representatives including all members of the Oversight Group and the Culture Review Implementation Steering Group (Steering Group) along with the ACT Health Directorate (ACTHD as the lead agency) Culture Review Implementation team to gain a better understanding of their views and observations on:</p> <ul style="list-style-type: none"> • progress and reporting against recommendations; • sustainability of recommendations implemented including how a positive cultural environment is being embedded into core business; and • on-going effort, governance, and resourcing required to sustain initiatives including those proposed and or in train. <p>No response was received from invitations extended to the Opposition Health Spokesperson and the Opposition Mental Health Spokesperson to engage in the final annual review.</p> <p>23 interviews were held with representatives from the ACT Legislative Assembly, ACTHD, CHS, CHPB, Community and Public Service Union (CPSU), Australian Medical Association (AMA), Health Care Consumers Association (HCCA), Australian Salaried Medical Officers Federation (ASMOF), Visiting Medical Officers Association (VMOA), Australian National University (ANU), University of Canberra (UC), Australian Nursing and Midwifery Federation (ANMF) and Carers ACT.</p>
Focus Groups	<p>12 focus group sessions were facilitated with a small number of staff of ACTHD, CHS, CHPB as well as members and representatives of HCCA, Professional Colleges Advisory Committee, CPSU and ANMF, to understand their observations of:</p> <ul style="list-style-type: none"> • the impact of the cultural reform effort in organisations and at the system-wide level; • shifts in behaviours on display in organisations; • systems and processes to maintain high standards of conduct, along with reporting and resolving instances of poor conduct and behaviour; • quality of health services provided by organisations and by the ACT public health system more broadly; and • if the ACT public health system reflects a more open and trusting environment. <p>This review acknowledges and understands the competing demands on stakeholders' and staff at the forefront of delivery of health services may have impacted on limited participation in these focus groups. Notwithstanding this, focus group participants included both senior and junior clinical staff including medical practitioners, nurses and midwives; management executives, administrative and corporate staff across the ACT public health organisations.</p>

Report

While feedback from interviews and focus groups has been used to inform this third annual review, this review also drew on many other sources of available information and data (see Discovery section) including the preceding annual reviews, particularly the most recent second annual review presented in November 2021. As such, this final annual review references some of the findings and conclusions of the previous annual reviews in its consideration of progress, impact and opportunities moving forward.

This focus of this review has been not only on implementation of the outstanding recommendations, but what has been the overall impact of all the planning and implementation undertaken to date, what has gone well, and what gaps and opportunities remain. The report also covers arrangements which should be put in place to continue momentum and focus on sustaining a positive workplace culture, not only within each public health organisation, but importantly across the ACT public health system.

Early observations, including feedback from consultations, information from the reporting provided and forward-looking suggestions were presented to the September and October 2022 meetings of the Oversight Group.

This report provides practical system-wide recommendations grouped under the following key themes which are considered by this final annual review to be critical to embed the arrangements for a sustainable positive workplace culture across the ACT public health system:

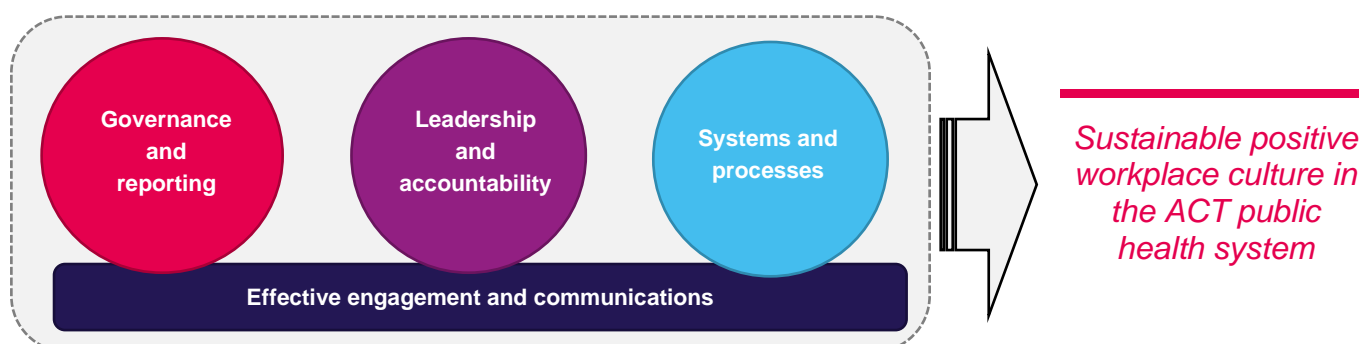


Figure 2. Themes for embedding arrangements

Context

The 2019 Culture Review found that pride in working for the ACT Public Health System was low, bullying was common and confidence in how the system resolved grievances was extremely low. Further, it found:

- these issues had been identified in previous reviews^v and audits^{9 vi};
- the contribution of poor leadership over the preceding few years had led to the unhealthy workplace culture although poor culture had been present for many years; and
- a long process of sustained attention to affect the necessary improvements was required to counter the high levels of dissatisfaction and distrust.

This third annual review heard repeatedly from key governance and oversight representatives, that the starting point for cultural reform was low with long standing entrenched issues and this was evidenced by much of the foundation work needed to address processes, systems, governance and importantly basic attitudes and behaviours of decency, respect, and courtesy.

There is no doubt momentum and variability in progress has been significantly impacted by the challenging operating environment faced by health services in the ACT since the original review of 2019. These challenges started with the 2019/20 bushfires and have included the onset and now ongoing impact of COVID-19, turnover in leadership across the three health services, as well as changes in ministers and ministerial responsibilities in the public health system, constraints in workforce capacity, winter surges, the effort and focus on accreditation of CHS and the roll-out of the digital health record. These challenges have had a considerable toll on the resources available and focus of an already fatigued and stretched workforce in a small jurisdiction.

The arrangements for the delivery of public hospital services established under the Calvary Network Agreement between Calvary Health Care ACT Ltd (as a subsidiary entity of the Little Company of Mary Health Care Ltd) and the ACT Government through the ACTHD were also highlighted by some stakeholders as a factor impacting the effective implementation of cultural reform. Some stakeholders suggested the structure of the agreement along with associated funding, governance and contract management arrangements were constraints on cultural reform across the ACT public health system.

⁹ The 2015 KPMG Report into the Review of the Clinical Training Culture: The Canberra Hospital and Health Services, and the 2019 ACT Auditor-General Report on ACTY health's Management of Allegations of Misconduct and Complaints About Inappropriate Workplace Behaviour

This has been raised with CPHB (Regional CEO, Calvary ACT) who maintains the current contract is not an impediment to cultural reform and CPHB has been engaging in cultural reform throughout the implementation process. This final annual review notes CPHB shares information where possible however, some information is not available in ways in which ACT Government data is held which makes direct comparisons and trend information difficult. These limitations relate to, for example, not having consistent staff survey data or comparable information on bullying and harassment prevalence and some other human resource indicators.

This final annual review acknowledges the machinery of government change of the ACTHD and CHS in October 2018. This impacted on some of the variability of progress against recommendations and comparison of trends over time. This separation also contributed to a lack of understanding of the role of the ACTHD as system leaders and coordinators of system-wide reform.

Culture Review Implementation Overview

Establishment

Submissions to the 2019 Culture Review highlighted:

- inappropriate behaviours and bullying and harassment in the workplace;
- inefficient procedures and processes including complaints handling;
- inadequate training in dealing with inappropriate workplace practices;
- inability to make timely decisions;
- poor leadership and management at many levels throughout the ACT Public Health System; and
- inefficient and inappropriate Human Resource (HR) practices, including recruitment.

In response to the 2019 Culture Review, all 20 recommendations were accepted by the ACT Government and an initial budget of \$12 million was provided over three years from 2019-2020 for implementation initiatives including setting up dedicated implementation governance arrangements.

Governance and oversight

The culture reform implementation process has been overseen by three main groups, as described below.

Culture Reform Oversight Group	<p>To oversee implementation of the 20 recommendations from the 2019 Culture Review.</p> <p>Comprising the Minister for Health, Minister for Mental Health, leaders of the ACT public health organisations, staff representatives of the health workforce, including representatives of doctors, health care consumers, and representatives from academia.</p> <p>Meeting regularly since establishment in 2019 on a bi-monthly basis.</p> <p>(Initial¹⁰ vii Culture Review Oversight Group Terms of Reference^{viii} and subsequent Culture Reform Oversight Group Terms of Reference (Annex 5).</p>
Culture Review Implementation Steering Group	<p>To support the Culture Reform Oversight Group by driving the planning, monitoring and evaluation of the cultural change process.</p> <p>Comprising the leaders and senior 'People and Culture' executives of the ACT public health organisations.</p> <p>Meeting regularly since establishment, and on a bi-monthly basis since November 2021</p> <p>Terms of Reference (Annex 5)</p>
Culture Review Implementation team ¹¹ , ACTHD	<p>To lead and coordinate system-wide planning and support and reporting of progress for implementation of the 20 recommendations of the 2019 Culture Review.</p> <p>From July 2021 to Dec 2021, the Culture Review Implementation team consisted of one full time equivalent SES1 (Executive Branch Manager, People Strategy and Culture); and the Senior Director, Program Management.</p> <p>From January 2021 to June 2022 the team consisted of one full time equivalent SES1 (Executive Branch Manager, People Strategy and Culture); the Senior Director, Program Management; Program Support officer; People Analytics officer; and HR advisor.</p>

The second annual review found governance arrangements were sound, with appropriate representation and a dedicated support function, although noted tensions of some members which limited their contributions to a more collegiate process of change. It concluded among other things that:

- the Oversight Group should operate in a similar mode to a Board with responsibility for strategic guidance, with members focused on shared goals rather than using the forum to air bilateral issues;
- roles and responsibilities of the Oversight Group and the Steering Group, and the communication lines between them, should be further clarified; and

¹⁰ In May 2021 with a focus on problem solving and the future, the Culture Review Oversight Group was renamed the Culture Reform Oversight Group with a vision to "Building a better health system through organisational reform that respects our workforce, our patients and the community."

¹¹ Established as a Branch in 2019, in July 2021 the Culture Review Implementation Branch and People Strategy Branch at ACTHD were combined to form the People Strategy and Culture (PSC) Branch with the Culture Review Team becoming one of the functional teams.

- the Steering Group should share information and learnings between the ACT public health organisations on what is working well or not and identify opportunities for more strategic partnership work.

The Oversight Group agreed to establish three working groups in June 2021^{ix} which included members from the Oversight Group, staff from each of the organisations, consumer and staff representatives, medical workforce representatives, ACT university representatives and other key stakeholders, including officials from the Chief Minister, Treasury and Economic Development Directorate. The three working groups are described below.

System-wide Human Resources (HR) Matters Working Group	Focused on the findings arising from the three HR Functions Reviews (for the ACTHD ^x , CHS ^{xi} and CPHB ^{xii}), and investing early on system-wide industrial relations issues. Terms of Reference (Annex 5)
Early Intervention Working Group	Focused on identifying system-wide issues that have or are likely to have an impact on culture across the ACT public health system recommending strategies to address or mitigate the issues, including identifying and monitoring culture issues that may arise from the implementation of significant change programs being delivered across the health system. Terms of Reference (Annex 5)
Professional Transition to Work Working Group	Aimed at investing in early career professionals, specifically the transition from a student through to the first two years of being a professional in the health system. Terms of Reference (Annex 5)

The Oversight Group agreed on 18 July 2022 to combine the System-wide Human Resources (HR) Matters Working Group and the Early Intervention Working Group to identify system-wide issue human resources issues likely to impact on culture across the ACT public health system.

This final annual review observed references to the originally endorsed governance framework changed over time to reflect changes in implementation priorities and implementation arrangements. This final annual review recommends arrangements to embed ongoing governance to ensure clarity about roles and responsibilities and efficient use of representatives' time involved in continuing to progress workplace cultural improvements. Improved transparency, evaluation of impact and clear communications is a key element of these future governance arrangements.

Implementation foundations

This final annual review as well as the second review acknowledge the good foundational work now in place to address the recommendations of the 2019 Culture Review. The second review commented on the greater focus on organisational values, implementing training programs, reviewing complaints procedures and structures and processes established to oversight reform and engage key personnel, including clinicians in decision making processes. In addition to governance and oversight arrangements mentioned above, this section and the section on Overall Progress looks at the previous findings and progress in implementing some of these foundational elements.

Workplace Culture Framework

The Workplace Culture Framework (delivered in May 2020) was the evidence-based framework supporting implementation of the 2019 Culture Review recommendations to improve organisational behaviour, workforce and leadership for a safer and higher-performing workforce. It presented five workplace change priorities¹² along with the following key prerequisites required to make the change and measure success: the leaders of the ACT public health system support a system-wide approach to measuring progress; workplace culture priorities align with policies and procedures; leaders role model expected behaviours and skills; and knowledge and skills development follows evidence-based principles of training design and delivery.

The second annual review found the Framework to be sound with a focus on providing clarity about behavioural and performance expectations, uplifting knowledge and leadership capability and measuring outcomes across the whole of the ACT public health system. However, the second annual review also reported:

- the Workplace Culture Framework seemed to have little impact on the activities adopted to implement cultural reform;
- the delays in decision-making and procurement meant no substantial management and leadership training had commenced with less than a year left of the Culture Review Implementation program; and

¹² Organisational trust, leadership and people skills, workplace civility, psychological safety and team effectiveness

- misalignment remained between the Framework and the various staff training programs offered across the ACT public health system despite an independent report in March 2021 recommending training programs be more focused on workforce culture and be evaluated for intended results and impact including translating learning to behavioural change in the workplace.

Organisational Culture Improvement Model

The Organisational Culture Improvement Model (OCIM) has been used by the three health organisations as a key tool to assess progress against the five priorities of the Workplace Culture Framework. It is a self-assessment tool designed to gauge organisational maturity and the effectiveness of organisational readiness to progress these priorities. A four-level scale—initiating, emerging, engaging and integrated—is used to assess maturity of each organisation's systems, processes and procedures, for each of the priority areas. These scores can be aggregated to provide maturity levels of each dimension, as well as an overall score for each change priority area. The tool comprises an action plan template for each organisation to identify prioritised action/s to achieve target maturity, along with action owners, timeframes and status.

This final annual review acknowledges in the development of OCIM, each organisation was at different stages of maturity which is reflected in differing baseline assessments. For example, the ACTHD and CHS were only established in 2018 and OCIM assessments have been completed for each of the three organisations over the past three years.

Workforce Effectiveness Indicators Model

A Workforce Effectiveness Indicators Model (WEIM) and Workforce Effectiveness Dashboard was first presented to the Oversight Group on 13 December 2021. At this meeting it was agreed workforce data from all three organisations will be provided to the Oversight Group bimonthly as a regular agenda item to demonstrate trends and provides insights into how culture improvements are being reflected in key workforce indicators.

The dashboard and data analysis are used to demonstrate trends across a range of areas impacting organisational performance, including commencements, separations, diversity, length of service, overtime, exit surveys, preliminary assessments, and occupational violence.

Overall Progress

Background

While largely positive in its assessment of the governance framework and progress on recommendations the first annual review completed in May 2020 noted the need for:

- achieving a common understanding of individual Oversight Group members' role and contribution;
- a more clearly articulated relationship of the Oversight Group to the Clinical Leadership Forum, the ACT Health and Wellbeing Partnership Board^{xiii} and the Non-Government Organisation Leadership Group;
- ongoing reappraisal of recommendation actions as collectively contributing to achievement of that recommendation;
- re-gaining momentum with some organisation's recommendations not being progressed at the same pace and therefore requiring increased focus over the next year; and
- expediting implementation of further system-wide phases of the Communications and Engagement Strategy¹³.

The second annual review (completed in November 2021) provided detailed findings against each of the recommendations and highlighted how reforms and ongoing cultural reform activities should transition to core business. It also indicated good foundational work was being established and noted the need for additional focus on:

- work to establish behaviour expectations, and build leadership and management capability;
- further development of clinical leadership capability and willingness to listen and respond to front line clinical staff;
- the research strategy;
- improved collaboration and coordination across the system;
- system-wide performance measurements on both strategy and culture;
- the ACT public health organisations committing to ongoing resourcing or absorb the monitoring and support for specific programs of work into business-as-usual;
- key outcomes being anchored into strategic and business plans to ensure clear accountability for achieving expected outcomes;
- strategies and actions be effectively communicated and implemented to the front line; and
- greater collaboration between the ACT public health organisations for system-wide measures, clinical coordination and health system performance.

Given the closeness of this final annual review to the second annual review, some of these areas of focus are still relevant. Where relevant to the transition of culture reform to a business-as-usual function, they are addressed in this report under Continuing Areas of Focus.

Impact

The consideration of impact of the culture reform program has been grouped under system-wide insights, high-level organisational indicators and stakeholder views, as follows.

System-wide insights

This final annual review utilised all available datasets such as OCIM assessments, employee surveys and the Workforce Effectiveness Dashboards to draw where possible system-wide impacts in addition to organisational impacts. There are limitations to understanding a system-wide view given different stages of organisational maturity, different methodologies applied to staff surveys and inconsistent reporting of HR measures. In summary, assessments about cultural maturity improved across the three ACT public health organisations and indicators such as staff engagement, prevalence of bullying and harassment and organisational trust have improved since 2019. There are however high levels of staff disengagement in CHS and CPHB, particularly those who are actively disengaged (which is similar to other organisations in the Public Hospitals and Healthcare Services sector¹⁴).

This final annual review analysed the ACT public health organisations' available OCIM assessments for 2019 (a retrospective baseline assessment), 2020 and 2021¹⁵ to inform system-wide insights and trends. In reviewing these insights, it is important to note OCIM is a framework to better understand and measure the maturity of the policies, processes, guidelines and systems (i.e.

¹³ The Communications and Engagement Strategy 2019-22 was approved by the Steering Group on 16 December 2019.

¹⁴ BPA Analytics Scorecard, 2021 Workplace Culture Survey – analysis of data collected up until 29 November 2021.

¹⁵ 2022 assessments were expected to have commenced in August 2022 and this final annual review understands they are in the process of being completed.

the building blocks) to support and enable workplace cultural maturity and as such is not a framework actively measuring culture itself. While OCIM was not intended to provide a system-wide view it is possible to gauge some emerging trends across each of the three organisations. Organisational view insights from OCIM are presented at Annex 6.

It is noted the second annual cultural review stated the three organisations assessed their maturity overall as having been at the first (lowest) level in 2019 and moving close to the second level on most scores in 2020. To highlight progress the Current vs Past Results dashboards are extracted from each of the three ACT public health organisation's 2021 OCIM assessment at Annex 6. These assessments provide guidance for organisational areas requiring ongoing focus. This final annual review acknowledges the commitment of ACT public health system leaders to continue to use this tool to prioritise the allocation of effort and resources to strengthen cultural maturity systems and processes. The October 2022 OCIM assessments have not been included in this final annual review and the 2022 update will further identify progress and trends and continued areas for improvement.



Based on actual reported achievement

Steady improvement with cultural maturity moving from 1.4 in 2019 to 2.1 in 2021 (out of a total of 4)

CPHB and CHS reported significant overall improvement moving from 1.4 in 2019 to 2.3 and 2.4 respectively in 2021. In the same period the **ACTHD** has reported some improvement moving from 1.4 to 1.6

The **least improved element is Workplace Civility** moving from 1.6 in 2019 to 1.8 in 2021. Within Workplace Civility there has been **no reported improvement in the Complaints Process**.

The **most improved element has been Organisational Trust** moving from 1.5 in 2019 to 2.4 in 2021. However, this improvement is reported to have occurred **mostly at CPHB and CHS** with **ACTHD** reporting relatively little change in this area as less mature systems are in place as ACTHD was only established in October 2018. Prioritisation of initiatives are discussed and agreed each year.



Based on targeted achievement compared to reported achievement

Targets have been **set independently** and demonstrate **wide variance** in what each organisation deems to be an acceptable level of cultural system and process maturity. Some of this is due to different organisational contexts such as the recent formation of ACTHD

For example, for Internal Communications CPHB is targeting 2.2, CHS 2.8 and ACTHD 3.4

There is an opportunity to **demonstrate a shared viewed** across the ACT public health system of what a high-performance workplace should target including a shared understanding across each organisation of the foundational set of cultural systems and processes to be implemented which would inform priority areas for resource allocation and to contribute to system-wide improvements.

Figure 3. OCIM assessment insights – system-wide view

As indicated above, OCIM data indicated marginally improved trends in the development of systems and processes from 2019 to 2021 in relation to measures contributing to Workplace Civility compared to trends in the other four workplace priorities.¹⁶ At an organisational level, the reported trends for Workplace Civility show:

- CHS reported reasonable improvement of from 2019 to 2021 shifting from a low base of 1.3 to 2.3;
- CPHB reported minimal change from 2019 to 2021 moving from 1.7 to 1.8; and
- ACTHD reported a decline of 0.3 from 2019 to 2021 moving from 1.7 to 1.4.

Overall there had been little improvement in the system and processes used to manage workplace civility which includes the handling of complaints. Additional focus is required in relation to the complaints handling processes which was also reflected through focus group feedback across the three organisations (some participants said they did not have a good understanding of their organisation's complaints management system or processes). In this context we also heard from some stakeholders more needs to be done to support junior doctors including student clinicians to raise complaints about workplace behaviour. The ongoing rollout of the Promoting Professional Accountability program will support these groups with training on speaking up and ensuring accountability for inappropriate behaviours when identified.

Workforce Effectiveness Dashboard data from both February and June 2022 showed Preliminary Assessments.¹⁷ A preliminary Assessment is not a formal investigation; it is a timely and expedient way of determining if and how to proceed with an issue which

¹⁶ Organisational trust, leadership and people skills, workplace civility, psychological safety and team effectiveness

¹⁷ Workplace Behaviours Toolkit The Preliminary Assessment – part of suite of products under ACTPS Guide to Managing Workplace Behaviour

has been raised. These have been measured each month by CHS and ACTHD since January 2021. There is no measure available for CPHB. Over the reported period (January 2021 – April 2022) data showed varying numbers of monthly PAs for CHS and ACTHD and the accumulated number of open cases had increased in both organisations at the end of this period. The organisational complaints data could be improved by showing how long cases remained open before being closed, the types or severity of complaints and identifying any persistent themes.

High-level organisational indicators

In addition to the above system-wide insights through OCIM, this final annual review utilised the available datasets (such as employee surveys and the Workforce Effective Dashboards) to draw observations relating to each organisations' staff engagement, instances of bullying and harassment and complaints reporting. In terms of organisational indicators for CPHB, results of staff surveys are not comparable to information gathered through CHS and ACTHD staff surveys. This final annual review also did not have access to some human resource management information referred to below.

Staff Engagement - CPHB

CPHB data from its Calvary Care Overall staff survey completed in August 2021¹⁸ showed an improvement of 4% in staff engagement (the period over which this change occurred was not defined). However, staff who are either not engaged or actively disengaged is in the order of 70%.

Staff Engagement – ACTHD

Since 2019, ACTHD has participated in different surveys to understand staff engagement. The lack of a consistent survey data makes trend analysis and comparisons for year on year difficult.

Data from the 2019 Workplace Climate Survey^{xiv} showed 42% of staff were engaged with the remaining 58% being not engaged or disengaged. Data from the 2021 Staff Survey Results¹⁹ (as part of a broader ACTPS staff survey) indicated engagement within ACTHD was slightly above the levels experienced across the normed responses of the ACTPS:

- Commitment and Loyalty 69% at Health (68% ACTPS);
- Engagement 84% at Health (82% ACTPS); and
- Satisfaction 79% at health (76% ACTPS).

These results from 2019 to 2021 indicate a marked improvement in engagement levels.

Staff Engagement – CHS

Data from the 2021 Workplace Culture Survey^{xv} showed from Nov 2019 to Nov 2021 improvements in the climate of trust and engagement (which was generally on par with other Public Hospitals and Healthcare Services Sector):

- staff in the 'engagement cycle' i.e., openly positive, optimistic and engaged about the organisation's future, ready for change and ready to trust management, had increased from 40% in 2019 to 44% in 2021;
- staff in the 'disengagement cycle' i.e., openly negative, pessimistic and disengaged from the organisation's future, reluctant to change and distrustful of management, remained relatively steady increasing from 18% in 2019 to 19% in 2021;
- a Net Promoter Score (NPS)²⁰ of -15.1 (similar to the previous year) is benchmarked well below other Public Hospitals and Healthcare Services sector.²¹

The dichotomy between these two analysis points indicates some staff of CHS are becoming more engaged while others are becoming more disengaged, that is, the neutral area (or 'swinging voters') is declining.

Bullying and harassment – CPHB

No data for this final annual review was available for CPHB. The Regional CEO advised he is regularly briefed on complaints and on workforce culture. As a regional executive, the team consider work health safety issues (incidents and workers comp cases) as well considering any specific workplace issues. This information has not been shared with the Oversight Group.

¹⁸ The Calvary Care Overall e.g., Employee Survey Results (2).pdf provides a participation date range August 3, 2021-August 30, 2021.

¹⁹ ACTHD 2021 Staff Survey Results – 26 July to 13 August 2021. This included ACTHD involvement in the ACTPS-wide pilot staff survey.

²⁰ The Net Promoter Score identifies the staff ratio (percentage of promoters minus percentage of detractors) that would recommend the workplace as a good place to work.

²¹ BPA Analytics Scorecard, 2021 Workplace Culture Survey – analysis of data collected up until 29 November 2021. For ACT Government directorates the NPS was on average -10.8. For CHS over the past two years there have been more detractors than promoters of CHS as a good place to work.

Bullying and harassment – ACTHD

Results from the 2021 Staff Survey (which included a 67% response rate for ACTHD or 646 staff) included data on ethics and misconduct which focused on discrimination, bullying, sexual harassment, violence and aggression and corruption, and showed:

- 12% of staff surveyed had personally experienced bullying (compared with 14% ACTPS average) with another 15% indicating they had witnessed (16% average across ACTPS) someone else being bullied;
- of the 12% of staff who had personally experienced bullying, 26% of these staff reported they are currently being bullied, mostly by colleagues, supervisors and more senior managers; and
- 9% of staff who experienced or witnessed bullying submitted a report. This reflects the most common ACTPS initial response being an informal discussion with their supervisor.²²

Bullying and harassment – CHS

Data from the 2021 Workplace Culture Survey showed there has been a significant reduction in the prevalence of bullying and harassment with 27% of the staff surveyed (from a total of 3118 respondents) in 2021 indicating they had experienced bullying and harassment in the previous twelve months compared with 44% of staff surveyed in 2019.

Complaints reporting – CPHB

No data was available for CPHB (see reference above in relation to available data).

Complaints reporting – ACTHD

ACTHD workforce complaint data was minimal with only a handful of cases being reported each reporting period (bi-monthly). However, as of April 2022, the number of open cases appeared to be increasing even though it is off a small base.

Complaints reporting – CHS

CHS workforce complaint data indicates peaks and troughs in the number of new, open and closed (preliminary assessment) cases over a 16-month period. As of April 2022, the data showed the highest number of open cases over this 16-month period. The 2021 Workplace Culture Survey data also showed 61% of those experiencing bullying and harassment reported this behaviour.

Stakeholder views

In addition to the above impact information, insights were also drawn from stakeholder views.

After three years of focus by the Oversight Group, there continue to be differences in views across the members of the Oversight Group about the progress and impact of reform. Some comments focused on lack of clinician engagement, the leadership program not affecting behavioural change in some areas and not all staff feeling engaged and aware of cultural improvement initiatives. Conversely, some members expressed support and commitment from leaders to make cultural improvement work, that there is clear visible action being taken by leaders including professional courtesy and respect being modelled by leaders, and staff are feeling empowered. This variation in views may reflect:

- a lack of visibility of initiatives being undertaken at the organisational level and the need for more effective communications;
- variability in progress for elements of reform such as participation in training and development programs;
- a lack of system-wide methodologies to gather information from current staff surveys and aligning of HR information;
- variability and visibility of follow up actions agreed to by the Oversight Group; or
- a lack of shared understanding of how some processes work – recruitment was raised as an example and a desire for more joint selection committees across the ACT public health system particularly for key clinical positions.

Feedback from other stakeholders including staff also provided variable views about how they were feeling about changes to workplace culture and the impact of the culture reform effort. Many expressed a view that the biggest impact was the shift in the behaviours displayed by the leaders of the ACT public health system to be more in line with the culture reform narrative—these shifts related to the types of behaviours no longer being tolerated within CHS as an example, and to the level of collaboration between the current leaders. Some staff positively reflected the value of specific training initiatives such as leadership development and occupational violence and preliminary assessment training. Staff were concerned these training opportunities may only be one-off initiatives and would not be ongoing and therefore not lead to systemic change. Some said they could see how the foundational work of the past three years such as better structures and processes, training and the gradual openness of raising issues of safety risks and workplace behaviours could in a few years' time lead to real improvement in workplace culture and performance outcomes.

²² 2021 ACTPS Survey Insights Papers, Strategy and Transformation Office, Chief Minister Treasury Economic Development Directorate of the ACT Government.

Some staff, along with some members of the Oversight Group, expressed concerns about embedding change in behaviours, management and supervisor capability and capacity in some workplace areas. These views included comments about the leadership churn; people not being speedily held to account for treating others poorly; the absence of leading by example at the middle management level; inequity in the treatment of staff; ineffective consultation in some organisational restructure processes and the simultaneous impact of change and staff vacancies. Some staff reflected on the need for more effective communications - for example some middle managers said they did not know about the Culture Review Implementation or culture reform more generally, while others said change is occurring in pockets and some colleagues do not appear to understand the need to change.

A significant number of stakeholders spoke to the challenges presented by siloed practices both within the ACT public health organisations and across the system more broadly. Some areas of concern identified from feedback included that there were still some clinical streams where progress of improvement was slower and some of the corporate or enabling areas where there had been significant churn in staffing such as in the people management areas in some of the organisations. Some staff would like the opportunity to be seconded across the system and ACTHD staff expressed interest in secondments to better understand the administrative functions of the hospitals – this will help break down some of the silos and identify opportunities for improved consistency and better practice processes.

Additionally, some stakeholders expressed concern around clinician engagement, including the difficulty for senior specialists to seize change and see the opportunities for improvement. Some comments were made about workloads and the capacity of clinicians to engage with leadership programs with ‘sometimes less than half of a team turning up for sessions’ and the capacity to take up opportunities to participate in broader organisational issues and consultative arrangements. The proposed governance arrangements to have a Clinical System Governance Committee along with other proposed governance groups embedded into business processes together with the work which has been going on in both hospitals to have executives meet with clinicians, will continue to address these areas of concern expressed through the consultations.

Finally, while most of the stakeholders reflected on the good work done under the Culture Review Implementation program they recognised looking forward, ongoing effort and investment was needed to embed and sustain this work. This sentiment was applied in the contexts of middle management needing more engagement and support; building the resilience of the workforce because employees are too busy or burnt out and the need for more opportunities for development and social engagement and effective supervision.

Progress against original plans outlined in 2019 Culture Review

This final annual review noted there had been no formal record of changes or amendments to the 2019 Culture Review recommendations, substantial or otherwise, during the three years of Culture Review Implementation. It is acknowledged the 20 recommendations were presented at a point in time and the operating environment had a substantial impact over the implementation period. This final annual review heard from some members of the Oversight Group that over the three years of implementation they believed some recommendations were not pursued as intended or were now not ‘fit for purpose’ for example, some members were critical of the reference to adopting a model to reduce inappropriate workplace behaviour based on the Vanderbilt model²³. This final annual review however noted CHS and CPHB adopted the Cognitive Institute’s Speaking up for Safety program, which is based on the Vanderbilt model and aims to provide staff with the skills to feel confident to speak up respectfully and effectively about safety issues. CHS also committed to roll out Promoting Professional Accountability which enables organisations to identify and respectfully engage staff in a non-punitive manner over reported unsafe and unprofessional behaviours. Both these programs are essential to encouraging staff to speak up about clinical behaviours and other interpersonal behaviours including bullying and disrespectful behaviour. CPHB should be encouraged to adopt Promoting Professional Accountability.

It is noted the 20 recommendations were accepted and committed to publicly and this final annual review found only two examples of recommendations with variable implementation reflecting changes in emphasis over time:

- *Recommendation 4* - the recommended summit of senior clinicians initially planned for 2020 was not convened. December 2021 progress reporting noted the action was in progress albeit delayed by more than 12 weeks and this final annual review was advised planning was suspended due to COVID-19. In February 2022 progress reporting noted a proposed alternate direction to establish an executive committee focused on the ACT public health system structure and funding-related matters, with an explicit aim to improve cooperation and collaboration across the ACT public health system. A networking event was held in February 2021 to address the need to improve coordination and collaboration across the ACT health system’s clinical networks. The Culture Review Implementation team advised a survey was also completed by attendees at this forum where feedback was received about a recommended way forward, and this has since been progressed by the Chief Medical Officer at ACTHD. This final annual review observed while health system coordination was still a work in progress, improvement was seen in a system-wide focus to elective surgery.

²³ Vanderbilt University Medical Center’s Patient Advocacy Reporting System® and Co-worker Observation Reporting SystemSM

- **Recommendation 20** – change management and communications have not yet delivered a system-wide approach as originally envisaged. The Culture Review Implementation Communications and Engagement Strategy 2019-2022 approved by the Steering Group on 16 December 2019 outlined a three-phase approach²⁴, with phase three conveying communications and engagement across the system throughout the last year of implementation. The strategy indicated there was not “a channel that brings the whole of system together to showcase who the ACT public health system is and the great things happening.” The focus in this stage was to bind the public health system and the broader ACT community – with the intention of employees being heard and seeing action, managers understanding the performance benefits of a positive culture and for the community to be proud of its health service. The three organisations developed communication action plans consistent with this 2019 strategy. In terms of staff engagement, leaders have committed to continue to promote and encourage staff through the cultural improvement initiatives to ensure a shared understanding, awareness and collaboration in achieving outcomes. Observations from the focus groups also identified the need for more effective system-wide communications to occur on an ongoing basis: key messages, celebrations of achievements and targeted case studies could be better utilised (some of which are included in this report).

To implement the 20 recommendations, a total of 92 actions were identified to be completed across the ACT public health system. Responsibility for these actions was assigned to either the Culture Review Implementation team to coordinate system-wide actions, or separately to ACTHD, CHS and or CHPB. The Steering Group was responsible for the planning, monitoring and evaluation of the cultural change process, and as such monitored progress against actions and endorsed recommendation closure. This final annual review acknowledges to progress recommendations in a timely way many actions were being implemented in parallel at the same time many of the foundational elements were being developed which resulted in some gaps and misalignment of reporting of progress of key workforce initiatives and metrics.

This final annual review acknowledges recommendations were not endorsed as closed by the Steering Group until all corresponding actions were completed. This meant for example that while one organisation had completed all its required actions for some recommendations in 2021 and another organisation continued to finalise work into 2022, the recommendation remained open.

This final annual review observed significant focus to progress actions and to close recommendations in the final stages of the three-year implementation program, which was considerable given 12 actions were reported in April 2022 as either at risk or delayed²⁵. In assessing the reported progress presented by organisations (refer Annex 7), this final annual review found some instances of decisions to endorse closure based on anticipated actions and commitments of leaders to complete actions in the future.²⁶ For example, the narrative provided in some instances to support closure included plans being ‘under development’²⁷; procurement being in progress and planning underway²⁸; without any further documentation available to the review team to signal the action was completed.

Progress from December 2021 to the time all recommendations were closed in July 2022, is summarised as follows²⁹:



High-level observations of progress against each of the 11 recommendations remaining since the last annual review is provided at Annex 7 including the detailed reporting that organisations provided to governance committees to support closure.

²⁴ Phase One: Building relationships and setting the foundation – July 2019 to July 2020; Phase Two: Activating, testing and implementing – July 2020 to July 2021; Phase Three: Consolidating our approach to communications – July 2021 to June 2022.

²⁵ Culture Review Implementation Steering Group, Implementation of Recommendations progress reporting defines an At-Risk action as one at risk of deviating more than 12 weeks from the agreed delivery date, and a Delayed action as one that has exceeded the agreed delivery date by more than 12 weeks.

²⁶ Detail of the outstanding actions and the reporting provided to support closure is provided in the following section ‘Progress by Recommendation since December 2021’.

²⁷ ACTHD reporting to close Recommendation 2 Action 2.2 Implementation and monitor suite of measures.

²⁸ ACTHD reporting to close Recommendation 3, Action 3.3 Program delivery.

²⁹ As reported at the Culture Review Implementation Steering Group December 2021 meeting.

What went well

Foundations

This final annual review acknowledges the progress made over the last three years to establish reporting capability across the system. The system-wide data can be described as follows:

- OCIM provides a standardised framework across the ACT public health organisations (CHS, CHBP and ACTHD) for identifying and implementing processes to help drive cultural improvement;
- Staff surveys provide insight into staff sentiment towards an array of topics of which many are related to culture.
- Workforce data (WEIM) provides a set of high-level statistics on staff patterns; and
- Performance metrics provide information on hospital-based care including patient feedback.

The Culture Review Implementation team advised establishing baseline measurement tools and identifying available data to support measurement provided better alignment with the Workplace Culture Framework, including:

- the Organisational Culture Improvement Model developed to measure and track maturity of the policies, processes and systems underpinning the five workplace change priorities³⁰ (discussed in further detail below);
- inclusion of ACTHD specific questions in the ACTPS Employee Survey, linked to the five workplace change priorities;
- questions were included in CHS and ACTHD staff surveys to map and align with the five workplace change priorities; and
- workforce data such as that relating to preliminary assessments and occupational violence supported the monitoring of workplace civility and other workplace change priorities.

This final annual review was provided with three core data sets for analysis—the Organisational Cultural Improvement Model assessments; Workforce Effectiveness Indicators Model and workforce dashboards; and annual staff surveys. These tools provide the foundation on which to link and report in the future on consistent system-wide indicators. For staff surveys, developing a set of key questions and consistent methodology would improve system-wide assessments, identify any areas of concern and assist with understanding progress and trends.

It is noted there is a range (across the ACTPS and within the three organisations of the ACT public health system) of existing policies and toolkits for managers, supervisors and staff - providing guidance on expected behaviours, codes of conduct, how to address bullying and harassment - all contributing to clarity about behaviours and conduct expected across the public health system. Such foundation tools include ACTPS codes of conduct, Calvary Code of Conduct, manager toolkits across health workplaces, ACT Public Sector standards for Work Health and Safety (Prevention and Responding to Bullying) Code of Practice to name a few. Providing information in a consolidated and accessible place, keeping them current and ensuring information is easy to understand and use would be helpful for employees.

Other core foundation processes include nominated contact officers such as Respect, Equity and Diversity Contact Officers (REDCOs) promote the ACTPS Values and Signature Behaviours to develop positive work cultures across the ACTPS. REDCOs provide information to staff seeking a solution to improve or resolve a workplace issue or situation, which may relate to inappropriate behaviour or misconduct. Other arrangements for contact officers are also in place in health services organisations.

Progress to close actions since last review

The ACT public health organisations' program reporting to oversight bodies advised significant progress had been achieved across the 11 outstanding recommendations relating to measuring organisational effectiveness, promoting positive workplace behaviour, partnerships and relationships, clinical engagement, human resource functions, and the Territory-wide approach to health research. Feedback during the consultations suggested there is opportunity to highlight the progress of these workplace improvements across the workforce. Detailed progress against each of the remaining recommendations is at Annex 7.

Improved collaboration and cooperation

An attitudinal step change among the leaders of the ACT public health system was observed by key stakeholders including feedback from staff. This change in attitude was being demonstrated by genuine willingness and practical effort to work together in a respectful way and to be more visible to the workforce. The implementation governance arrangements (and changes made throughout the implementation program reflecting changing priorities) and level of commitment and time afforded by key stakeholders during implementation has been substantial (while at the same time being confronted with unprecedented challenges).

³⁰ All ACT public health organisations adopted the OCIM in 2020 and have undertaken assessments for 2019 (a retrospective baseline assessment), 2020 and 2021, with 2022 assessments expected to have commenced in August 2022.

During consultation processes this final annual review heard there is an ongoing commitment by these stakeholders to continue to improve the workplace culture of the ACT public health system confronting the health system.

Overwhelmingly stakeholders commented on improvements in the levels of collaboration and cooperation being displayed by and among the leaders of the ACT public health system. The following case study was presented by ACTHD:

“The Public health system leaders’ forum held on 3 February 2021 provided an opportunity for senior clinicians and executives to network and consider options for the future coordination and co-operation between CHS and CPHB. This event for senior health system executives and clinicians was attended by approximately 45 invited guests including Minister for Health, Rachel Stephen-Smith MLA and Minister for Mental Health, Emma Davidson MLA.

The proposed clinical system governance may create further opportunities for clinician engagement in quality and safety initiatives and clinical care provision in general.”

ACTHD case study

This final annual review heard the leadership development program provided an excellent basis from which collaboration and cooperation could be improved. Evaluation of the Leadership Development Program piloted across the ACT public health system from December 2021 to June 2022 found the opportunity to network and collaborate with colleagues from other organisations was identified as a major strength of the program and participants had benefited from the opportunity to network and collaborate.

The NGO Leadership Group (NGOLG), established on 23 October 2019 has provided a platform for collaboration and engagement between the three health organisations and the NGO sector, aimed to be a mechanism to share strategic advice and operate to an agreed workplan. An independent evaluation of the NGOLG in June 2022 reported there was confidence that the NGOLG was an effective vehicle for establishing trusting relationships with NGO's. Opportunities for improvement included:

- being clear about the role of the NGOLG;
- having a clear workplan; and
- although the group enabled strong and trusting relationships at the executive levels, there was still a way to go to cascade trust through the health sector and the NGO sector.

During stakeholder consultations, this final annual review heard the NGOLG had created a safe space to understand collective priorities and receive input from peak NGOs largely about how to improve the delivery of health services and enable co-design opportunities.

Training and development

The system-wide leadership development program piloted between December 2021 and June 2022, was designed for existing and emerging leaders—at Senior Officer Grade (SOG) A and SOG B and equivalent classifications—working across the ACT public health system in both clinical and non-clinical roles. The program has now continued beyond the pilot and is focused on how leaders create an effective and safe team environment and it encourages participants to set personal goals for change. The program comprises a full day face to face workshop and two virtual coaching sessions, held approximately 2 months after the workshop.

Since December 2021, 252 staff have participated in the pilot program (52 from ACTHD; 136 from CHS and 64 from CPHB) and by the end of 2022, 470 staff were projected to have completed the Leadership Development training. Training cohorts were mixed with attendees across each of the ACT public health organisations to provide more opportunities to build relationships supporting collaboration, engagement, and partnerships across the health system. Attendance at the Leadership Development Program was funded from the Culture Review Implementation budget.

An evaluation of the pilot program was undertaken through participant and manager surveys. Key findings from the evaluations included:

- approximately 227 (over 90%) of participants so far who responded to the survey stated that they would recommend the program to other leaders;
- 178 (71%) participants stated that the program was very relevant to their current role;
- many highlighted networking with leaders from across the ACT public health system as a key benefit of attending this program;
- some respondents indicated that the leadership concepts introduced in the program were well suited for new leaders; and
- several attendees expressed interest in attending further leadership training to expand on key concepts and skills.

ACTHD committed to continuing the leadership program for ACTHD Senior Officers through to the end of June 2023. The ACTHD was also working to further develop an advanced leadership training program for ACTHD leaders, with discussions underway with CHS and CPHB to participate. It was anticipated this advanced program be delivered to staff in the second half of 2023. In addition, nine e-learning modules were being developed for management fundamentals training, aimed at providing managers with the core knowledge and capability required to be a successful manager in the ACT public health system. It was expected all nine training courses would be delivered in early 2023 and would be made available for existing, new and emerging managers at ACTHD, CHS and CPHB.

While the following case studies were presented by CHS, this final annual review noted CPHB also implemented the Speaking Up For Safety program and all three ACT public health organisations participated in system-wide leadership development training:

Speaking Up For Safety (CPHB and CHS)

Empowering staff to support each other and raise concerns of patient safety has been a focus at CHS (and CPHB), with the rollout of the Cognitive Institute's Speaking up for Safety (SUFS) program.

The SUFS program aims to provide staff with the skills to feel confident to speak up respectfully and effectively about safety issues. The program uses a train the trainer model, giving the two organisations the capability to train their own staff.

Here's what one of the participants had to say:

"I really liked the promotion that 'someone has got your back'. We are in this together and want to get it right."

An interim evaluation of the CHS SUFS program implementation was undertaken in February 2022. The evaluation found that results from employee surveys demonstrated an improvement in staff perceptions of psychological safety in CHS during the period that training was rolled out. The evaluation concluded that SUFS may have been a contributing factor.

Overall, the evaluation found that whilst the rollout of training had been slower than anticipated due to the impact of COVID-19 on the health system in 2020 and 2021, there had been substantial progress and a strong foundation had been established to support future positive outcomes.

System-wide Leadership Development Training – building better stronger leaders and teams

As part of an ongoing commitment to build stronger, safer and more supported teams across the ACT public health system, a tailored leadership program designed for middle managers was launched in December 2021.

The System-wide Leadership Development training program is focused on how leaders create effective and safe team environments by setting clear expectations of positive workplace behaviour.

Senior leaders across ACTHD, CHS and CPHB developed their leadership skills in a full day workshop and virtual coaching sessions. Training groups were mixed, with attendees from across the three health services, providing more opportunities for senior leaders to build relationships that support collaboration, engagement, and partnership across the ACT public health system.

The training covered a range of evidence-led themes, including creating a shared understanding of leadership, reflecting on individual leadership strengths and challenges, the role of leaders and what the leadership role entails, values-driven leadership, working styles, the importance of psychological safety as a basis for high performing teams, and leading through change.

Participants were also asked to set personal goals for change and consider how they "show up" as a leader.

In total, 24 workshops were delivered within the 12-month period, with more than 370 participants taking part in the program.

Feedback from participants has been overwhelmingly positive, with participants highlighting the opportunity to network and collaborate with colleagues from the other organisations as a major strength of the program. In addition, many respondents indicated the ongoing need to invest in leadership training across the ACT Public Health system to continue to upskill and support our leaders.

What attendees said:

"The program has taught me that you don't become a leader by virtue of the position you hold. You don't have to be a CEO or an executive to be a leader, leadership is so much more than a position or a role. You do have to work at it though."

“Taking the time to reflect on and unpack values-based leadership, reinforced for me that we lead positive cultures through our actions and behaviours. I have learnt more about myself, but also to be more empathetic and understanding towards my team and colleagues.”

“You learn a bit about yourself, a bit about others. It’s also good to develop a shared language with other participants to talk about issues and ideas related to teams and change.”

The Leadership Development training program will continue to be delivered for senior leaders in 2023.

CHS, CPHB and ACTHD case studies

The following case study was presented by CHS:

Buddy Programs to support wellbeing

Blue Buddies is a mentor program aimed at supporting Junior Medical Officers (JMOs) has been rolled out across CHS. Blue Buddies are informal peer mentors who help JMOs with advice and guidance. This could cover a debriefing after a difficult event, information on managing work life balance, or strategies for applying issues raised to training programs.

The Blue Buddies mentors are all Medical Officers, drawing on their own experience to provide trusted advice and support. They’re found on the ward by their distinctive blue coloured name badge.

Similarly, Green Buddies is a program CHS launched to support the wellbeing of nursing and midwifery staff in the Women, Youth and Children division.

Developed by clinical staff, the initiative has trained volunteer Buddies to support the wellbeing of their colleagues. Buddies are identified on the wards by a special green badge, where they are available to help with emotional and professional concerns, from how to fill out a timesheet correctly to managing issues in their personal life that may be impacting on their work.

The training provides Buddies with the tools to guide and connect staff with relevant information and appropriate support resources and services.

CHS case study

The following case study was presented by ACTHD:

Towards a Safer Culture

The ACT Government committed a further \$4.67million to continue to embed a positive safety culture, for nurses, midwives, other healthcare professionals and those receiving care. This will provide the means to support systematic implementation and monitoring of priority actions, in particular the expanded rollout of Safewards in 12 wards in the ACT, ongoing analysis of OV data, support to enhance safety culture initiatives and an enhanced communications campaign building on the “Be Kind and Respectful to our Nurses and Midwives” community awareness campaign.

Clinical supervision

The ACT Office of the Chief Nursing and Midwifery Officer (OCNMO) is leading a vision statement that all ACT Health nurses and midwives have access to effective Clinical Supervision (CS) as a core component of professional practice and development and provides regular meetings to critically reflect on the work issues between staff and their supervisors. It is a confidential relationship within the ethical and legal parameters of practice.

The CS Pilot (June 2020 – July 2021) identified the strategies, processes and resources needed to systematically introduce CS into the practice of nurses and midwives across the ACT public health system. This includes the development of a draft clinical supervision framework for ACT Nurses and Midwives, a workforce strategy focused on professional development and support, for nurses and midwives. The draft framework, to be formalised and endorsed in 2023, will guide and support development and implementation of CS governing policy, procedures and guidelines for nurses and midwives across the ACT public health system.

The framework also included establishment and facilitation of an education program which has trained 119 Clinical Supervisors to date with additional training committed to in 2023.

Safewards

The Safewards model of care is an adaptable program of evidence-based nursing interventions that were tested over a course of a 20-year research program led by the Institute of Psychiatry at Kings College, London with a focus on strengthening existing principles of good nursing practice such as:

- treating everyone in one's care with dignity, respect and humanity;
- promoting care that puts people at the centre by involving patients, service users, their families, and carers; and
- taking responsibility for the care we provide.

Implementation of the trial in the ACT in 2021, has demonstrated Safewards is effective in reducing conflict and containment (restrictive practice) and gives agency to nurses and other clinical and support staff. Safewards, as one Priority Action of the Towards a Safer Culture Strategy (TASC) - The First Steps- Strategy, is a strong fit with strategies that aim to limit the occurrence and impacts of Occupational Violence (OV), as well as culture change strategies that seek to embed respect, inclusion, and collaboration across organisations.

Results of the Safewards Model of Care Post Implementation Review found most nurses thought the model of care had an impact on conflict and containment (restrictive practice) in their workplace (56 per cent) and that only 23 per cent of nurses working on Safewards trial sites, thought their workplace was unsafe (compared to 37 per cent of nurses not working on Safewards wards), which is a significant finding. And importantly nearly half of all Safewards nurses had heard positive consumer/patient experiences and responses.

There is a commitment to expand the rollout of Safewards in 12 wards in the ACT, including resourcing of a project team to support systematic planning, implementation, evaluation, and sustainability, ensuring a consistent territory-wide approach.

Be kind and respectful to our nurses and midwives

In September 2020, the ACT Minister for Health launched the "be kind and respectful to our nurses and midwives" community awareness campaign, one key aspect of the TASC- The First Steps- Strategy. The campaign sought to increase community awareness of acceptable behaviour and rights of ACT Health employees, encourage behaviour change towards nurses and midwives and help staff feel supported and encouraged to speak up when they experience or witness unacceptable behaviours. The campaign used a strong story telling approach to create an emotional connection as means to 'reset the social norms' of acceptable behaviours of consumers accessing health services. The campaign was evaluated as part of the TASC Strategy Evaluation and found:

- Almost all agreed this was a worthwhile campaign and the message should continue to be promoted
- 70 per cent think the campaign has the potential to reduce OV towards nurses and midwives
- 73 per cent said it made them think differently about OV faced by nurses and midwives
- 35 per cent said it made them feel differently, had a personal impact on them personally, and would make them behave differently in a healthcare setting

An internal 2021 staff survey of ACT nurses and midwives found 73% knew about the Be Kind campaign and they "felt heard" showing a positive outcome of the TASC and other culture change initiatives across the ACT public health system.

ACTHD case study

Governance and reporting

Governance arrangements were comprehensive and fit-for-purpose noting changes did occur in arrangements during the implementation program to address areas of duplication and to focus on emerging priorities over the implementation period. The governance over implementation involved a wide range of stakeholders including ministers, health professionals, staff representatives, ACT public health organisation leaders, consumer advocates and deans of university medical colleges.

Records of meetings and meeting papers on the ACT Health website (<https://health.act.gov.au/about-our-health-system/culture-review-implementation>) provide public transparency of implementation and reporting of progress. Additionally, progress reports provided publicly include progress against 2019 Culture Review recommendations, implementation program risks, workforce dashboards, sub-committee meeting outcomes and independent annual reviews, as examples.

Continuing Areas of Focus

While significant progress has been made to improve workplace culture within the three organisations of the ACT public health system, there is now opportunity to continue effort and focus to sustain and embed cultural reform into business-as-usual and to strengthen a system-wide approach. Some of these areas of focus to strengthen a system-wide approach include data and reporting, staff engagement and communication, post implementation governance and transition to business-as-usual.

Data and reporting

Data sets were analysed for each organisation to understand progress made against the recommendations, potential areas for improvement and organisational maturity levels. This final annual review analysis was limited to each organisation rather than a system-wide view of progress. There is a lack of succinct system-wide indicators of cultural reform or measures of success, even though a model of indicators which was initially developed, and a program logic which links activities to outputs and outcomes for system-wide reforms, was not adopted. The development of system-wide models of data collection and monitoring co-ordinated through the ACTHD, provides the opportunity for leaders to jointly consider the ACT public health system to identify gaps and areas for improvement. System-wide data would be strengthened by mapping the existing data sets into high-level consistent indicators where valid comparisons could be made between organisations and over time and allow for ongoing measurement and evaluation.

The OCIM assessment supports the operationalisation of the Workplace Culture Framework and contributes to measuring culture reform progress by gauging organisational maturity and the effectiveness of organisational readiness to progress workplace change priorities. There is opportunity for improvements to the OCIM assessments and better links to other performance assessment tools such as staff survey results, workforce data and performance metrics. The OCIM tool over time with consistent assessments and maturity of organisations can continue to be used to guide the prioritisation and focus of ongoing culture initiatives around the five workplace priorities of organisational trust, leadership and people skills, workplace civility, psychological safety and team effectiveness.

When the WEIM was agreed to by all three organisations, it was acknowledged at the time of development not all data was available and additional data would be included in the workforce dashboard as it became available. It was hoped more system-wide data would become available however CPHB has not yet committed to provide this data and there remain some gaps as was observed in the dashboards presented to the Oversight Group³¹. It will be important to continue to strive for complete, consistent and comparable data sets for capturing relevant workforce information over time.

Ensuring each organisation's staff survey incorporates a consistent set of questions would allow an assessment of key workforce indicators to assist with measuring the impact of cultural improvements and identify any hotspots or areas of ongoing concern, provide improved comparability, transparency and monitoring of trends overtime.

It is acknowledged each of the three organisations provided varying forms of reporting in relation to the actions under the 20 recommendations to the implementation governance committees (e.g. such as presentations on staff surveys, outcomes from a range of reviews, evaluations and audits that were undertaken - SUFS evaluation, Choosing Wisely evaluation, NGO Leadership Group evaluation, HR functions review, training program evaluations, to name just a few). Following this level of intense activity and reporting, streamlining and simplifying reporting requirements into business-as-usual strategy and performance would be beneficial.

A commitment is required from each of the ACT public health organisations to appropriately resource internal capability to ensure processes, systems and strategies are continually improved and/or developed to allow data to be more easily identifiable and accessible for future streamlined reporting, and for a more unified approach to data extraction and storage. [Even though CPHB has not been able to provide comparable workforce data which CHS and ACTHD collect, it has internally developed HR and training dashboards which are automated and available in real time to leaders and decision makers in CPHB. These dashboards provide key workforce metrics including trends and snapshots down to cost centre level and assist in managing workforce and people issues to address emerging issues before impacting on the business. This example of real time workforce dashboards could be useful for the ACT public health system to strive for over time to assist managers make more timely and informed decisions.]

Staff engagement and communications

Workplace culture depends on the quality of relationships and communication between people in the workplace and staff engagement and effective communication is critical. Effective staff engagement is an important element of a high performing organisation. Engaged workers contribute more effort to improve productivity and generally want to be part of a team and support others' health and wellbeing and offer ways to increase efficiencies and improve the work environment. Overall staff engagement

³¹ The Culture Review Implementation team advised some of this data was dependent on the implementation of the HRIMS system, led by the Chief Minister, Treasury and Economic Development Directorate, which had experienced significant delays. Further, CPHB data collection and use of different systems also presented challenges in comparing data across the ACT public health system.

has improved across the three ACT public health organisations. However, staff not engaged or actively disengaged continue to be high for CHS and CHPB. ACT public health system leaders will be required to address this level of disengagement through a multi-pronged approach including more effective communications, engaging middle managers in understanding and progressing cultural reform initiatives and by continuing to offer leadership and management training.

As an example, in addition to the leadership and training focus for senior managers, ACTHD has recently commenced an ACT Health Induction Program for new starters emphasising all employees have a role to creating a positive, safe and productive workplace culture. Among other issues the program includes information sessions on the five workplace change priorities for the ACT public health system - organisational trust, leadership and people skills, psychological safety, team effectiveness and workplace civility. This is a way to embed expectations of behaviour and utilise some of the foundational tools created during the initial implementation phase of cultural reform.

This final annual review acknowledges that sustained system-wide development programs to improve leadership and management capability requires the ongoing allocation of effort and resourcing from the three organisations.

Effective change management and cultural improvements require effective communications and ongoing consultation and engagement with staff. This final annual review heard from stakeholders that more use should be made of current consultative arrangements. The Enterprise Agreements along with relevant legislation such as the Work Health and Safety Act 2011 make provision for workplace consultative committees which could be used more effectively, particularly to highlight individual, team and organisational obligations to improve the health and wellbeing of staff. More effective use of these consultative arrangements would also provide another accessible avenue for employees, employers and unions to participate in addressing inappropriate behaviour and facilitate a prevention approach to workplace health and safety.

Raising and managing complaints and other workplace issues were raised in the focus groups – there was a hesitancy expressed and lack of understanding of how to safely raise issues of concern and what processes were in place to manage complaints. Clarity around raising any issues of concern and WHS processes and procedures should be reinforced. Leaders and supervisors need to engage staff in raising awareness, providing relevant information and engaging staff more in conversations about workplace safety, behaviours and expectations. This also requires managers and supervisors to have the capability to effectively respond to issues raised in the workplace.

This final annual review heard from stakeholders including focus group participants that some clinicians do not feel effectively engaged in decision making and there was a lack of transparency in how decisions were made (e.g. recruitment of clinical staff was raised through consultations. Actioning the Clinical System Governance Committee as presented to the Oversight Group in April 2022 by the Chief Medical Officer will go some way to providing potential opportunities to address this engagement issue.

Each organisation should link the proposed Clinical System Governance arrangements into its decision-making frameworks. The Australian Commission on Safety and Quality in Health Care (ACSQHC) provides practical guidance on clinical and corporate governance for hospitals through its National Model Clinical Governance Framework^{xvi}. Both CHS (which has recently received ACSQHC accreditation) and CPHB should model system-wide clinical governance arrangements using this framework.

Additionally, this final annual review heard feedback that system-wide clinical engagement is limited in part because of a lack of identity for the ACT public health system, and there is a need to define and promote for the ACT community the suite of different health services available and how they link together. This final annual review acknowledges this information is available in the ACT Health Services Plan 2022-2030. The review team also heard a better sense of system-wide identity will assist to attract staff and clinicians to the ACT.

Governance

This final annual review heard mixed views from some members of the Oversight Group about the progress of reform. The challenging operating environment over the past few years and other contributing factors such as changes in personnel in key leadership positions and delays in some of the foundational work required to support and sustain reform, have resulted in the reforms not being progressed as quickly as originally planned. It is noted the ANMF, despite its commitment to work with ministers and the three leaders to improve workplace culture, formally withdrew from the Oversight Group in December 2021 following the second annual review as the ANMF thought the implementation process was moving too slowly and failing to make enough progress. As mentioned earlier in this report this final annual review observed significant focus to progress actions and to close recommendations in this final 12 months of the three-year implementation program, which was considerable given 12 actions were reported in April 2022 as either at risk or delayed

While the Oversight Group was initially fit for purpose for the implementation program and changes were made, the second annual review commented on the need for such an oversight group to have shared outcomes and operate in the best interests of the collective. This final annual review also observed on some occasions some members of the Oversight Group pursuing interests of the groups they represented rather than the overall interests of the Oversight Group in accordance with the terms of reference and

commitment made to the process. Going forward these principles of shared outcomes and operating in the best interests of the ACT public health system will be an important focus of the suggested governance arrangements.

The recommended governance arrangements, acknowledging workplace cultural improvements are critical to productivity, performance and workforce and patient safety, provide for advisory and governance functions and responsibilities to be incorporated into normal business functions covering ACT health system strategy, risk management, performance oversight and evaluation.

Refer to the Looking Forward and Recommendations section as a suggested way forward to embed governance arrangements to support ongoing improvements of the ACT public health system.

Transition to business-as-usual

At the February 2022 meeting of the Oversight Group, it was agreed the committee would continue to oversee culture reform across the ACT public health system to February 2023 to ensure anchoring of new processes, infrastructure, governance, and accountability, and support the transition of the formal implementation program into a sustainable business-as-usual arrangement. This final annual review was advised the ACTHD will continue to coordinate and support any ongoing system-wide governance arrangements including continuing to report to decision makers progress on workplace cultural initiatives.

To be successful in transitioning to business-as-usual, this final annual review observed multiple instances where the Culture Review Implementation program acknowledged many of the components required to achieve the goals of a high performing health system. Consistent with the Culture Review Implementation program, this final annual review considers the following fundamentals to focus on strategy, performance and workplace productivity include:

- effective governance including ensuring the linkages between outcomes, strategic plans, business plans for strategy and performance;
- inspiring leadership including a focus on teamwork, collaboration and accountability;
- a highly engaged and empowered workforce;
- robust systems and processes that are easily understood and applied;
- consistent and succinct evidence-based using quantitative data and qualitative information;
- effective people and communications management including the importance of highlighting achievements to all stakeholders including staff, partners and the broader community; and
- committed and sustained effort for system-wide coordination and review.

The above fundamentals should be considered in the context of developing a system-wide approach to the ACT public health system. This approach would reflect a commitment to shared outcomes and measures of success. We want the 11,000+ staff across the three ACT public health organisations to feel empowered and have a sense of belonging and pride in being a part of the ACT public health system. A system-wide approach to workplace culture improvements is critical in achieving these shared outcomes resulting in a proud and engaged workforce to provide improved patient and clinical outcomes. Consistency of values, behaviours and expectations of performance will assist in developing a system-wide approach.

The abovementioned Continuing Areas of Focus provide guidance for prioritising ongoing activities and effort to improve sustainability of system-wide culture improvements across the ACT public health system. The Looking Forward and Recommendations section describes how this could be given effect.

Looking Forward and Recommendations

The ACT public health system has committed health leaders and a plan and workforce in transition to develop and embed a more positive system-wide workplace culture. The cultural improvements pursued over the last three years have taken longer than initially anticipated due to the challenging operating context for all health systems and an acknowledgement cultural workplace improvements takes time to mature. In summary some of this final annual review's observations have included:

- important foundation elements to monitor and oversight cultural improvements are in place – commitment from key leaders and stakeholders, investment in the Workplace Culture Framework, the workforce dashboard supported by the Workforce Effectiveness Indicators Model, the Organisational Culture Improvement Model and regular staff surveys;
- there has been a noticeable change in attitude from the current leaders of the ACT public health organisations – clearer expectations of behaviours and in some cases calling to account long-term inappropriate behaviours in some areas;
- an acknowledgement that a system-wide integrated and coordinated approach, requiring more partnerships and collaboration with other parts of the health service system should be progressed in the interests of better serving the community;
- the foundations exist for development of a strong governance framework to embed cultural reform in planning and performance of the health system and involving key stakeholders such as consumers, non-government health provider representatives, academia, staff representatives and the medical profession;
- workforce data and feedback through this review indicate there is still an ongoing focus required to address areas of concern such as bullying and harassment, improving staff engagement and encouraging and facilitating the raising of complaints and concerns at the local workplace level to be clear about behavioural expectations, to prevent or minimise health and safety risks including psychosocial risks for staff;
- the need for ongoing training and development to build leadership and management capability;
- a lack of clear and consistent measures of success and a program logic which links activities to outputs and outcomes for system-wide reforms; and ongoing data gaps;
- the importance of ongoing consultation and engagement, collaboration and system-wide communication came through loud and clear, with some stakeholders of the view the relatively small size of the ACT provided the flexibility and opportunity to work together as one health system to improve services, be more innovative and reflect better practice health care.

The intent of this final annual review is to provide a forward-looking view and identify system-wide recommendations critical to maintain momentum to improve workplace culture across the ACT public health system and embed arrangements into business-as-usual operations. The priority has been to consider what would facilitate sustainable improvements across the ACT health system for the benefit of staff, patients and the community.

Many of the findings and recommendations of this final annual review are not “new” and acknowledge arrangements going forward would not be starting from scratch. The recommendations are about strengthening what is in place, what has commenced and considered a work-in-progress and building on improvements in practice made in one or more of the three ACT public health organisations.

The findings and recommendations are informed by the combined 35 interviews/focus groups, feedback from the Oversight Group, assessment of data and information available through the three organisations and through assistance provided by the Steering Group and the Culture Review Implementation team.

This final annual review acknowledges the Government's initial investment of \$12 million over the three years has been invaluable in raising the issues, putting in place necessary foundation structures and having senior leaders and staff focus on the importance of workplace culture as integral to organisational performance and improved patient outcomes. Maintaining a positive workplace culture is a key part of ongoing strategic planning and performance of our health system and ongoing effort and funding should form part of organisations' business-as-usual resourcing. This would sustain the momentum of culture improvement across the ACT public health system and support proposed governance arrangements, co-ordination of system-wide data and activities and consolidated reporting.

Workplace productivity improvements and culture should be clearly articulated responsibilities of the leaders of the ACT public health system and accountabilities and expectations should be transparently confirmed in performance or service contracts.

The recommendations of this final annual review are grouped under themes of governance and reporting; leadership and accountability; systems and processes; and effective engagement and communication. These themes are key elements of business strategy and performance and align with previous annual reviews.

Governance and reporting

Governance

The importance of good governance cannot be understated. In the health sector in particular, organisations such as the World Health Organization and the ACSQHC identify governance as the set of relationships and responsibilities established by a health system between its executive, workforce and stakeholders (including consumers). Good governance is critical to improving the safety and quality of health care services. In this context, acknowledging the focus on relationships, culture involves how an organisation and its staff think, make decisions, and behave. A positive culture results in a high performing organisation and will positively impact on quality and safety outcomes for the community. Poor culture can be a driver of poor conduct and poor performance.

To embed ongoing cultural improvements in the ACT health system it is important to ensure the linkages between the sets of relationships, that is, the governance arrangements, facilitate and support ongoing improvements. [Recommendation 1](#) proposes a governance framework to embed cultural improvements in overall strategy and performance of the health system and could extend beyond the focus of the three organisations which have been the subject of concerted cultural improvement efforts over the past three years. The Oversight Group throughout the three-year implementation period has identified the improvement in culture and performance involves many partners, in addition to ministers and chief executives accountable for system performance, including consumer representatives, representatives of non-government organisations, staff and medical workforce representatives, and representatives of key academic institutions and peak health organisations. This recommendation described below suggests how these partners can continue to contribute to ongoing governance arrangements for the ACT health system. The governance arrangements should be reviewed in two years to assess performance and impact and be attuned to emerging priorities.

It is recommended the Oversight Group not continue and its ongoing functions be incorporated into arrangements described below. A high-level schema for the governance arrangements— suggested to commence from early 2023—is at Annex 8 and includes:

ACT Health System Council

An ACT Health System Council should be established to provide ministers with strategic advice and system leadership on health system planning and services across the ACT health system which could also include private health services and other parts of the health system such as primary care. In summary, it would cover health service planning, advice on the commissioning of services; advice to ensure strong linkages and integration of services across the range of health services provided; and advice on cultural and productivity improvements. An early activity of the Council could be a comprehensive strategic planning session to define and embed a system-wide sense of identity (important for ongoing communication and engagement efforts across the ACT health system).

Features of ACT Health System Council could include:

- a skill-based council (including knowledge and skills in leading and administering health systems and services), with an independent chair providing advice to ministers and organisational leaders;
- system-wide strategic leadership and advice covering health services planning (building on the ACT Health Services Plan 2022-2030), priorities and options for the allocation of resourcing, and commissioning of health services across the system;
- providing independent advice on ongoing cultural reforms and productivity improvements, drawing on experience and better practice in other health systems;
- providing advice and support to the ACT Health Partnership Board to support its accountabilities;
- supported by a secretariat within the ACTHD; and
- ministers could attending periodically.

This final annual review notes the ACT Local Hospital Network (LHN) Service Level Agreement is the framework required under the National Health Reform Agreement where the ACT Government manages system-wide public hospital and health service delivery, planning and performance, including purchasing of public hospital and health services and capital planning. The proposed ACT Health System Council could also provide advice ministers to inform the development of these service level agreements.

ACT Health Partnership Board

The current ACT Health and Wellbeing Partnership Board (which sits outside the Culture Review Implementation program governance arrangements) is responsible for harnessing the “collective efforts to improve the health and wellbeing of the Canberra community by actively supporting a consumer-centred, high performing, integrated health system that continues to improve and learn.”³² The existing Board provides advice to the health ministers on governance, research and workforce requirements to ensure sustainable, value-based care and oversights a research working group and workforce education and training working group.

The recommended ACT Health Partnership Board should report to health ministers and be the group which is accountable (not only providing advice) for system-wide performance including clinical safety and capacity and prioritising and integrating the delivery of health services to drive improvements across the system. It should provide performance information to ministers and is accountable for delivering and reporting on the Government’s performance expectations articulated in the ACT Health Services Plan 2022-2030. It should be responsible for driving a more collaborative approach across the education, research and health service sectors.

Features of the ACT Health Partnership Board could include:

- managing and overseeing system performance and funding accountability;
- identifying and managing system-wide risks and opportunities for improvement;
- driving a more collaborative approach across the education, research and all health service sectors;
- responsible for overseeing health system-wide communications to staff and stakeholders;
- workforce planning to manage peaks and troughs and the day-to-day demands on the health system;
- representation should include the heads of the three health organisations, and to drive a more collaborative approach, could include chief executives from other parts of the health system, deans of health from university sector; chair of the Non-government Organisations Leadership Group, CEO of the ACT Primary Health network, CEO of Aboriginal Community Controlled Health (ACCHO) peak body representing the ACT; and
- ensure data and information is captured effectively to monitor system performance and provide relevant reports (while meeting security and privacy obligations) to the ministers which would be available to the ACT Health System Council.

System-wide Human Resources Working Group

There were two human resources working groups reporting to the Oversight Group – the System-wide Human Resources Matters Working Group and the Early Intervention Working Group. The Oversight Group combined the two groups to consolidate human resources effort likely to impact on workplace cultural improvements. The two previous groups discussed and actioned a range of system-wide matters, including improvements to be made to the Human Resources Information Management System, proposals for systemwide innovation workshops to improve consultation arrangements with staff, union engagement and the establishment of a WHS Community of Practice. These matters should be incorporated into a consolidated working group. The working group should be supported by the ACTHD and convened by the Director General, ACTHD (as the co-ordinating agency). Its workplan and priorities should be guided by the ACT Health Partnership Board; and the working group should also provide advice on gaps, emerging issues and how to improve (with suggested options or initiatives) system-wide and organisational workplace culture.

As this combined working group has only recently been established, the terms of reference, membership and operations identified in the papers from the July 2022 Oversight Group meeting remain relevant and are at Annex 5. Improving HR capability and metrics across the ACT health system should be a priority for this working group.

This working group should ensure effective use of the enterprise agreement processes, the workplace health and safety consultative framework and other current consultative and engagement mechanisms to continue to engage staff in system-wide human resources management improvements. This working group should have access to the WEIM workforce dashboards to identify systemic issues of concern and should focus on the day-to-day operations of human resources and industrial relations issues. It should address concerns raised by staff which challenge improvements to sustaining a positive workplace culture.

Research, Education and Training Working Group

The terms of reference of the Professional Transition to Work Working Group were considered by the Oversight Group in October 2021 and the scope of work covered identifying system-wide initiatives likely to have a positive impact on culture across the ACT public health system through investing in the transition process of students to early career health professionals. The recommended Research, Education and Training Working Group should consider how to improve integration of research, training and development of clinical staff across the health system and the transition of students from education to clinical practice. Facilitating the capacity of the system to allow for a research strategy and program for the ACT health system and support for early career professionals is important to workforce planning and cultural improvements.

³² Health and Wellbeing Partnership Board Terms of Reference <https://www.health.act.gov.au/sites/default/files/2021-10/Endorsed%20Terms%20of%20Reference%20-%20October%202021.pdf>

Research priorities already identified in the Professional Transition to Work Working Group include preparing students for work and transitioning professionals into work and what programs and support are required in the first two years of working in health services in the ACT.

The two working groups under the current Health and Wellbeing Partnership Board have a much broader research and workforce education and training remit (beyond cultural reform) and consideration should be given to consolidating these working groups as part of this recommended Research, Education and Training Working Group.

This working group should also identify opportunities to reinforce expected behaviours of early career professionals and propose a range of initiatives to improve workforce culture through development of career transitions. Senior doctors and heads of the clinical streams in the hospitals should be jointly involved in supporting these initiatives.

A new terms of reference and scope for the Research, Education and Training Working Group should be developed, drawing on the Professional Transition to Work Working Group and the working groups established under the current Health and Wellbeing Partnership Board. It would be more efficient to consolidate functions into a fewer number of working groups. The priorities should be guided by the Workforce Planning Group and ACT Health Partnership Board.

Membership could include heads of medical schools in the ACT; clinical, including nursing leaders; medical staff representatives; and hospital leaders' representatives. The working group should be supported by the ACTHD, convened by the Director General ACTHD and report to both the Health Partnership Board and the ACTHD as the co-ordinating agency.

Clinical System Governance Committee

Both CHS and CPHB have their own clinical governance arrangements for quality improvement and patient safety. The recommended Clinical System Governance Committee would bring together the clinical leaders from across the ACT public health system with accountabilities for quality improvement, patient safety and delivery of evidence-based clinical care. The establishment of this Committee was included in a proposed model for ACT-wide Clinical System Governance Framework and Structure which was presented to the April 2022 Oversight Group meeting and subject to further development following consultation. It will be important for the clinical leaders across the ACT health system to play a leadership role in co-ordinating and integrating health services, providing an opportunity for clinical staff to be more involved in decision making (a consistent theme heard throughout this final annual review) and suggest innovations and improvements.

The proposed ACT-wide Clinical System Governance Framework and Structure presented to the Oversight Group is to provide the "necessary scaffolding for the clinical care delivery system to be directed and controlled from a clinical perspective." While the Committee should take on a primarily advisory role it should also be accountable for the development of consistent clinical standards and policies across the health system. It is recommended the Clinical System Governance Committee report to the ACT Health Partnership Board.

ACT Non-Government Organisations Leadership Group (NGOLG)

The 2019 Culture Review identified the need for better relationships and improved collaboration with health sector non-government organisations (NGOs) and peak bodies. The NGO Leadership Group (NGOLG) was established in 2019 in response to recommendation six of the 2019 Culture Review.

An evaluation of the NGOLG was undertaken and an outline of findings was presented to the Oversight Group at its meeting of 18 July 2022. The NGOLG work plan has provided opportunities for collaboration and engagement between the parties, including advice to ACTHD on engaging NGOs in the development of the ACT Health Services Plan 2022-2030. The NGOLG also provided significant advice on engaging with NGOs to address matters related to supporting NGOs funded by ACTHD during the COVID-19 public health emergency.

The NGPLG should report to the Director General, ACTHD as the convenor and co-ordinating agency. It should support the work of ACT Health Partnership Board and the ACT Health Council.

Other governance structures to consider in the short term (and time limited):

Twice Yearly Health Services Forum

To co-ordinate priorities, check on progress and agree strategic direction over all of these governance arrangements, it is suggested health ministers convene a twice-yearly forum involving representatives from each of the governance groups mentioned above and other stakeholders, including representatives of staff and the medical workforce and consumers. It would be good practice to hear progress, review evidence and dashboards and collectively identify and prioritise emerging issues and ensure arrangements remain fit for purpose, clarify responsibilities and avoid duplication of effort.

Workforce Planning Group

Workforce issues were raised in most stakeholder consultations, and this was a particular area of feedback raised by many Oversight Group members. These discussions included: workforce shortages; attracting the best and brightest; the challenges of being a small jurisdiction to be competitive and to promote mobility and career progression; climbing attrition rates; workload and fatigue of staff coming out of the exceptional circumstances over the past few years, to name a few. There is significant effort underway to progress workforce issues as a priority. This final annual review understands work is already underway to develop a workforce strategy.

The workforce planning element is a key foundation to support the ACT health system workplace. Health leadership, professional development opportunities and the involvement of staff in decision making are key areas of focus. Education and training pathways linked to opportunities in ACT health services should also be strengthened. Representatives of the System-wide Human Resources Working Group and the Research, Education and Training Working Group should be involved and support the Workforce Planning Group, to be convened by the ACTHD. Representatives of the other suggested governance groups along with other interested parties and experts should also be involved. The priorities of this Workforce Planning Group should be guided by the ACT Health System Council and the ACT Health Partnership Board.

Most jurisdictions are faced with similar health workforce challenges and the Workforce Planning Group should be cognisant of what is being developed in other jurisdictions, particularly the Commonwealth in progressing any national workforce priorities and plans.

Reporting

A large amount of data has been collected and reported across the three health organisations over the course of implementing the 20 recommendations (with the 92 associated actions) of the 2019 Culture Review. This has consisted of, for example, developing models or tools to measure workplace culture, stakeholder feedback and surveys from staff and others and collection of workforce data and indicators. The information gathered has been very much about what processes have been put in place and what activities have been undertaken. The focus going forward should be on developing consistent and comparable data to measure the impacts of initiatives being pursued on workplace culture.

Concise and clear measures of success to support system-wide analysis and effective decision making should be the aim. The initial aim of developing a system-wide approach to data would be strengthened by mapping the existing data sets into high-level consistent indicators where valid comparisons could be made between organisations and over time and allow for ongoing measurement and evaluation ([Recommendation 2](#)). A cohesive data model could be developed drawing on existing sources such as the Organisational Culture Improvement Model (OCIM), comparable staff surveys and key workforce metrics. Developing a set of key questions and consistent methodology to be incorporated into the three organisations' staff surveys would improve system-wide assessments and comparability, identify any areas of concern and assist with understanding progress and trends. This final annual review understands following the July 2022 meeting of the Oversight Group, work is underway, including mapping information from OCIM, staff surveys and other workforce data which will be undertaken in early 2023. As mentioned above a program logic model could be used to focus on outcomes and impacts and identify and link activities across the system with outputs, outcomes and long-term impacts.

Tracking and monitoring this performance data and information should primarily be coordinated through the ACTHD and oversighted by the ACT Health Partnership Board and be available to the ACT Health Council.

Recommendation 1

Formalise ongoing governance arrangements for the ACT health system to address strategy, planning, performance and evaluation incorporating the oversight of workplace cultural improvements.

Recommendation 2

Further develop and streamline existing performance reporting for which the head of each of the three ACT public health organisations has ongoing accountability. Develop system-wide information to measure the overall impacts of cultural improvement initiatives.

Leadership and accountability

Embedding cultural reform is primarily the responsibility of the leaders of each of the three health organisations. The performance requirements in relation to cultural leadership and behaviours across the ACT public health system should be included in performance agreements and/or contracts. Transparency of these documents is also important for staff, stakeholders and the community ([Recommendation 3](#)).

The first recommendation of the Culture Review 2019 required the leadership to re-engage with staff and ensure the vision and values are lived and embraced at all levels and reflected in the leaders' behaviours. As pointed out in the second annual review the best way to ascertain the extent to which the vision and values are lived at all levels is through the results of staff surveys that enable staff to provide direct feedback on their experience. All three organisations have conducted staff surveys over the last 12 months, some of the results of which were not yet available for this final annual review, and it was difficult to fully measure system-wide results from previous staff survey and available workforce information.

Leaders of the health organisations also need to support their staff with compassion and commitment to enable and drive change and improvements. Leadership at all levels also requires an openness to learn and strengthen a supportive and inclusive workplace to ensure improvements are sustained. Ongoing training and development programs, campaigns for speaking up, additional governance and improved human resources capability across the ACT public health system will strengthen this support. There remain some concerns expressed by staff in some areas and further work is required to better understand why these pockets remain and why some staff are not attuned or linked in to all the workplace initiatives to improving culture. From the most basic level of the requirements of the work health and safety legislation for individuals to take responsibility to mitigate work health and safety risks, through teams, supervisors, managers and leaders, stakeholders and many other players, using the evidence and staff surveys to target effort should be undertaken through the System-wide Human Resources Working Group ([Recommendation 4](#)), with advice to the ACT Health Partnership Board.

Through the consultation processes, all stakeholders agreed the importance of ongoing system-wide leadership, management and human resources development and training more clearly linked to the outcomes required to foster a positive workplace culture. More clearly linking training programs to align with cultural reform and measuring the impact of training and development to intended system-wide outcomes is still a work in progress. Supervisors and managers at the local workplace level should be targeted for leadership and management training. A more concerted effort is also required to further develop and ensure ongoing participation in system-wide training and development programs. An evaluation of the pilot management and leadership training program was undertaken, and further evaluation activity is planned for the first half of 2023 to assess the behavioural impact of the training initiatives across the health system and shape future training programs.

To develop current and future leaders further work is required for executive leadership and mentoring (currently available and provided across the ACTPS) to be available for the middle management group at Senior Officers A/B and equivalent classifications. Stakeholder feedback indicated this level of management requires additional support to engage more effectively with staff and encourage conversations about workplace safety, behaviours and expectations. This also requires managers and supervisors to have the capability, as well as capacity, to effectively respond to issues raised. As was picked up in the second annual review, ongoing investment in management and leadership capability should be provided as an ongoing investment from current agency resourcing ([Recommendation 4](#)). The coordination and development of system-wide programs should be the responsibility of the ACT Health Partnership Board. Each of the heads of the three organisations should jointly fund co-ordinated system-wide programs and target participation through staff performance agreements.

Recommendation 3

Clarify roles, responsibilities and performance requirements, particularly to strengthen outcomes expected for cultural improvement for the head of each of the three ACT public health organisations through existing performance agreements and/or contracts.

Recommendation 4

Consider and define the requirements to sustain system-wide leadership, management and human resources training and development programs including the allocation of appropriate funding and effort from the three organisations.

Systems and processes

Systems and processes infrastructure

Much investment and effort has been provided for implementation governance and foundational infrastructure to improve oversight and monitoring of cultural reform across the ACT public health system. The Government provided funding to kickstart implementation and support the foundational infrastructure required to develop, monitor and oversight a system-wide approach to workplace productivity and culture improvements.

The types of foundational infrastructure and processes put in place and which require ongoing investment and effort include (Recommendation 5):

- the Organisational Culture Improvement Model and Workforce data systems like the Workforce Effectiveness Indicators Model and Workforce Effectiveness Dashboard;
- leadership and management training and development;
- investment in human resources capability and data analytics capability (noting ACTHD has established this capability as part of implementation actions);
- commitment of the leaders of the ACT public health organisations to continue to collectively develop a positive workplace culture and key partners to continue to be involved in improving workplace culture across the ACT health system;
- providing the toolkits and policies and information for all employees (mentioned in Foundations on p17) in a consolidated and accessible place, keeping them current and ensuring information is easy to understand and use would be helpful for employees; and
- staff surveys, although a more consistent set of questions is required to be able to compare and address areas of concern;

These systems and processes are necessary for the ongoing monitoring and sustainment of cultural improvements as part of ACT health services strategy and performance going forward. Leadership and staff capability is critical to effectively utilise and improve the infrastructure, systems and processes to support decision makers. Transparency and regular reporting of information and improvements is also important for all and is key to developing trust of senior leaders and acknowledgement to staff their leaders are listening and acting which results in instilling a sense of pride and belonging for staff across the health sector.

Recommendation 5

Each of the three ACT public health service organisations allocate resourcing and effort to sustain the foundational processes and systems, governance and other programs now in place improve workplace culture and productivity across the ACT public health system.

Workforce

Throughout this final annual review workforce issues were presented as a key challenge to address to sustain a positive workplace culture. On many occasions, given what has been an exceptional period for all health systems, this final annual review heard about workforce shortages, burnout and fatigue of the current clinical workforce, staying competitive as a small jurisdiction to be able to attract high quality talent and attracting and developing our health workforce.

At the national level it is acknowledged the current optimal distribution of our medical workforce is not consistently achieved across Australia, resulting in service gaps and inefficiencies, and potentially impacting on the quality of patient care and the working life of Australia's doctors. Following the COVID-19 pandemic (which is still having significant impacts on our health system with waves of different strains) the ACT, like other jurisdictions, is looking at what needs to be done to support workforce recovery, development and growth, and identify current initiatives to support the health workforce now to prevent attrition, overwork and burnout. The ACT Government recently announced in October 2022 \$8.75 million to support the wellbeing of ACT health workers experiencing high levels of distress and fatigue and initiatives for workforce recovery after the challenging few years we have all faced. The *Health Workforce Wellbeing and Recovery Fund* will provide individual teams across ACT public health services—including in Canberra Health Services, Calvary Public Hospital Bruce, Clare Holland House, QEII and the ACT Health Directorate—the opportunity to propose initiatives that they believe will have the most impact and benefit for their teams.

Workforce demand in the health sector, according to the federal government's labour forecasts, will increase by 14.9 per cent over the next five years. However, it is also forecasted that the healthcare industry will experience major workforce shortages over the coming years due to an ageing healthcare workforce and current retention challenges, especially in regional areas. Health systems

also need to consider the requirements of a future workforce capable of delivering health outcomes in a healthcare system which will be different to that of today.

Other challenges include maintaining our competitiveness; potential regulation changes as they apply to the caring workforce which may impact on the health workforce; the tenure of jobs across the system – staff representatives mentioned a large number of the ACT's health workforce as having insecure work and some clinicians were converting to part time because of workload; the pipeline of workers from graduates, recruitment, encouraging older workers to reconnect and considering the health workforce outside the hospital system were issues raised by stakeholders. With all these workforce issues and the additional challenges the ACT faces being in a regional area and a small jurisdiction, the ACT Health System Council should provide advice on or plan for the health workforce for the future. The foundational work and activities to improve and sustain a positive workplace culture will contribute to the Government's workforce planning priorities for the future. Given the significance of workforce issues to health services and planning and workplace culture and productivity, it is proposed in the short term a Workforce Planning Group be established to address workforce planning as a matter of urgency and report to health ministers and to the ACT Health Council ([Recommendation 6](#)). There is significant effort underway to progress workforce issues as a priority and this final annual review understands work is already underway to develop a workforce strategy.

Recommendation 6

Develop a system-wide strategy for workforce planning to develop and attract high performing talent, address emerging challenges such as workforce shortages and sustain a positive workplace culture across the ACT public health system (underway).

Effective engagement and communications

More effective engagement and communications were ongoing themes raised throughout this final annual review across the health system and with staff, leaders and stakeholders. It is important all governance bodies mentioned above work together to ensure staff, clinicians and other stakeholders are consulted and engaged in decision making processes and improvements ([Recommendation 7](#)). In this context it is also important to highlight areas of better practice and where progress is being made by, for example, using case studies. This will also instil a greater sense of pride and staff satisfaction and an acknowledgement from leaders their work is valued.

While there have been improvements in staff engagement there still exists significant proportions of staff who are not engaged or actively disengaged in CHS and CPHB. This review heard, particularly in the focus groups, some staff were not aware of the culture reforms and in some cases, conversations and engagement to improve workplace culture was not occurring at the workplace level. These conversations need to be encouraged to be clear about expected behaviours, make it easier and an acceptable part of business to raise issues or concerns and support staff and managers/supervisors with training to manage and respond to issues raised. Empowering staff to raise issues with a focus on improving performance will support an early intervention and prevention approach and mitigate risks in a timely way.

Effective change management and cultural improvements require effective communications and ongoing consultation and engagement with staff. This final annual review heard from stakeholders that more use should be made of current consultative arrangements to highlight individual, team and organisational obligations to improve the health and wellbeing of staff. More effective use of these consultative arrangements would also provide another accessible avenue for employees, employers and unions to engage in addressing inappropriate behaviour and facilitate a prevention approach to workplace health and safety.

While more emphasis is required to manage issues and concerns raised at the workplace level in a timely manner, some concerns were expressed about the complaints handling processes in term of delays, uncertainty of outcomes and fear of reprisals. A multi-pronged approach is required here through training and development programs mentioned above, training for supervisors and encouraging active conversations about what is and is not acceptable behaviour. The desired outcome is that there is a clear understanding of expectations, and inappropriate behaviour is identified early and addressed in a timely way.

Communications co-ordination and a system-wide approach to messages for staff and stakeholders should be further developed as was planned in phase three of the Culture Review Implementation Communications and Engagement Strategy 2019-2022 presented to the Oversight Group early in the cultural reform implementation process. The focus in this stage was to bind the public health system and the broader ACT community – with the intention of employees being heard and seeing action, managers understanding the performance benefits of a positive culture and for the community to be proud of its health service. The Speak Up For Safety and Promoting Professional Accountability Program and Choosing Wisely campaigns have been effective examples of campaigns applying across health organisations.

Strategic communications for systemwide performance and reform should be the responsibility of the ACT Health Partnership Board and co-ordinated through the ACTHD.

Recommendation 7

Improve transparency through more effective engagement and communication with staff, patients/clients and the community on initiatives to improve performance and workplace culture across the ACT public health system.

Annexes

Annex 1 – Public Commitment by the Ministers and Three Leaders of the ACT Public Health System

A public commitment was made by the Ministers and three leaders of the ACT public health system on 16 May 2019:

16 May 2019

CULTURE REVIEW IMPLEMENTATION

We are committed to improving the workplace culture within the ACT public health system and, through that, enhancing the standard of health care and services provided to the Canberra community.

We will work together to ensure all 20 recommendations of the review are addressed and implemented. This is our commitment to all who work in the ACT public health system and to the community.

We are focussed on embedding best practice to ensure the changes that are implemented from this review are enduring across the ACT's public health system. We will ensure strong governance is in place across all organisations and at all levels of leadership, to drive the implementation of the recommendations.

We look forward to new beginnings and the continuation of work already underway to improve workplace culture within our organisations.

Together, we are unreservedly committed to change for our staff and the community.


Ms Meegan Fitzharris MLA
ACT Minister for
Health and Wellbeing


Mr Shane Rattenbury MLA
ACT Minister for
Mental Health


Mr Michael De'Ath
Director-General,
ACT Health Directorate


Ms Bernadette McDonald
Chief Executive Officer,
Canberra Health Services


Ms Barbara Reid
Regional Chief Executive
Officer, Calvary ACT





Response to Recommendation 17: Final Report of the Independent Review
into the Workplace Culture within ACT Public Health Services

Annex 2 – Public Commitment by the Culture Reform Oversight Group Members

A public commitment was made by the Oversight Group members—excluding the Ministers and the three leaders of the ACT public health system—on 4 September 2019:

4 September 2019

CULTURE REVIEW OVERSIGHT GROUP

CULTURE REVIEW IMPLEMENTATION

Together, we are committed to driving positive culture change for our members, students and the community.

As organisations represented on the Culture Review Oversight Group, we state our commitment to work together, with the Minister for Health, the Minister for Mental Health and the three leaders of the ACT public health system to improve the workplace culture, and through that, enhance the standard of health care and services provided to the Canberra community.

Together, we will work to ensure all 20 recommendations of the review are addressed and implemented.

We are resolute on supporting the application of the best evidence available to ensure the approaches implemented from this review are enduring across ACT's public health system.

 Ms Madeline Northam <i>Regional Secretary, CPSU</i> 	 Mr Matthew Daniel <i>Branch Secretary, ANMF ACT</i> 	 Ms Darlene Cox <i>Exec Director, HCCA ACT</i> 
 Dr Antonio Di Dio <i>President, AMA ACT</i> 	 Dr Richard Singer <i>President, ASMOF ACT</i> 	 Dr Peter Hughes <i>President, VMOA ACT</i> 
 Professor Russell Gruen <i>Dean, College of Health & Medicine ANU</i> 	 Professor Michelle Lincoln <i>Executive Dean, Faculty of Health, UC</i> 	

**ACT**
Government

ACT Health

Response to Recommendation 17: Final Report of the Independent Review
into the Workplace Culture within ACT Public Health Services

Annex 3 – Scope of Third and Final Annual Review

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

1. 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.
2. The extent of the progress made with the Culture Review Implementation process against the original plans outlined in the Review.
3. The impact on the workforce culture from the changes introduced to date.
4. The effectiveness of the initiation and planning phase of the Culture Review Implementation process, given that the focus is now on implementation phase, including:
 - a. What has worked well and why, and has there been any early impact?
 - b. What has not worked well and why, and has there been any impact?
 - c. What may therefore need to change or be improved?
 - d. What has been learnt so far and how can these insights and experiences be leveraged to improve the process and outcomes/impact of the Culture Review Implementation process?
5. Examine the infrastructure, governance and accountability processes established to support the transition of culture reform being a business-as-usual function within each organisation, and as a system-wide approach.

Annex 4 – Stakeholder Consultation List

Proximity wishes to acknowledge all who elected to participate in stakeholder engagement, including staff in the focus groups.

Interviews

Name	Position / Organisation	Role in Culture Review Implementation
Minister Stephen-Smith	Minister for Health	Culture Reform Oversight Group (Chair)
Minister Davidson	Minister for Mental Health	Culture Reform Oversight Group
Rebecca Cross	Director-General, ACT Health Directorate	Culture Reform Oversight Group
Dave Pepper	Chief Executive Officer, Canberra Health Services	Culture Reform Oversight Group
Ross Hawkins	Regional Chief Executive Officer, Calvary Public Hospital Bruce	Culture Reform Oversight Group
Maddie Northam	Regional Secretary, Community and Public Service Union	Culture Reform Oversight Group
Dr Walter Abhayaratna	President, Australian Medical Association ACT	Culture Reform Oversight Group
Darlene Cox	Executive Director, Health Care Consumers Association (HCCA) ACT	Culture Reform Oversight Group
Associate Professor Jeffrey Looi	President Australian Salaried Medical Officers Federation (ASMOF) ACT	Culture Reform Oversight Group
Dr Peter Hughes	President, Visiting Medical Officers Association ACT	Culture Reform Oversight Group
Professor Russell Gruen	Dean, College of Health and Medicine, ANU	Culture Reform Oversight Group
Professor Michelle Lincoln	Executive Dean, Faculty of Health University of Canberra	Culture Reform Oversight Group
Matt Daniel	Secretary, Australian Nursing and Midwifery Federation (ANMF) ACT	Culture Reform Oversight Group (withdrawn member)
Professor Imogen Mitchell	Executive Director of Research and Academic Partnerships, Canberra Health Services / ANU Professor, ANU Medical School Clinical Leadership Forum, Chair	Clinical Leadership Forum, Chair
Tom Cullen	Legal Counsel, Australian Nursing and Midwifery Federation (ANMF) ACT	
Mollie Glendenning	Community and Public Service Union	
Steve Ross	Australian Salaried Medical Officers Federation (ASMOF) ACT	
Deb Anton	Deputy Director-General, ACT Health Directorate	
Dr Dinesh Arya	Chief Medical Officer, ACT Health Directorate	
John Fletcher	Executive Group Manager Corporate & Governance, ACT Health Directorate	

Kalena Smitham	Executive Group Manager People and Culture, Canberra Health Services	
Grant Howard	Executive Director Medical Services, Canberra Health Services	
Jacinta George	Executive Group Manager, Health System Planning & Evaluation, ACTHD NGO Leadership Group, Co-Chair	
Lisa Kelly	CEO Carers ACT NGO Leadership Group, Co-Chair	
Jodie Junk-Gibson	Executive Branch Manager People Strategy and Culture Branch, ACT Health Directorate	Culture Review Implementation team
Belinda Harris	Senior Director Program Management, Culture Review Implementation, ACT Health Directorate	Culture Review Implementation team
Renee Leon	Leon Advisory	<i>Culture in the ACT public health system: Second Annual Review</i>

Focus Groups

Name	Organisation
Staff	ACT Health Directorate
Staff	Calvary Public Hospital Bruce
Staff	Canberra Health Services
Members and representatives	Health Care Consumers Association ACT
Members and representatives	Professional Colleges Advisory Committee
Members and representatives	Community and Public Service Union
Members and representatives	Australian Nursing and Midwifery Federation

Annex 5 – Implementation Governance

In line with the recommendations presented in this final annual review, the following (existing) terms of reference can be drawn upon for proposed governance arrangements and terms of reference to minimise overlap and ensure there are appropriate linkages and lines of communication in place.

A representation of each of the terms of reference associated with the implementation program governance is provided below, which includes the standing agency item reference to 'A summary of standing agenda items is at Attachment A'. This final annual review has not presented the standing agenda items as listed in the attachment to each terms of reference.

The reviewed and updated **Culture Reform Oversight Group (Oversight Group)** Terms of Reference were presented for endorsement at the July 2022 Oversight Group meeting, as follows.

Role	<p>The Culture Reform Oversight Group (Oversight Group) is responsible for overseeing the transition of the Culture Review Implementation Program, developed in response to the Final Report of the Review into the Workplace Culture in ACT Public Health Services (Culture Review) (March 2019), to a sustainable model where culture is regarded as core business. This will include:</p> <ul style="list-style-type: none"> • finalising actions resulting from the Culture Review, • overseeing and implementing the Third Annual Review, scheduled to take place from August through November 2022, • embedding the findings from the Third Annual Review into core business across the ACT public health system, • planning for the transition of governance for residual functions of the Oversight Group and Working Groups, to ensure initiatives supporting culture reform are embedded into core business, and • responding to issues arising during the transition phase. <p>The intent of the group, through progressing the above work is to ensure that there continues to be a transparent and accountable avenue to oversee and guide culture improvement for the ACT public health system.</p>
Values and Behaviours	<p>Participation and engagement in the Oversight Group will reflect organisational values and the commitment to collaborate within strong governance frameworks. Members will display signature behaviours such as:</p> <ul style="list-style-type: none"> • being accountable and transparent in decision-making; • genuine and respectful engagement with colleagues within the Directorates, across the ACT Public Service and the health system; • open sharing of information to improve the exploration of ideas and concepts, linked to early productive discussion, that supports solution-focussed discussion on resolving people related concerns; and • innovative thinking to support improvement and development on matters impacting the ACT public health system workforce.
Membership	<ul style="list-style-type: none"> • Minister for Health and Wellbeing (Chair) • Minister for Mental Health (Deputy Chair) • Director-General, Health Directorate • Chief Executive Officer, Canberra Health Services • Regional Chief Executive Officer, Calvary ACT • Regional Secretary, CPSU • President, AMA ACT • Executive Officer, Health Care Consumers Association (ACT) • President, ASMOF ACT • President, VMOA ACT • Dean, College of Health and Medicine ANU • Executive Dean, Faculty of Health, University of Canberra • Executive Branch Manager, Culture Review Implementation Team [ex-officio] <p>The Oversight Group may also invite other individuals or representatives of organisations from time to time where special expertise or experience is required to assist the Group in its work.</p> <p>Members will be asked to declare any actual, potential, or perceived conflicts of interest, at each meeting.</p> <p>There will be no sitting fees provided for meetings.</p>
Secretariat	<p>Secretariat support will be provided by ACTHD People Strategy and Culture and will end on finalisation of the Third Annual Review.</p>

Meeting Frequency	Meetings are to be held quarterly, or as required by the Chair.
Absences from Meetings and Proxy Attendance	All Members are strongly encouraged to prioritise meetings. The Oversight Group supports a process of proxies however it is strongly encouraged that a commitment is made by individuals to maintain the momentum of discussions and work being progressed by the Oversight Group.
Functions	The function of the Oversight Group going forward is to facilitate the transition from overseeing the delivery of the 20 recommendations of the Culture Review, to overseeing the finalisation of the Third Annual Review, and ensuring culture improvement is embedded as core business across the ACT public health system.
Reporting Mechanisms	The Oversight Group is the peak governance committee for the Culture Review Implementation. The Oversight Group will receive information, regular reports and issues for escalation from members, through the Secretariat.
Meetings and Agenda Requests	Meeting papers and the agenda will be cleared by the Chair and circulated one week in advance of meetings. Meeting papers will be considered in-confidence by all members. Any other material that is made available to Steering Group members, which is by its nature confidential, marked as confidential or that the member ought to know is confidential, will be kept secret and confidential and not disclosed to anyone outside the Oversight Group. Papers will be distributed to members electronically five working days prior to the meeting taking place.
Standing Agenda Items	A summary of standing agenda items is at Attachment A.
Minutes	The Secretariat will prepare minutes of each meeting, and record actions items. Minutes and action items will be distributed within two weeks of the meeting taking place.
TOR Review Frequency	The Terms of Reference will be reviewed annually, or as required to ensure alignment with governance arrangements.
TOR Approval	

The **Culture Review Implementation Steering Group** Terms of Reference endorsed in May 2021, as follows.

Role	<p>The role of the Culture Review Implementation Steering Group (Steering Group) is to provide a forum that facilitates the implementation of the recommendations of the Final Report of the Review into the Workplace Culture in ACT Public Health Services (the Review). (March 2019).</p> <p>The Steering Group will:</p> <ul style="list-style-type: none"> • assist the Culture Review Oversight Group with the work of overseeing the implementation of the Review recommendations; • develop and take carriage of the implementation plan; • oversight and facilitate the annual review of workplace culture; • ensure there is clear and effective governance around the culture review implementation, including discussion on new and emerging issues, opportunities and risks; • facilitate information sharing and discussion of key issues affecting the culture review implementation; • consider issues around organisational leadership and culture as they relate to the culture review implementation; • support the Leadership Team (Director-General Health, CEO Canberra Health Services and the Regional CEO Calvary ACT) to meet their responsibilities stipulated within the Culture Review recommendations; and • ensure alignment of implementation work across the Portfolio.
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Values and Behaviours	<p>Participation and engagement in the Committee will reflect organisational values and the commitment to collaborating within strong governance frameworks. Members will display signature behaviours such as:</p> <ul style="list-style-type: none"> • Accountable, transparent, decision-making • Genuine and respectful engagement with colleagues within the Directorates, across the ACT Public Service and the Health System and with community members • Open sharing of information to improve the delivery of services, to enable good governance, quality and accurate reporting and the development of evidence-based policies and programs, and • Innovative improvement of systems and services to achieve safe and effective person and family-centred care.
Membership	<ul style="list-style-type: none"> • Director-General, Health Directorate (Chair) • Chief Executive Officer, Canberra Health Services (Deputy Chair) • Regional Chief Executive Officer, Calvary ACT (Deputy Chair) • Executive Group Manager, People and Culture, CHS • Executive Group Manager, Corporate and Governance, HD • Chief Human Resource Officer, Calvary ACT • Executive Branch Manager, Culture Review Implementation Team <p>Relevant agency project officers responsible for ensuring efficient implementation will also be invited to attend to support the Steering Group.</p> <p>The Steering Group may also co-opt other individuals or representatives of organisations from time to time with the agreement of the Chairs where special expertise or experience is required to assist the Steering Group in its work.</p> <p>Members will be asked to declare any actual, potential, or perceived conflicts of interest, at each meeting.</p>
Secretariat	Secretariat support will be provided from the Culture Review Implementation Team within the Office of the Director-General.
Meeting Frequency	Meetings are to be held monthly, or as required by the Chair.
Quorum	At least 50% +1 of members in attendance shall be deemed to be a quorum. With the Chair and Deputy Chairs as mandatory attendees.
Absences from Meetings and Proxy Attendance	All Members are strongly encouraged to prioritise meetings. Absences or proxy requests are to be submitted to the Secretariat a week prior to the meeting.
Functions	<p>The Culture Review Implementation Steering Group has been established to:</p> <ul style="list-style-type: none"> • provide leadership and oversight of a sustained, transparent and measurable approach to the implementation of the Review recommendations; • provide advice and direction to the Culture Review Oversight Group on implementation priorities and initiatives; • action any requests from the Culture Review Oversight Group including for further work or advice on culture review implementation; • action the escalation of issues, risks, opportunities and recommendations from/to the Culture Review Oversight Group; • establish and monitor key priorities and strategies for implementation; • establish governance arrangements, to ensure appropriate authority, responsibility and accountability in implementing the review recommendations is supported across the organisation by its structure, delegations, policies and committee arrangements; and • discuss and progress concept papers towards implementation of the Review recommendations.
Reporting Mechanisms	<p>The Steering Group reports to the Culture Review Oversight Group through the Chair.</p> <p>The Steering Group receives information, regular reports and issues for escalation on implementation matters from each member.</p> <p>In addition, all members of the Steering Group are required to report on critical culture review implementation issues within their Division and/or professional group.</p> <p>Other organisational executives may also make direct submissions to the Steering Group following approval from the Chair.</p>
Meetings and Agenda Requests	<p>Requests to list agenda items and papers should be received by the Secretariat at least one week prior to the meeting.</p> <p>Papers will be distributed to members electronically at least three days prior to the meeting taking place.</p>

Standing Agenda Items	A summary of standing agenda items is at Attachment A.
Minutes	The Secretariat will prepare minutes of each meeting, and record actions items. Minutes and action items will be distributed within one week of the meeting taking place.
TOR Review Frequency	The Terms of Reference will be reviewed annually, or as required to ensure alignment with governance arrangements. The Committee will cease operation in May 2022 following full implementation of the cultural review. The next review is due by May 2020.
TOR Approval	Michael De'Ath Director-General ACT Health Directorate May 2019

The Culture Reform Oversight Group **System-wide HR Matters Working Group** Terms of Reference:

Role	<p>The System-wide HR Matters Working Group (Working Group) is responsible for providing advice to the Culture Reform Oversight Group (Oversight Group) on:</p> <ul style="list-style-type: none"> addressing the key system-wide issues from the HR Function Review where working together will achieve greater consistency, efficiency, and lead to better outcomes for the ACT public health system; assessing the HR capability in each organisation and across the system; and work underway to build capability and culture, and identifying metrics that will demonstrate the impact of these changes; and developing best practice approaches and establishing models to deal with industrial issues in a way that complies with Enterprise Agreements and focusses on early intervention and avoids escalation. <p>The intent of the group through progressing the above work is to tackle issues that have been enduring and remain unresolved across the ACT public health system.</p>
Values and Behaviours	<p>Participation and engagement in the Working Group will reflect organisational values and the commitment to collaborate within strong governance frameworks. Members will display signature behaviours such as:</p> <ul style="list-style-type: none"> being accountable and transparent in decision-making; genuine and respectful engagement with colleagues within the Directorates, across the ACT Public Service and the Health System, with community members and within the working group; open sharing of information to improve the exploration of ideas and concepts linked to early productive discussion that supports solution-focussed discussion on resolving entrenched and unresolved people related issues; and innovative thinking to support improvement to support questioning to understand the root cause or issues impacting the workforce of the ACT public health system.
Membership	<ul style="list-style-type: none"> Director-General, ACT Health Directorate (ACTHD) Executive Branch Manager, People Strategy and Culture, ACTHD Chief Executive Officer, Canberra Health Services (CHS) Executive Group Manager, People and Culture, CHS ACT Regional Chief Executive Officer, Calvary, ACT (Calvary) Great Workplaces Team representative, Calvary Public Hospital Bruce (CPHB) Australian Nursing and Midwifery Federation (ANMF) ACT Representative Community and Public Sector Union (CPSU) Representative Australian Salaried Medical Officers Federation (ASMOF) ACT Representative Deputy Director-General, Workforce, Capability & Governance, Chief Minister, Treasury and Economic Development Directorate (CMTEDD) Executive Branch Manager, Workforce Strategy and Capability, CMTEDD Executive Group Manager, Whole of Government Industrial Relations and Public Sector Employment, CMTEDD Senior Adviser, Minister for Health <p>The Working Group may also invite other individuals or representatives of organisations from time to time with the agreement of the Working Group where special expertise or experience is required to assist the Group in its work.</p> <p>Members will be asked to declare any actual, potential, or perceived conflicts of interest, at each meeting.</p> <p>There will be no sitting fees provided for meetings.</p>

Secretariat	Secretariat Support will be initially provided by the Culture Review Implementation Team until 31 December 2021.
Meeting Frequency	Meetings are to be held six weekly initially then eight weekly, or as required by the Chair.
Absences from Meetings and Proxy Attendance	All Members are strongly encouraged to prioritise meetings. The Working Group supports a process of proxies however it is strongly encouraged that a commitment is made by individuals to maintain the momentum of discussions and work being progressed by the Working Group.
Functions	The Working Group will: <ul style="list-style-type: none"> • provide the Oversight Group with advice on the development, improvement, and sustainability of a model to support discussions to understand the root causes and maintenance factors in system-wide HR and people related issues that are enduring and unresolved within the ACT public health system; and • consider models adopted in other jurisdictions to support understanding and exploration of issues present in HR and people related areas that impact on the workforce of a health system and advise the Oversight Group on applicability to the ACT to enhance system improvements.
Reporting Mechanisms	The Working Group will provide regular updates to the Oversight Group on the agreed scope of work, agreed action plans and progress made. Updates will be provided in the Culture Reform Oversight Group Communiques and Key Message documents.
Meetings and Agenda Requests	Meeting papers and the agenda will be cleared by the Chair and circulated one week in advance of meetings. Meeting papers will be considered in-confidence by all members. Any other material that is made available to Working Group members which is by its nature confidential, marked as confidential or that the member ought to know is confidential, will be kept secret and confidential and not disclosed to anyone outside the Working Group. Papers will be distributed to members electronically five working days prior to the meeting taking place.
Standing Agenda Items	A summary of standing agenda items is at Attachment A.
Minutes	The Secretariat will prepare minutes of each meeting, and record actions items. Minutes and action items will be distributed within two weeks of the meeting taking place.
TOR Review Frequency	The Terms of Reference will be reviewed annually, or as required to ensure alignment with governance arrangements. The next review is due by June 2022.
TOR Approval	

The Culture Reform Oversight Group **Early Intervention Working Group** Terms of Reference:

Role	<p>The Early Intervention Working Group (Working Group) is responsible for identifying system-wide issues that have or are likely to have an impact on culture across the ACT public health system.</p> <p>This will entail identifying issues early, describing and quantifying the issues and identifying strategies to address or mitigate the issues. This might result in a matter being referred to another group or being escalated to the Culture Reform Oversight Group (Oversight Group).</p> <p>The Working Group will act as a conduit for consultation and feedback with its member networks and stakeholders – both to identify emerging issues, and to communicate strategies that have been agreed.</p> <p>The Working Group will report back to the Oversight Group.</p>
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Values and Behaviours	<p>Participation and engagement in the Working Group will reflect organisational values and the commitment to collaborate within strong governance frameworks. Members will display signature behaviours such as:</p> <ul style="list-style-type: none"> • Being accountable and transparent in decision-making; • Genuine and respectful engagement with colleagues within the Directorates, across the ACT Public Service and the Health System, with community members and within the working group; • Open sharing of information to improve the exploration of ideas and concepts linked to early productive discussion that supports solution-focussed thinking about concerns being raised by people 'on the ground' within the ACT public health system; and • Innovative improvement of engagement to support the workforce of the ACT public health system.
Membership	<ul style="list-style-type: none"> • Director-General, ACT Health Directorate • Chief Executive Officer, Canberra Health Services (CHS) • Regional Chief Executive Officer, Calvary ACT • Executive Group Manager, People & Culture, CHS • Australian Nursing and Midwifery Federation (ANMF) ACT Representative • Regional Secretary of the Community and Public Sector Union (CPSU) • Deputy Director-General, Workforce, Capability & Governance, Chief Minister, Treasury and Economic Development Directorate (CMTEDD) • Employment, CMTEDD • President Visiting Medical Officers Association (VMOA) ACT • Health Care Consumers Association (ACT) Representative • Australian Salaried Medical Officers Federation (ASMOF) ACT Representative • Senior Adviser, Minister for Health • President Australian Medical Association ACT Limited (AMA) <p>The Working Group may also invite other individuals or representatives of organisations from time to time with the agreement of the Working Group where special expertise or experience is required to assist the Group in its work.</p> <p>Members will be asked to declare any actual, potential, or perceived conflicts of interest, at each meeting.</p> <p>There will be no sitting fees provided for the meetings.</p>
Secretariat	<p>Secretariat Support will be initially provided by the Culture Review Implementation Team until 31 December 2021.</p>
Meeting Frequency	<p>Meetings are to be held 6-8 weekly, aligning with Oversight Group meetings where possible, or as required by the Chair.</p> <p>Urgent meeting may be convened if deemed necessary.</p>
Absences from Meetings and Proxy Attendance	<p>All Members are strongly encouraged to prioritise meetings.</p> <p>The Working Group supports a process of proxies however it is strongly encouraged that a commitment is made by individuals to maintain the momentum of discussions and work being progressed by the Working Group.</p>
Functions	<p>The Working Group will:</p> <ul style="list-style-type: none"> • Engage with membership and stakeholders to develop a process for: <ul style="list-style-type: none"> ○ identifying emerging issues that have the potential of impacting the broad workforce across the ACT public health system, for consideration by the working group; ○ seeking background information, data, evidence and advice on those issues; and ○ communicating back the working group's consideration of the issues and any strategies agreed to address or mitigate them. • Confirm there is a shared view that the issues are system-wide and may impact on culture. This may include: <ul style="list-style-type: none"> ○ Quantifying, exploring and understanding the issue; ○ Understanding the scope of impact i.e. infrastructure, communications, marketing, change management; • Consider what metrics (lead indicator of culture) will be impacted on by the issue without early intervention, including ongoing monitoring and assessment of metrics. • Agree what early intervention strategies might be to address or mitigate the issue and make recommendations on which group or organisation is best placed to implement those strategies, including the Oversight Group or other working groups. • Based on the experience of the working group, develop a model that formalises the above processes.
Reporting Mechanisms	<p>The Working Group will provide regular updates to the Oversight Group on the agreed scope of work, agreed action plans and progress being made.</p>

Meetings and Agenda Requests	Updates will be included in the Culture Reform Oversight Group Communique and Key Message documents.
Standing Agenda Items	Meeting papers and the Agenda will be cleared by the Chair and circulated one week in advance of meetings.
Minutes	Meeting papers will be considered in-confidence by all members and the executive of each represented stakeholder group.
TOR Review Frequency	Papers will be distributed to members electronically five working days prior to the meeting taking place.
TOR Approval	

Culture Reform Oversight Group Early Intervention/ HR Matters Working Group

The following draft terms of reference, which amalgamated the existing HR Matters and Early Intervention working groups, was presented at the July 2022 Oversight Group.

Role	<p>The (Insert new name of Working Group) (Working Group) is responsible for identifying system-wide issues that have or are likely to have an impact on culture across the ACT public health system.</p> <p>This will entail identifying issues early, describing and quantifying the issues and identifying strategies to address or mitigate the issues. This might result in a matter being referred to another group or being escalated to the Culture Reform Oversight Group (Oversight Group).</p> <p>The Working Group will act as a conduit for consultation and feedback with its member networks and stakeholders – both to identify emerging issues, and to communicate strategies that have been agreed.</p> <p>The Working Group will report back to the Oversight Group on:</p> <ul style="list-style-type: none"> • addressing the key system-wide issues from the HR Function Review where working together will achieve greater consistency, efficiency, and lead to better outcomes for the ACT public health system; • matters that will benefit from an early intervention focus, and through the emphasis will ensure more positive outcomes for our workforce and culture; • assessing the HR capability in each organisation and across the system; and work underway to build capability and culture, and identifying metrics that will demonstrate the impact of these changes; and • developing best practice approaches and establishing models to deal with industrial issues in a way that complies with Enterprise Agreements and focusses on early intervention and avoids escalation. <p>The intent of the group through progressing the above work is to tackle issues that have been enduring and remain unresolved across the ACT public health system.</p>
Values and Behaviours	<p>Participation and engagement in the Working Group will reflect organisational values and the commitment to collaborate within strong governance frameworks. Members will display signature behaviours such as:</p> <ul style="list-style-type: none"> • Being accountable and transparent in decision-making; • Genuine and respectful engagement with colleagues within the Directorates, across the ACT Public Service and the Health System, with community members and within the working group; • Open sharing of information to improve the exploration of ideas and concepts linked to early productive discussion that supports solution-focussed thinking about concerns being raised by people 'on the ground' within the ACT public health system; and • Innovative thinking and engagement to support improvement in the understanding of the root cause/s or issues impacting the workforce of the ACT public health system.

Membership	<ul style="list-style-type: none"> • Director-General, ACT Health Directorate (ACTHD) • Chief Executive Officer, Canberra Health Services (CHS) • Regional Chief Executive Officer, Calvary ACT (Calvary) • Executive Group Manager, People & Culture, CHS • Australian Nursing and Midwifery Federation (ANMF) ACT Representative • Regional Secretary of the Community and Public Sector Union (CPSU) • Community and Public Sector Union Representative (CPSU) • Australian Nursing and Midwives Federation Representative (ANMF) • Deputy Director-General, Workforce, Capability & Governance, Chief Minister, Treasury and Economic Development Directorate (CMTEDD) • Executive Branch Manager, People Strategy and Culture, ACTHD • Regional Director People and Culture, Calvary ACT (Calvary) • Executive Group Manager, WhoG Industrial Relations and Public Sector Employment, CMTEDD • President Visiting Medical Officers Association (VMOA) ACT • Health Care Consumers Association (ACT) Representative • Australian Salaried Medical Officers Federation (ASMOF) ACT Representative • Senior Adviser, Minister for Health • President Australian Medical Association ACT Limited (AMA) <p>The Working Group may also invite other individuals or representatives of organisations from time to time with the agreement of the Working Group where special expertise or experience is required to assist the Group in its work. Members will be asked to declare any actual, potential, or perceived conflicts of interest, at each meeting.</p> <p>There will be no sitting fees provided for meetings</p>
Secretariat	Secretariat Support will be initially provided by the Culture Review Implementation Team until (Insert new date) .
Meeting Frequency	Meetings are to be held 6-8 weekly, aligning with Oversight Group meetings where possible, or as required by the Chair.
Absences from Meetings and Proxy Attendance	All Members are strongly encouraged to prioritise meetings. The Working Group supports a process of proxies however it is strongly encouraged that a commitment is made by individuals to maintain the momentum of discussions and work being progressed by the Working Group.
Functions	<p>The Working Group will:</p> <ul style="list-style-type: none"> • identifying emerging issues that have the potential of impacting the broad workforce across the ACT public health system, for consideration by the working group; • seek background information, data, evidence and advice on those issues; • communicating back the working group's consideration of the issues and any strategies agreed to address or mitigate them. • provide the Oversight Group with advice on the development, improvement, and sustainability of a model to support discussions to understand the root causes and maintenance factors in system-wide HR and people related issues that are enduring and unresolved within the ACT public health system; and • consider models adopted in other jurisdictions to support understanding and exploration of issues present in HR and people related areas that impact on the workforce of a health system and advise the Oversight Group on applicability to the ACT to enhance system improvements. • Confirm there is a shared view that the issues are system-wide and may impact on culture. This may include: <ul style="list-style-type: none"> ○ Quantifying, exploring and understanding the issue; ○ Understanding the scope of impact i.e. infrastructure, communications, marketing, change management; • Agree what early intervention strategies might be to address or mitigate the issue and make recommendations on which group or organisation is best placed to implement those strategies, including the Oversight Group or other working groups. • Consider what metrics (lead indicator of culture) will be impacted on by the issue without early intervention, including ongoing monitoring and assessment of metrics. • Based on the experience of the working group, develop a model that formalises the above processes.
Reporting Mechanisms	<p>The Working Group will provide regular updates to the Oversight Group on the agreed scope of work, agreed action plans and progress being made.</p> <p>Updates will be included in the Culture Reform Oversight Group Communique and Key Message documents.</p>

Meetings and Agenda Requests	<p>Meeting papers and the Agenda will be cleared by the Chair and circulated one week in advance of meetings.</p> <p>Meeting papers will be considered in-confidence by all members and the executive of each represented stakeholder group. Any other material that is made available to Working Group members which is by its nature confidential, marked as confidential or that the member ought to know is confidential, will be kept secret and confidential and not disclosed to anyone outside the Working Group. Papers will be distributed to members electronically five working days prior to the meeting taking place.</p>
Standing Agenda Items	A summary of standing agenda items is at Attachment A.
Minutes	The Secretariat will prepare minutes of each meeting, and record actions items. Minutes and action items will be distributed within two weeks of the meeting taking place
TOR Review Frequency	<p>The Terms of Reference will be reviewed annually, or as required to ensure alignment with governance arrangements.</p> <p>The next review is due by (Insert new date).</p>
TOR Approval	

Culture Reform Oversight Group Professional Transition to Work Working Group

The following terms of reference was presented at the October 2021 Oversight Group.

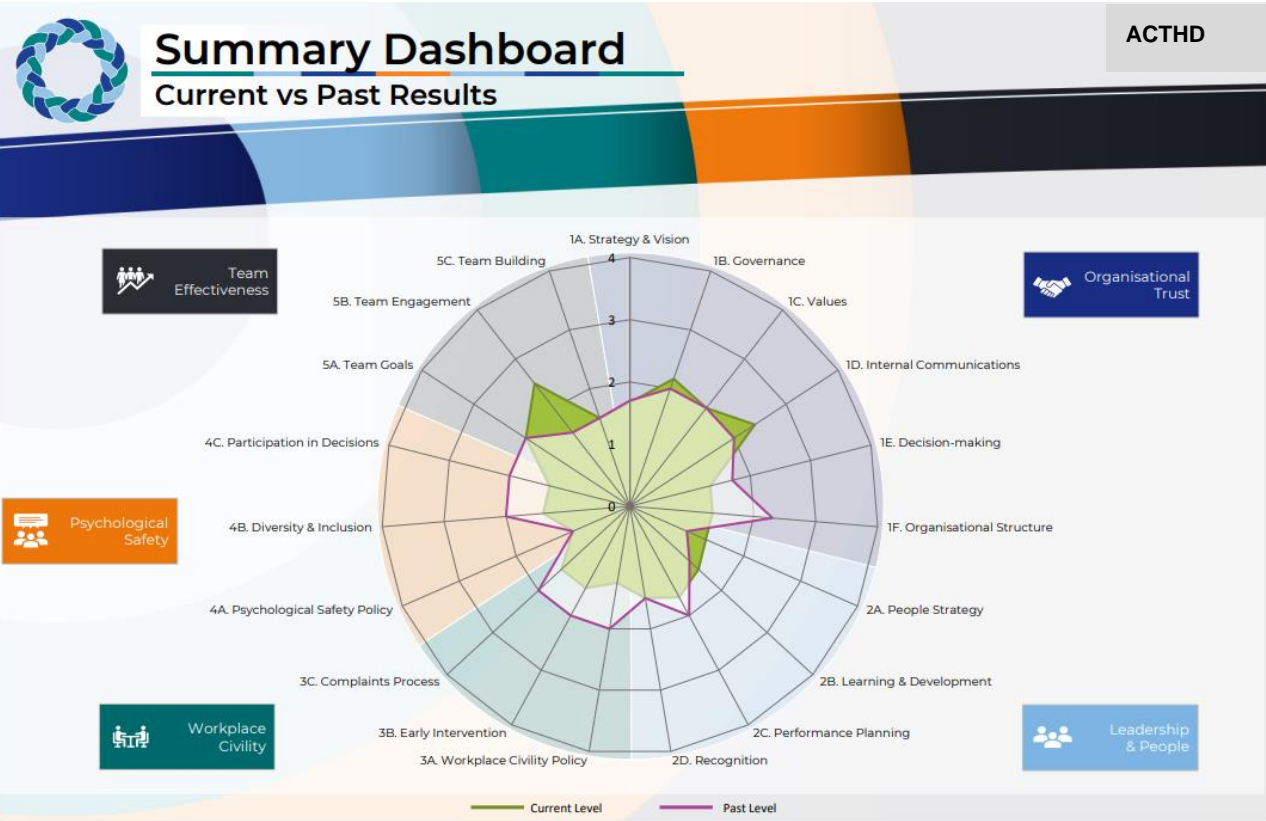
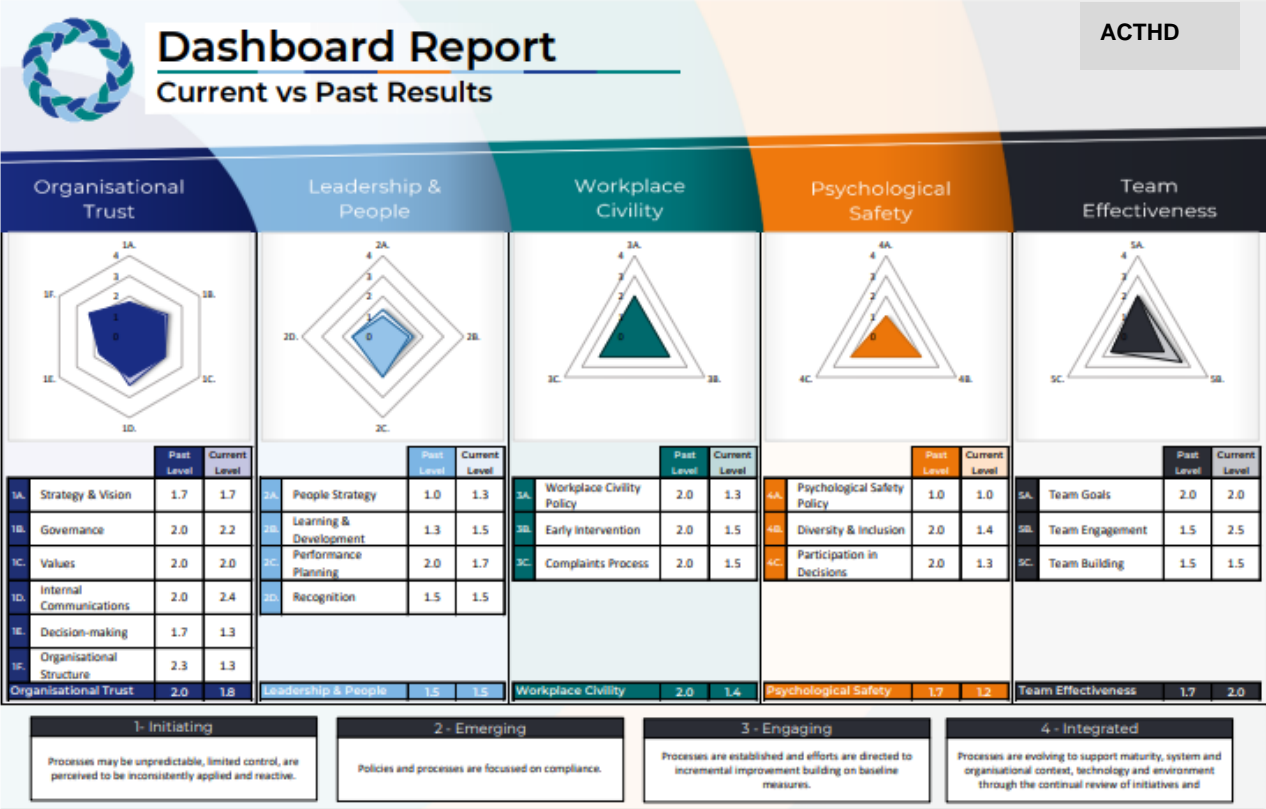
Role	<p>The role of the Professional Transition to Work Working Group (Working Group) is responsible for</p> <ul style="list-style-type: none"> identifying jurisdiction wide initiatives that have or likely to have a positive impact on culture across the ACT public health system through investing in the transition process of students to early career health professionals. Two areas of focus, including (1) preparation for work (University education and placements) and (2) professionals transitioning into and commencing work (the first 2 years) • Investigating what research and inquiry suggests about supporting early career transitions across disciplines, including identification of gaps and opportunities. Understanding what wrap around services are available for early career health professionals through considering a holistic approach for the ACT public health system. Measuring impact of the impact of early career transition through opportunities such as the range of surveys presently available across the system, as well as identifying alternate opportunities through such means as feedback from students and new professionals. Identifying opportunities to reinforce expected behaviours of early career professionals. Propose a range of initiatives following review of available data, research and investigation that will result in growing a great workforce culture through the proactive development of career transitions. <p>The Working Group will report back to the Oversight Group, and it may have some intersection with other networks and working groups such as those linked to the Partnership Board</p>
Values and Behaviours	<p>Participation and engagement in the Working Group will reflect respective members organisational values and the commitment to collaborate within strong governance frameworks. Members will display signature behaviours such as:</p> <ul style="list-style-type: none"> Being accountable and transparent in decision-making; • Genuine and respectful engagement with colleagues within the Directorates, across the ACT Public Service and the Health System, broader health environment across the ACT jurisdiction, with community members and; Open sharing of information to improve the exploration of ideas and concepts linked to the successful transition of students to work within the ACT public health system, supported by good governance, quality and accurate reporting and the development of evidence-based policies and programs; and Innovative improvement of systems and services to achieve the safe and successful transition of students work within the ACT public health system.

Membership	<ul style="list-style-type: none"> • Calvary Public Hospital Bruce (CPHB) Representative • Canberra Health Services (CHS) Representative • ACT Health Directorate (ACTHD) Representative • Australian Nursing and Midwifery Federation ACT (ANMF) Representative • Health Care Consumers Association ACT (HCCA) Representative • Dean, College of Health and Medicine, ANU • Dean, Faculty of Health, University of Canberra • Faculty of Health, University of Canberra Representative • Executive Director Allied Health CHS • Medical School Director ANU • Director Professional Development- CHS • Representative from Office of Research and Education- CHS • Primary Health Representative- University Canberra • Adviser, Minister for Mental Health • Adviser, Minister for Health • Culture Review Implementation Branch ACTHD Representative <p>Opportunity for the establishment of stakeholder consultation groups at CHS and Calvary.</p> <p>The Working Group may also invite other individuals or representatives of organisations from time to time with the agreement of the Working Group where special expertise or experience is required to assist the Group in its work.</p> <p>Members will be asked to declare any actual, potential, or perceived conflicts of interest, at each meeting.</p> <p>There will be no sitting fees provided for meetings</p>
Secretariat	Secretariat Support will be initially provided by the Culture Review Implementation Team for 6 months then review
Meeting Frequency	Meetings are to be held six-weekly or as required by the Chair.
Absences from Meetings and Proxy Attendance	<p>All Members are strongly encouraged to prioritise meetings.</p> <p>The Working Group supports a process of proxies however it is strongly encouraged that a commitment is made by individuals to maintain the momentum of discussions and work being progressed by the Working Group.</p>
Functions	<p>The Working Group will:</p> <ul style="list-style-type: none"> • Provide the Oversight Group with recommendations on relevant actions in the development, improvement, and sustainability of the transition of students to clinicians into the ACT public health system; • Including input into mechanisms to measure changes and improvements; • Advise the Oversight Group with recommendations relating to clinical placements, induction, mentoring and supervision, and employment readiness to prepare our graduates to become effective, well-trained and valued clinicians in their first two years as a health professional; and • Make recommendations on the development of effective transition approaches of students to clinicians from information gained from other health systems and advise the Oversight Group on applicability to the ACT to enhance system improvements.
Reporting Mechanisms	<p>The Working Group will provide regular updates to the Oversight Group on the agreed scope of work, agreed action plans and progress being made.</p> <p>Updates will be included in the Culture Reform Oversight Group Communique and Key Message documents.</p>
Meetings and Agenda Requests	<p>Meeting papers and the Agenda will be cleared by the Chair and circulated one week in advance of meetings.</p> <p>Meeting papers will be considered in-confidence by all members. Any other material that is made available to Oversight Group members which is by its nature confidential, marked as confidential or that the member ought to know is confidential.</p> <p>Papers will be distributed to members electronically five working days prior to the meeting taking place.</p>
Standing Agenda Items	A summary of standing agenda items is at Attachment A.

Minutes	The Secretariat will prepare minutes of each meeting, and record actions items. Minutes and action items will be distributed within two weeks of the meeting taking place
TOR Review Frequency	The Terms of Reference will be reviewed annually, or as required to ensure alignment with governance arrangements. The next review is due by 30 June 2022.
TOR Approval	

Annex 6 – OCIM Assessments and Insights

The following Current vs Past Results dashboards are extracted from each of the three ACT public health organisation's 2021 OCIM assessment.





Dashboard Report

Current vs Past Results

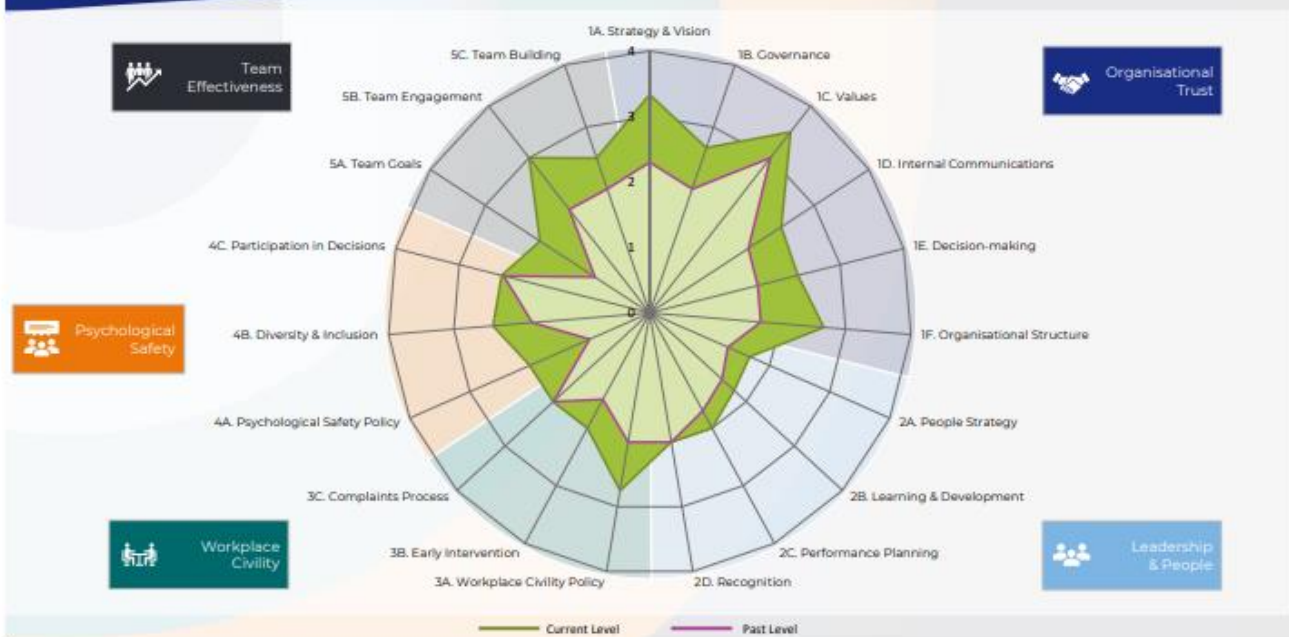
CHS



Summary Dashboard

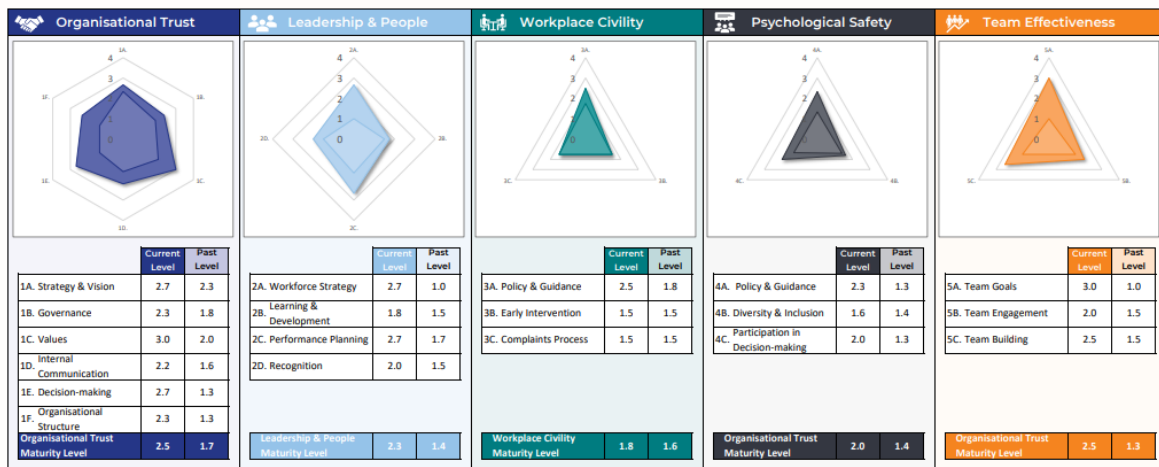
Current vs Past Results

CHS



Assessment Period:	1/07/2021	Date Completed:	20/09/2021
Organisation:	Calvary Public Hospital Bruce		
Contact Person:			



Current Maturity Level	Past Maturity Level
2.2	1.4
2 - Emerging	1 - Initiating



Maturity Levels			
<p>Level 1 Initiating</p> <p>Processes may be unpredictable, limited control, are perceived to be inconsistently applied and reactive.</p>	<p>Level 2 Emerging</p> <p>Policies and processes are focussed on compliance.</p>	<p>Level 3 Engaging</p> <p>Processes are established and efforts are directed to incremental improvement building on baseline measures.</p>	<p>Level 4 Integrated</p> <p>Processes are evolving to support maturity, system and organisational context, technology and environment through the continual review of initiatives and measures.</p>

Summary Dashboard Current vs Past Results not produced as part of the CPHB 2021 OCIM assessment.

The following organisational insights were informed by this final annual review's analysis of the ACT public health organisations' available OCIM self-assessments for 2019 (a retrospective baseline assessment), 2020 and 2021:

	 Based on actual reported achievement	 Based on targeted achievement compared to reported achievement
ACTHD	<ul style="list-style-type: none"> • Marginal improvement in cultural maturity, from 1.4 in 2019 to 1.6 in 2021 (out of a total of 4) • Improvement has occurred in some areas and declined in others • Most improved elements are Organisational Trust (moving from 1.5 in 2019 to 1.8 in 2021) and Team Effectiveness (moving from 1.7 in 2019 to 2.0 in 2021) • Least improved (in decline) is Workplace Civility moving from 1.7 in 2019 to 1.4 in 2021. Within Workplace Civility, declines have been reported in Policy & Guidance and Complaints Process 	<ul style="list-style-type: none"> • Targeting additional improvement of 1.0 (a fivefold increase in the level of culturally improvement reported from 2019 to 2021) • All areas are targeting improvement of over 1.0
CHS	<ul style="list-style-type: none"> • Steady improvement in cultural maturity, from 1.4 in 2019 to 2.4 in 2021 (out of a total of 4) • Improvement has occurred across all areas • Most improved elements are Organisational Trust (moving from 1.6 in 2019 to 2.8 in 2021) and Team Effectiveness (moving from 1.3 in 2019 to 2.5 in 2021). • Least improved element is Leadership & People moving from 1.3 in 2019 to 1.9 in 2021. Within Leadership & People, there has been little improvement in Learning & Development and Performance Planning 	<p>(Target analysis is based on 2020 reported targets)</p> <ul style="list-style-type: none"> • Targeting additional improvement of 0.4 (just under half of the cultural improvement reported from 2019 to 2021) • The area targeted to require the most improvement is Leadership & People, particularly in the area of Recognition • The area targeted to require the least improvement is Team Effectiveness, especially Team Goals and Team Engagement
CPHB	<ul style="list-style-type: none"> • Steady improvement in its cultural maturity, from 1.4 in 2019 to 2.3 in 2021 (out of a total of 4) • Improvement has occurred across all areas • Most improved elements are Organisational Trust (moving from 1.4 in 2019 to 2.5 in 2021) and Team Effectiveness (moving from 1.3 in 2019 to 2.5 in 2021). • Least improved element is Workplace Civility moving from 1.7 in 2019 to 1.8 in 2021. Within Leadership & People, there has been no reported improvement in Early Intervention and Complaints Process 	<ul style="list-style-type: none"> • Targeting additional improvement of 0.3 (a third of the level of culturally improvement reported from 2019 to 2021) • The area targeted to require the most improvement is Workplace Civility • The area targeted to require the least improvement is Organisational Trust and Team Effectiveness

Annex 7 – Detailed Reporting by Recommendation

The extent of the progress made against each of the 11 recommendations remaining since the second annual review includes for the most part:

- a summary of the previous annual review's findings;
- the reporting provided by the respective ACT public health organisation to the Culture Review Implementation Steering Group (Steering Group) to support closure of the recommendation; and
- this final annual review's high-level observations of progress.

Recommendation 2

That Canberra Health Services and Calvary Public Hospital in conjunction with the ACT Health Directorate develop an appropriate suite of measures that: reflect on elements of a great health service – both culture and strategy; monitor patient/client perspectives of outcomes/experience; and engage clinicians in their development.

The previous annual review:

- noted that it was not provided any information on how consumer feedback data was used or whether any assessment of the measures had been undertaken;
- considered that work be re-invigorated to develop and implement agreed system-wide measures of performance; and
- concluded that work was needed to identify and agree key measures for measurement of health system strategy and performance.

Steering Group reporting

The recommendation actions outstanding as of December 2021 related to system-wide implementing and monitoring the suite of measures; ACTHD implementing and monitoring the suite of measures; and CHS conducting the 2021 staff survey.

This recommendation was endorsed as closed in April 2022 based on reporting that work was still in progress to develop agreed indicators of patient satisfaction and to include patient experience data in future data dashboards and analysis. This final annual review understands following the July 2022 meeting of the Oversight Group, work is underway, including mapping information from OCIM, staff surveys and other workforce data which will be undertaken in early 2023.

Additionally, when this recommendation was closed, ACTHD reported against its commitment to implement and monitor the suite of measures, stating that:

- a people analytics plan was being developed to outline the approach for measuring, monitoring, and evaluating HR metrics to better understand workforce effectiveness, performance, risks, issues, opportunities, and trends that support evidence-based decision making, strategy and action;
- an implementation plan was being developed, to outline the phased approach to incorporate additional indicators, measures, datasets, and dashboards as they become available; and
- recruitment was underway to permanently appoint an analytics resource.

The Culture Review Implementation team advised this final annual review that:

- the analytics resource had been appointed into a permanent position which has ongoing permanent funding. The appointee was to focus on the maturity of the system-wide workforce effectiveness dashboard among a range of other tasks specific to both the ACTHD and the ACT public health system; and
- ACTHD had made an ongoing commitment to mature and refine the Organisation Culture Improvement Model (OCIM) to introduce diversity and inclusion and incorporate trauma-informed care under psychological safety.

CHS also reported results from the 2021 staff survey were published internally in March 2022.

High level observations

This final annual review observed work had progressed in developing the system-wide workforce effectiveness dashboard, with all ACT public health organisations agreed consistent workforce effectiveness indicators and data definitions—the Workforce Effectiveness Indicators Model (WEIM). Reporting suggested the dashboard and its data analysis would provide trends across a range of areas that impact organisational performance and therefore offer insights into how culture improvements were being experienced by the workforce. Measures included headcount, age profile, diversity, length of service, overtime, separations, preliminary assessments, and occupational violence. It was noted there are some data sets are not available for CPHB. It was also noted the data analysis accompanying the bi-monthly reporting in February 2022 and May 2022 did not provide any explicit insights into how the workforce was experiencing culture improvements.

This final annual review also noted that while consultation had occurred across the ACT public health organisations to support inclusion of patient satisfaction data in dashboard reporting and analysis, CHS and CPHB had adopted the Australian Commission for Safety and Quality in Health Care's Hospital Patient Experience Question Set to ask recent patients about their experiences of treatment and care.

This final annual review found that the system-wide Workforce Effectiveness Dashboard and analysis had been provided bi-monthly to the Oversight Group for noting since December 2021. Even though there has been a good start there is still further work required for a fully consolidated, comprehensive and consistent system-wide view of cultural and strategic performance.

Commitment is required from each of the ACT public health organisations to appropriately resource internal capability to ensure processes, systems and strategies are continually improved and/or developed to allow data to be more easily identifiable and accessible for future reporting, and for a more unified approach to data extraction and/or storage. It is also clear there needs to be more transparency around the reporting of progress and trends, particularly for the information of decision makers and employees across the health system.

This final annual review acknowledges the progress made to measure elements of performance that now exists to build upon. However, during consultations this final annual review heard from both Oversight Group members and some focus group participants that clinicians do not feel adequately engaged. This final annual review is however aware that efforts were made to engage clinicians.

Recommendation 3 That a program designed to promote a healthier culture to reduce inappropriate workplace behaviour and bullying and harassment be implemented across the ACT public health system. The model adopted should be based on the Vanderbilt University Medical Center's Patient Advocacy Reporting System (PARS)[®] and Co-worker Observation Reporting System (CORS)SM.

The previous annual review concluded that:

- the Speaking Up For Safety (SUFS) training rollout should continue in CHS and CPHB, and the Promoting Professional Accountability program should follow as soon as possible;
- ACTHD should institute an appropriate program to empower staff to call out inappropriate behaviour;
- all three organisations should set clear behaviour expectations embedded in the performance expectations of all staff;
- all three organisations should have efficient and effective means to handle and resolve complaints.

Steering Group reporting

Recommendation actions outstanding as of December 2021, related to ACTHD planning, procurement and foundation work, with implementation and program delivery not yet commenced; and CHS program delivery (see below).

ACTHD received endorsement to close its action around planning, procurement and foundation work in February 2022, based on reporting that:

- a model had been identified and proposed approach endorsed;
- a wellbeing project officer expected to commence in February 2022 would develop a Wellbeing Strategy;
- mapping and analysis of the complaints and grievances processes had been completed, and a workplan had been developed to enable improvements to be implemented; and
- training had been identified on 'Giving and Receiving Feedback' and staff were being encouraged to attend.

ACTHD received endorsement in April 2022 to close its action relating to implementation as the priorities described as being progressed included:

- development of evidence-based guidance materials and tools;
- delivery of training on 'Giving and Receiving Feedback';
- targeted post staff climate survey initiatives; and
- wellbeing job design initiatives being undertaken.

ACTHD received endorsement to close its action around program delivery in July 2022, based on:

- procurement in progress for the identification of an external consultancy to undertake a risk assessment to identify gaps and enable the directorate to improve the way that (psychosocial) risk is managed;
- procurement in progress to engage an external training provider to increase staff knowledge and capability around trauma-informed management and psychological safety, through providing specialised training and support, and would also include desktop review of people related policies and procedures, guidance to establish peer support networks across the organisation and support guidance in implementing psychological first aid;
- procurement underway for an external training provider to develop toolkits to support managers in setting expectations and managing staff behaviour;
- planning underway to provide training on 'Giving and Receiving Feedback' for supervisory staff;
- planning for training for HR staff on having challenging and sensitive conversations and facilitated sessions;
- Workplace Resolution and Support Services support extended to staff undergoing preliminary assessments, probation processes and performance management;
- maintenance of a HR tracker, with associated data, to monitor and track progress of staff complaints and grievances;
- work commencing on an improved Complaints Procedure;
- planning underway to revamp the REDCO (Respect, Equity and Diversity Contact Officers) network; and
- a Wellbeing Strategy out for consultation, with a range of staff wellbeing initiatives identified to be delivered over the next three years.

CHS reported on and received endorsement to close its action around program delivery in June 2022, based on:

- completion of Speaking Up For Safety (SUFS) interim evaluation in 2022;
- SUFS delivered consistently since May 2021, with 23 staff trainers accredited to deliver workshops;
- 80% of the CHS workforce SUFS trained;
- endorsed plan to train and accredit an additional six trainers; and

- updated program for managers, Addressing Workplace Issues – Preliminary Assessments; with more than 280 managers attending.

CHS has begun Stage 2 of SUFS, the Promoting Professional Accountability Program (PPA) with roll out anticipated in 2023. Embedding SUFS/PPA into CHS business-as-usual is supported by resourcing (two FTE, a SOGC and ASO5) that will continue to implement SUFS as well as provide support for the PPA implementation, along with a SUFS/PPA Executive Sponsor appointed to actively participate, promote and continue to champion the programs.

High level observations

While CPHB had no outstanding actions against this recommendation as of December 2021, this final annual review noted CPHB reporting that it implemented SUFS and that this training was provided to staff on an ongoing basis. However, the Culture Review Implementation team advised this final annual review that in May 2022 CPHB reported to it, that all CPHB training was on hold throughout the pandemic effectively between March 2020 and June 2022.

Additionally, this final annual review heard from CPHB focus group participants that training such as occupational violence, having difficult conversations, 360-degree feedback for managers was great to have and that staff were of the view that such training should continue as an ongoing program.

This final annual review observed that good progress was made against this recommendation and to keep momentum and improve on this good work, an ongoing commitment is required from each of the ACT public health organisations to appropriately resource internal capability to maintain program delivery. It is also important to be able to measure impact to know that all actions being embedded, communicated and are making a difference.

Recommendation 4 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 coordination and collaboration.

The previous annual review:

- encouraged developing ongoing systems for collaboration, rather a one-off summit;
- concluded clinicians and senior administrators should adopt a collaborative and system-wide approach; and
- concluded barriers to clinical collaboration and mobility should be vigorously addressed.

Steering Group reporting

The recommendation action outstanding in December 2021 related to ACTHD planning and conducting the first summit.

In June 2022 this action and recommendation was endorsed as closed, based on:

- the February 2021 networking event attended by the two Health Ministers and senior executives and clinicians from the ACT public health organisations (where the event group concluded that more should be done to formalise clinical networks and collaborate on specific cross-territory initiatives);
- the proposed Clinical System Governance Framework and Structure that was presented at the April 2022 meeting of the Oversight Group as the way to ensure effective clinical system governance and oversight across the jurisdiction. The proposed Clinical System Governance Framework and Structure suggests a Clinical System Governance Committee as the peak clinical committee, bringing together clinical leaders from within the ACT public health system with specific accountabilities for quality improvement, patient safety and delivery of evidence-based clinical care.
- consultation on the proposed Clinical System Governance Framework and Structure is occurring within the ACT public health system with further jurisdiction-wide consultations.

High level observations

This final annual review heard from the Chief Medical Officer advised that extensive consultation had occurred across the public and private health provider stakeholder organisations across the ACT health system as part of the development of an initial consultation framework and structure. All providers of health services in the ACT (public and private) and Southern NSW LHD received the April 2022 framework and structure, and that face-to-face presentations to public health service executive teams (CHS and CPHB), among others had been conducted.

Further detail is required of how each organisation will link the proposed Clinical System Governance arrangements into its decision-making frameworks. Progress reporting is required on establishment of the Clinical System Governance Framework and Structure. The Australian Commission on Safety and Quality in Health Care provides practical guidance on clinical and corporate governance for hospitals through its National Model Clinical Governance Framework^{xvii}.

Recommendation 6 That the ACT Health Directorate re-establish open lines of communication with the NGO sector and other external stakeholders

The previous annual review concluded the:

- three health organisations should commit to an engaged and collaborative relationship with NGOs and peak bodies.

Steering Group reporting

The recommendation action outstanding as of December 2021, related to ACTHD evaluating the NGO Leadership Group (NGOLG).

In June 2022 this action and recommendation was endorsed as closed following the final report of the NGOLG evaluation being accepted by ACTHD.

This final annual review observed that in addition to considerations for strengthening future partnerships, the NGOLG evaluation highlighted achievements of the NGOLG which included:

- regular engagement with ACTHD, CHS and CPHB in one forum;
- advice to government about how to engage the sector;
- development of mutual understanding of NGO and government roles; and
- policy feedback.

High level observations

This final annual review found that the NGO sector leadership group should continue as part of the ongoing governance arrangements.

Recommendation 7 The initiatives already underway to develop a valued and more coordinated research strategy in partnership with the academic sector and others are strongly supported. These provide a mechanism to encourage professional development and address culture, education, training, research, and other strategic issues.

The previous annual review found that:

- finalising a research strategy needed greater momentum; and
- the approach to research needed to be based in open and positive relationships between the health services and the universities, with genuine opportunity for clinicians to engage in research.

Steering Group reporting

Recommendation actions outstanding as of December 2021, related to ACTHD reviewing existing arrangements, procuring an academic partnership and training strategy and implementing that partnership and strategy.

This final annual review observed reporting that:

- a territory-wide strategic plan for research had been developed in collaboration with stakeholders including academic partners, primary care, CPHB, and consumers;
- provisionally titled: Better Together: A Strategic Plan for Research in the ACT Health System 2022-2030, the strategy proposes three strategic objectives:
 - the ACT health system becomes a learning system;
 - ACT people have capacity and capability to undertake high-value research; and
 - ACT research infrastructure supports high-value research.
- the Minister for Health approved the draft strategy on 3 June 2022, and that it would be released at the Canberra Health Annual Research Meeting (CHARM) on 26 July 2022;
- an implementation plan and more detailed evaluation framework is being developed, including a media and communication plan;
- the Research Innovation Fund will support the implementation of the academic partnership and training strategy;
- the 2022 RIF Fellowship program will be designed to support early and mid-career researchers to conduct research or to implement / translate established evidence into practice with the ACT health system; and
- the ACT Government has provided \$1m to deliver new fellowships for early and mid-career researchers across the system to conduct research or to implement/translate established evidence into practice within the ACT health system.

High level observations

This final annual review was advised that:

- the strategic plan was launched by the Minister for Health on 26 July 2022;
- on 20 October 2022 the Centre for Health and Medical Research (CHMR) supported the ACT Health and Wellbeing Partnership Board's Research Working Group to run a face-to-face workshop to design an implementation map for Better Together;
- the workshop was well attended by Research Working Group members and delegates including representatives from the Directorate, Canberra Health Services, the Australian National University, University of Canberra, and the Healthcare Consumers Association; and
- next steps would include standing up project-based working groups to progress work on each of the 'Better Together's' three strategic objectives.

Additionally, under the Research Innovation Fund Fellowship Program:

- ACTHD was currently consulting the ACT Health and Wellbeing Partnership Board's Research Working Group on the final advice proposed to the Minister for Health on the Research and Innovation Fund;
- The Minister for Health made an advanced call to market about the fund at the Canberra Health and Annual Research Meeting (CHARM) conference in October 2022; and
- The Research Innovation Fund would be formally put to market in late November / early December 2022 with successful applications to be announced by the end of April 2023.

This final annual review found that significant progress was reported against finalising the research strategy. However, during consultations, stakeholders said that more engagement was needed including the hospitals encouraging and providing the capacity to participate in formal training and research projects with the universities. This could minimise the current reported disconnect between the universities and the hospitals and reframe it as an opportunity for recruiting candidates and building their professional capability. In this context the final annual review observed that junior doctors needed a lot more support and this be addressed through the clinical governance arrangements.

Recommendation 9 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

The previous annual review found that:

- CPHB was not able to assess whether changes to clinical governance had been effective and whether clinical engagement and medical officer satisfaction were improving;
- both CHS and CPHB needed to ensure processes designed to increase clinical engagement were achieving improved engagements; and
- sentiment and satisfaction among clinicians needed to be regularly tested.

Steering Group reporting

The recommendation action outstanding as of December 2021, related to CPHB's ongoing monitoring and reporting against agreed measures, and was endorsed as closed in June 2022 based on reporting that 'an assurance activity was being undertaken to close the recommendation.'

No CPHB reporting was provided to this final annual review that substantiated CPHB activities associated with monitoring and reporting against agreed measures.

High level observations

While progress against this recommendation was limited to actions required of CPHB, this final annual review observed CHS reporting that:

- all clinical directors participate in the Canberra Hospital morning huddle which discusses staffing and patient safety and flow;
- clinicians are actively participating and engaged in the Digital Health Record program;
- outcomes and actions are noted in the Improving Medical Engagement and Culture Strategy; and
- during Accreditation in June 2022, increased medical engagement was commended as a strength by accreditors.

The following was also observed in CPHB reporting to this final annual review:

- a key outcome of the review of the executive and senior management structure was a structure that supports clinician engagement, including a dedicated Executive Director Medical Services position that has key responsibility to support professional standards and governance across the medical professional groups;
- the Medical Advisory Committee formed with medical leadership representation from all core clinical specialities; and
- the Regional CEO had regular meetings with clinicians, meeting groups every month and attending various team meetings.

Despite this, during consultations this final annual review heard from both Oversight Group members and focus group participants that some clinicians do not feel adequately engaged; they are not seeing the change; they feel ignored and are not empowered to manage their own areas. The Clinical System Governance Framework and Structure presented to the Oversight Group will be an effective mechanism to provide improved engagement of clinicians in decision making. This is covered off in the Recommendations on governance.

Additionally, this final annual review heard that system-wide clinical engagement is limited in part because of a lack of identity for the ACT public health system, and that there is a need to define the ACT community of hospitals and specify the differences. A better sense of system-wide identity including clarity of the distinctions between the two hospitals will define the system-wide aspirations which will in turn help attract the best clinicians in the country. The proposed governance arrangements would support a focus on system-wide clinical engagement and there is an opportunity to strengthen communication across the system.

Recommendation 13 That an executive leadership and mentoring program be introduced across the ACT public health system specifically designed to develop current and future leaders. The program should include both current and emerging leaders.

The previous annual review:

- strongly encourage the three health organisations to invest in management and leadership capability as a core aspect of business-as-usual, not a special one-off event attributed to the Culture Review; and
- developing leadership and management capability in all three organisations needed substantial and ongoing commitment.

Steering Group reporting

Recommendation actions outstanding as of December 2021 related to implementation across all three health organisations.

In February 2022 it was reported the pilot Leadership Development program had been developed and was underway, with a total of 11 cohorts progressing through the training throughout December 2021 - June 30 2022. Ongoing evaluation was being collated and would shape future programs.

The Culture Review Implementation team would coordinate evaluation of the overall effectiveness of the Leadership Development program and progress further discussion papers at future Steering Group meetings to consider options to ensure the sustainability of the program across the ACT public health system.

High level progress observations

This final annual review was advised that ACTHD arranged for an additional 12 Leadership Development cohorts (up to 300 ACT public health staff) to occur between August and December 2022 to bring a total of 400 staff from across the system attending this training up to December 2022. ACTHD committed to continue the program for ACTHD staff beyond December 2022 and is working to develop the next level of the senior officer's training program. Participation in the final programs were limited due to CHS and CPHB staff being involved in the rollout of the digital health record.

Between December 2021 and December 2022, 145 ACTHD staff and 167 CHS and 58 CPHB staff completed the program. During the first year of the leadership program (December 2021 and December 2022), a total of 370 senior managers completed the training.

While Steering Group discussions have considered funding implications associated with embedding senior officer leadership training into business-as-usual, and that ACTHD would consider a cost recovery model for the next level of leadership training, it will be necessary for organisations to coordinate reporting on attendance and performance with clear linkages to survey results to understand the impact and value. Feedback from staff and senior officers indicated these opportunities were immensely useful, not only for the training and development aspects but also for networking and cross-organisation collaboration.

Recommendation 14 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 current HR procedures, and the future needs for HR, as proposed in this Review.

The previous annual review:

- encouraged all three organisations to treat their HR data as a source of insights and a basis for more strategic attention to workforce issues; and
- found limited progress in responding to the HR Functions Review.

Steering Group reporting

Recommendation actions outstanding as of December 2021, related to ACTHD implementing changes and evaluating; CHS implementing changes and evaluating; and CPHB implementing changes and evaluating.

The ACTHD action to implement changes was closed in February 2022 based on reporting that its:

- People Strategy and Culture Branch presented to the ACTHD executive options for investment in workforce planning and investment, including current staffing capacity; training and capability required by managers, and capability and capacity required by the people function of ACTHD; and
- A new branch structure was implemented on 27 January 2022 and an initial tranche of advertising and recruiting to newly created positions was underway. Additional staffing resources for the People Strategy and Culture Branch were being pursued.

The ACTHD action to evaluate was closed in July 2022 based on reporting that:

- a post implementation assessment of progress made in responding to the key findings of the 2020 HR Functions Review was scheduled to commence in July 2022 and would provide recommendations about future direction, noting changes in context and new or evolving risks; and
- metrics of ongoing monitoring would be outlined in the data and evaluation plan.

CHS reporting provided to this final annual review showed that in November 2021, the HR Advisor and Business Partner teams implemented a new priority assessment process for the handling of bullying, harassment and other behavioural complaints. This process articulated clear KPIs for complaints handling, along with advising of staff supports for complainants and respondents to ensure that all staff are supported throughout the process. With the implementation of this process CHS had seen an overall improvement in the number of Preliminary Assessments related to bullying and harassment matters being completed in under two weeks from 12% as at 30 June 2021 to 38% as at 30 June 2022, and expected the timeframes to reduce further with the recent expansion of the business partner team, and the full resourcing of the HR Advisor function.

Additionally, CHS HR Functions Review Priority Areas Progress as at 16 June 2022 showed that:

- during June 2022 all People and Culture staff would commence participating in skills development activities, following consultation with and engagement with several industry specific providers, including the Australian Human Resource Institute.

Further, CHS reported that the evaluation of the HR Review would assess the efficacy of the priority action items implemented and help identify additional areas for improvement.

The CHS action to implement changes was closed in July 2022 based on reporting that:

- the HR Business Partner model was being expanded with an additional three business partners to address demand;
- a significant development program to increase HR skills and capability had commenced, with completion expected by August 2022; and
- most priority action items and additional areas of interest had been addressed.

This final annual review did not receive evidence that the CHS action to evaluate had been submitted for closure, however was advised by the Culture Review Implementation team that an evaluation report was received and accepted by CHS.

With respect to CPHB reporting against its actions to implement changes and evaluate, this final annual review observed the following from the Steering Group reporting³³:

- reoccurring updates limited to 'this action is in progress' with no further supporting detail;
- no update being provided for the June 2022 reporting period noting that the recommendation was due for completion 30 June; therefore, the status of remaining actions for CPHB was unknown; and
- where details were provided by CPHB, these details did not align with other subsequent reporting.

High level observations

This final annual review heard the initial HR Functions review was intended to be a single system-wide review but ended up being a separate review for each organisation, because the three organisations could not agree at that point in time taking a system-wide approach to HR functions including learning and development and recruitment.

Although there has been significant progress reported, this final annual review heard from some focus group participants across all three organisations that HR systems and processes had not provided improved service levels relating to complaints, alleged nepotism, and lack of transparency in HR processes.

Improved HR service levels and responsiveness should be an area of focus for ACT public health system leaders.

Recommendation 15 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.

The previous annual review found that:

- the hospitals may need to examine recruitment processes for opportunity for clinical staff to have more support to manage recruitment against pressure of clinical work and the earned autonomy (anticipated from a closed recommendation) could help to address delays caused by needing multiple approval steps external to divisions.

Steering Group reporting

Recommendation actions outstanding as of December 2021, related to ACTHD continually monitoring and evaluating recruitment activity; and CPHB continually monitoring and evaluating recruitment activity.

The ACTHD action to continually monitor / evaluate recruitment activity was closed in April 2022 based on:

- an external independent reviewer was being contracted to undertake an independent review of recruitment processes and strategy within the ACTHD to support re-setting strategic direction and align with future strategic workforce planning strategies; and
- a preliminary observations report was provided and was being considered by ACTHD People Strategy and Culture.

The CPHB action to continually monitor / evaluate recruitment activity was closed in June 2022 based on reporting that:

- a comprehensive report of the requirement process was conducted including templates, policies, guidelines, etc;
- a Best Practice Recruitment training was provided to hiring managers and other staff that sit on selection panels;
- CPHB was in the process of engaging with an external evaluator to assess the effectiveness of the review and recommend enhancements, if any; and
- an assurance activity was currently being undertaken to close off this recommendation.

High level observations

CHS actions against this recommendation were closed before December 2021 and in addition this final annual review noted that CHS:

- recruited a Talent Acquisition specialist in June 2022 to support the recruitment of highly specialised clinical roles and that in a short time had interviewed over 40 specialists and mapped the international recruitment processes to develop organisational policy; and
- expected that through the work of the Talent Acquisition specialist, long-term anaesthesiology vacancies would be filled in the coming months.

This final review supports the recommendation to follow the principles as indicated.

³³ Steering Group meeting papers for February 2022, April 2022, June 2022 and out of session July 2022

Recommendation 16 The range of training programs for staff offered by the ACT Public Health System should be reviewed with respect to their purpose, target audience, curriculum, training styles and outcomes so that they address the issues raised in this Review.

The previous annual review found that:

- a more determined effort to deliver training to equip managers and staff was essential.

Steering Group reporting

Recommendation actions outstanding as of December 2021, related to ACTHD implementing changes; CPHB implementing changes; and CHS implementing changes.

The ACTHD action to implemented changes was closed in April 2022 based on ACTHD reporting that:

- recommendations of the 2020 Training Analysis had been considered, and that ACTHD were actioning recommendations, including aligning programs to the Workplace Culture Framework, and embedding an evidence-based evaluation methodology to identify and measure the effectiveness and impact of training programs and ongoing assessment of training programs to current organisation requirements;
- the Leadership Development Program had been designed in alignment with the ACT public health system Workplace Culture Framework and Workplace Skills Development Model;
- a learning and development plan was being developed; and
- Evaluation Training Workshops would be delivered in May 2022 to build the capability of HR professionals to implement and undertake evaluation of outsourced training.

The CPHB action to implemented changes was closed in June 2022 based on CPHB reporting that:

- a training strategy had been developed in consultation with HR Leadership and L&D team, and it had been shared with the team for implementation; and
- an assurance activity was being undertaken to close off the recommendation.

The CHS action to implemented changes was closed in June 2022 based on CHS reporting that:

- Following an independent evaluation of CHS' people management training programs, an internal working group was established to develop an action plan to address the recommendations of the report;
- Seven recommendations related to the Emerging Manager Program; three had been completed and four were progressing and on track to be completed, either by end June 2022, or at the first available opportunity based on course scheduling. Key achievements include; increased resources, pre and post course assessments, participant connectivity for greater support and networking.
- Five recommendations related to the People Manager Program. Three of those were supported by the working group and one of those as complete and two had been progressed and on track for completion by 30 June 2022. Key achievements include; updated resources and evaluation process and inclusion of virtual meets for discussion and knowledge transfer.
- Five recommendations related to Respect at Work training and all have been completed except for yearly report which is not yet due. Key achievements include contacts for coaching made available, thorough evaluation and analysis implemented.
- Comprehensive information provided, regarding the work to date against the CHS training program review action plan.

High level progress observations

ACHD People and Culture Branch will develop, coordinate and evaluate ongoing leadership and management training across the ACT public health system, and that this will be further progressed through the existing people forum.

The ACT public health system leaders need to ensure adequate funding allocation for training programs including system-wide opportunities to enhance mobility, secondments and capability, and interoperability.

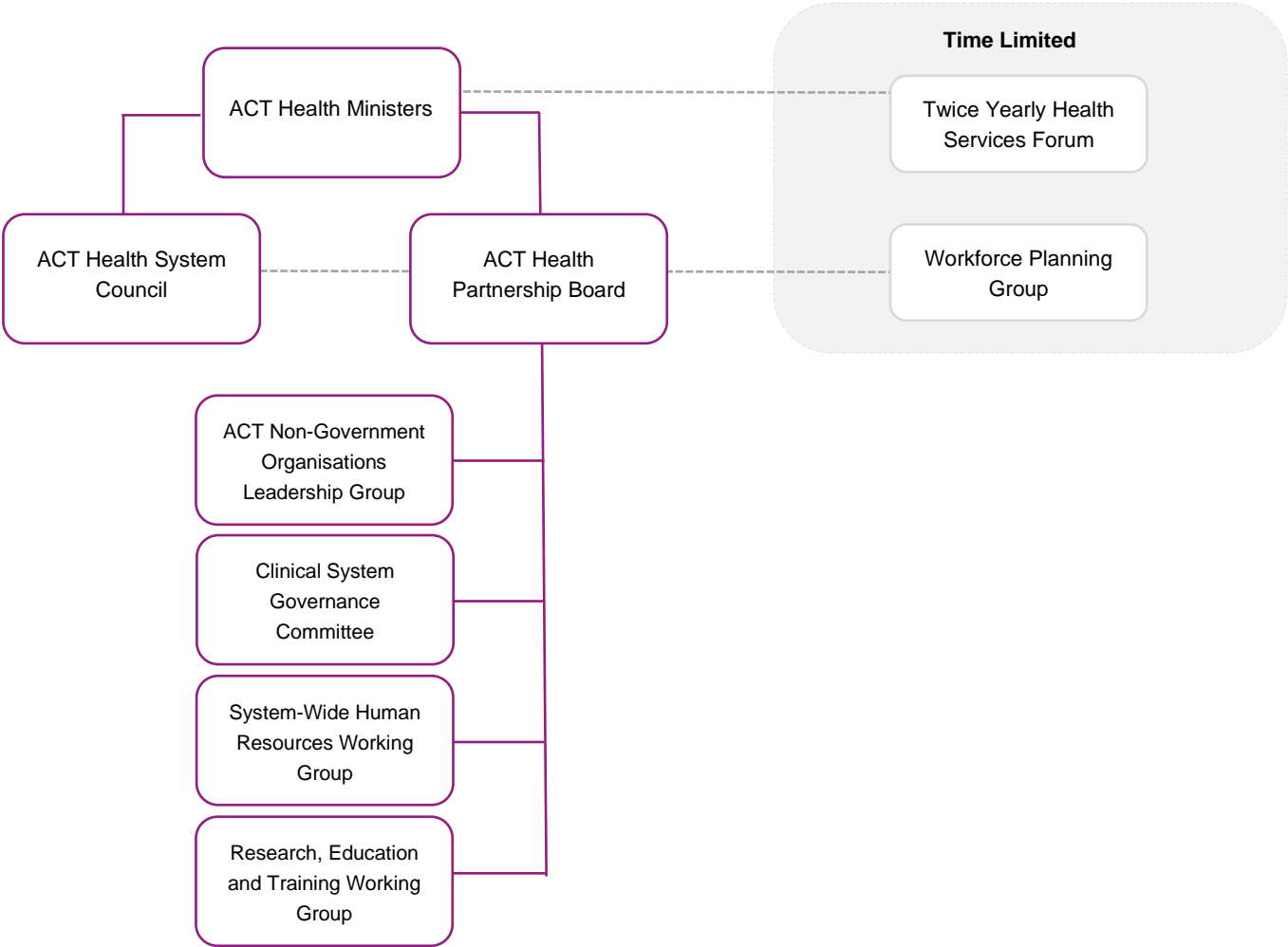
Recommendation 19 That the 'Cultural Review Oversight Group' auspice for the next three years, an annual, independent and external review of the extent of implementation of the recommendations of the Review and consequent impact on cultural changes within the ACT public health system.

The recommendation action outstanding as of December 2021, related to this final annual review being undertaken. It commenced on 4 July 2022 and concluded with the delivery of this report to ACTHD Executive in early January 2023.

High level progress observations

To maintain momentum and continued reform, functions and some members of the Oversight Group should be incorporated into ongoing business-as-usual in the governance arrangements proposed in the recommendations.

Annex 8 – Proposed Governance Schema



References

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