



Dear [REDACTED],

DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by ACT Health Directorate (ACTHD) on **Monday 30 January 2023**.

This application requested access to:

'Report of the review of the ACT Health Directorate Division, and all correspondence with the Minister's office regarding this review.'

I am an Information Officer appointed by the Director-General of ACT Health Directorate (ACTHD) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. ACTHD was required to provide a decision on your access application by **Tuesday 21 March 2023**.

I have identified three documents holding the information within scope of your access application. These are outlined in the schedule of documents included at [Attachment A](#) to this decision letter.

Decisions

I have decided to:

- grant partial access to one document; and
- refuse access to two documents.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as [Attachment B](#) to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request;
- The views of relevant third parties; and
- The *Human Rights Act 2004*.

Refuse Access

I have decided to refuse access to two documents at references two and three as they wholly contain information that I consider, on balance to be contrary to the public interest to disclose under the test set out in section 17 of the Act.

Partial Access

I have decided to grant partial access to one document at reference one as it contains information that I consider, on balance to be contrary to the public interest to disclose under the test set out in section 17 of the Act.

Public Interest Factors Favouring Disclosure

The following factors were considered relevant in favour of the disclosure of the documents:

- Schedule 2, 2.1 (a)(i) promote open discussion of public affairs and enhance the government's accountability;
- Schedule 2, 2.1 (a)(ii) contribute to positive and informed debate on important issues or matters of public interest; and
- Schedule 2, 2.1 (a)(v) allow or assist inquiry into possible deficiencies in the conduct or administration of an agency or public official.

Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2, 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the Human Rights Act 2004;
- Schedule 2, 2.2 (a)(xii) prejudice an agency's ability to obtain confidential information; and
- Schedule 2, 2.2 (a)(xv) prejudice the management function of an agency or the conduct of industrial relations by an agency.

The information contained in documents two, three and parts of document one is of participants answers and verbatim comments to the survey which I believe would be an unreasonable disclosure of individuals personal information.

Confidentiality is integral to ensuring the integrity of the agency's ability to conduct future surveys within the organisation. Providing reassurance of confidentiality to staff is imperative as it may reduce engagement and diminish the honest and truthful participation of staff members.

The concern for staff welfare is paramount in ACTHD's consideration and must take measures to protect staff from experiencing stress and anxiety in anticipating uncertainty in this circumstance. The disclosure of this information would be detrimental to the area and could be reasonably expected to negatively impact on the wider directorate.

On balance, the factors favouring disclosure did not outweigh the factors favouring non-disclosure as a reasonable amount of information regarding the report of the review has been provided. The release of the redacted information would or could reasonably be expected to have a detrimental effect for the agency's ability to conduct future reviews within the organisation as it will likely reduce future engagement in staff culture surveys. Therefore, I determined the information identified is contrary to the public interest and I have decided not to disclose this information.

Charges

Processing charges are not applicable to this request.

Disclosure Log

Under section 28 of the FOI Act, ACTHD maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601
Via email: ACTFOI@ombudsman.gov.au
Website: ombudsman.act.gov.au

ACT Civil and Administrative Tribunal (ACAT) review

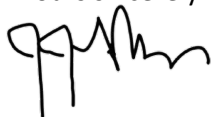
Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
<http://www.acat.act.gov.au/>

Further assistance

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email HealthFOI@act.gov.au.

Yours sincerely



Jodie Junk-Gibson
Executive Branch Manager
People Strategy and Culture
ACT Health Directorate

20 March 2023

FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
[REDACTED]	<i>'Report of the review of the ACT Health Directorate Division, and all correspondence with the Minister's office regarding this review.'</i>	ACTHDFOI22-23.36

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 55	Digital Solutions Division Health Check FINAL Report	13 January 2023	Partial Release	Schedule 2, 2.2(a)(ii) Privacy, Schedule 2, 2.2(a)(xii) Obtain confidential information and Schedule 2, 2.2(a)(xv) Management function	YES
2.	56 – 111	Attachment A – Survey Results	13 January 2023	Refuse Release	Schedule 2, 2.2(a)(ii) Privacy, Schedule 2, 2.2(a)(xii) Obtain confidential information and Schedule 2, 2.2(a)(xv) Management function	NO

3.	112 – 128	Attachment E – Free text from Survey	13 January 2023	Refuse Release	Schedule 2, 2.2(a)(ii) Privacy, Schedule 2, 2.2(a)(xii) Obtain confidential information and Schedule 2, 2.2(a)(xv) Management function	NO
Total Number of Documents						
3						

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REPORT TO:

**Ms Rebecca Cross
Director General
ACT Health**

CONCERNING:

In-Depth Health Check of Digital Solutions Division

PREPARED BY:

[REDACTED] and

[REDACTED]

CPM Reviews Pty Ltd

Quality Assurance by

[REDACTED]

[REDACTED]

CPM Reviews Pty Ltd

Submitted

13 January 2023

Providing Reviews of Decisions and Actions, Workplace Investigations
and Related Strategic Advice to the Public Sector and Other Organisations

CPM Reviews Pty Ltd • ABN 93 151 808 374 • Address: Suite 3, 25 Napier Close, Deakin ACT 2600 • PO Box 201, Deakin West ACT 2600
Phone: 02 6175 4500 • Email: enquiries@cpmreviews.com.au • Website: www.cpmreviews.com.au

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EXECUTIVE SUMMARY

1. CPM Reviews, in conjunction with the People Strategy and Culture Branch of ACT Health Directorate (ACTHD), has undertaken an organisational workplace health check (the health check) of the Digital Solutions Division (DSD), prompted by indicators from earlier surveys and HR workforce data and associated information suggesting some [REDACTED]
2. The health check comprised an online survey which was made available to all DSD staff, a series of one-to-one interviews and three focus groups. To encourage frank comment, participation was anonymous and comments were not attributed. [REDACTED]
3. Of around 388 staff engaged in DSD, 99 completed the survey, [REDACTED]
[REDACTED] The detailed data analysis of the survey responses indicated that the sample was a reasonable base from which to draw conclusions. Whilst the interview and focus group numbers were relatively low, the issues raised, both positive and negative, were strongly consistent with the survey responses. Further that the themes and responses were consistent with broader information and data provided by the PSC Branch as outlined in paragraph 1.
4. ACT Health noted at the outset that the check was happening at a time of very high workload and at the start of a large realignment and staff transition program designed to move forward from the initial launch and implementation of the Digital Health Record (DHR). This was reflected in the response rate and the types of comments made. There was an intentional decision to proceed at this particular time, however, to identify issues relevant to workplace satisfaction, performance and morale so as to consciously position DSD for a positive future and to focus on wellbeing and recovery elements, amongst others - particularly for the next 'post-COVID and post-DHR launch' stage.
5. This report presents the survey data and employee commentary gathered during this health check of DSD and our observations and recommendations based on an analysis of the material available.

Findings of fact

6. Findings of fact emerging from the check are summarised as follows.

- [REDACTED]
- Staff consistently cited their commitment to the work, to improving public health and to their teams; with senior staff (Senior Officers A, B and C) having a much higher response rate and being more likely to be positive.
- [REDACTED]

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- [REDACTED]
- [REDACTED]

For further consideration

7. The results of the health check suggest that the following matters would be useful priorities for Executive consideration:

- [REDACTED]
- Training for all DSD managers in expected and required management practices - in line with ACTHD and wider ACT government obligations and practice.
- Mandating of use of ACTHD formal and comprehensive staff performance frameworks, including the appropriate management of underperformance.
- The introduction of systematic training and development opportunities at appropriate levels for all staff, linked to performance agreements and operational requirements.
- [REDACTED]
- Recognition of exceptional effort and achievement.
- [REDACTED]
- [REDACTED]

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INTRODUCTION

8. This is the report on an 'in-depth health check' of the Digital Solutions Division (DSD) of ACT Health.
9. On 2 August 2022 CPM Reviews was engaged by the ACT Health Directorate (ACTHD) to examine and report on staff views of workplace culture – including identified strengths and issues of concern. The Reviewers understand that this is the first of a series of checks to be undertaken across Divisions in ACTHD, commencing with DSD as the largest group.
10. The CPM Reviews personnel were [REDACTED] and Ms [REDACTED]
[REDACTED]

BACKGROUND

11. CPM Reviews, in conjunction with the People Strategy and Culture (PSC) Branch, has undertaken this health check of the DSD. This health check is to be the first of a number of checks to be conducted in the various Divisions of ACT Health. The health check follows on from earlier reviews and surveys of the culture of the wider Health organisation, including the *Independent Review into Workplace Culture of ACT Health Services* of 2019. From that time, the organisation's approach has evolved to be an evidence-based culture reform program, and part of this is the *Workforce Culture Framework*, established around April 2021. That framework identified five key areas for investment across ACT Health, being:

- organisational trust;
- leadership and people;
- workplace civility;
- psychological safety; and
- team effectiveness.

12. Indicators from the earlier surveys, Human Resource (HR) workforce data and associated information suggested some [REDACTED]

[REDACTED] ACTHD noted at the outset that this check was happening at a time of very high workload and at the start of a large realignment and transition program designed to move DSD on from the initial launch and implementation of the Digital Health Record (DHR). The transition program is intended to support the move from formative to 'steady state' – involving ongoing management and maintenance. Notwithstanding the transition program, the timing of this check was seen as right to proactively review the current workforce culture, how the Division works at collective and individual levels and to identify issues that may affect workplace satisfaction, performance and morale. It was to inform work to position DSD for a positive future, and particularly for the next 'post-COVID and post-DHR launch' stage.

13. This check did not examine the content of the work undertaken in the Division but focused on eliciting more detail about the current perception and experience within the division. It has achieved by distilling and analysing the collected observations of a cross-section of current and a few past DSD staff. This was to identify issues and provide the basis for observations and analytical comments on a number of factors - as required under the contract of engagement.

14. In designing and conducting the Divisional health check, representatives from the PSC Branch and CPM Reviews reviewed the information collected from previous surveys and other HR sources as context. PSC Branch has also developed a methodology to support the intentional nature of the inquiry. The health checks are intended to look more closely at each Division and to provide an opportunity for participants to identify and comment on any areas that were working well, and any areas of perceived concern in relation to culture and interpersonal interactions in the DSD workplace.

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15. While not mapped exclusively to the five areas in the extant *Workforce Culture Framework* of 2021, information was to be gathered that was pertinent to each.

METHODOLOGY

16. To conduct the health check, ACTHD and CPM Reviews developed a three-part approach.
- A new, internal online survey of the DSD staff, numbering around 388 covering workplace culture, strengths and opportunities. This was available to all staff from 5 October 2022 to 25 November 2022. The survey comprised:
 - A number of questions seeking information about classification and demographics, but with an option not to respond;
 - 38 questions seeking rated responses using seven response options (*Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly Disagree, Don't know/Not applicable, or Prefer not to say*) with a further two yes/no responses;
 - four questions which sought free text response; and
 - several questions relating to information about support under the DHR Transition.
 - The results of the survey as provided by ACTHD are at **ATTACHMENT A**.
 - The second element was a series of one-to-one interviews conducted by [REDACTED] delving more deeply into issues raised in the survey. These interviews took place from 19 October 2022 to 7 November 2022 (a copy of the questions used is at **ATTACHMENT B**).
 - The third element was three focus groups conducted by [REDACTED], with support from [REDACTED] to canvass organisational strengths, issues of concern and opportunities for improvement. These took place on 22 and 23 November 2022 (a copy of the questions posed is at **ATTACHMENT C**).
17. Participation by DSD staff in each of the elements was voluntary and followed a direct invitation from the Director General, Ms Rebecca Cross, through staff meetings and a 'walk-around' strategy, which were complemented by emails from Mr Peter O'Halloran, the Executive Group Manager and Chief Information Officer, and Ms Jodie Junk-Gibson, Executive Branch Manager, People Strategy and Culture.
18. Participants were assured of anonymity and that no comments would be attributed. All participants agreed to adhere to those provisions. Information that might identify an individuals' feedback has been excluded from reporting herein.
19. In September 2022, as part of the communication strategy announcing and encouraging participation in the health check, an all-staff presentation was made to DSD staff by the CIO, representing the DG. That presentation listed the outcomes sought from the DSD health check as to:
- obtain a better understanding of workplace culture and behaviours;
 - establish, strengthen and promote positive workplace initiatives to support staff and managers;
 - understand how DSD can continue to strengthen a collaborative and connected workforce; and
 - enhance the ability to attract, retain and engage staff through promoting a healthy workplace culture.
20. The survey elicited 99 responses against a series of structured questions, with some free text options included for participants to expand on issues and raise other matters as part of the process. [REDACTED]
[REDACTED]
[REDACTED]
21. The interviews and focus groups provided an opportunity to delve deeper into the issues highlighted in the survey responses, again on the provision of non-attribution and anonymity. This report presents a summary of responses to each of the structured questions and includes a section of more detailed information around specific issues of concern raised.

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22. Whilst acknowledging that participant numbers were lower than anticipated, [REDACTED] was still considered sufficient to represent the views of a substantial portion of the DSD workforce and the detailed data analysis of the survey responses indicated that the sample was a reasonable base from which to draw conclusions. Whilst the interview and focus group numbers were relatively low, the issues raised, both positive and negative, were strongly consistent with the survey responses.

23. This is particularly relevant, given the notable similarity in some of the key responses received. The detailed data analysis of the survey responses indicated that the sample was useful at an aggregate level and as such was a reasonable base from which to draw conclusions. Further that the themes and responses were consistent with broader information and data provided by the PSC Branch as outlined in paragraph 1.

24. A response rate at this level of course cannot be assumed to be fully representative, nor to necessarily reflect the majority view. Nevertheless, any strong messaging from this proportion of the workforce could likely be expected to be shared by others who did not participate and would be likely to identify issues in strengths and weaknesses that are either existing or emerging more widely across the workforce.

TERMS OF REFERENCE AND SCOPE

25. The contract required that CPM Reviews:

... undertake a workplace health check of a division in the ACT Health Directorate. It is anticipated that this will involve facilitating both group and individual sessions with staff. The outcome will be the completion of a written report that summarises the findings of the health check and will need to include the following points:

- a. *Identify any differences in perceptions among the team/ branch members of performance within the identified group;*
- b. *Identify any factors which may inhibit high performance related to*
 - *Job demand and perceived level of control by employees*
 - *Resourcing*
 - *Job characteristics*
 - *Exposure to job related trauma, including bullying and harassment*
- c. *Outline team/ group dynamics including:*
 - *Level of support received by staff in the team/ branch from colleagues and managers*
 - *Manager and leadership capability, does your team have effective leadership? What does this look like*
 - *Identification of key challenges- what's happened, why is it a challenge, can something be done about it*
 - *Do your team members understand their roles and are they able to carry them out effectively? What training do they require to support capability?*
 - *Does your team have good networks and clear lines of communication with internal and external stakeholders and management?*
 - *Does your team have effective ways of managing conflict including whether your team functioning in a way that people freely express ideas and share opinions?*
 - *Hold themselves jointly accountable for outcomes (they see themselves as being in it together)*
 - *Build a high level of trust and commitment, work well together, and enjoy doing so*
- d. *Organisational related factors such as:*
 - *The impact of organisational change*
 - *Perceived organisational support*

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e. *Identify strengths and opportunities to enhance performance in the team/branch*

26. While the wording was not identical, the issues raised in the list above were all covered over the survey, interviews and focus groups.

27. The Terms of Reference did not formally change during the check, however Reviewers and the ACTHD representative agreed a report structure on 7 December 2022 that covered the issues but under different headings, to better reflect the material emerging from participants.

28. The timing of components of the health check was affected by ACTHD operational requirements, and the overall information collection and reporting period was extended, by mutual agreement between CPM Reviews and ACTHD to reflect that.

FRAMEWORK

29. Critical to the culture and workplace behaviours in DSD are the legislative and policy bases under which all staff are employed.

Relevant legislation, policies and procedures

30. The Enterprise Agreements that apply to the majority of staff in the Division are primarily the Administrative and Related Classifications Enterprise Agreement 2021-2022 and the ACT Public Sector Technical and Other Professional Enterprise Agreement 2021-2022. A small number of individuals are covered by other agreements, being the ACT-Public-Sector-Medical-Practitioners-Enterprise-Agreement-2021-2022, the ACT-Public-Sector-Health-Professional-Enterprise-Agreement-2021-2022, and the ACTPS-Nursing-and-Midwifery-Enterprise-Agreement-2020-2022. Staff employed in DSD prior to the ratification of the 2021-2022 agreements were covered by the various preceding agreements.

31. While there are differences in provisions of the various extant Enterprise Agreements, flexitime provisions are consistent.

32. DSD staff are variously employed on an ongoing, temporary or casual bases. A number of non-staff contractors also make up the work force.

33. The Code of Conduct established under Part 8, subsection 107(1) of *the Public Sector Management Standards 2016* (the PSM Standards 2016) sets the standard of expected behaviour of all employees. For the purposes of the Code, a public employee means an officer, temporary employee, casual employee, public sector member and a member of the senior executive service. The Code also applies to Board and Committee members and contractors or consultants exercising the function of a public sector entity.

34. Staff are also obliged to comply with the ACT Public Service Employee Values: cited in the EA and the Code:

'The ACT Public Service (ACTPS) Employee Values and Signature Behaviours define who we are as an organisation. They are the touchstones by which we should measure our own – and others' – behaviour. In a service as diverse as ours, how those values and behaviours are given life will look different depending on our particular professional and organisational context, but those unifying Values and Signature Behaviours will still be recognisable.'

35. The ACTPS Employee Values are enshrined in the Public Sector Management Act 1994 and carry the endorsement of the Head of Service and the Strategic Board. The Values are required behaviours under law and are not discretionary guidance. The Values encompass:

Respect

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Respect in the ACTPS means treating others with the sensitivity, courtesy and understanding we would wish for ourselves, and recognising that everyone has something to offer. It means thinking “would I be happy if this was happening to me” and rests on a foundation of fundamental decency in our dealings with colleagues and clients alike.

Integrity

Integrity in the ACTPS means being apolitical, honest, dependable, and accountable in our dealings with ministers, the Parliament, the public and each other. It means recognising achievement, not shirking uncomfortable conversations and implies a consistency in our dealings with others.

Collaboration

Collaboration in the ACTPS means actively sharing information and resources, working together towards shared goals and asking, “who else do I need to talk to get this right”. It means actively seeking opportunities for breaking down unhealthy silos and relies on genuine engagement with colleagues in the ACTPS and with the broader community.

Innovation

Innovation in the ACTPS means asking “but why”, actively seeking out new and better ways of doing what we do (as well as better things to do), and not settling for how it has always been. It means empowering colleagues at all levels to raise new ideas and necessitates sensible and thoughtful engagement with risk.

While managers and senior staff have a heightened responsibility to model the values and signature behaviours, the obligation on all of us is to continually test our own behaviours against the descriptions set out in this Code. It gives both permission to raise concerns and a language in which to have a conversation about improving our workplaces. These should be ongoing conversations, as well as a focus of regular performance management and professional development discussions.

All the values and signature behaviours are equally important, but at times we may need to give one value more prominence than another. That said, we should try to avoid giving one value so much importance that we cannot observe the others.

The ACTPS values and signature behaviours state the following:

In demonstrating respect *We take pride in our work We value the contribution of others We relate to colleagues and clients in a fair, decent and professional manner;*

In demonstrating integrity *We do what we say we’ll do, and respond appropriately when the unexpected occurs We take responsibility and are accountable for our decisions and actions We engage genuinely with the community, managing the resources entrusted to us honestly and responsibly;*

In demonstrating collaboration *We work openly and share information to reach shared goals We take on board other views when solving problems and welcome feedback on how we can do things better; and*

In demonstrating innovation *We look for ways to continuously improve our services and skills We are open to change and new ideas from all sources*

SUMMARY OF RESPONSES

36. Responses collected through the survey, interviews and focus groups are provided in the attachments and referred to below. All response information was considered in detail before amalgamation

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and overall analysis. Any responses which would identify an individual were modified only to keep them anonymous. Summaries of responses are detailed below.

Survey responses

37. As stated, in the online survey, participants were asked a series of questions, including four that invited comments in free text form. ACTHD gave the Reviewers a document comprising the summary survey results in graph form, and a set of the unanalysed free text responses. This document is included as **ATTACHMENT A**.

38. The Reviewers then sorted the free text comments by classification - including a set for those who did not identify classification. This document is at **ATTACHMENT E**.

39. An analysis by the Reviewers of the survey responses is at **ATTACHMENT D**.

40. A sample of key points arising from the free text responses to the survey is at **ATTACHMENT F**.

41. Major points that emerged from the survey are as follows:

- [REDACTED]
- The executive group feel generally much more confident about their ability to safely express their ideas and suggestions in the workplace – [REDACTED]
- Responses to other critical questions such as ‘my team supports a positive workplace culture’, ‘performance within my team is of a high standard’, ‘I receive support and encouragement from my manager’, ‘I know exactly what is expected of me’, ‘I am clear on how my role aligns to the strategic direction of the Division’ and ‘I feel inspired to work for my division’ were likewise generally more positive amongst senior staff [REDACTED]

42. The variability in response rates to the survey across the Division and within various categorisations, together with the different scoring outcomes and the relatively high non-response rates to many questions within the survey, suggests that care should be taken when considering individual and specific statistics from the table.

43. For this reason, and to aid in the analysis, the Reviewers selected 20 out of the total of 40 scaled questions, with the results shown in the table below, ranked by descending positivity in the ‘Exec and senior’ group. This was also done for the ‘ASO and equivalent’ group, where the ranking differs somewhat. It is shown in **ATTACHMENT D**.

44. With reference to the table below, the two groups ‘Exec and senior’ and ‘ASO and equivalent’ (defined in the attachment with their natural meaning) show fundamentally different strategies (which could be referred to as approaches or tactics by participating staff members) in scoring the survey questions.

45. In each table the results read horizontally, with each group of ‘agree, neutral, disagree’ adding to 100%. In this context ‘agree’ includes ‘strongly agree’, ‘disagree’ includes ‘strongly disagree’ and ‘neutral’ includes all other responses.

46. The table shows the following:

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- The 'Exec and senior' group scores much more positively and results for it are more likely to be representative of the group.
- The 'ASO and equiv' group appeared to be less engaged with the survey. [REDACTED]

- [REDACTED]
- [REDACTED]

- [REDACTED]

- [REDACTED]

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Degrees of positive responses to selected survey question – Exec and senior ranking

Q	Question	Exec and senior agree	ASO and equiv agree	Difference	Total agree	Exec and senior blank	ASO and equiv blank
Q24							
Q47							
Q21							
Q28							
Q40							
Q35							
Q36							
Q12							
Q29							
Q44							
Q25							
Q10							
Q22							
Q26							
Q52							
Q14							
Q53							
Q18							
Q33							
Q32							

Note: Please refer to Attachment D where there is a more detailed statistical analysis of this data. 'Blank' means that the participant left the response option blank, that is, did not select any option.

Free text survey responses

47. The analysis of the free text responses from the survey showed that the comments overall were strongly consistent with issues raised by participants in the interviews and focus groups. The emphasis was on teams being seen as positive, internally supportive and hardworking, and on the same strong commitment to the work and the contributions to public health. When asked what was working well, positive comments included - *the teams; teamwork; people supporting one another, Tenacity and determination, motivated to deliver a high quality of work.*

48. [Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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- [Redacted]
- [Redacted]
- [Redacted]

49. [Redacted]

[Redacted]

50. [Redacted]

[Redacted]

51. A sorted list of all free text comments in classification grouping is available at **Attachment E**.

52. When asked what area could provide more support through the DHR Transition, [Redacted]

[Redacted]

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[REDACTED]

** specified information not provided to the Reviewers*

Interview responses

53. Staff were invited to self-nominate to participate in an interview with [REDACTED], again on the basis of non-attribution of responses and anonymity. [REDACTED]

54. Health check participants were interviewed on the basis of a set of structured questions, although the process allowed each person to explore or raise other issues which may have been of concern. These questions were designed to intentionally encourage commentary on both the perceived strengths of the area and on perceived improvement opportunities or issues of concern. A list of the structured questions and sample responses (as compiled by the Reviewer from her notes) can be found at **ATTACHMENT B**.

55. The interviews were intended to gain more information about issues that were working well and issues that may require attention by leadership, there was emphasis placed by interviewees on issues of concern to them – whilst seeking improvements and noting the strengths represent a significant base on which to build (commitment to the role in public health and stating that most teams were ‘close knit’) The summary is at **ATTACHMENT B**

Focus group responses

56. Staff were also invited to attend one of three focus groups, with fifteen places available in each. The approach to the focus groups and samples of responses (as compiled from the Reviewers’ notes) are at **ATTACHMENT C**. [REDACTED] Nonetheless, all groups engaged in active and constructive discussion, with however, again an emphasis on issues of concern.

Participation rate

57. Participant numbers were lower than anticipated. Ninety-nine staff completed the survey, [REDACTED]

[REDACTED]

[REDACTED] That number is not exact, as some interviewees and focus group attendees had not completed the survey or did not identify that they had. While the numbers of participants in the interviews and the focus groups were lower than anticipated, the quality of input was high and reflected deep thought about the issues by many participants.

58. Those who did participate offered the view that the relatively low participation rate was strongly affected by the heavy workload of the build-up to the launch of the Digital Health Record. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

59. A voluntary response at this level cannot be assumed to be fully representative, nor to reflect the majority view. Nevertheless, any strong messaging from this proportion of the workforce could be expected to be shared by others who did not participate and would be likely to identify issues in strengths and weaknesses that are either existing or emerging more widely across the workforce.

SENSITIVE: CONFIDENTIAL**ANALYSIS**

60. A number of reasonably clear and consistent themes emerged from the health check that were consistent across the survey, interviews and focus groups, and reflected issues identified in earlier survey data and information from HR sources. [REDACTED]

61. These are all explored in further detail later in the report.

62. [REDACTED]

63. Most staff in DSD are covered by one of two Enterprise Agreements, and a small number are covered by one of another three agreements. The onus is on managers and staff to understand employments provisions.

64. From the survey, there was a high degree of positivity across all staff levels about their own teams and their performance, with senior staff having a much higher response rate and being more likely to be positive. Over half of all respondents answered positively on the topic '*I feel inspired to work for my Division*'. There was overall agreement that staff were dedicated to improving public health and acknowledged the importance of the work of DSD.

65. [REDACTED]

66. [REDACTED]

67. Responses to other critical questions such as 'my team supports a positive workplace culture', 'performance within my team is of a high standard', 'I receive support and encouragement from my manager', 'I know exactly what is expected of me', 'I am clear on how my role aligns to the strategic direction of the Division' and 'I feel inspired to work for my division' were likewise generally more positive amongst senior staff – with the lowest agreement rate from executives and senior management being 67%. Again, however, more junior staff consistently showed lower agreement rates - with the lowest at 49% for understanding how their role aligns to the strategic direction of the Division .

68. An explanation of these responses could reflect the types of conversations executives and senior staff have in day-to-day interactions, and that the other staff have less exposure to those levels of context and also less understanding of and less confidence in the overall picture.

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69. The internal evidence on non-responses to survey topics by respondents below the senior level is an indicator of the possibility of a level of concern at those levels that is not openly articulated. Such concerns are more likely to be expressed in interviews or focus groups. Overall, the survey results suggested an information asymmetry between the senior and other levels that affected perceptions beyond what might be reasonably expected in any hierarchical organisation.

70. Whilst all responses demonstrate the underlying commitment to the work of DSD and its role, there was less understanding of how individual ASO and equivalent roles in DSD fit in with business and strategic plans. [REDACTED]

71. [REDACTED]

72. A number of contributions included suggestions for improvement and it was clear to the Reviewers that many members had thought deeply about the issues. The workload associated with the then impending 'go live' date for the DHR anecdotally affected participation number. [REDACTED]

73. The Reviewers formed the view, in particular on the basis of the focus group comments, that there was a [REDACTED]

74. In the focus groups, there was not frequent or significant commentary about bullying and harassment. There was anecdotal reference to this in some interviews, but with no direct evidence offered.

75. [REDACTED]

Identified strengths

76. As stated, all responses from all sources demonstrate the underlying commitment to the work of DSD and its role in improving public health and supporting the community. There was a very high consistency about that. There was a strong sense of commitment to supporting the provision of health care and to the contribution DSD made to the overall health care effort in the ACT. Participants appeared generally to respect the technical skill and ability that individual members bring. They spoke of staff being highly driven and that the work is meaningful, and that teams are generally 'close-knit' which helps get the work done.

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77. Views expressed in interviews about training were split. Some participants expressed that they were well equipped and had access to the right 'tools' for the role – in particular, access to IT training was good. A larger number of participants made comment about staff wanting more training and development, and the need to have it linked to performance agreements. [REDACTED]

Specific areas of concern

78. The overall message from the majority of participants in the survey, interviews and focus groups was that while people drive outcomes, and as such the staff should be highly valued, nurtured and developed, [REDACTED]

79. [REDACTED]

80. [REDACTED]

81. [REDACTED] Senior managers acknowledged the challenge of keeping staff informed and engaged, especially when a lot were working from home.

82. [REDACTED]

83. [REDACTED]

84. Some participants raised the need for clear and agreed expectations of performance and behaviour for all team members – [REDACTED]. Others raised the importance of constructive performance guidance,

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including positive feedback; and highlighted a need for regular top-down reminders of agreed Divisional team behaviours, to embed acceptable workplace conduct.

85. A few participants raised the need for face-to-face exit interviews (possibly conducted by the Director General) with all staff leaving DSD for any reason, or at a minimum the collection of written comments.

86. [REDACTED]

87. An agreement that unacceptable behaviour at any level should be called out quickly and addressed immediately through informal feedback and/or counselling, supported by action within the formal PDP process and ultimately through performance and/or conduct action if resolution has not been achieved.

FINDINGS OF FACT

88. In an attempt to frame the issues emerging from the survey and discussions into a form that can support categorisation, below is a summary of the key areas identified from the check – with detail about the main elements that are relevant to each.

Communication

- A perception was evident in comments by the senior staff of the Division that communication was good across DSD, whilst recognising that to some extent this depended on individual managers and senior managers.

- [REDACTED]

Work, work planning and structure

- [REDACTED]

- [REDACTED]

- [REDACTED]

- There were extraordinarily high expectations of senior staff [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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- A sense among many participants that while the Senior Executive says that people matter, [REDACTED] Scope

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

- A number of staff claimed that people who are technically good are promoted, but without people management experience or ability, then those people struggle to communicate and manage people effectively.
- Some claimed that some of the really good managers had left, [REDACTED]
- [REDACTED]

Access to training and development

89. [REDACTED]

90. [REDACTED]

A claim emerged that ACTHD had developed a leadership development training module for all SOGBs and SOGAs. The module was to be undertaken during 2022.

- The module comprised a one-hour launch session prior to the program, a session of one day's duration, and a coaching session of one hour 6-8 weeks after the session;
- The training was centrally funded and at no cost to any Directorate, however from March 2023 business units would absorb funding;

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- Between December 2021 and December 2022 about 400 senior officers had been through the program, [REDACTED]
- [REDACTED]
- It was understood that the DG had stated all senior officers were strongly encouraged to attend.

Performance management

- [REDACTED]

91. Claims emerged of:

- [REDACTED]
- [REDACTED]
- [REDACTED]

Morale

- [REDACTED]
- [REDACTED]
- [REDACTED]

Adherence to employee and employer obligations

- Overall, when considering the outcome of the health check in the context of the employment obligations of all staff, [REDACTED]
- [REDACTED]
- [REDACTED]

Other matters

92. The Reviewers were advised that a leadership development program was developed for Senior Officers Grades A/B and equivalent classifications. The program was launched in in December 2021 and involves a 1-hour session to launch the program a week prior to the workshop, a full day face to face workshop and a one hour online coaching session 6-8 weeks following the workshop.

93. The Reviewers understand a total of 21 workshops were delivered over 12 months and around 400 senior officers from across the health system have participated in the program to date. It was intended that

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all SOGA/B's and equivalent staff (including SITO's) within the Directorate would participate in the program during 2022. [REDACTED]

94. Costs for the program were covered through a central funding allocation in 2022, however from March 2023, costs to attend the program will need to be absorbed by business units. The evaluation of the program indicated very high participant satisfaction with the program and highlighted benefits of attending the training along with staff from Canberra Health Services and Calvary Hospital, through creating more opportunities for networking and collaboration across the health system.

95. [REDACTED]

96. Towards the end of the information collecting stage of the health check, the Reviewers were advised by several participants of two additions to the work environment where the service desk is managing calls about the DHR implementation.

97. These were:

- The addition of a panel on an incoming wallboard which shows the staff and the number of calls each has taken, which was reported to us as being interpreted by staff as an attempt at listing the people with high call answer rates [REDACTED]
- The installation of a 'new gadget' that activates when more than five calls are waiting, where a ring tone comes through the ceiling speakers as an alert. [REDACTED]

[REDACTED]

98. [REDACTED]

SENSITIVE: CONFIDENTIAL**For further consideration**

99. The results of the health check suggest that the following matters would be useful priorities for Executive consideration:

- [REDACTED] and the need to support all staff in acclimatising to and dealing with existing and emerging workplace matters., [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
- Training for all DSD managers in expected and required management practices - in line with ACTHD and wider ACT government obligations and practice.
- Mandating of use of ACTHD formal and comprehensive staff performance frameworks, including the appropriate management of underperformance.
- The introduction of systematic training and development opportunities at appropriate levels for all staff, linked to performance agreements and operational requirements.
- [REDACTED]
- Noting that these require the development and implementation of policies and processes for the systematic and fair recognition of accumulation of exceptional work hours and fatigue management, and the associated application of an effective time and attendance platform to enable effective data collection, understanding which areas have the highest level of overtime and flex credits, then careful exploration of what other options are available to manage this.
- The development and implementation of policies and processes for the systematic and fair recognition of accumulation of exceptional work hours and fatigue management, and the associated application of an effective time and attendance platform to enable effective data collection, understanding which areas have the highest level of overtime and flex credits, then careful exploration of what other options are available to manage this.
- Recognition of exceptional effort and achievement.
- Practices to ensure much more transparent and fair transition and recruitment activities. Implementation of practices to promote more open, transparent and effective communication at all levels, including a strong focus on respectful interactions at all times.

100. In closing, the Reviewers would like to thank those who participated in the survey, and those who managed and supported the health check processes within ACTHD.

101. This report is submitted for your consideration, and we are happy to discuss any aspect.

[REDACTED] [REDACTED]
[REDACTED] [REDACTED]

CPM Reviews

SENSITIVE: CONFIDENTIAL**ATTACHMENTS**

- A. Survey responses (including free text comments in EXCEL format) (provided by ACTH)**
- B. Interview questions and summary of responses**
- C. Focus group questions and summary of responses**
- D. Summary and analysis of Survey results (excluding free text)**
- E. Free text comments sorted by classification (in Word format)**
- F. Samples of free text responses by classification**

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ATTACHMENT A SURVEY RESPONSES – FROM ACTHD – PROVIDED SEPARATELY

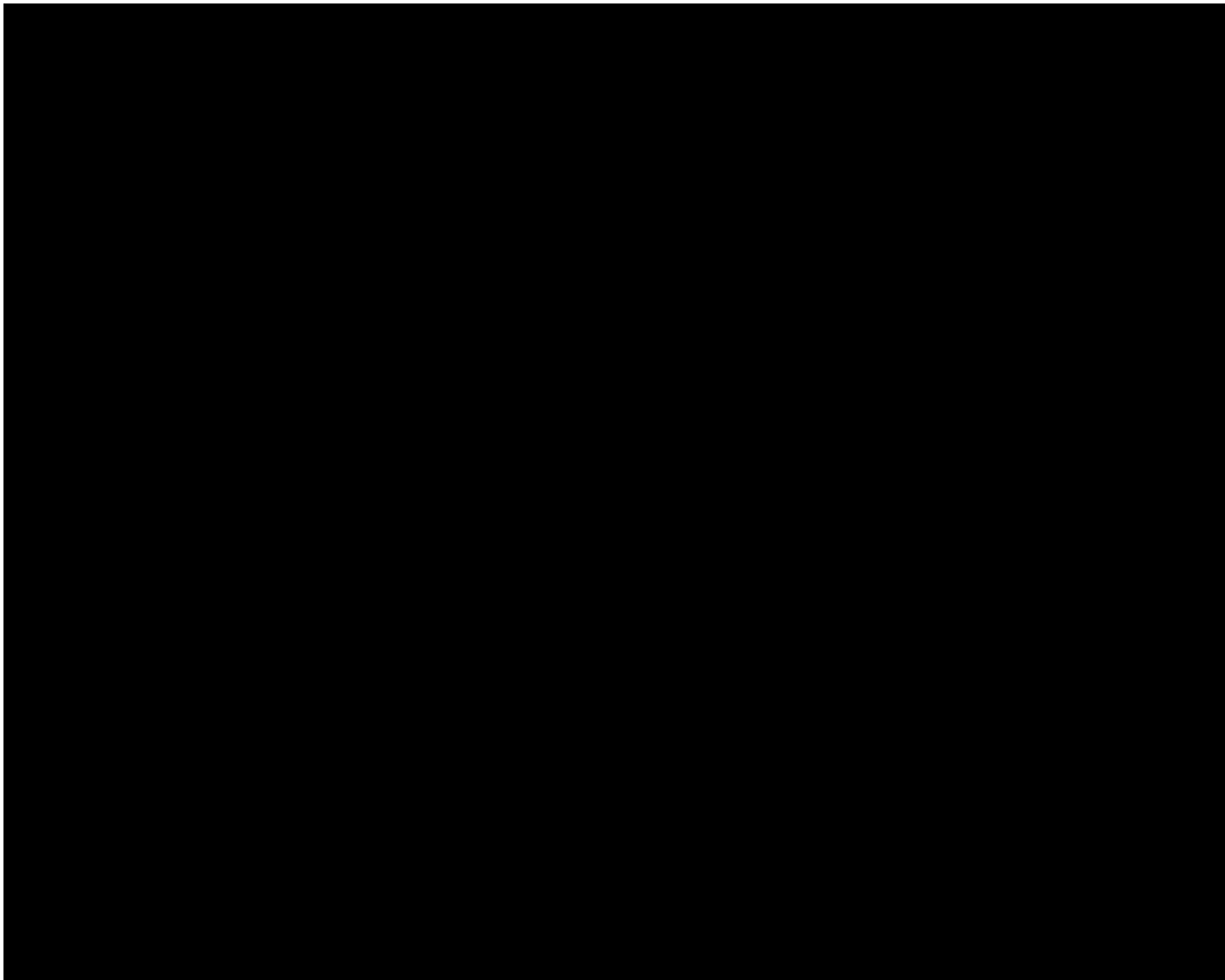
SENSITIVE: CONFIDENTIAL**ATTACHMENT B INTERVIEW APPROACH AND SUMMARY OF INTERVIEW RESPONSES**

These interviews are to gather a deeper insight from employees, to go with what is being gathered from the earlier staff survey and this Divisional survey. There will also be focus groups.

Your contribution is anonymous – we are not attributing comments, rather are collecting a pool of comments to sort and consider.

Questions will not be identical – but are collecting on several themes – your opinions

1. What is your classification level? Are you in DSD now, or have you worked there before?
2. As a workplace, what is **working well**?
3. About the way staff are **communicated** with
4. **Supported/treated**?
5. What impact has the transition to and implementation of the **DHR** had on you?
6. Any views about the leadership?
7. Is change managed well?
8. If you were in charge, **would you change anything** about the way DSD is?
9. Is there anything else you would like to say to contribute to this health check?

SUMMARY OF INTERVIEW RESPONSES

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ATTACHMENT E FREE TEXT RESPONSES IN WORD FORMAT– FROM ACTHD – PROVIDED SEPARATELY

