



# Culture Review Oversight Group Agenda

22 June 2020

2.00pm-5.00pm

Via Webex

		Sponsor	
<b>Item 1</b>	<b>Welcome and apologies</b>		
	1.1 Introductions	Chair	5 min
<b>Item 2</b>	<b>Minutes of the previous meeting</b>		
	2.1 Minutes from 5 May 2020	Chair	5 min
	2.2 Actions Arising – for discussion	Chair	5 min
<b>Item 3</b>	<b>Decision and discussion items</b>		
	3.1 Annual Review of Culture Review Implementation - Report	Chair	60 min
	3.2 Workplace Change Framework	Chair	10 min
	3.3 Respect, Equity and Diversity Framework Mapping	D-G, ACTHD	10 min
	3.4 Implementation of Recommendations, Project Plan and Dashboard	D-G, ACTHD	20 min
<b>Item 4</b>	<b>Updates</b>		
	4.1 Organisation Update	D-G, ACTHD	10 min
	4.2 Member Updates – verbal	All members	20 min
<b>Item 5</b>	<b>Information Items</b>		
	5.1 Culture Review Implementation Program Plan	D-G, ACTHD	5 min
	5.2 Culture Review Implementation Program Risk	Chair	10 min
<b>Item 6</b>	<b>Other Business</b>		
	6.1 Oversight Group Communique	Chair	5 min
	6.2 Oversight Group Key Messages	Chair	5 min

**Next meeting:**

19 August 2020, 2.00pm-5.00pm

## Minutes

**5 May 2020**

**9:00am to 12:00pm**

**via Video Conference**

### Members:

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

### Apologies:

- Nil

### Staff present:

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

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**Item 1 Welcome**

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

The Chair acknowledged the departure of former Director-General, ACTHD, Michael De'Ath and recognised his commitment to the Culture Review process and the extent to which he drove a system-wide approach. She also welcomed Kylie Jonasson as the new Director-General, ACTHD.

The Chair recognised the considerable work currently underway to support the response to COVID-19, and commended the innovation, trust and partnership being displayed across the ACT public health system. The Chair recognised all Oversight Group members for their involvement in responding to COVID-19.

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

She noted the meeting had an interesting and varied agenda, including a presentation from Mr Mick Reid from Michael Reid & Associates to talk about the findings from the Inaugural Annual Review, which took place throughout March and April. Ms Junk-Gibson from the Culture Review Implementation (CRI) Branch would be providing an update on the progress of the Workplace Change Framework (the Framework) developed through the partnership with the Australian National University, Research School of Management (ANU-RSM), and talking about the next steps in the application of the Framework across the ACT public health system.

The Chair asked if any member had any actual or perceived conflicts of interest to declare. Noting no comments, she opened the meeting.

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**Item 2 Minutes of the previous meeting****2.1 Approval of minutes**

The Chair noted the minutes from the meeting of 27 February 2020 and requested any comments before she asked the Group for their endorsement.

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

**2.2 Actions arising**

The Chair noted that most action items had been completed and that those that had not were to be discussed at this meeting. Members agreed.

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### **Item 3 Presentations**

#### **3.1 Annual Review of the Culture Review Implementation – Mr Mick Reid**

The Chair welcomed and introduced Mr Mick Reid from Michael Reid & Associates, who has been undertaking the Inaugural Annual Review, in line with Recommendation 19 from the Review. This calls for the independent and external review of the extent of the implementation of the recommendations of the Review, and the consequent impact on cultural changes within the ACT public health system.

Mr Reid emphasised that the presentation would cover the draft findings of the Annual Review and encouraged members to provide comment for consideration in developing the final report.

Mr Reid acknowledged the contribution of those who participated in interviews and acknowledged the work of Ms Junk-Gibson and the CRI Branch in facilitating the Annual Review.

Mr Reid provided a high-level overview of the findings of the Annual Review and outlined four key components: Assessment of Governance Framework, Progress on Recommendations, Impact on Culture, and Next Steps.

Mr Reid commended the early commitment from the Oversight Group and how this has been a fundamentally important pillar of progress over the past year.

He also acknowledged that one year into the Culture Review Program, recognising the significant impact of COVID-19, the overall progress has been good, with many reporting a better feeling in the workplace. He indicated that one year is too short a timeframe to expect significant improvement in workplace culture, although recent staff survey results demonstrated small gains. He noted that greater improvement would be expected over the next two years.

Members provided comments and feedback on a number of discussion points arising from the draft recommendations. Mr Reid answered questions about his observations from the desktop research and interviews that had informed his draft findings.

The Chair thanked Mr Reid for presenting his findings and acknowledged the progress being made across the ACT public health system (the system). She recognised the considerable work undertaken by each organisation on their Vision and Values and noted the opportunities to further shape and refine the governance aspects related to the Culture Review Program.

The Chair concluded that there is a need to respect the recommendations from the Review, however, we need to be flexible and agile in our approach to ensure that we can also incorporate other initiatives and emerging opportunities that may present over time.

#### **3.2 Application of the Workplace Change Framework for the ACT public health system – Ms Jodie Junk-Gibson**

The Chair identified that one initiative where there has been intra-agency and system-wide collaboration has been the development of the Workplace Change Framework, in partnership with the ANU-RSM. She noted the solid progress that has been made and invited Ms Junk-Gibson to outline the current status of the Framework and the forward work plan.

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Ms Junk-Gibson noted the partnership with the ANU-RSM, and the methodology used to develop the Framework. She explained that the Culture Review Implementation Steering Group (the Steering Group) unanimously agreed that there was a need to develop a roadmap or framework to ensure alignment of strategic culture goals across the ACT public health system. There was also recognition that such a framework would require flexibility to accommodate differences of each organisation.

The Workplace Change Framework that was developed by the ANU-RSM has identified five foundational priorities: Transparency and Measurement, Motivating Individual Performance and Growth, Workplace Civility, Psychological Safety, and Team Effectiveness.

Ms Junk-Gibson explained that the Framework was a maturity model, supported by the Workplace Change Skills Development Model, which would allow a phased approach to address each foundational priority.

Ms Junk-Gibson outlined the Skills Development Model, which articulates the skills that the Rapid Evidence Assessments (REAs) suggest are required of all employees and leaders to support the successful implementation of the Framework. She clarified that 'leaders' refers to any employee with supervisory responsibility. The Model reinforces that assumptions cannot be made about what skills and understanding employees and leaders have and guides the deliberate investment in providing opportunities to learn these necessary skills.

Ms Junk-Gibson advised that the Interim Report from the ASU-RSM is due to be completed on 6 May 2020, whilst the Final Report, including the eight REAs and the ACT Workplace Change Framework Psychometric Measures, is scheduled to be completed on 27 May 2020.

Ms Junk-Gibson recognised the considerable work that each organisation had been doing in parallel to the development of the Framework and how these initiatives are contributing to the culture improvement across the system.

Ms Junk-Gibson outlined the key elements of the Culture Review Implementation Program Plan: Organisational Behaviour, Workforce and Leadership; Education and Research; and Structure and Engagement. She explained that the Organisational Behaviour, Workforce and Leadership key element is significant, including eight of the 20 recommendations from the Review, and carries considerable risk if not executed appropriately. She advised that the Framework developed by the ANU-RSM is a component of this key element and provides a scaffold for approaching investment in our people in a deliberate way.

Members discussed the progress of the ANU-RSM project and its relationship to other work underway across the three organisations. Feedback was also provided on opportunities to improve presentation of the material to make it easier to communicate to a wider audience.

The Chair thanked Ms Junk-Gibson for presenting and reiterated that the strength of the Framework is that the foundational priorities are clearly articulated, all organisations are in agreement with the priorities, and that the Framework is supported by a robust evidence-based approach.

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The Chair concluded by asking Ms Junk-Gibson whether she would be able to share the Final Report with members. Ms Junk-Gibson advised that she will share the Final Report with members following its endorsement by the Steering Group.

**ACTION:**

**Ms Junk-Gibson to provide Oversight Group members with a copy of the Australian National University, Research School of Management's Final Report following endorsement of the report by the Culture Review Implementation Steering Group.**

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**Item 4 Decision and discussion items**

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**4.1 Organisation Progress Updates**

The Chair invited Ms Barbara Reid to provide an update for CPHB and asked whether Ms Reid would like to combine item 4.1 and item 5.1. Ms Reid agreed with combining these items.

Ms Reid provided a comprehensive presentation to the Oversight Group on the progress of referrals at CPHB.

Ms Reid spoke of the initiatives underway including: strengthening governance structures; improved communications with staff and linkages to the Review; progression of training staff in 'Speaking up for Safety'; inclusion of a culture item in all executive meetings; and improvements in performance and development planning.

Ms Reid also acknowledged that, during the response to COVID-19, many individuals across the organisation had 'stepped-up' and there has been displays of outstanding teamwork. Ms Reid noted the opportunity for CPHB and Calvary to learn from their response to COVID-19 and incorporate these improved methods of operating into business as usual practices.

The Chair thanked Ms Reid for her update.

Ms Lincoln asked whether Ms Reid was able to share a copy of the CPHB performance and development planning template, to which Ms Reid agreed.

**ACTION:**

**Ms Reid to share the Calvary performance and development planning template with members of the Oversight Group.**

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**4.2 Culture Review Implementation Program Risk**

The Chair acknowledged that significant risk exists across the ACT public health system in approaching culture reform. The CRI Branch continues to work, monitor and manage risks across the system. This has become more complex through the impact of COVID-19. The Chair invited Ms Junk-Gibson to speak about the Culture Review Implementation Program risk and provide further information.

Ms Junk-Gibson informed members that there are currently 45 program risks that have been noted. She outlined four key risks that are actively being managed.

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The first risk discussed was the impact of COVID-19. Ms Junk-Gibson advised that this had resulted in employees within the CRI Branch, as well as more broadly across each organisation, being redeployed to other duties to support the response to COVID-19. This has resulted in some projects being delayed or put on hold. She also informed that this has had an impact on the program budget and project timeframes.

The second risk discussed was the loss of key personnel. This has resulted in organisations reprioritising workloads, upskilling staff to fill gaps, and establishing contingencies. Ms Junk-Gibson noted that this has been an area of significant focus.

The third risk discussed was the potential for the cost of the Culture Review Program being higher than estimated. Ms Junk-Gibson spoke of the controls in place, which include the Steering Group actively monitoring budget, the CRI Branch administering the budget, and contingency that was budgeted into the Program budget. She advised that the next Steering Group meeting scheduled for 20 May 2020 will primarily focus on budget matters.

The final risk discussed was potential capability deficits to implement the Culture Review Program. Ms Junk-Gibson stated that, historically, many employees who are involved in the Culture Review Program across each organisation have worked in operational roles and that we have a responsibility to invest in their strategic capabilities to support them to undertake new initiatives and drive future change.

The Chair thanked Ms Junk-Gibson, noted the Program risks, and acknowledged the increase in complexity and challenges as a result of COVID-19, noting that these will continue to be managed and reported at regular intervals to the Oversight Group.

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## **Item 5 Updates**

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### **5.1 Member Updates – verbal**

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

*see item 4.1*

#### **5.1.b Canberra Health Services**

Ms McDonald informed members that the focus for CHS, and the Territory more broadly, has been responding to COVID-19. She advised that the Positive Workplace Working Group has been put on hold and culture efforts have been directed at protecting and supporting staff through this time.

Ms McDonald advised that the Occupational Violence Strategy was launched in CHS and this has been communicated to staff.

Ms McDonald also echoed Ms Reid's comments about individuals 'stepping-up' and the display of outstanding teamwork during the COVID-19 response.

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

Mr Daniel provided an example of where a partnership relationship has occurred well, has shaped a positive outcome and built trust for future conversations.

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Mr Daniel recognised that the ANMF had been highly critical of how preliminary assessments had been undertaken historically, though through working closely with the Human Resources (HR) function within CHS, he has seen a greater preparedness across the organisation to have a discussion about matters, such as performance, before they lead to a preliminary assessment. He also reported that ANMF members felt more comfortable to speak up.

He commended specific individuals within CHS who had taken a case management approach to issues, to try and work together to achieve an outcome that is best for all concerned. However, he noted that there can't be a reliance on specific individuals doing this well and, rather, there was a need for policies and procedures to be set up for success to ensure that this approach is broadly adopted and maintained into the future.

#### **5.1.d Community and Public Sector Union (CPSU)**

Ms Northam reported that CPSU had also been focusing on matters related to COVID-19 and that matters relating to culture have calmed. She commended all those who had stepped up during the response and acknowledged that HR teams had responded quickly to addressing matters, such as leave arrangements. She identified a desire for HR's quick responsiveness to be sustained into the future.

#### **5.1.e ACT Health Directorate (ACTHD)**

Ms Jonasson acknowledged the departure of former Director-General, Mr De'Ath, and expressed that she felt privileged to build on the strong foundations that he had established.

She noted that approximately 85% of ACTHD employees were now working from home and that a focus has been on caring for them during this time. She noted Ms Northam's commendation of HR's improved responsiveness and acknowledged that this has been a focus.

Ms Jonasson recognised recent improvements in the Non-Government Organisation (NGO) Leadership Forum and how there has been a focus on connecting the entire health sector, rather than just hospital services. She said that this is helping to ensure that the most vulnerable in the community are supported.

Ms Jonasson also acknowledged individuals and teams stepping up and putting the principles of the Review into practice.

#### **5.1.f Health Care Consumers Association ACT (HCCA)**

Ms Cox reported an improvement in communication with the community sector as a result of COVID-19. The Community Services Directorate has been briefing community organisations on a weekly basis and this is something that Ms Cox would like to see continue.

Ms Cox reiterated Ms Jonasson's comments about the NGO Leadership Forum and suggested that it was doing what it needed to do. She also mentioned that the involvement of stakeholders in the development of an ethical framework for the COVID-19 response was an example of what is being done well.

#### **5.1.g Australian Salaried Medical Officers' Federation (ASMOF-ACT)**

Dr Singer acknowledged the work of Ms McDonald for her organisation's response to COVID-19. He also identified that ASMOF-ACT has felt that there have been improvements in

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driving culture at the top of each organisation, though suggested that there was still work that needs to be done amongst middle managers.

The Chair said that this finding is supported by the Workplace Change Framework, which suggests that it cannot be assumed that managers inherently have the necessary skills.

#### **5.1.h Visiting Medical Officers Association (VMOA)**

Dr Hughes had nothing to add to previous comments.

#### **5.1.i Australian Medical Association ACT (AMA)**

Mr Sommerville acknowledged that the entire health system had come together in a cooperative atmosphere to focus on the response to COVID-19. He expressed appreciation for the work that had been done within each organisation on their Values and Vision, reporting a general feeling that change is occurring. He reported an overall sentiment amongst members that things are heading in the right direction.

Despite the positive change that had been noted, Mr Sommerville expressed concerns about sustaining this improvement in the long term, with particular concern for Junior Medical Officers and their exposure to negative culture. He noted concerns about how COVID-19 would impact their training and career, though he acknowledged the work that CHS has done to respond to this.

The Chair reiterated the importance of supporting Junior Medical Officers and acknowledged the AMA for how well they have engaged in the COVID-19 response and more broadly.

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

Professor Gruen noted the ANU's early response in closing facilities and transitioning to remote learning. He confirmed that some ANU staff have been embedded across Commonwealth and ACT public services to provide expertise to support the governments' responses, including advice on clinical activities, testing and policy.

#### **5.1.k Faculty of Health, University of Canberra (UC)**

Professor Lincoln echoed the comments from Professor Gruen. She also noted the impact to overseas students and how the government has rallied to support those students who remain, including through Expressions of Interest for roles to support the COVID-19 effort.

#### **5.1.l Minister for Mental Health**

The Deputy Chair had nothing to add to previous comments.

The Chair thanked everyone for their updates.

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## **Item 6 Information Items**

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### **6.1 Open Access**

The Chair advised members of the Open Access regime that was introduced as part of the *Freedom of Information Act 2016* and that she was seeking to take a proactive approach in the public release of Oversight Group meeting papers. She clarified that this would not include

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references to referral groups identified in the Review, and that these sections would be redacted, as appropriate, to maintain the private and sensitive nature of this information.

The Chair advised that the meeting papers would be collated into a single file, redacted as appropriate, and then sent to her for approval prior to release.

She acknowledged that this is a symbolic demonstration by the Oversight Group of transparency and accountability in the commitment that members made to work together “to improve the workplace culture, and through that, enhance the standard of health care and services provided to the Canberra community”.

The Chair sought agreement from members for the process of publicly releasing documents. The members agreed.

**DECISION:**

**Oversight Group meeting papers are to be collated into a single file, references to referrals from the Review are to be redacted, and the Chair will approve prior to public release under the *Freedom of Information Act 2016* (Open Access).**

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**6.2 Culture Review Implementation Program Plan**

Due to time constraints, Ms Junk-Gibson provided a brief overview of the Culture Review Implementation Program Plan. She indicated that it continues to be an evolving document and that, in a recent review, recommendations from the Review were aligned to three new themes: Organisational Behaviour, Workforce and Leadership; Education and Research; and Structure and Alignment.

Ms Junk-Gibson invited feedback and suggested that there was opportunity to talk to the Program Plan in future meetings.

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**6.3 Implementation of Recommendations and Project Plan and Dashboard**

Ms Junk-Gibson provided an overview of the Project Plan and Dashboard. She advised that due to reprioritisation for COVID-19 efforts, updates on the implementation of recommendations have not been updated since February 2020.

She introduced the Project Plan Dashboard and explained that the Dashboard will provide a high-level overview of implementation activities and project risks.

She informed members that some projects comprise multiple actions, and these actions may apply to all three organisations, which is why the Dashboard will reflect a high number of implementation actions.

Ms Junk-Gibson explained to members that the budget expenditure reflected in the Dashboard appears low and that this is because it reflects the status as at January 2020. This will be updated as of June 2020 for the next scheduled Oversight Group meeting to provide an accurate reflection of budget status.

Due to time constraints, the Chair requested that comments be held over until the next meeting. She also advised members that due to anticipated time constraints, the Respect,

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Equity and Diversity agenda item was removed prior to the meeting, though asked Ms Junk-Gibson if the relevant papers could be distributed to members for consideration.

**ACTION:**

**Ms Junk-Gibson to send members meeting papers related to the proposed agenda item on Respect, Equity and Diversity.**

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**Item 7 Other Business**

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**7.1 Oversight Group Communique**

Due to time constraints, the Chair invited immediate comment from members on item 7.1 and item 7.2 and allowed members an additional 24 hours to consider and provide feedback.

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**7.2 Oversight Group Key Messages**

*see item 7.1*

The Chair took the opportunity to acknowledge International Day of the Midwife and recognise the important work that midwives provide to the community.

The Chair thanked members for their ongoing contribution and commitment to ensuring that there is enduring and sustainable cultural change and acknowledged the level of respect demonstrated and the willingness to support the work underway.

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**Next Meeting: 22 June 2020**

**2:00pm – 5.00pm**

**2-6 Bowes Street**

**Level 5 Conference Room**





## Culture Review Oversight Group Action Items Register

Meeting Date	Agenda Item	Action Required	Officer Resp	Due Date	Status
11/06/2019	5.3	Members seeking clarification or updates on referrals to speak directly with D-G ACTHD, CEO CHS and Regional CEO Calvary.	Members	Ongoing	Ongoing
19/11/2019	5.3	Measures of success - Revisit at April meeting to confirm alignment with Workplace Change Framework.  Was to be included in the June meeting but deferred to August due to full June agenda	Secretariat	22/04/2020  19/08/2020	
19/11/2019	5.6	Culture Review Implementation Program Risk - Secretariat to list agenda item earlier in the next meeting's agenda.	Secretariat	27/02/2020 05/05/2020	Refer to Item 4.4. 27/02/2020 meeting Complete
27/02/2020	4.1	Organisation progress update – Mr De'Ath and Ms Reid to provide comprehensive updates at the April 2020 meeting  Ms Reid provided update at May 2020 meeting. Ms Jonasson to provide ACTHD update at next meeting.	Ms Jonasson Ms Reid	22/04/2020  22/06/2020	Complete

Meeting Date	Agenda Item	Action Required	Officer Resp	Due Date	Status
27/02/2020	6.1	Ms Reid to present to the Oversight Group in April 2020 on the implementation of the 'Speaking up for Safety' pilot in Calvary Hospital	Ms Reid	22/04/2020	Deferred to meeting later in 2020 due to staff availability
5/5/2020	3.2	Ms Junk-Gibson to provide Oversight Group members with a copy of the Australian National University, Research School of Management's Final Report following endorsement of the report by the Culture Review Implementation Steering Group.	Secretariat	Following endorsement by CRISG	
5/5/2020	4.1	Ms Reid to share the Calvary performance and development planning template with members of the Oversight Group.	Ms Reid	22/06/2020	
5/5/2020	6.3	Ms Junk-Gibson to send members meeting papers related to the proposed agenda item on Respect, Equity and Diversity.	Secretariat	29/05/2020	Complete



## Culture Review Oversight Group Meeting Paper

<b>Agenda Item:</b>	3.1
<b>Topic:</b>	<b>ACT Public Health Services Cultural Review Implementation - Inaugural Annual Review Report</b>
<b>Meeting Date:</b>	22 June 2020
<b>Action Required:</b>	<b>Discussion</b>
<b>Cleared by:</b>	Director-General, ACT Health Directorate
<b>Presenter:</b>	Executive Branch Manager, Culture Review Implementation

### Purpose

1. To provide the Culture Review Oversight Group (Oversight Group) the opportunity to discuss the findings and recommendations from the Inaugural Annual Review of the Culture Review Implementation.

### Background

2. Recommendation 19 of the *Final Report: Independent Review into the Workplace Culture within ACT Public Health Services* (the Review) states “That the ‘Culture Review Oversight Group’ auspice for the next three years, an annual, independent and external review of the extent of implementation of the recommendations of the Review and consequent impact on cultural changes within the ACT Public Health System”.
3. At the Oversight Group meeting on 4 September 2019, the Minister for Health proposed that the inaugural annual review be conducted in March 2020.
4. The Terms of Reference for the Annual Review ([Attachment A](#)) were endorsed by the Oversight Group on 27 February 2020.
5. Mr Mick Reid from Michael Reid and Associates was contracted to conduct the annual independent and external review. Contractual arrangements were finalised in January 2020 and project initiation commenced in March 2020.
6. Mr Reid presented his findings from the Inaugural Annual Review at the 5 May 2020 Oversight Group meeting

## Issues

7. The report as circulated to the Oversight Group members on 29 May 2020, and the report was made publicly available on 4 June 2020. The report is at [Attachment B](#).
8. Minister Stephen-Smith tabled the report on 4 June 2020 at the ACT Legislative Assembly. The Tabling Statement is at [Attachment C](#).
9. A summary of the findings from the Inaugural Annual Review are at [Attachment D](#).
10. A paper detailing options to undertake an initial planning and engagement forum is at [Attachment E](#).

## Recommendation

That the Oversight Group:

- *Note the findings and recommendations outlined in the Inaugural Annual Review.*



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

### Purpose

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

### Background

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

## Scope

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

## Methodology

8. The annual review process will draw upon information from a range of sources across the three arms of the ACT public health system, to strengthen its analysis and avoid duplication of effort.
9. It is proposed that the annual review include:
  - a. A desktop review of key documentation produced as part of the culture review implementation process across the three organisations. This will include:
    - i. public statements, documentation from the governance and stakeholder engagement bodies (i.e. the Culture Review Oversight Group, Culture Review Implementation Steering Group, Clinical Leadership Forum, and Health and Wellbeing Partnership Board) as well as from the leadership and staff within each of the three public health organisations;
    - ii. information generated by key initiatives occurring under the banner of the culture review implementation process (e.g. the ANU partnership to develop a Culture Change Framework, and the HR Functions Review); and
    - iii. access to staff climate surveys.
  - b. One-on-one interviews with a cross-section of key stakeholders:
    - i. Minister for Health;
    - ii. Minister for Mental Health;

- iii. Director-General, ACT Health Directorate;
  - iv. Chief Executive Officer, Canberra Health Services;
  - v. Regional Chief Executive Officer, Calvary ACT;
  - vi. select members of the Culture Review Oversight Group and Culture Review Implementation Steering Group; and
  - vii. other nominated key stakeholders;
10. Development of a draft Annual Review Report containing findings and initial recommendations for discussion with key leaders; and
11. Finalisation and submission of an Annual Review Report by 30 April 2020.

**Structure, Process and Timing**

12. The Reviewer will commence work on this review in March 2020 and will provide an Annual Review Report to the Minister for Health and the Minister for Mental Health by 30 April 2020.
13. The Minister for Health will table the Annual Review Report in the ACT Legislative Assembly at the earliest opportunity, and thereafter publicly release the Report.
14. The Reviewer will determine if some material needs to be anonymised to protect individuals from harm, to the extent that it contains personal information or material provided in confidence.
15. The Oversight Group will ensure that the management response to the Annual Review Report guides the next phase of the culture review implementation process and associated initiatives.



**ACT Public Health Services  
Cultural Review Implementation**

**Inaugural Annual Review**

*M Reid & Associates*

*May 2020*



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## Abbreviations

ACT	Australian Capital Territory
AMA	Australian Medical Association
ANMF	Australian Nursing and Midwifery Federation
ANU	Australian National University
ASMOF	Australian Salaried Medical Officers Federation
CEO	Chief Executive Officer
CHS	Canberra Health Services
CORS	Co-worker Observation Reporting System
CPSU	Community and Public Sector Union
CRI	Cultural Review Implementation Branch
FTE	Full Time Equivalent
HD	Health Directorate
HR	Human Resources
LCM	Little Company of Mary
NGO	Non-Government Organisation
NGOLG	Non-Government Organisation Leadership Group
PARS	Patient Advocacy Reporting System
PDP	Planning & Development Process
RSM	Research School of Management
VMO	Visiting Medical Officer
VMOA	Visiting Medical Officers Association



## Executive Summary

In September 2018, the former ACT Minister for Health and Wellbeing announced the establishment of an Independent Review into the Workplace Culture within ACT Public Health Services. The Final Report was released by the Minister in March 2019 and all twenty recommendations were formally endorsed by the ACT Government in May 2019.

The former Minister for Health and Wellbeing together with the Minister for Mental Health, Director General ACT Health Directorate, the Chief Executive Officer Canberra Health Services and Regional Chief Executive Officer Calvary Hospital jointly publicly committed to implement the recommendations in the Final Report. This was further supported by a subsequent Public Commitment Statement released on September 2019 by leaders of the other organisations represented on the Committee charged with implementation of the Report's finding, the Cultural Review Oversight Group (Oversight Group).

One of the recommendations of the Final Report was

*"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."*

This is the first of these reviews.

The scope of the terms of reference of this inaugural review was to examine and make findings and recommendations in relation to the following:

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

It was agreed that, given the implementation of the Final Report has only been in progress for a little over a year, this inaugural review would be restricted to:

- A desktop review of all documentation produced as part of the cultural review implementation process, complemented by
- Interviews with
  - Members of both the Oversight Group and Cultural Review Implementation Steering Group (Steering Group), and
  - Other nominated key stakeholders.



Within these Terms of Reference, this Report addresses the following four areas:

1. Assesses the governance framework to oversight implementation
2. Assesses progress on the recommendations of the Review
3. Examines any evidence of impact on culture, and
4. Provides suggestions for the next phase of implementation.

Overall, given the limited timeframe since implementation commenced, the Reviewer believes there has been pleasing progress. This view is supported by most of those interviewed and early quantitative evidence. Notwithstanding this initial progress, greater effort will be required over the next year to sustain the momentum of this beginning.

The key findings against each of the four areas are as follows:

### *Assessment of Governance Framework*

#### **Key Findings**

- 1. The early commitment of members of the Oversight Group to collectively work together to implement the recommendations of the Final Report of the Independent Review has been an important pillar to progress over the past year.*
- 2. The governance arrangements for implementation through the Oversight Group and Steering Group supported by the Implementation Branch have been soundly based, and generally well enunciated.*
- 3. There are some reported differences amongst Oversight Group members on their individual role in the Group. Further discussion to achieve a common understanding of their role and contribution would be beneficial.*
- 4. The role of the Steering Group in assisting the function of the Oversight Group has been positive.*
- 5. The proposed review of the Terms of Reference of the Oversight Group should articulate more clearly the relationship of the Oversight Group to the Clinical Leadership Forum, the ACT Health and Wellbeing Partnership Board and the Non-Government Organisation Leadership Group.*



## *Progress on Recommendations*

### **Key Findings**

- 6. Given that it is only a year since Government acceptance of the recommendations, progress on their implementation has been good. There should be ongoing reappraisal as to whether the actions ascribed to each of the twenty recommendations continue to collectively contribute to achievement of that recommendation.*
- 7. The dual impact of bushfires followed by COVID-19 has recently and understandably contributed to some delays in progress. It will be critical for the Steering and Oversight Groups to re-establish the momentum of reform.*
- 8. Progress is particularly evident, within the three health services, on vision, values, altered workplace policies and human resources functions.*
- 9. Some of the inter-agency recommendations have not progressed at the same pace and they will require increased focus over the next year.*

## *Impact on Culture*

### **Key Findings**

- 10. One year into implementation of the Final Report's recommendations is too short a timeframe to expect significant improvement in ACT Public Health Services workplace culture.*
- 11. Notwithstanding this brief timeframe, the sustained focus on 'hot spots' by the three services executives has been commendable and, at CHS at least, where Staff Survey data is available, some overall small gain in culture metrics across that organisation is evident.*
- 12. Improvement in the metrics of workplace culture over the next two years should be significantly greater as the full impacts of implementation of recommendations occur.*



## *Next Phase*

### **Key Findings**

#### **13. Six areas are identified that should receive attention over the next year**

- *The Oversight Group should sustain a continued focus on the implementation of the twenty recommendations of the Review for at least the next year.*
- *The Steering Group should propose to the Oversight Group which of the recommendations should be implemented portfolio wide in a common format.*
- *The role of the Cultural Review Implementation Branch should pivot to be an increased resource for initiatives which are being implemented in CHS, Calvary and the ACT Health Directorate. A primary role however, should be to continue to service the Steering Group and Oversight Group.*
- *Implementation of the approved Communications and Engagement Strategy should be expedited. Clarity of the linkages and strengthening of the governance with the NGO Leadership Group, ACT Health and Wellbeing Partnership Board and Clinical Leadership Forum will assist progress with the ACT Public Health Service Communications and Engagement Strategy.*
- *An agreed portfolio wide dashboard of monitoring measures should be developed and promulgated.*
- *The Oversight Group should convene a strategy workshop to consider the issues raised in this Review.*



## 1. Introduction

In September 2018, the former ACT Minister for Health and Wellbeing announced the establishment of an Independent Review into the Workplace Culture within ACT Public Health Services. The Final Report was released by the Minister in March 2019 and all twenty recommendations were formally endorsed by the ACT Government in May 2019.

The former Minister for Health and Wellbeing together with the Minister for Mental Health, Director General, ACT Health Directorate, the Chief Executive Officer, Canberra Health Services and Regional Chief Executive Officer Calvary Hospital jointly and publicly committed to implement the recommendations in the Final Report. This was further supported by a Public Commitment Statement released on September 2019 by leaders of the organisations represented on the committee charged with implementation of the Report's finding, the Cultural Review Oversight Group (Oversight Group).

One of the recommendations of the Final Report was

*"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."*

This is the first of these reviews.

The specific terms of reference of this inaugural review were to examine and make findings and recommendations in relation to the following:

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

It was agreed that, given the implementation of the Final Report had only been in progress for a little over a year, this inaugural review would be restricted to:

- A desktop review of all documentation produced as part of the cultural review implementation process, complemented by
- Interviews with
  - Members of both the Oversight Group and Cultural Review Implementation Steering Group (Steering Group), and
  - Other nominated key stakeholders.



See *Attachment 1* for a list of all interviewed.

Given the short timeframe since implementation commenced, virtually all interviewed endorsed the approach of this inaugural review. A minority view was that it would be difficult to ascertain progress without a more comprehensive engagement with clinicians/patients/community. For the next external Review, it may be appropriate to gain perspectives, from both the staff (clinical and administrative) and the community, of their perception of cultural changes.

During the timeframe since the release of the Final Report, there has been a change in Health Minister and, very recently, the resignation of the Director General of ACT Health. In addition, the timing of this review coincided with COVID-19, impacting on both the ACT health system and, more broadly on society. It is to the credit of all concerned that, notwithstanding the additional work commitments of COVID-19, they gave their time willingly to the review – this reflects the importance all placed on sustaining a focus on cultural improvement across ACT Public Health Services.

The Review gratefully acknowledges the assistance of the members of the Culture Review Implementation Branch in ACT Health Directorate in providing material for the review. Particular acknowledgement goes to the Executive Branch Manager.

The following Sections

- Assesses the governance framework to oversight implementation
- Assesses progress on the recommendations of the Review
- Examines any evidence of impact on culture, and
- Provides suggestions for the next phase of implementation.



## 2. Assessment of Governance Framework

### *Commitment to Change*

The commitment to change in the initial months post release of the March 2019 Final Report by all relevant parties represented an important first step to collectively focussing on cultural improvement throughout ACT Public Health Services.

The following shows the two documents demonstrating this collective commitment.



4 September 2019

## CULTURE REVIEW OVERSIGHT GROUP

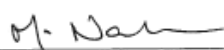
### CULTURE REVIEW IMPLEMENTATION

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.

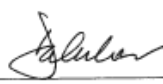
We are resolute on supporting the application of the best evidence available to ensure the approaches implemented from this review are enduring across ACT's public health system.



**Ms Madeline Northam**  
Regional Secretary, CPSU



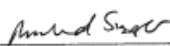
**Mr Matthew Daniel**  
Branch Secretary, ANMF ACT



**Ms Darlene Cox**  
Exec Director, HCCA ACT



**Dr Antonio Di Dio**  
President, AMA ACT



**Dr Richard Singer**  
President, ASMOF ACT



**Dr Peter Hughes**  
President, VMOA ACT



**Professor Russell Gruen**  
Dean, College of Health  
& Medicine ANU



**Professor Michelle Lincoln**  
Executive Dean,  
Faculty of Health, UC



**ACT Health**

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

The former document was co-signed by the two Ministers and the Chief Executives of the three organisations comprising ACT Public Health Services. The second signing, coincided with the third meeting of the Oversight Group and involved the remaining members of the Oversight Group - the Community and Public Sector Union (CPSU), Australian Nursing & Midwifery Federation (ANMF), Visiting Medical Officers Association (VMOA), Australian Medical Association (AMA), Australian Salaried Medical Officers Federation (ASMOF), together with The Australian National University (ANU), the University of Canberra and the Health Care Consumers Association of the ACT. Sustaining this joint commitment will remain critical to effective cultural change.



### *Oversight Group / Steering Group*

As recommended in the Independent Review, the Oversight Group was established to “oversight the implementation of the Review’s recommendations”. Chaired by the Minister for Health and Wellbeing, the initial membership was proposed as comprising:

- Minister for Mental Health (Deputy Chair)
- Director-General, ACT Health Directorate
- CEO, Canberra Health Services (CHS)
- Regional Chief Executive Officer, Calvary Public Hospital
- Senior Executives across the ACT Public Health System
- Executive Director, Health Care Consumers Association of the ACT
- President, AMA-ACT
- Branch Secretary, ANMF-ACT, and
- Regional Secretary, CPSU.

The membership was subsequently expanded beyond that initially recommended to include:

- President, ASMOF - ACT
- President, VMOA - ACT
- Dean, College of Health and Medicine, Australian National University (ANU), and
- Executive Dean, Faculty of Health, University of Canberra.

This broadening of the Oversight Group membership is seen by the Reviewer as an appropriate response to representations made to have increased diversity in the Group.

In parallel with the formation of the Oversight Group, a Steering Group was formed with the stated role to provide a forum that facilitates the implementation of the recommendations. The Terms of Reference for both Groups are at *Attachment 2*. The membership of the Steering Group was drawn from the three separate components of ACT Public Health Service viz

- Director-General, Health Directorate (Chair)
- CEO, CHS (Deputy Chair)
- Regional Chief Executive Officer, Calvary ACT (Deputy Chair)
- Executive Group Manager, People and Culture, CHS
- Executive Group Manager, Corporate and Governance, ACTHD
- Chief Human Resource Officer, Calvary Hospital, and
- Executive Branch Manager, Culture Review Implementation Team.

Specifically, it was agreed the Steering Group will

- Assist the Culture Review Oversight Group with the work of overseeing the implementation of the Review recommendations
- Develop 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 ACT Health Directorate, 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.

Both the Oversight Group and Steering Group adopted similar sets of values and behaviours to guide their deliberations involving incorporating *“respectful engagement with colleagues, open sharing of information and accountable transparent decision making”*.

The Oversight Group has met regularly – five times from February 2019 up to and including their May 2020 meeting. Attendance by members of the Oversight Group has been generally good. Everyone interviewed saw the importance of sustaining and growing the role of the Oversight Group. Virtually all also highlighted the important roles of the Ministers as Chair/Deputy Chair and that their involvement substantially contributed to sustaining the focus on improving the culture of ACT Public Health Services.

Whilst the need for the Oversight Group was uniformly accepted, the roles that individual members played in the group was discussed.

A minority view saw Oversight Group meetings as primarily a vehicle for information exchange from the health service leaders to other stakeholders and/or a mechanism for holding Ministers/Health Service Leads accountable for implementation of the Review recommendations.

A more commonly shared view was that the Oversight Group members should collectively contribute to and assume responsibility for improving the culture of ACT Public Health Services. This view accorded with the text of the signed documents described earlier.

For the Oversight Group to be most effective, the capacity to engage in robust discussion, while reflecting the values and behaviours members agreed to, is critical. Equally important would be the extent of collectively owning and advocating for the pathways the Group endorses. This might include, for example, that when a problem area in CHS, Calvary or the HD is raised by an Oversight Group member, that a suggested solution or pathway to investigate and understand the problem further is discussed. This suggested solution should then be referred to the Steering Group for investigation and actioning. It is of course recognised that members of the Oversight Group also have accountabilities to their own members / organisations / constituencies, which are important but, ideally, these accountabilities should coincide.

The recent decision by the Minister to schedule the Oversight Group meetings more frequently (bimonthly) and extend the meetings from two to three hours is primarily designed to facilitate greater discussion amongst Steering Group members. This decision is strongly endorsed by the Reviewer.

The communique of the Culture Review Oversight Group stated

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

However, the existing Terms of Reference for the Oversight Group are mainly silent on the need for collective ownership. The Oversight Group should explore this issue more fully.

The Steering Group has been an important group to guide the work program and discuss commonality of approach across the three services. The extent to which the Steering Group should strengthen its focus on two aspects of their Terms of Reference viz

- discussion on new and emerging issues, opportunities and risks, and
- alignment of the implementation work across the Portfolio

is discussed later in this Inaugural Review.

### *Cultural Review Implementation Branch*

There was endorsement amongst those interviewed of the pivotal role of the staff of the Cultural Review Implementation Branch in facilitating the work of both the Steering Group and the Oversight Group.

It is apparent, from reviewing all the material, that there is a strong commitment by the Branch to ensuring comprehensive, high quality documentation produced in a timely fashion. The continued support of this group will be critical to sustaining and building upon the achievements which have occurred to date.

Two concerns expressed by some members of the Oversight Group are

- that the paperwork for the Group has become “too bureaucratic”, and
- that the governance arrangements of the Branch are unclear.

The Executive Branch Manager reports directly to the Director General of ACT Health. There is opportunity to strengthen the governance linkages and relationships within the ACT Health Directorate which the Reviewer believes will improve the Branch’s effectiveness in collaborating with and facilitating intra-agency initiatives. This should be clarified by the Branch Manager and the incoming Director-General.

The initial work program of the Branch has been directed at establishing appropriate governance processes to guide establishment of the Culture Program. It is now an optimal time to review and recalibrate roles and expectations of the Branch in line with the specific ‘culture’ roles in each organisation. This will require greater pivoting, with an ability to respond in a more agile way to enable resourcing to focus on priority initiatives across the system while still sustaining their Secretariat function for the Steering /Oversight Groups. This is outlined in Section 5.

### *Related Committees*

Three other Territory Health Committees are relevant to both

- Enabling the role and function of the Oversight Group and, more broadly



- Contributing to cultural improvements across the ACT Public Health Services

The first of these is the ACT Health and Wellbeing Partnership Board (see Terms of Reference at Attachment 2), which is designed to enable integrated *“efforts across the education, research and health service system that will result in improvements in delivery and effectiveness of health services for the Canberra community and communities in surrounding regions of NSW”*.

The work of this Board and its associated Working Groups has direct relevance to contributing to overall cultural enhancement of ACT Health services and has specific relevance to Recommendations 7 and 8 of the Workforce Culture Report. For example, the evolution of CHS as a more defined and recognised academic medical centre would be a desirable joint ambition of a CHS/ANU relationship and could be progressed through the Partnership Board.

The Second Committee is the Ministers’ Clinical Leadership Forum (see Terms of Reference also at Attachment 2), which is responsible for *“providing independent and expert clinical advice to the Ministers”*. Specifically, their Terms of Reference indicate *“The Forum will be informed and guided by the recommendations of the Independent Review into the Workplace Culture within ACT public health services and make recommendations to the Ministers where this relates to improving the clinical operations of the ACT’s health system”*.

Whilst it is still early days for both the Forum and the Board, progress on both has reportedly been patchy to date.

The third group arose from Recommendation 6 of the Final Report

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

The inaugural meeting of Non-Government Organisation Leadership Group (NGOLG) was held in October 2019 with frequency of meetings initially monthly and then shifted to bi-monthly in January 2020 to enable more time to progress work between meetings. However, in an effort to respond to COVID-19, meetings have been increased to weekly. Progress has been positive.

It is important that the relationships of all three groups to the Steering and Oversight Groups be more clearly articulated. This should be initially progressed via the upcoming review of the Terms of Reference of the Oversight Group.

## ***Key Findings***

- 1. The early commitment of members of the Oversight Group to collectively work together to implement the recommendations of the Final Report of the Independent Review has been an important pillar to progress over the past year.***
- 2. The governance arrangements for implementation through the Oversight Group and Steering Group supported by the Implementation Branch have been soundly based, and generally well enunciated.***
- 3. There are some reported differences amongst Oversight Group members on their individual role in the Group. Further discussion to achieve a common understanding of their role and contribution would be beneficial.***
- 4. The role of the Steering Group in assisting the function of the Oversight Group has been positive.***
- 5. The proposed review of the Terms of Reference of the Oversight Group should articulate more clearly the relationship of the Oversight Group to the Clinical Leadership Forum, the ACT Health and Wellbeing Partnership Board and the Non-Government Organisation Leadership Group.***

### 3. Progress on Recommendations

The Reviewer believes that, on balance, there has been considerable progress in progressing the implementation of the recommendations over the past fifteen months since the release of the Final Report into Workplace Culture and the past twelve months since ACT Government's formal acceptance of the Report. This assessment is derived from an analysis of progress monitored and reported to the Reviewer by the Culture Review Implementation Branch, coupled with the general views of those interviewed from both the Oversight Group and Steering Group. As would be expected, not all those interviewed were equally positive with progress. A minority pointed to delays early in 2019 in commencing implementation and others, while acknowledging some progress, reported implementation to be "patchy" across the recommendations and variable between CHS, Calvary and the Directorate.

Nevertheless, the overall view was that positive progress had occurred in the first year.

As can be seen in the *Implementation of Recommendations - Progress Report* at Attachment 3 which is a document prepared and maintained by the Implementation Branch, the scope and complexity of implementation is considerable, and it is to the credit of all concerned that a concerted focus on change has been adopted and sustained.

For each of the twenty recommendations of the March 2019 Final Report, Attachment 3

- Indicates the May 2019 Government response to the recommendation
- Identifies the organisation(s) responsible for implementation
- Describes the agreed action(s) to progress the recommendation's implementation
- Indicates progress up until the current date, and
- By means of colour coding, scores progress.

The color coding shows those actions/recommendations which are completed, on track, at risk or not commenced. The dual impact of the bushfires, followed by COVID-19 has understandably contributed to some reported delays. It will be critical for the Steering and Oversight Groups to re-establish the momentum of reform as soon as possible.

One issue that should be more consistently monitored and discussed at both the Steering and Oversight Groups is the extent to which the **actions** ascribed to each of the **recommendations** will collectively contribute to achieving the intent of that recommendation.

Six recommendations require some specific commentary in addition to that described in the Progress Report.

Recommendation 1 of the Report encouraged all three arms of the ACT Public Health Services to re-engage with staff to ensure the vision and values of the organisation "*are lived, embraced at all levels, integrated with strategy and constantly reflected in leadership*". Whilst the approach has been different across CHS, Calvary and the HD, at all three there has been pleasing progress in reaffirming a values-based organisation. For example, at Calvary, a new performance, planning and





development process (PDP) has been introduced to staff through fifty reported training sessions. The process better embeds the values into the performance framework.

In the HD, the values statement was launched last October, supported by volunteer “values champions”. Similar progress has been reported for CHS.

It is acknowledged that a refocus on vision and values does not necessarily result in improved behaviours in the workplace. Nevertheless, it is a pre-requisite to cultural change and, as such, a positive start.

Recommendation 3 of the Report states:

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

There were different perspectives on progress with respect to this recommendation. All interviewed saw it, correctly, as a key recommendation of the Report. The mechanism by which it was being progressed - through a contract with ANU Research School of Management (RSM) to first develop a Workplace Change Framework, was questioned by some.

Concern was expressed regarding the usefulness of the Framework in progressing the recommendation and/or the fact that the time spent on its development has unnecessarily slowed the commencement of the needed program. Some thought that the Framework was being prepared without sufficient analysis of best practice in other high performing health services with positive cultures – both nationally and internationally. Others pointed to the complexity of operationalising the Framework once it is endorsed by the Oversight Group.

At the time of preparing this Report, the Framework document is still being completed and considered by the Steering Group and the Oversight Group.

There are a number of fundamental systems to facilitate the needed organisational maturity to support a Vanderbilt type model (and other initiatives) and, whilst some delay may result, the Reviewer believes attention to these underpinnings is appropriate. The Framework is also appropriately structured to enable progression to organisational maturity.

There has been other foundation work which has already been implemented to support Recommendation 3. This includes the mapping of the *Respect, Equity and Diversity Framework* and the Complaints and Grievance processes in each organisation across the ACT public health system.

Recommendation 4 of the Report states:

*The 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.*

This Summit is important to address some reported clinical tensions between CHS and Calvary. Whilst it was planned to hold the Summit in the second half of 2019, this has been delayed by a variety of factors affecting ACT Health Services. Most recently, the onset of the COVID-19 pandemic has created a further understandable delay.



As Australia commences recovery from this pandemic, it would be timely to reschedule this Summit with one focus on lessons learnt from the COVID-19 that can be sustained.

There are some other practical issues that could be raised in the Summit. One concerns the support for junior doctors who often rotate between CHS and Calvary to ensure smooth transition between the two services. Similarly, some Visiting Medical Officers (VMOs) who hold appointments at both services have cited a lack of service coordination as an inhibitor to optimal clinical care for the community.

Recommendation 7 of the Report states:

*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 ACT Health and Wellbeing Partnership Board was seen as a key vehicle to achieve this recommendation. The Partnership Board had its first meeting on 21 June 2019 and met four times up until December 2019. The two chairs of the Working Groups were appointed in December 2019, although membership of each Group awaits finalisation.

The importance of developing a stronger academic base across research, education and training for ACT Public Health Services cannot be overstated as a key mechanism to attracting and retraining high quality staff and ultimately contributing to a safer health service.

Recommendation 8 of the report states:

*That discussions occur between ACT and NSW with a view to developing a Memorandum of Understanding (MoU) for improved collaboration between the two health systems for joint Ministerial consideration.*

It is pleasing that there has been considerable progress on the proposed MoU with a NSW Premier/Chief Minister signing to occur at the first opportunity this year. The draft Agreement is structured around the following four shared priority goals and includes specific actions to be completed over a one to five-year implementation schedule.

- Enhanced data and information sharing
- Service redesign
- Regional Planning and purchasing and
- Coordinated governance arrangements.

Recommendations 14, 15 and 16 of the Report related to aspects of improved systems to facilitate recruitment, HR staffing and staff training. Each of CHS, Calvary and Health Directorate have reported progress in those areas.

For example, at CHS some of the reported initiatives to embed a more positive workplace culture have included

- Integration of an Employee Advocate role into the business – on a shared basis with ACT Health Directorate



- An updated structure in the People and Culture Division in supporting the business, cultural change and skill development. This has included the successful implementation of the Business Partner model and the integration of the Director Workforce Planning, Manager Workforce Inclusion and Senior Director Positive Workplace roles
- Senior Managers' Forums being held monthly to provide an update on topical information and to have this information cascade to their teams
- The introduction of a Consultative Framework. There are four committees in place, along with forums being conducted with all relevant unions, and regular one on one meetings between the CEO, and EGM People and Culture
- An Aboriginal and Torres Strait Islander Steering Group established and leading relevant key initiatives. A staff network has also been formed for Aboriginal or Torres Strait Islander staff, and
- An *Occupational Violence Strategy* launched on 1 April 2020.

## **Key Findings**

- 6. Given that it is only a year since Government acceptance of the recommendations, progress on their implementation has been good. There should be ongoing reappraisal as to whether the actions ascribed to each of the twenty recommendations continue to collectively contribute to achievement of that recommendation.*
- 7. The dual impact of bushfires followed by COVID-19 has recently and understandably contributed to some delays in progress. It will be critical for the Steering and Oversight Groups to re-establish the momentum of reform.*
- 8. Progress is particularly evident, within the three health services, on vision, values, altered workplace policies and human resources functions.*
- 9. Some of the inter-agency recommendations have not progressed at the same pace and they will require increased focus over the next year.*

## 4. Impact on Culture

The Review into Workplace Culture within the ACT Public Health Service concluded that there was “*a worrying and pervasive poor culture across the ACT Public Health System. There are pockets of high performance where staff are proud of the quality of their work and were keen to demonstrate it to the Reviewers. By contrast, there were areas where a very poor culture had persisted over many years, and where bullying and other poor performance had not been addressed*”.

Significant improvement to such cultures will require sustained effort over a number of years. Given that this Inaugural Annual Review is taking place only one year after the ACT Government’s response to the Report’s findings, the citing of substantial improvement would be unlikely.

Two areas, however, provide some encouragement that workplace culture across the three services is improving – the former relating to the focus on reported alleged clusters of bad behaviour and bullying, and the latter, some quantitative evidence of overall health service improvement.

With respect to the former, the Final Report of the Review states... ‘*During analysis, it became apparent that a number of submissions repeatedly citing bullying and inappropriate behaviours were clustered in a few sections of the ACT Public Health System. As previously mentioned, it was outside the scope of this Review to investigate such allegations. Nevertheless, where these clusters were identified, the relevant Senior Executive was advised*’.

The March 2019 meeting of the Oversight Group was informed of the fourteen areas of ACT Public Health Service where four or more submissions to the Review cited inappropriate behaviour. The CHS, Directorate and Calvary leaders on the Oversight Group committed to assessing the allegations and, if substantiated, addressing each site individually. It was also agreed at that meeting that the Oversight Group would monitor progress at future meetings.

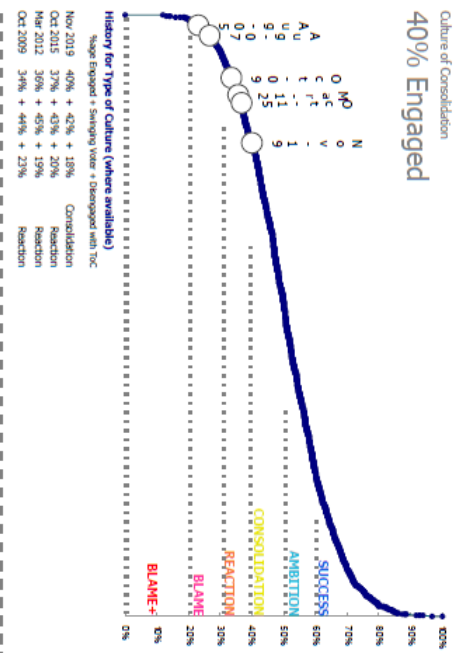
It is acknowledged that in some of these areas, poor behaviours are long standing deeply ingrained and replacing that culture with one that adheres to the stated organisational values will be slow and difficult. Nevertheless, those interviewed agreed that the focus on these “hot spots” over the past year has successfully decreased levels of inappropriate behaviours in most of those areas where there was substantiation of the allegations.

With respect to overall culture changes, some evidence is provided by two Workplace Culture Surveys conducted by Best Practice Australia in late 2019 at both Canberra Health Services and ACT Health Directorate. The summation pages of these two surveys is as follows.

# AT A GLANCE

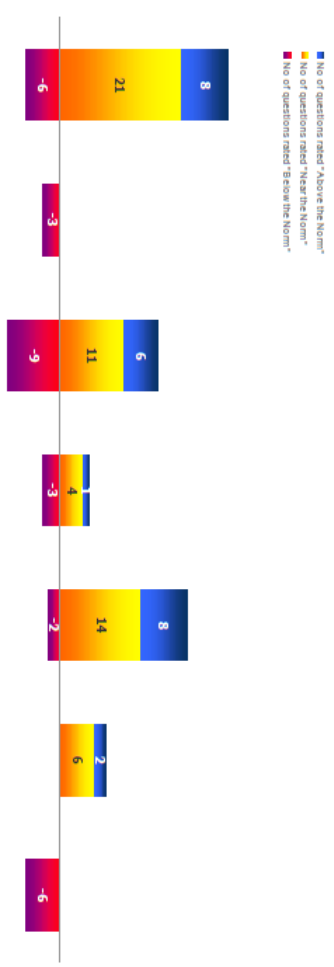
## What is our Type of Culture?

Canberra Health Services  
Culture of Consolidation  
40% Engaged



## How do we compare against all the Benchmarking Norms?

The number of questions that rated above or below the Benchmarking Partner Norms for:  
**Public Health Services**



## What are our Best Scoring Attributes?

Percentage of respondents who answered positively (in descending order).  
(Excludes Yes/No and Self-Awareness questions)  
(All questions have been answered by at least 75% of respondents)

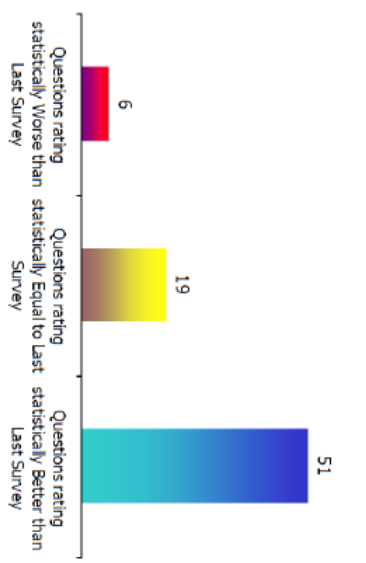
In my work team, most of the team members ... Know each other well.	84%	2,794
In my work team, ... I feel a sense of pride when the changes I make in my job have good results.	83%	2,689
In my work team, most of the team members ... Are quick to step in and help each other.	79%	2,592
In my work team, most of the team members ... Work to fix any mistakes - rather than cover them up.	78%	2,546
Managers always take work, health and safety seriously.	77%	2,568
If I observed or experienced harassment or bullying I would ... Know how to go about reporting such behaviour.	75%	2,393
Canberra Health Services provides ... Secure employment.	75%	2,762
In my work team, ... I feel safe in discussing work problems with my team leader.	74%	2,440
In my work team, most of the team members ... Are clear about what other team members expect from them.	74%	2,443
Managers always take action to address identified work, health and safety issues.	73%	2,446

## What are our Most Negative Scoring Attributes?

Percentage of respondents who answered negatively (in ascending order).  
(Excludes Yes/No and Self-Awareness questions)  
(All questions have been answered by at least 75% of respondents)

The organisation introduces change quickly. It is fast, focused and flexible.	30%	1,073
Canberra Health Services consistently meets my most important expectations of it.	27%	860
There is high trust in the Executive Management Team of Canberra Health Services.	25%	1,033
If I observed an employee not demonstrating Canberra Health Services Values I would ... Trust that if such behaviour was reported, then it would be appropriately managed.	23%	849
If I observed or experienced harassment or bullying I would ... Trust that if such behaviour was reported, then it would be appropriately managed.	23%	746
There is a strong sense of success and achievement - Things are getting better all the time.	23%	959
There is high trust in the Executive responsible for my team.	23%	926
There is a climate of Trust and Respect throughout the organisation.	23%	931
There is a strong sense of purpose and direction.	22%	924
There is high trust in Managers throughout Canberra Health Services.	22%	916

## How much have we changed?



Note: If an attribute appears in both lists above, this can mean that it is highly polarised (respondents are either highly positive or highly negative about it - not much in the middle ground).

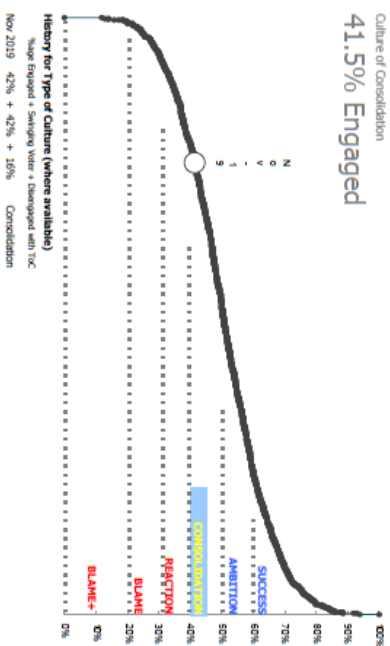
# At a Glance

ACT Health Directorate  
Workplace Climate Survey 2019

## What is our Type of Culture?

ACT Health Directorate  
Culture of Consideration

41.5% Engaged

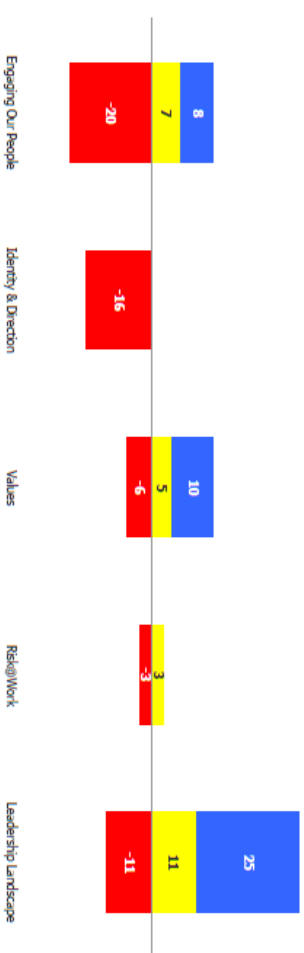


## How do we compare against our Primary Benchmarking Norms?

The number of questions rated above or below the Benchmarking Partner Norms for:

Workforce

■ No of questions rated "Above the Norm"  
■ No of questions rated "Near the Norm"  
■ No of questions rated "Below the Norm"



## What are our Best Scoring Attributes?

This list of attributes shows the number of respondents who either Agree or Strongly Agree with the question/statement as asked on the survey.  
(Excludes any 'Yes/No or Self-awareness questions')

My workplace is... Free from sexual harassment.	379
The organisation provides ... Adequate flexibility in the hours/shifts I work.	378
The people I work with put into practice the value... Integrity.	358
In my work team, most of the team members ... Know each other well.	355
In my work team, most of the team members ... Are quick to step in and help each other.	352

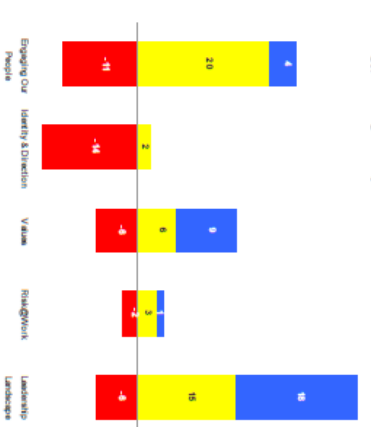
## What are the Attributes that have the "Highest Number of Negative Respondents"?

This list of attributes shows the number of respondents who either Disagree or Strongly Disagree with the question/statement as asked on the survey.  
(Excludes any 'Yes/No or Self-awareness questions')

If I observed an employee not demonstrating Our Values I would... Trust that if such behaviour was reported, then it would be appropriately managed.	123
My workplace is... Free from favouritism.	114
There is a strong sense of success and achievement - 'Things are getting better all the time'.	104
My organisation ... has appropriate and effective internal processes, systems and procedures.	103
The organisation consistently meets my most important expectations of it.	99

## How do we compare against our Secondary Norms?

The number of questions rated above or below the Partner Norms for:  
Strategy, Planning & Policy Services



© BEST PRACTICE AUSTRALIA PTY LTD

583 Surveys distributed

480 Respondents

82% Response Rate



At CHS, the Survey pointed to a low 40% of staff as “positively engaged”. Notwithstanding this low level, the November 2019 data indicated gains, albeit small gains, compared to the 2015 survey results. Given the circumstances within ACT Public Health Services, particularly between 2015 and 2018, any gain over that period should be viewed as positive, reportedly reflecting the positive impact of the recent changes in leadership.

The best scoring indicator attributed at CHS related to the interface with immediate colleagues whilst the most negative scoring attributes related to trust of, and respect for management.

Within the Directorate, the results were similar with 41.5% of the staff “positively engaged”. Accurate comparisons to the 2015 survey results was not possible within the Directorate as there was considerable changes to staff resulting from the transition of CHS.

There is no comparative analysis for Calvary. The Little Company of Marcy (LCM) has engaged an alternate company to conduct their Culture Survey and, at the time of undertaking this review, the survey had been delayed for COVID-19 reasons.

Virtually all members of the Oversight Group reported some evident improvement in overall culture with:

- Less bullying and harassment across the three organisations
- Improved executive leadership of the leadership team
- Improved clinical engagement, and
- Better HR functions.

For example, one key union group stated that

- Their members were better supported in the workplace
- Communications with staff had improved, and
- There was a positive change in the work atmosphere.

The reported positive indicators at CHS and HD should nevertheless be treated with caution. In February of this year, for example, the AMA released a wide-ranging survey of doctors in training across Australia which showed that ACT medics are the most likely across all States/Territories of Australia to face bullying and harassment. The survey indicated that the poor culture in ACT is particularly evident to those junior doctors who had studied or worked interstate. What is not evident in the survey is whether this reported bullying of junior doctors represents a deterioration over that identified in the Workplace Culture Review.

## ***Key Findings***

- 10. One year into implementation of the Final Report's recommendations is too short a timeframe to expect significant improvement in ACT Public Health Services workplace culture.***
- 11. Notwithstanding this brief timeframe, the sustained focus on 'hot spots' by the three services executives has been commendable and, at CHS at least, where Staff Survey data is available, some overall small gain in culture metrics across that organisation is evident.***
- 12. Improvement in the metrics of workplace culture over the next two years should be significantly greater as the full impacts of implementation of recommendations occur.***



## 5. Next Phase

In examining progress on implementation of the Culture Review, the Terms of Reference for the review sought ideas on the following questions.

- What may need to change or be improved?
- What has been learned so far and how can these insights and experiences be leveraged to improve the process and outcomes/impact of the culture review implementation process?

Seven areas are discussed for consideration.

### *Oversight Group Future Focus*

As described in Attachment 2, the sole role of the Oversight Group is to oversight the implementation of the twenty recommendations of the Review into Workplace Culture. Similarly, the role of the Steering Group is to provide a forum that facilitates the implementation of these recommendations.

Some interviewed thought that a sole focus on these recommendations over the next two years may miss the opportunities/initiatives to improve culture, which were not foreshadowed/identified in the March 2019 Review. For example, one might be, what if any role the Oversight Group has in assessing the opportunities for culture improvement presented by the clinical management of COVID-19.

On balance, this Reviewer concurred with the views of most Oversight Group members, however, a continued focus on the implementation of the March 2019 Review's twenty recommendations for at least a further year is appropriate. At that stage, if the expected timeframes for implementation are still on track, balancing such a focus on the recommendations with other opportunities/initiatives may be appropriate.

It is noted that the Terms of Reference for the Steering Group already has the capacity to broaden the scope of activities with a function accorded to them of "*discussion on new and emerging issues, opportunities and risks*". To date, this has not been discussed at the Steering Group in a comprehensive fashion. Given the need to establish solid foundations, the focus of the Steering Group to date has been appropriate, however there will now be opportunity to support and explore emerging issues more pro-actively. It would be timely to ensure there is capacity to examine any of these and report them progressively to the Oversight Group.

### *Role of Cultural Review Implementation Branch*

There are six FTE positions in the Implementation Branch, and the staff involved have been fundamental to the inaugural phase of implementation.

To date much of the work of the Branch has primarily been focussed on establishing intra-agency collaboration and discussions across the HR related functions and progressing intra-agency culture specific initiatives, whilst also supporting the Steering and Oversight Groups to become established and function effectively. In this inaugural phase, this focus has been appropriate, but it is timely that



the role be increasingly pivoted over for the next two years to be more a support team for implementing cultural changes within CHS, Calvary and/or the Health Directorate.

If this proposal is endorsed, the Branch Manager should prepare a paper for consideration by the Steering Group and then the Oversight Group as to how this could be effected.

It is emphasised that this proposed change in emphasis should not detrimentally impact on the supporting responsibilities for the two Groups.

### *Communications*

In December 19, the Steering Group endorsed a detailed Communications and Engagement Strategy up to 2022.

The aim of the Strategy was described in the document as *“To ensure all staff and stakeholders across the ACT public health system (the system) are appropriately engaged and informed of progress with implementing the twenty recommendations from the Final Report: Independent Review into the Workplace Culture within ACT Public Health Services. The Strategy will guide our work to communicate progress made in evolving and driving positive workplace practices and mindsets”*.

The implementation of this Strategy has not yet occurred, but hopefully will go some way to addressing a commonly expressed criticism of both the Oversight and Steering Group’s work to date in that there has been insufficient engagement with staff and, more broadly, the community on what is occurring.

The main mechanism for communications across ACT Public Health Services regarding the implementation of recommendations to date has been through:

- Oversight Group communiques issued after each meeting of the Group
- Intranet for ACT public health system workforce maintained by the Cultural Review Implementation (CRI) Branch and
- Ministerial Statements in the Legislative Assembly.

Whilst important, these do not constitute a comprehensive communications and engagement strategy. Re-exploration of roles and agreement at the Steering Group should occur to enable a consistent, yet organisation nuanced approach. Such a strategy is designed to complement workplace-based communications by the executive at CHS, Calvary and within the ACT Health Directorate.

### *Portfolio vs Service Approach*

The Final Report of the Review envisaged a response with greater cohesion between ACT Health Directorate, CHS and Calvary than appears to be evolving. The complexity of adopting such a response is acknowledged. Calvary Public Hospital is part of the LCM and delivers public health services under a contract arrangement. The ACT Health Directorate is not a service provider and CHS operates as a hospital and health service with direct accountability to the Minister for Health.

For example, Recommendation 3 envisaged a uniform approach by Calvary, CHS and the Health Directorate in implementing a program to promote a healthier culture and reduce inappropriate workplace behaviour. The Government response in accepting this recommendation was that the program “will need to be consistent across the three arms of the ACT public health system”. Calvary Public Hospital has individually progressed this recommendation in that the LCM has selected



Calvary as a pilot site for the “*Speak up for Safety Program*”, which is run by the Cognitive Institute under licence from Vanderbilt. CHS and the Health Directorate, by contrast has been awaiting the development of the ANU Workplace Change Framework which is designed to get ACT public health services to a state of readiness to ‘consider implementation of a Vanderbilt-type model.’

Whilst most interviewed believed the Framework would be useful to implementing sustainable workplace changes to culture, it is uncertain that whatever eventuates for CHS arising from the ANU work will mirror the Calvary initiative.

The 2019 Final Report, in discussing the contracted arrangements with LCM for Calvary Public Hospital, suggested that future iterations of the contract should more explicitly highlight the need for coordinated approaches to cultural changes across ACT Public Health Services.

It would be appropriate for the Oversight Group, with advice from the Steering Group to discuss what areas they would wish there to be a strong portfolio approach. As one example, the previously mentioned Summit of senior clinicians and administrators (Recommendation 4), requires a portfolio approach.

### *Measures for Success*

A second area requiring a portfolio approach would be the measures of success.

At the June 2019 meeting of the Oversight Group, the former Minister for Health and Wellbeing raised the following set of questions for the Oversight Group.

- How will the Oversight Group measure success?
- What are the milestones?
- How will the Oversight Group report on the measures?

A paper prepared by the Implementation Team was subsequently discussed and addressed at the November 2019 meeting of the Oversight Group. The paper suggested lead indicators that should be measured and monitored across the portfolio as indicators of cultural change.

Identified examples of indicators which could be included in a dashboard are:

- Staff turnover and separation/exit rates
- Leave data
- Patient satisfaction/dissatisfaction measures
- Numbers of reports of bullying, harassment and discrimination, and
- Percentage of staff accessing professional development.

In order to develop a credible, transparent Communications and Engagement Strategy an agreed set of metrics should be expedited. It may be that some metrics are measured annually over the next two years, whilst others may be quarterly/six monthly measures.

### *Oversight Group Functionality*

One useful suggestion made to the Reviewer was that the findings of this Inaugural Review should be discussed by means of a half day strategy workshop by members of the Oversight Group to discuss such areas as:

- Improvements to how the Group functions



- Any changes to foci of Group considerations
- Clarification of relationship to the Clinical Leadership Group, the ACT Health and Wellbeing Partnership Board, and the NGO Leadership Group
- Ensuring an improved communications/engagement strategy is implemented, and
- Ongoing monitoring of measures of success.

This proposal to conduct a strategy workshop is supported.

## **Key Findings**

### **13. Six areas are identified that should receive attention over the next year**

- *The Oversight Group should sustain a continued focus on the implementation of the twenty recommendations of the Review for at least the next year.*
- *The Steering Group should propose to the Oversight Group which of the recommendations should be implemented portfolio wide in a common format.*
- *The role of the Cultural Review Implementation Branch should pivot to be an increased resource for initiatives which are being implemented in CHS, Calvary and the ACT Health Directorate. A primary role however, should be to continue to service the Steering Group and Oversight Group.*
- *Implementation of the approved Communications and Engagement Strategy should be expedited. Clarity of the linkages and strengthening of the governance with the NGO Leadership Group, ACT Health and Wellbeing Partnership Board and Clinical Leadership Forum will assist progress with the ACT Public Health Service Communications and Engagement Strategy.*
- *An agreed portfolio wide dashboard of monitoring measures should be developed and promulgated.*
- *The Oversight Group should convene a strategy workshop to consider the issues raised in this Review.*



## Attachment 1: People Interviewed

Interviewee	Position/Role
Alessandra Capezio	ANU, Research School of Management
Barb Reid	Regional CEO Calvary
Bernadette McDonald	CEO Canberra Health Services
Clinton White	Senior Adviser to Vicki Dunne MLA
Darlene Cox	HCCA ACT
Janine Hammat	EGM People & Culture, CHS
Jodie Junk-Gibson	EBM, Culture Review Implementation Branch, ACTHD
John Fletcher	EGM, Corporate and Governance, ACTHD
Judi Childs	Regional Chief HR Officer Calvary
Julie West	Workplace Research Associates
Kylie Jonasson	DDG Health Policy, Systems and Research Group / Chair ACTHD Culture Review Implementation Working Group
Madeline Northam	CPSU
Matthew Daniel	ANMF
Michael De'Ath	D-G ACT Health Directorate (ACTHD)
Michelle Lincoln	Executive Dean of the Faculty of Health, UC
Rachel Stephen-Smith	ACT Minister for Health
Shane Rattenbury	ACT Minister for Mental Health
Peter Hughes	VMOA
Peter Sommerville	CEO, AMA ACT
Richard Singer	ASMOF ACT
Russell Gruen	Dean, College of Health and Medicine, ANU
Sally Curtis	ANU, Research School of Management
Steve Ross	ASMOF ACT
Tony Chase	Manager Workplace Relations and GP
Vicki Dunne	MLA
Wendy Armstrong	ACCA ACT



## Attachment 2: Committees Terms of Reference

- Cultural Review Oversight Group
- Cultural Review Implementation Steering Group
- Clinical Leadership Forum
- ACT Health Wellbeing Partnership Board
- ACT Health NGO Leadership Group



<b>Role</b>	The role of the Culture Review Oversight Group (Oversight Group) is to oversight 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).
<b>Values and Behaviours</b>	<p>Participation and engagement in the Committee 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"> <li>• Accountable, transparent, decision-making;</li> <li>• Genuine and respectful engagement with colleagues within the Directorates, across the ACT Public Service and the Health System and with community members;</li> <li>• 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;</li> <li>• Innovative improvement of systems and services to achieve safe and effective person and family-centred care; and</li> <li>• Confidentiality of the process.</li> </ul>
<b>Membership</b>	<ul style="list-style-type: none"> <li>○ Minister for Health and Wellbeing (Chair)</li> <li>○ Minister for Mental Health (Deputy Chair)</li> <li>○ Director-General, Health Directorate</li> <li>○ Chief Executive Officer, Canberra Health Services</li> <li>○ Regional Chief Executive Officer, Calvary ACT</li> <li>○ Regional Secretary, CPSU</li> <li>○ Branch Secretary, ANMF ACT</li> <li>○ President, AMA ACT</li> <li>○ Executive Officer, Health Care Consumers Association (ACT)</li> <li>○ President, ASMOF ACT</li> <li>○ President, VMOA ACT</li> <li>○ Dean, College of Health and Medicine ANU</li> <li>○ Executive Dean, Faculty of Health, University of Canberra</li> <li>○ Executive Branch Manager, Culture Review Implementation Team [ex-officio]</li> </ul> <p>The Oversight Group may also invite other individuals or representatives of organisations from time to time with the agreement of the Chair 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; however, travel or out of pocket costs will be reimbursed for attendance at meetings for stakeholder members and any subject matter experts requested to attend with the agreement of the Chair. Receipts should be submitted to the Secretariat.</p>
<b>Secretariat</b>	Secretariat Support will be provided from the Culture Review Implementation Team within the Office of the Director- General.
<b>Meeting Frequency</b>	<p>Meetings are to be held quarterly, or as required by the Chair.</p> <p>The Ministers or the ACT Public Health Leadership team (DG HD, CEO CHS or Regional CEO Calvary) may also seek the Oversight Group's advice on an 'out-of-session basis'. The Secretariat will circulate comments to members and provide a summary at the subsequent meeting.</p>
<b>Quorum</b>	At least 50% +1 of members in attendance shall be deemed to be a quorum. With the Chair and the ACT Public Health Leadership team as mandatory attendees.
<b>Absences from Meetings and Proxy Attendance</b>	<p>All Members are strongly encouraged to prioritise meetings.</p> <p>The Oversight Group will have a general policy of no proxies, however the Chair may consider appointing an official proxy for a member if that member believes they will not be able to attend quarterly meetings. Members should submit the name and position of their proposed official proxy for approval to the Chair.</p> <p>If a member requires a leave of absence and they do not have an official proxy, they are to formally write to the Chair at least three weeks before the quarterly meeting outlining the reasons for non-attendance and may request a proxy attend in their place. The request for a proxy will be considered on a case-by-case basis.</p> <p>If a member or their proxy has not attended two meetings in a row, then they shall forfeit their membership and the Chair will appoint another member.</p>
<b>Functions</b>	<p>The Oversight Group will:</p> <ul style="list-style-type: none"> <li>• Review progress and updates on the Implementation Plan with a particular focus on assessment of actions and progress against goals;</li> <li>• Auspice 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; and</li> <li>• Guide action under the Implementation Plan, including addressing issues of policy and strategy that impact on the delivery of the Implementation Plan.</li> </ul>
<b>Reporting Mechanisms</b>	The Oversight Group is the peak governance committee for the Culture Review Implementation. The Oversight Group receives information,





	<p>regular reports and issues for escalation from members, through the Secretariat.</p> <p>The Culture Review Implementation Steering Group (CRISG) reports to the Culture Review Oversight Group. The Oversight Group will provide a meeting update to Government through the Chair. Following Government consideration, the Oversight Group will issue a communique.</p>
<b>Meetings and Agenda Requests</b>	<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, will be kept secret and confidential and not disclosed to anyone outside the Oversight Group.</p> <p>Requests for agenda items and papers should be submitted to the Secretariat at least two weeks prior to the meeting.</p> <p>Papers will be distributed to members electronically five working days prior to the meeting taking place.</p>
<b>Standing Agenda Items</b>	<p>A summary of standing agenda items is at Attachment A.</p>
<b>Minutes</b>	<p>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.</p>
<b>TOR Review Frequency</b>	<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 June 2020.</p>
<b>TOR Approval</b>	<p>Meegan Fitzharris, MLA</p> <p>Minister for Health and Wellbeing</p> <p>11 June 2019</p>



## Terms of Reference

<b>Role</b>	<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"> <li>• assist the Culture Review Oversight Group with the work of overseeing the implementation of the Review recommendations;</li> <li>• develop and take carriage of the implementation plan;</li> <li>• oversight and facilitate the annual review of workplace culture;</li> <li>• ensure there is clear and effective governance around the culture review implementation, including discussion on new and emerging issues, opportunities and risks;</li> <li>• facilitate information sharing and discussion of key issues affecting the culture review implementation;</li> <li>• consider issues around organisational leadership and culture as they relate to the culture review implementation;</li> <li>• 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</li> <li>• ensure alignment of implementation work across the Portfolio.</li> </ul>
<b>Values and Behaviours</b>	<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"> <li>• Accountable, transparent, decision-making</li> <li>• Genuine and respectful engagement with colleagues within the Directorates, across the ACT Public Service and the Health System and with community members</li> <li>• 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</li> <li>• Innovative improvement of systems and services to achieve safe and effective person and family-centred care.</li> </ul>

<b>Membership</b>	<ul style="list-style-type: none"> <li>○ Director-General, Health Directorate (Chair)</li> <li>○ Chief Executive Officer, Canberra Health Services (Deputy Chair)</li> <li>○ Regional Chief Executive Officer, Calvary ACT (Deputy Chair)</li> <li>○ Executive Group Manager, People and Culture, CHS</li> <li>○ Executive Group Manager, Corporate and Governance, HD</li> <li>○ Chief Human Resource Officer, Calvary ACT</li> <li>○ Executive Branch Manager, Culture Review Implementation Team</li> </ul> <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>
<b>Secretariat</b>	Secretariat Support will be provided from the Culture Review Implementation Team within the Office of the Director- General
<b>Meeting Frequency</b>	Meetings are to be held monthly, or as required by the Chair.
<b>Quorum</b>	At least 50% +1 of members in attendance shall be deemed to be a quorum. With the Chair and Deputy Chairs as mandatory attendees.
<b>Absences from Meetings and Proxy Attendance</b>	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.
<b>Functions</b>	<p>The Culture Review Implementation Steering Group has been established to:</p> <ul style="list-style-type: none"> <li>▪ provide leadership and oversight of a sustained, transparent and measurable approach to the implementation of the Review recommendations;</li> <li>▪ provide advice and direction to the Culture Review Oversight Group on implementation priorities and initiatives;</li> <li>▪ action any requests from the Culture Review Oversight Group including for further work or advice on culture review implementation;</li> <li>▪ action the escalation of issues, risks, opportunities and recommendations from/to the Culture Review Oversight Group;</li> <li>▪ establish and monitor key priorities and strategies for implementation;</li> <li>▪ establish governance arrangements, to ensure appropriate authority, responsibility and accountability in implementing the review</li> </ul>



	<p>recommendations is supported across the organisation by its structure, delegations, policies and committee arrangements; and</p> <ul style="list-style-type: none"> <li>▪ discuss and progress concept papers towards implementation of the Review recommendations.</li> </ul>
<b>Reporting Mechanisms</b>	<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>
<b>Meetings and Agenda Requests</b>	<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>
<b>Standing Agenda Items</b>	<p>A summary of standing agenda items is at Attachment A.</p>
<b>Minutes</b>	<p>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.</p>
<b>TOR Review Frequency</b>	<p>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.</p> <p>The next review is due by May 2020.</p>
<b>TOR Approval</b>	<p>Michael De'Ath Director-General ACT Health Directorate 2 July 2019</p>



## Terms of Reference

<b>Role</b>	<p>The Clinical Leadership Forum (the Forum) is responsible for providing independent and expert clinical advice to the Ministers, with the aim of contributing to the continuous improvement of a high performing health system that keeps people well, provides the best care when required and provides an industry-leading workplace. The Forum will be informed and guided by the recommendations of the Independent Review into the Workplace Culture within ACT public health services and make recommendations to the Ministers where this relates to improving the clinical operations of the ACT's health system.</p>
<b>Values and Behaviours</b>	<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"> <li>• Accountable, transparent, decision-making</li> <li>• Genuine and respectful engagement with colleagues within the Directorates, across the ACT Public Service and the Health System and with community members</li> <li>• 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</li> <li>• Innovative improvement of systems and services to achieve safe and effective person and family-centred care.</li> </ul>
<b>Membership</b>	<p><u>Chair</u></p> <p>An individual to be appointed by the Ministers</p> <p><u>Members</u></p> <p>Up to nine members to be selected comprising representatives from a range of areas including:</p> <ul style="list-style-type: none"> <li>○ Surgery</li> <li>○ Medicine</li> <li>○ Nursing and midwifery</li> <li>○ Allied health</li> <li>○ Primary care</li> <li>○ Mental Health</li> <li>○ Preventive health</li> <li>○ Health research</li> <li>○ Clinical education</li> <li>○ Consumer representation</li> </ul> <p>Members will be experienced professionals with demonstrated ability to advise the Ministers on areas such as clinical management, governance, health service planning,</p>

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and asset management.

#### Term

Members are appointed for a term of two years.

#### Ex-Officio Attendees

Director-General, ACT Health  
Chief Executive Officer, Canberra Health Services  
Regional Chief Executive Officer, Calvary

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#### **Functions**

The Forum will:

- Provide the Ministers with advice on relevant clinical considerations in the sustainability, development and improvement of the ACT health system, including input into planning and infrastructure considerations and input into mechanisms to measure improvements;
- Consider and advise the Ministers on steps necessary to ensure that the ACT's health system has access to a sustainable, well trained and valued clinical workforce;
- Consider developments in other health systems and advise the Ministers on applicability to the ACT to enhance system improvements.

While Ministers may seek the advice of the Forum on matters relating to the health system, key areas of focus for the Forum will include:

- Territory Wide health service delivery
- Territory Wide health service infrastructure planning
- Clinical culture, planning and practice
- Workforce planning
- Education and training
- Health and medical research

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#### **Reporting**

The Clinical Leadership Forum (the Forum) reports to the Minister for Health and Wellbeing and the Minister for Mental Health (the Ministers).

An annual report will be provided by the Chair to the Ministers on the operations of the Forum each financial year, including the outcomes of consultations. The report will be provided within three months of the end of the financial year.

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#### **Chair**

The Chair is responsible for managing the duties and responsibilities of the Forum, in consultation with the Ministers. Should the Chair be unavailable for a meeting, the Chair may appoint an acting Chair for that meeting.

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#### **Quorum**

50% + 1 membership is required for a quorum.

Proxies will not be accepted in the event a member is not able to attend a meeting.

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<b>Operating Protocols</b>	<ul style="list-style-type: none"> <li>• Other attendees or representatives may be invited at the Chair's discretion.</li> <li>• The Forum is authorised to use a variety of means to deliver on its terms of reference including holding consultative events with staff on particular subjects or themes.</li> <li>• All members (including the Chair) will complete and maintain a current conflict of interest declaration.</li> </ul> <p>All members (including the Chair) will act at all times in accordance with ACT Health Directorate's Values and Behaviours, as established following the Independent Review into the Workplace Culture within ACT Public Health Services.</p>
<b>Secretariat</b>	Office of Deputy Director-General, Health Systems, Policy and Research
<b>Agenda</b>	The Secretariat will call for agenda items from the membership no later than 15 days prior to the meeting. The Chair will determine the agenda for meetings in consultation with the Ministers. The Agenda and any associated papers will be circulated seven days prior to each meeting.
<b>Meeting Frequency</b>	<p>The Forum will meet bi-monthly.</p> <p>Matters may be considered out-of-session with the agreement of the Chair.</p>
<b>Remuneration</b>	<p>Remuneration will be determined by the Remuneration Tribunal for the Chair and for any members of the Forum that are not ACT Government employees.</p> <p>ACT Government employees may be appointment as members but are not entitled to remuneration if they are appointed in their employment capacity.</p>
<b>TOR Review Frequency</b>	The Terms of Reference will be reviewed after 18 months of operation.
<b>Approved</b>	9 September 2019



## **ACT Health and Wellbeing Partnership Board**

### **Terms of Reference**

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#### **Role**

The ACT Health and Wellbeing Partnership Board (the Board) is responsible for setting the overall framework to allow prioritisation and integration of efforts across the education, research and health services system that will result in improvements in delivery and effectiveness of health services for the Canberra community and communities in surrounding regions of NSW.

The Board will ensure optimal patient outcomes and high-value high-performance health services in the ACT through partnerships with academic institutions that provide expertise in health research, education and training; leverage the value of research, education and training opportunities to the clinical sector; contribute to shared positions, facilities and programs; and help to develop, attract and retain a high-quality health workforce fit for the future.

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#### **Values and Behaviours**

Participation and engagement in the Board will reflect organisational values and the commitment to collaborating within strong governance frameworks. Members will display signature behaviours such as:

- 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.

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#### **Reporting**

The Board reports to:

- Minister for Health and Wellbeing
- Minister for Medical and Health Research
- Vice-Chancellor, Australian National University
- Vice-Chancellor, University of Canberra

The Board will provide a quarterly report to the Ministers and Vice-Chancellors on the operations of the Board, including the progress, status and next steps for initiatives. On conclusion of each meeting, the Board will endorse a joint Communique for public release.



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## Functions

The Board will:

- Consider overall structural and organisational issues in relation to health research functions currently embedded in the ACT Health Directorate, Canberra Health Services and Calvary ACT.
- Progress development of integrated research and education precincts.
- Prioritise, oversee and monitor a diverse health research agenda building on existing research strengths in population health, prevention, cutting-edge laboratory science, clinical research, implementation science, and health services research striving for positive local, national and international impact on health for people at all stages of life.
- Collaborate on programs that will include participation of researchers across multiple disciplines, primary care and specialist clinician researchers and the consumers of health care. Quality improvement research will be embedded within all areas of health care delivery. Collaboration will occur to access funding opportunities where these benefit the ACT region and its community.
- Development and oversight of system-wide workforce strategies that relate to the delivery of health services and that leverage collaboration across the academic, policy and delivery sectors to attract and retain a high-quality health workforce fit for the future.

Through its associated Working Groups, the Board will oversee research, education and training strategies, policies, legal agreements, and organisational structures and functions across the ACT health system that relate to:

- Research Governance and Delegations of Authority.
- Applications for large collaborative grants that involve health services and academic partners.
- Conduct of Clinical Trials.
- Human Research Ethics.
- Intellectual Property.
- Facilitating the involvement of consumers and the community in establishing priorities.
- Employment and reporting arrangements of academic clinical staff, and appointment of other Research, Education and Training-related staff, including joint appointments between ACTH/CHS/Calvary and other partners.
- Relationships between the health services and the staff and students of ANU and UC and other relevant organisations operating in the Territory.
- Building capacity and capability of consumers to participate in health research.
- Liability and insurance matters.
- Development of infrastructure and facilities to integrate research, education and training capabilities with the health services.

Provision of and access to facilities that are used for clinical service delivery, research, education and training, including shared spaces, library and information services, medical record access, and other digital resources.



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## Membership

Membership on the Board is as follows:

- Chief Executive Officer, Canberra Health Services
- Dean, College of Health and Medicine, Australian National University
- Deputy Director-General, Health Systems, Policy and Research, ACT Health Directorate
- Director-General, ACT Health Directorate (Chair)
- Executive Dean of Health, University of Canberra
- Executive Director, Health Care Consumers' Association
- Regional Chief Executive Officer, Calvary ACT

Ex-Officio Attendees:

- Senior Communications Officer, ACT Health Directorate

The Board may invite other attendees at the Chair's discretion. If a member is unable to attend a meeting, a suitably senior delegate may be nominated to attend.

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## Secretariat

Health Systems, Policy and Research Group

## Agenda requests

The Secretariat will call for agenda items from the membership no later than 15 days prior to the meeting. Papers are to be submitted 10 working days prior to each meeting. The Agenda and any associated papers will be circulated 7 days prior to each meeting.

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## Meeting Frequency

The Board will meet quarterly.

Matters may be considered out-of-session with the agreement of the Chair.

Extraordinary meetings will be called as required to discuss any issues of critical importance.

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## Review Frequency

Annually

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## Approved

1 April 2019

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## NGO Leadership Group

### Terms of Reference

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#### Overview

The ACT Health Directorate currently funds non-government organisations (NGOs) to deliver a range of health, advocacy and sector development services. The annual investment in these services is in the order of \$67 million in 2019-20. Given the essential and significant role that NGOs play in our health system, effectively engaging with them in strategic policy development and health service planning through co-design and consultation makes good sense and will assist to ensure our health services meet the needs of our community. The NGO Leadership Group will provide one mechanism for consultation, advice and co-design between the ACT Health Directorate and Canberra Health Services (CHS) and NGOs.

The Culture Review<sup>1</sup> identified a need to improve relationships between the Health Directorate, Canberra Health Services and NGOs.

*Externally, improved relationships with NGOs... are needed. Such improved relationships will not only contribute to improved coordinated care and enable a better research and learning system, importantly they will help strengthen culture by breaking down the relative isolation of the ACT Public Health System.*

Improving these relationships will be a key and ongoing task of the NGO Leadership Group.

The establishment of the NGO Leadership Group provides opportunities for *improved partnerships between NGOs and other organisations that make up the health system. Improved partnerships will enable more* coordinated and informed engagement between NGOs, the ACT Health Directorate and CHS to ensure the role of NGO delivered health services in the ACT health system, and their relationship to Canberra Health Services and ACT Health Directorate, are appropriately reflected *in planning and strategic policy decisions. The existence of the NGO Leadership Group does not replace the responsibility of the parties to engage with each other in the development of plans, policies and services.*

There are immediate opportunities for collaboration and engagement between the parties presented by the development of the Territory-wide Health Service Plan, the key health service planning strategy for the ACT, and flow-on planning for Canberra Health Services. This will allow the potential role of NGOs to be fully considered and explored

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<sup>1</sup> Final Report, Independent Review into the Workplace Culture Within ACT Public Health Services (March 2019)

	<p>in an environment consistent with the ACT Health Directorate values: Respect, Integrity, Collaboration and Innovation.</p> <p>The concepts of Access, Accountability and Sustainability underpin health service planning in the ACT. This means that the ACT health system is focused on delivering quality services to health consumers and the community in the most appropriate setting.</p>
<b>Role</b>	<p>Establishment of the NGO Leadership Group with Executive level representation from the ACT Health Directorate and Canberra Health Services will address Recommendation 6 of the Independent Review, namely to re-establish open lines of communication with NGOs.</p> <p>In addition to the Independent Review, the number of other strategic processes being undertaken, or planned, by the directorates have also pointed for the need for an avenue for an ongoing and collaborative relationship with NGOs that deliver health services to drive sustainable, flexible and viable health services to the community.</p>
<b>Ultimate intended outcomes</b>	<p>The Canberra community's health and wellbeing is enhanced by the delivery of trusted, quality health services by non-government organisations.</p> <p>The health services delivered by non-government organisations are recognised as essential components the ACT health system and are sufficiently planned for, engaged, and resourced to meet community needs.</p>
<b>Values and Behaviours</b>	<p>The NGO Leadership Group will be guided by the ACT Public Sector Values: Respect, Integrity, Collaboration and Innovation and the Principles and Undertakings in the Social Compact<sup>2i</sup> about the way we work together and what we can expect as we progress our joint work.</p>
<b>Purpose</b>	<p>The NGO Leadership Group:</p> <ul style="list-style-type: none"> <li>• Aims to enhance the quality of strategic policy development and service planning in the ACT with a particular focus on the delivery of health services by non-government organisations and their coherence with the ACT health system as a whole;</li> <li>• Is a mechanism to share strategic advice and operates at a whole-of-system level and to an annual workplan; and</li> <li>• Is a collaboration between ACT Health Directorate, Canberra Health Services and the NGOs funded by the ACT Health Directorate to deliver or support the delivery of health services.</li> </ul>
<b>Scope</b>	<p>The NGOs in scope are those funded by the ACT Health Directorate to deliver or support the delivery of health services. The NGO Leadership Group NGO representation will be made up primarily of peak bodies or similar representative structures.</p> <p>The health services in scope are those funded by the ACT Health Directorate.</p> <p>Members or their representatives will have decision making delegation.</p>

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## Objectives<sup>2</sup>

- To support the implementation of Recommendation 6 of the Final Report of the Independent Review into the Workplace Culture within ACT Public Health Services.
  - To advise on NGO input to strategic policies and plans developed by Canberra Health Services and the ACT Health Directorate.
  - To develop, implement and evaluate an Engagement Framework for:
    - Establishing consistent approaches for engagement and communication between NGOs and the ACT Health Directorate, and NGOs and Canberra Health Services.
    - Timely, accurate and comprehensive communication between partners.
    - Facilitation of co-design, collaboration and knowledge sharing.
  - To advise on innovation and partnerships approaches between the ACT public health system and NGOs, or between NGOs and other organisations to improve health outcomes and services.
  - To identify and provide training, development and capacity building opportunities that can be shared across government and NGOs including those that strengthen the capacity for effective engagement.
  - To identify opportunities and share information on workforce planning and workforce development for community based health services.
  - To support the ACT Health Directorate to fulfil its mandate as steward of the ACT health system with a particular focus on the role of NGOs within that system:
    - To advise on strategic policy and health service planning approaches across the ACT health system.
    - To support improved strategic policy development and consistency of service planning, costing and evaluation across all service delivery settings across like services.
    - To advise on developing, implementing and evaluating a model that is fit for purpose for the procurement of community based health services.
    - To assist with building an evidence base to inform strategic policy development, and health service planning and investment.
  - To monitor and improve the quality of contractual arrangements and management of NGO contracts and agreements.
  - To advise the ACT Health Directorate on the health sector's engagement and response to matters being considered by the Joint Community
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<sup>2</sup> Australian Capital Territory (2012). The Social Compact: A Relationship Framework Between the ACT Government and Community Sector, Canberra.



	<p>Government Reference Group including the implementation of the Social Compact within the ACT health system.</p> <ul style="list-style-type: none"> <li>• Establish ad hoc and needs based working groups to progress specific activities.</li> </ul>
<b>Critical Friends &amp; Partnerships</b>	<p>The NGO Leadership Group is not intended to be the only avenue of engagement between the ACT Health Directorate and Canberra Health Services and NGOs. For example, where appropriate the ACT Health Directorate will engage directly with peak bodies, organisation representatives or other groups as 'critical friends' to source advice and input on engagement with NGOs and projects relevant to NGOs. This engagement will happen at the earliest possible time in the development of new projects or activities.</p>
<b>Membership</b>	<p>The group is expected to include one or more representatives from the following:</p> <p><b><u>Peak NGOs (Co-Chair)</u></b></p> <p>Nominated participants from NGO peaks or similar representative structures will be in Executive-level positions that involve regular engagement with the ACT Health Directorate and Canberra Health Services:</p> <ul style="list-style-type: none"> <li>• A representative from the NGOs in the Sexual Health and BBV organisations</li> <li>• ACT Council of Social Service (ACTCOSS)</li> <li>• ACT Mental Health Consumer Network (ACTMHCN)</li> <li>• Alcohol and Other Drug Association ACT (ATODA)</li> <li>• Carers ACT</li> <li>• Health Care Consumers Association (HCCA)</li> <li>• Mental Health Community Coalition (MHCC)</li> </ul> <p><b><u>ACT Health Directorate and Canberra Health Services</u></b></p> <p>Nominated participants from ACT Health will be in Executive level positions that involve regular engagement with NGOs:</p> <ul style="list-style-type: none"> <li>• Health Systems, Policy and Research Group (Deputy Director General Co-chair)</li> <li>• Health System Planning and Evaluation</li> <li>• Policy, Partnerships and Programs</li> <li>• Preventative and Population Health</li> <li>• Public Health, Protection and Regulation Division</li> <li>• Office for Mental Health and Wellbeing</li> <li>• Corporate Services Group</li> <li>• Canberra Health Services</li> <li>• Calvary Public Hospital Bruce</li> </ul> <p><b>Attendee:</b> Capital Health Network</p>

<b>Reporting</b>	<p>The Group will report to ACT Health Directorate Leadership Committee and Canberra Health Services Chief Executive and provide:</p> <ul style="list-style-type: none"> <li>• Regular written summary reports provide to the Culture Review Oversight Group.</li> <li>• Bi-monthly updates on progress provided to the Independent Review Implementation Team towards meeting the requirements related to Recommendation 6.</li> <li>• Needs based communication/communiques to NGOs funded by the ACT Health Directorate to deliver or support the delivery of health services.</li> </ul>
<b>Secretariat</b>	Health System Planning and Evaluation will provide the secretariat function.
<b>Meeting Frequency</b>	The Group will meet Bi-monthly to allow enough time for completion of work flowing from the meeting prior to the next one. Members and working groups will be convened out of session as required.
<b>Review Frequency</b>	Terms of reference to be reviewed initially after 6 months and then annually.
<b>Approved</b>	23 October 2020



## Attachment 3: Implementation of Recommendations - Progress Report







Culture Review Implementation: Progress to Date

On Track	At Risk	Delay	Complete
Action is tracking to the agreed delivery date.	Action at risk of deviating more than 12 weeks from the agreed delivery date.	Action has exceeded the agreed delivery date by more than 12 weeks.	Action has been completed.

REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS
1	<b>Recommendation 1 of the Final Report, March 2019</b> That the three arms of the ACT public health system should commence a comprehensive process to re-engage with staff in ensuring the vision and values are lived, embraced at all levels, integrated with strategy and constantly reflected in leadership. To achieve this the ACT Health Directorate should take the lead in providing the necessary tools and guidelines and coordinate the implementation by Canberra Health Services, Calvary Public Hospital and the ACT Health Directorate.  <b>Government Response (May 2019)</b> Recognising the territory-wide focus re-engagement with staff will occur across each of the three arms of the ACT public health system. Canberra Health Services and the ACT Health Directorate are embarking on projects to review their vision, values, role and behaviours. These projects will seek to ensure that, with the recent transition of ACT Health to two organisations, the vision and values of the new organisations are appropriate and clearly understood. This work will be completed by September 2019. There will be significant staff engagement as these projects are rolled out with a view to embedding the vision and values from November 2019. Calvary Public Hospital’s values and vision are in line with the Little Company of Mary. As a key partner in the delivery of territory-wide services, Calvary will undergo re-engagement with staff to ensure the vision and values are embedded.	ACT Health Directorate (ACTHD)	A1.1. Commence values and vision work	<p>This action has been completed.</p> <p>New ACT Health Directorate values were launched on 1 October 2019 including an ongoing communications plan of activities.</p> <p>The rollout of the new values were supported by the Values Champions, who are volunteers to support ongoing values based conversations in local workplaces. The second Masterclass session for Champions was held on 25 November 2019. Director General Awards, based on new values, were launched on 1 October 2019.</p> <p>Scheduled Values Champion Masterclass sessions have been put on hold due to the COVID-19 pandemic.</p>	Complete
			A1.2: Embed vision and values	<p>This action is in progress.</p> <p>Revised performance development plans are now available in the online learning system. The Culture Uplift training program was launched in October 2019. The program will assist staff to have higher quality, values based conversations and interactions in the workplace.</p> <p>The Culture Uplift training program is on hold due to the COVID-19 pandemic.</p>	On Track
			A1.3: Evaluate	<p>This action has not yet commenced.</p>	Not Commenced
		Canberra Health Services (CHS)	A1.1. Commence values and vision work	<p>This action has been completed.</p> <p>Following vast consultation with staff and a coordinated approach within CHS, new Values, Role and Vision statements have been developed. Staff will demonstrate ownership of the Values including making a personal pledge to a specific Value, following Executives leading the way in their pledge-making, and making videos and releasing to all staff.</p> <p>Staff engagement is occurring through the establishment of the Positive Workplace Working Group. Members of this group support enactment of the CHS Values within the work environment and are 'Positive Workplace Champions'. Staff are engaged in activities to promote the Values such as nominating staff for the 'Kind' awards and attending sessions related to demonstrating 'Kindness in the workplace'.</p> <p>The Positive Workplace Definition and the underpinning (five) pillars has been developed and implemented.</p> <p>Focus continues on the Values whilst managing the COVID-19 Response Plan. No key activities have been committed to during this period whilst managing service delivery, staff welfare and business continuity in a difficult time.</p>	Complete

REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS
			<b>A1.2:</b> Embed vision and values	<p>This action is completed.</p> <p>Ongoing focus on the CHS Values - including Executives and staff pledging to a Value and displaying this in their workplace.</p> <p>Promotional material is available including a new intranet page being established for the Vision, Role and Values statements - making accessibility easy for all staff. Desk cards displaying the Values, Vision and Role statements are available and staff are utilising these. Staff have also updated their signature blocks to reflect the Values.</p> <p>One Value is being promoted each quarter to all staff through various activities being managed through People and Culture.</p> <p>Documentation within CHS continues to be updated to reflect the CHS Values.</p> <p>Focus continues on the Values whilst managing the COVID-19 Response Plan.</p> <p>No key activities have been committed to during this period whilst managing service delivery, staff welfare and business continuity in a difficult time.</p>	On Track
			<b>A1.3:</b> Evaluate	<p>This action is in progress.</p> <p>From the results of the workplace culture survey, action plans are being developed by each Executive Director relating to their individual division results. The plans will go through until the next culture survey in 2022.</p> <p>The survey assisted in evaluating, in the short term, the progress in implementing the Values and expected behaviours.</p> <p>Whilst the COVID-19 Response Plan is being enacted work on these action plans has been paused. Work will re-commence once Business as Usual is back underway.</p>	On Track
		Calvary Public Hospital Bruce (CPHB)	<b>A1.1.</b> Commence values and vision work	<p>This action has been completed.</p> <p>The new Performance Development Plan (PDP) process now has 94% uptake. An analysis of completed PDP's has been conducted and has identified some further education areas and where simplicity of the template is required.</p> <p>A new online PDP tool will be developed. Various providers were asked to provide solution design on the requirements and a preferred vendor has been identified. Design of the online PDP solution has commenced which will review the template and guidance material for ease of use and external access is still being investigated.</p> <p>Work to be progressed this quarter includes:</p> <ul style="list-style-type: none"><li>• Completion of draft design for online template;</li><li>• Completion of draft guides for managers on having PDP discussions;</li><li>• Finalise and seek approval for the preferred vendor;</li><li>• Initiation of development work; and</li><li>• Design work for the PDP guidebook and communication.</li></ul> <p>The restrictions due to COVID-19 situation may create hindrances for the staff training and education on the new system which is critical for the change management and success of the project.</p>	Complete

REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS
			<b>A1.2:</b> Embed vision and values	<p>This action is in progress.</p> <p>The Values in Action Booklet is being designed and will be printed for staff to keep.</p> <p>A development guide for all staff based on each component has been added to the framework to provide staff guidance on development resources and tools.</p> <p>The online PDP form will include a direct link to the Values in Action Framework (VIAF), to be included as part of the objective setting and development process. A provider has been selected to design and develop stand alone publication of the VIAF and booklet.</p> <p>Work to be progressed this quarter includes:</p> <ul style="list-style-type: none"> <li>• Development of a training pack for staff to understand the Values in Action Capability Framework;</li> <li>• Final review by the Executive;</li> <li>• Design of the Values in Action Capability Framework handbook for staff and communication.</li> </ul>	On Track
			<b>A1.3:</b> Evaluate	<p>This action has not yet commenced.</p>	Not Commenced
2	<b>Recommendation 2 of the Final Report, March 2019</b> That Canberra Health Services and Calvary Public Hospital in conjunction with the ACT Health Directorate, develop an appropriate suite of measures that: <ul style="list-style-type: none"> <li>• reflect on elements of a great health service - both culture and strategy;</li> <li>• monitor patient/client perspectives of outcomes/experience; and</li> <li>• engage clinicians in their development.</li> </ul> <b>Government Response (May 2019)</b> Commencement of the development of the suite of measures will occur from July 2019 and it is anticipated that this will take at least six months to finalise phase one. The development and maturity of the measures will be iterative and ongoing to reflect the contemporary culture of the ACT public health system.	<b>System-wide</b> (led by Culture Review Implementation Branch)	<b>A2.1:</b> Commence developing suite of measures	<p>This action is in progress.</p> <p>Broad consultation has occurred with stakeholders across the ACT public health system regarding a proposed approach to the development of a suite of measures.</p> <p>The suite of measures will establish a system-wide approach to evaluating the linkages between workforce effectiveness, strategic alignment and patient/consumer outcomes. Reporting these three components in a single model will provide better visibility over the impact that workforce interventions may have on patient experience.</p> <p>The Australian National University's research team has completed the Interim Report- <i>Investing in Our People: A System-Wide, Evidence-Based Approach to Workplace Change</i> . The development of measures will be informed by the Framework and will utilise an evidence-based approach to identify appropriate measures.</p> <p>The Workforce Data Working Group will be dissolved and superseded by a new working group, which will provide a forum to develop a suite of measures in consultation with each organisation. Initial measures and a phased approach will be presented to the 20 May Steering Group to progress and launch over coming two months.</p>	At Risk
			<b>A2.2:</b> Implement and monitor suite of measures	<p>This action has not yet commenced.</p>	Not Commenced
		<b>ACT Health Directorate</b>	<b>A2.3:</b> Conduct 2019 staff survey (evaluate)	<p>This action has been completed.</p> <p>The ACT Health Directorate Climate Survey closed on 26 November 2019 with a response rate of 82%. Staff survey results released and debriefed; high level results provided to the Assembly. All business units to include workplace culture improvement activities as part of the Directorate business planning process.</p>	Complete
			<b>A2.4:</b> Conduct 2022 staff survey (evaluate)	<p>This action has not yet commenced.</p>	Not Commenced

REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS
		Canberra Health Services	<b>A2.1:</b> Commence developing suite of measures	<p>This action has commenced.</p> <p>Some work has commenced and then paused with COVID-19.</p> <p>CHS is considering which measurements will be appropriate in the hospital environment. CHS is working with the Culture Review Implementation Branch on this. This will complement the work that will be implemented to support the Workplace Change Framework.</p>	At Risk
			<b>A2.2:</b> Implement and monitor suite of measures	This action has not yet commenced.	Not Commenced
			<b>A2.3:</b> Conduct 2019 staff survey (evaluate)	<p>This action has been completed.</p> <p>The 2019 Culture Survey was conducted in CHS in November 2019. Analysis of results and establishing Divisional action plans has commenced. The results have been released through Managers and All Staff forums conducted by the CEO. Executive Directors have received their Divisional results and are developing their action plans in responding to the outcomes.</p> <p>Whilst the COVID-19 Response Plan is being enacted work on these action plans has been paused. Work will re-commence once BAU is back underway.</p>	Complete
			<b>A2.4:</b> Conduct 2022 staff survey (evaluate)	This action has not yet commenced.	Not Commenced
		Calvary Public Hospital Bruce	<b>A2.1:</b> Commence developing suite of measures	<p>This action is in progress. Some initial work has commenced and progressed due to COVID-19. Conversations are underway from a system-wide perspective.</p> <p>Calvary National office will conduct a national employee engagement survey in February 2020. The Provider will provide post-survey analysis and tools to address issues. The data from</p>	At Risk
			<b>A2.2:</b> Implement and monitor suite of measures	<p>This action is in progress.</p> <p>The new CPHB clinical governance structure has been finalised and implemented. Work continues on reviewing organisational KPIs. This will be progressed over the coming months.</p> <p>Further activities to be progressed over the coming months include:</p> <ul style="list-style-type: none"> <li>• Analysis of the Workplace Change Framework and mapping initiatives and activities to the framework.</li> <li>• Finalisation of design for Managers' Toolkit.</li> <li>• Selection of range of matrices to reflect workforce status, profiles and identification gaps/challenges (i.e. Casual usage, PL trends, available skills etc.)</li> </ul>	At Risk
			<b>A2.3:</b> Conduct 2019 staff survey (evaluate)	<p>This action is in progress.</p> <p>Gallup has been identified as the Employee Engagement Survey provider. Our approach in the Great Workplaces Program is consistent with Gallup's Q12 model.</p> <p>Employee Engagement Survey has been further delayed due to COVID-19 restrictions.</p> <p>Work continues on the development of a manager toolkit to centralise reporting analysis and planning of workforce.</p> <p>Next activities include consulting with Calvary National office to finalise the survey schedule.</p>	Delay
			<b>A2.4:</b> Conduct 2022 staff survey (evaluate)	This action has not yet commenced.	Not Commenced



REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS
3	<b>Recommendation 3 of the Final Report, March 2019</b> That a program designed to promote a healthier culture to reduce inappropriate workplace behaviour and bullying and harassment be implemented across the ACT public health system. The model adopted should be based on the Vanderbilt University Medical Center Patient Advocacy Reporting System (PARS) and Co-worker Observation Reporting System (CORS).  <b>Government Response (May 2019)</b> The planning, procurement and foundational work for implementation of a program to promote a healthier culture will commence in July 2019. This will be a program based on the Vanderbilt system and the implementation model will be required to be consistent across the three arms of the ACT public health system.	System-wide	A3.1: Planning, procurement and foundation work	This action is in progress.  It has been identified through the partnership with the Australian National University's Research School of Management (ANU-RSM) to develop the Workplace Change Framework (WCF) that there needs to be a baseline of sound management capability across the public health system in order to implement a Vanderbilt-style program. Previous engagement by ACTHD in 2017 and 2018 reinforced the requirement by the Cognitive Institute that a number of factors required addressing before the ACT public health system would be at a readiness level to consider implementation of a Vanderbilt-type model. Through the WCF there will be identification of a range of initiatives that will build management and leadership capability. Investigation by CHS and the CRI Branch has been underway in exploring the most appropriate model for the ACT public health system that will align with the Workplace Change Framework and the operating models of CHS and ACTHD.  A range of foundational work is being undertaken across the public health system before the Workplace Change Framework is finalised. Mapping the application of the Respect, Equity and Diversity (RED) Framework in the three public health organisations was completed December 2019. Action plans are being developed and implemented by each organisation with a view to strengthening the use of the RED Contact Officer network by staff. A similar process is currently being undertaken to map the complaints and grievance processes to ensure there is consistent application of relevant policies, processes and procedures across the system.  The draft Interim Report and Workplace Change Framework developed by the ANU-RSM was circulated to the Culture Review Implementation Steering Group members on 20 March 2020. Feedback has been collated and sent through to ANU-RSM. Meetings have occurred across the ACT public health system on 8 and 29 April to plan application and implementation.  REDCO Mapping has been finalised and an Action Plan to articulate the forward work plan is being developed.  Ongoing discussions and consultation are occurring with 'The Cognitive Institute' to explore implementation of the 'Speaking up for safety' program.	At Risk
		ACT Health Directorate	A3.1: Planning, procurement and foundation work	This action is in progress.  The Culture Uplift program released in the Directorate aims to achieve holistic cultural change through skill building, awareness raising and development of shared goals, norms and language. To date 263 staff have attended the Conscious Interactions workshops; 76 staff have attended Being a Conscious Leader; and 25 staff have attended the Respect, Equity and Diversity (RED): Rebooted programs.  People Strategy Staff have worked closely with the Culture Review Implementation Branch business analyst to explore and provide recommendations to improve the handling of misconduct matters. A draft process map has been developed which describes the Directorate's misconduct and grievance processes, consistent with legislation, Whole of Government policies, guidance and contemporary HR practices. People Strategy have also worked with the business analyst to map current RED Contact Officer (REDCO) processes and have contributed to the REDCO Action Plan. The Action Plan is being developed by the Culture Review Implementation Branch. Further refinement on misconduct processes is planned, including testing (deidentified) cases against any recommended new processes.  Culture Uplift training and REDCO masterclasses are to be rescheduled due to impact of COVID-19.	At Risk
			A3.2: Implementation	Not yet commenced.	Not Commenced

REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS
			A3.3: Program delivery	Not yet commenced.	Not Commenced
		Canberra Health Services	A3.1: Planning, procurement and foundation work	<p>This action is in progress.</p> <p>Activities progressed to date include:</p> <ul style="list-style-type: none"> <li>Where areas of poor culture are identified, a culture diagnostic is undertaken to support the work area in behavioural changes, improved workplace culture and in ensuring adherence to the Values and the associated behaviours.</li> <li>Articulating the areas where a staff member may lodge a concern - outside of their immediate work area.</li> <li>An action plan will be developed to implement a number of improvement opportunities that have been identified during the REDCO mapping process.</li> <li>Release and promotion of the Occupational Violence strategy.</li> <li>Commencement of the review of the Business Partner model.</li> <li>Psychological support for staff after critical incidents - procedure.</li> <li>Health and Wellbeing Strategy is in draft.</li> </ul> <p>No key activities have been committed during this period whilst</p>	At Risk
			A3.2: Implementation	Not yet commenced.	Not Commenced
			A3.3: Program delivery	Not yet commenced.	Not Commenced
		Calvary Public Hospital Bruce	A3.1: Planning, procurement and foundation work	<p>This action has been completed.</p> <p>Calvary has partnered with the Cognitive Institute (under licence by Vanderbilt) to roll-out the Speaking up for Safety Program at Calvary ACT.</p>	Completed
			A3.2: Implementation	<p>This action is in progress.</p> <p>The Speaking Up for Safety program was officially launched on Friday 28 Feb 2020 and was supposed to be rolled out after the NSQHS accreditation survey at Calvary Public Hospital Bruce (CPHB) in late March 2020. However, due to COVID-19, the roll-out has been postponed.</p> <p>Five CPHB staff have now been accredited by The Cognitive Institute (under licence by Vanderbilt) to deliver this programme.</p> <p>CPHB are investigating alternative training delivery methods in light of the COVID-19 situation and restrictions.</p>	On Track
			A3.3: Program delivery	Not yet commenced.	Not Commenced

REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS
4	<p><b>Recommendation 4 of the Final Report, March 2019</b></p> <p>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.</p> <p><b>Government Response (May 2019)</b></p> <p>The Health Summit of senior clinicians and administrators from across the ACT public health system is planned for the second half of 2019.</p>	ACT Health Directorate	A4.1: Plan and conduct first summit	<p>This action is in progress.</p> <p>A funding request for the summit was submitted to the ACTHD Culture Review Implementation Working Group (CRIWG) on 13 November 2019. The request proposed forming a Project Steering Group comprising one senior clinician and one non-clinical senior health executive from ACTHD, CHS and CPHB to oversight the content and format of the summit; two face-to-face consultation forums with CHS and CPHB staff to provide feedback on the proposed scope, format and core topics to be discussed for the summit; holding the summit in May/June 2020 (100 attendees), with the goal to map a plan for improved clinical services coordination and collaboration. CHS and CPHB have been approached to nominate staff to participate in the Project Steering Group.</p> <p>Arrangements for the summit have been put on hold due to the current COVID-19 pandemic.</p>	At Risk
5	<p><b>Recommendation 5 of the Final Report, March 2019</b></p> <p>The CEO of Canberra Health Services should review mechanisms to better integrate clinical streams of the community health services within the Clinical Divisional Structures.</p> <p><b>Government Response (May 2019)</b></p> <p>This work has commenced to better integrate the clinical streams of the community health services. This is reflected in the new organisational structure of Canberra Health Services.</p>	Canberra Health Services	A5.1: Review mechanisms and integrate Community Health Services	<p>This action is in progress.</p> <p>Organisational structure continues to be monitored to ensure best alignment.</p> <p>CEO CHS continues with staff engagement through various site visits, constant communication messaging and face to face at opportunity.</p> <p>Clinical Services plan support strategic direction in relation to clinical work streams.</p> <p>HR Business Partner model continues to support managers and Executive Directors.</p> <p>Senior Managers forums are conducted regularly by the CEO in providing updates. Senior Managers are then to cascade information down to their teams.</p>	On Track
			A5.2: Evaluate	<p>This action has not yet commenced.</p> <p>Review of 2019 Culture Survey.</p> <p>No key activities have been committed during this period whilst implementing the COVID-19 Response Plan.</p>	Not Commenced
6	<p><b>Recommendation 6 of the Final Report, March 2019</b></p> <p>That the ACT Health Directorate re-establish open lines of communication with the NGO sector and other external stakeholders.</p> <p><b>Government Response (May 2019)</b></p> <p>The ACT Health Directorate has commenced the re-establishment of open lines of communication with the NGO sector with a view to establishing an NGO Leadership Group by October 2019.</p>	ACT Health Directorate	A6.1: Commence re-opening of communication lines	<p>This action has been completed.</p> <p>Communication lines have re-opened with the establishment of the NGO Leadership Group (NGOLG), co-chaired by the Deputy Director-General, Health System, Policy and Research Group and Chief Executive Officer, Alcohol Tobacco and Other Drug Association ACT (ATODA).</p>	Complete
			A6.2: Establish NGO Leadership Group	<p>The January 2020 meeting of the NGOLG was postponed due to bad weather conditions as a result of the bushfires. It was agreed that the Framework developed for engaging NGOs for the Territory-wide Health Service Plan would be sent out of session in order to progress on planning for upcoming consultation. The NGOLG agreed that the group Work Plan requires further development prior to being tabled at the March meeting for finalisation and endorsement.</p> <p>The first NGOLG Meet &amp; Greet was held on 24 February 2020. The event was an opportunity to gain a better understanding of the work the NGOLG is undertaking and to put names to faces. Feedback indicates that people would welcome the opportunity to hold an event like the Meet &amp; Greet a couple of times a year.</p> <p>Special meetings of the NGOLG commenced on 20 March 2020. For the immediate future, the NGOLG will continue to meet weekly to consider priority matters related to the supporting of NGOs in providing health services to the most vulnerable during the COVID-19 pandemic.</p>	Complete

REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS
			<b>A6.3:</b> Evaluate	This action has not yet commenced.	Not Commenced
7	<b>Recommendation 7 of the Final Report, March 2019</b> 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.  <b>Government Response (May 2019)</b> The ACT Health Directorate is building on work commenced with the inaugural ACT Health Summit: ‘Research, Teaching and Training’, held on 13 November 2018 which included the development of relationships within the academia sector. An academic partnership and training strategy is being developed. The Culture Review Oversight Group membership was extended to include the Deans of the Faculties of Health at ANU and UC (see response to recommendation 18).	ACT Health Directorate	<b>A7.1:</b> Review existing arrangements (develop relationships, define positions)	Initial work has progressed with reviewing the exiting arrangements. This has been impacted due to COVID-19 and temporary redirection of some resources.	At Risk
			<b>A7.2:</b> Produce academic partnership and training strategy	This action is in progress.  The ACT Health and Wellbeing Partnership Board held its fourth meeting on 2 December 2019. At this meeting, it was agreed to appoint an Interim Chair of the Research Working Group. It was also agreed to appoint the Chair of the Workforce Education and Training Working Group. There was also discussion about the functions of research management, the HealthANSWERS partnership and further opportunities for collaboration between organisations on research projects and programs.  The Board will meet with the Interim Chair of the Research Working Group and Chair of the Workforce Education and Training Working Group to discuss the priorities and workplans of the Group.	Delay
			<b>A7.3:</b> Implement academic partnership and training strategy	This action has not yet commenced.	Not Commenced
8	<b>Recommendation 8 of the Final Report, March 2019</b> That discussions occur between ACT and NSW with a view to developing a Memorandum of Understanding (MoU) for improved collaboration between the two health systems for joint Ministerial consideration.  <b>Government Response (May 2019)</b> The ACT Government is currently renegotiating the ACT-NSW Memorandum of Understanding (MoU) for Regional Collaboration, to be re-signed in 2019. Improved Collaboration between the ACT and NSW health systems can be listed as an agreed priority area for this MoU. The ACT Health Directorate has begun work and will commence negotiations with a view to developing an MoU with NSW Health by the end of 2019.	ACT Health Directorate	<b>A8.1:</b> Commence negotiations	This action is in progress.  On 4 February 2020 the ACTHD hosted the ACT/NSW Cross-Border Workshop. The workshop was an opportunity to continue the momentum of work already underway between ACT and NSW to enhance patient outcomes across the region as well as strengthen the ongoing Health partnership between the ACT and NSW.  At the 18 February 2020 Senior Officials Working Group (SOWG) meeting members agreed to identify the current operational agreements in place between the ACT and Southern NSW Local Health District (SNSWLHD) to better understand the current landscape. This information will allow SOWG members to compare and determine if there are any areas of misalignment for future work. ACT and NSW are currently working with relevant stakeholders to formulate the list.  ACT and NSW officers have commenced drafting the ACT/NSW Cross Border agreement for Ministers to review in April 2020 (initial plans were to provide a draft for Minsiterial consideration in March 2020 but the current COVID-19 situation has delayed senior officials consideration of the draft Agreement). The draft agreement includes several schedules and specific actions to better integrate ACT and SNSW health services e.g. data system integration, revised referral pathways, joint training initiatives etc. The agreement will also include	Complete



REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS
				<p>joint planning initiatives etc. The agreement will also include detailed governance arrangements to ensure accountability for agreed actions.</p> <p>All actions have been grouped according to 1-5 year implementation schedule.</p> <p>The ACT and NSW Health Ministers have requested a draft copy of the ACT/NSW Cross Border Agreement 2020-2025 for review. The SOWG are scheduled to meet on the 4 May 2020 to discuss the draft ACT/NSW Cross Border Agreement in preparation for ministerial review (however the current COVID-19 situation may delay senior official consideration of this document).</p> <p>The SOWG and Joint Operations Committee (JOC) intend to hold a combined meeting in April/May to clarify the roles and responsibilities of each group and coordinate respective workplans.</p> <p>The SOWG will continue to meet regularly to determine an agreed way forward to engage with the JOC and finalise the</p>	
			A8.2: Implement MOU	This action has not yet commenced.	At Risk
9	<p><b>Recommendation 9 of the Final Report, March 2019</b></p> <p>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.</p> <p><b>Government Response (May 2019)</b></p> <p>Canberra Health Services and Calvary Public Hospital have begun work on measures to monitor the improvement in clinical engagement across the ACT public health system. It is proposed that the measures be finalised and agreed by December 2019.</p>	Canberra Health Services	A9.1: Agree measures	Initial consideration has progressed, although this has been paused to ensure reprioritisation of resources to support COVID-10 response.	At Risk
			A9.2: Ongoing monitoring and reporting	Not yet commenced.	Not Commenced
		Calvary Public Hospital Bruce	A9.1: Agree measures	Initial consideration has progressed.	At Risk
			A9.2: Ongoing monitoring and reporting	Not yet commenced.	Not Commenced
10	<p><b>Recommendation 10 of the Final Report, March 2019</b></p> <p>There should be a clear requirement for senior clinicians to collaboratively participate in clinical governance activities.</p> <p><b>Government Response (May 2019)</b></p> <p>Canberra Health Services and Calvary Public Hospital are developing governance participation plans to ensure senior clinicians are collaboratively participating in clinical governance activities. These plans will be finalised by end of June 2019 with a view to commencement in July 2019.</p>	Canberra Health Services	A10.1: Develop governance participation plan	<p>This action is in progress.</p> <p>Review of governance processes continues.</p> <p>No key activities have been committed to during this period whilst implementing the COVID-19 Response Plan.</p>	Delay
			A10.2: Commence participation	<p>This action is in progress.</p> <p>Tracking of participation has commenced.</p>	At Risk
			A10.3: Monitor participation	Not yet commenced.	Not Commenced

REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS
		Calvary Public Hospital Bruce	<b>A10.1:</b> Develop governance participation plan	This action is in progress.  The Clinical Governance Committee has been revamped and integrated into the formal business governance hierarchy with clear terms of reference and reporting lines through to the Executive. The updated Clinical Governance Framework has been completed.	At Risk
			<b>A10.2:</b> Commence participation	Tracking of participation has commenced.	At Risk
			<b>A10.3:</b> Monitor participation	Not yet commenced.	Not Commenced
11	<b>Recommendation 11 of the Final Report, March 2019</b> Canberra Health Services and Calvary Public Hospital should assess the appropriateness of the Choosing Wisely initiative as a mechanism for improving safety and quality of care, developing improved clinical engagement and greater involvement in clinical governance.  <b>Government Response (May 2019)</b> The Choosing Wisely Program will be assessed, and recommendations made to the CEO Canberra Health Services and Regional CEO Calvary ACT by October 2019.	Canberra Health Services	<b>A11.1:</b> Assess Program	This action is in progress.  Program assessed and agreement to participate.	On Track
			<b>A11.2:</b> Implement and monitor	This action is in progress.  The Choosing Wisely project officer has been recruited and the program is being implemented. CHS is engaging with CPHB to swap any best practices.  No key activities have been committed during this period due to COVID-19.	On Track
		Calvary Public Hospital Bruce	<b>A11.1:</b> Assess Program	This action is in progress.  Options are being explored within broader business strategy. The program is still under consideration. Initial discussions have occurred with CHS to share lessons learned.	Delay
			<b>A11.2:</b> Implement and monitor	Not yet commenced.	Not Commenced
12	<b>Recommendation 12 of the Final Report, March 2019</b> That Canberra Health Services adopt the progressive evolution of clinically qualified Divisional Directors across each Clinical Division with Business Manager support and earned autonomy in financial and personnel management.  <b>Government Response (May 2019)</b> The restructure of Canberra Health Services Divisions is complete. The progressive evolution of clinically qualified Divisional Directors across each Clinical Division with Business Manager support and earned autonomy in financial and personnel management will be piloted from May 2019.	Canberra Health Services	<b>A12.1:</b> Conduct pilot	This action is in progress.  The HR Business Partner model continues to support Managers and Executive Directors.  Review underway of HR Business Partner Model.	At Risk
			<b>A12.2:</b> Rollout full recommendations	This action is in progress.  Reviewing the clinical director role, expectations and capability development across the organisation - including reviewing role descriptions.  No key activities have been committed to during this period whilst implementing the COVID-19 Response Plan.	On Track

REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS
13	<b>Recommendation 13 of the Final Report, March 2019</b> That an executive leadership and mentoring program be introduced across the ACT public health system specifically designed to develop current and future leaders. This program should include both current and emerging leaders.  <b>Government Response (May 2019)</b> The early planning for an executive leadership and mentoring program is underway.	System-wide	A13.1: Planning	This action is in progress.  The Australian National University's Research School of Management (ANU-RSM) has been engaged to develop an evidence-based Workplace Change Framework and Workplace Skills Development Model, with the interim report released May 2020.  The priorities identified in the Workplace Change Framework, supported by the Workplace Skills Development Model, will provide the foundation for implementation of leadership initiatives assessed through the research as having the most likely positive impact on the system.  The Culture Review Implementation Branch is currently working in collaboration with Human Resource (HR) and Corporate members of the Steering Group to develop an Action Plan for the planning and delivery of initiatives across the system.	At Risk
			A13.2: Implementation	Not yet commenced.	Not Commenced
		Canberra Health Services	A13.1: Planning	This action is in progress.  Executive leadership workshops have been held and will continue.  A Leadership and Management Strategy is under development.  Coaching and management support activities have been occurring.  The Workplace Change Framework Action Plan will inform future activities.  No key activities have been committed to during this period whilst implementing the COVID-19 Response Plan.	At Risk
14	<b>Recommendation 14 of the Final Report, March 2019</b> 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.  <b>Government Response (May 2019)</b> The initial review began with the transition to three organisations within the ACT public health system. Now that transition has settled, the HR resourcing and functions will be reassessed in line with this recommendation. Implementation of any findings will take place in the later part of 2019.	System-wide	A14.1: Conduct initial review	This action is in progress.  Workplace Research Associates Pty Ltd has been engaged to undertake a review of the HR functions across all three organisations within the ACT public health system. The HR Review will enable the assessment of each organisations current state and outline recommendations supporting the maturation of HR models to enhance futhre organisational requirements. This will actively support the application and maturity of people related strategies and initiatives required to foster positive cultural change within each orgaanisation and across the ACT public health system. It is anticipated that the HR functions review will articulate the HR functions, resourcing requirements and capabilities required to deliver on strategic and operational commitments.  Initial meetings have occurred with a range of key stakeholders across all three organisations including the Director-General ACTHD, Chief Executive Officers of CHS and CPHB and Executive Group Managers and Heads of HR. Initial work has been undertaken at ACTHD, however due to COVID-19 and the accreditation process that occurred at Calvary Hospital the HR Functions Review has been delayed.	At Risk
			A14.2: Implement changes	Not yet commenced.	Not Commenced
			A14.3: Evaluate	Not yet commenced.	Not Commenced

REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS
15	<b>Recommendation 15 of the Final Report, March 2019</b> 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.  <b>Government Response (May 2019)</b> In line with the transition to three organisations, the advice to staff is being reviewed.	ACT Health Directorate	A15.1: Review staff advice including intranet material and implement changes as required	This action has been completed.  Full transition to Shared Services supported recruitment process in place from 1 July 2019. The ACTHD recruitment policy has been reviewed in accordance with ACTPS Better Practice Recruitment Guidelines and was released for consultation in November 2019. The revised Directorate recruitment policy has been completed.  A consultant has been engaged to review position description format to include values based content.  Recruitment and Selection Training for selection panel chairs and delegates commenced in November 2019. More than 60 directorate staff have attended the Better Practice Recruitment sessions. Recruitment and Selection Training for selection panel chairs will continue through first half of 2020 and regularly thereafter.  Better Practice Recruitment training will be scheduled on an ongoing basis.	Complete
			A15.2: Continually monitor/evaluate recruitment activity	This action has commenced.  Intention to implement quality assurance check to ensure legislative and policy compliance for Directorate recruitment.	On Track
		Canberra Health Services	A15.1: Review staff advice including intranet material and implement changes as required	This action is in progress.  Selection processes continue to be completed in adherence with Enterprise Agreements, Public Sector Management Act 1994 and relevant standards and procedures. The Recruitment Policy will be reviewed as part of reviewing policies and procedures.  Action Plan had been developed to be implemented to review governance processes/procedures and also implement some new opportunities for training and quality assurance processes.  Work has paused due to COVID-19 activities.	Delay
			A15.2: Continually monitor/evaluate recruitment activity	This action has not yet commenced.	Not Commenced
		Calvary Public Hospital Bruce	A15.1: Review staff advice including intranet material and implement changes as required	This action is in progress.  Governance review of recruitment has commenced.	Delay
			A15.2: Continually monitor/evaluate recruitment activity	Not yet commenced.	Not Commenced
16	<b>Recommendation 16 of the Final Report, March 2019</b> 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.  <b>Government Response (May 2019)</b> The range of training programs is being reviewed. This is expected to be completed by October 2019. Training Programs, particularly focused on	System-wide	A16.1: Conduct training program review	This action is in progress.  The evidence-based Workplace Change Framework and Workplace Skills Development Model will inform the actions to be taken in developing a system-wide Learning and Development Strategy and the development and delivery of people skills and management training.  An Action Plan is currently being developed by the Culture Review Implementation Branch in collaboration with ACTHD, CHS and CPHB to agree on the approach to delivering the strategy across the system.	At Risk

REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS
	resolving workplace conflicts swiftly are being considered within the three organisations.	ACT Health Directorate	A16.1: Conduct training program review	This action is in progress.  Establishment of Directorate specific presence on Capabiliti (e-learning system) in place October 2019. Core learning programs for the Directorate have been reviewed and aligned with the ACTPS Core Learning Framework. Wider review of learning and development and staff training programs to continue through 2020, supported by the Workplace Change Framework.	At Risk
			A16.2: Implement changes	Not yet commenced.	Not Commenced
		Canberra Health Services	A16.1: Conduct training program review	This action is in progress.  A Training Needs analysis to be considered. This will be further supported by the Workplace Change Framework.  Review of the REDCO training to be considered as part of the action plan from the RED Review.  Work has been paused due to COVID-19 activities.	At Risk
			A16.2: Implement changes	This action has not yet commenced.	Not Commenced
		Calvary Public Hospital Bruce	A16.1: Conduct training program review	This action is in progress.  Two project resources have been recruited to support this work.	At Risk
			A16.2: Implement changes	Not yet commenced.	Not Commenced
17	<b>Recommendation 17 of the Final Report, March 2019</b> Should the recommendations of this Review be accepted, a public commitment should be jointly made by the Ministers for Health and Wellbeing, and Mental Health, the Director-General ACT Health Directorate, the CEO Canberra Health Services, the General Manager Calvary Public Hospital and key representative organisations to	Minister and Executive	A17.1: Deliver public commitment	This action has been completed.  A public commitment was made by Ministers and Health Leaders on 16 May 2019.  At the September meeting, the Culture Review Oversight Group pledged their commitment in supporting and driving a positive workforce culture across the ACT public health system.	Complete
18	<b>Recommendation 18 of the Final Report, March 2019</b> A 'Cultural Review Oversight Group' should be established to oversight the implementation of the Review's recommendations. The Group should be chaired by the Minister for Health and Wellbeing, and include the Minister for Mental Health, the Director-General ACT Health Directorate, the CEO Canberra Health Services, the General Manager Calvary Public Hospital, Senior Executives across the ACT public health system, the Executive Director Health Care Consumers Association of the ACT, President of the AMA (ACT), Branch Secretary ANMF (ACT), and Regional Secretary CPSU.	Minister and ACT Health Directorate	A18.1: Commence group activities	This action has been completed.  The inaugural meeting of the Culture Review Oversight Group was held 28 March 2019.	Complete
			A18.2: Quarterly group meetings	This action is in progress.  The Oversight Group continues to meet bi-monthly.	On Track

REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS
	<p><b>Government Response (May 2019)</b> Agreed (with additions to the membership of the Culture Review Oversight Group). The Culture Review Oversight Group has been established and the inaugural meeting was held on 28 March 2019. Members include the: 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, Branch Secretary ANMF ACT, President AMA ACT, Executive Officer Health Care Consumers Association (ACT), Executive Branch Manager Culture Review Implementation Team [ex-</p>		<b>A18.3:</b> Evaluation of Oversight Group Measures of Success	<p>This action is in progress.</p> <p>Existing tools and measures that may assess the success of the Oversight Group include:</p> <ul style="list-style-type: none"> <li>• Overarching Program Planning documentation;</li> <li>• Project Implementation Planning documentation;</li> <li>• Control and management of budget;</li> <li>• Tracking and reporting against the phases in the Communications and Engagement Strategy and Change Management Strategy;</li> <li>• Benefits realisation;</li> <li>• Management of work priorities and indicators across the ACT public health system, informed by the Workplace Change Framework; and</li> <li>• Reporting on return on investment in evolving a thriving workplace culture across the ACT public health system.</li> </ul>	On Track
19	<p><b>Recommendation 19 of the Final Report, March 2019</b> 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.</p> <p><b>Government Response (May 2019)</b> The Culture Review Oversight Group will auspice the next independent review commencing around November 2019.</p>	ACT Health Directorate	<b>A19.1:</b> Commence Annual Review (2020)	<p>This action has been completed.</p> <p>Terms of Reference for the Annual Review were endorsed by the Oversight Group at the February 2020 meeting.</p>	Complete
			<b>A19.2:</b> Release Annual Review (2020)	<p>This action has been completed.</p>	Complete
			<b>A19.3:</b> Commence Annual Review (2021)	<p>Annual Review is scheduled to commence March 2021.</p>	Not Commenced
			<b>A19.4:</b> Release Annual Review (2021)	<p>Annual Review is scheduled to be released May 2021.</p>	Not Commenced
			<b>A19.5:</b> Commence Annual Review (2022)	<p>Annual Review is scheduled to commence March 2022.</p>	Not Commenced
			<b>A19.6:</b> Release Annual Review (2022)	<p>Annual Review is scheduled to be released May 2022.</p>	Not Commenced
20	<p><b>Recommendation 20 of the Final Report, March 2019</b> 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.</p> <p><b>Government Response (May 2019)</b> The Culture Review Oversight Group will auspice the next independent review commencing around November 2019.</p>	ACT Health Directorate	<b>A20.1a:</b> With staff, collaboratively develop a communication strategy	<p>This action has been completed.</p> <p>A Culture Review Implementation Communication and Engagement Strategy has been developed through consultation with Communications teams at ACTHD, CHS and CPHB. The Communications and Engagement Strategy was endorsed at the Culture Review Implementation Steering Group meeting in December 2019.</p> <p>A Culture Review Implementation intranet page was launched on 20 December 2019 providing information on work underway, infographics on the system journey to date, links to support networks and will in time recognise areas across the system that are demonstrating positive and values-based work practices.</p>	Complete
			<b>A20.1b:</b> With staff, collaboratively develop a change management strategy	<p>This action is in progress.</p> <p>Work is in progress to develop a Change Management Strategy for the Culture Review Implementation program.</p>	On Track



REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS
			A20.2: Phase One to commence	<p>This action is in progress.</p> <p>A phase one Communications and Engagement Action Plan has been developed and is currently being implemented. Work is in progress to continue development of content, including manager's talking points, videos and further information about the journey so far and next steps.</p>	On Track
			A20.3: Phase Two to commence	Not yet commenced.	Not Commenced
			A20.3: Phase Three to commence	Not yet commenced.	Not Commenced

**2020**

**THE LEGISLATIVE ASSEMBLY FOR  
THE AUSTRALIAN CAPITAL TERRITORY**

**TABLING STATEMENT**

**ACT PUBLIC HEALTH SERVICES CULTURAL REVIEW IMPLEMENTATION  
INAUGURAL ANNUAL REVIEW – MAY 2020**

**Presented by  
Rachel Stephen-Smith MLA  
Minister for Health  
4 June 2020**



Madam Speaker, Members will recall that in tabling the Government Response to the *Final Report of the Independent Review into the Workplace Culture within ACT Public Health Services* (known as the Culture Review), a commitment was made to provide members of the ACT Legislative Assembly regular updates on progress made.

To date three biannual updates have been provided; in March and September 2019, and March 2020. In my Statement in March, I noted that Mr Mick Reid of Michael Reid and Associates had been commissioned to undertake the first annual, independent review of the implementation and impact of the Culture Review, in line with Recommendation 19. This recommendation was:

*‘That the ‘Culture Review Oversight Group’ auspice for the next three years, an annual, independent and external review of the extent of the implementation of the recommendations of the Review and consequent impact on cultural changes within the ACT Public Health Services.’*

The scope of the terms of reference of this inaugural review was considered and agreed by the Culture Review Oversight Group. The review was to examine and make findings and recommendations in relation to the following:

- Record any changes or amendments to the recommendations of the Independent Review of a not insubstantial nature and the reasons for making such changes or amendments;
- The extent of the progress made with the culture review implementation process against the original plans outlined in the Final Report;
- The impact on the workforce culture of the changes introduced to date; and
- The effectiveness of the initiation and planning phase of the culture review process undertaken including:
  - What has worked well and why, and has there been any early impact?
  - What has not worked well and why, and has there been any impact?
  - What may therefore need to change or be improved?

- What has been learned so far and how can these insights and experiences be leveraged to improve the process and outcomes/impact of the culture review implementation process?

Mr Reid was, of course, the Chair of the Independent Panel that undertook the Culture Review, and so was well placed to undertake the first annual review of its implementation. The Culture Review Oversight Group agreed that, as the implementation of the Final Report had only been in progress for 12 months at the time of commencing the inaugural review, the review would occur by:

- A desktop review of all documentation produced as part of the culture review implementation process; and
- Interviews with members of both the Oversight Group and the Culture Review Implementation Steering Group and other nominated key stakeholders.

However, it was acknowledged that the second annual external review next year will require a more comprehensive review of the perspectives of cultural change from a broader base of staff, including members from the clinical and administrative areas, and members of the community.

The Inaugural Annual Review addresses four areas. These are:

- Assessment of the governance framework to oversight implementation;
- Assessment of the progress on the recommendations of the Review;
- Review of the evidence of the impact on culture; and
- Recommendations for the next phase of implementation.

In summary, Mr Reid has found that, given the limited timeframe since the commencement of implementation, there has been pleasing progress. This was supported by most people interviewed and by the early quantitative evidence.

It was also noted that substantive culture change takes time, and that we are early in our journey of positive change.

Mr Reid acknowledged the significant impact of both the bushfires through December 2019 and January 2020 and COVID-19, on the ACT public health system and more broadly on society. He noted that these factors had impacted the progression of some of the recommendations.

Madam Speaker, I will not go through all of Mr Reid's findings. However, I will briefly touch on the key overarching messages.

I am pleased to say that there was agreement and acknowledgement by nearly all of those who were interviewed that, given the relative short period of time since the commencement of implementation, progress to date has been generally effective. The governance framework is found to be soundly based and generally well enunciated.

Nevertheless, there is opportunity to further consider the role of the Oversight Group and other governance structures and to improve their operation. The report proposes a review of the Terms of Reference of the Oversight Group and clearer articulation of the relationship between the Oversight Group and the Clinical Leadership Forum, the ACT Health and Wellbeing Partnership Board and the Non-Government Organisation Leadership Group.

I look forward to working with the Oversight Group, the other forums and the three arms of our public health system to consider these findings.

Mr Reid's assessment is that, on balance, there has been considerable progress in progressing the implementation of the recommendations. There were some minority views indicating some delay in progress and inconsistency in implementation of recommendations between the three arms of the ACT public health system. However, the overall view was that positive progress had occurred in the first year.

Mr Reid found that progress is particularly evident within each of the three health services on vision, values, altered workplaces policies and human resource functions. However, some of the inter-agency or whole-of-system recommendations have not progressed at the same pace and they will require increased focus over the next year.

Mr Reid notes that significant culture reform requires sustained effort over several years. He acknowledged that as this Review has been undertaken relatively early in the culture reform journey, it was unlikely that substantial improvement at this time was likely.

However, he reported that there were two areas across the three services that indicated early positive improvement. These are: the focus on reported alleged clusters of poor culture and poor behaviour; and some quantitative evidence of health service improvement, as outlined in the ACT Health Directorate and Canberra Health Services' results in their Workplace Culture Surveys (both undertaken in November 2019).

Further, the report finds that virtually all members of the Oversight Group reported some evident improvement in overall culture with:

- less bullying and harassment across the three organisations;
- improved executive leadership of the leadership team;
- improved clinical engagement; and
- better human resource functions.

Overall, Mr Reid has found that one year into implementation of the Final Report's recommendations is too short a timeframe to expect significant improvement in ACT Public Health Services' workplace culture. Notwithstanding this brief timeframe, however, he also found that the sustained focus on 'hot spots' by the three service executives has been commendable and, at CHS at least, some overall small gains in culture metrics across the organisation is evident.

Findings to support the next phase of Culture Review implementation include that:

- The Oversight Group should sustain a continued focus on the implementation of the 20 recommendations of the Review for at least the next year;
- The Steering Group should propose to the Oversight Group which of the recommendations should be implemented portfolio-wide in a common format;

- The role of the Cultural Review Implementation Branch should pivot to be an increased resource for initiatives which are being implemented in CHS, Calvary and the ACT Health Directorate. A primary role, however, should be to continue to service the Steering Group and Oversight Group;
- Implementation of the approved Communications and Engagement Strategy should be expedited; and
- An agreed portfolio-wide dashboard of monitoring measures should be developed and promulgated.

The report proposes that the Oversight Group convene a strategy workshop to consider the issues raised in this Review. This will be discussed, along with the other findings of the review, at the next Culture Review Oversight Group meeting later this month.

Madam Speaker, I would like to take this opportunity to thank Mr Reid for undertaking the Inaugural Annual Review. I would also like to thank everyone who took the time to participate in the review, despite the workload associated with responding to the COVID-19 pandemic.

Finally, I thank everyone across the ACT public health system for their commitment to developing initiatives and approaches to support positive culture change, recognising that this will benefit the entire workforce of the three services, as well as patients and their families and carers.

[ENDS]

**Key Finding from the ACT Public Health Services Cultural Review Implementation:  
Inaugural Annual Review**

Key Findings against four areas in the Annual Review Terms of Reference:

***Assessment of Governance Framework***

Key findings

1. The early commitment of members of the Oversight Group to collectively work together to implement the recommendations of the Final Report of the Independent Review has been an important pillar to progress over the past year.
2. The governance arrangements for implementation through the Oversight Group and Steering Group supported by the Implementation Branch have been soundly based, and generally well enunciated.
3. There are some reported differences amongst Oversight Group members on their individual role in the Group. Further discussion to achieve a common understanding of their role and contribution would be beneficial.
4. The role of the Steering Group in assisting the function of the Oversight Group has been positive.
5. The proposed review of the Terms of Reference of the Oversight Group should articulate more clearly the relationship of the Oversight Group to the Clinical Leadership Forum, the ACT Health and Wellbeing Partnership Board and the Non-Government Organisation Leadership Group.

***Progress on Recommendations***

Key findings

6. Given that it is only a year since Government acceptance of the recommendations, progress on their implementation has been good. There should be ongoing reappraisal as to whether the actions ascribed to each of the twenty recommendations continue to collectively contribute to achievement of that recommendation.
7. The dual impact of bushfires followed by COVID-19 has recently and understandably contributed to some delays in progress. It will be critical for the Steering and Oversight Groups to re-establish the momentum of reform.
8. Progress is particularly evident, within the three health services, on vision, values, altered workplace policies and human resources functions.
9. Some of the inter-agency recommendations have not progressed at the same pace and they will require increased focus over the next year.

***Impact on Culture***

Key Findings

10. One year into implementation of the Final Report's recommendations is too short a timeframe to expect significant improvement in ACT Public Health Services workplace culture.

11. Notwithstanding this brief timeframe, the sustained focus on 'hot spots' by the three services executives has been commendable and, at CHS at least, where Staff Survey data is available, some overall small gain in culture metrics across that organisation is evident.
12. Improvement in the metrics of workplace culture over the next two years should be significantly greater as the full impacts of implementation of recommendations occur

### ***Next Phase***

#### Key Findings

13. Six areas are identified that should receive attention over the next year:
  - The Oversight Group should sustain a continued focus on the implementation of the twenty recommendations of the Review for at least the next year.
  - The Steering Group should propose to the Oversight Group which of the recommendations should be implemented portfolio wide in a common format.
  - The role of the Cultural Review Implementation Branch should pivot to be an increased resource for initiatives which are being implemented in CHS, Calvary and the ACT Health Directorate. A primary role however, should be to continue to service the Steering Group and Oversight Group.
  - Implementation of the approved Communications and Engagement Strategy should be expedited. Clarity of the linkages and strengthening of the governance with the NGO Leadership Group, ACT Health and Wellbeing Partnership Board and Clinical Leadership Forum will assist progress with the ACT Public Health Service Communications and Engagement Strategy.
  - An agreed portfolio wide dashboard of monitoring measures should be developed and promulgated.
  - The Oversight Group should convene a strategy workshop to consider the issues raised in this Review.



## **Planning and Engagement Forum with the Culture Review Oversight Group**

### **Purpose**

1. To outline the options to undertake an initial planning and engagement forum with the Culture Review Oversight Group (Oversight Group), in response to the recommendations from the Inaugural Annual Review.

### **Background**

2. The Oversight Group contract an annual, independent and external review of the extent of implementation of the recommendations of the Review and consequent impact on cultural changes within the ACT Public Health System”.
3. Mr Mick Reid was contracted to conduct the annual independent and external review. Contractual arrangements were finalised in January 2020 and project initiation commenced in March 2020. Initial findings from the Review were presented to the Oversight Group on 5 May 2020.
4. The report was circulated to the Oversight Group members on 29 May 2020, and the report was made publicly available on 4 June 2020.

### **Issues**

5. A number of findings and recommendations were outlined in the Review that were specifically focussed on the Oversight Group. These include:
  - a. The early commitment of the Oversight Group to collectively work together to implement the recommendations of the Final Report of the Independent Review has been an important pillar to progress over the past year.
  - b. The governance arrangements for implementation through the Oversight Group and Steering Group supported by the Implementation Branch have been soundly based, and generally well enunciated.
  - c. There are some reported differences amongst Oversight Group members on their individual role in the Group. Further discussion to achieve a common understanding of their role and contribution would be beneficial.
  - d. The proposed review of the Terms of Reference of the Oversight Group should articulate more clearly the relationship of the Oversight group to the Clinical Leadership Forum, the ACT Health and Wellbeing Partnership Board and the non-Government Organisation Leadership Group.



- e. The Oversight Group should sustain a continued focus on the implementation of the twenty recommendations of the Review for at least the next year.
  - f. The Oversight Group should convene a strategy workshop to consider the issues raised in this Review.
- 6. Mr Reid identified through the engagement with Oversight Group members for the purpose of the review, that there is an opportunity to discuss and achieve an agreed understanding of what the roles, expectations and responsibilities are of being a member of the Oversight Group.
- 7. Initial discussions with the Oversight Group have supported the consideration of a workshop for members to participate in a facilitated discussion.
- 8. Rather than a single workshop, it is proposed that this be broken down into two forums of two to three hours each, with an initial session in August to focus on:
  - a. Reviewing the Oversight Group Terms of Reference; and
  - b. Discussing and achieving a common understanding of the roles and expectations of Oversight Group members.
- 9. The discussion would be facilitated by an independent and external facilitator.
- 10. A second half-day forum or workshop would then be held in late 2020, following the ACT election, to enable the incoming Minister to review progress with Oversight Group members and give careful consideration to the work plan and roles and responsibilities of the three arms of the health system and the Steering Group.

## **Summary**

- 11. A recommendation from the Inaugural Review was the convening of a workshop to consider the issues raised in the Review. An initial facilitated forum is being proposed to be held in August 2020 to focus on reaching a common understanding of roles and expectations of Oversight Group members.

## **Recommendation**

That the Oversight Group agrees to

- *Attending an initial planning and engagement forum and contract an external and independent facilitator for the session.*



## Culture Review Oversight Group Meeting Paper

Agenda Item:	3.2
Topic:	Workplace Culture Framework
Meeting Date:	22 June 2020
Action Required:	Discussion
Cleared by:	Director-General, ACT Health Directorate
Presenter:	Executive Branch Manager, Culture Review Implementation Branch

### Purpose

1. To provide the Culture Review Oversight Group (Oversight Group) with an update on the discussions and forward work plan in translating the Workplace Change Framework developed by the Australian National University- Research School of Management (ANU-RSM) and applying this across the ACT public health system.

### Background

2. Several recommendations from the *Final Report: Independent Review into the Workplace Culture within ACT Public Health Services* (the Review) are directly linked to organisational behaviour, workforce and leadership.
3. To assist with implementing the Review recommendations, ACT Health partnered with the Australian National University - Research School of Management (ANU-RSM) to deliver a strategic Workplace Culture Framework. The framework is informed by evidence-based research to identify and guide future cultural change initiatives across the ACT public health system.
4. Both the Interim and Final Reports have been received by ACT Health from ANU-RSM and have been circulated to the Steering Group members.
5. To compliment the work undertaken by ANU-RSM, Steering Group members have been translating the evidence-based recommendations and Workplace Culture Framework to ensure consistent application across the system.
6. A Workplace Culture Framework Operational Guideline is under development by Steering Group members.

## Issues

7. The Steering Group acknowledged that to maximise the benefit of the work undertaken by ANU-RSM that further discussions were required to agree on the application and implementation of the Framework across the ACT public health system.
8. Ongoing discussions have been planned to workshop and agree on a system-wide approach.

## Benefits

9. The development of the Workplace Culture Framework Operational Guideline is an instructive document outlining how the ANU-RSM Framework will be consistently applied across the ACT public health system.
10. The Operational Guideline will ensure consistency in the assessment and measurement of components across the ACT public health system and applying the evidence-based knowledge through ANU-RSMs work.

## Consultation

11. There has been ongoing consultation with Steering Group members from each organisation in the development of the Workplace Culture Framework Operational Guideline and the proposed next steps.

## Summary

12. Ongoing collaboration has occurred between members of the Steering Group to ensure that the work undertaken by ANU-RSM is applied across the ACT public health system in a consistent way, and that there is opportunity to proactively discuss and manage any risks identified.

## Recommendation

That the Oversight Group:

- *Note the development of draft the Workplace Culture Framework Operational Guideline is underway to support the application across the ACT public health system; and*
- *Note the progress being made in approaching people matters across the ACT public health system.*



## Culture Review Oversight Group Meeting Paper

Agenda Item:	3.3
Topic:	Respect, Equity and Diversity Framework Mapping
Meeting Date:	22 June 2020
Action Required:	Discussion and Noting
Cleared by:	Director-General, ACT Health Directorate
Presenter:	Executive Branch Manager, Culture Review Implementation Branch

### Purpose

1. The provide the Culture Review Oversight Group (Oversight Group) members with information on work undertaken to map the application of the Respect, Equity and Diversity (RED) Framework including the use of RED Contact Officers, across the three organisations in the ACT public health system.

### Background

2. The RED Framework is embedded in and promotes the ACT Public Service (ACTPS) Values and Signature Behaviours. Since its introduction, it has proved to be a successful initiative to support and empower employees to resolve workplace behaviour issues, and to build the values-based behaviour and leadership capacities required to foster a positive workplace culture. It is anticipated that strengthening the RED Framework across the ACT public health system will contribute to addressing the findings from the *Final Report: Independent Review into the Workplace Culture within ACT Public Health Services* (the Review) specifically recommendations 1, 2 and 16.
3. The ACT Government introduced the RED Framework in 2010 to support the ACTPS to meet its obligations under the *Public Sector Management Act 1994* and support ACTPS employees to understand expectations regarding their own and others' behaviour in the workplace.
4. The Framework expresses the ACT Government's commitment to create a positive, respectful, supportive and fair work environment where employee differences are respected, valued and utilised to create a productive and collaborative workplace.
5. The RED Contact Officers (REDCOs) are a key component of the RED Framework. Their purpose is to raise awareness of the importance of respect, equity and diversity in the workplace, to promote and model the ACTPS Values and Signature Behaviours, and to provide information to

staff who may be experiencing workplace issues that are inappropriate or may constitute misconduct (including workplace bullying, discrimination or harassment), to support the development of a positive workplace culture.

6. The REDCOs support issues resolution by providing staff with information and support to empower them to directly resolve workplace behavioural issues promptly and at the lowest level where the issue occurred (where appropriate), and before they turn into more serious conduct issues that need to be formally resolved.
7. The RED Framework was applied to the ACT public health services, specifically ACT Health Directorate and Canberra Health Services and has been operational for some time. However, with the transition of the two organisations and the Review, it was assessed as timely to review how the RED Framework is applied throughout the ACT public health service.
8. Of note, is that Calvary Hospital has recently implemented the RED Framework and is currently embedding this within the organisation.
9. The ACT public health system has its own unique workforce requirements and the REDCO network has been developed previously to meet those needs. However, it has been some time since the application of the REDCO network within the ACT public health system has been reviewed.
10. Mapping of the REDCO process in each of the three arms of the ACT public health system was completed in December 2019. The primary purpose being to review and reflect on the way that the RED Framework and REDCO network may be strengthened.
11. The RED review is directly linked to recommendations 1, 2 and 16 in the recommendations outlined in the *Final Report for the Independent Review into Workplace Culture within ACT Public Health Services*. These recommendations specifically refer to embedding organisational values, developing measures of good culture; and reviewing training needs and requirements.

## Issues

12. The Culture Review Implementation Steering Group agreed to establish the RED Working Group with representatives drawn from the ACT Health Directorate, Canberra Health Services, Community and Public Sector Union, the Australian Nursing and Midwifery Federation, Australian Salaried Medical Officers Federation ACT, and the Chief Minister Treasury and Economic Development Directorate (CMTEDD).
13. The RED Working Group agreed that there would be benefit in mapping the REDCO process, from start to finish, across each organisation. Now that the process mapping exercise has been finalised, the Working Group will discuss and identify key points in the process where it was identified that further enhancements could occur across all three organisations. This would support the progress of discussion and identification of further work to be undertaken to strengthen the ACT public health system's application of the RED Framework.
14. A Business Analyst (BA) was engaged to undertake the mapping exercise, commencing in November 2020.
15. The mapping work was completed on 13 December 2019 with each organisation provided with a Process Map and a SWOT Analysis and Process Description document, see [Attachment A](#) for ACT Health Directorate, [Attachment B](#) for Canberra Health Services and [Attachment C](#) for Calvary Public Hospital Bruce.

16. In December 2019 consolidation and feedback meetings were held with the HR areas in each organisation to gain feedback of the process and to clarify next steps. There was agreement that each organisation would develop an action plan and report back to the RED Working Group on a quarterly basis on progress against their action plan. This first update was provided at the meeting on 16 March 2020.
17. The RED Working Group will also provide an opportunity to identify themes for broader discussion to support maturity of initiatives in the action plans. Themes include initial training for REDCOs and refresher training, professional supervision, debriefing and support for REDCOs, and maintaining data on the use of REDCOs.
18. The RED Working Group meeting held on 16 March 2020 discussed options for embedding evaluation into organisation processes and systems. It was noted that the RED Framework is currently silent on evaluation. The Culture Review Implementation Branch and the ACTHD People Strategy team are partnering to design evaluation opportunities to pilot.
19. It is anticipated that the review and strengthening of the RED Framework and REDCO network across the ACT public health system will:
  - a. be a visible, positive step reinforcing the significant work already underway that further demonstrates leadership's commitment to investing in positive cultural change;
  - b. provide an opportunity for broad staff engagement to review the existing application of the RED Framework and to refresh the REDCO network. There will likely be more opportunities for people to participate as a REDCO;
  - c. further support staff to resolve workplace behavioural issues when and where they occur (where possible), so that they do not become entrenched as more serious misconduct issues, and escalated into formal processes;
  - d. strengthen the identification, reporting and analysis of workplace culture issue themes, risks and trends and support the development of enduring solutions to address common and recurring issues; and
  - e. strengthen the ongoing review and evaluation of this program so that it continues to be meet the changing needs of the workforce.

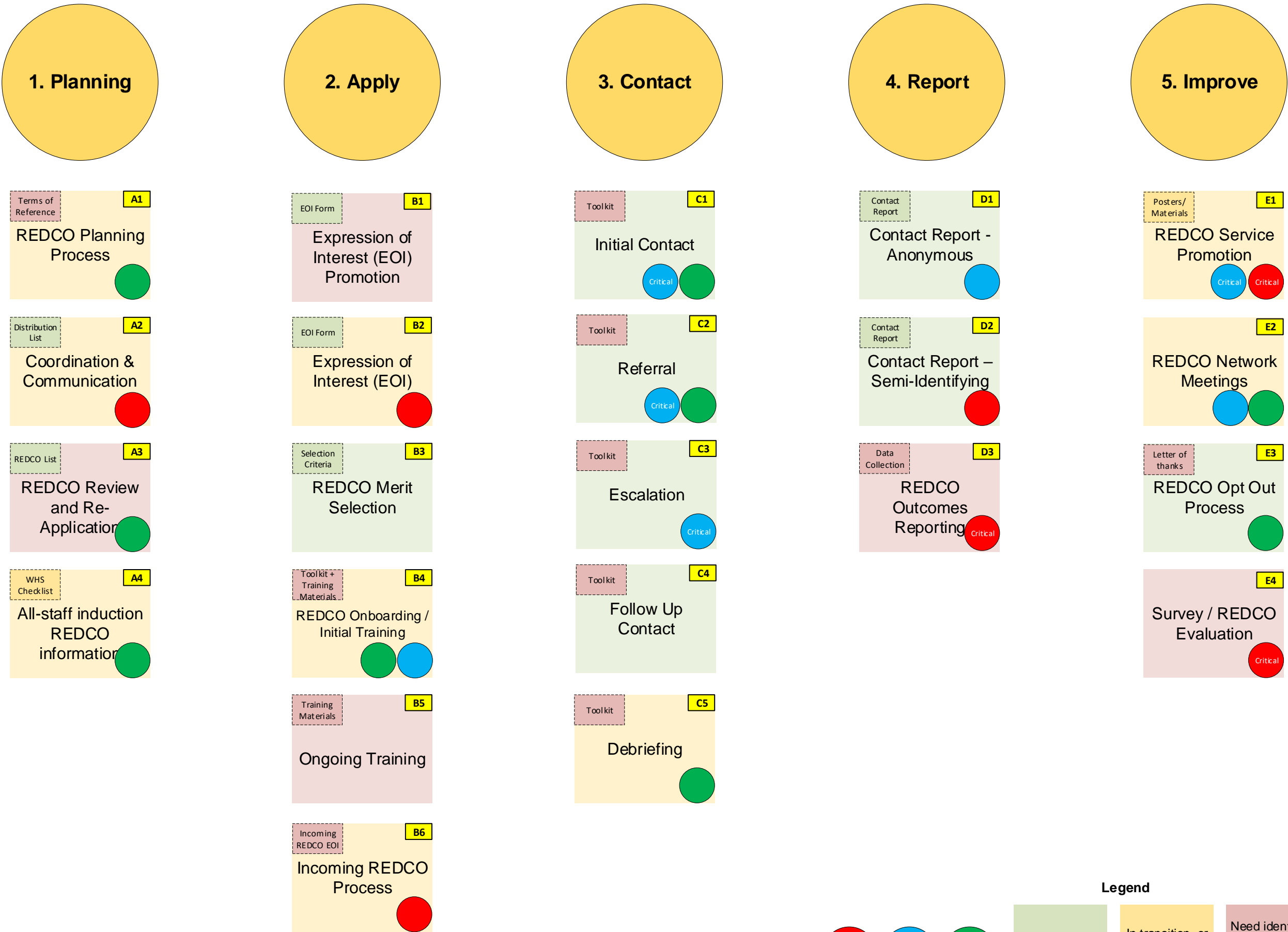
## **Recommendation**

That the Oversight Group:

- *Note the work underway across the ACT Public health system to strengthen the application of the RED Framework.*

# REDCO Process Analysis - ACTHD

Conceptual model of processes of REDCO, mapped to objectives



**Legend**

Pain Point OR opportunity (HR)

Pain Point OR opportunity (REDCO)

Innovation or Strength

Currently doing

In transition, or not finalised.

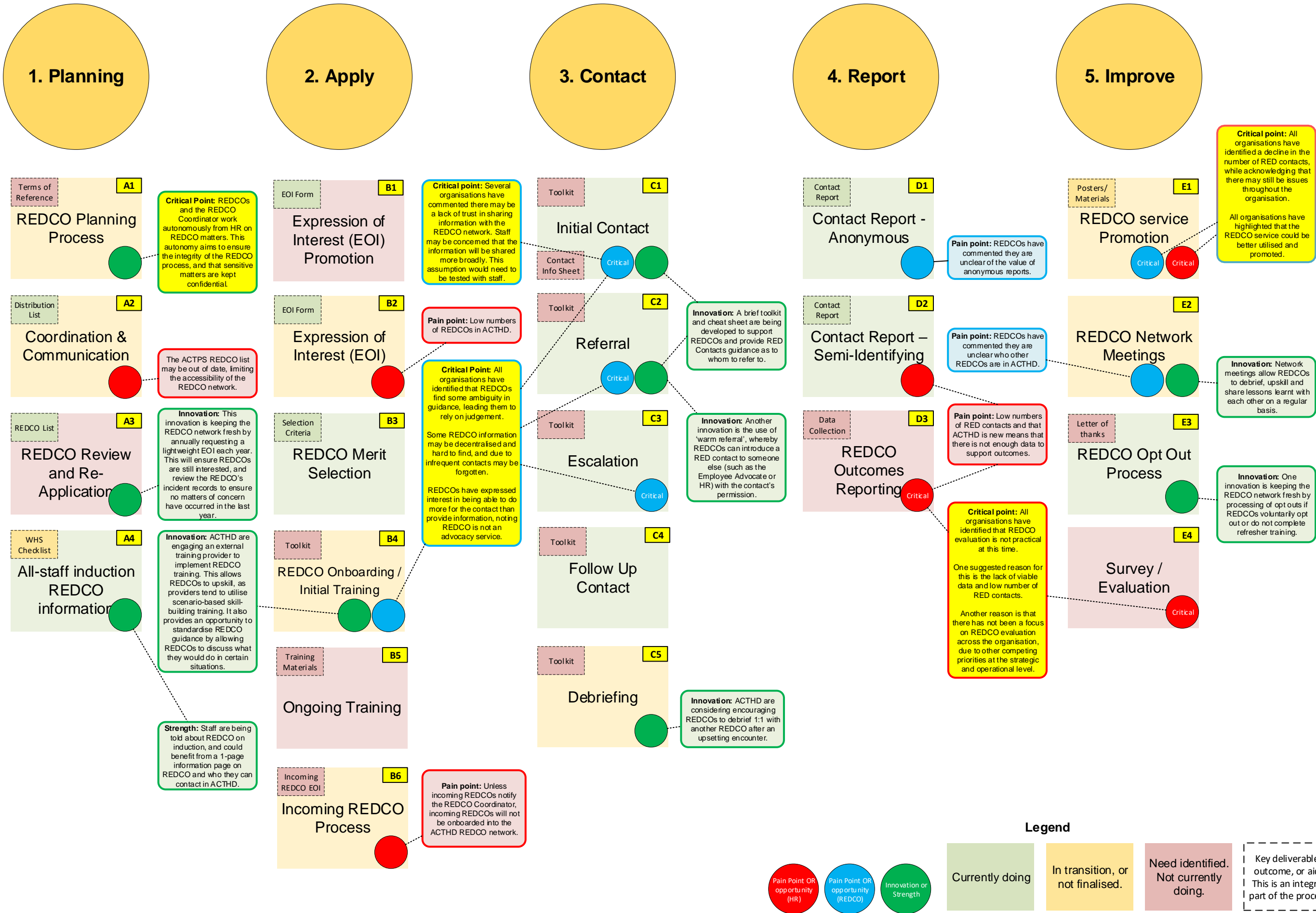
Need identified. Not currently doing.

Key deliverable, outcome, or aid. This is an integral part of the process



# REDCO Process Analysis - ACTHD

Conceptual model of processes of REDCO, mapped to objectives





## SWOT Analysis and Process Descriptions - ACTHD

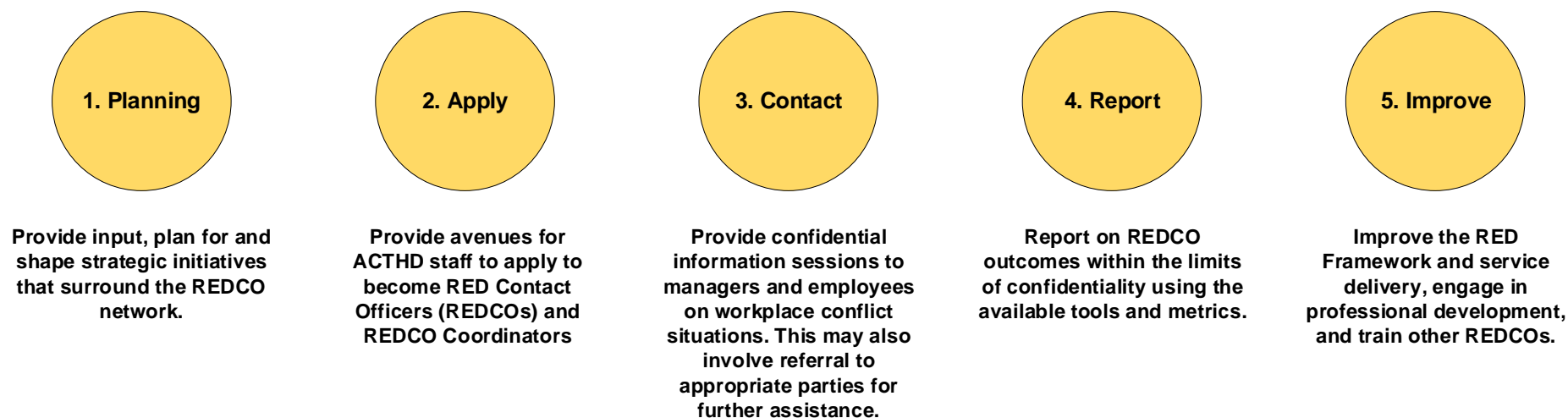
The SWOT analysis provides an overview of the strengths, weaknesses, opportunities and threats identified in the process mapping exercise. The Process Descriptions outline what happens in each process in the A3 Process Map.

### SWOT Analysis – REDCO Process Map

Strengths	Weaknesses
<p><b>Critical point across all organisations:</b> REDCOs and the REDCO Coordinator work within HR, but REDCO-related work is disconnected from HR. This autonomy aims to ensure the integrity of the REDCO process, and that sensitive matters are kept confidential.</p> <p>ACTHD are engaging an <b>external training provider</b> to implement REDCO training. This allows REDCOs to upskill, as providers tend to utilise scenario-based <b>skill-building training</b>. It also provides an opportunity to standardise REDCO guidance by facilitating REDCOs to discuss what they would do in certain situations.</p> <p>ACTHD are implementing a '<b>warm referral</b>' process, whereby REDCOs can introduce RED contacts to other key staff (such as HR contacts, or the Employee Advocate). This will facilitate upskilling of REDCOs, and assist the RED contact navigate to next steps while under stress.</p> <p>ACTHD are implementing a <b>letter of thanks</b> to REDCOs as a way of recognising their volunteering efforts.</p> <p>ACTHD are implementing a <b>toolkit</b> and cheat sheets for REDCOs to know what to do and who they can refer RED contacts to during sessions.</p>	<p><b>Critical point across all organisations:</b> The current role of a REDCO is targeted at referral and information provision. Some REDCOs have mentioned that RED contacts may feel frustrated that REDCOs cannot do more for them.</p> <p><b>Critical point across all organisations:</b> REDCOs have reported some ambiguity and decentralisation of guidance and REDCO procedures, leading them to rely on judgement. This may also create some inconsistency across the REDCO service.</p> <p>Low numbers of REDCOs in ACTHD.</p> <p>REDCO coordination is not a full-time position and is one responsibility among a broader duty statement.</p> <p>Because the ACTHD REDCO process is new, this may mean there are lessons learnt, weaknesses or ambiguities that may not have been identified yet.</p> <p>There is no identified RED Executive Sponsor yet.</p> <p>REDCOs may be unclear of the value of filling out anonymous contact reports.</p>

Opportunities	Threats
<p><b>Critical point across all organisations:</b> Most REDCOs have identified that contacts approach them when they are familiar with the REDCO, a social psychological principle termed the ‘mere familiarity effect’. This excludes REDCOs who might be connected in some way to the issue. Consequently, increased coverage across all levels of the organisation could promote network usage.</p> <p><b>Critical point across all organisations:</b> There is an opportunity to address the underutilisation of REDCOs by <b>promoting the REDCO network</b> with executive championship, bolstering promotional material, bolstering confidence in the network’s ability to assist staff, upskilling REDCOs, and establishing a trusted process and partnership between REDCOs and HR contacts.</p> <p>ACTHD is a new organisation and is undergoing a <b>REDCO reboot</b>. This provides an opportunity for implementing several new areas of innovation.</p> <p>ACTHD is a smaller organisation. Consequently, the promotion of REDCOs may have a greater impact through staff being familiar with (but not in the same team or discipline as) available REDCOs.</p> <p>ACTHD operates in a policy as opposed to a clinical context. Consequently, there are greater opportunities for having a private, confidential chat with available REDCOs.</p> <p>ACTHD are actively identifying candidates for a <b>RED Executive Sponsor</b>, the RED Working Group could assist this process. This will create an opportunity for executive championship of RED&lt; recruitment of new REDCOs, and other benefits.</p>	<p><b>Critical point across all organisations:</b> There is a decline of RED contacts across ACTHD and other organisations, without a clear understanding of why. There may be a dearth of trust in the confidentiality of REDCOs, or a frustration that REDCOs cannot do more for contacts. Over time, this may threaten the value and use of the REDCO network. This threat may be addressed with refreshed REDCO promotion with executive championship, bolstering confidence in the network’s ability to assist staff, upskilling REDCOs, establishing links between REDCOs and the Employee Advocate, and establishing a trusted process and partnership between staff and HR contacts.</p> <p>The <b>whole-of-ACTPS REDCO list</b> may be out of date. This means that staff, particularly new staff, will be unable to reach out to a REDCO unless they have knowledge of who REDCOs are in their area.</p>

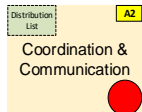
## Process Descriptions



## Objective 1: Planning

	Number	Name	Critical Points / Challenges	Process Description
<div>Terms of Reference</div> <div>A1</div> <div>REDCO Planning Process</div>	A1	REDCO Planning Process	<p>ACTHD is a new directorate and the REDCO network will undergo a reboot in early 2020. ACTHD REDCOs were inherited from the former CHSREDCO network. Consequently, there are several processes to set up or are in transition.</p>	<ul style="list-style-type: none"> <li>This process supports the decision-making, organisation, coordination and leadership skills required to support the ACTHD REDCO process.</li> <li>The REDCO Coordinator will prepare resources, organise training and meetings, and work with the Senior Manager, People Strategy in implementing improvements.</li> <li>The ACTH REDCO Coordinator will prepare reports on aggregate REDCO outcomes and provide input into key REDCO decision-making.</li> <li>Decision making support and reporting for REDCO is provided by:               <ul style="list-style-type: none"> <li>Senior Director, People Strategy</li> <li>The RED Working Group</li> </ul> </li> </ul>

- **Critical point (Strength):** REDCOs and the REDCO Coordinator work semi-autonomously from HR in REDCO-related matters. This autonomy aims to ensure the integrity of the REDCO process, and that sensitive matters are kept confidential.

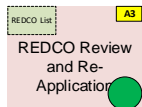


**A2**

Coordination and Communication

Challenges in resourcing/time. REDCO is one responsibility in a much larger duty statement.

- The REDCO Coordinator manages the coordination and communication process.
- This process involves managing the REDCO distribution list, organising training, keeping contacts up to date, and monitoring REDCOs that have entered or left the organisation.
- The REDCO Coordinator will also update the Whole of Government ACTPS REDCO team on a regular basis, to ensure REDCO contact details are up to date, to remove REDCOs that have departed the organisation, and to add new incoming REDCOs to the list.
- **HR Pain point:** The whole-of-ACTPS REDCO list may be out of date. This means that staff, particularly new staff, will be unable to reach out to a REDCO unless they have knowledge of who REDCOs are in their area.



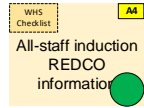
**A3**

REDCO Review and Re-Application

Low number of REDCOs in ACTHD.

- The REDCO Coordinator will ask REDCOs from the existing ACTHD REDCO network to re-apply.
- The REDCO Coordinator will review each application against other considerations such as incident data, and make a decision as to each REDCO's ongoing suitability for the role.
- The REDCO Coordinator will also regularly ensure there is geographical and workforce coverage of REDCOs within ACTHD. If coverage needs to be improved, the Coordinator may invoke the REDCO promotion process or the Executive Sponsor.
- This process will repeat annually.
- **Innovation:** One innovation is keeping the REDCO network fresh by annually requesting a lightweight EOI each year. This will ensure REDCOs are still interested

and review the REDCO's incident records to ensure no matters of concern have occurred in the last year.



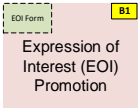
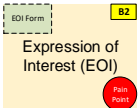
**A4**

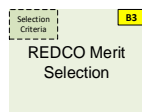
All-staff induction – REDCO information

None identified.

- ACTHD have a Work Health and Safety (WHS) checklist, on which Item 7 includes ensuring new staff understand RED and know where they can find REDCO officers.
- **Innovation:** Staff are provided a 1-page REDCO information sheet in induction.

## Objective 2: Apply

Number	Name	Critical Points / Challenges	Process Description
	<b>B1</b>	REDCO Expression of Interest (EOI) Promotion	<p>ACTHD do not have a RED Executive Sponsor to promote championship of this process.</p> <ul style="list-style-type: none"> <li>• The REDCO Coordinator and RED Executive Sponsor promote the REDCO network, encouraging staff to apply to become a REDCO.</li> <li>• The REDCO Coordinator may work with senior executives to launch this EOI process.</li> <li>• Staff will be linked to the existing EOI form or encouraged to apply over email.</li> </ul>
	<b>B2</b>	Expression of Interest (EOI)	<p>Sustained attention on promoting REDCO. Currently, the EOI form is not published.</p> <ul style="list-style-type: none"> <li>• An ongoing EOI form will be available on the Intranet, outlining what RED and a REDCO is, and contact details for existing REDCOs. Departmental staff may access this form and apply to the REDCO Coordinator, on an ongoing basis. They will complete the application form outlining their suitability against the criteria and why they would like to be a REDCO, indicate their manager's support, and confirm that a discussion has been had with their Director.</li> <li>• The REDCO Coordinator will send an acknowledgement email to the applicant.</li> <li>• <b>Pain Point:</b> There is a low number of ACTHD REDCOs. It is anticipated this number will be increased in the REDCO reboot in 2020.</li> </ul>



**B3**

REDCO Merit  
Selection

None identified.

- Once an EOI application is received, the REDCO Coordinator will assess the application against the criteria and suitability for the role.
- The applicant will be notified by phone or email as to the outcome of their application. Unsuccessful applicants will be notified with feedback on why they were not successful. Successful applicants will be tentatively approved as a REDCO pending completion of mandatory training.
- The REDCO Coordinator will then provide them information on how to enrol in this training.



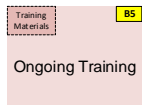
**B4**

REDCO  
Onboarding  
and Initial  
Training

Development of a brief  
toolkit for REDCO contacts  
and procedures.

- This process supports the development of initial training at ACTHD for new candidate REDCOs. For example, this process may include providing training on RED-related initiatives, choosing providers (currently CIT), evaluating and providing feedback to the provider.
- The REDCO Coordinator will organise this process.
- The REDCO Coordinator will email the current distribution list of existing REDCOs to let them know training is taking place and they can join if they would like for a refresher (see 'Ongoing Training').
- The REDCO will receive onboarding training. They will be trained in the REDCO duty statement, roles, procedures, reporting responsibilities and skill-building.
- Once an applicant has completed mandatory training, they are added to the ACTHD email distribution list.
- The REDCO will be introduced to other REDCOs at the next quarterly networking event.
- The REDCO will be introduced to the REDCO Coordinator and relevant HR contacts.
- **Pain Point:** REDCOs have commented they are not clear on the guidance they are provided and who the other REDCOs are. Training could benefit both of these components. This pain point will be addressed in the next round of training implemented as part of the RED Reboot in 2020.

- **Innovation:** People Strategy are planning to engage an external provider to implement skill- and scenario- based training for REDCOs. This has the opportunity to ease internal resourcing pressures and allow REDCOs to upskill.



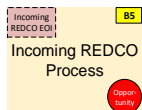
**B5**

Ongoing Training

REDCOs may be unclear of ongoing training requirements.

Ongoing training has not been organised for a long period of time. This will be alleviated in the planned REDCO reboot in 2020.

- The REDCO Coordinator will coordinate RED- and REDCO- related training, for example engaging a provider to undertake refresher training every 18 months. ACTHD are looking to engage Punk PD's REDCO training.
- If REDCOs have not undertaken refresher training within an 18-month interval, the REDCO Coordinator will contact them to check in, arrange refresher training, or potentially opt out of REDCO.
- Additionally, REDCO-related changes, such as new policies, may prompt this process.



**B6**

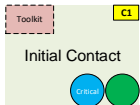
Incoming REDCO Process

Finding out about REDCOs – the onus is on REDCOs to contact the REDCO Coordinator.

Development of a lightweight prior REDCO EOI form.

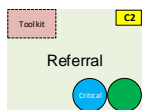
- Occasionally, REDCOs will be posted to ACTHD from other ACTPS Directorates. It is expected the REDCO will get in touch with the REDCO Coordinator and fill out a lightweight REDCO EOI form targeted towards employees who have formerly been REDCOs.
- The REDCO Coordinator will review the application and approve or reject it, notifying the applicant REDCO of the outcome.
- If successful, the REDCO Coordinator will inform the ACTPS REDCO coordination team of the new REDCO and enrol the incoming REDCO in ACTHD-specific training. The REDCO will undertake an ACTHD onboarding process specifically targeted for REDCOs.
- **Pain Point:** There is a difficulty connecting with posted or incoming REDCOs in ACTHD unless REDCOs get in touch with the REDCO Coordinator. This may be addressed with increased promotional or communications material.

### Objective 3: Contact

	Number	Name	Critical Points / Challenges	Process Description
	C1	Initial Contact	<p>Density and decentralisation of guidance information.</p> <p>Development of a brief toolkit to support the initial session.</p>	<ul style="list-style-type: none"> <li>• RED Contacts will reach out to REDCOs using the ACTPS REDCO list available on the Intranet, REDCO promotional material, or local knowledge of REDCOs.</li> <li>• REDCOs will send an invite to RED Contacts or have a chat in a private area where they will discuss the issue.</li> <li>• The REDCO will listen empathetically and hear the issue. Dependant on the case, the REDCO may either arrange a follow-up session or provide some options. Either way, they will discuss a plan for next steps. The aim is to empower the RED contact to undertake next steps on their own where possible.</li> <li>• The REDCO may provide information such as definitions of unacceptable behaviour, bullying, harassment and so on.</li> <li>• REDCOs will clarify the <u>process</u> of resolving workplace conflicts, such as informal and formal routes to resolution.</li> <li>• The REDCO will ask if the person wishes to remain anonymous, and how much information they would like recorded.</li> <li>• The REDCO will record the contact and store this record confidentially. They will then fill out a RED Contact Report (see 'Objective 4: Report') below.</li> <li>• <b>(Critical). REDCO Pain Point:</b> REDCOs have commented: <ul style="list-style-type: none"> <li>○ REDCOs have noted there is some ambiguity on the guidance and procedures as to how to conduct contact sessions, and that they rely on their own judgement.</li> <li>○ REDCOs have expressed some interest in doing more to help RED contacts.</li> <li>○ Often clients will emotionally debrief, and then feel that the REDCO cannot do anything else for them, or they will have to repeat their story to someone else, as the REDCO role is limited to information provision.</li> <li>○ Role clarity is a large part of the engagement, for example separating a Manager role from the REDCO role, both of which invoke different processes.</li> </ul> </li> </ul>



- **Critical point:** Several organisations have commented there may be a lack of trust in sharing information with the REDCO network. Staff may be concerned that the information will be shared more broadly.
- **Innovation:** In ACTHD specifically, a brief toolkit and a one-page cheat sheet is being developed to help achieve clarity over what the REDCO is to send contacts and what to do in different situations.



**C2**

**Referral**

Expanding the REDCO role to include a warm transfer process as well as disseminate information.

Density and decentralisation of information guidance.

Development of a brief toolkit.

- During the meeting with a REDCO, the REDCO will identify appropriate referrals dependant on the case issue. For example:

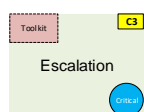
#### REFERRAL POINTS FOR THE RED CONTACT

- **Initial step - informal:** As a first step, most REDCOs will ask the RED Contact what steps they have taken previously. They may outline the option for the RED Contact to address the issue directly and speak to the person involved, or to talk to their supervisor. The aim is to empower the RED contact to take next steps autonomously.
- **Employee Advocate**, for meditation, complex matters, and dispute resolution.
- **Employee Assistance Program (EAP)** for well-being support, and the **Manager's Assist (within EAP)** service for management support.
- **Another REDCO**, if the existing REDCO is involved or has a conflict of interest in the matter, has competing work priorities, or is going on leave. In this case it would be appropriate to do a 'warm transfer', where the REDCO finds an alternative REDCO and directly introduces the RED Contact to that person.
- **Employment Portal**
  - **ACTPS workplace behaviours information** for understanding appropriate workplace behaviours, definitions and more.
  - **Manager behaviours** information.
  - **Definitions** of bullying, harassment, and discrimination.

- **Employee Relations Team (within HR)** for formal complaints, noting the ACTHD REDCO Coordinator is based within this team and can assist.
- **RISKMAN incident reporting**, for matters of misconduct or unreasonable behaviour.
- The REDCO will provide this information in-session and a follow-up email with links to the appropriate resources.

#### REFERRAL POINT FOR THE REDCO

- If the REDCO chooses, they may refer the case to the **REDCO Coordinator**, for escalation, triaging or advice on misconduct or work health and safety matters. This may involve a 'warm transfer' process whereby the REDCO introduces the person to the REDCO Coordinator. The REDCO Coordinator may then action with HR as required.
- **Another REDCO**, if the existing REDCO is involved or has a conflict of interest in the matter, has competing work priorities, or is going on leave. In this case it would be appropriate to do a 'warm referral', where the REDCO finds an alternative REDCO and directly introduces the RED Contact to that person.
- **Employee Assistance Program (EAP)** for well-being support (see 'Debriefing' process), for the REDCO.
- **Innovation:** As highlighted previously, there is a planned innovation to implement a 'warm referral': where REDCOs introduce and 'hand over' the referred party to the RED Contact. This will give REDCOs more gravitas as a resource and provide a better service to RED contacts.
- **REDCO Pain Point:** See Initial Contact process.



**C3**

Escalation

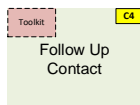
Development of a brief toolkit for guidance as to what to do in an escalation.

During the REDCO session, an issue that requires immediate attention and escalation to a third party may become apparent. It is critical that in all matters except for an imminent safety risk that the consent of the RED contact is sought, and their autonomy is enabled.

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Educating RED contacts on the difference between the REDCO and Employee Advocate.

- **Unwelcome or inappropriate behaviour toward a REDCO during a session:**
  - The REDCO will inform the RED Contact that their behaviour is not appropriate.
  - Notify the REDCO Coordinator for consideration of further action.
  - Consult the Debriefing process below.
- **Harm including self-harm:**
  - In serious or urgent cases, the REDCO will notify the People Strategy team, specifically the REDCO Coordinator.
  - In this case, the REDCO Coordinator or the REDCO will determine whether to contact the Crisis Assessment Team (CAT) and/or police.
  - The REDCO may notify the RED Contact's Manager.
- **Potential criminal incident or serious misconduct issue:**
  - The REDCO will report to the People Strategy team, specifically the REDCO Coordinator.
- **Disputes in which the RED Contact requires meditation or further support:**
  - REDCO Coordinators, RED Contacts, and REDCOs may contact the Employee Advocate at any time if they are experiencing unreasonable workplace behaviour.
- **REDCO Pain Point:** See Initial Session process.

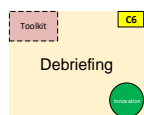


**C4**

Follow Up  
Contact

None identified.

- RED Contacts will reach out to REDCOs or vice versa, dependant on the relationship and what happened in the initial session.
  - The REDCO will listen to the issue and aim to understand the concern.
  - The REDCO will provide further options for the RED Contact to proceed.
  - The REDCO will record the contact but not fill out another RED Contact Report, unless the issue is a new one.
-



C5

Debriefing

Development of debriefing guidance.

- This process involves two components: a) emotional wellbeing and b) advice.
- For *a) emotional wellbeing*, REDCOs are privy to a variety of sensitive and potentially upsetting circumstances. If after a RED Contact the REDCO feels they need to debrief, most REDCOs will approach their own networks, such as their Manager, or the EAP. The REDCO Coordinator is another option.
- For *b) advice*, the REDCO may need to consult with the REDCO Coordinator where they are unsure what information to provide a RED Contact after a session.
- **Innovation:** A potential improvement is encouraging REDCO to reach out for one-on-one peer support from other REDCOs after a contact.

#### Objective 4: Report



D1

Contact Report - Anonymous

Most RED contacts prefer to remain anonymous.  
Understanding and communicating the value of the Anonymous Contact Report to REDCOs.

- During the session, a REDCO will ask if the contact wishes to remain anonymous.
- After a RED Contact's session, the REDCO will fill out a RED Contact Report noting the REDCO's name and the date of contact only, and send it to the REDCO Coordinator.
- The REDCO Coordinator monitors a contact has been made.
- In circumstances where the REDCO has identified serious misconduct, the REDCO Coordinator may make the determination to escalate (see 'Escalation process').
- *NB: Only one Contact Report is filled out per issue, regardless of the number of sessions. If the RED Contact raises a new issue, it requires a new Contact Report.*
- **REDCO Pain Point:** REDCOs have commented they are unclear of the value of filling out an anonymous contact report, as it only records the issue at a high level and the REDCO's name.

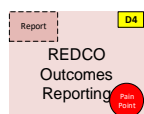


**D2**

Contact  
Report –  
Semi-  
Identifying

None identified.

- During the session, a REDCO will ask if the contact wishes to remain anonymous. If the contact is comfortable, the REDCO will work with the contact to record details that are acceptable to that contact.
- After a session, the REDCO will fill out a RED Contact Report noting the details: such as the REDCO's name, details of the issue, the date, their business unit, type of issue, if their manager/supervisor is aware of issue. The REDCO will also record if the issue has been reported before, and if so who to, and the outcome of the conversation.
- *Note:* The RED Contact's name is only recorded for some matters involving escalation (see 'Escalation'). A semi-identifying report contains information about the Contact's business unit.
- The REDCO will send this to the REDCO Coordinator. The REDCO Coordinator records that contact has been made for reporting purposes or escalation in the case of serious misconduct. Other parties are not involved, and the information remains confidential.
- **HR Pain Point:** There is not enough data (that is, too few RED contacts each year) to support aggregate outcomes reporting. This process may be benefited by the RED reboot in 2020 which will promote REDCO more broadly in ACTHD.



**D3**


REDCO  
Outcomes  
Reporting

Development of a reporting  
process and data collection.

- The REDCO Coordinator will create an aggregate report of all RED Contact outcomes they have become aware of. This report will be used by management to understand measurements around RED Contacts, such as frequency, usage of the REDCO network, and other metrics. Reports will not contain personal sensitive or confidential information.
- Some of this information may inform annual reporting, State of the Service, and other ad hoc reports.

- **HR Pain Point:** There is not enough data (too few RED contacts each year) to support aggregate outcomes reporting. This process may be benefited by the RED reboot in 2020 which will promote REDCO more broadly in ACTHD.

## Objective 5: Improve

Number	Name	Critical Points / Challenges	Process Description
	E1 REDCO Service Promotion	<p>Sustained attention on promoting REDCOs.</p> <p>Time/resources constraints.</p> <p>Inability to self-administer Intranet pages.</p> <p>ACTHD do not have a RED Executive Sponsor.</p>	<ul style="list-style-type: none"> <li>• REDCOs and the REDCO Coordinator will actively promote the REDCO network.</li> <li>• This may occur through signage at each REDCO's desk put up by the REDCO, badges, email signatures, and posters around the ACTHD.</li> <li>• REDCOs will model positive workplace behaviour within their division and be approachable to assist RED Contacts and ACTHD staff.</li> <li>• The Intranet will also be a key resource used to engage REDCO, for example the use and advertisement of an ACTHD REDCO page updated by the ACTHD REDCO Coordinator.</li> <li>• <b>Critical Pain Point – noted across ACTHD, CHS and CPHB:</b> There is a declining number of RED contacts each year, but REDCO feedback and RISKMAN reports indicate issues are still occurring. There is not enough data to support a meaningful understanding of why this is the case.</li> <li>• <b>Other HR and REDCO pain points - ACTHD:</b> <ul style="list-style-type: none"> <li>○ There is no current RED Executive Sponsor in ACTHD.</li> <li>○ REDCO information is decentralised, a potential improvement idea has been suggested to make the current REDCO page on the Intranet.</li> <li>○ There is a low number of REDCOs in ACTHD. REDCOs have noted that one avenue staff use to approach them is being familiar with the REDCO but not in the same team or discipline, so better coverage would alleviate this.</li> </ul> </li> </ul>

- Some of the promotional material for REDCOs (e.g badges, posters) has lost attention and may need to be rebooted.
- This pain point will be addressed in promotional material implemented as part of the RED Reboot in 2020.

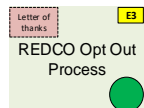


**E2**

REDCO  
Network  
Meetings

Finding new REDCOs who  
have recently joined or left  
ACTHD.

- This process was placed under 'Improve' as it gives REDCOs to provide feedback and share lessons learnt. The REDCO Coordinator will arrange an invite to all ACTHD REDCOs for a networking event every quarter, such as a meeting or coffee catch up.
- This will provide REDCOs an opportunity to workshop key issues raised, share experiences, discuss new initiatives to support RED, and to discuss upcoming REDCO activities.
- **Innovation:** This process will also allow REDCOs to undertake a 'cold debrief', that is, share common issues that are being raised. This feedback will be used in improvement initiatives by the REDCO Coordinator and People Strategy Branch. It will also provide upskilling for REDCOs.

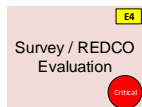


**E3**

Opt Out

Low number of REDCOs in  
ACTHD becomes a challenge  
if REDCOs opt out.

- For a variety of reasons, including change in interests, time, or other pressing commitments, REDCOs may opt out of the process of being a REDCO. They will either contact the REDCO Coordinator to let them know, or the REDCO Coordinator will check in with them as a part of the refresher training or networking process.
- The REDCO Coordinator would inform the whole-of-government ACTPS REDCO coordination team.
- **Innovation:** ACTHD are considering implementing a standard letter of thanks and certificate for voluntary service in being a REDCO.



**E4**

Survey /  
REDCO  
Evaluation

Development of the RED  
survey.

- Both ACTHD and the RED Working Group are interested in measuring ACTHD satisfaction, frequency of use, and reasons why REDCOs are contacted or not contacted, among other metrics.
  - A potential improvement idea that has been suggested is running a baseline REDCO survey and follow-up after 12-months.
  - **Critical point:** All organisations have identified that REDCO evaluation is not practical at this time. One suggested reason for this is the lack of viable data and low number of RED contacts. Another reason is that there has not been a focus on REDCO evaluation across the organisation, due to other competing priorities at the strategic and operational level.
-



## Responsible and Accountable REDCO Roles

The following roles actively manage or are responsible for the REDCO process.

Role	Description
<b>Respect, Equity, Diversity Contact Officer (REDCO)</b>	REDCOs provide information to staff members (RED contacts). They provide options to empower the REDCO Contact to further resolve workplace situations. REDCOs also report on each session within the limits of confidentiality, may report incidents of potential harm or criminality to People Strategy, and participate in RED networking and training. REDCOs do not provide specific advice, opinions or advocacy.
<b>Senior Manager, People Strategy</b>	Receives reports from the REDCO Coordinator as to REDCO outcomes, to report and provide decision-making support at a strategic level. Will also be informed of escalations and serious misconduct matters.
<b>REDCO Coordinator</b>	REDCO Coordinators operate autonomously to organise REDCO networking and training, document REDCO outcomes, and prepare reports on REDCO. They report to the Senior Director, People Strategy.
<b>RED Executive Sponsor</b>	RED Executive Sponsors perform the REDCO function at a senior level. They operate from an accountable, respected position in the organisation. The additional capacities are that they champion the REDCO network, role model RED behaviours, send out REDCO communication, provide REDCO services in certain circumstances, such as when directly approached by a RED Contact, or in a sensitive matter involving senior personnel. They may also be contacted to resolve RED matters from external agencies, such as other Directorates. ACTHD do not currently have a REDCO Executive Sponsor.
<b>Employee Advocate</b>	The Employee Advocate listens to matters involving unreasonable workplace behaviour. They may be approached by anyone in ACTHD. Following an initial session, the Advocate may engage in mediation, dispute resolution, and intervention. They report to the Director-General, ACTHD. They also report to the CEO of Canberra Health Services (CHS). They are an active referral point for REDCOs.

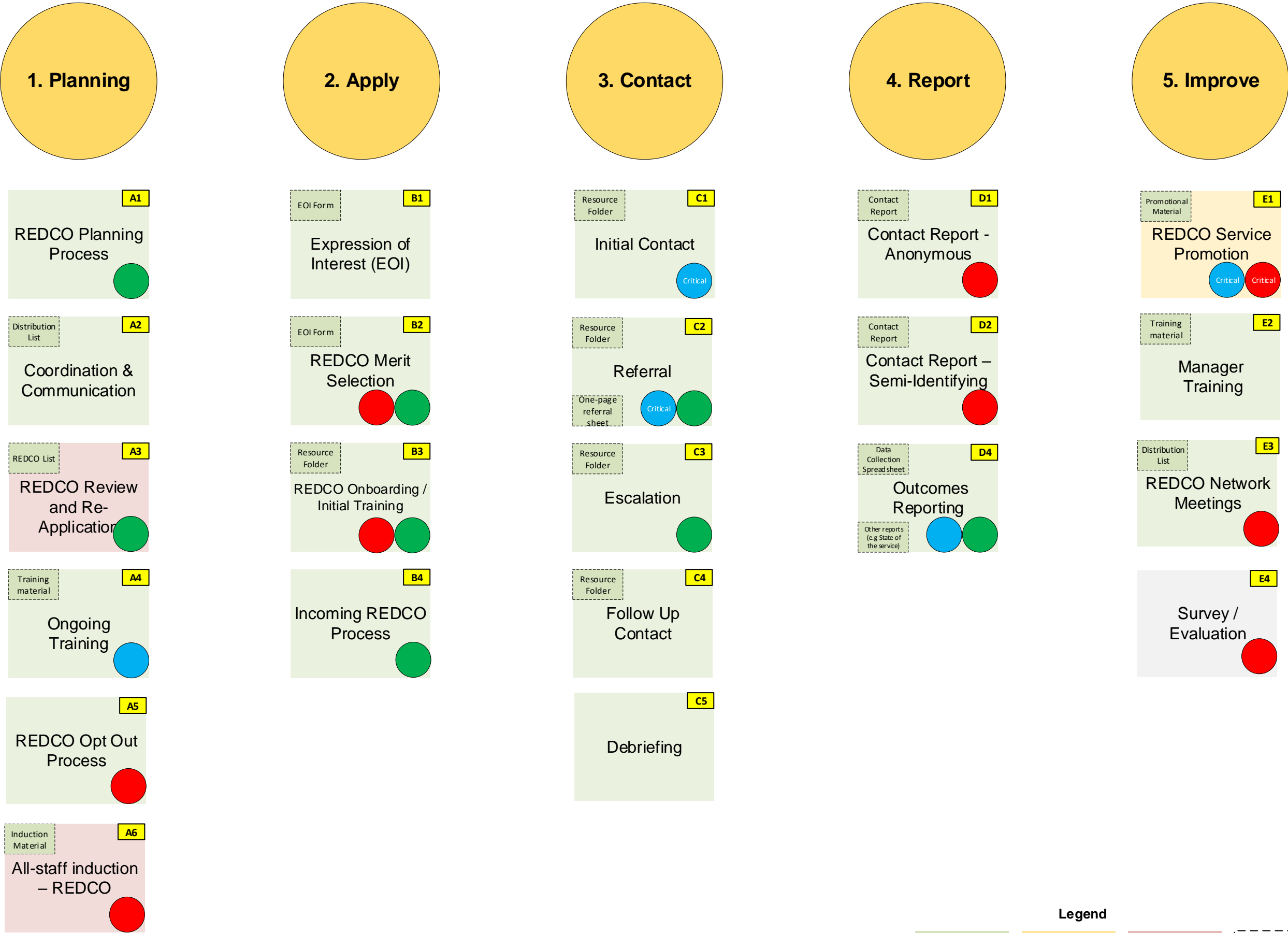
## Supporting Roles

The following supporting roles support REDCO:

Role	Description
<b>RED Contact</b>	REDCO Contacts are employees which reach out to REDCOs for information on workplace conflict, such as workplace behaviour, bullying, harassment.
<b>Direct line managers of REDCOs</b>	REDCO Managers manage REDCOs. Their role is to understand the role of the REDCO, and to be supportive of and flexible to the duty requirements of REDCO in line with operational requirements. They report to their business-as-usual reporting line.
<b>Employee Manager</b>	Employee Managers manage employees and potential RED Contacts. Managers may also become RED Contacts when they seek the advice of a REDCO. They report to their business-as-usual reporting line.

REDCO Process Analysis – CHS

Conceptual model of processes of REDCO, mapped to objectives



Pain Point OR opportunity (HR)

Pain Point OR opportunity (REDCO)

Innovation or Strength

Currently doing

In transition, or not finalised.

Need identified. Not currently doing.

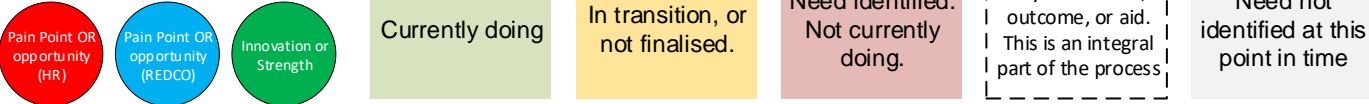
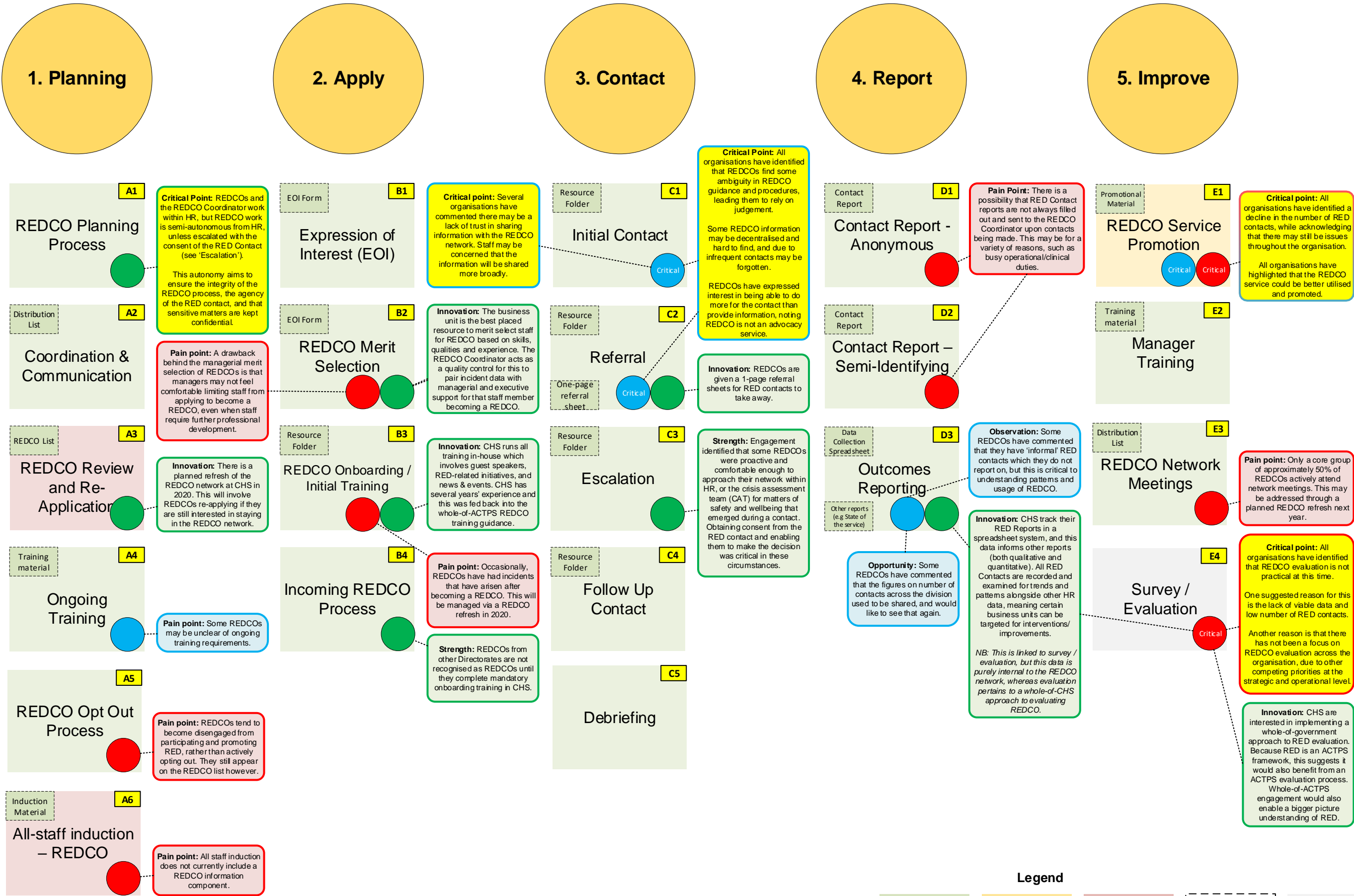
Key deliverable, outcome, or aid. This is an integral part of the process

Need not identified at this point in time

REDCO Process Analysis – CHS

Conceptual model of processes of REDCO, mapped to objectives

Final 12 March 2020



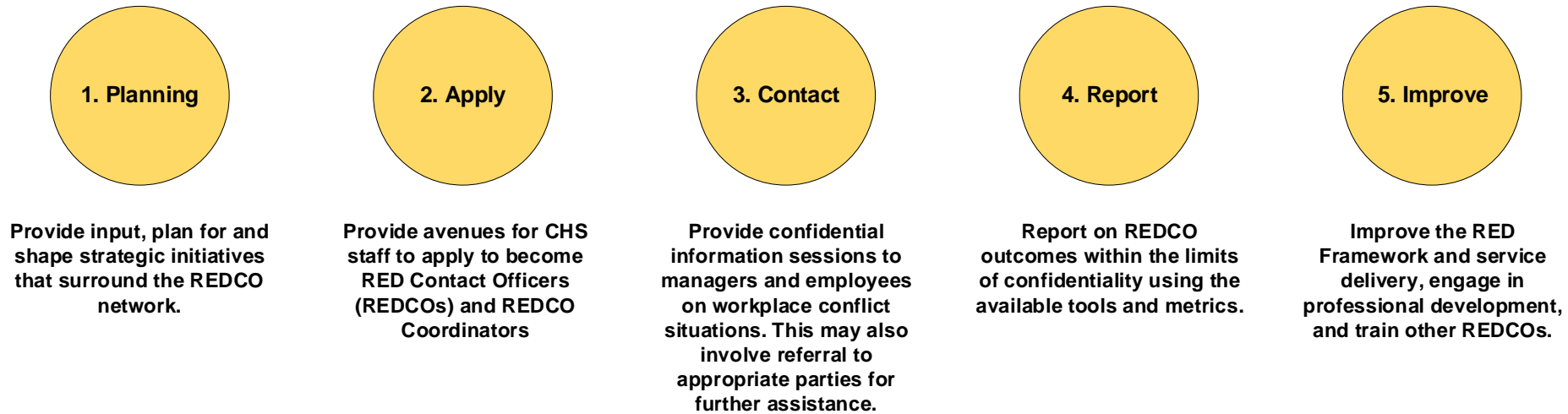
## SWOT Analysis and Process Descriptions – CHS

The SWOT analysis provides an overview of the strengths, weaknesses, opportunities and threats identified in the process mapping exercise. The Process Descriptions outline what happens in each process in the A3 Process Map.

Strengths	Weaknesses
<p><b>Critical point across all organisations:</b> REDCOs and the REDCO Coordinator work within HR, but REDCO-related work is disconnected from HR. This autonomy aims to ensure the integrity of the REDCO process, and that sensitive matters are kept confidential.</p> <p>CHS has a well-developed, <b>mature REDCO process</b> after implementing it in 2011. Due to the size and maturity of this REDCO network, CHS lessons learnt have been used as an input into whole-of-government guidance and procedures.</p> <p>CHS have over 100 listed REDCOs in their network, potentially the largest in ACTPS.</p> <p>CHS use a <b>resource folder</b> for REDCO guidance which helps REDCOs perform their duties.</p> <p>CHS have developed a <b>one-page referral sheet</b> for RED contacts to take after a contact. This is an asset because after stressful sessions, RED contacts may not remember referral information.</p> <p>CHS has implemented <b>in-house scenario-based skill-building training</b>. It also provides an opportunity to standardise REDCO guidance by allowing REDCOs to discuss what they would do in certain situations.</p>	<p><b>Critical point across all organisations:</b> The current role of a REDCO is targeted at referral and information provision. Some REDCOs have mentioned that RED contacts feel frustrated that REDCOs cannot do more for them.</p> <p><b>Critical point across all organisations:</b> REDCOs have reported some ambiguity in guidance, leading them to rely on judgement. This may also create some inconsistency across the REDCO service.</p> <p>REDCO coordination is not a full-time position and is one responsibility among a broader duty statement.</p> <p>There is no identified RED Executive Sponsor yet.</p> <p>Some REDCOs find the information guidance for REDCOs dense, which can lead to some inconsistency in the REDCO service.</p>


Opportunities	Threats
<p><b>Critical point across all organisations:</b> Most REDCOs have identified that contacts approach them when they are familiar with the REDCO, a social psychological principle termed the ‘mere familiarity effect’. This excludes REDCOs who might be connected in some way to the issue. Consequently, increased coverage across all levels of the organisation could promote network usage.</p> <p><b>Critical point across all organisations:</b> There is an opportunity to address the underutilisation of REDCOs by <b>promoting the REDCO network</b> with executive championship, bolstering promotional material, bolstering confidence in the network’s ability to assist staff, upskilling REDCOs, and establishing a trusted process and partnership between REDCOs and HR contacts.</p> <p>CHS are actively identifying candidates for a <b>RED Executive Sponsor</b>, the RED Working Group could assist this process. This will create an opportunity for executive championship of RED&lt; recruitment of new REDCOs, and other benefits.</p> <p><b>Resolution Officer.</b> CHS have highlighted an idea to create a new role: Resolution Officers. Resolution officers could be a network with more extensive training and merit selection, who take carriage of cases to resolution after they have been seen by a REDCO. Resolution Officers have been used in the Victorian Public Service and are extensively trained by law firms to engage in mediation and dispute resolution.</p>	<p><b>Critical point across all organisations:</b> There is a decline of RED contacts across CHS and other organisations, without a clear understanding of why. There may be a dearth of trust in the confidentiality of REDCOs, or a frustration that REDCOs cannot do more for contacts. Over time, this may threaten the value and use of the REDCO network. This threat may be addressed with refreshed REDCO promotion with executive championship, bolstering confidence in the network’s ability to assist staff, upskilling REDCOs, establishing partnerships between REDCOs and the Employee Advocate, and establishing a trusted process and partnership between staff and HR contacts.</p> <p>The <b>whole-of-ACTPS REDCO</b> list may be out of date. This means that staff, particularly new staff, will be unable to reach out to a REDCO unless they have knowledge of who REDCOs are in their area.</p>

## Objectives Summary



5

## Objective 1: Planning

	Number	Name	Critical Points / Challenges	Process Description
	A1	REDCO Planning Process	None identified.	<ul style="list-style-type: none"> <li>This process supports the decision-making, organisation, coordination and leadership skills requires to support the REDCO process.</li> <li>The REDCO Coordinator will prepare resources, organise training and meetings. The REDCO Coordinator and REDCO network work semi-autonomously from HR. The REDCO's autonomy ensures the integrity of the REDCO process, and that sensitive matters are kept confidential.</li> <li>The REDCO Coordinator may work with the Director, Workforce Culture and Leadership where appropriate in implementing improvements.</li> <li>Decision-making support will be provided by: <ul style="list-style-type: none"> <li>Director, Workforce Culture and Leadership</li> </ul> </li> </ul>



- The RED Working Group.

- **Critical point (Strength):** REDCOs and the REDCO Coordinator work within HR but semi-autonomously from HR on REDCO matters. This autonomy aims to ensure the integrity of the REDCO process, and that sensitive matters are kept confidential.

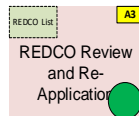


A2

Coordination and Communication

Coordinating regular REDCO meetings and training within CHS's 24/7 clinical context.

- The REDCO Coordinator manages the coordination and communication process.
- This process involves managing the REDCO distribution list, organising training, keeping contacts up to date, and monitoring REDCOs that have entered or left the organisation.
- The REDCO Coordinator will also update the Whole of Government ACTPS REDCO team on a regular basis, to ensure REDCO contact details are up to date, to remove REDCOs that have departed the organisation, and to add new incoming REDCOs to the list.



A3

REDCO Review and Re-Application

CHS have over 100+ REDCOs, many are inactive.  
  
Many of the current REDCOs may have incidents associated with them that have arisen since becoming a REDCO.

- CHS are looking to refresh their REDCO network in 2020.
- The REDCO Coordinator will email the current distribution list of REDCOs and ask them to re-apply via email.
- This process will repeat approximately every three years.
- **Innovation:** There is a planned refresh of the REDCO network at CHS in 2020. This will involve REDCOs re-applying if they are still interested in staying in the REDCO network.



A4

Ongoing Training

Many REDCOs may be unclear of the training requirements and unaware that new training courses apply to them as 'refresher' training courses.

- The REDCO Coordinator will receive expressions of interest for new REDCO applicants (see 'Onboarding / Initial Training').
- The REDCO Coordinator will email the current distribution list of existing REDCOs and let them know training is taking place and they can join if they would like.
- The REDCO Coordinator will run the face-to-face training on-site at Canberra Hospital.

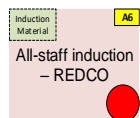


- **REDCO pain point:** Many REDCOs may be unclear of the training requirements and unaware that new training courses apply to them as 'refresher' training courses.



A5 Opt Out None identified.

- The REDCO Coordinator actively checks in with REDCOs to ask if they are still interested in being a part of the network.
- Additionally, if a REDCO wanted to opt out they would contact the REDCO Coordinator who would inform the whole-of-government ACTPS REDCO coordination team.
- Additionally, managers may contact the Director, Workforce Culture and Leadership or the REDCO Coordinator to ask for a REDCO to be removed from REDCO duties.
- Incident data from elsewhere in People Culture may prompt the Director, Workforce Culture and Leadership to remove the REDCO from REDCO duties.
- Another avenue for this process is the A3 REDCO Review and Re-Application process, whereby REDCOs would be opted out if they do not re-apply to become a REDCO every three years.
- **Pain point:** REDCOs often do not actively drop out, they simply become disengaged from REDCO participation.

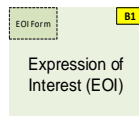


A6 All-staff induction – REDCO information CHS do not include REDCO information in all-staff inductions.

- CHS do not include REDCO information on all-staff inductions. Previously, there was a one-page RED form. Managers may receive some REDCO information upon training.
- **Pain point:** All staff induction does not include a REDCO information component.

## Objective 2: Apply

Number	Name	Critical Points / Challenges	Process Description
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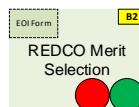


**B1**

Expression of Interest (EOI)

Some staff that have Director and manager sign-off may have incidents associated with them, or that become associated with them after they become a REDCO.

- REDCO applicants may access an ongoing EOI form or contact the REDCO Coordinator to request one. This form outlines the REDCO role and selection criteria.
- Before staff can apply to become a REDCO, they will need their Manager's and Executive's support. They will complete the application form outlining their suitability against the criteria.
- Once that is received, departmental staff may apply to the REDCO Coordinator, on an ongoing basis.
- The REDCO Coordinator will send an acknowledgement email to the applicant and organise an initial training session (see 'Initial Training' process).
- *CHS is not undertaking REDCO EOI promotion currently, as they have a steady number of REDCOs and applicant REDCOs.*



**B2**

REDCO Merit Selection

Some staff that have Director and manager sign-off may have incidents associated with them, or that become associated with them after they become a REDCO.

- The applicant's Manager and Director will assess the application against the applicant's skills, qualities and ongoing work commitments.
- The REDCO Coordinator will quality control the applicant REDCO by checking with People Culture data if there have been any incidents. If detected, the REDCO Coordinator will investigate these with People Culture and may speak to the applicant to clarify their suitability for the role.
- If successful, the REDCO Coordinator will provide information on how to enrol in this training which must be undertaken in order to be accepted as a REDCO.
- **Innovation:** The business unit is the best placed resource to merit select staff for REDCO based on skills, qualities and experience. The REDCO Coordinator acts as a quality control for this, for example pairing incident data with managerial and executive support, in order to assess the suitability of that staff member becoming a REDCO.

- 
- **Pain point:** A drawback behind the managerial merit selection of REDCOs is that managers may not feel comfortable limiting staff from applying to become a REDCO, even when they require development of RED-related skills and qualities.
- 

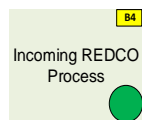


**B3**

REDCO  
Onboarding /  
Initial  
Training

None identified.

- This process supports initial training at CHS and onboarding protocols for new candidate REDCOs.
  - The REDCO will complete RED awareness eLearning (Respect at Work) before they can receive onboarding training.
  - The REDCO Coordinator will schedule onboarding training and email the current distribution list of REDCOs to let them know training is taking place and they can join if they would like.
  - The REDCO Coordinator will coordinate a two-hour face to face onboarding training session. REDCOs will be trained in the REDCO duty statement, roles, procedures and reporting responsibilities, receive a resource folder, key contacts information, and undertake scenario-based skills training with other REDCOs.
  - The REDCO will be introduced to the REDCO Coordinator and relevant HR contacts.
  - The REDCO Coordinator will run the training on-site at Canberra Hospital.
  - After this training, candidate REDCOs are formally accepted as REDCOs.
  - **Pain point:** REDCOs have had incidents that have arisen after becoming a REDCO. This will be managed via a REDCO refresh in 2020.
  - **Innovation:** CHS runs all training in-house which involves guest speakers, RED-related initiatives, and news & events. CHS has several years' experience and this expertise was fed back into the whole-of-ACTPS REDCO training guidance.
-

**B4**

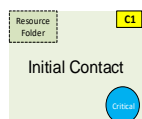
Incoming  
REDCO  
Process

Out of date whole-of-ACTPS  
REDCO list.

The onus is on REDCOs from  
other Directorates to contact  
the REDCO Coordinator to  
apply to become a REDCO at  
CHS.

- Occasionally, REDCOs will be posted to CHS from other ACTPS Directorates. However, staff are not formally REDCOs in CHS until accepted by People Culture.
- It is expected the REDCO will get in touch with the REDCO Coordinator to lodge an EOI (see EOI process).
- **Strength:** REDCOs from other Directorates are not recognised as REDCOs until they complete mandatory onboarding training.

### Objective 3: Contact

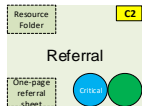
**Number****Name****Critical Points / Challenges****Process Description****C1**

Initial  
Contact

Outlining and clarifying the  
REDCO role.

- RED Contacts will reach out via phone or in person to REDCOs using the CHS REDCO list available on the Intranet, REDCO promotional material, or local knowledge of REDCOs.
- The REDCO will send an invite to RED Contacts or have a chat in a private area where they will discuss the issue at hand.
- The REDCO will clarify their role.
- The REDCO will listen empathetically and hear the issue.
- The REDCO may provide information such as definitions of unacceptable behaviour, bullying, harassment and so on.
- REDCOs will clarify the process of resolving workplace conflicts, such as informal and formal routes to resolution.
- Dependant on the case, the REDCO may either arrange a follow-up contact or provide some options. Either way, they will discuss a plan for next steps. The focus will be on empowering the RED contact to take these steps.

- The REDCO will record the contact in the RED Contact Form and send to the REDCO Coordinator (see 'Objective 4: Report') below.
- **(Critical). REDCO Pain Point:** REDCOs have commented:
  - There is some ambiguity on the guidance on which contacts to refer RED contacts to and that they rely on their own judgement.
  - REDCOs have expressed some interest in doing more to help RED contacts.
  - Often clients will emotionally debrief, and then feel that the REDCO cannot do anything else for them, or they will have to repeat their story to someone else, as the REDCO role is limited to information provision.
  - Role clarity is a large part of the engagement, for example separating a Manager role from the REDCO role, both of which invoke different processes.
- **Critical point:** Several organisations have commented there may be a lack of trust in sharing information with the REDCO network. Staff may be concerned that the information will be shared more broadly.



**C2**

Referral

A challenge is situations where the REDCO may feel compelled to escalate matters of misconduct they have become aware of, versus their standard informational role.

- During the meeting with a REDCO, the REDCO will identify appropriate referrals dependant on the case issue. For example:

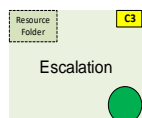
#### REFERRAL POINTS FOR THE RED CONTACT

- **Initial step - informal:** As a first step, most REDCOs will ask the RED Contact what steps they have taken previously. They may outline the option for the RED Contact to address the issue directly and speak to the person involved, or to talk to their supervisor. The focus will be on empowering the contact to take these steps directly.
- **Employee Assistance Program (EAP)** for well-being and support.
- **The RED Executive Sponsor**, for issues involving sensitivity, people management expertise, or executive guidance.
- **Employment Portal**

- **ACTPS workplace behaviours information** for understanding appropriate workplace behaviours, definitions and more.
- **Manager behaviours** information.
- **Definitions** of bullying, harassment, and discrimination.
- **The People Culture Workforce Relations team** for formal complaints.
- **RISKMAN incident reporting**, for matters of misconduct or unreasonable behaviour.
- The REDCO will provide this information in-session to the contact and a follow-up email with links to the appropriate resources.
- The REDCO will provide the RED contact the one-page informational sheet with HR details to the RED Contact.

#### REFERRAL POINTS FOR THE REDCO

- **The REDCO Coordinator** for advice on guidance where the REDCO needs it. The REDCO Coordinator may then advise People Culture Workforce Relations as appropriate for misconduct issues.
- **Another REDCO**, if the existing REDCO is involved or has a conflict of interest in the matter, has competing work priorities, or is going on leave.
- **Employee Assistance Program (EAP)** for well-being support for the REDCO (see Debriefing Process).
- **(Critical). REDCO Pain Point**: See Initial Contact process.
- **Innovation**: REDCOs are given a 1-page referral sheets for RED contacts to take away. This is an asset because in stressful situations RED contacts may not remember all the information.



**C3**

Escalation

A challenge is managing situations where the REDCO may feel compelled to escalate matters of

During the REDCO session, an issue that requires immediate attention and escalation to a third party may become apparent. It is critical that in all matters except for an imminent safety risk that the consent of the RED contact is sought, and their autonomy is enabled.

**Harm including self-harm:**

misconduct they have become aware of, versus their standard informational role. It is critical that in all matters except for an imminent safety risk that the consent of the RED contact is sought, and their autonomy is enabled.

- Notify the RED Contact's Manager.
- In serious or urgent cases, notify the People and Culture (Workforce Relations), and the REDCO Coordinator. The team member may also contact the Crisis Assessment Team (CAT) and/or police.
- **Potential criminal incident or serious misconduct issue:**
  - Report to the People Culture, Workforce Relations team.
- **Disputes in which the RED Contact requires meditation or further support:**
  - REDCO Coordinators, RED Contacts, and REDCOs may contact the Employee Advocate or Workforce Relations (HR) if they are experiencing unreasonable workplace behaviour.
- **Unwelcome or inappropriate behaviour toward a REDCO during a session:**
  - The REDCO will notify the RED Contact that their behaviour is not appropriate.
  - The REDCO will REDCO Coordinator for consideration of further action.
  - Consult the Debriefing process below.
- **Strength:** Engagement identified that some REDCOs were proactive and comfortable enough to approach their network within HR, or the crisis assessment team (CAT) for matters of safety and wellbeing that emerged during a contact.

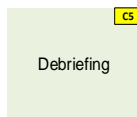


**C4**

Follow Up  
Contact

None identified.

- RED Contacts will reach out to REDCOs or vice versa, dependant on the relationship and what happened in the initial contact.
- The REDCO will listen to the issue and aim to understand the concern.
- The REDCO will provide further options for the RED Contact to proceed.
- The REDCO will record the contact but not fill out another RED Contact unless the issue is a new one.



**C5**

Debriefing



Development of debriefing  
guidance.

- This process involves two components: a) emotional wellbeing and b) advice.
- For *a) emotional wellbeing*, REDCOs are privy to a variety of sensitive and potentially upsetting circumstances. If after a RED Contact the REDCO feels they need to debrief,

most REDCOs will approach their own networks, such as their Manager, or the EAP. The REDCO Coordinator is another option.

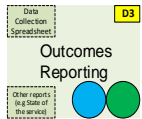
- For *b) advice*, the REDCO may need to consult with the REDCO Coordinator if they require guidance.

#### Objective 4: Report

Number	Name	Critical Points / Challenges	Process Description
	D1	Contact Report - Anonymous	None identified.
			<ul style="list-style-type: none"> <li>• After a contact, the REDCO will fill out a Contact Report noting the REDCO's name and the date of contact and send it to the REDCO Coordinator. The REDCO Coordinator monitors a contact has been made. In circumstances of serious misconduct, the REDCO Coordinator may make their own determination to escalate (see 'Escalation process').</li> <li>• <i>NB: Only one RED Contact Form is filled out per issue, regardless of the number of sessions. If the RED Contact raises a new issue, it requires a new form.</i></li> <li>• <b>Pain Point:</b> There is a possibility that RED Contact reports are not always filled out and sent to the REDCO Coordinator. This may be for a variety of reasons, such as busy operational/clinical duties.</li> </ul>
	D2	Contact Report – Semi-identifying	None identified.
			<ul style="list-style-type: none"> <li>• After a contact, the REDCO will fill out a Contact Report noting the REDCO's name, date of contact and <i>other information the RED Contact is comfortable with supplying, such as their business unit.</i></li> <li>• The REDCO will send this to the REDCO Coordinator. The REDCO Coordinator monitors a contact has been made. In circumstances of serious misconduct, the REDCO Coordinator may make their own determination to escalate (see 'Escalation process').</li> </ul>



- **Pain Point:** There is a possibility that RED Contact reports are not always filled out and sent to the REDCO Coordinator. This may be for a variety of reasons, such as busy operational/clinical duties.







**D3**

### Outcomes Reporting

Some REDCOs do not return RED Contact reports frequently due to competing work priorities or other reasons.

- The REDCO Coordinator tracks data from RED Contact Reports submitted by REDCOs.
- The REDCO Coordinator graphs and understands patterns based on this data.
- The REDCO Coordinator will report on or escalate to various sources based on this data, for example:
  - Qualitative statements in communications material to various CHS and ACTPS audiences.
  - Quantitative reports, such as numbers of RED Contacts in the past 12 months.
  - Escalated incidents to Workforce Relations or the Director, Workforce Culture and Leadership.
- The REDCO Coordinator will create an aggregate report of all RED Contact outcomes they have become aware of. This report will be used by management to understand measurements around RED Contacts, such as frequency, usage of the REDCO network, and other metrics. Reports will not contain personal sensitive or confidential information.
- **Innovation:** CHS track contacts in a spreadsheet system, and this data informs other reports (both qualitative and quantitative). All RED Contacts are recorded and examined for trends and patterns alongside other HR data, meaning certain business units can be targeted for interventions/improvements.
- **Observation:** Some REDCOs have commented that they have 'informal' RED contacts which they do not report on, but this is critical to understanding patterns and usage of REDCO.
- **Opportunity:** Some REDCOs have commented that the figures on number of contacts across the division used to be shared, and would like to see that again.

## Objective 5: Improve

	Number	Name	Critical Points / Challenges	Process Description
	E1	REDCO Service Promotion	Sustained attention on promoting REDCOs among other roles.	<ul style="list-style-type: none"> <li>The REDCOs and the REDCO Coordinator will actively promote the REDCO network.</li> <li>This may occur through signage at each REDCO's desk put up by the REDCO, badges, email signatures, and posters around Canberra Hospital.</li> <li>REDCOs will model positive workplace behaviour within their division and be approachable to assist staff.</li> <li>The Intranet will also be a key resource used to engage REDCOs.</li> </ul>
	E2	Manager Training	None identified	<ul style="list-style-type: none"> <li>The Director, People and Culture and other HR areas include REDCO awareness as part of several managerial training courses in CHS, such as manager orientation. Accordingly, CHS are not looking at implementing REDCO-specific manager training.</li> </ul>
	E3	REDCO Network Meetings	Finding new REDCOs who have recently joined or left CHS.	<ul style="list-style-type: none"> <li>This process was placed under 'Improve' as it gives REDCOs to provide feedback and share lessons learnt. The REDCO Coordinator will arrange an invite to all ACTHD REDCOs for a networking event every quarter, such as a meeting or coffee catch up.</li> <li>This will provide REDCOs an opportunity to workshop key issues raised, share experiences, discuss new initiatives to support RED, and to discuss upcoming REDCO activities.</li> <li><b>Pain point:</b> Only a core group of approximately 50% of REDCOs actively attend network meetings. This may be addressed through a planned REDCO refresh next year.</li> </ul>
	E4	Survey Evaluation	Survey fatigue	<ul style="list-style-type: none"> <li>CHS are not looking at implementing a REDCO-specific survey at this time, as there are several other surveys running currently and staff may have survey fatigue.</li> </ul>

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Fitting other surveys into  
evaluation

Understanding REDCO from a  
Whole-of-ACTPS perspective

- The Director, People and Culture may look at including REDCO in the scope of a 'bigger picture' strategic survey that encompasses several RED initiatives.
  - **Critical point:** All organisations have identified that REDCO evaluation is not practical at this time. One suggested reason for this is the lack of viable data and low number of RED contacts. Another reason is that there has not been a focus on REDCO evaluation across the organisation, due to other competing priorities at the strategic and operational level.
  - **Innovation:** CHS are interested in implementing a whole-of-government approach to RED evaluation. Because RED is an ACTPS framework, this suggests it would also benefit from an ACTPS evaluation process. Whole-of-ACTPS engagement would also enable a bigger picture understanding of RED.
-

## Responsible and Accountable REDCO Roles

The following roles actively manage or are responsible for the REDCO process.

Role	Description
<b>Respect, Equity, Diversity Contact Officer (REDCO)</b>	REDCOs provide information to staff members (RED contacts). They provide options to empower the REDCO Contact to further resolve workplace situations. REDCOs also report on each session within the limits of confidentiality, may report incidents of potential harm or criminality to People and Culture Branch, and participate in RED networking and training. REDCOs do not provide specific advice, opinions or advocacy.
<b>Director, Workforce Culture and Leadership</b>	From a REDCO perspective, receives escalated reports from the REDCO Coordinator where appropriate. The Director will also provide decision-making support at a strategic level.
<b>REDCO Coordinator</b>	REDCO Coordinators operate autonomously to organise REDCO networking and training, document REDCO outcomes, and prepare reports on REDCO. They report to the Director, Workforce Culture and Leadership.
<b>RED Executive Sponsor</b>	RED Executive Sponsors perform the REDCO function at a senior level. They operate from an accountable, respected position in the organisation (such as Chief Medical Officer). The additional capacities are that they champion the REDCO network, role model RED behaviours, send out REDCO communication, provide REDCO services in certain circumstances, such as when directly approached by a RED Contact, or in a sensitive matter involving senior personnel. They may also be contacted to resolve RED matters from external agencies, such as other Directorates. CHS do not currently have a REDCO Executive Sponsor.
<b>Employee Advocate</b>	The Employee Advocate listens to matters involving unreasonable workplace behaviour. They may be approached by anyone in CHS. Following an initial session, the Advocate may engage in mediation, dispute resolution, and intervention. They also report to the CEO of Canberra Health Services (CHS). They are an active referral point for REDCOs.

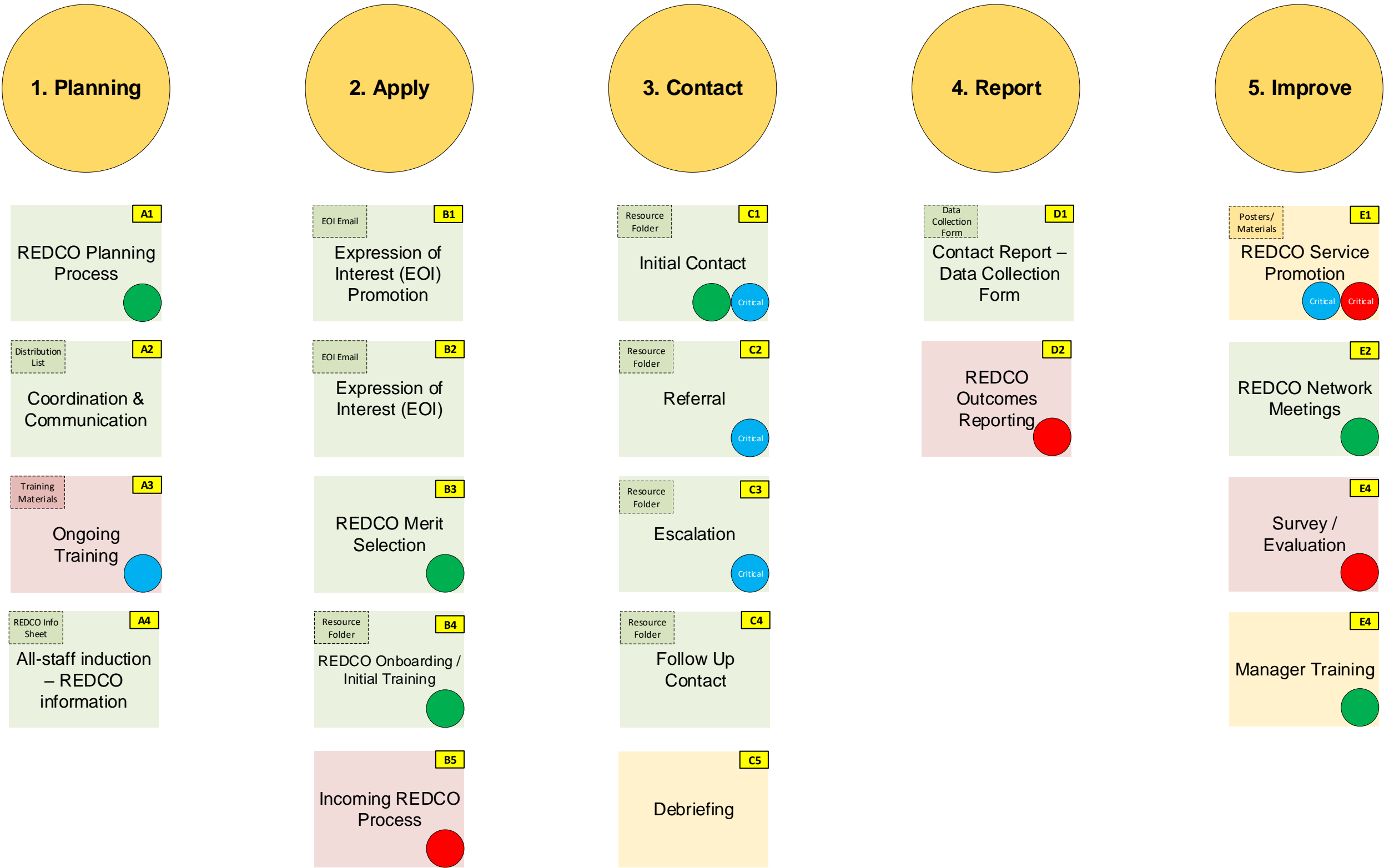
## Supporting Roles

The following roles are either informed by or supported by the REDCO process.

Role	Description
<b>RED Contact</b>	REDCO Contacts are employees which reach out to REDCOs for information on workplace conflict, such as workplace behaviour, bullying, harassment.
<b>Direct line managers of REDCOs</b>	REDCO Managers manage REDCOs. Their role is to understand the role of the REDCO, and to be supportive of and flexible to the duty requirements of REDCO in line with operational requirements. They report to their business-as-usual reporting line.
<b>Employee Manager</b>	Employee Managers manage employees and potential RED Contacts. Managers may also become RED Contacts when they seek the advice of a REDCO. They report to their business-as-usual reporting line.

# REDCO Process Analysis - CPHB

Conceptual model of processes of REDCO, mapped to objectives



**Legend**

Pain Point OR opportunity (HR)

Pain Point OR opportunity (REDCO)

Innovation or Strength

Currently doing

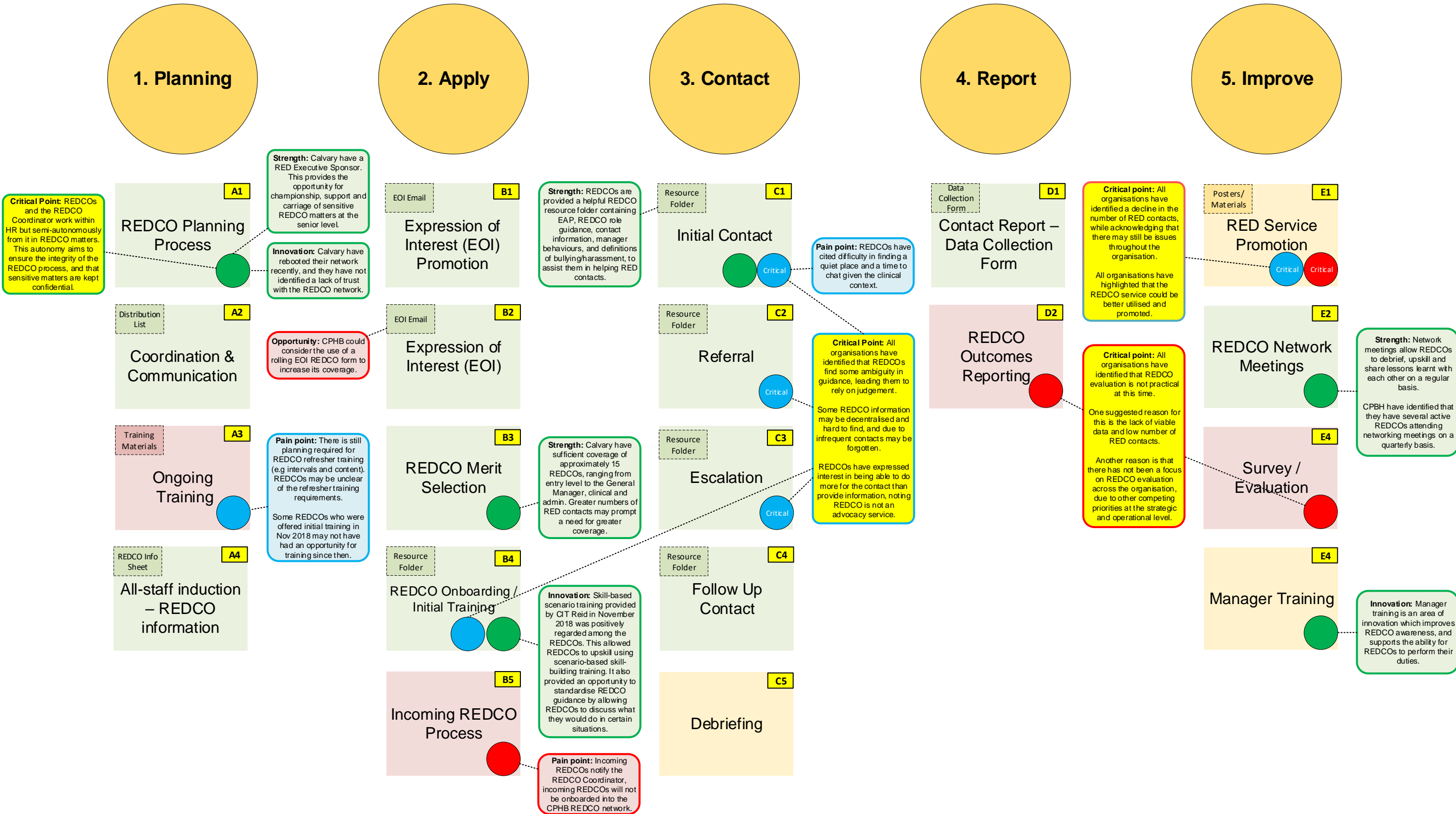
In transition, or not finalised.

Need identified. Not currently doing.

Key deliverable, outcome, or aid. This is an integral part of the process.

# REDCO Process Analysis - CPHB

Conceptual model of processes of REDCO, mapped to objectives



**Legend**

Pain Point OR opportunity (HR)

Pain Point OR opportunity (REDCO)

Innovation or Strength

Currently doing

In transition, or not finalised.

Need identified. Not currently doing.

Key deliverable, outcome, or aid. This is an integral part of the process.

## SWOT Analysis and Process Descriptions - CPHB

The SWOT analysis provides an overview of the strengths, weaknesses, opportunities and threats identified in the process mapping exercise. The Process Descriptions outline what happens in each process in the A3 Process Map.

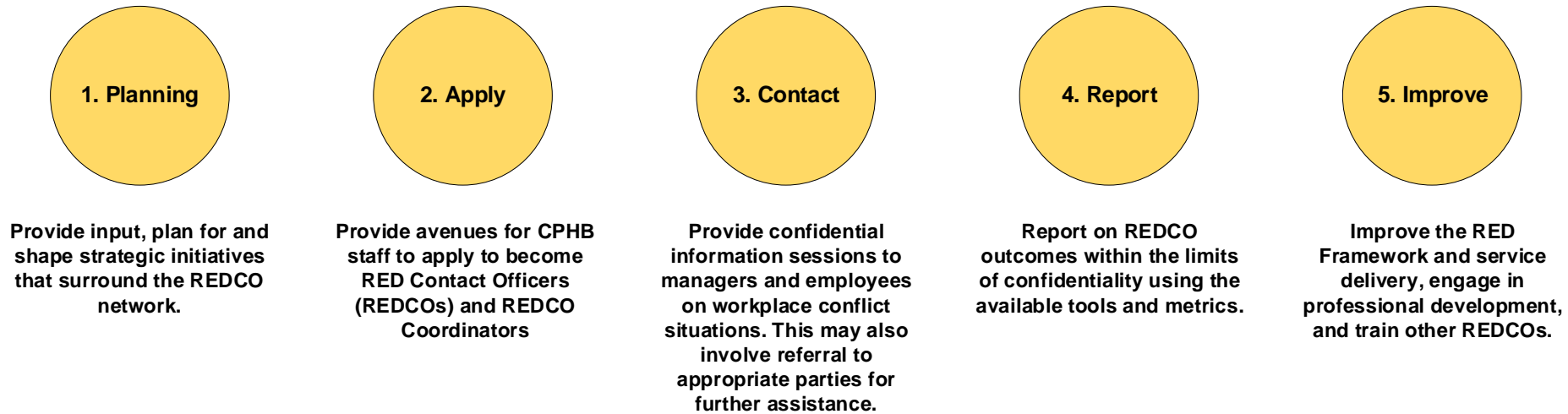
### SWOT Analysis – REDCO Process Map

Strengths	Weaknesses
<p><b>Critical point across all organisations:</b> REDCOs and the REDCO Coordinator work within HR, but REDCO-related work is disconnected from HR. This autonomy aims to ensure the integrity of the REDCO process, and that sensitive matters are kept confidential.</p> <p>CPHB have an identified <b>RED Executive Sponsor</b>, the General Manager. This provides the opportunity for championship, support and carriage of sensitive REDCO matters at the senior level.</p> <p>CPHB underwent a <b>REDCO reboot</b> in November 2018 which refreshed their network and provided new training and opportunities for REDCOs.</p> <p><b>Skill-based scenario training</b> provided by CIT in November 2018 was positively regarded among the REDCOs. It provided a way for REDCOs to upskill, share lessons learnt, and standardise their services.</p> <p>CPHB provide their REDCOs a lightweight <b>resource toolkit</b> which assists them in their duties to support RED contacts.</p> <p>CPHB have <b>sufficient coverage</b> of REDCOs; 15 ranging from entry level to the General Manager. If the number of RED contacts increased CPHB would benefit from a greater coverage.</p>	<p><b>Critical point across all organisations:</b> The current role of a REDCO is targeted at referral and information provision. Some REDCOs have mentioned that RED contacts feel frustrated that REDCOs cannot do more for them and expressed an interest that they would welcome ideas to upskill REDCOs and provide a better service to staff.</p> <p><b>Critical point across all organisations:</b> REDCOs have reported some ambiguity and decentralisation of guidance and procedures, leading them to rely on judgement. This may also create some inconsistency across the REDCO service.</p> <p>REDCO coordination is not a full-time position and is one responsibility among a broader duty statement.</p>

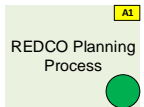


Opportunities	Threats
<p><b>Critical point across all organisations:</b> Most REDCOs have identified that they will be approached by someone who is familiar with them, a social psychological principle termed the ‘mere familiarity effect’. This excludes REDCOs who might be connected in some way to the issue. Consequently, increased coverage across all levels of the organisation could promote network usage.</p> <p><b>Critical point across all organisations:</b> There is an opportunity to address the underutilisation of REDCOs by <b>promoting the REDCO network</b> with executive championship, bolstering promotional material, bolstering confidence in the network’s ability to assist staff, upskilling REDCOs, and establishing a trusted process and partnership between REDCOs and HR contacts.</p> <p>CPHB are planning to implement REDCO awareness <b>manager training</b>. This is an area of innovation which improves REDCO awareness and supports the ability for REDCOs to perform their duties.</p> <p>There are opportunities to upskill REDCOs in <b>warm referring</b> contacts to HR contacts, other REDCOs, the RED Executive sponsor, or other referral services. Note that acquiring the consent of the RED Contacts to do this is critical.</p>	<p><b>Critical point across all organisations:</b> There is a decline of RED contacts across CPHB and other organisations, without a clear understanding of why. There may be that the resource is simply under-promoted, or a frustration that REDCOs cannot do more for contacts. Over time, this may threaten the value and use of the REDCO network. This threat may be addressed with refreshed REDCO promotion with executive championship, bolstering confidence in the network’s ability to assist staff, upskilling REDCOs, and establishing a trusted process and partnership between staff, REDCOs and HR contacts.</p> <p>The <b>whole-of-ACTPS REDCO list</b> may be out of date. This means that staff, particularly new staff, will be unable to reach out to a REDCO unless they have knowledge of who REDCOs are in their area.</p>

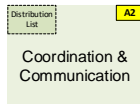
## Objectives Summary



## Objective 1: Planning

	Number	Name	Critical Points / Challenges	Process Description
	A1	REDCO Planning Process	None identified.	<ul style="list-style-type: none"> <li>• This process supports the decision-making, organisation, coordination and leadership skills requires to support the CPHB process.</li> <li>• The CPHB REDCO Coordinator will prepare resources, organise training and meetings, and work semi-autonomously on REDCO matters, while reporting to the Senior Manager, HR Work Health and Safety. The REDCO's autonomy ensures the integrity of the REDCO process, and that sensitive matters are kept confidential.</li> <li>• Decision making support and reporting (where appropriate) for REDCO is provided by: <ul style="list-style-type: none"> <li>○ Senior Manager, HR Work Health and Safety.</li> <li>○ General Manager, CPBH, who is also the REDCO Senior Executive Sponsor.</li> <li>○ The RED Working Group</li> </ul> </li> </ul>

- **Critical point (Strength):** REDCOs and the REDCO Coordinator work within HR but semi-autonomously from HR on REDCO matters. This autonomy aims to ensure the integrity of the REDCO process, and that sensitive matters are kept confidential.



**A2**

Coordination and Communication

Coordinating regular REDCO meetings and training within CPHB's 24/7 clinical context.

- The REDCO Coordinator manages the coordination and communication process.
- This process involves managing the REDCO distribution list, organising training, keeping contacts up to date, monitoring REDCOs that have entered or left CPHB, and alerting the whole-of-ACTPS coordination team as to updates in the REDCO list, such as new REDCOs, contact detail updates.

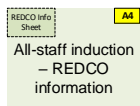


**A3**

Ongoing Training

Decisions for refresher training are still underway.

- REDCOs will also undertake ongoing training, such as RED-related training or REDCO refresher training.
- The interval period for this is unknown as the REDCO reboot for CPHB was only done in November 2018, but may be up to 3 years.
- **REDCO Pain Point:** REDCOs may be unsure of refresher training requirements, and REDCOs who might have missed the November 2018 training may not have had an opportunity to enrol in another course.



**A4**

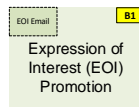
All-staff induction – REDCO information

Staff may forget about REDCO over time. This is where the RED Promotion process creates value.

- CPHB have an informational page on REDCO provided as a part of all new staff onboarding.

## Objective 2: Apply

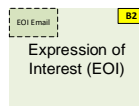
Number	Name	Critical Points / Challenges	Process Description
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**B1**

Expression of  
Interest (EOI)  
Promotion

None identified.

- This process involves the promotion of encouraging staff to apply to become a REDCO.
- The REDCO Coordinator will plan a promotion of the REDCO network via email, posters, the Intranet or other promotional material. The REDCO Coordinator may work with the RED Executive Sponsor to launch this EOI process.
- Staff will be linked to the existing EOI form or encouraged to apply over email.

**B2**

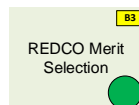
Expression of  
Interest (EOI)

Sustained attention on  
promoting REDCO.

EOIs are run by internal email  
and could benefit from a  
rolling EOI form.

There could be increased  
coverage of REDCOs across  
CPHB given its 24/7 clinical  
context.

- CPHB prefer Expression of Interests for REDCOs to be advertised via All-staff email.
- Staff reply to this email and apply to the Contact Officer, the REDCO Coordinator, on an ongoing basis. They will complete the application form outlining their suitability against the criterion and why they would like to be a REDCO and indicate their manager's support.
- The REDCO Coordinator will send an acknowledgement email to the applicant.

**B3**

REDCO Merit  
Selection

None identified.

- Once an EOI application is received, the REDCO Coordinator will assess the application against the criteria and suitability for the role.
- The applicant will be notified by phone or email as to the outcome of their application. Unsuccessful applicants will be notified with feedback on why they were not successful. Successful applicants will be tentatively approved as a REDCO pending completion of mandatory training.
- The REDCO Coordinator will provide successful applicants information on how to enrol in the training (see 'Onboarding / Initial Training').
- **Strength:** Calvary have sufficient coverage of approximately 15 REDCOs, ranging from entry level to the General Manager, clinical and admin. Greater numbers of

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RED contacts may prompt a need for greater coverage, but it may also be a two-way process (greater coverage may prompt greater numbers of RED contacts).

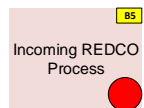


**B4**

REDCO  
Onboarding  
and Initial  
Training

None identified.

- This process supports the suite of training and professional development required to introduce a new REDCO to the CPHB REDCO network. For example, choosing providers (currently CIT), evaluating and providing feedback.
- The REDCO will receive face to face onboarding training. They will be trained in the REDCO duty statement, roles, procedures and reporting responsibilities.
- Once an applicant has completed mandatory training, they are added to the CPHB email distribution list.
- The REDCO will be introduced to other REDCOs at the next quarterly networking event and meet the REDCO Coordinator.
- **Strength:** The CIT skill-based and scenario-based training at CIT was highly regarded by REDCOs.



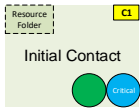
**B5**

Incoming  
REDCO  
Process

Finding out about REDCOs –  
the onus is on REDCOs to  
contact the REDCO  
Coordinator.

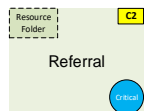
- Occasionally, REDCOs will move to CPHB from other ACTPS Directorates. It is expected the REDCO will get in touch with the REDCO Coordinator to start onboarding in CPHB.
- Need identified, however there are no planned activities around this process yet.
- **HR Pain Point:** There is a difficulty connecting with incoming REDCOs in CPHB unless REDCOs get in touch with the REDCO Coordinator. This may be addressed with increased promotional or communications material.

### Objective 3: Contact

Number	Name	Critical Points / Challenges	Process Description
	C1	Initial Contact	<p>Outlining the difference between the REDCO roles and other roles that REDCO might hold in the organisation (such as a Manager or HR Officer).</p> <p>Finding time and discreet places to have a chat in a clinical context.</p> <ul style="list-style-type: none"> <li>• RED Contacts will reach out to REDCOs using the ACTPS REDCO list, the local CPHB REDCO list available on the Intranet, REDCO promotional material, or local knowledge of REDCOs.</li> <li>• REDCOs will send an invite to RED Contacts or have an informal chat in a private area where they will discuss the issue.</li> <li>• REDCOs will often ask 'are you seeing me as a Manager or a REDCO' (for example) to ascertain how to proceed. Another question REDCOs will often ask 'what outcome are you hoping to get' which will help the REDCO and the RED Contact think, plan and act accordingly.</li> <li>• The REDCO will listen empathetically and hear the issue.</li> <li>• The REDCO may provide information such as definitions of unacceptable behaviour, bullying, harassment and so on.</li> <li>• REDCOs will clarify the <u>process</u> of resolving workplace conflicts, such as informal and formal routes to resolution.</li> <li>• Dependant on the case, the REDCO may either arrange a follow-up session or provide some options. Either way, they will discuss a plan for next steps.</li> <li>• The REDCO will record the contact in the CPHB Data Collection Form and send to the REDCO Coordinator (see 'Objective 4: Report') below.</li> <li>• <b>Pain point:</b> <ul style="list-style-type: none"> <li>○ CPHB operate in a 24/7, busy clinical context which makes time for appointments difficult. REDCOs have noted that one avenue staff use to approach them is being familiar with the REDCO but not in the same team or discipline, however this is difficult within some isolated clinical contexts.</li> </ul> </li> <li>• <b>(Critical). REDCO Pain Point.</b> Across all organisations, REDCOs have commented:</li> </ul>

- REDCOs have noted there is some ambiguity on the guidance and procedures on which contacts to refer RED contacts to and that they rely on their own judgement.
- REDCOs have expressed some interest in doing more to help RED contacts.
- Often clients will emotionally debrief, and then feel that the REDCO cannot do anything else for them, or they will have to repeat their story to someone else, as the REDCO role is limited to information provision.
- Role clarity is a large part of the engagement, for example separating a Manager role from the REDCO role, or a WH&S role, all of which invoke different processes.

- **Innovation:** Staff are provided a helpful REDCO resource folder containing EAP, REDCO role guidance, contact information, manager behaviours, and definitions of bullying/harassment, to assist them in helping RED contacts.



**C2**

## Referral

A challenge is situations where the REDCO may feel compelled to escalate matters of misconduct they have become aware of, versus their standard informational role.

Another challenge is clarifying the REDCO role.

- During the initial contact with a REDCO, the REDCO will identify appropriate referrals dependant on the case issue. For example:

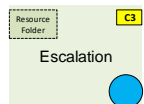
### REFERRAL POINTS FOR THE RED CONTACT

- **Initial step - informal:** As a first step, most REDCOs will ask the RED Contact what steps they have taken previously. They may outline the option for the RED Contact to address the issue directly and speak to the person involved, or to talk to their supervisor. The aim is to empower the RED contact to take these steps directly.
- **Employee Assistance Program (EAP)** for well-being support.
- **The REDCO Executive Sponsor**, for issues involving sensitivity, people management expertise, or executive guidance.
- **Employment Portal**
  - **ACTPS workplace behaviours information** for understanding appropriate workplace behaviours, definitions and more.
  - **Manager behaviours** information.

- **Definitions** of bullying, harassment, and discrimination.
  - **The Senior Manager, Work Health and Safety** for formal complaints.
  - **HR Performance and Conduct**, Michelle Vella, for mediation and dispute resolution.
  - **RISKMAN incident reporting**, for matters of misconduct or unreasonable behaviour.
- The REDCO will provide this information during the contact, and via a follow-up email with links to the appropriate resources.

#### REFERRAL POINTS FOR THE REDCO

- **The REDCO Coordinator** for advice on guidance where the REDCO needs it. The REDCO Coordinator may then advise the Senior Manager, Work Health and Safety as appropriate for misconduct issues.
- **Another REDCO**, if the existing REDCO is involved or has a conflict of interest in the matter, has competing work priorities, or is going on leave.
- **Employee Assistance Program (EAP)** for well-being support (see Debriefing Process).
- **(Critical). REDCO Pain Point:** See 'Initial Session' process.



**C3**

Escalation

A challenge is managing situations where the REDCO may feel compelled to escalate matters of misconduct they have become aware of, versus their standard informational role. It is critical that in all matters except for an imminent safety risk that the consent of the RED contact is

During the REDCO session, an issue that requires immediate attention and escalation to a third party may become apparent, noting this must occur with the consent of the RED contact.

- **Unwelcome or inappropriate behaviour toward a REDCO during a session:**
  - Inform the RED Contact that their behaviour is not appropriate.
  - Notify the REDCO Coordinator for consideration of further action.
  - Consult the Debriefing process below.
- **Harm including self-harm:**
  - Notify the RED Contact's Manager.



sought, and their autonomy is enabled.

- In serious or urgent cases, notify the Work Health and Safety Officer and the REDCO Coordinator. In this case, the team member will determine whether to contact the Crisis Assessment Team (CAT) and/or police.

- **Potential criminal incident or serious misconduct issue:**

- Report to the Senior Manager, Work Health and Safety or the REDCO Coordinator.

- **Disputes in which the RED Contact requires mediation or further support:**

- REDCO Coordinators, RED Contacts, and REDCOs may contact Michelle Vella, (Performance and Misconduct HR Officer) if they are experiencing unreasonable workplace behaviour. This would normally be done through the REDCO Coordinator.

- **Other parties might be considered ‘referrals’ as opposed to ‘escalations’, see Referral Process.**

- **(Critical). REDCO Pain Point:** See Initial Contact process.

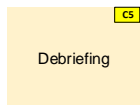


**C4**

Follow Up  
Contact

None identified.

- RED Contacts will reach out to REDCOs or vice versa, dependant on the relationship and what happened in the initial session.
- The REDCO will listen to the issue and aim to understand the concern.
- The REDCO will provide further options for the RED Contact to proceed.
- The REDCO will record the contact but not fill out another Data Collection Form, unless the issue is a new one.



**C5**



Debriefing

Development of debriefing  
guidance.

- This process involves two components a) emotional wellbeing and b) advice.
  - For *a) emotional wellbeing*, REDCOs are privy to a variety of sensitive and potentially upsetting circumstances. If after a RED Contact the REDCO feels they need to debrief or be supported, most REDCOs will approach their own networks, such as their Manager, or the EAP. There is also the REDCO Coordinator.



- For *b) advice*, the REDCO may need to consult with the REDCO Coordinator where they are unsure what information to provide a RED Contact after a session. In some cases, REDCOs may ask other REDCOs at networking meetings (see 'REDCO Networking' process).


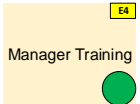
#### Objective 4: Report

	Number	Name	Critical Points / Challenges	Process Description
	<b>D1</b>	Contact Report – Data Collection Form	The low number of RED Contacts makes understanding the data and interventions/improvements difficult.	<ul style="list-style-type: none"> <li>• After a RED Contact's session, the REDCO will fill out a Data Collection Form noting the REDCO's name and the date of contact. and send it to the REDCO Coordinator. The REDCO Coordinator monitors a contact has been made. In circumstances of serious misconduct, the REDCO Coordinator may make the determination to escalate (see 'Escalation process').</li> <li>• There is only one form in CPHB, the process doesn't change if the person remains non-anonymous. For REDCOs <i>who</i> wish to lodge an identifiable complaint, they may be directed to the HR Work Health &amp; Safety Officer for further escalation.</li> <li>• <i>NB: Only one Data Collection Form is filled out per issue, regardless of the number of sessions. If the RED Contact raises a new issue, it requires a new form.</i></li> </ul>
	<b>D2</b>	REDCO Outcomes Reporting	Low number of RED Contacts in CPHB (four in the past year).	<ul style="list-style-type: none"> <li>• The Outcomes Reporting process pertains to statistical or other reports that arise directly from the REDCO network (as opposed to staff). These reports may answer questions such as 'what is the number of contacts CPHB have in a given year', 'what type of issues are discussed?'</li> <li>• This is not done formally in CBPH due to the low number of contacts. The REDCO Coordinator verbally informs the Work Health and Safety Officer (HR), and occasionally the REDCO Senior Executive Sponsor. Verbal reports will not contain personal sensitive or confidential information. They then decide next steps.</li> </ul>

- **Pain point:** The low number of RED contacts makes meaningful outcomes reporting and data collection redundant. Outcomes are only reported verbally as they arise.

## Objective 5: Improve

	Number	Name	Critical Points / Challenges	Process Description
	E1	REDCO Service Promotion	Sustained attention on promoting REDCOs among other roles.	<ul style="list-style-type: none"> <li>• RED Executive Sponsor, REDCOs and the REDCO Coordinator will actively promote the REDCO network and role model RED behaviours.</li> <li>• This may occur through signage at each REDCO's desk put up by the REDCO, badges, email signatures, and posters around CPHB.</li> <li>• REDCOs will model positive workplace behaviour within their division and be approachable to assist RED Contacts and CPHB staff.</li> <li>• The Intranet will also be a key resource used to engage REDCO, for example the use and advertisement of a CPHB REDCO page updated by the REDCO Coordinator.</li> <li>• <b>Critical Pain Point:</b> All organisations have noted that there is a declining number of RED contacts each year, but REDCO feedback and RISKMAN reports indicate issues are still occurring. There is not enough data to support a meaningful understanding of why this is the case.</li> <li>• <b>Other HR and REDCO pain points - CPHB:</b> <ul style="list-style-type: none"> <li>○ Some of the promotional material for REDCOs (e.g badges, posters) has lost attention and may need to be refreshed.</li> </ul> </li> </ul>
	E2	RED Network Meetings	Finding new REDCOs which have recently joined or left CPHB.	<ul style="list-style-type: none"> <li>• This process was placed under 'Improve' instead of 'Planning' as it gives REDCOs to provide feedback and share lessons learnt. The REDCO Coordinator will arrange an invite to all REDCOs for a networking event every quarter, such as a meeting or coffee catch up.</li> </ul>

			Clinical REDCOs often work on shift which creates attendance challenges.	<ul style="list-style-type: none"> <li>This process will allow REDCOs to undertake a 'cold debrief', that is, share common issues that are being raised.</li> <li>This will provide REDCOs an opportunity to workshop key issues raised, share experiences, discuss new initiatives to support RED, and to discuss upcoming REDCO activities.</li> <li><b>Innovation:</b> CPBH have identified that they have several active REDCOs attending networking meetings on a quarterly basis.</li> </ul>
	<b>E3</b>	Survey / Evaluation	Development of the REDCO survey.	<ul style="list-style-type: none"> <li>Both the REDCO Coordinator and the RED Working Group are interested in measuring metrics related to the evaluation of REDCO such as staff satisfaction with REDCO, frequency of use, and reasons why REDCOs are contacted or not contacted, among other metrics. The process currently has a lack of available data.</li> <li>This process is separate from the REDCO Outcomes Reporting as the data would come from staff instead of REDCOs or the REDCO network.</li> <li>A potential improvement idea that has been suggested is running a baseline REDCO survey and follow-up after 12-months.</li> <li><b>Critical point:</b> All organisations have identified that REDCO evaluation is not practical at this time. One suggested reason for this is the lack of viable data and low number of RED contacts. Another reason is that there has not been a focus on REDCO evaluation across the organisation, due to other competing priorities at the strategic and operational level.</li> </ul>
	<b>E4</b>	Manager Training	Development of training material.	<ul style="list-style-type: none"> <li>CBPH are planning REDCO awareness training with supervisors/managers. This is aimed to promote REDCO and bring awareness to the value REDCO brings to CPBH for their staff and themselves.</li> <li><b>Innovation:</b> This represents an area of significant benefit for REDCO awareness, and supports the ability for REDCOS to perform their duties.</li> </ul>

## Responsible and Accountable REDCO Roles

The following roles actively manage or are responsible for the REDCO process.

Role	Description
<b>Respect, Equity, Diversity Contact Officer (REDCO)</b>	REDCOs provide information to staff members (RED contacts). They provide options to empower the REDCO Contact to further resolve workplace situations. REDCOs also report on each session within the limits of confidentiality, may report incidents of potential harm or criminality to the Senior Manager, Work Health and Safety, and participate in RED networking and training. REDCOs do not provide specific advice, opinions or advocacy.
<b>Senior Manager, Work Health and Safety</b>	Receives reports from the REDCO Coordinator as to REDCO outcomes, to report and provide decision-making support at a strategic level. Will also be informed of escalations and serious misconduct matters.
<b>REDCO Coordinator</b>	REDCO Coordinators operate autonomously to organise REDCO networking and training, document REDCO outcomes, and prepare reports on REDCO. They report to the Senior Manager, Work Health and Safety.
<b>RED Executive Sponsor</b>	RED Executive Sponsors perform the REDCO function at a senior level. They operate from an accountable, respected position in the organisation. The additional capacities are that they champion the REDCO network, role model RED behaviours, send out REDCO communication, provide REDCO services in certain circumstances, such as when directly approached by a RED Contact, or in a sensitive matter involving senior personnel. They may also be contacted to resolve RED matters from external agencies, such as other Directorates. The RED Executive Sponsor for CPHB is the General Manager of CPHB.

## Supporting Roles

The following roles are either informed by or supported by the REDCO process.

Role	Description
<b>RED Contact</b>	REDCO Contacts are employees which reach out to REDCOs for information on workplace conflict, such as workplace behaviour, bullying, harassment.
<b>Direct line managers of REDCOs</b>	REDCO Managers manage REDCOs. Their role is to understand the role of the REDCO, and to be supportive of and flexible to the duty requirements of REDCO in line with operational requirements. They report to their business-as-usual reporting line.
<b>Employee Manager</b>	Employee Managers manage employees and potential RED Contacts. Managers may also become RED Contacts when they seek the advice of a REDCO. They report to their business-as-usual reporting line.



## Culture Review Oversight Group Meeting Paper

Agenda Item:	3.4
Topic:	Implementation of Recommendations and Project Plan and Dashboard
Meeting Date:	22 June 2020
Action Required:	Discussion
Cleared by:	Director-General, ACT Health Directorate
Presenter:	Executive Branch Manager, Culture Review Implementation Branch

### Purpose

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

### Background

2. This is a standing agenda item to provide an ongoing status update on the progress of work being undertaken to implement the Review recommendations.
3. Project planning documentation to support the mapping and reporting of progress made in addressing the recommendations was tabled at the Culture Review Oversight Group (Oversight Group) meeting on 4 September 2019. The documentation has continued to evolve since this time.
4. Feedback on the implementation planning documentation was invited from the Oversight Group members. To date no feedback has been received, however members are encouraged to provide feedback to the Secretariat as the planning documentation evolves.
5. A Culture Review Implementation Dashboard (Dashboard) was developed and presented at the May 2020 Oversight Group meeting. The dashboard aims to improve visibility of progress against the recommendations of the Review. The Dashboard is provided to the Oversight Group and Culture Review Implementation Steering Group. The high-level summary view of this Dashboard is provided at [Attachment B](#).

## Issues

1. The Implementation of Recommendation Status Update at Attachment A provides information on system-wide and organisation specific activities against each of the recommendations in the Review. It includes a timeline for each activity, identifies where there is variance from the implementation timeline outlined in the Review and indicates achievement of actions and recommendations.
2. Significant progress has been made by each organisation in completing actions across a range of recommendations.
3. The status of Actions is as follows:
  - a. **Status Blue (Completed)** - A total of 20 Actions have been completed across the system;
  - b. **Status Green (On Track)** – 19 Actions are in-progress and are tracking to the agreed delivery date;
  - c. **Status Amber (At Risk)** – 4 Actions are at risk of deviating more than 12 weeks from the agreed delivery date; and
  - d. **Status Red (Delay)** - 17 Actions have exceeded the agreed delivery date by more than 12 weeks.
4. Recommendations that have been finalised are:
  - a. Recommendation 18 (Commissioning of the Culture Review Oversight Group); and
  - b. Recommendation 17 (Public Commitment).
5. It is acknowledged that COVID-19 has had significant impact on international and domestic health sectors, and that this has impacted on the ACT jurisdiction. The program risk register has been updated to include risks associated with COVID-19, including delays in delivering the recommendations to the agreed implementation schedule.
6. Organisations will formally escalate potential or actual delays to the delivery of Actions to the Steering Group through the submission of a meeting paper. This will allow for the Steering Group to review and re-baseline the implementation timeline, with consideration of the impacts of the delay to program delivery and budget.

## Recommendation

That the Oversight Group:

- *Note the information provided in this paper.*





**Implementation Progress:**

	2019				2020				2021				2022		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	STATUS
S,		A1.1													Complete
		A1.1													
e			A1.2												Complete
			A1.2												
								A1.3							Not Commenced

[illegible]

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RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
<p><b>Recommendation 17 of the Final Report, March 2019</b></p> <p><i>Should the recommendations of this Review be accepted, a public commitment should be jointly made by the Ministers for Health and Wellbeing, and Mental Health, the Director-General ACT Health Directorate, the CEO Canberra Health Services, the General Manager Calvary Public Hospital and key representative organisations to collectively implement the recommendations of this Review to ensure ongoing cultural improvement across the ACT public health system.</i></p> <p><b>Government Response (May 2019)</b></p> <p><i>Once the Government Response has been tabled in the ACT Legislative Assembly, the very same week the commitment of the ACT Government and senior leadership team of the ACT public health system to the implementation of the recommendations of the Review will be reaffirmed to staff and the community.</i></p>	Minister and Executive	A17.1: Deliver public commitment	<p><b>This action has been completed.</b></p> <p><b>Key Achievements:</b></p> <p>A public commitment was made by Ministers and Health Leaders on 16 May 2019.</p> <p>At the September meeting, the Culture Review Oversight Group pledged their commitment in supporting and driving a positive workforce culture across the ACT public health system.</p>		<div>A17.1</div> <div></div>													Complete
<p><b>Recommendation 18 of the Final Report, March 2019</b></p> <p><i>A ‘Cultural Review Oversight Group’ should be established to oversight the implementation of the Review’s recommendations. The Group should be chaired by the Minister for Health and Wellbeing, and include the Minister for Mental Health, the Director-General ACT Health Directorate, the CEO Canberra Health Services, the General Manager Calvary Public Hospital, Senior Executives across the ACT public health system, the Executive Director Health Care Consumers Association of the ACT, President of the AMA (ACT), Branch Secretary ANMF (ACT), and Regional Secretary CPSU.</i></p> <p><b>Government Response (May 2019)</b></p> <p><i>Agreed (with additions to the membership of the Culture Review Oversight Group). The Culture Review Oversight Group has been established and the inaugural meeting was held on 28 March 2019. Members include the: 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, Branch Secretary ANMF ACT, President AMA ACT, Executive Officer Health Care Consumers Association (ACT), Executive Branch Manager Culture Review Implementation Team [ex-officio]. At its first meeting, the Group agreed to extend its membership to include: President ASMOF, President VMOA ACT, Dean College of Health and Medicine ANU, and Executive Dean Faculty of Health University of Canberra.</i></p>	Minister and ACT Health Directorate	A18.1: Commence group activities	<p><b>This action has been completed.</b></p> <p><b>Key Achievements:</b></p> <p>The inaugural meeting of the Culture Review Oversight Group was held 28 March 2019.</p>		<div>A18.1</div> <div></div>												Complete	
		A18.2: Quarterly group meetings	<p><b>This action is in progress.</b></p> <p><b>Key Achievements and Progress:</b></p> <p>The Oversight Group continues to meet bi-monthly.</p>		<div>A18.2</div>												On Track	
		A18.3: Evaluation of Oversight Group Measures of Success	<p><b>This action is in progress.</b></p> <p><b>Key Achievements and Progress:</b></p> <p>A paper prepared by the Culture Review Implementation Branch was tabled at the meeting of November 2019 suggesting lead indicators that should be measured and monitored across the portfolio as indicators of cultural change. An evaluation of these measures is to be scheduled for late 2020 and annually thereafter.</p>								<div>A18.3</div>							On Track



RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
<b>Recommendation 19 of the Final Report, March 2019</b> <i>That the 'Cultural Review Oversight Group' auspice for the next three years, an annual, independent and external review of the extent of implementation of the recommendations of the Review and consequent impact on cultural changes within the ACT public health system.</i>  <b>Government Response (May 2019)</b> <i>The Culture Review Oversight Group will auspice the next independent review commencing around November 2019.</i>	System-wide (led by Culture Review Implementation Branch)	A19.1: Annual Review (2020)	<b>This action has been completed.</b>  <b>Key Achievements:</b> <ul style="list-style-type: none"> <li>The first independent review has been undertaken to assess the progression of the implementation of the recommendations.</li> <li>On 4 June 2020, the Minister for Health Rachel Stephen-Smith tabled the outcomes of the ACT Public Health Services Cultural Review Implementation: Inaugural Annual Review.</li> </ul>					A19.1										Complete
		A19.2: Annual Review (2021)	<b>This action has not yet commenced.</b>  Annual Review is scheduled to commence March 2021.									A19.2						Not Commenced
		A19.3: Annual Review (2022)	<b>This action has not yet commenced.</b>  Annual Review is scheduled to commence March 2022.												A19.3			Not Commenced
<b>Recommendation 20 of the Final Report, March 2019</b> <i>That the 'Cultural Review Oversight Group' auspice for the next three years, an annual, independent and external review of the extent of implementation of the recommendations of the Review and consequent impact on cultural changes within the ACT public health system.</i>  <b>Government Response (May 2019)</b> <i>The Culture Review Oversight Group will auspice the next independent review commencing around November 2019.</i>	System-wide (led by Culture Review Implementation Branch)	A20.1a: With staff, collaboratively develop a communication strategy	<b>This action has been completed.</b>  <b>Key Achievements:</b> <ul style="list-style-type: none"> <li>A Culture Review Implementation Communication and Engagement Strategy has been developed through consultation with Communications teams at ACTHD, CHS and CPHB. The Communications and Engagement Strategy was endorsed at the Culture Review Implementation Steering Group meeting in December 2019.</li> <li>A Culture Review Implementation intranet page was launched on 20 December 2019 providing information on work underway, infographics on the system journey to date, links to support networks and will in time recognise areas across the system that are demonstrating positive and values-based work practices.</li> </ul>		A20.1a													Complete
		A20.1b: With staff, collaboratively develop a change management strategy	<b>This action is in progress.</b>  <b>Key Achievements and Progress:</b> Work is in progress to develop a Change Management Strategy for the Culture Review Implementation program.		A20.1b													On Track
		A20.2: Phase One to commence	<b>This action is in progress.</b>  <b>Key Achievements and Progress:</b> <ul style="list-style-type: none"> <li>A phase one Communications and Engagement Action Plan has been developed and is currently being implemented.</li> <li>Work is in progress to continue development of content, including manager's talking points, videos and further information about the journey so far and next steps.</li> </ul> <u>Risk Ref 9:</u> Risk of communications failure due to siloed approach to communication across system.					A20.2										On Track
		A20.3: Phase Two to commence	<b>Not yet commenced.</b>							A20.3								Not Commenced



RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
		A20.4: Phase Three to commence	Not yet commenced.											A20.4				Not Commenced



# Culture Review Implementation

our journey of positive change

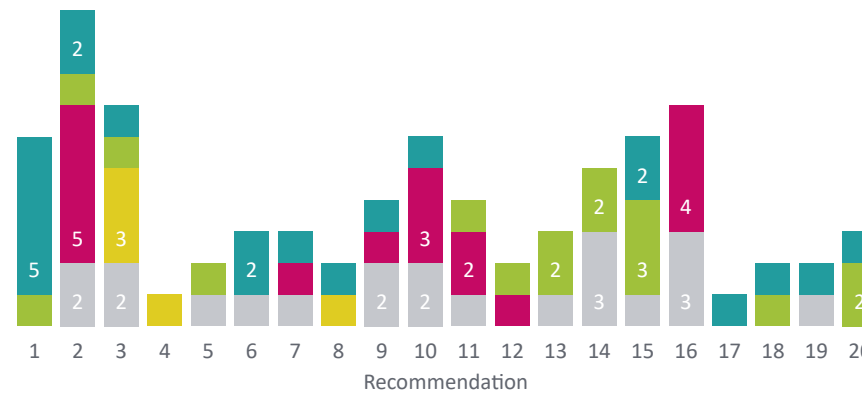


## 2 of 20 Recommendations Completed



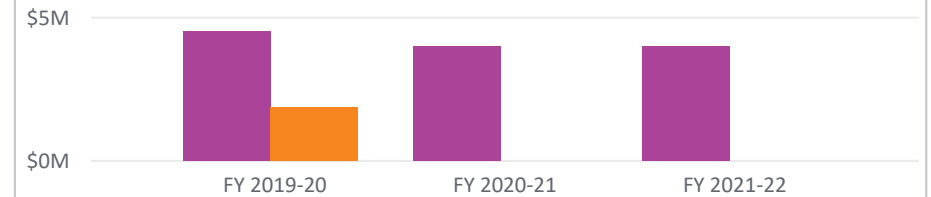
### Action Status by Recommendation

Status Not yet started Delayed At risk On track Complete



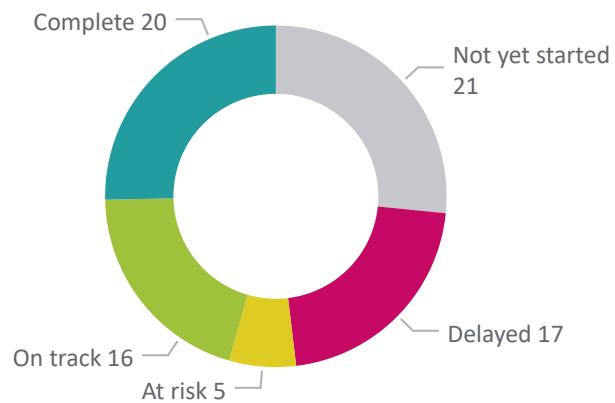
### Budget

Category Approved Budget Allocation Spend to Date



Budget	FY 2019-20	FY 2020-21	FY 2021-22	Total
Approved Budget Allocation	\$4,526,000	\$4,000,000	\$4,000,000	\$12,526,000
Spend to Date	\$1,872,869			\$1,872,869

### Overall Action Status

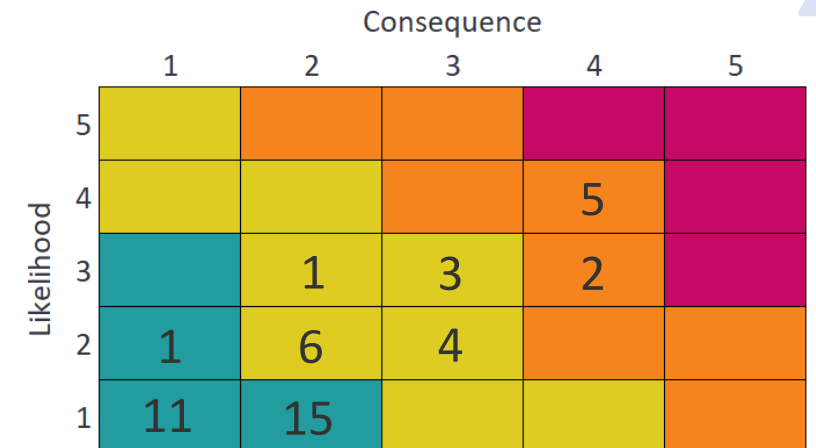


### Action Status by Organisation

Status Not yet started Delayed At risk On track Complete



### Risks



Note - This snapshot only displays actions that were scheduled to have commenced prior to the time of reporting. The status of actions that are scheduled for future commencement have been excluded.



## Culture Review Oversight Group Meeting Paper

<b>Agenda Item:</b>	4.1
<b>Topic:</b>	<b>Organisation Update – Report from ACT Health Directorate</b>
<b>Meeting Date:</b>	22 June 2020
<b>Action Required:</b>	<b>Discussion</b>
<b>Cleared by:</b>	<b>Director-General, ACT Health Directorate</b>
<b>Presenter:</b>	Director-General, ACT Health Directorate

### Purpose

1. That members note the presentation from the Director-General ACT Health Directorate to provide an update on the management of referrals from the Panel conducting the Independent Review in the organisation.

### Background

2. The Culture Review Oversight Group (Oversight Group) is briefed at every meeting by the Leadership Team on progress made in each area referred by the Panel.
3. At the Oversight Group meeting on 5 May 2020 the Regional CEO of Calvary ACT presented the organisation's progress in managing the referrals and spoke about a number of initiatives underway at Calvary Public Hospital Bruce.
4. It was agreed at the May meeting that Ms Kylie Jonasson, Director-General ACT Health Directorate would provide an update of the progress made at the June Oversight Group meeting.

### Recommendation

That the Oversight Group:

- *Note the information provided by the Director-General, ACT Health Directorate about progress made in addressing the referrals from the Panel*



## Culture Review Oversight Group Meeting Paper

Agenda Item:	4.2
Topic:	Member Updates
Meeting Date:	22 June 2020
Action Required:	Noting
Cleared by:	Chair
Presenter:	All members

### Purpose

1. Members to provide an update to the meeting on progress and issues relevant to their culture review implementation process.

### Background

2. The update for Director-General, ACT Health Directorate is provided in Agenda Item 4.1.
3. The written updates for the Calvary Public Hospital Bruce, Canberra Health Services and the Culture Review Implementation Branch, ACT Health Directorate are provided at Attachment A.

### Recommendation

That the Oversight Group:

- *Note the updates provided by members.*





## Culture Review Oversight Group Report Canberra Health Services Update

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**Meeting Date:** 22 June 2020

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**Summary of Activity:** 1: Update on progress of the implementation of the recommendations from the Independent Culture Review.

2: Activities to be undertaken in supporting the implementation of the recommendations.

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**Progress against recommendations from The Final Report:**

1: Update on progress of the implementation of the recommendations:

- The Values and vision and role statements have been developed for CHS following vast consultation with staff. Implementation continues including staff making a pledge to the Values.
- One Value is 'showcased' each quarter through staff being nominated and recognised for their behaviours and commitment to that Value. Staff are provided with pins to wear noting the Value if their nomination has been successful.
- The CHS Strategic Plan and Corporate Plan have been developed and launched and all domains align.
- HR training programs continue to be reviewed, to align and include the Values.
- The Positive Workplace Working Group (PWWG) has been established and its members are also Positive Workplace Champions. Currently the PWWG has over 110 members.
- From the work undertaken with staff in developing the CHS Values, role and vision statements, the definition of a positive workplace in CHS was developed. This has been released to CHS staff and the PWWG had commenced implementation of some projects in supporting this definition and supporting streams (pillars) within the workplace.
- Completion of the 2019 Workplace Culture Survey which had a record response rate of 57%. Results were released through senior managers and all staff forums conducted by the CEO. Action plans are being developed by each Executive Director relating to their individual Division's results. The plans will go through until the next survey in 2022. The survey assisted in evaluating the progress in implementing the Values and expected behaviours.
- The MYHEALTH Strategy is being finalised.
- The Employee Advocate role was introduced and integrated into the CHS business model. Changes are being made and the role will change title to

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Senior Director Workplace Resolution, and it will expand to assist in mediation.

- The development and implementation of the methodology for culture diagnostics based on three streams which are utilised according to the complexity of the issue/s. Culture diagnostics are completed where cultural issues have been identified. These diagnostics identify the issues and provide recommendations for addressing the issues.
- Development of the Occupational Violence strategy—released in May 2020.
- Participation in the development of the Positive Workplace Culture Framework with the ANU.
- Currently reviewing Preliminary Assessment/Misconduct processes (complaints and grievances) to identify improvement opportunities through process mapping the activities and linkages.
- Implementing the Strengthening Hospital Responses to Family Violence Framework, systems, training and processes.
- Completion of a review of the Respect, Equity and Diversity Contact Officers (REDCO) process through a process mapping exercise to identify improvement opportunities. An action plan is being implemented for these improvements.
- The CHS organisational structure continues to be monitored to ensure best alignment.
- The CEO continues to engage staff through various site visits and regular communication. Executive Directors also participate in regular site visits.
- Senior Managers Forums are conducted regularly by the CEO, providing updates to managers in CHS. Senior Managers are then required to cascade information to their teams.
- Clinical engagement is currently occurring through:
  - Clinicians being involved in the Clinical Governance Committee, the Standards Committees and other governance mechanisms.
  - Greater connection with JMOs.
- The review of governance processes continues.
- The Choosing Wisely Project Officer has been recruited in March 2020 for 12 months.
- The Choosing Wisely program has been assessed and is currently being implemented. In February 2020 the Choosing Wisely Low Value Care Steering Committee (CWSC) was established to provide leadership and coordination in adopting Choosing Wisely actions and other identified low value care initiatives. The Choosing Wisely Project Management Plan was endorsed on 28 May 2020 with the objective *to engage clinicians to ensure treatments and tests are in line with up-to-date evidence, are patient focussed and with the goal to minimise unnecessary and low-value treatments, tests and practices*. The Choosing Wisely and Low Value Care Program will complete three projects prior to February 2021 and the first project has commenced: *Project #1: Pathology Quality Ordering Project*. A working group has been established and a communications plan was endorsed by the CWSC 19 May 2020. Information and education for the Choosing Wisely and Low Value Care Program will be shared through multiple methods including an intranet page, television screens, posters,

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email, WhatsApp, patient experience video and screensaver. An intranet site has been established on 27 May 2020. Information sharing processes are being established with Calvary.

- The HR Business Partner model continues to support Managers and Executive Directors. A review of the HR Business Partner model is currently being finalised.
- Management and Leadership Strategy– awaiting delivery of the ANU Positive Workplace Culture Framework to ensure alignment.
- Executive leadership workshops have been held and will continue. As will coaching and management support activities across the organisation.
- A review of HR Functions is currently underway through the Culture Review Implementation Branch.
- Recruitment processes are undergoing review to make them more contemporary and to facilitate better attraction and retention of staff. The CHS recruitment policy is being reviewed as part of reviewing policies and procedures.
- A review of the REDCO training is being undertaken as part of the action plan from the RED Review.

2: Further activities to be undertaken in supporting the implementation of the recommendations:

- Continuance of the quarterly promotion of the Values.
  - Following COVID-19, recommence regular meetings of the PWWG. Continue to recruit to the membership of the PWWG.
  - Recommence promotion of the positive workplace definition.
  - Release and communicate the five key focus areas (known as ‘pillars’) that support the definition – also taken from the work completed for the Values.
  - Restart projects commenced by the PWWG and communicate these within CHS.
  - An Awards and Recognition Framework aligned with the Vision and Values has been developed and will be released shortly to staff.
  - Develop the ‘Positive Workplace’ intranet page.
  - Development of the Positive Workplace Strategy and subsequent implementation plan.
  - Implement regular updates from the CEO to CHS staff on the progress of the Recommendations and other key information relating to the Independent Culture Review.
  - Develop and manage implementation plan for the MYHEALTH Strategy 2019-2022.
  - Further work will be undertaken with the ACTHD in developing a suite of key performance measures.
  - Develop and implement quarterly divisional reporting and case management meetings.
  - Develop easy to access reliable data and dashboards.
  - Undertake a review of the Performance Framework.
  - Implement opportunities/gaps identified through the Complaints & Grievances mapping process – include in business planning.
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- Develop and implement quarterly divisional reporting and case management meetings.
  - Implement regular updates from the CEO to CHS staff on the progress of the Recommendations and other key information relating to the Independent Culture Review.
  - Further work to be undertaken with EDMS, COO, DCEO and DEDMS to develop further strategies for the engagement of senior and junior medical staff
  - Standardisation of Clinical Directors roles to be undertaken with People and Culture and the EDMS.
  - A review of Performance Framework including establishing clear outcomes.
  - An organisational wide review of position descriptions.
  - The Choosing Wisely and Low Value Care Program will complete three projects prior to February 2021 and will include evaluation of each individual project as well as an overarching evaluation. The CWSC is currently identifying the remaining two projects.
  - A Choosing Wisely Australia survey, to determine baseline awareness, will be distributed to medical officers from 12 June 2020 and will be repeated in late 2020 to help inform the evaluation of the program.
  - Management and leadership programs are to be reviewed aligned with the ANU Positive Workplace Culture Framework once released.
  - Implement agreed actions from the review of the HR Business Partner model.
  - A HR training review (external) will be undertaken in partnership with the Culture Review Implementation Branch.
  - Following receipt of the outcomes of the HR Function Review identify opportunities to be implemented and develop and implement relevant action plan.
  - Undertake a mapping exercise to identify overlaps between Shared Services, CMTEED and People and Culture to support more streamlined processes.
  - Plans are in place to review governance processes/procedures for recruitment and onboarding, as well as implement new opportunities for training and quality assurance processes. This will include communication processes advising updates to CHS staff.
  - Onboarding documentation, processes, procedures and programs are to be reviewed and updated to enable a fully integrated onboarding approach.
  - Identify opportunities from the external review to improve the application/implementation of the recommendations from the Independent Review. Include actions in business planning.

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**Risks/ Issues:**

- Risks identified within CHS include:
  - Loss of engagement from Working Group and Senior Executive.
  - Failure to deliver project outcomes/deliverables.
  - Controversial Media reports.
  - Impact of COVID-19.

See *Attachment A* for the CHS Risk Register.



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**Recommendation:** Note the work being undertaken by Canberra Health Services.

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**Attachments:** *Attachment A:* CHS Risk Register

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**Presenter:** Bernadette McDonald, CEO CHS.

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**Directorate: Canberra Health Services Project: Positive Workplace; Positive Culture.**

<b>The Risk</b>	<b>Source/Hazard:</b>	<b>Impact / Outcome</b>	<b>Risk Owner</b>	<b>Risk Controls which are currently in place</b>	<b>Risk Rating</b>		<b>Control</b>
Loss of engagement from Working Group and Senior Executive.	Loss of engagement from Executive and Working Group through: - other commitments - time pressures/availability - unclear direction - lack of consultation.	1: Delay in delivery of project deliverables. 2: Possible non- delivery of all project deliverables.	Dir PWC	1: Development and approval of a project plan - underway. 2: Regular progress reporting as defined in the project plan- see above. 3: Regular engagement with CROG & CRISG.	3	3	Medium Adequate
Failure to deliver project outcomes/deliverables.	Loss of engagement from key stakeholders. Resourcing issues. Shift of focus of strategic business priorities.	Failure of project. Negative impact on achieving business planning. Negative media/press impact on the business. Loss of staff engagement and trust.	Dir PWC	1: Development and approval of a project plan - underway. 2: Regular progress reporting as defined in the project plan- see above. 3: Regular engagement with CROG & CRISG.	3	3	Medium Adequate
Controversial Media reports.	Perceptible information provided to the Press. Perceived lack of progress with culture initiatives. Perceived lack of progress with Independent Review. Poor Union engagement.	Lack of engagement from staff. Impact on achievement of business plans. Poor public image. Poor relationship with Unions & Employee Representative Groups. Claims of mis-spent public monies in having Review completed.	Dir PWC	1: Development and approval of a project plan - underway. 2: Regular progress reporting as defined in the project plan- see above. 3: Regular engagement with CROG & CRISG.	3	3	Medium Adequate

**Directorate: Canberra Health Services Project: Positive Workplace; Positive Culture.**

The Risk	Source/Hazard:	Impact / Outcome	Risk Owner	Risk Controls which are currently in place	Risk Rating			Control
Impact of COVID-19.	Impact of COVID-19 causing delays to the delivery of culture related activities.	Lack of engagement from staff. Impact on achievement of business plans. Failure of project. Delay in the delivery of project deliverables.	Dir PWC	1: Development and approval of a project plan - underway. 2: Regular progress reporting as defined in the project plan- see above. 3: Regular engagement with CROG & CRISG.	3	3	Medium	Adequate



## Culture Review Oversight Group Report Calvary Public Hospital Bruce Update

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**Meeting Date:** 22 June 2020

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**Summary of Activity:** *Please see attached Calvary Public Hospital Bruce Workplace Culture Review Recommendations, Action Plan and Progress*

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**Progress against recommendations from The Final Report:** Attached is the Workplace Culture Review Recommendations, Action Plan and Progress

The Recommendations from the Culture Review at Calvary Public Hospital Bruce (CPHB) are being implemented by the Great Workplaces Program (Program) of work and updates for each specific recommendations are below:

### **Recommendation 1:**

One of the initiatives to implement this recommendation is to develop an online Performance Development Plan (PDP) tool for the staff at CPHB. A preferred vendor has been identified and approved and development work is well underway. This includes forms design, workflows, permissions, reports and linkages to other tools namely, Values in Action Capability Framework (VIAF) etc. The VIAF is a capability framework that has been mapped to CPHB mission, vision, values, and behaviours. VIAF identifies behaviours and attitudes that demonstrate living our values and work has been completed on identifying development activities and resources for each capability. The VIAF provides an easy way for CPHB staff to understand the required capabilities at every organisational level.

By implementing a streamlined, accessible and manageable online PDP tool which can embed our VIAF will only enhance the performance of our staff to live our values of Hospitality, Healing, Stewardship and Respect and have an understanding of our strategic intent.

The VIAF will be utilised for:

- Capability and behavioural gap analysis;
  - Basis for recruitment planning; and
  - Training and development plans.
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A project site for the online PDP tool has been created to keep track of the project timeline, communication, KPIs and deliverables in check for the project team, internal IT and the vendor.

The critical initiatives such as Speaking Up For Safety and Preventing Workplace Violence and Aggression are also developed based on Calvary's values of Respect and Stewardship. The campaign and communication of these programs builds on the organisational values.

The above programs make a direct and significant impact on the organisational culture by reinforcing our Values.

**Recommendation 2:**

Calvary National have identified the Engagement Champions for each site to undertake comprehensive training in preparation to conduct GALLUP's Q12 model survey. The Great Workplaces Program approach regarding capability building and engagement is consistent with the GALLUP's Q12 model.

Other development activities that have been undertaken include the new clinical governance structure for CPHB has been finalised and implemented along with an analysis of the ACT public health system: Evidence-Based Workplace Change Framework by the Australian National University (ANU) and mapping of initiatives and activities.

Design and development of the managers' toolkit which will provide a range of data to reflect workforce status, profiles and identify gaps and challenges i.e. casual usage, absenteeism, skill gaps etc. is also underway.

**Recommendation 3:**

One of the initiatives is to reinforce Safe Work Environment by reviewing and strengthening the policies, procedures, training and reporting relating to Bullying & Harassment, Workplace Violence and Aggression, Respect Equity and Diversity, Employee Assistance Program(s), Employee Wellbeing, Injury Prevention & Management, Speak Out and Speaking Up for Safety. A number of meetings have taken place with Canberra Health Services Business Analyst who is mapping the grievance and complaints processes for all three health organisations. A review has also been undertaken of critical safe work environment related policies and procedures

**Recommendation 9:**

The Speaking Up for Safety programme training will recommence in July. Scheduling of the training calendar is currently underway in line with the current COVID-19 restriction guidelines.

**Recommendation 10:**

In order for senior clinicians to participate in clinical governance activities there has been a revamp of the Clinical Governance Committee and it has been integrated into the formal business governance hierarchy with clear terms of reference and reporting lines through to the executive.

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**Recommendation 11:**

The project team has met with ACT Health Directorate to collaborate and assist with evaluating the applicability and value-add of Choosing Wisely initiative at CPHB.

**Recommendation 13:**

Initiatives to develop Managers' capabilities across CPHB are well underway. It includes the roll-out of the Clinical Leadership Development Program for the front line clinical staff, 360 assessment of the senior managers and development of an online platform to host tools and resources to assist managers at all stages of an employee cycle. This includes cascaded scripted conversation starters to assist managers to talk to their teams aimed at embedding the fundamental elements of positive workplace culture (i.e. Engagement, Performance, and Feedback etc.), a reporting suite along with a dashboard with key data and analytics, workforce planning tools, performance and development templates and other related resources.

Other programs will be developed based on ANU's Evidence-Based Skill Development Model.

**Recommendation 15:**

A detailed review of the recruitment process has been underway. A fit for purpose structure has been introduced by the local HR and policies have been reviewed. The function has recently been re-branded from Recruitment to Talent Acquisition and the plans are being put together for it to play a more significant and leading role in the recruitment process of CPHB.

Recruitment practices are compliant with the *Public Sector Management Act 1994*.

**Recommendation 16:**

The Workplace Violence and Aggression (WVA) policy and procedure for CPHB has been out for consultation and feedback has been taken into consideration. An e-Module based on the WVA Framework has been shortlisted and edited to be customised for CPHB and will be delivered based on the training matrix that was developed as part of the procedure. An innovative and engaging campaign has been developed and approved by the National Marketing department that has been put together around our value of respect "Creating a Circle of Respect".

Learning and development activities have been mapped against the VIAF for each capability and other development opportunities are being researched including leadership and management programs based on the ANU's Evidence Based Workplace Skills Development Model.

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**Key Achievements 2019-20:**

- Development of the CPHB's first Values in Action Capability Framework (VIAF) based on organisational Values, best practice and extensive consultation with employees across the organisation. This includes suggested learning and development activities for each capability.
- Major overhaul of the Performance Development Plan (PDP), form re-design, branding and roll-out. Conducted more than 50 training workshop to manage change with a completion rate of 94%.
- Great Workplaces Program campaign and communications strategy have been developed to drive the recommendations.
- Developed CPHB's first local Workplace Violence and Aggression (WVA) Framework. This includes overarching principles, policy statement, procedure, online and face-to-face training packages and a comprehensive campaign to communicate with staff, patients and visitors to prevent WVA incidents.
- Conducted various comprehensive Workforce Analysis for the organisation which has become the foundation for the HR Data and Dashboard work which is being completed.
- Development of a Workforce Planning Tool (ADAPT) for Executives and Senior Managers at CPHB.
- The Speak Up For Safety program has been launched and nominated trainers fully accredited to deliver the training.
- A Delegations Framework was implemented to further enhance transparency, build ownership and efficiency. To ensure the effectiveness of the new framework, a comprehensive training program was rolled out for all managers. It was mandatory for each manager to attend the training before exercising any HR delegations under the new framework.

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**Risks/ Issues:** There was a significant challenge to the Culture Review Implementation due to COVID19. As a result, several initiatives have been suspended and deadlines have been brought forward.

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**Recommendation:**

- Constant monitoring of activities through CRISG.
- Increased focus on the system wide Recommendations and implementation of agreed actions.
- Strengthening the territory wide knowledge management by sharing of learnings and solutions across the three sites.

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**Attachments:**

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**Presenter:** Barbara Reid

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## Culture Review Oversight Group Report

### Culture Review Implementation Branch Update

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**Meeting Date:** 22 June 2020

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**Summary of Activity:** **Overarching Strategic approach to facilitating cultural change across the ACT public health system:**

**Recommendation 2:** ANU-RSM has provided the Interim and Final Reports *Investing in Our People: A System-Wide, Evidence-Based Approach to Workplace Change*. These are currently with Culture Review Implementation Steering Group (Steering Group) members for endorsement.

The Culture Review Implementation (CRI) Branch has been working with the heads of HR in the three organisations to progress the application of the Workplace Culture Framework.

Analysis of workforce data and development of workforce reports to inform the Workplace Culture Framework is ongoing, this will form one part of a broader range of metrics that will be provided to assess progress.

A draft Action Plan has been developed to support the implementation of the recommendations from the Interim and Final Reports and to identify initiatives that apply to the entire health system and those that are organisation specific. Consultation regarding the Action Plan is progressing with members from the Steering Group. Further meetings have been scheduled with the Heads of HR across the three arms of the ACT public health system to finalise the application of the Framework to the ACT public health system. This will also enable each organisation to assess their current status against the Framework and then enable agreement on those initiatives that are best undertaken system-wide and those at a local organisation level.

The Culture Review Implementation Program Plan will be reviewed to include phasing of agreed initiatives into the Action Plan.



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**Recommendation 3:**

The focus of work in mapping the application of the Respect, Equity and Diversity (RED) Framework in each organisation across the ACT public health system has progressed to evaluation. The CRI Branch and the People Strategy Section in the ACTHD have discussed a range of options to facilitate measuring the effectiveness of RED Contact Officer contacts.

Mapping of the complaints and grievances process is well underway across ACTHD and CPHB. Additionally, mapping has started at CHS after a period of COVID-19 re-prioritisation. This process is evaluating the complexity of complaints and grievances received and identifying the pathways through which staff can resolve matters. The project has identified a number of strengths, opportunities and risks. Engagement will continue over the coming weeks, with outcomes to be provided next month.

**Recommendation 14:** Work on the HR Functions Review has restarted with consultation with clients of HR at CPHB to be completed in the next month.

**Recommendation 16:** Work has commenced progressing a review of the current People Management training programs in ACTHD, CPHB and CHS. A proposal to undertake a procurement process to engage a contractor to undertake the review was discussed at the June CRISG Meeting. The scope of the review would include documenting, for each training course, the purpose, target audience, curriculum, delivery model and outcomes.

**Recommendation 19:** The final report for the Inaugural annual review of the Culture Review Implementation was provided to the Minister in late May 2020. The Minister for Health tabled the report in the ACT Legislative Assembly on 4 June 2020. To support this tabling, the CRI Branch drafted the Tabling Statement and media talking points.

Work is progressing on the development of a Benefits Management Approach defining the action and benefits reviews that will be put in place to ensure that the program outcomes are evaluated and achieved and that program benefits are realised. The draft Benefits Realisation Approach document is expected to be discussed at the CRISG meeting in July 2020.

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**Recommendation 20:** Development of the change management strategy and approach continues. This project will be critical in ensuring the success of the implementation of the Workplace Culture Framework and other change initiatives and projects being implemented across the system and in each organisation

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**Risks/ Issues:** There has been a delay in some work across the system as a result of reprioritisation of resourcing due to COVID-19.

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**Recommendation:** **Noting**

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**Attachments:** Nil

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**Presenter:** Director-General, ACT Health Directorate

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## Culture Review Oversight Group Meeting Paper

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**Agenda Item:** 5.1

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**Topic:** Culture Review Implementation Program Plan

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**Meeting Date:** 22 June 2020

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**Action Required:** Noting and Feedback

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**Cleared by:** Director-General, ACT Health Directorate

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**Presenter:** Executive Branch Manager, Culture Review Implementation Branch

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### Purpose

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

### Background

2. The aim of the Program Plan is to provide an overarching strategic framework for the Culture Review Implementation program.
3. The Program Plan 2019-2022 outlines how health services across the ACT public health system and the community will work together to lay the groundwork for the future. With a strong focus on organisational behaviour, workforce and leadership change and building a solid evidence-base, this Program Plan will put in place strategic projects and actions which will provide the foundations to drive long-term results while also implementing priority actions in the short-term.
4. The draft Program Plan 2019-2022 on-a-page is at [Attachment A](#)
5. Feedback on the Program Plan is invited from the Oversight Group members. Members are encouraged to provide ongoing feedback to the Secretariat as the Program Plan evolves.
6. Agenda Item 5.2, Implementation of Recommendations and Project Plan and Dashboard, nests beneath the Program Plan.

### Issues

7. The Program Plan is intended to be a living document that will be developed in phases. The first phase of the Program Plan (July 2019 to June 2020) will build the foundation for future years.

8. Strategies in Phase One include:

- Partnering with stakeholders across the ACT health sector in all levels of planning, delivery and evaluation;
- Ensuring that an evidence-based methodology is applied to intervention design and evaluation;
- Identifying, mapping and responding to core issues, recognising idiosyncrasies of the ACT Public Health Service and adapting interventions for each individual organisation as required;
- Defining the capabilities that are required to flexibly respond to the identified issues and increase workforce capability where required; and
- Investing in capability development of the workforce to support organisational behaviour, workforce and leadership change.

9. Over time the Program Plan will be revised to reflect:

- New challenges and priorities;
- Emerging evidence and opportunities; and
- Complementary strategic interventions and responses on workplace culture across the ACT public health system.

## **Recommendation**

That the Oversight Group:

- *Note the Program Plan for the Culture Review Implementation; and*
- *Provide feedback to the Secretariat on the Program Plan.*

VISION

> Invest in a values-based public health system to achieve enduring and sustainable positive workplaces

GOVERNANCE & OVERSIGHT

GOAL > Ensure governance and oversight structures are transparent and accountable across the System

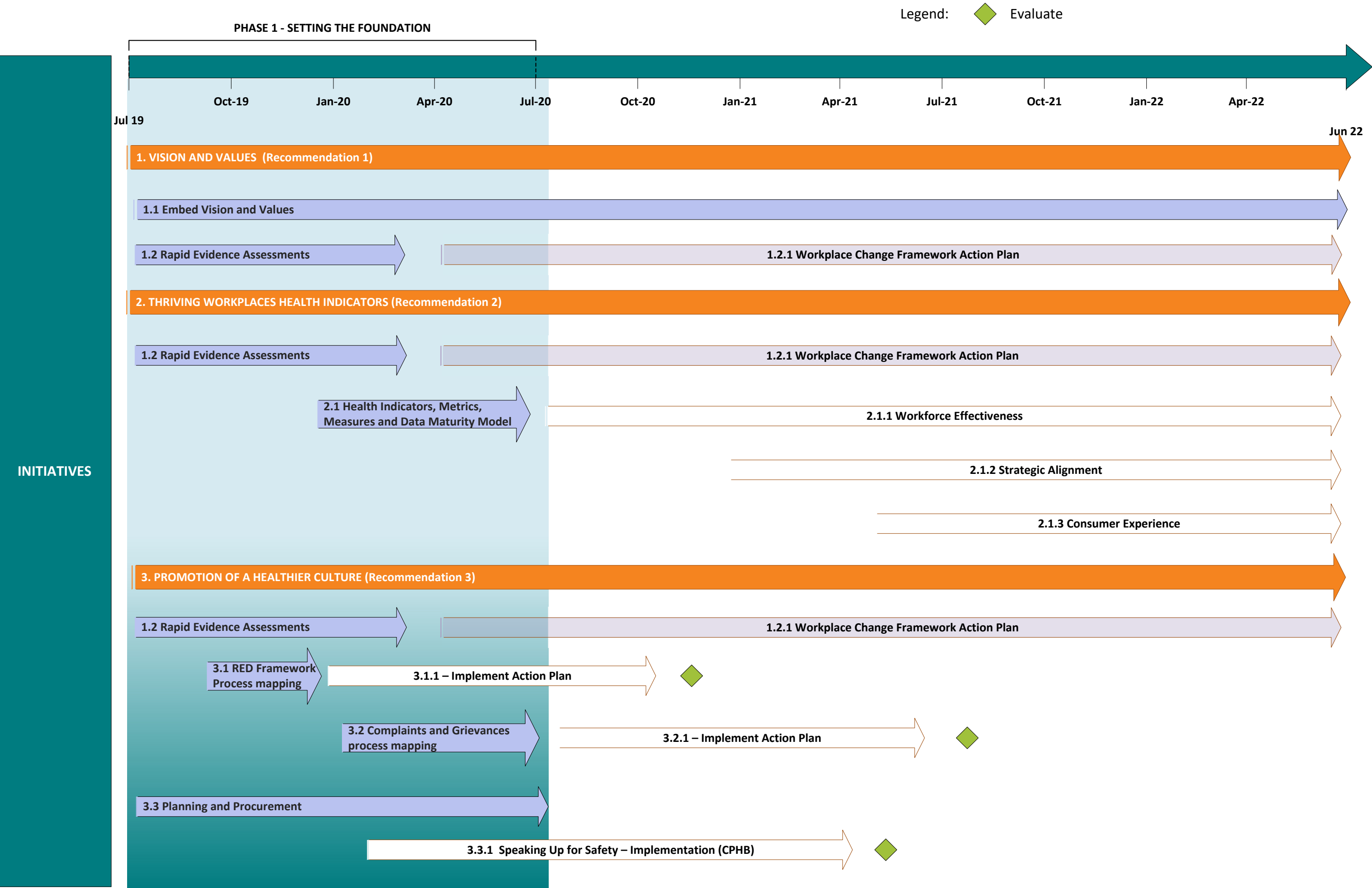
THEMES	ORGANISATIONAL BEHAVIOUR, WORKFORCE & LEADERSHIP	EDUCATION & RESEARCH	STRUCTURE & ENGAGEMENT
RECOMMENDATIONS	1, 2, 3, 11, 13, 14, 15, 16	7	4, 5, 6, 8, 9, 10, 12, 17, 18, 19, 20
GOAL	> We will invest in our people and processes to build safe and positive workplaces across the System	> Through strong collaboration, partnership and engagement we will develop and shape a learning mindset across the System	> Encourage and embed a two-way discourse with our staff, our stakeholders and our partners to evolve our System
KEY ACHIEVEMENTS (July 2019 to June 2020)	<ul style="list-style-type: none"><li>Rejuvenation of visions and values across ACT public health system.</li><li>Analysis and mapping of the application of the Respect, Equity and Diversity (RED) Framework within each organisation to identify opportunities for enhancing its application across the ACT public health system.</li><li>Review of recruitment processes within ACT Health Directorate and Canberra Health Services.</li><li>Communications and Engagement Strategy developed through consultation with key stakeholders, supported by Action Plan for Phase One.</li><li>Finalisation of ACT Public Health System Workplace Change Framework.</li></ul>	<ul style="list-style-type: none"><li>Established Health and Wellbeing Partnership Board to drive collaborative relationships across education, research and health service sectors.</li><li>Committee Chairs selected for Research Working Group and Workforce Education and Training Working Group.</li><li></li></ul>	<ul style="list-style-type: none"><li>Established Culture Review Oversight Group</li><li>Established Culture Review Implementation Steering Group.</li><li>Established ACT Clinical Leadership Forum (Professional Colleges).</li><li>Established NGO Leadership Group.</li><li>Established ACT Health Clinical Advisory Committee (Professional Colleges)</li><li></li></ul>
KEY INITIATIVES IN PROGRESS	<ul style="list-style-type: none"><li>Development of Workplace Change Framework Action Plan, Operational Guide and Maturity Model.</li><li>Development of organisational health indicators and metrics.</li><li>HR Functions Review across the three organisations to assess current state and recommendations for maturation of HR models within each organisation.</li><li>Mapping of Complaints and Grievances process and related roles across the System to identify strengths, risks and opportunities.</li></ul>	<ul style="list-style-type: none"><li>Continue to work in partnership with the tertiary sector to identify new opportunities to enhance curriculum development for nursing, midwifery, allied health and medicine.</li></ul>	<ul style="list-style-type: none"><li>Planning underway to conduct a Senior Clinicians and Administrators Summit.</li><li>Development of the NGO Leadership Group, Forward Work Plan.</li></ul>
NEXT 6 MONTHS	<ul style="list-style-type: none"><li>Maturity of organisational health indicators.</li><li>Assess maturity of each organisation and commence implementation of Workplace Change Framework Action Plans.</li><li>Commence implementation of Workplace Change Framework Action Plan.</li></ul>	<ul style="list-style-type: none"><li>Engage with the two Working Groups as appropriate to support system-wide discussions</li></ul>	<ul style="list-style-type: none"><li>Feedback from first annual review on Implementation (Mick Reid).</li><li>Independent Review of Culture Review funding governance.</li></ul>

GOVERNANCE & OVERSIGHT

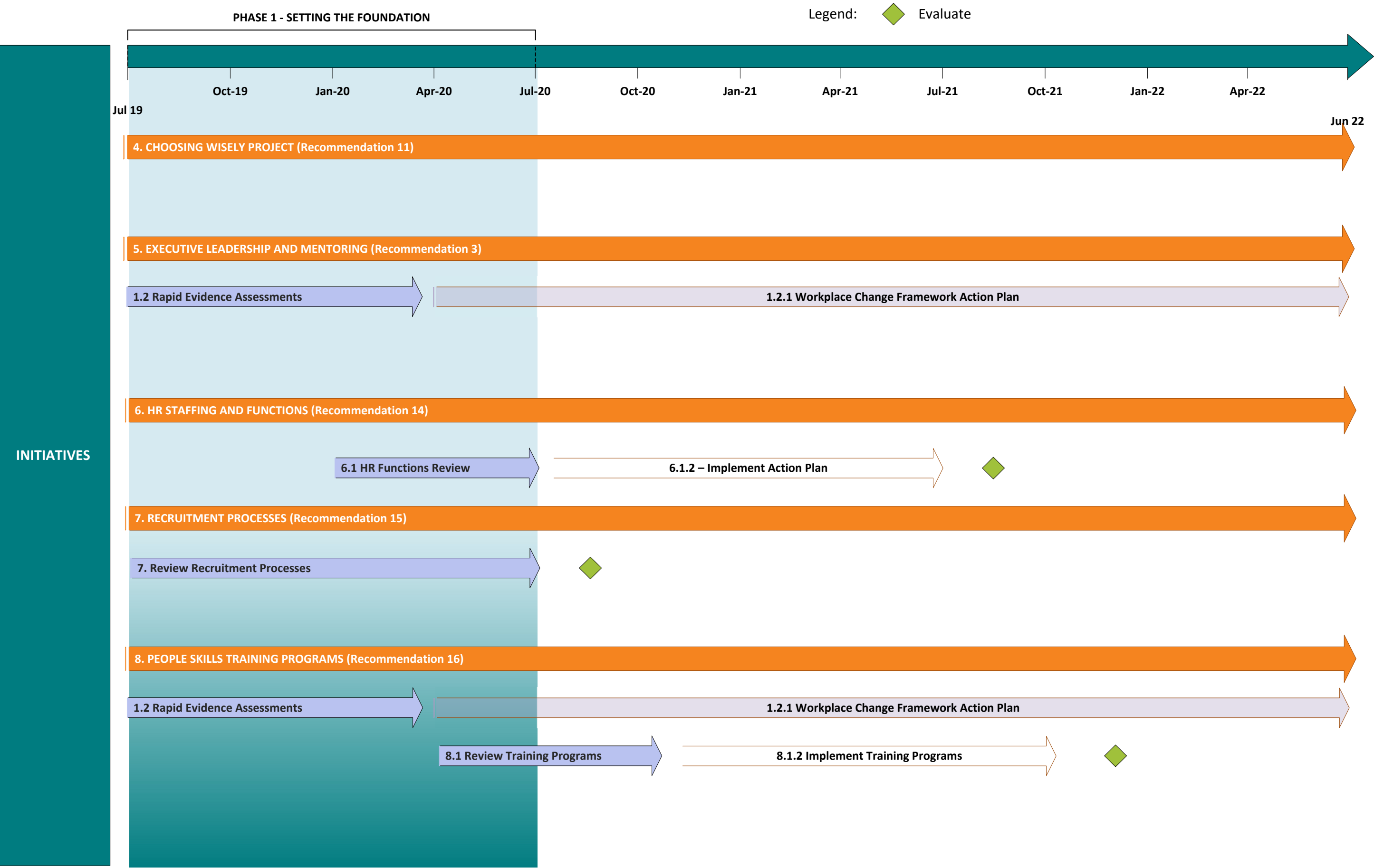
PHASE 1 - SETTING THE FOUNDATION



ORGANISATIONAL BEHAVIOUR, WORKFORCE AND LEADERSHIP



ORGANISATIONAL BEHAVIOUR, WORKFORCE AND LEADERSHIP (cont.)

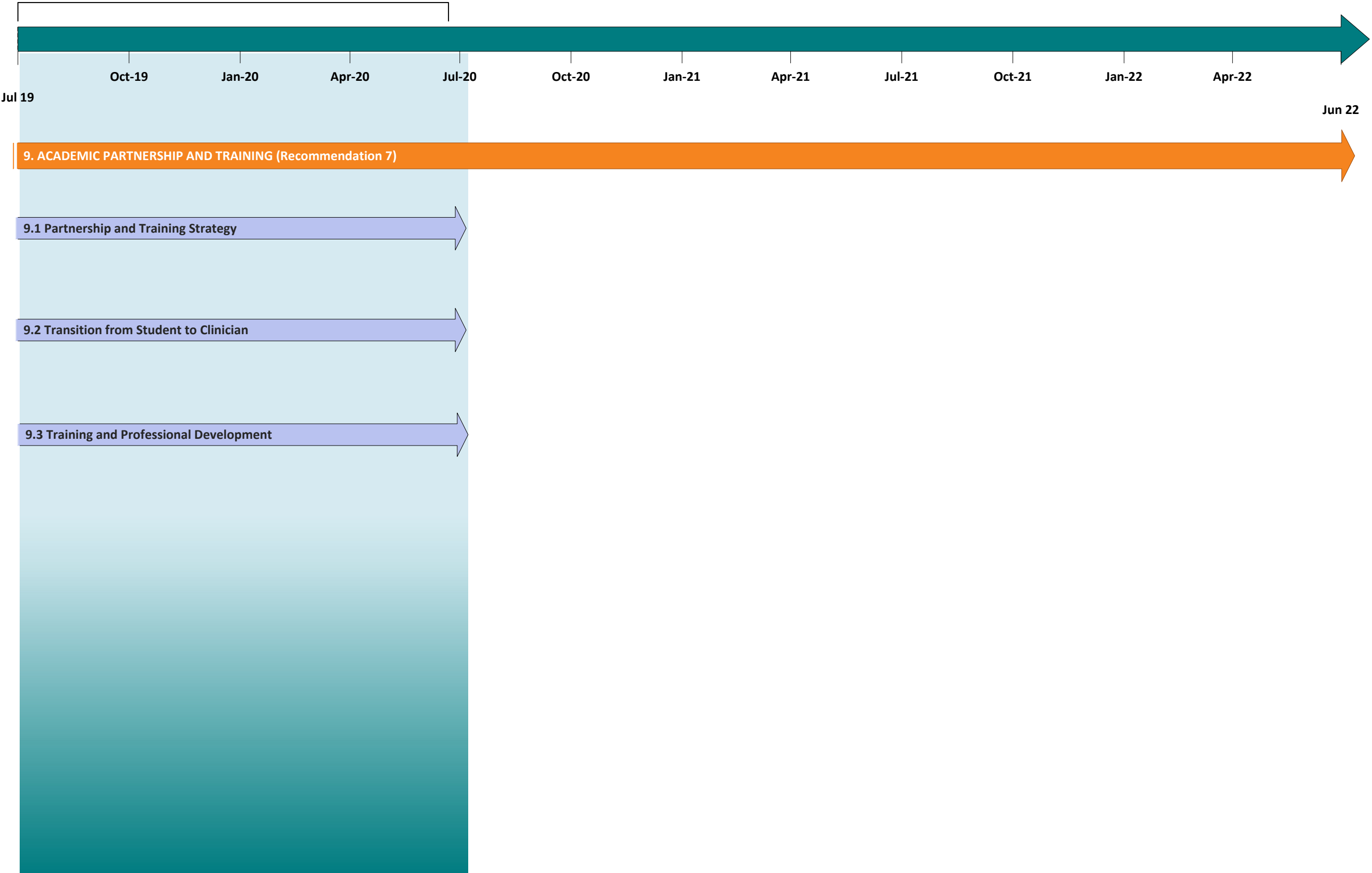




EDUCATION & RESEARCH

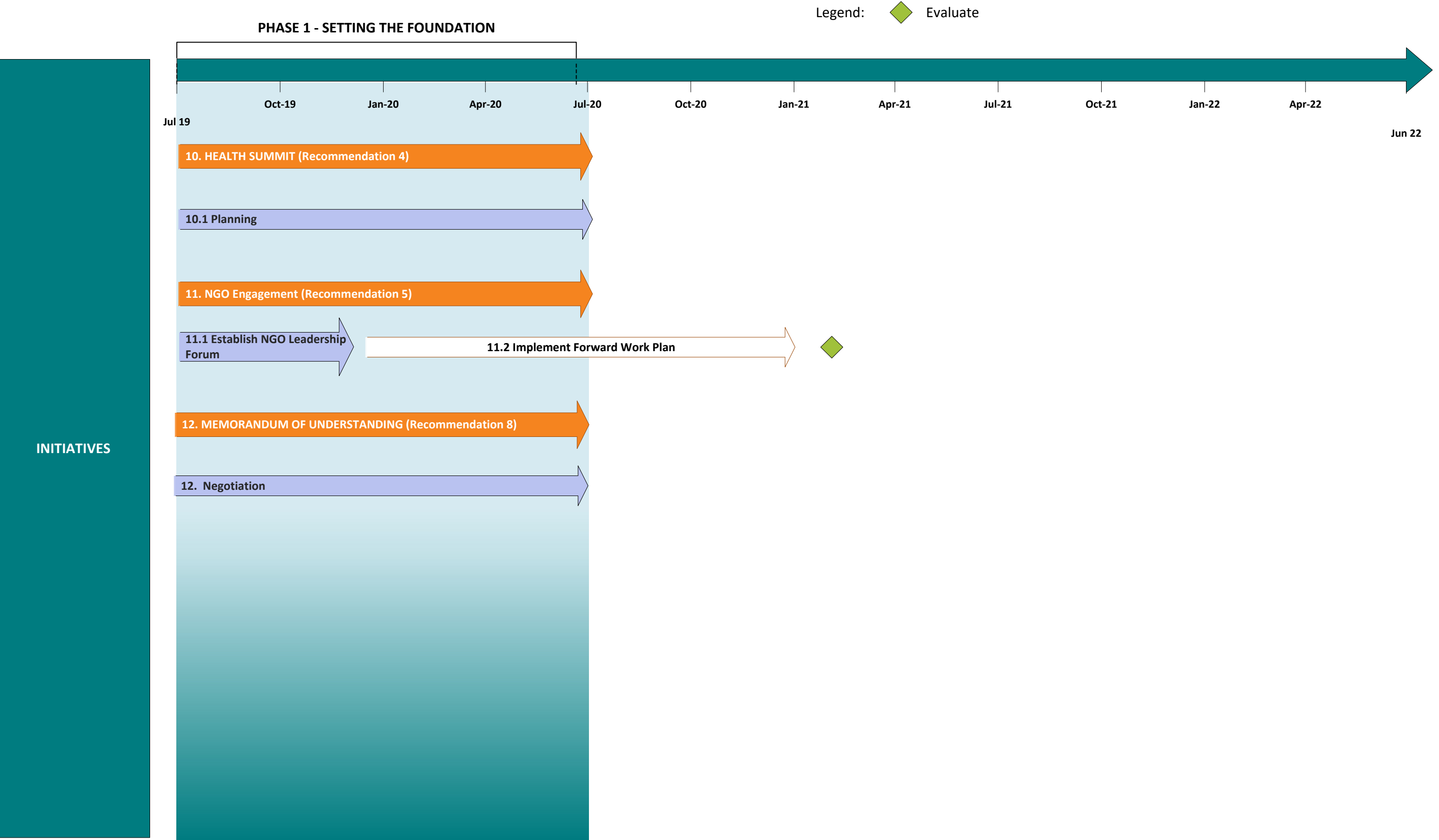
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PHASE 1 - SETTING THE FOUNDATION



INITIATIVES

STRUCTURE & ENGAGEMENT





## Culture Review Oversight Group Meeting Paper

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**Agenda Item:** 5.2

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**Topic:** Culture Review Implementation Program Risk

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**Meeting Date:** 22 June 2020

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**Action Required:** Noting and feedback

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**Cleared by:** Director-General, ACT Health Directorate

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**Presenter:** Executive Branch Manager, Culture Review Implementation Branch

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### Purpose

1. To provide the Culture Review Oversight Group (Oversight Group) with an update of key program risks identified for the culture review implementation, incorporating the impact of COVID-19 on the program.

### Background

2. The Program Risk Register identifies the key risks associated with the culture review implementation.
3. Project risk and issues management is proactive throughout the life of the program. The early consideration of risks at the outset and as an iterative process will have significant implications for the overall success of the Culture Review Implementation program.
4. Failure to undertake effective project risk and issues management will result in cost overruns, schedule slippage and shortfalls in capability and resourcing. Effective project risk and issues management is essential to anticipate, understand and manage risks.
5. It is acknowledged that COVID-19 has had significant impact on international and domestic health sectors, and that this has impacted on the ACT jurisdiction. The program risk register has been updated to include risks associated with COVID-19.

### Issues

6. There are 48 program risks identified in the Program Risk Register. Three of these risks have been resolved and closed.
7. An Executive Overview of all risks with a post-treatment rating of High or Extreme are at Attachment A.

8. The register is intended to be a living document that will be reviewed and updated as required.

### **Recommendation**

That the Oversight Group:

- *Note the key program risks identified for the Culture Review Implementation.*



# Culture Review Implementation

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## Executive Overview of the Culture Implementation Program Risk Register as at 1 June 2020


Risk Rating	Risk	Source	Impact	Controls (best of)	Status
High	<u>Ref15:</u> <i>Resources failure</i>	<ul style="list-style-type: none"> <li>Lack of skill or expertise across system to deliver initiatives effectively.</li> <li>Capability deficits.</li> <li>Competing BAU responsibilities.</li> <li>Budget constraints.</li> <li>Resource availability due to impact of COVID-19 on organisations and individuals.</li> </ul>	<ul style="list-style-type: none"> <li>Unable to effectively or efficiently deliver the change interventions.</li> <li>Interventions do not achieve the expected benefit across the system or within each organisation.</li> <li>Inconsistent improvement of workplace culture across the system.</li> <li>Impacts to program schedule and budget.</li> </ul>	<ul style="list-style-type: none"> <li>Resourcing for the Culture Review Implementation is approved by the Steering Group, with consideration of the strategic plan, program priorities and available budget.</li> <li>Support for implementation activities and subject matter expertise provided by CRI Branch, as required/requested.</li> </ul> <p><b>Further Treatments:</b></p> <ul style="list-style-type: none"> <li>Standardised training to be offered to project resources to ensure a standard methodology and approach for change management and project coordination.</li> <li>Organisations to escalate issues with resourcing to Steering Group for discussion.</li> </ul>	Improving
High	<u>Ref40:</u> <i>Governance mechanisms provide insufficient oversight and control, or speed of decision making to enable delivery of projects within the agreed scope, schedule, quality or cost tolerances.</i>	<ul style="list-style-type: none"> <li>Application of the endorsed governance framework.</li> <li>Undefined or unclear roles and responsibilities.</li> <li>Quality of reporting to governance committees.</li> <li>Lack of transparency and accountability in reporting to Steering Group.</li> <li>Reporting mechanisms between governance groups established within each organisation and Steering Group.</li> <li>Project and change management within each organisation.</li> <li>Organisations do not escalate risks or issues that exceed the defined program tolerances to the Steering Group.</li> <li>Impact of COVID-19 on key stakeholders and decision makers.</li> </ul>	<ul style="list-style-type: none"> <li>Steering Group unable to make informed decisions.</li> <li>Lack of transparency and accountability.</li> <li>Risks, issues and dependencies are not identified early and managed.</li> <li>Impact to quality of project, schedule or budget.</li> <li>Benefits are not realised.</li> <li>Ineffective communication.</li> <li>Inefficient use of resources.</li> <li>Continued reporting of issues identified in the Independent Review.</li> </ul>	<ul style="list-style-type: none"> <li>A SharePoint site has been developed to support a consistent approach to organisational reporting of status, budget, risks and issues.</li> <li>A Culture Review Implementation dashboard has been developed by CRI Branch for reporting current program status to governance groups.</li> <li>Culture Review Implementation Branch continues to coordinate and consolidate reporting across system.</li> </ul> <p><b>Further Treatments:</b></p> <ul style="list-style-type: none"> <li>Revised Governance and Reporting Framework to be endorsed by Steering Group (June 2020).</li> <li>Training to be offered to resources involved in CRI project delivery and change management initiatives to ensure a consistent understanding of governance arrangements, program tolerances and mechanisms for escalations.</li> </ul>	Same


Risk Rating	Risk	Source	Impact	Controls (best of)	Status
High	<u>Ref 2:</u> <i>The Recommendations of the Culture Review and the associated implementation schedule are not delivered.</i>	<ul style="list-style-type: none"> <li>Governance and oversight of program.</li> <li>Misalignment on strategic direction.</li> <li>Capability and capacity across System for project coordination, change management and communications.</li> <li>Siloed approaches to implementation, communication and change management.</li> <li>Changes to and/or competing government/organisational priorities;</li> <li>Operational requirements in response to COVID-19.</li> <li>Staffing impacts due to COVID-19.</li> <li>Decisions delayed due to impact of COVID-19.</li> </ul>	<ul style="list-style-type: none"> <li>Inability to retain or attract capable workforce.</li> <li>Harm to staff resulting from poor workplace culture, bullying and harassment.</li> <li>Culture Review Implementation budget impacted due to program schedule delays.</li> <li>Loss of productivity and service delivery capacity.</li> <li>Loss of trust and reputational damage.</li> </ul>	<ul style="list-style-type: none"> <li>Agreed program strategy and priorities.</li> <li>Formal mechanisms have been established by the CRI Branch to support the delivery of the program of work across each organisation.</li> <li>Monitoring and reporting on progress to governance groups and the community including the Annual Report, Biannual Updates and Annual Independent Review.</li> <li>Record keeping and documentation of decision making.</li> </ul> <p><b>Further Treatments:</b></p> <ul style="list-style-type: none"> <li>Action plans, delivery timelines and required resourcing to be agreed by Steering Group.</li> <li>Organisations to escalate uncontrolled issues to Steering Group for discussion.</li> <li>Steering Group to discuss impact of COVID-19 on delivery of Culture Review Implementation program and the approach to managing these impacts on the implementation schedule.</li> </ul>	Deteriorating
High	<u>Ref14:</u> <i>Inconsistent approach to delivering interventions across the system.</i>	<ul style="list-style-type: none"> <li>Lack of agreement for the implementation approach.</li> <li>Individual services undertake projects or initiate interventions independently of the Culture Review Implementation Program without adequate analysis of system-wide inter-dependencies and risk.</li> <li>Implementation planning.</li> <li>Inconsistent processes across the system.</li> <li>Resourcing capacity and capability across system.</li> <li>Roles and responsibilities inadequately defined.</li> <li>Project management methodology and approaches.</li> </ul>	<ul style="list-style-type: none"> <li>Interventions do not achieve the expected benefit.</li> <li>Inconsistent improvement of workforce culture across some areas of the system.</li> <li>Positive workplace change is not embedded and sustained across the system.</li> </ul>	<ul style="list-style-type: none"> <li>Steering Group is responsible for endorsing the strategic approach and monitoring the progress of the implementation across the system.</li> <li>Implementation of Program Plan monitored by Steering and Oversight Groups.</li> </ul> <p><b>Further Treatments:</b></p> <ul style="list-style-type: none"> <li>Governance and Reporting Framework to be endorsed by Steering Group.</li> <li>Standardised training of CRI project and change management resources to be provided across system to ensure a standard methodology and approach for change management and project coordination.</li> </ul>	Same
High	<u>Ref44:</u> <i>Project risks are not identified or managed within each organisation.</i>	<ul style="list-style-type: none"> <li>Culture Review Implementation projects managed by different teams across each organisation.</li> <li>Project methodology is not applied consistently across all projects.</li> <li>Resource expertise, capability and capacity.</li> <li>Non-compliance with ACT Government risk management practices.</li> </ul>	<ul style="list-style-type: none"> <li>Project risks are not visible to governance committees for ongoing monitoring and management.</li> <li>Impacts of risk to other organisations are not recognised or managed.</li> <li>Impacts to transparency and accountability for projects undertaken within the Culture Review Implementation program.</li> <li>Restricts early identification and management of emerging issues.</li> </ul>	<ul style="list-style-type: none"> <li>SharePoint site developed for organisations to share and review risks.</li> <li>Support provided by CRI Branch to ensure documentation of risks on project and program risk registers.</li> </ul> <p><b>Further Treatments:</b></p> <ul style="list-style-type: none"> <li>Risk workshop to be facilitated by CRI Branch in June 2020.</li> <li>Training for project and change management resources on standard ACT Government risk management practices.</li> </ul>	Same





Risk Rating	Risk	Source	Impact	Controls (best of)	Status
High	<u>Ref12:</u> <i>Information about the status of culture implementation activities is not shared across the organisations or with the Culture Review Implementation Branch</i>	<ul style="list-style-type: none"> <li>Willingness to share information;</li> <li>Capability or capacity within organisations to provide timely reports.</li> <li>Misalignment of system-wide and organisational governance structures.</li> <li>Non-adherence to the endorsed governance processes approved by the Steering Group.</li> <li>Reporting mechanisms.</li> </ul>	<ul style="list-style-type: none"> <li>Inconsistent/incomplete reporting results in inaccurate or incomplete reporting to the Steering Group, Oversight Group and in the biannual updates and performance reviews.</li> <li>Dependencies, risks, issues and benefits are not identified or managed strategically, resulting in objectives/goals not being met.</li> </ul>	<ul style="list-style-type: none"> <li>Delivery leads have been identified to coordinate organisational reporting and internal approvals.</li> <li>Reporting requirements for activities and resources funded under the Culture Review Implementation budget have been specified in the governance and reporting framework.</li> <li>Critical dates and templates for reporting are published on the CRI SharePoint site.</li> </ul> <p><b>Further Treatments:</b></p> <ul style="list-style-type: none"> <li>Steering Group to review and endorse revised Governance and Reporting Framework (June 2020).</li> <li>Training to be offered to resources involved in CRI project delivery and reporting to ensure a consistent understanding of governance arrangements, program tolerances and mechanisms for escalations.</li> </ul>	Same
High	<u>Ref 47:</u> <i>Program unable to be delivered within agreed tolerances due to COVID-19.</i>	<ul style="list-style-type: none"> <li>Governance group members, decision makers, key stakeholders and staff unavailable due to COVID-19.</li> <li>Resources assigned to Culture Review Implementation redeployed to areas of need during COVID-19.</li> <li>Priorities change due to COVID-19.</li> </ul>	<ul style="list-style-type: none"> <li>Unable to meet implementation schedule.</li> <li>Impact to budget.</li> <li>Strategic outcomes and benefits not realised.</li> </ul>	<ul style="list-style-type: none"> <li>Out of session meetings with governance group members to progress work on the critical path.</li> <li>Continue to progress activities that are not impacted by COVID-19.</li> <li>Provide recommendations to Steering Group on way forward including options for progressing in train and planned activities.</li> </ul>	Improving


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# Culture Review Implementation

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## **Culture Review Oversight Group DRAFT Communique of meeting on 22 June 2020**

The seventh meeting of the Cultural Review Oversight Group (the Oversight Group) was held on Monday, 22 June 2020.

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

Significant items discussed by the Oversight Group today included:

### **Annual Review**

Mr Mick Reid from Michael Reid and Associates was contracted to undertake the inaugural annual review of the Culture Review Implementation to report on the progress and early impact of implementing the 20 recommendations from the Review. Mr Reid met with a range of key stakeholders in March and April of 2020 including the Minister for Health, Minister for Mental Health, members of the Oversight Group and Culture Review Implementation Steering Group to gain insights to inform the annual review. The Inaugural Report (Report) was tabled at the ACT Legislative Assembly on 3 June 2020 by Minister Stephen-Smith, MLA Minister for Health.

The Oversight Group discussed at length the findings and recommendations from the Report.

### **ACT public health system Workplace Culture Framework**

A further update was provided about the progress being made in the translation and application of the Workplace Culture Framework that was developed through a partnership between ACT Health and the research team from the Australian National University, Research School of Management (ANU-RSM). This is making positive progress. Discussions are underway with the Human Resource teams of the three organisations across the ACT public health system to progress implementation.

### **Implementation of Recommendations**

ACT Health Directorate provided an update of the progress in implementing the recommendations from the Review.

Ms Kylie Jonasson, Director-General, ACT Health Directorate provided a comprehensive briefing on the significant work in progress to improve and evolve a positive workplace culture in the organisation.

### **Meeting schedule**

The Oversight Group meets bi-monthly and its next meeting is scheduled for 19 August 2020.



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# Culture Review Oversight Group

## Meeting Paper

<b>Agenda Item:</b>	6.2
<b>Topic:</b>	<b>Key Messages for Represented Groups from the Oversight Group Meeting</b>
<b>Meeting Date:</b>	22 June 2020
<b>Action Required:</b>	<b>Noting and feedback</b>
<b>Cleared by:</b>	<b>Director-General, ACT Health Directorate</b>
<b>Presenter:</b>	Executive Branch Manager, Culture Review Implementation Branch

### Purpose

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

### Background

2. There has been acknowledgement that communication across the ACT public health system has been challenging and fragmented.
3. This document serves to provide consistent information across the ACT public health system about initiatives already underway and those planned to enable more effective communication and understanding.
4. At the February meeting of the Oversight Group it was agreed that members would be provided with key messages from each meeting, in addition to the minutes and Communique, to support communications with members and employees.
5. Feedback is sought from Oversight Group members and the individuals being represented as to the relevance of the information being messaged and information being sought in future key message documents.
6. In addition to the 'Oversight Group Meeting Key Messages' document, each month a 'Managers Key Messages' document will be developed and distributed across the health system to support managers in communicating with their staff about the work occurring across the system in the culture review space.

7. The Culture Review Implementation Branch drafts this document each month and then provide the document to each organisation to update with information regarding organisation specific initiatives being implemented or progressed. The Managers Key Messages have both a current and future focus.

#### **Issues**

8. Consistent and timely communication is identified as a priority to provide information about work underway across the system.
9. The draft Oversight Group Key Messages document for the June Oversight Group meeting is at Attachment A.

#### **Recommendation**

That the Oversight Group:

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



## Culture Review Implementation

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### Key Messages from the Sixth Culture Review Oversight Group Meeting held on 22 June 2020.

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

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

##### Annual Review

The Inaugural Annual Review of the Culture Review Implementation undertaken by Mick Reid from Michal Reid and Associates. Interviews occurred with key stakeholders from across the system in March and April 2020. Mick led the Independent Review into the culture in the health system in 2018 and has a deep and nuanced understanding of the ACT public health system, the nature of the cultural challenges and the opportunities that may be optimised. The Inaugural Annual Review Report was tabled at the ACT Legislative Assembly on 3 June 2020, by Minister Stephen-Smith, Minister for Health.

The findings and recommendations were discussed at length by the Oversight Group members.

##### Workplace Change Framework

The research team from ANU Research School of Management has submitted the Interim Report and Final Report, *ACT Public Health System: Investing in Our People: A System-Wide, Evidence-Based Approach to Workplace Change* to the ACT Health Directorate. This is being reviewed and expected to be endorsed by the Steering Group shortly.

There are discussions underway involving members of the Culture Review Implementation Steering Group and HR personnel from the three organisations of the ACT public health system to plan how the Framework is best applied across the ACT public health system. There have been a number of meetings to progress this significant piece of work. Collaboration has been very positive.

##### Respect, Equity and Diversity (RED) Framework Mapping

In November and December 2019, the three organisations of the ACT public health system undertook a mapping process of the application of the RED Framework. As an outcome from the process, each organisation was provided with a process map, a SWOT analysis and process description document. Each organisation is currently developing an Action Plan and will report on progress against their action plan to the RED Working Group on a quarterly basis.

### What are we focusing on in coming months?

Our focus for work over the next two months includes:

- Finalising the mapping of the Complaints and Grievance process in the three organisations of the ACT public health system;
- Planning for an implementing the Workplace Culture Framework;





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- Recommending the HR Functions Review; and
- Commencing an analysis of all training programs related to the 'people' aspects across the ACT public health system.