



OFFICIAL

Culture Review Oversight Group Agenda

Friday, 7 May 2021

2.00pm-5.00pm

Meeting Room 1, Building 28, Canberra Hospital/Via WebEx

		Sponsor	
Item 1	Welcome and apologies		
	1.1 Introductions	Chair	5 min
Item 2	Minutes of the previous meeting		
	2.1 Minutes from 1 March 2021	Chair	5 min
	2.2 Actions Arising – for discussion	Chair	5 min
Item 3	Decision and discussion items		
	3.1 Oversight Group Workshop and Working Groups	Chair	30 mins
	3.2 Culture Review Oversight Group Terms of Reference	Chair	10 min
	3.3 Clinicians Summit – Recommendation 4	Chair	5 min
	3.4 HR Functions Review	D-G, ACT HD	15 min
	3.5 Culture Connect Newsletter	Chair	5 min
Item 4	Updates		
	4.1 Member Updates (Verbal)	All Members	30 min
Item 5	Noting Items		
	5.1 Culture Review Implementation Program Plan		
	5.2 Implementation of Recommendations and Project Plan		
	5.3 Culture Review Implementation Program Risk		
	5.4 Annual Review of Culture Review Implementation - Update		
Item 6	Other Business		
	6.1 Oversight Group Communique	Chair	5 min
	6.2 Oversight Group Key Messages	Chair	5 min

Next meetings:

29 June 2021



Culture Review Oversight Group Minutes

OFFICIAL

1 March 2021

2:00pm to 3:30pm

Meeting Room 1, Building 28, Canberra Hospital and via WebEx

Members:

- Ms Rachel Stephen-Smith MLA, Minister for Health (Chair)
- Ms Emma Davidson 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 Judi Childs, proxy for Ms Barbara Reid, ACT Regional Chief Executive Officer, Calvary, ACT (Calvary)
- Ms Madeline Northam, Regional Secretary, Community and Public Sector Union (CPSU)
- Mr Matthew Daniel, Branch Secretary, Australian Nursing and Midwifery Federation ACT (ANMF)
- Professor Walter Abhayaratna OAM, proxy for Dr Antonio Di Dio, President, Australian Medical Association ACT Limited (AMA)
- Ms Darlene Cox, Executive Director, Health Care Consumers Association ACT (HCCA)
- Mr Steve Ross, Australian Salaried Medical Officers' Federation ACT (ASMOF), proxy for Dr Richard Singer, President, 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 Ash van Dijk, Senior Adviser, Office of Minister Rachel Stephen-Smith MLA
- Ms Rochelle Christian, Chief of Staff, Office of Minister Emma Davidson MLA
- Ms Suze Rogashoff, Director CRI Branch, Office of the Director-General, ACTHD (Secretariat)

Item 1 Welcome

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

The Chair noted that the meeting was the first face to face meeting since the Oversight Group workshop held in August 2020 and indicated that she felt it was important to meet in person in recognition of the importance of culture reform, and given the length of time since the last formal meeting.

The Chair welcomed Minister Davidson to her first Oversight Group meeting.

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

- Ms Judi Childs representing Ms Barb Reid for Calvary ACT;
- Professor Walter Abhayaratna OAM representing Dr Antonio Di Dio for the AMA; and
- Mr Steve Ross representing Dr Richard Singer for the ASMOF ACT.

The Chair noted that the meeting was 1½ hours duration, shorter than usual meetings, and this was a result of diary challenges. The Chair noted that further meetings have been scheduled for April and June and the second Oversight Group workshop was being held in mid-March.

It was noted by the Chair that at the August 2020 workshop the members agreed that there would be a focus on Culture Review risks and this meeting would commence with discussion about risk and the second Annual Review of the program.

Item 2 Minutes of the previous meeting

2.1 Approval of minutes

The Chair noted the minutes from the meeting of 22 June 2020 and requested any comments before she asked the Group for their endorsement.

No 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, however two items were outstanding:

- Measures of Success: this will be discussed at the March workshop; and
- Speaking up for Safety (SUFS) presentation by Calvary: This will be scheduled for the June Oversight Group meeting. Ms Childs noted that an evaluation of the SUFS program was being undertaken shortly and depending on the timing, evaluation outcomes may also be included in the presentation.

Item 3 Decision and Discussion Items

3.1 Culture Review Implementation Program Risk

Ms Junk-Gibson spoke to this paper advising that, as at February 2021, the risk status for the program was at its most positive since the program commenced. She noted that many of the risks rated as high in 2020 were elevated due to the potential impacts of COVID-19.

Ms Junk-Gibson advised that the program risks were reviewed regularly, and controls and additional treatments are identified and applied as part of this process. She noted that the CRI Branch was working with the 'Delivery Leads' in the three organisations to effectively manage program risks, with each organisation having established its own risk register to manage organisation specific risks in approaching culture reform.

Ms Junk-Gibson advised that the current risk assessment is at the low or medium level and this is quite different from the profile in October 2020. This suggests that the risks are being managed and mitigated well.

The Chair noted that the current assessment is very positive but that it is not something that we can become complacent about and that ongoing monitoring and consideration of risk is critical.

The Chair noted that communication is critical to the success of the program and noted the Calvary newsletter (Agenda Item 5.3). Ms Junk-Gibson advised that she had been working with Ms Cook from the Minister's office regarding a quarterly newsletter and that both CHS and ACTHD were working on a regular newsletter for their workforce.

There was discussion about recent survey results and the need to be proactive in communicating about what is occurring in organisations to address issues raised in the survey results. It was noted that there were opportunities for collaboration to develop joint and aligned communications from the hospitals and stakeholder groups with a focus on good news stories and what is happening across the system.

There was discussion about the use of social media platforms and the work CHS was doing to promote the positive stories to offset the predominantly negative mainstream media reporting.

3.2 Annual Review of Culture Review Implementation

The Chair spoke about the first annual review of the Culture Review implementation that had been undertaken by Mick Reid in May 2020. It was noted that the Oversight Group had agreed that a more substantial review was required in 2021, including broader consultation.

The Chair advised that a procurement process is being progressed and that contact was being made with a number of potential reviewers to ascertain their interest, and that these included consultants with a background in the health sector, both male and female.

The Chair noted the draft Terms of Reference for the review and sought comments from members.

There was discussion about the need to provide the reviewer with context around the recommendations in the initial review as the reviewer would not have the level of understanding of the issues as Mick Reid did.

It was noted that there had been considerable work undertaken across the system since the initial review was undertaken in late 2018 and that the priorities in each organisation may have changed.

Ms Lincoln suggested that students in the health system be included in the consultation phase of the annual review. Other members of the Group expressed a view that it would be important not to extend the scope of the annual review too far. Ms Jonasson noted that

there were other opportunities through work being undertaken across the ACT public health system where the ongoing views of students and others could be captured.

It was agreed that the terms of reference would be revised following further discussions at the March Oversight Group workshop.

3.3 Oversight Group Facilitated Workshop

The Chair reminded members that, as an outcome from the inaugural annual review of the culture program, two workshops would be held to discuss the Oversight Group, responsibility of the members and the future direction for the Oversight Group.

The Chair noted that the key points that came from the August 2020 workshop included:

- commitment made by members about engaging through trust and demonstrated through consistent behaviours,
- that members build a psychologically safe environment,
- that further discussions will allow for forward looking opportunities
- provide opportunities for members to raise concern and leverage off the combined expertise of the membership, and
- the focus of the group would be solution-focussed

The Chair noted that planning for the second workshop is well underway and that Ms Di van Meegen will be facilitating the discussion again. She noted that the purpose of the discussion is still being shaped but it is around being forward-looking and to consider how we continue to invest in culture reform across the system. There are a number of points outlined in the meeting paper focussing on:

- transitioning from current focus to being more future focussed,
- considering how we continue to maintain focus and momentum,
- acknowledgement of the significant work underway, and noting that the effect of the initiatives won't be felt immediately and that change does take time,
- understanding what individual members identify as indicators of success, and
- how will we know that we have succeeded?

Ms Junk-Gibson provided a brief overview of the program budget, noting that in 2020-21 the projected expenditure was \$5.052M, and that the final year of the project had an anticipated budget of \$4M, however the final budget commitments would be discussed at the April Culture Review Implementation Steering Group.

Ms Junk-Gibson noted the following system projects had been funded from the current FY:

- HR Functions Review
- Second Annual Review
- Training Program analysis
- Clinicians Summit
- Staffing Resources

The remaining funds had been allocated across the system for organisations to develop and deliver organisation specific initiatives. There was currently \$200K being held in the central contingency budget.

ACTION: Ms Junk-Gibson to provide a detailed breakdown of the budget prior to the workshop.

There was discussion regarding the workshop with the following matters raised:

- Potential use of case studies to show how culture change was impacting people on the ground;
- Providing examples of where change has occurred as a result of interventions, with a focus of those areas that were identified as clusters in the initial report. It was agreed that CHS and Calvary would provide some case studies; and
- How have we tracked against the recommendations in the Culture Review?

ACTION: Ms Junk-Gibson to include the measures of success paper in the pack to be distributed to members prior to the workshop.

ACTION: Ms McDonald and Ms Childs to provide case studies to the Secretariat for discussion at the workshop.

Item 4 Updates

4.1 Member Updates – verbal

4.1.a Visiting Medical Officers Association (VMOA)

Dr Hughes had nothing further to add.

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

Mr Daniel noted the work of the Oversight Group and what is occurring in the organisations, however he highlighted issues addressed in the context of the Final Report relating to HR issues that remain unaddressed and stated that the ANMF believes that ACT Health is at a pivotal point in relation to culture.

4.1.c Community and Public Sector Union (CPSU)

Ms Northam noted that CPSU members advise that their on-the-ground experiences are changing, but there are still issues in relation to consultation and insecure work. She also spoke about the **Insourcing Taskforce at CHS where consideration is being given to cleaners and security guards. Ms Northam was supportive of this but suggested if it were expanded to other areas of the workforce, we would see an improvement in culture as people would be in secure employment.**

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

Mr Ross spoke about the approval of the Medical Practitioners Enterprise Agreement in January 2021 but noted that an appeal had been lodged and this was to be heard in March 2021. He noted that negotiations for the new EA were due to commence in February 2021.

Mr Ross also spoke about the lack of consultation, particularly where there were high levels of workplace stress, i.e. mental health.

4.1.e Health Care Consumers Association ACT (HCCA)

Ms Cox raised the issues of public performance reporting. The Chair noted the Oversight Group was being very transparent with all meeting papers being made publicly available,

and regular reporting to the ACT Legislative assembly on the Culture Review Implementation program of work.

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

Professor Lincoln noted that UC had strong enrolments in training courses this year with strong levels of domestic interest. They have launched a new Graduate Certificate in Health Leadership and will be launching a Graduate Certificate in Mental Health soon.

4.1.g College of Health and Medicine, ANU

Professor Gruen stated that the University had experienced financial losses as a result of the impact of COVID-19 on international student enrolments. Professor Gruen indicated that progress was being made on a number of initiatives, where he hopes to have more information available to provide at the Oversight Group workshop.

4.1.h Calvary

Ms Childs noted a number of key initiatives being progressed at Calvary Public Hospital Bruce including the Values in Action Framework which is being merged with their online performance development tool, and that the Occupational Violence Framework was launched during the week of 22 February 2021, with staff training being undertaken.

4.1.i ACT Health Directorate (ACTHD)

Ms Jonasson noted the progress of a number of initiatives in the Directorate including:

- Development of a Diversity and Inclusion Framework which will be launched during Harmony Week;
- Conduct of a COVID-19 Wellbeing Survey in October 2020 with 67% of staff responded to the survey. Results showed that staff coped well during the pandemic where 80% of staff worked from home.
- Pulse surveys will be implemented this year;
- Working through feedback from staff and developing a model to return to work in the workplace; and
- Presentation of DGs Awards in December 2020.

Ms Jonasson also advised of an internal structural change within the Directorate, advising that she has appointed Ms Junk-Gibson to the position of Executive Branch Manager of People Strategy, in addition to her role leading the Culture Review program. Ms Jonasson noted the strong links between HR and culture reform. This change will take effect from 9 March 2021.

4.1.j Australian Medical Association ACT (AMA)

Professor Abhayaratna noted the previous comments in relation to stress in the mental health area, not just for consumers but also for clinicians. He noted that junior clinicians are a vulnerable group, noting increased levels of burnout. AMA are supporting junior clinicians with mentors talking to the group about how they have managed burnout and the strategies they have implemented and found to be most effective.

4.1.k Canberra Health Services

Due to time constraints, Ms McDonald asked the Secretariat to distribute the CHS update to members post the meeting.

ACTION: Secretariat to distribute CHS update to members.

4.1.k Minister for Mental Health

Minister Davidson spoke to members about her background in health advocacy in the community sector. She stated the importance of communications and understanding our own positions of power and valuing everyone's contribution.

Item 5 Information Items

Due to time constraints, the Chair asked members if there were any comments in relation to the information papers. The following items were discussed briefly:

5.4 Workplace Resolution and Support Services – Status Update report to 31 January 2021

Mr Ross sought clarity on paragraph 3.g. in the meeting paper regarding actions taken if an employee presented with mental health issues. Ms McDonald stated that the WR&SS area did not report these issues but, as noted in the paper, provided referrals to enable the matter to be managed internally.

Item 6 Other Business

6.1 Oversight Group Communique

The Chair asked members to advise the Secretariat of any other matters to include in the Communique.

ACTION: Members to advise the Secretariat of inclusions for the Communique.

6.2 Oversight Group Key Messages

The Chair sought members' feedback on the Key Messages document. Ms Cox advised that it was useful, and she was using it to communicate with membership.

The Chair thanked members for their contribution and that she looked forward to seeing them all at the workshop in mid-March

Meeting closed at 15:37pm

Next Meeting: 18 March 2021 (Facilitated Workshop)
12 noon – 5.00pm

Next Meeting: 30 April 2021
2:00 – 5.00pm



Culture Review Oversight Group Action Items Register

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Meeting Date	Agenda Item	Action Required	Officer Resp	Due Date	Status
11/06/2019	5.3	Members seeking clarification or updates on referrals to speak directly with D-G ACTHD, CEO CHS and Regional CEO Calvary.	Members	Ongoing	Ongoing
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 Further conversation related to 'success' for consideration at Workshop 18 March 2021	Secretariat	22/4/2020 19/8/2020 18/3/2021	Complete
27/2/2020	6.1	Ms Reid to present to the Oversight Group in April 2020 on the implementation of the 'Speaking up for Safety' pilot in Calvary Hospital Scheduled for June 2021 Oversight Group meeting to enable the outcomes of the evaluation of the program to be included in presentation	Ms Reid	22/4/2020 29/6/2021	Ongoing
22/6/2020	3.3	Respect, Equity and Diversity Framework Mapping Ms McDonald to provide a future Oversight Group with a briefing on changes to the Employee Advocate role. Paper provided to members following 1 March 2021 meeting.	Ms McDonald		Complete

Meeting Date	Agenda Item	Action Required	Officer Resp	Due Date	Status
1/3/2021	3.3	Oversight Group Facilitated Workshop – Culture Review Implementation Budget Ms Junk-Gibson to provide a detailed breakdown of the budget prior to the Oversight Group Facilitated Workshop to be held on 18 March 2021.	Ms Junk-Gibson	18/3/2021	Complete
1/3/2021	3.3	Oversight Group Facilitated Workshop – Measure of Success Ms Junk-Gibson to include the measures of success paper in the pack to be distributed to members prior to the workshop.	Ms Junk-Gibson	18/3/2021	Complete
1/3/2021	3.3	Oversight Group Facilitated Workshop – Case Studies Ms McDonald and Ms Childs to provide case studies to the Secretariat for discussion at the workshop.	Ms McDonald & Ms Childs	17/3/2021	Complete
1/3/2021	4.1	Member Updates Secretariat to distribute CHS update to members	Secretariat		Complete
1/3/2021	6.1	Oversight Group Communique Members to advise the Secretariat of inclusions for the Communique.	All members		Complete No feedback received



Culture Review Oversight Group Meeting Paper

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Agenda Item:	3.1
Topic:	Oversight Group Workshop and Working Groups
Meeting Date:	7 May 2021
Action Required:	Discussion
Cleared by:	Director-General, ACT Health Directorate
Presenter:	All members

Purpose

1. At the second Oversight Group Workshop held on 18 March 2021, members agreed that the following three discussion items required additional time for consideration, clarification, and endorsement:
 - a. Change the name of the Oversight Group;
 - b. Update the vision of the Oversight Group; and
 - c. Confirm the three working groups discussed, clarifying purpose, and confirming membership.

Background

2. A key recommendation from the inaugural annual review undertaken by Mr Mick Reid in April 2020 was that the Oversight Group convene a workshop to discuss the points raised in the review.
3. At the Oversight Group meeting of 22 June 2020, it was agreed to convene two half day workshops.
4. The purpose of these workshops was to allow further exploration on the function of the Oversight Group, the roles and responsibilities of its members and its intent.
5. As a result of timing and broader environmental factors impacting availability of members, including responding to COVID-19, the initial workshop was held on 25 August 2020.
6. The second workshop was held on 18 March 2021. Key points discussed at the workshop include:
 - Acknowledgement of the tension between progressing significant change, such as digital transformation and culture reform and the impact of change for our workforce while responding to and managing COVID-19 and ensuring that the ACT community and

surrounding areas remain safe. There was agreement that ‘we have done everything possible’, as demonstrated through no COVID-19 patient to staff transmission and no community transmission in hotel quarantine.

- Appreciation that we need to take stock and acknowledge what has been achieved to date within a complex system. Many members spoke about achievements they had observed over the past 12 months.
 - Future direction - What are the big-ticket items and the key result areas?
 - Discussion on what we can and can’t achieve.
 - Acknowledgement of the opportunities for ongoing engagement and to ensure there is a shared understanding of the pressures faced by organisations and unions.
 - The requirement to move beyond the individual transactional nature of interactions and understand the underlying system challenges and opportunities that need to be addressed and changed.
7. Discussion at the second workshop also focussed on establishing an approach to raising concerns. In the workshop this was called ‘Rules of engagement for the Oversight Group’. The intention of the rules of engagement was to clearly identify how the Oversight Group should discuss matters and work through issues. The main points identified were:
- a. Question to be asked by the Oversight Group - is this a system issue?
 - b. What is the problem that the Group is trying to solve?
 - c. What is the discussion and problem-solving model that we want to adopt?
 - d. What are the ‘pieces of work’ that we can progress in groups to support engagement and system-wide change? Could the piece of work be delegated elsewhere for further consideration?
 - e. Agreement that we will take responsibility for an issue that has a system impact.
 - f. Understanding the agenda/ goal of another organisation. Questions to ask: what is the motivation, what do you need to achieve as an organisation, and what do I need to achieve as an organisation? We need to genuinely understand the motivation of an individual organisation, and then the impact for the system.

Issues

8. The following have been agreed by the Oversight Group at the workshops:
- In both workshops, members made a commitment that engagement will be based on trust and modelled through the consistency of the behaviours demonstrated both at the meeting and in interactions externally;
 - That future meetings will include the opportunity for focused discussion, with the option of the discussion to be assisted by an independent facilitator;
 - That the members commit to building a psychologically safe environment to enable depth in discussion;
 - Acknowledgement that the Oversight Group provides an opportunity for members to raise problems and leverage the combined expertise of the Group to understand, collectively problem-solve and explore solutions;

- The strength of the Oversight Group is through its ability to influence change across the system through engaging and communicating with the constituent groups that are represented;
 - Members are keen to be a part of the solution, with initial discussion focused on seeking areas to collaborate on and identifying collective projects for members to be involved with;
 - The collective agreed goal is to build confidence in the ACT public health system; and
 - Recognition that it was now time for the Oversight Group to be solution-focused and future facing.
9. There was agreement to participate in Oversight Group working groups. The three working groups are:
- Professional transition to work;
 - Early Intervention with union consultation; and
 - Identify system-wide HR issues (dealing with systemic hygiene issues and create a model to support solution focussed approaches).
10. Key points discussed at the workshop relating to the three working groups is at Attachment A.
11. In line with the agreement that the Oversight Group needs to be future facing and solution-focussed and discussions at the workshop regarding the vision for the Group moving forward, options for the Vision have been developed/refined and are at Attachment B.
12. Potential names to replace 'Culture Review Oversight Group' are at Attachment C for consideration.

Recommendation

That the Oversight Group:

- *That members identify a preferred change of name for the Oversight Group;*
- *That members endorse a preferred Vision for the Oversight Group; and*
- *That members agree on the scope and membership of the Working Groups.*



Culture Review Oversight Group Meeting Paper

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Attachment A.

Summary of the three Working Groups.

1. Professional transition to work.

Group members: Mr Steve Ross, Professor Michelle Lincoln, Professor Russell Gruen, Ms Eliza Maloney, Ms Jodie Junk-Gibson.

- How can stakeholders support students transitioning to early career professionals and best prepare them across the student-early professional life cycle.
- Key points may include:
 - o What does professional readiness look like?
 - o What do effective models include?
 - o How do we measure up?
 - o How can we support students adapting to change?
 - o Is there consistency across the continuum from tertiary sector through to health service/organisation in understanding critical points of influence?
 - o Can we do better?

2. Early Intervention with union consultation.

Group members: Ms Maddy Northam, Dr Peter Hughes, Ms Barb Reid, Ms Rebecca Cross.

- How can we identify and discuss potential issues early that impact the system?
- Can a model be developed that would support early feedback/ discussion from unions about concerns being raised by people being represented on the ground?
- What might the principles be that underpin such a model?
- How do we build trust in such a model?

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

Group members: Dr Walter Abhayaratna, Ms Darlene Cox, Mr Matthew Daniel, Ms Bernadette McDonald.

- How can we develop a model that addresses HR/ people related issues that have been enduring and unresolved across the system?
- What are the issues? Are they the same across the system?
- How can a model be developed that enables questioning to understand the core issue/s and then look at options?
- What data is available? What does the data say? How does this influence possible approaches?

Secretariat support

- Culture Review Implementation Branch appoint a project officer to support the logistical arrangement of the groups, confirming meeting schedules, summarising key discussion points, and maintaining agreed actions.
- Each group provides an update of the progress of the discussions to the Oversight Group for discussion and feedback.



Culture Review Oversight Group Meeting Paper

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Attachment B.

Developed options for the Vision of the Oversight Group.

Option 1

Enhancing the productivity and positive culture of the ACT health system through collaboration, problem-solving to shape reform.

Option 2

We will collaborate and create exceptional workplaces together.

Option 3

We will build a better health system through organisational reform by supporting our workforce, now and in the future.

Option 4

We will build an exceptional health system in the ACT by creating great workplaces. We will do this through building trust, and demonstrating our commitment to each other by understanding, collaborating, and learning together to develop solutions to support our workforce, our patients, and the community.



Culture Review Oversight Group Meeting Paper

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Attachment C

Developed options for alternate name for the Oversight Group.

1. Building an Exceptional Health System for ACT Program Board
2. Health System Workforce Reform Oversight Group
3. Building Great Workplaces in ACT for an Exceptional System Board
4. Culture Reform Oversight Group (or Committee)
5. Health System Culture Reform Committee
6. Thriving Workplace Culture Board
7. Building Better Workplaces Board
8. Building Healthier Workplaces Board
9. Healthy Workplace Culture Board
10. Stronger Workplaces Committee
11. Exceptional Workplace Culture Committee
12. Thriving Health Communities Board
13. Health Workplaces Culture Board
14. Health Workplaces and Communities Board
15. Building a Strong Health Culture Oversight Group
16. Positive Health Workplaces Board/Oversight Group
17. Building Better Culture Committee
18. Best Culture Creation Committee
19. Building Better Work@Health
20. Exceptional Workplaces for a Better Community Forum
21. Healthy Workplace Reform Group
22. Creating Culture That Works
23. Putting Healthy Culture into Practice
24. Creating Exceptional Culture Committee
25. Driving Thriving Workplaces Forum



Culture Review Oversight Group Meeting Paper

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Agenda Item:	3.2
Topic:	Culture Review Oversight Group Terms of Reference
Meeting Date:	7 May 2021
Action Required:	Discussion
Cleared by:	Director-General, ACT Health Directorate
Presenter:	Chair

Purpose

1. To review and update the Culture Review Oversight Group (Oversight Group) Terms of Reference.

Background

2. The Oversight Group was established in March 2019 following acceptance of the *'Final Report: Independent Review into the Workplace Culture within ACT Public Health Services'*.
3. The Inaugural Oversight Group was held on 28 March 2019. The Terms of Reference were discussed at this meeting and endorsed at the second meeting of 11 June 2019.
4. The Inaugural Annual Review was undertaken during May 2020 by Mr Mick Reid. One of the findings of the Annual Review was to undertake a workshop with the Oversight Group to discuss the groups' purpose, role, and responsibilities.
5. The Oversight Group has undertaken two workshops, held on 25 August 2020 and 18 March 2021.
6. It is now timely to review the Terms of Reference to ensure that they are representative of the purpose and intent of the group.

Issues

7. There has been significant discussion on the purpose and intent of the Oversight Group and the roles and responsibilities of its members. It is also timely to talk about how matters at the Oversight Group may be referred to alternate governance groups to explore an issue and provide guidance to the Oversight Group with recommended way forward
8. The ACT public health system, and therefore the Oversight Group through its connection, has been impacted by significant change since its inception, including the global COVID-19 pandemic and the significant impact of the 2020 bushfires on the ACT community and the surrounding areas.

9. The Terms of Reference are at Attachment A. The Terms of Reference have been *marked-up* to draw members attention to points that have been discussed at the two workshops, and which may also be discussed at agenda item 3.1.
10. The Oversight Group meeting Standing Agenda Items are at Attachment B.
11. Attachment C is diagram that shows the relationship between the Oversight Group and other governance committees that deliver or support cultural reform across the system. This information is provided for consideration in shaping the Terms of Reference.

Recommendation

That the Oversight Group:

- *Note the information provided, and*
- *Endorse the agreed changes to the Terms of Reference as a result of the discussion in the meeting.*



Culture Review Oversight Group Meeting Paper

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Agenda Item:	3.2
Topic:	Culture Review Oversight Group Terms of Reference
Meeting Date:	7 May 2021
Action Required:	Discussion
Cleared by:	Director-General, ACT Health Directorate
Presenter:	Chair

Purpose

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8. The ACT public health system, and therefore the Oversight Group through its connection, has been impacted by significant change since its inception, including the global COVID-19 pandemic and the significant impact of the 2020 bushfires on the ACT community and the surrounding areas.

9. The Terms of Reference are at Attachment A and the meeting Standing Agenda Items are at Attachment B. The Terms of Reference have been *marked-up* to draw members attention to points that have been discussed at the two workshops, and which may also be discussed at agenda item 3.1.
10. Attachment C is diagram that shows the relationship between the Oversight Group and other governance committees that deliver of support cultural reform across the system. This information is provided for consideration in reviewing the Terms of Reference.

Recommendation

That the Oversight Group:

- *Note the information provided, and*
- *Endorse the agreed changes to the Terms of Reference as a result of the discussion in the meeting.*



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Culture Review Oversight Group Agenda

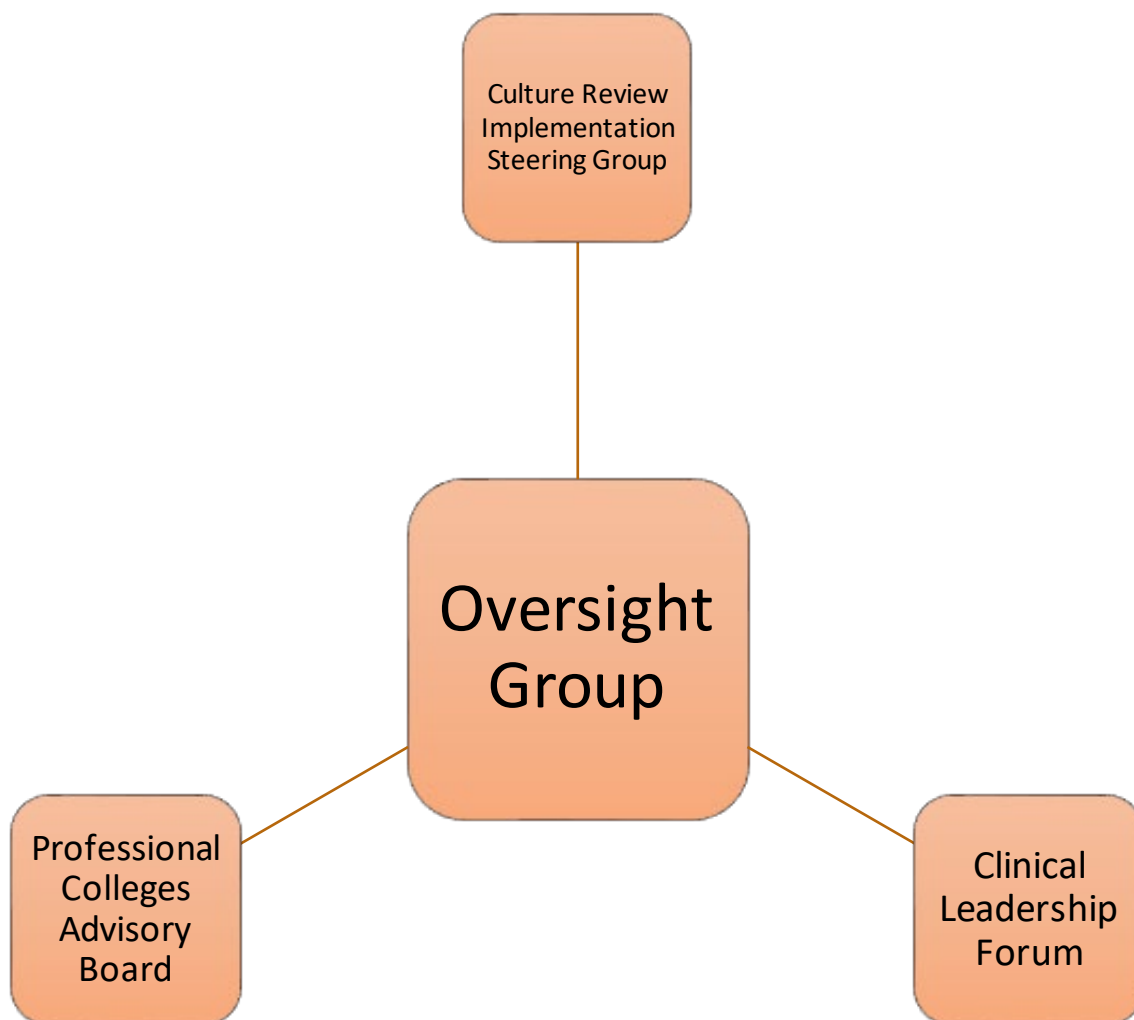
Day, Date
Times
Location

		Sponsor	
Item 1	Welcome and apologies		
	1.1 Introductions	Chair	5 min
Item 2	Minutes of the previous meeting		
	2.1 Minutes from	Chair	min
	2.2 Actions Arising – for discussion	Chair	min
Item 3	Decision and discussion items		
	3.1	Chair	mins
	3.2	Chair	min
	3.3	Chair	min
Item 4	Updates		
	4.1 Member Updates (Verbal)	All Members	30 min
Item 5	Noting Items		
	5.1 Culture Review Implementation Program Plan		
	5.2 Implementation of Recommendations and Project Plan		
	5.3 Culture Review Implementation Program Risk		
Item 6	Other Business		
	6.1 Oversight Group Communique	Chair	min
	6.2 Oversight Group Key Messages	Chair	min

Next meetings:



Terms of Reference – Potential Addition



Points for the Oversight Group to consider:

- Does the matter impact the system?
- What is the concern, issue or question?
- What expertise is best suited to explore, research and identify options?
- Why does it matter? → Refer to appropriate forum?
- Who does it impact?
- What are the risks?
- What could be different?



Culture Review Oversight Group Meeting Paper

OFFICIAL

Agenda Item:	3.3
Topic:	Clinicians Summit – Recommendation 4
Meeting Date:	7 May 2021
Action Required:	Discussion
Cleared by:	Director-General, ACT Health Directorate
Presenter:	Executive Branch Manager, Culture Review Implementation, ACT Health Directorate

Purpose

1. To provide the Culture Review Oversight Group (Oversight Group):
 - with information about the work undertaken to progress Recommendation 4, the Clinicians Summit;
 - note that Recommendation 4 has been endorsed as being closed by the Culture Review Implementation Steering Group (CRISG); and
 - the Clinical Leadership Forum will be undertaking further discussion to explore options for clinician engagement.

Background

2. Recommendation 4 from the *Final Report: Independent Review into the Workplace Culture within ACT Public Health Services* (Culture Review 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.”
3. In September 2019, the Chief Medical Officer, ACT Health Directorate (ACTHD) was asked to lead the implementation of the recommendation.
4. A Project Steering Group (Steering Group) was formed to plan the Summit. Membership of this group included Dr Dinesh Arya (Chair), Professor Imogen Mitchell, Dr Suzanne Smallbane and Dr Ashwin Swaminathan.
5. The Steering Group met on 13 November 2020 and agreed that a Leaders’ Forum should be held to set the scene for a 2021 Summit. The intention of the Leaders’ Forum was to explore the work that needs to be undertaken before the 2021 Summit.

6. The Public Health Systems Leader's Forum was held on 3 February 2021 at the National Arboretum Canberra.
7. Of the 60 invited senior executives and clinicians from the ACTHD, Canberra Health Services (CHS) and Calvary Public Hospital Bruce (CPHB), 53 guests attended the event. The Minister for Health and the Minister for Mental Health also attended.
8. Feedback was sought from attendees at the forum seeking their insights as to if 'clinical coordination and collaboration' continues to be an issue, why that was and what should be done about it.
9. Dominant themes in feedback from the Leaders' Forum were:
 - Cooperation and collaboration may improve if ACT public health system structure and funding-related matters can be addressed;
 - There are issues and considerations that are specific to the two hospitals, which need to be accommodated in developing system-wide solutions; and
 - There is a need to create opportunities for clinicians, specialties and services to collaborate.

Issues

10. The Steering Group has considered the feedback and there have been ongoing discussions across the system in relation to recommendation 4.
11. A number of considerations and options are being considered, including:
 - At a personal level, clinicians work well and collaborate effectively, however funding and contractual matters sometimes interfere with clinicians' ability to collaborate;
 - Development of formal clinical networks (Cardiology, Neurology, Emergency, ICU, Oncology, Rheumatology and others) will provide an opportunity for services to collaborate, including an opportunity to share training, protocols etc.;
 - Identify two or three key cross territory initiatives (or touch points), decide on outcomes and outputs to be achieved and resource these initiatives accordingly;
 - While a Summit may be a useful forum for networking and discussion, a single Summit would not be able to address systemic issues. Other options to consider include formally arranged meetings every couple of months between the two hospitals to resolve specific identified issues and improve cross-Territory communication; and
 - Conducting regular informal networking events and formal clinical networks.
12. There has been considerable change across the health system since the Culture Review was undertaken in 2018. Collaboration across the two hospitals and the health system more broadly has improved significantly since the review was undertaken and COVID-19 has provided further opportunities for improved collaboration.
13. At the Culture Review Implementation Steering Group (CRISG) meeting held on 7 April 2021, the committee noted that there is considerable work underway between ACTHD and the Clinical Leadership Forum regarding the conduct of regular networking events and other activities to support collaboration and improve clinical services coordination. The CRISG noted that:
 - this ongoing work was considered 'business as usual' in nature;
 - the requirements of the recommendation had been met; and
 - endorsed the completion of Recommendation 4.

Recommendation

That the Oversight Group:

- *Note the information provided about the work undertaken to progress Recommendation 4, the Clinicians Summit;*
- Note the Clinical Leadership Forum will be undertaking further discussion to explore options for clinician engagement; *and*
- *Note that Recommendation 4 has been closed.*



Culture Review Oversight Group Meeting Paper

OFFICIAL

Agenda Item: 3.4

Topic: HR Functions Review

Meeting Date: 7 May 2021

Action Required: Discussion

Cleared by: Director-General, ACT Health Directorate

Presenter: Executive Branch Manager, Culture Review Implementation, ACT Health Directorate

Purpose

1. To provide the Culture Review Oversight Group (Oversight Group) with information regarding the Human Resource Function Review and provide members with the individual organisation reports.

Background

2. Recommendation 14 of the *Final Report: Independent Review into the Workplace Culture within ACT Public Health Services* (the Culture Review) states:

“The three arms of the ACT Public Health System should review their HR staffing numbers and functions in light of the concerns staff have expressed regarding timeliness and confidence in current HR procedures, and the future needs for HR, as proposed in this Review.”
3. In addressing this recommendation, the Culture Review Implementation Steering Group (CRISG) agreed to engage an external consultant to undertake a review of the HR Function in ACT Health Directorate (ACTHD), Canberra Health Service (CHS) and Calvary Public Hospital Bruce (CPHB).
4. Following a select request for quotation process in November 2019, Workplace Research Associates Pty Ltd (WRA) was engaged to undertake the HR Function Review with the contract executed on 13 January 2020.
5. The aim of the HR Function Review (the Review) was to contribute to the development of a high-performance HR model that actively supports the implementation of organisational strategy as well as fostering positive workplace culture across the ACT public health system and within each organisation. The Review sought to articulate the HR functions, resourcing requirements and capabilities required to deliver on strategic and operational commitments.

6. The consultation process for the Review commenced in late January 2020, and consisted of:
 - a. Interviews with key stakeholders across all three organisations including the Director-General ACTHD, Chief Executive Officers of CHS and CPHB, and the Heads of HR in each of the organisations; and
 - b. Workshops with HR teams and a range of key internal clients of HR.
7. Submissions were also sought from union groups, including those represented on the Oversight Group, with submissions received from Australian Salaried Medical Officers' Federation (ASMOF) and the Australian Medical Association ACT Limited (AMA).
8. Steady progress was being made in undertaking the Review, however due to operational pressures associated with responding to the COVID-19 pandemic, the Review was placed on hold in late March 2020.
9. The review recommenced in July 2020 and draft reports were provided to each organisation in August/September 2020 for consultation, with final reports provided by WRA in November/December 2020.

Issues

10. Each HR area is currently reflecting on the feedback provided in the Review and considering how this applies to their respective organisation, and how the people capability areas underpin and support broader organisational strategies.
11. The three reports are at Attachments A, B and C.
12. It is proposed to publicly release the final reports as well as the Executive Summaries (at Attachments D, E and F). These will be published on the ACT Health website.
13. Messaging to staff in the three HR teams has been carefully managed and coordinated by each organisation to support their staff through the HR Function Review process. Some individuals have experienced some uncertainty about the impact of the findings and the internal changes from the review. Organisations are managing any changes as a result of the HR Functions Review sensitively.
14. WRA identified four priority areas for improvement, that were consistent across all three organisations, where current practice does not yet match best practice approaches. These areas are:
 - Recruitment,
 - Performance Management,
 - HR Metrics, and
 - Strategic Workforce Planning.
15. WRA's findings indicate that priority should be given to enhancing processes in these areas to build capability of HR staff and managers, and further develop the maturity and effectiveness of the services delivered.
16. WRA outlined a number of areas of HR service delivery that may benefit from an across-system approach, including:
 - a. Integration (as far as is practicable) of the collection, analysis and reporting of HR metrics to support all facets of organisational planning and performance;

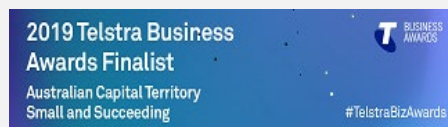
- b. The development and implementation of a leadership capability framework (this would incorporate clinical and non-clinical capabilities);
- c. A common and co-ordinated approach to conducting learning needs analyses, which would occur regularly to identify and refresh priority areas for capability building;
- d. A 'collaborative services' arrangement (led by one agency – preferably ACTHD) on a 'fee for service' basis for shared learning and development services – this would include corporate training and common clinical training requirements;
- e. Co-ordinated initiatives to facilitate staff movements/secondments across the entities;
- f. Continuous improvement in common WHS initiatives including injury prevention and management;
- g. System-wide access to employee advocacy services (subject to an evaluation of the effectiveness/success on the current arrangements); and
- h. Diversity initiatives.

17. Ongoing conversations have occurred with the Heads of HR (HoHR) in the three organisations to consider the viability of the development of across-system approaches.

Recommendation

That the Oversight Group:

- *Note the information in this paper; and*
- *Note that the HR Functions Review reports and the Executive Summaries will be published on the ACT Health website.*



REVIEW OF THE HUMAN RESOURCES FUNCTION in the ACT HEALTH DIRECTORATE

November 2020

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EXECUTIVE SUMMARY

INTRODUCTION

This report presents the findings of a review of Human Resources functions in the ACT Health Directorate (ACTHD)¹. The review was undertaken to identify gaps in functions, capabilities and resourcing and to propose strategies to close those gaps within ACTHD. The review also considered opportunities for increased collaboration between the Directorate and the two other entities within the ACT public health system, namely, Canberra Health Services (CHS) and Calvary Public Hospital Bruce (CPHB). Additionally, the review considered the role of ACT Government Shared Services in providing HR services to ACTHD and considered opportunities for ACTHD to better integrate those services with its own offerings.

APPROACH

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

- Discussions with the former Director-General, ACTHD, Mr Michael De'Ath and the current Acting Director-General, Ms Kylie Jonasson
- A discussion with the Executive Group Manager, Corporate and Governance Division, Mr John Fletcher
- A discussion with the Deputy Director-General, Health Systems, Policy and Research Group, Ms Kylie Jonasson (in her previous role)
- A discussion with the Executive Group Manager, Health System Planning and Evaluation Division, Ms Jacinta George
- A discussion with the Senior Director, People Strategy Unit, Ms Julie Nolan
- A discussion with representatives of Shared Services including Mr Graham Tanton, Executive Director Shared Services, Ms Claire Harper, Executive Branch Manager Partnership Services, Mr Martin Bolton, Payroll and HR Systems, and Ms Karen Giovinnazzo, Senior Program Director, HR Information Management Solutions
- A group discussion with staff of the People Strategy Unit
- A group discussion with staff of the Culture Review Implementation Branch
- Group discussions with clients of HR drawn from across the ACTHD
- A group discussion with consultants from the Australian National University engaged by the ACTHD to deliver a culture change model for the ACTHD
- A discussion with Mr Patrick Morgan, Business Analyst and contractor to ACTHD

¹ The scope of the review included similar examinations of the HR functions within Canberra Health Services and Calvary Public Hospital Bruce. The findings from these examinations have been reported separately.

- Examination of submissions received from unions invited to contribute to the review
- A review of a range of documentation provided by the ACTHD
- Examination of staffing numbers and FTE for ACT Directorates and relevant health service delivery organisations
- A review of the research literature on best practice HR service delivery (the reference list can be found at Attachment D).

FINDINGS OF THE REVIEW

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

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

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

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

Drawing together the information and analysis described above, an HR Maturity Assessment Model² provided by ACTHD and adapted by the review has been used to assess the current level of development of the HR function within the Directorate. This assessment identified a number of areas where current practice does not yet match best practice approaches. Specifically, the Directorate's workforce planning, performance management and organisational development functions were assessed as operating at a Baseline level of maturity and therefore represent the areas of highest need.

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

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

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

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

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



INTRODUCTION

This report presents the findings of a review of Human Resources functions in the ACT Health Directorate (ACTHD)³. The review was undertaken to identify gaps in functions, capabilities and resourcing and to propose strategies to close those gaps within ACTHD. The review also considered opportunities for increased collaboration between the Directorate and the two other entities within the ACT public health system, namely, Canberra Health Services (CHS) and Calvary Public Hospital Bruce (CPHB). Additionally, the review considered the role of ACT Government Shared Services in providing HR services to ACTHD and considered opportunities for ACTHD to better integrate those services with its own offerings.

BACKGROUND TO THE REVIEW

The ACTHD established the scope of the review as follows:

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

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

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

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

³ The scope of the review included similar examinations of the HR functions within Canberra Health Services and Calvary Public Hospital Bruce. The findings from these examinations have been reported separately.

At present, there is no whole of health system strategy for the delivery of HR functions. The heads of HR functions across the health system's constituent organisations do not regularly meet, aside from some engagement currently in relation to the response to initiatives arising from responses to the cultural review⁴ (as members of the Cultural Review Executive Group). However, where opportunities for collaboration became apparent during this review, they have been noted and appropriate recommendations made.

STRUCTURE OF THE REPORT

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

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

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

Following this, we discuss the role of Shared Services in delivering HR functions to the Directorate, and then a provide benchmarking assessment against comparable organisations to inform appropriate HR resourcing requirements for the Directorate.

Drawing together the information and analysis described above, we have used an HR Maturity Assessment Model⁵ provided by ACTHD and adapted by the review to assess the current level of development of the HR function within the Directorate.

Finally, we present a roadmap for change that outlines the sequenced implementation of recommended solutions.

⁴ ACT Public Health Services Cultural Review Implementation Inaugural Annual Review (May 2020).

⁵ See People and Culture Diagnostic (June 2018) – Appendix B (page 37). The model can also be found in this report at Attachment C.

APPROACH

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

- Discussions with the former Director-General, ACTHD, Mr Michael De'Ath and the current Acting Director-General, Ms Kylie Jonasson
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- A discussion with Mr Patrick Morgan, Business Analyst and contractor to ACTHD
- Examination of submissions received from unions invited to contribute to the review
- A review of a range of documentation provided by the ACTHD
- Examination of staffing numbers and FTE for ACT Directorates and relevant health service delivery organisations
- A review of the research literature on best practice HR service delivery (the reference list can be found at Attachment D).

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

EXECUTIVE CONSULTATIONS

As mentioned, one-on-one interviews were conducted with the former Director-General, ACTHD, Mr Michael De'Ath and the current Acting Director-General, Ms Kylie Jonasson, the Executive Group Manager, Corporate and Governance Division, Mr John Fletcher, the Deputy Director-General, Health Systems, Policy and Research Group, Ms Kylie Jonasson (in her previous role), the Executive Group Manager, Health System Planning and Evaluation Division, Ms Jacinta George and the Senior Director, People Strategy Unit, Ms Julie Nolan.

These interviews focused on discussion of the following issues:

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

GROUP DISCUSSION WORKSHOPS

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

STAKEHOLDER CONSULTATIONS

Group discussion workshops were held with stakeholders from across ACTHD to whom the People Strategy Unit and Shared Services provide services. These sessions focused on

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

At the end of each of the discussions described above, participants were invited to provide further information directly to Workplace Research if they had additional input that they would like considered. A small number of staff took up this option.

REVIEW OF RELEVANT DOCUMENTATION

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

- A review of the research literature on best practice HR service delivery (the reference list can be found at Attachment D).
- Structural chart for the ACTHD
- Structural chart for the People Strategy Unit
- People Strategy Branch Priority Action Plan 2019-20
- ACT Health Directorate Strategic Plan 2020-2025
- ACTHD Complaints and Grievances Process Map (July 2020)
- ACTHD Available Training Courses
- Metrics and data relating to workforce profile and annual leave
- Directorate Shared Services Report Catalogue
- Directorate sample Shared Services Monthly Report
- ACT Health Workforce Strategy 2018 - 2027
- ACT Health and CHS Statement of Expectations (March 2019)
- Canberra Health Service and ACT Health Directorate Information Pack (2018)
- People and Culture Diagnostic (June 2018)
- Final Report on the Independent Review into Workplace Culture (March 2019)
- ACT Public Health Services Cultural Review Implementation – Inaugural Annual Review (M Reid & Associates, May 2020) and Terms of Reference (February 2020)
- Report of the ACHS National Safety and Quality Health Service (NSQHS) Standards Survey – ACT Health (March 2018)
- NSQHS Standards Survey Not Met Report – ACT Health (March 2018)
- ACT Auditor-General's Report on the Shared Services Delivery of HR and Finance Services (Report No. 1/2020)
- HR/P&C Maturity Assessment Model
- Services Partnership HR Services Collaboration Forum Terms of Reference
- ACT Government State of the Service Report 2018-19
- Services Partnership Agreement (September 2013)
- Draft Services and Performance Measures Catalogue for HR, Finance, Records and Related Customer Support Functions (August 2019)
- Shared Services charges - ACT Health
- Response and Resolution Timeframes - Shared Services
- Shared Services Customer Service Charter (July 2019)
- Submission received from the Australian Salaried Medical Officers Federation (August 2020).

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

OVERVIEW OF THE CURRENT STRUCTURE AND FUNCTIONS OF THE HR FUNCTION

Below, we present a brief overview of the current structure of the People Strategy Unit within the Directorate that holds primary responsibility for the delivery of HR functions.

The People Strategy Unit was formed in October 2018 following a split between the ACT Health Directorate and Canberra Health Services. Immediately following the split, People Strategy began providing HR services to the Directorate with only three staff and now have 13 positions (including temporary and unfunded positions), delivering a range of HR services across the organisation. Below, the current structure of the People Strategy Unit is presented.

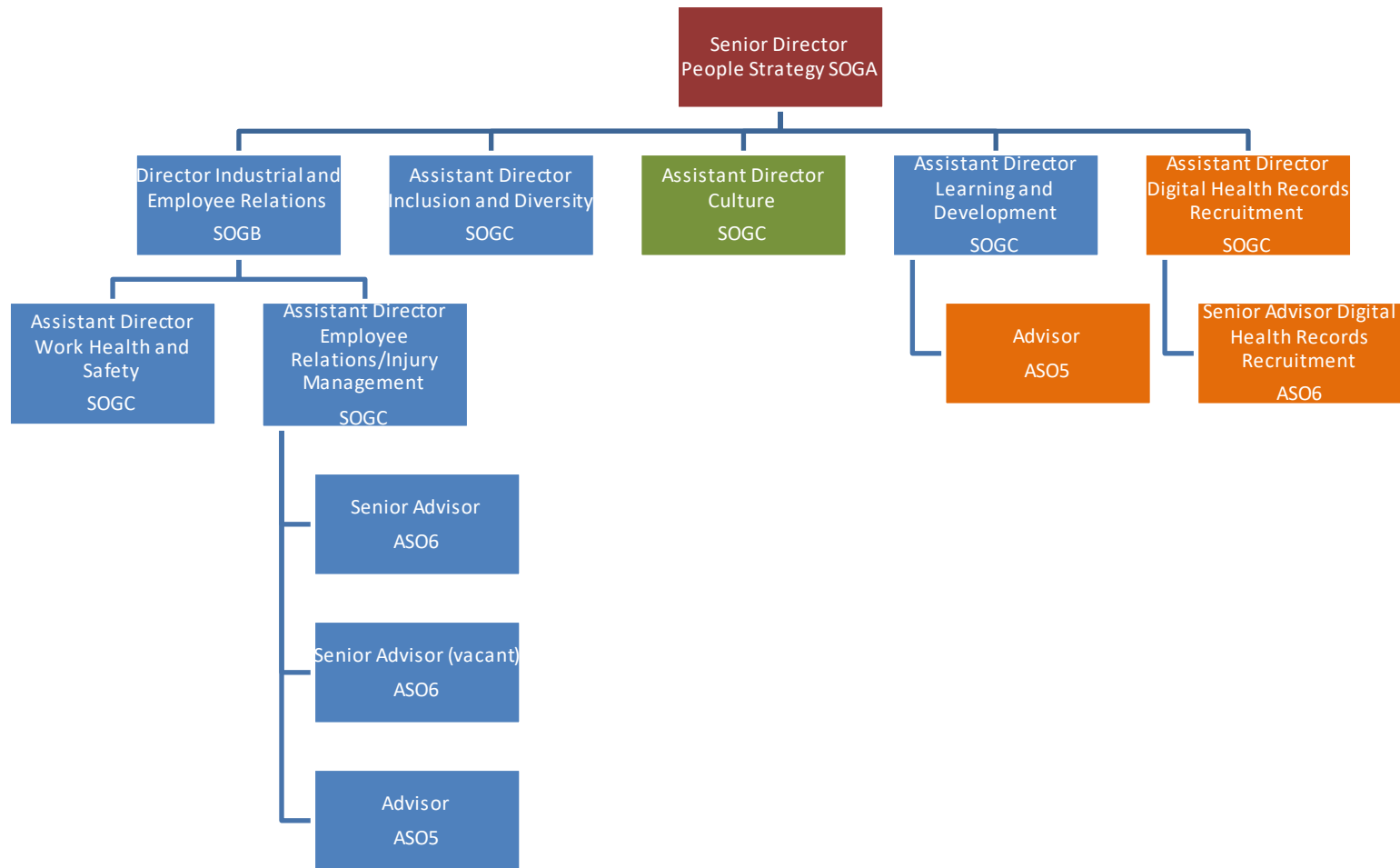


Figure 1: Current structure of the ACT Health Directorate's People Strategy Unit (Orange indicates an unfunded position; Green indicates a Cultural Review funded temporary position).

The functions delivered by People Strategy are listed in the table below.

		CORE FUNCTIONS
PEOPLE STRATEGY TEAM	Industrial and Employee Relations	<ul style="list-style-type: none"> ▪ Employment policy ▪ Injury management ▪ Performance management policy and systems ▪ Preliminary assessments of misconduct and performance issues ▪ Liaison with CMTEDD Case Managers ▪ Assistance with union and staff consultation on workplace matters ▪ Enterprise Agreement negotiations and management Advise staff on EA and entitlements ▪ Work health & safety ▪ Injury prevention and management ▪ Dispute resolution ▪ Recruitment advice and reporting ▪ Contract management
	Inclusion and Diversity	<ul style="list-style-type: none"> ▪ Diversity and inclusion planning, governance, policies and programs
	Learning and Development	<ul style="list-style-type: none"> ▪ Orientation/induction ▪ Co-ordination and delivery of learning and development programs

FINDINGS OF THE REVIEW

Feedback received during consultations indicated that the Directorate's People Strategy Unit is positively regarded and is seen by its clients as a highly supportive team that provides timely advice. There is a recognition that the Unit is making progress in developing and implementing improvements across many of the HR services that it delivers. The dedicated focus on the Directorate's needs and on providing assistance with the resolution of long-standing people management and industrial issues was also strongly appreciated by all clients consulted.

ISSUES ARISING FROM THE REVIEW: SPECIFIC FUNCTIONAL AREAS

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

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

WORKFORCE PLANNING

Background

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

Best practice in workforce planning has the following foundations:

- WFP activities are supported by the capture and analysis of sound data e.g. from activities such as (but not limited to) capability needs analyses, skills audits, and analyses of relevant employment markets

- WFP integrates with other HR strategies and practices that make it possible to attract and retain capable staff e.g. through informing the targeting and delivery of learning and development opportunities, as well as practices to support succession planning and knowledge retention (De Bruecker, Van den Bergh, Beliën, & Demeulemeester, 2015)
- To inform a WFP plan for a workforce, the organisation should ensure a high degree of stakeholder involvement and engagement in the following:
 - Horizon scanning – define future issues and challenges that may affect the workforce
 - Scenario generation – identify *how* future issues could occur
 - Workforce modelling – consider the workforce needs across the scenarios and the potential impact of future issues
 - Policy analysis – define policies and processes for the workforce to face the proposed scenarios (Willis, Cave, & Kunc, 2018)

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

The APSC Workforce Planning Guide (2011), which is of relevance to public sector agencies, also makes the following recommendations for best practice:

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

Issues

Within the Directorate, the following issues were identified:

- The review found consistently that strategic workforce planning is perceived to be a significant gap in the suite of HR functions delivered by the Directorate. A concomitant gap in skill and knowledge in relation to workforce planning in staff employed in the Directorate was noted. Additionally, data tracking staff movements (such as those relating to promotions, transfers and departures) is incomplete and at a basic level, meaning that interventions designed to improve workforce planning and preparedness cannot currently be meaningfully evaluated and responsible managers are not able to fully appreciate or be held accountable for workforce

trends and forecasts. In combination, these factors mean that insufficient attention is also paid to succession planning across the Directorate.

Participants noted that this was particularly evident in relation to movement between SOG level roles and Executive leadership positions. Staff made the observation that planning needs to be undertaken to identify potential gaps at this level well in advance and to prepare capable staff for progression to higher levels through informal development opportunities, such as mentoring, as well as formal training with a focus on leadership skills. The identification of career pathways within the Directorate was also suggested as a way of providing a level of clarity and structure that could guide a program of staff development

- The gap in relation to succession planning is exacerbated by the fact that the Directorate requires specialist skills that are difficult to recruit externally, such as staff with clinical skills, expertise in public health and data analytics experts. Additional planning and preparation is needed to ensure that these skills are grown within the organisation (where needed) through the provision of formal and informal professional development opportunities to suitable staff, so that they can be drawn on when gaps arise.

HR clients noted that specialist skills held within the Directorate are not well quantified at present, meaning that the current availability of relevant capabilities within the organisation is unknown and therefore cannot be easily identified and drawn on. Participants commented that, to remedy this, the People Strategy Unit could undertake a specialist skills audit to generate information about current capabilities in the organisation and that could also be used to identify skills gaps. This kind of analysis could inform workforce planning activities as well as the identification of learning and development interventions to address capability gaps

- Participants noted that the People Strategy Unit (headed by a Senior Director) does not have membership of the Executive Leadership Committee (comprising staff at the Executive Group Manager level (or equivalent) and above) and therefore does not 'have a seat at the leadership table'. One consequence of this lack of representation is that People Strategy is not involved at an early stage in decisions that have short or long term workforce consequences e.g. decisions about budget. To some degree, this may contribute to the lower profile that workforce planning has within the Directorate. There may be merit in changing the composition of the Executive Leadership Committee to include the Senior Director People Strategy Unit in its deliberations
- At present, the Directorate holds responsibility for strategic workforce planning⁶ for the health system workforce. The Directorate also holds responsibility for health system service planning e.g. determining which services are needed, where they should be delivered, and what should be delivered by non-Government services. Given the synergies between these areas, workforce planning for the health system workforce and health system service planning sit together in the Directorate. These functions are both located in the Health System Planning and Evaluation Division, outside the Corporate and Governance Division. This is appropriate as People Strategy staff do not have the capability nor the charter to take on workforce planning for a specialised workforce external to the Directorate and their role is to provide enabling services internal to the organisation. However, participants reported that, within the Directorate, there is a lack of clarity in relation to who holds responsibility for workforce planning for its own workforce and this needs to be resolved

⁶ Strategic workforce planning is distinguished from operational workforce planning which would be expected to occur within the hospitals (CHS and CPHB).

- While the Directorate holds responsibility for high level, cross-Territory planning with a longer-term, strategic focus, a workforce planning team in CHS undertakes planning for its workforce at an operational level. HR participants from both CHS and the Directorate stated that the split of health system workforce planning functions between the two organisations is not well articulated. HR participants reported that there was little direct engagement between these two areas, meaning that opportunities for mutual co-operation, influence and feedback are limited
- In 2018, the Directorate commissioned KPMG to complete a health workforce plan (the ACT Health Workforce Strategy 2018 – 2027), however, its main focus was on the clinical workforce and the delivery of acute clinical services. The Health System Planning and Evaluation Division has recently acquired responsibility for determining the response to this, however, we understand that no resources have been provided to support this work at the present time. There is a need to build both policy capacity/ capability and a modelling capacity/ capability to support workforce planning for the Directorate itself and for the broader health workforce.

HR METRICS

Background

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

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

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

- The use of HR metrics should be differentiated from basic HR reporting. Specifically, HR reporting reflects numbers (e.g. overall headcount), but does not add value regarding judgements and evaluation of the performance of functions. On the other hand, HR metrics can assist HR (and the organisation) to *evaluate* their HR systems, programs, and processes (Fink & Sturman, 2017)

- Organisations can collect and utilise three primary HR measurements, and a combination of these gives insights into the synergies among HR functions and their overall value:
 - Efficiency – measuring the resources used by HR programs (e.g. cost-per-hire)
 - Effectiveness – the outcomes produced by HR activities (e.g. learning from training)
 - Impact – measuring the business or strategic value created by the activity (e.g. greater reach in services) (Lawler, 2012)
- The following four elements are necessary for effective HR metrics:
 - Logic - clear connections between employees and organisational success, as well as the principles and conditions that predict individual and organisational behaviour
 - Analytics - tools and techniques to translate data into relevant insights
 - Measures - the numbers calculated from an information management system
 - Process - (communication and knowledge transfer mechanisms through which the information becomes accepted and acted upon by key organisational decision makers (Lawler, 2012).

Issues

The review identified the following issues:

- The Directorate generates monthly reports on a subset of HR metrics which are provided to the Directorate Leadership Committee. These reports include information about annual leave and diversity and inclusion statistics. WHS incident reports are also generated that summarise total incidents and provide a breakdown by mechanism of incident i.e. the circumstances in which the injury occurred.
- The review found that, aside from collection of and/or reporting on the information mentioned above, there are gaps in the Directorate's data collection and/or reporting systems. These primarily relate to:
 - Recruitment and selection: There is currently no data gathering on a number of aspects of recruitment activity that would inform effective workforce planning and the monitoring of the effectiveness of recruitment activities (for example on the number of actual vacancies, applications per vacancy, the success of recruitment processes and decisions)
 - Probation data: At present, there is no collection of information about compliance with the requirement to submit probation reports. New employees are automatically confirmed after six months, regardless of whether or not probation reports were submitted by the relevant managers. Improved visibility in this area would allow the assessment and reduction of risk to the organisation
 - Establishment information: There is no single, accurate record of positions within the organisational structure. This makes it difficult to analyse other datasets by FTE (e.g. lost-time injuries in a given period of time worked) or to generate accurate HR reports for separate work areas. While data can be broken down by cost centre, costs centres do not match or represent the organisational structure
 - Participation in learning and development activity across the organisation is not recorded in a coherent way

- Current skills and capabilities held across the organisation, and future capability requirements across role types or work areas, are not assessed
- The nature and response to enquiries and complaints received by HR are not documented.

Data gaps in these areas reduce the Directorate's capacity to manage its workforce effectively and to plan, implement and evaluate the impact of HR initiatives in a proactive, contemporary, evidence-based way. In addition to improved data collection, there is a need for more sophisticated analyses and reports that examine trends over time. For example, there is a need for an improved system of data tracking and reporting on WHS matters, such as claim types, so that the Directorate can have a better sense of how it is progressing in this area. There is also a need for improved analysis and reporting of data in relation to staff movements over time. HR staff note that work has begun to establish a WHS dashboard but that additional work will also be required to establish WHS targets and measures

Improved data collection, analysis and reporting would not only assist senior decision makers but also increase the accountability of these staff. Ideally, access to key workforce metrics would be readily available to managers on the intranet

- Shared Services prepares monthly and quarterly reports for the Directorate e.g. a monthly report is provided showing leave balances, headcounts etc. Monthly reports are presented in the form of Excel spreadsheets with data provided at the individual employee level and with no analysis. This means that these reports are not suitable for direct provision to work areas or managers. Data of this type are typically only accessed by HR staff to assist in the preparation of quarterly summary reports.

Quarterly reports provided by Shared Services do include basic, aggregated reporting of data (e.g. commencements by month) but these data are mostly presented at the agency level only (except for Divisional and Branch breakdowns of FTE) and so are of limited use in supporting decision-making at the business area level. As a result, to date little workforce information has been available for managers

- In an effort to address the gap in information provision to managers, the Directorate has initiated the development of a dashboard style report that includes workforce, staffing, leave, separations, diversity, age, length of service, and above salary payment profiles for the Directorate as a whole. Breakdowns are included at the cost centre level (due to the lack of accurate establishments information about the composition of work group units). There is an intention that this information will be made available to senior staff on a regular basis, via an online HR portal. This facility will significantly improve managers' access to workforce data.

The review was advised that these dashboards are not designed to provide managers with content to guide day to day operational decision-making - they show trends over time rather than providing real time information such as, for example, current excess leave balances. Therefore, there are still opportunities to provide information of this kind and to assist managers to make effective use of it

- The review noted that development of the dashboard reporting described above is being undertaken by a staff member within the Culture Review Implementation Branch. The work of this team is project based and is therefore time limited, however, there will be an ongoing need for the Directorate to retain a data analytics capability. This includes a need to ensure that work done to date on the development of metrics and reporting can be integrated with the metrics functions available under the new HRMIS being developed by Shared Services. The Directorate should consider how the work on metrics can be maintained after the work of the Culture Review Implementation Branch is complete

- At present, business areas are responsible for developing a response to the Directorate's staff survey findings and for monitoring the impact of any interventions. To achieve consistency and to ensure that interventions are informed by the right priorities and are in alignment with the strategic plan, it would be preferable for this work to be guided by People Strategy
- The review found that there is a need to extend the Directorate's case management systems. At present, the Directorate uses a case management approach to track injury management only, but there is a need to adopt this type of approach in relation to all staff data to improve its coherence and accessibility for HR, managers and staff
- The Digital Solutions and Performance Division employs a staff member who has some responsibility for HR reporting but it was suggested that this duplicates the work already done by Shared Services. Shared Services prepares some reports for the Directorate, as mentioned above, but structural changes within the Directorate have meant that these reports are not current. The review suggests that there is an opportunity to resolve this area of duplication.

RECRUITMENT, SELECTION AND SECONDMENTS

Background

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

- Ensure the organisation has the necessary skills, knowledge and attributes to meet current and future strategic and operational requirements - therefore they must articulate with workforce plans and be based on good quality information
- Ensure that supply meets demand requirements - therefore they must be timely, well informed and based on efficient processes
- Result in the selection of suitable candidates who will become productive and effective members of the organisation⁷ (McGraw, 2016)

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

Best practice in recruitment and selection has the following foundations:

- A thorough job analysis to identify role and person requirements for effective performance
- Determination of any mandatory or inherent job requirements e.g. qualifications, licences, citizenship, medical standards etc. ensuring these are essential to performance of the job
- An appropriately targeted approach to market
- Identification of reliable and valid selection techniques against which to assess candidates

⁷ To achieve this, panel members must be trained in designing sound processes and in making good shortlisting and selection decisions.

- The conduct of rigorous, structured, objective and comprehensive assessments of candidates that enable the identification of those most suited to the role
- The use of tests are void of any potential biases or discrimination
- An assessment and selection process that involves several stages occurring over time, measuring specific and well-defined criteria
- Conduct of assessment processes by trained and qualified assessors / panel members
- Decisions based on all information provided (e.g. application, interview, referee reports etc.)
- The recording of detailed records and provision of constructive feedback to unsuccessful applicants on their performance
- Periodic evaluation of the reliability and validity of selection processes (Anderson & Cunningham-Snell, 2000; Taylor & Collins, 2000).

In the ACTPS, recruitment and selection activities are guided by centrally established policies. Before commencing a selection process, Directorates are advised to consider every vacancy as an opportunity for workforce planning and activities should also be informed by a classification check conducted against the relevant Work Level Standards. The recruiting area should then prepare a position description that outlines the responsibilities of the role and the capabilities required to perform this role. To assess the required capabilities, the selection process should make use of more than one selection method that is designed to gather behavioural and other job-relevant information (Anderson & Cunningham-Snell, 2000).

Issues

The review identified the following issues:

- In line with the People Strategy Branch Priority Action Plan 2019-2020, over the past year the Directorate has offered training in best practice recruitment and selection for staff and this has been well received. Participants who have attended the training reported that they had developed a better understanding of how to undertake recruitment as a result and had updated their knowledge of policy and procedural changes that have occurred over the last 12 months across the ACTPS and in the ACTHD. Training provided in this area was regarded as a 'step in the right direction' and a means to improve consistency of practice and the quality of recruitment decisions
- Clients noted that, although HR staff are approachable and welcome requests for advice, the recruitment and selection advice they receive is not always accurate or consistent. To some extent, inconsistency in advice was attributed to the diversity of roles across the Directorate and a lack of understanding within People Strategy of how to adapt selection processes and policies to accommodate job types that are not the more familiar administrative roles. Some reported that sometimes advice appears to be inconsistent with the Public Sector Management Act, particularly with respect to the correct approach to making employment decisions e.g. some participants reported that they had been told that all current Directorate employees must be given preference in consideration over external applicants i.e. considered before external candidates are assessed. Participants felt that HR staff may need to ensure that they are referencing current policies and legislative instruments when providing advice to ensure accuracy and confidence in the advice provided. Since the consultation period, during which the above observations were made, People Strategy have made progress in this area. This has included the development of revised recruitment guidelines and policies, increased staff training in best practice recruitment and selection, the addition of reference material on the intranet (including FAQs) and the introduction of a pre-recruitment checklist for recruiting

managers to use (in line with practices in other Directorates). These changes have been aimed at improving the accessibility, consistency and clarity of information about recruitment and selection in the Directorate, and the effectiveness of its recruitment practices

- Some clients of People Strategy reported that some staff need to have a better understanding of specific work areas and roles to be able to provide effective assistance with recruitment and selection activities. As an example, some participants commented that they would appreciate being able to access tailored advice on the best approach to recruiting for specialist roles like toxicologists and environmental biologists, given that a high level of technical skill and knowledge is needed but qualifications cannot be mandated. People Strategy staff noted that opportunities for this kind of engagement to build a better local understanding of business needs had been offered by them but not acted on by a number of business areas. Clients of People Strategy indicated that they favour a business partner model for the delivery of HR services, to ensure that HR understands the work done locally (at the Branch level)
- In relation to recruitment and selection activities, both HR staff and clients noted that there is a need to develop a central source of information to allow People Strategy to respond consistently to enquiries. This resource should include an accessible database of the advice that has been provided to clients previously, which will require staff to document enquiry types and responses provided. This, in turn, could provide content, and inform priorities, for the development of additional online FAQs on recruitment and selection practices and processes⁸, as well as on other HR topics. These FAQs could be available for the use of both People Strategy staff and its clients. As mentioned above, People Strategy have begun a process of developing these materials and of making them available to staff
- To some degree, the generation of inconsistent advice relates to clients' practice of 'shopping around' for answers, or failing to seek out the current, central source of advice on a matter. HR staff reported that, despite efforts to direct clients to a central number, Directorate staff continue to directly contact the person they know when seeking a response to a query. To alter this behaviour, HR staff need to respond to this uniformly and consistently by transferring the staff member through to the individual within People Strategy who is responsible for the relevant function, rather than responding to and resolving the query themselves. This approach would need to be supported by the establishment of a functional directory for the use of People Strategy staff, and more widely in the Directorate, to ensure that enquiries are consistently transferred to the designated expert
- Some recruitment functions are performed by Shared Services rather than the Directorate. Shared Services was established in 2007 as the ACT Government's provider of HR, finance and information, communication and technology (ICT) services. Participants reported that, in relation to recruitment activities, letters of offer are slow to be sent out at times, although for other recruitment processes this happens swiftly. Participants found it difficult to understand why this process is inconsistent. In relation to this, Shared Services noted that the Directorate imposes some unnecessary approval steps during the recruitment process and that delays were often due to a failure to pass the required information on to Shared Services in a timely way
- Some participants noted that they would like to see the People Strategy Unit take on more of a problem solving and enabling role, rather than what was described as a 'gatekeeping' role, particularly in relation to recruitment and selection activities. For example, participants suggested that HR staff could facilitate transfers-at-level across areas as a way of supporting career growth and development. Some Directorate staff also felt that they are subject to impediments that staff in other Directorates do not have to comply with. This principally related

⁸ The review is aware that a number of FAQs and other procedural information is already available on the Directorate's intranet.

to the requirement to complete the Intention to Recruit form which is an additional step in the process particular to the Directorate. However, some staff did note that the process had become more efficient (involving fewer steps) in comparison to requirements that existed prior to the Directorate's separation from CHS

- At present, there is no evaluation of the effectiveness of recruitment and selection activities e.g. numbers of applications, information about applicant type or quality, satisfaction with the outcome, whether job expectations have been met, exit interview data etc. The Directorate currently lacks tools that would allow the straightforward collection, recording and analysis of this kind of data, but additionally there is a lack of data analytic capability within the People Strategy team. Together, this means that the Directorate is missing an opportunity to use evidence to inform decision-making with respect to its recruitment and selection activities (for example, to assess its ability to attract and retain talent). Logically, this gap extends to Directorate's inability to ensure the accountability of managers for effective planning and leadership in relation to attraction, recruitment, and retention
- At present, there is no formal induction program for new staff and initiatives in this area are identified as a goal in the People Strategy Branch Priority Action Plan 2019-2020, beginning with a focus on new starters. Participants advised the review that, to be effective, the onboarding and induction pathway needs to go beyond addressing the administrative practicalities associated with moving into a new workspace. It also needs to assist new staff, and staff in new roles, to learn their role effectively and to become fully integrated within their work area. An effective induction/onboarding program needs to be long-term in its focus and linked to the Directorate's learning and development and performance management frameworks
- Employees who are new to the ACTPS must complete a 6 month probationary period before becoming permanently employed. During this time, managers are required to complete and submit probation reports. At present, if no probation report is received at the 6 month point, a new employee is automatically considered to have successfully completed probation. Underperformance in the organisation is generally not well managed (see the section on performance management below). When this occurs during a probationary period and is combined with a failure to submit a probation report, it can result in the subsequent permanent engagement of an unsuitable employee. This outcome stems from a confluence of issues associated with reporting practices, probation policy and manager capability and compliance
- Many participants commented that secondment pathways are valuable for career development while allowing staff to retain job security, but it was noted that secondments were difficult to access for staff wishing to move between the Directorate and other arms of the health system. This issue was referred to repeatedly by participants across all groups consulted in the review. It was seen to be a risk to the retention of highly competent staff. There was a view that HR staff should play a role in facilitating secondments and there was frustration that a mechanism for this did not seem to be available
- When recruitment activities occur, Shared Services checks for copies of mandatory qualifications/registrations as part of a new appointee's employment paperwork. For roles where it is required, the Directorate then undertakes its own credentialing. Initially, this had been a function adopted by Shared Services but due to the complexity of verifying the diverse range of qualifications, experience and professional attributes of specialist staff, the function has been returned to the Directorate. However, staff in the Directorate do not feel well equipped to undertake this task, reporting that the process was not well understood. It was felt that the creation of a FAQ document on credentialing processes would be beneficial.

PERFORMANCE MANAGEMENT

Background

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

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

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

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

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

- *Setting goals and expectations:* Organisations should identify and define goals and competencies that underpin effective performance and managers should discuss the values of the organisation with all staff, including their implications for behaviour in the work area. This

provides clarity for managers (as well as their staff) and gives them a baseline against which to communicate work expectations. Managers can set goals collaboratively at the team and individual levels, encouraging staff to explain their understanding of how these goals align to those of the broader organisation or work area (Fletcher, 2001)

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

- *Delivering well timed feedback:* It is important that feedback about performance is given frequently enough to both reinforce and motivate desired behaviour and to allow performance problems to be identified and addressed. Employers can establish a set plan for performance discussions on, for example, a weekly or fortnightly schedule. However, project and task-based deadlines also provide clear points for informal performance feedback to occur. Such an approach strengthens the linkages between performance feedback and specific instances of work performance. When underperformance occurs, it is important to address it immediately and directly in order for a valid and legally defensible decision to be made about continuing employment. A timely approach also means that employees have the opportunity to remedy underperformance issues before further action is required (Schultz & Schultz, 2018)
- *Supporting managers with skill development:* Organisations need to ensure that managers are skilled in providing feedback that motivates and supports the development of their staff and that addresses underperformance when it occurs. Supervisors' skill is particularly critical, both in providing managers with the confidence and ability they need to initiate productive conversations with their staff about performance matters and to ensure that discussions have the desired impact. Supervisors often report that they feel uncomfortable or unprepared to give feedback, especially if performance is poor. Therefore, it is essential that supervisors are given opportunities to develop their own skills and confidence as feedback providers and motivators. Research has shown that supervisors who are empowered to develop and use effective skills in giving feedback are likely to experience better long-term relationships with their employees, as well as improving the performance of their staff. Ideally, all managers supervising employees should receive training in giving effective and timely feedback. Managers may also need development and encouragement (as well as norm setting by more senior managers) to give praise and to openly discuss and celebrate individual and team successes (Fletcher, 2001)
- *Ensuring that opportunities for development are made available and accessible to managers and staff:* Managers need to be able to access and act on opportunities to develop staff. This requires the availability of activities and schemes that can be drawn on when the need arises, for example, career planning seminars, mentoring schemes, a performance review scheme that facilitates and integrates discussions about learning and development, and through ensuring the transparency and visibility of offerings provided through the learning and development function. Organisations may also consider developing a rewards and recognition system that is not dependent on the provision of monetary rewards (for example, that has a focus on public recognition, awards ceremonies or the provision of development opportunities) (Kramar, 2016)

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

Issues

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

- The Directorate follows the approach to performance management that is set out in the ACT Public Service Performance Framework Policy and Guidance Statement which provides very broad direction on the application of the policy. At the beginning of 2020, the Directorate stated an intention to introduce a uniform, formal cycle for the establishment of performance agreements across the organisation, with a cycle aligned to the financial year. The intention was that all staff would have agreements in place by 1 July 2020, however, take up has been patchy with only 4.3% of staff having completed Performance Development Plans as of 6 June 2020. The Directorate has historically had a low level of participation in its performance management system (for example, only 28.1% of staff had established agreements in the 2019-2020 period although this is likely to have been heavily influenced by the workplace impact of the 2020 COVID-19 pandemic) and has previously allowed managers and staff to establish their own annual cycle for these discussions. As a consequence, formal annual plans and appraisals have typically been generated in an ad hoc way.

The lack of a formal performance management cycle has also hampered the Executive's ability to hold middle managers to account for engaging their staff in and completing performance and development discussions. Participants expressed the view that there needs to be a push from the top to support the take-up of performance-based discussions that includes highly visible Executive participation, as well as Executive support for the introduction of the formal annual cycle. Participants also suggested that tools such as the ACTPS Capability Framework and Work Level Standards could be promoted in terms of their potential for use in performance discussions. Reference is made to the Capability Framework in the ACTPS guidance documents and forms (e.g. a hot link is provided on the Performance and Development Plan template) but managers and staff are not well versed in how to use it in discussions about work performance and development

- There is a lack of confidence across the organisation in the capability of middle managers to conduct effective performance discussions. Participants reported that a number of managers in the Directorate did not have the skills needed to give good feedback, to talk about performance effectively, to plan a program of work with a development focus, to identify and act on development opportunities for staff or to address underperformance. Managers' lack of

capability in these areas also translates into a reluctance to address underperformance issues as soon as they become apparent, meaning that these issues are able to progress and escalate until a more robust intervention is required. As mentioned above, this can have significant consequences, including allowing new staff to complete probation and enter into a permanent employment arrangement despite serious underperformance issues

- The ACTPS Performance Framework that is used within the Directorate includes a one page Performance and Development Plan template to guide performance management discussions. Participants commented that this template is too simple and focuses primarily on the identification of outputs and tasks for completion and too little on setting annual goals that relate to the development of knowledge, skills and capabilities. Participants suggested that the template needs to be reviewed and revised with a stronger emphasis on capability development. They noted that such a shift would make it easier to clearly articulate the relationship between performance management and accessing learning opportunities, where building capability is the common thread between the two. Once this link is made, managers and staff can be prompted to focus to a greater extent on identifying and addressing capability gaps, and information in relation to development plans can be provided to People Strategy to assist them to plan the delivery of learning and development offerings designed to meet the identified needs of staff
- Some participants noted that the performance management advice given by People Strategy is inconsistent across individuals or varies over time e.g. in relation to when and how it is appropriate to counsel a staff member on a performance matter. There may be a need for the generation of FAQs for the use of HR staff in providing advice in relation to performance management, in addition to the development of a database or library of enquiries and the advice given in their resolution
- The Directorate operates a recognition scheme in the form of the Director-General Awards, which is appreciated by staff. Staff commented that they would like to see the introduction of other forms of recognition which may include:
 - Social events or celebrations to honour achievements
 - A peer-nominated award scheme
 - An employee recognition wall
 - Team celebrations for project completions.

LEARNING AND DEVELOPMENT

Background

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

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

- Begin with effective induction and onboarding processes that have a development focus
- Align learning priorities with organisational objectives (now and into the future)
- Are based on an understanding of capability gaps at the individual and organisational levels (which depends on a capacity for data capture, analysis and interpretation)

- Focus on the business application of training (rather than the type of training), creating a learning culture that integrates learning with day to day work experiences and requirements at the points of acquisition and application of new skills and knowledge (Kegan & Lahey, 2016; Marsick & Watkins, 2003)
- Make use of a spectrum of appropriate learning modalities and delivery modes (van Dam, 2017) that may include on the job training, internal and external courses and workshops, mandatory training, opportunities to achieve professional development requirements, supported external study, coaching and mentoring (Smith, 2016)
- Address cultural barriers to learning and consider the psychological principles of learning including: individual differences in ability, motivation, active practice of the material, massed versus distributed practice, whole versus part learning, transfer of training and reinforcement
- Have managers that invest in, and are accountable for, the learning and development of their staff (Schultz & Schultz, 2018)
- Evaluate learning and development formally, systematically, and rigorously (Patrick, 2000).

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

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

Issues

The review identified the following issues:

- The Directorate's learning and development function has been minimally resourced for some time, however, two positions have recently been created within People Strategy to provide a dedicated focus for this function. Significant opportunities exist to build the Directorate's learning and development strategy, capabilities and offerings. HR staff are well aware that learning and development is an area that currently is less than optimal and that needs work, for example, the development of a new L&D system is in the Directorate's work program. Specifically, there is a need for a comprehensive learning and development framework that can

articulate the Directorate's learning model, strategies and approach to delivering effective services in this area – this, of course, requires an associated budget

- Participants noted that there is a need to develop a structured program of training for the Directorate that is oriented more towards the public service rather than a health service. We note that, as of July 2020, this program is in progress with a number of Directorate-specific training offerings publicised or listed as under development on the intranet. Staff also made the observation that training options for 'technical' staff are still needed, including access to clinical courses (including online options) that can contribute to meeting CPD requirements. It was commonly observed that CHS has withdrawn or reduced support for Directorate access to health-based training programs that had previously been available. Although CHS has noted that courses may still be accessed on a fee for service basis, this is still difficult in practice for Directorate staff as funding is not readily available. Additionally, CHS have indicated that there are frequently not enough available places on their courses to allow access to Directorate staff, even on a fee paying basis.

Difficulties with access to CHS courses extend beyond the clinical or health realm. For example, Directorate staff indicated that they can no longer attend management development courses that CHS make available to their own staff and that were previously also available to Directorate staff

- Participants also commented on the availability of access to training provided through other ACTPS avenues, which has not been strongly promoted, with the exception of access to ACTPS-wide recruitment and selection training. HR staff noted that the Directorate is now taking steps to improve access to training through the whole of government training program (training available through the whole of government training calendar can be viewed at the link below⁹). The Directorate is also taking steps to expand the number of in-house training offerings available to staff and managers (see Attachment B which indicates the in-house training that is currently offered)
- It was widely reported that middle management needs to become a focus for development opportunities with an early emphasis on building capability in performance management. It was noted that there is also a significant need for formal training in leadership and management for clinicians – many senior specialist staff are well qualified technically but lack more rounded leadership and people management skills
- Staff noted that there were opportunities to boost informal and on-the-job learning and development opportunities as well, and a number noted that they would like to see the introduction of a Directorate mentoring program. Such a program would dovetail with a parallel focus on succession planning, particularly in relation to the development of leadership skills (as mentioned above). It would also assist with preparation for progression to executive leadership roles for identified staff (as mentioned previously in the section on *Workforce Planning*)
- A number of participants also commented that there could be more emphasis on skill development to support the adoption of the CMTEDD Digital Strategy that underpins the ACT Government's plan to adopt digital and smart technologies in providing services to the community. Amongst its aims, the strategy states an intention to move service delivery online, improve the accessibility of digital services and information for vulnerable members of the community and assist the community to participate in the co-design of digital services. At present, a number of staff feel that they do not have the skills or knowledge needed to implement these goals in the Directorate or in relation to the Directorate's engagement with the community

⁹ Training available through the whole of gov training calendar can be viewed at: <https://actgovlearn.act.gov.au/Course/Browse>.

- A number of staff also said they are not aware of the availability of resources to support access to formal training and they would like to be able to easily source information about this as well as records of the formal L&D activities they have completed.

WORK HEALTH AND SAFETY

Background

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

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

- *Workplace Health and Safety Management Systems (WHSMS):* A WHSMS is a set of policies, procedures and plans that organisations can use to manage health and safety at work in a systematic way. Such a system:
 - Guides the identification, assessment, analysis and correction of risks in the workplace
 - Establishes accountabilities and governance structures for these functions
 - Establishes mechanisms to communicate WHS matters to employees
 - Includes mechanisms for employees to report, communicate and be consulted on WHS matters
 - Ensures access to WHS training for employees who require it
 - Includes control measures for the management of WHS hazards
 - Establishes mechanisms for the resolution of WHS concerns (Nordlöf, Wiitavaara, Högberg, & Westerling, 2017; Holte & Kjestveit, 2012)
- *Safety Culture:* A WHSMS is not effective unless it is accompanied by a positive safety culture (Hale & Hovden, 1998). A 'safety culture' comprises the shared beliefs employees hold in relation to WHS matters (Cooper, 2000) that drive their decisions and behaviours regarding safety (Health & Safety Executive, 2005). Practices that assist organisations to create and maintain a positive safety culture include:
 - Ensuring that a highly visible commitment to safety is displayed by senior management
 - Ensuring that safety is communicated clearly as a key organisational value
 - Decentralising decision-making for key groups responsible for operational safety
 - Educating employees about safety and providing mechanisms for them to contribute ideas on improved safety
 - Ensuring that safety considerations are integrated into high-level decision making within the organisation (Kim, Park and Park, 2016)

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

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

- *Workplace Health and Safety Officers (WHS Officer):* A WHS Officer is an employee appointed by management who performs in a safety advocate role. WHS Officers complete regulator-approved training and undertake legislated work health and safety functions to assess and improve the performance of a workplace. They are a designated safety resource for a workplace with some organisations establishing WHS Officers as a dedicated full-time role, and others opting to integrate the WHS Officers role into a human resources, operational manager or other function. The WHS Officer role is focused on informing and influencing management and employees about the health and safety performance of the organisation and enacting improvement across the organisation, whereas HSRs are focused on providing an employee voice for work health and safety issues specific to the particular workgroup they represent (*Work Health and Safety Act 2011*)
- *WHS Reporting:* WHS reporting should provide management with relevant, valid, reliable and current information that can inform decision making, for example, covering events, event severity, identified hazards, elimination efforts, risk control activities, safety inspections undertaken, financial indicators, lost time (Chmiel, 2000)
- *Employee Assistance Programs:* Employee Assistance Programs (EAPs) provide counselling and psychosocial support to employees. To be effective, an EAP needs to be visible, promoted to staff, accessed from skilled providers, and subject to evaluation (Milne, Blum, & Roman, 2004).

Issues

The review identified the following issues:

- Both clients and HR staff are aware that WHS is an area that can be developed further within the organisation and there is an intention within the People Strategy Unit to address this. The People Strategy Unit Priority Action Plan 2019-2020 establishes, as a specific priority, the development of a WHSMS, including mechanisms for conducting baseline risk assessments and the establishment of a governance structure and an HSR network
- These positives notwithstanding, HR clients noted that there had been a hiatus in the presentation of comprehensive WHS data at the Executive level, meaning that staff at this level do not have a well developed sense of how the organisation is performing in this area. There

was seen to be a need to resume regular reporting on key metrics (such as claim types) and to ensure that information about trends was disseminated. There was a preference by clients for WHS reports to be automatically generated and available on the intranet. People Strategy staff noted that work had begun to establish a WHS dashboard but that this needed to be supported by the establishment of relevant WHS targets and measures

- Clients of HR reported that they valued the new emphasis on mental health that had emerged within the Directorate's WHS function. They also commented positively on the transition away from the tiered system of incident management that had been in use prior to the separation of the Directorate and CHS, saying that the new approach was simpler and easier to navigate. Participants also made the observation that staff with responsibility for WHS were knowledgeable and helpful
- Some participants reported that current WHS processes need to be tailored to improve their suitability for higher risk working environments, with particular reference to the laboratory facility where hazardous substances are handled. The observation was made that current policies and practices are mostly suited to work in an office environment. However, People Strategy staff noted that work had been done to develop guidelines and practices to support safe operations in the laboratory and in similar potentially hazardous environments (such as the creation of the Laboratory Safety Community of Practice and the Contractor Safety Management Plan for specific construction environments)
- Injury management is typically positioned as a component of a WHS function. Within the Directorate, injury management is closely aligned with the Employee Relations function at present. The review found that their proximity in the current structure means that synergies can be achieved between these two areas e.g. improved case management and reduced duplication. However, Directorate has a stated intention to pursue a shift towards prevention and early intervention (partly in response to an apparent rise in non-compensable injury cases) and this may have implications for the need for some separation between injury management/WHS and employee relations.

WORKPLACE RELATIONS

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

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

- Knowledge of, and contribution to, current enterprise agreements covering roles in the workplace, as well as bargaining processes and mechanisms for granting approval for agreements (approval provided by the Fair Work Commission)
- A sound understanding of leave types available to employees, legal requirements relating to leave and processes for responding to applications for leave

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

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

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

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

Issues

The review identified the following issues:

- Participants reported that the People Strategy Unit has been supportive in assisting managers to resolve long-standing industrial relations cases that had originated as performance management issues. HR clients also reported that, on the whole, the Unit is helpful and timely in providing effective advice and practical assistance on IR matters. HR clients noted that the People Strategy team has developed a much better relationship with unions in recent times, leading to more effective communication and a more collaborative approach to resolving IR issues, and that efforts in this area were visible and valued

- People Strategy staff reported that they have the capability they need to give advice to managers on IR issues but that they are also able to access advice on more complex matters from the relevant area in CMTEDD, when needed. Accordingly, when management issues arise that clearly have the potential to escalate, the People Strategy Unit consults with the CMTEDD Professional Standards Unit. However, the Directorate reported that CMTEDD is not as responsive as it needs to be in giving timely assistance on the best approach to managing these cases, leading to delays in addressing them. Delays of this kind make it more likely that issues will in fact escalate and become more difficult to manage
- Participants noted that, as it was not uncommon for performance management cases to escalate to become ER matters, there is a need for the Directorate to develop and broaden its focus on early intervention. This may include prevention-oriented interventions that can be used by managers, potentially with the support of HR staff, at a stage prior to the point at which formal action is required - examples include coaching for managers in dispute resolution and alternative dispute resolution avenues. Increased capability in this area within the People Strategy Unit may be required to develop and disseminate an early intervention-based approach across the organisation
- Staff within the Directorate have access to an Employee Advocate (now the Workplace Resolution and Support Service), a position that was created to provide an avenue for both Directorate and CHS staff to have confidential discussions about workplace matters affecting them, with a focus on the early and informal resolution of these matters. The role was developed to:
 - Raise staff awareness about workplace issues and negative behaviours
 - Educate staff about options available to them
 - Facilitate early resolution of incidents
 - Provide a safe environment for staff to express concerns in a confidential manner
 - Make recommendations to management about ways to prevent further incidents
 - Assist in promoting a workplace free of discrimination, bullying and harassment.

The role sits outside HR and reports jointly to the Director-General of the ACT Health Directorate and the CEO of CHS. Although this role's responsibilities are well defined, some participants reported that there has in the past been a degree of tension between the role and HR teams. The observation was also made that some guidance needs to be provided on how and when the Employee Advocate should engage with HR teams in relation to issues brought to it by staff of the organisation. Resolutions, actions and opportunities that are offered to address specific types of issues should be consistent across organisations, as currently this is not the case

- Some staff in management roles indicated that they do not have a good understanding of some implications of Enterprise Agreements (EAs) (e.g. in relation to return to work procedures) or of the circumstances in which they need to take responsibility for union engagement rather than doing this through People Strategy. HR clients suggested that there needs to be some training in this area as well as the development of FAQs to assist managers to develop their understanding of relevant EAs and their operation and to clarify responsibilities for union engagement. Clients also noted that it would be useful for them to be able to access IR case studies that provide a guide to their roles in the management of common workplace relations issues

- Currently CHS is taking the lead in managing EA negotiations for doctors, although these are attended by the Chief Medical Officer (a Directorate position) at times. As the Directorate employs nurses and midwives, it has a high level of involvement in EA negotiations covering these roles (one EA covers both Nurses and Midwives). Some HR clients noted that EA negotiations for medical practitioners have been complicated by the lack of a coherent bargaining strategy across the three organisations comprising the ACT health system. Participants also queried whether EA negotiations covering roles (e.g. nurses and allied health) that span multiple entities should all be managed by CMTEDD to ensure that negotiation processes are consistent, that positions are coherent and negotiated outcomes are as broadly applicable as possible.

DIVERSITY MANAGEMENT

Background

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

The ACT Public Service (ACTPS) has stated its commitment to creating a 'positive, respectful, supportive and fair work environment where employee differences are respected, valued and utilised to create a productive and collaborative workplace' (CMTEDD, accessed August 2020). In 2010¹⁰, the ACTPS introduced its Respect, Equity and Diversity (RED) Framework and introduced RED Contact Officers (REDCOs) to model and promote the ACTPS values, to raise awareness of the importance of respect, equity and diversity in the workplace and to assist in the development of a positive workplace culture across the service.

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

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

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

¹⁰ This was reviewed in 2014/2015

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

- Ensure policies are implemented with an understanding of how they align with overall organisational objectives
- Ensure policies / interventions are evaluated and assessed to determine their levels of effectiveness (Lawthom, 2000)
- Ensure diversity is embraced by top management and communicated to all
- Implement organisation-wide awareness training
- Individualise performance management models that align with work style preferences and motivation
- Focus on developmental needs and career aspirations of all
- Provide flexible working arrangements and employee assistance programs as required (Bartz, Hillman, Lehrer, & Mayhugh, 2009)
- Adherence to the following principles (outlined in the MOSAIC model of diversity management (Kandola & Fullerton, 1996)):
 - *Mission and Values:* Managing diversity needs to be dovetailed into business objectives, mission statements and vision to ensure it is seen as important by *all* employees
 - *Objective and Fair Processes:* Key processes and systems should be monitored to ensure fairness (e.g. recruitment, selection, induction and appraisal techniques and systems are potential areas of bias)
 - *Skilled Workforce:* Ensure the workforce is aware of diversity and developed and managed appropriately
 - *Active Flexibility:* Working patterns, policies and practices should be flexible, addressing the work / life needs of all employees
 - *Individual Focus:* Employees are considered and managed on an individual basis, not on a group basis
 - *Culture that Empowers:* Workplace culture should be consistent with the principle of managing diversity (e.g. devolved decision making, participation and consultation).

Issues

The review identified the following issues:

- Although the Directorate began 2020 without a formal diversity management framework, by July 2020 a Diversity Plan has been developed, however it is not yet available organisation-wide. The following initiatives have also been undertaken:
 - Executive Champions have been appointed to the LGBTQI and Aboriginal and Torres Strait Islander Networks
 - A staff member is now dedicated to this function within People Strategy
 - A governance framework has been developed (and now endorsed, following consultation)

- A Diversity and Inclusion Forum is being established. Steps are being taken to ensure that initiatives in this area link with other HR strategies, for example, the Aboriginal and Torres Strait Islander Staff Network Employment Action Plan 2021-2024. It is anticipated that further progress will be made in this area into the future
- HR clients made the observation that, even prior to the development of formal initiatives such as those described above, the Directorate's approach to diversity management was positive and had been effective in practice.

ORGANISATIONAL DEVELOPMENT

Background

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

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

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

Best practice in organisational development has the following foundations:

- It emphasises goals and processes, but with a particular emphasis on processes
- The need for change is supported by empirical evidence (Bushe & Marshak, 2014)
- The concept of organisational learning as a means of improving an organisation's capacity is implicit in most approaches
- It deals with change and improvement over the medium to long term and therefore may need to be sustained over an on-going period
- It involves the organisation as a whole, as well as its component parts
- It is participative, drawing on theory and practices of behavioural science
- It has management support and involvement from the top down

- It concentrates on planned change and improvement, but focuses on processes that are adaptable to changing situations (Senior, 2000)
- Interventions / approaches are guided by the following underlying values:
 - People should be treated with respect
 - There must be trust, openness and a collaborative organisational climate
 - Less emphasis should be placed on hierarchical structures
 - Confrontation: Issues concerning employees must be treated head-on
 - People who will be affected by the change must be included in the planning and execution of the change process (Odor, 2018)
- It is not a 'one off' event that ends when change has been implemented, rather it is an on-going process
- It is an iterative or cyclical process which is continuous, whereby interventions are evaluated, assessed, adjusted and re-introduced, comprising the following steps:
 - Diagnose the current situation / need for change or improvement (informed by relevant data)
 - Develop a vision for change / improvement
 - Gain commitment to the vision (at all levels of the organisation)
 - Develop an action plan
 - Implement the change / introduce the intervention
 - Assess and reinforce the change
- Decision-making relating to planned change and improvement involves staff at all levels, not just senior management (Senior, 2000).

Issues

The following issues were identified:

- At present, the Directorate does not have a designated organisational development function nor a strong capacity to deliver this within most of its core HR functions, including workforce planning, recruitment, learning and development, performance management, work health and safety and workplace relations. Progress has been made in the area of diversity and inclusion where recent development work has seen the design and partial implementation of longer term strategies, a framework and governance structures. However, the broad absence of capability in this area will need to be addressed, either by building a strategic capability within existing HR functional areas or through the creation of a dedicated, stand alone function that guides development work across all functions

- The Directorate has been required to develop a response to the 2019 *Independent Review into the Workplace Culture within the ACT Public Health Services* but, as mentioned, the organisation lacked a designated organisational development function. As direct result, the Directorate established the Cultural Review Implementation Branch (which is time limited) and commissioned the Australian National University (ANU) to develop a change framework for application within the health system. Implementation of the ANU model will become the Directorate's responsibility at the conclusion of the ANU consultancy. Consequently, there will be a need to determine where responsibility for the implementation stage of this project will lie within the Directorate.

ANU Change Framework

The change framework that has been developed by the ANU¹¹ will be used to assist leaders in the Directorate to respond effectively to the 2019 *Independent Review into the Workplace Culture within the ACT Public Health Services*. The ANU work focused on reviewing and making recommendations designed to effect change in the behaviour of leaders and staff. Its scope therefore differs from that of the current review reported here, which address the organisation's current HR function. Nevertheless, both analyses have identified common issues and themes, including the need to:

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

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

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

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

¹¹ Documented in *Investing in Our People: A System-wide, Evidence-based Approach to Workplace Change Final Report*, 2020

DELIVERY OF HR FUNCTIONS BY SHARED SERVICES

Background

Shared Services was established in 2007 as the ACT Government's provider of HR, finance and information, communication and technology (ICT) services. The services are available to all directorates and agencies and aim to improve the efficiency of these services and reduce duplication in their delivery across the Territory.

At present, the Directorate accesses a number of transactional HR services from Shared Services in support of recruitment (including Executive engagement and contracts), payroll activities, salary packaging, records management and reporting of HR metrics (discussed in the earlier section on HR Metrics).

In 2020, the ACT Auditor-General examined the delivery of HR and finance services by Shared Services¹² and, broadly, found that governance arrangements for the delivery of HR services had not been effective or consistently applied, that Shared Services did not have a current, finalised service catalogue (although a draft document was developed in 2019), that directorates found that it was often necessary to escalate complex issues within Shared Services to achieve a resolution and that, over time, measurement of KPIs shows declining levels of customer satisfaction.

In relation to governance arrangements, the Customer Council was initially established as the main mechanism for Shared Services' accountability but was replaced in 2019 by the Quality and Measurement Advisory Committee. In relation to HR services specifically, the original Services Partnership Agreement specified four collaboration fora, reporting to the Customer Council, to play a role in governance and oversight of Shared Services, including the HR Collaboration Forum. The HR Collaboration Forum was found by the Auditor-General to be a valuable forum for the discussion of issues and service initiatives and for the achievement of project outcomes. However, in 2019 this forum was replaced by the HR Directors Group that was given a reduced role (to monitor operational KPIs) and it is no longer part of the documented governance structure. Therefore, the Directorate's ability to participate regularly in discussions about Shared Services' policies, guidelines and standards appears to be limited at present.

Some issues relating to the delivery of functions by Shared Services identified as part of this review have already been noted and commented on in previous sections. Other issues are discussed below.

Issues

This review identified the following additional issues in relation to the delivery of HR services to Directorate staff and the functional relationship between Shared Services and the ACTHD:

- Shared Services staff reported to the review that there was a lack of clarity about the respective roles of Shared Services and the Directorate in relation to transactional processes such as the provision of advice on pay, and terms and conditions. They suggested that this was attributable, to some degree, to a reluctance on the part of Directorate HR practitioners to relinquish responsibility for assisting staff with straightforward queries

¹² ACT Auditor-General's Report: Shared Services Delivery of HR and Finance Services – Report No. 1/2020

- For some Directorates, Shared Services delivers more complex HR services that can be accessed by HR staff (such as services relating to financial statements and taxation, and the management of recruitment and employee relations), although the Auditor-General's recent examination of Shared Services found that HR and other staff are often unaware of this option. The current review found that the role of Shared Services in providing advice on complex matters is not well understood within the Directorate. Some participants (clients of HR) do seek advice from Shared Services on complex issues (such as performance matters) and reported that good support had been provided on these occasions. In contrast, other HR clients reported that they receive inconsistent advice from Shared Services when consulted on difficult EA matters. Participants also noted that Shared Services also provides inconsistent advice about pay and that front-line staff are not always well informed enough to answer queries - clients find that they need to wait while being put through to a supervisor.

HR staff are aware of these inconsistencies and maintained that Shared Services should be providing transactional services only, and not advice on complex matters such as policy advice or advice on the correct interpretation of EAs. HR staff expressed the view that, in the event that the Directorate could not resolve issues in these areas, advice on more complex matters should be sought from CMTEDD, not Shared Services. Consistent with this, HR clients indicated that they would prefer an arrangement where HR was the broker for dealing both with Shared Services and CMTEDD. It was noted that this would improve the consistency of the advice received by clients

- At present, Shared Services is in the process of making a significant transition to a Systems, Applications and Products in Data (SAP) based Human Resource Information Management System (HRIMS). A staged release is planned, with the release of modules for recruitment, payroll, workforce administration and onboarding at the end of 2020, and learning and development and performance management modules becoming available some 8 months later. In a third stage, the talent management suite and health and wellbeing modules are to be released.

Clients within the Directorate hold the view that the new HRIMS will improve the delivery of HR services by Shared Services, once this system is introduced. Shared Services told the review that the new HRIMS has the potential to lead to significant improvements in, for example, the reporting of HR metrics, identity checks, the avoidance of overpayments (which can occur where entitlement to allowances is unclear and poorly documented and accounted for), management of access to learning and development opportunities, and rostering (a service not currently accessed by the Directorate). Shared Services noted that the successful introduction of the new system for the Directorate was dependent on close collaboration between the two entities to establish the Directorate's specific needs and the best approach to fully meeting them.

BENCHMARKING HR FUNCTIONS

Background

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

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

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

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

The scope of this review included a targeted benchmarking assessment with other similar organisations to examine comparative HR resourcing requirements, with a focus on the health sector where relevant. The number of HR staff an organisation requires is heavily dependent on the size of the organisation and its industry type. According to the Australian Human Resources Institute ('HR Audit Information Sheet', accessed August 2020), ideally, organisations would employ one HR professional to every 50 employees. However, this ratio is not a realistic expectation for many organisations, and a maximum ratio of one to 100 is a more commonly achieved goal for many organisations¹³. We note that these ratios generally refer to HR advisers only and exclude recruitment roles that process large volumes of work, as their inclusion can skew numbers for large organisations with high volume staff intakes. The AHRI comparison, therefore, is appropriate for the Directorate since it outsources this aspect of the recruitment function to Shared Services.

Issues

The Directorate identified the following organisation (highlighted) as being relevant for inclusion in the benchmarking comparisons, either in terms of the size of the organisation or its function. Other comparison organisations are presented for information only. The table below shows the HR to staff ratios for the ACT Health Directorate compared to nominated organisations.

¹³ It should be noted that ratios which approach 1:100 can only be achieved in large organisations where considerable economies of scale in HR service delivery can be achieved.

Organisation	Staff FTE	HR staff FTE	HR to Staff Ratio
ACT Health Directorate	613 ¹⁴	11	1:56
Environment, Planning and Sustainable Development Directorate	647	18	1:35
Canberra Health Services	6 672 ¹⁵	81	1:82
Calvary Public Hospital Bruce	1 421	20	1:70
John Hunter Hospital	Not available	Not available	Not available
Calvary Mater Newcastle	Not available	Not available	Not available

The comparisons above show that the HR to staff ratio is low in the Directorate compared to organisations delivering primary health care services and is in line with AHRI recommendations of a ratio of 1:50. However it is notably higher than a Directorate of a similar size (EPSDD).

Aside from staffing numbers, all organisations differ in their purpose, functions, the complexity of their operating environments and their stages of maturity / development, making benchmarking challenging. While the HR to staff ratio in the Directorate appears to be appropriate at present, it must be noted that the organisation's HR function is in the early stages of a period of development and maturity and this is likely to impact on the resourcing needs of this function. A number of capability gaps have been identified in this review, and are recognised by the Directorate. Bridging these gaps will require additional resources to support the further development of the HR function, to bring it into closer alignment with best practice, to enable People Strategy to operate in a flexible ways in response to business needs and to allow a focus on strategy development and implementation (including working with the Executive in this endeavour).

Should the Directorate increase its HR staffing complement to address various gaps and priorities identified in this review, it may, for a time, need to exceed 'business as usual' best practice benchmarking ratios. Establishment of the HR resources needed to address critical gaps should be done on the basis of a review of the structure of the HR function.

¹⁴ Pre-COVID-19 numbers

¹⁵ As at June 2020

ASSESSMENT AGAINST HR MATURITY MODEL

In 2018, prior to the split between the Directorate and CHS, ACT Health commissioned KPMG to undertake a review of the Executive Support, Employee Services and Organisational Development teams within the then People and Culture Unit. As part of this review, a model was developed in partnership with the Unit to allow the assessment of maturity of the existing HR functions. The model was known as the HR/People and Culture Maturity Assessment Model¹⁶. Using a 5-point scale extending from Baseline to Leading Practice, it provided a benchmark for the assessment of current HR functions against leading practice in 6 areas:

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

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


- People Strategy Capabilities
- Governance and Processes
- Enabling Technology
- Strategic Business Alignment/Workforce Planning
- Data Analytics
- Recruitment, Selection and Secondments
- Performance Management
- Talent Management
- Work Health and Safety
- Workplace Relations
- Diversity Management
- Organisational Development

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

¹⁶ See People and Culture Diagnostic (June 2018) – Appendix B (page 37)

HR/People Strategy Maturity Assessment Model – Key Area	WRA Identified HR Function	Baseline	Functional	Professional	Performing	Leading Practice
People Strategy Capabilities	All			People Strategy specialists are in place for key areas (e.g. Employee services, talent management, IR). The majority of People Strategy staff have relevant HR/People Management experience.		
Governance and Processes	All			Formal committees and processes are in place for key areas only (e.g. IR, Employee relations, recruitment). Efforts are made to identify wasteful activities and streamline processes.		
Enabling Technology	All		Basic HRIS transaction processing system is in place. Basic Employee Self-Service (ESS) is in place for several transaction types.			
Strategic Business Alignment and Workforce Planning	Workforce Planning	There is no formal strategy in place. Localised resource planning activities are in place.				

HR/People Strategy Maturity Assessment Model – Key Area	WRA Identified HR Function	Baseline	Functional	Professional	Performing	Leading Practice
Data Analytics	HR Metrics		The source of People Strategy data is the payroll system and the HRIS. Basic measures are in place and basic reports are made available relating to past and present.			
N/A	Recruitment, Selection and Secondments			There are formal recruitment and selection processes in place. Training is available in this area. Secondment pathways exist but may be difficult to access.		
N/A	Performance Management	There are low levels of participation in the performance management system, and a lack of a formal performance management cycle.				
Talent Management	Learning and Development		Basic hire, develop, engage, and retain processes exist and Talent practices are focused on the current workforce.			

HR/People Strategy Maturity Assessment Model – Key Area	WRA Identified HR Function	Baseline	Functional	Professional	Performing	Leading Practice
N/A	Work Health and Safety			A WHSMS is being developed as a priority. There are satisfactory processes and systems currently in place.		
N/A	Workplace Relations			People Strategy is supportive and effective in providing advice and assistance. There is a current Employee Advocate role.		
N/A	Diversity Management		 Strategies and frameworks are being developed and are soon to be implemented. Specific resources are dedicated to this function.			
N/A	Organisational Development	There is currently no designated organisational development function nor strong capability in this area.				

ROADMAP: PRIORITY AREAS FOR IMPROVEMENT

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

The four priority areas were identified based on the analysis of the issues presented throughout this report, and on the basis of the HR maturity assessment described in the preceding section. This assessment identified that the Directorate's workforce planning, performance management and organisational development functions are currently operating at the lowest level of maturity (at Baseline) and therefore represent the areas of highest need. The elevation and effective operation of these functions will need to be based on the use of a capable HR metrics data collection, analysis and reporting function. This function was assessed as operating at a Functional level at present (noting that Functional represents the second lowest level of competence on the scale) and therefore also needs to become a focus for further development.

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

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

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

Specific recommendations in relation to each of these four priority areas are provided in the diagram below. The review recognises that recommendations made in relation to the development of the Directorate's HR metrics function will need to be considered in the light of impending changes to the new HRMS system being developed by Shared Services, to ensure their compatibility.



Figure 2: Roadmap: Priority Areas for Improvement

OPPORTUNITIES ACROSS THE HEALTH SYSTEM

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

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

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

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

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

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

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

- * Best practice recruitment.

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

CONCLUSION

This report presents the findings of a review of Human Resources functions in the ACT Health Directorate (ACTHD). The review was undertaken to identify gaps in functions, capabilities and resourcing and to propose strategies to close those gaps within ACTHD. The review also considered opportunities for increased collaboration between the Directorate and the two other entities within the ACT public health system, namely, Canberra Health Services (CHS) and Calvary Public Hospital Bruce (CPHB). Additionally, the review considered the role of ACT Government Shared Services in providing HR services to ACTHD and considered opportunities for ACTHD to better integrate those services with its own offerings.

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

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

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

ATTACHMENT A: LIST OF PARTICIPANTS

Role	Participant
Former Director-General, ACTHD	Mr Michael De'Ath
Acting Director-General, ACTHD	Ms Kylie Jonasson
Executive Group Manager, Corporate and Governance Division	Mr John Fletcher
Deputy Director-General, Health Systems, Policy and Research Group	Ms Kylie Jonasson
Executive Group Manager, Health System Planning and Evaluation Division	Ms Jacinta George
Senior Director, People Strategy Unit	Ms Julie Nolan
Executive Director Shared Services	Mr Graham Tanton
Executive Branch Manager Partnership Services, Shared Services	Ms Claire Harper
Payroll and HR Systems, Shared Services	Mr Martin Bolton
Senior Program Director, HR Information Management Solutions, Shared Services	Ms Karen Giovinazzo
Business Analyst and contractor to ACTHD	Mr Patrick Morgan
Staff of the People Strategy Unit	
Staff of the Culture Review Implementation Team	
Directorate staff and clients of HR	
Consultants from the Australian National University Research School of Management	

ATTACHMENT B: CURRENT ACTHD SPECIFIC TRAINING AVAILABLE TO STAFF

Induction Programs		
ACTPS Induction Program	eLearning	New ACTPS staff
Respect, Equity and Diversity (RED)		
Being a Conscious Leader	Workshop	Managers/supervisors
Conscious Interactions	Workshop	Staff members
RED Reboot	Workshop Webinar	Staff members
Disability Awareness	eLearning	Staff members
Aboriginal and Torres Strait Islander Cultural Awareness	Coming soon	Staff members
Recruitment and Selection		
Best Practice Recruitment and Selection	Workshop	Staff members Managers/Supervisors
Domestic and Family Violence		
Domestic and Family Violence Awareness	eLearning	Staff members
Domestic and Family Violence Foundation Training for Managers	Workshop	Managers/supervisors
Governance		
Information Privacy	eLearning	Staff members
Procurement	Coming soon	Staff members
Record Keeping and FOI	eLearning	Staff members
Risk Management	Coming soon	Staff members
Security Awareness	Coming soon	Staff members
Leave and Attendance	Coming soon	Managers/supervisors

Workplace Health and Safety		
General Awareness Work Health and Safety	eLearning	Staff members
Work Health and Safety for Managers	Coming soon	Managers/supervisors
Performance and Development		
Performance & Development in the ACTPS	eLearning	Staff members
Performance & Development for Managers and Supervisors	Coming soon	Managers/supervisors

ATTACHMENT C: HR/ PEOPLE & CULTURE MATURITY ASSESSMENT MODEL¹⁷

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

¹⁷ Source: People and Culture Diagnostic (June 2018)

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

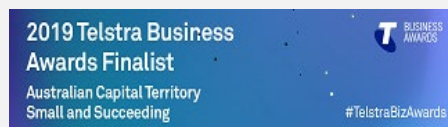
ATTACHMENT D: REFERENCE LIST

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REVIEW OF THE HUMAN RESOURCES FUNCTION

in

CANBERRA HEALTH SERVICES

November/December 2020

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EXECUTIVE SUMMARY

INTRODUCTION

This report presents the findings of a review of Human Resources (HR) functions in Canberra Health Services (CHS)¹. The review was undertaken to identify gaps in functions, capabilities, and resourcing and to propose strategies to close those gaps within CHS. The review also considered opportunities for increased collaboration between CHS and the two other entities within the ACT public health system, namely, the ACT Health Directorate (ACTHD) and Calvary Public Hospital Bruce (CPHB). Additionally, the review considered the role of ACT Government Shared Services in providing HR services to CHS and considered opportunities for CHS to better integrate those services with its own offerings.

APPROACH

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

- Discussions with CHS Chief Executive Officer, Ms Bernadette McDonald and the Executive Group Manager, People and Culture Division, Ms Janine Hammat
- A series of separate group discussions with staff of each team within People and Culture
- Group discussions with clients of HR drawn from across CHS
- A discussion with representatives of Shared Services including Mr Graham Tanton, Executive Director Shared Services, Ms Claire Harper, Executive Branch Manager Partnership Services, Mr Martin Bolton, Payroll and HR Systems, and Ms Karen Giovinnazzo, Senior Program Director, HR Information Management Solutions
- A group discussion with consultants from the Australian National University engaged by the ACTHD to deliver a culture change model for the ACT health system
- A discussion with Mr Patrick Morgan, Business Analyst and contractor to ACTHD
- Examination of submissions received from unions invited to contribute to the review
- A review of a range of documentation provided by CHS.

FINDINGS OF THE REVIEW

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

- Workforce planning
- HR metrics
- Recruitment, selection, secondments and staff movements

¹ The scope of the review included similar examinations of the HR functions within the ACT Health Directorate and Calvary Public Hospital Bruce. The findings from these examinations have been reported separately.

- Performance management
- Learning and development
- Work health and safety
- Workplace relations
- Diversity management
- Organisational development.

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

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

Drawing together the information and analysis described above, we have used an HR Maturity Assessment Model² to assess the current level of development of the HR function within CHS, under nine HR service delivery areas. This assessment identified that all aspects of HR service delivery are currently operating above Baseline. However, the assessment identified a number of areas where current practice does not yet match best practice approaches. Performance management, workforce planning, recruitment and selection and workplace relations functions have all been assessed as operating at the Functional level at present (noting that Functional represents the second lowest level of competence on the scale), indicating room for improvement in these areas.

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

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

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

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

Recruitment

- Build the capability and knowledge of HR staff in this area through targeted recruitment and training
- Continue the process of updating position descriptions for role types across CHS
- Proceed with plans to implement training for panel members or chairs on recruitment and selection practices
- Move the recruitment team to the Workforce Planning area to improve co-ordination and to elevate the strategic focus and capability of the recruitment function
- Initiate longitudinal evaluations of the effectiveness of recruitment and selection activities and use this to inform improved practices
- Collaborate with the ACT Health Directorate to establish a mechanism to allow staff secondments to occur across the Territory's health system, where these will be of mutual benefit.

Performance Management

- Introduce formal and informal training in performance management for managers, with a very strong hands-on, on-the-job component e.g. via simulations for managers and a mentoring program
- Support training by developing an accessible database of performance management and development case studies as well as clear guidelines on processes and practices
- Ensure participation in performance development discussions is visibly modelled and promoted by senior staff

Metrics

- Establish an in-house, ongoing HR data analytics and reporting capability
- Initiate or improve the collection, collation, analysis, reporting of and access to data for:
 - Recruitment and selection activities, including probation
 - Learning and development activities
 - Participation in performance management and the quality of this participation
 - Risks, with an emphasis on achieving uniformity in information capture, and access for WHS staff
- Develop a case management approach to recording and displaying staff data and make this available in real time to managers and staff
- Ensure that data collection and reporting initiatives are integrated with new HRMS metrics functions

Strategic Workforce Planning

- Expand the HR Business Partner model to increase its capacity and consider allocating one Business Partner per Division
- Work with the Major Capital Projects to articulate strategic workforce planning required for expanding service deliverables across CHS
- Continue with the plan to develop a whole of CHS workforce strategy that identifies skills gaps and priority areas for targeting via recruitment, succession planning and knowledge transfer
- Continue with the plan to develop a leadership and management strategy, including pathways and interventions designed to prepare staff for progression to more senior roles (e.g. a mentoring program for clinical staff to improve preparation for leadership roles)

INTRODUCTION

This report presents the findings of a review of Human Resources functions in Canberra Health Services (CHS)³. The review was undertaken to identify gaps in functions, capabilities, and resourcing and to propose strategies to close those gaps within CHS. The review also considered opportunities for increased collaboration between CHS and the two other entities within the ACT public health system, namely, the ACT Health Directorate (ACTHD) and Calvary Public Hospital Bruce (CPHB). Additionally, the review considered the role of ACT Government Shared Services in providing HR services to CHS and considered opportunities for CHS to better integrate those services with its own offerings.

BACKGROUND TO THE REVIEW

The scope of the review was established as follows:

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

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

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

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

³ The scope of the review included similar examinations of the HR functions within the ACT Health Directorate and Calvary Public Hospital Bruce. The findings from these examinations have been reported separately.

At present, there is no whole of health system strategy for the delivery of HR functions. The heads of HR functions across the health system's constituent organisations do not regularly meet, aside from some engagement currently in relation to the response to initiatives arising from responses to the cultural review⁴ (as members of the Cultural Review Executive Group). However, where opportunities for collaboration became apparent during the course of this review, they have been noted and appropriate options identified.

STRUCTURE OF THE REPORT

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

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

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

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

Drawing together the information and analysis described above, we have used an HR Maturity Assessment Model⁵ to assess the current level of development of the HR function within CHS.

Finally, we present a roadmap for change that outlines the sequenced implementation of recommended solutions.

⁴ ACT Public Health Services Cultural Review Implementation Inaugural Annual Review (May 2020)

⁵ See People and Culture Diagnostic (June 2018) – Appendix B (page 37). The model can also be found in this report at Attachment B.

APPROACH

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

- Discussions with CHS Chief Executive Officer, Ms Bernadette McDonald and the Executive Group Manager, People and Culture Division, Ms Janine Hammat
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- A discussion with representatives of Shared Services including Mr Graham Tanton, Executive Director Shared Services, Ms Claire Harper, Executive Branch Manager Partnership Services, Mr Martin Bolton, Payroll and HR Systems, and Ms Karen Giovinazzo, Senior Program Director, HR Information Management Solutions
- A group discussion with consultants from the Australian National University engaged by the ACTHD to deliver a culture change model for the ACT health system
- A discussion with Mr Patrick Morgan, Business Analyst and contractor to ACTHD
- Examination of submissions received from unions invited to contribute to the review
- A review of a range of documentation provided by CHS.

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

EXECUTIVE CONSULTATIONS

As mentioned, discussions were conducted with CHS Chief Executive Officer, Ms Bernadette McDonald and the Executive Group Manager, People and Culture Division, Ms Janine Hammat.

These discussions focused on discussion of the following issues:

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

GROUP DISCUSSION WORKSHOPS

Group discussion workshops were held with HR staff from each Section of People and Culture. The group discussions focused on the issues listed above under 'Executive Consultations'.

STAKEHOLDER CONSULTATIONS

Group discussion workshops were held with stakeholders from across CHS to whom the People and Culture Division and Shared Services provide HR services. These sessions focused on

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

At the end of each discussion described above, participants were invited to provide further information directly to Workplace Research if they had additional input that they would like considered. A small number of staff took up this option.

REVIEW OF RELEVANT DOCUMENTATION

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

- Structural chart for CHS
- Structural chart for People and Culture Division
- CHS People and Culture Division Team Charter
- People and Culture Service Charter
- People and Culture Divisional Plan 2020 - 2022
- Final Report on the Independent Review into Workplace Culture (March 2019)
- ACT Public Health Services Cultural Review Implementation – Inaugural Annual Review (M Reid & Associates, May 2020) and Terms of Reference (February 2020)
- Draft ACT Health Workforce Strategy 2018 - 2027
- Staffing numbers for ACT Public Service Directorates
- ACT Health and CHS Statement of Expectations (March 2019)
- Report on the Review of the HR Business Partner Model and Role Clarity in People and Culture
- Proposal for the Expansion of the HR Business Partnership Model
- CHS Our People Quarterly Report (June 2020)
- Canberra Health Service and ACT Health Directorate Information Pack (2018)
- ACT Auditor-General's Report on the Shared Services Delivery of HR and Finance Services (Report No. 1/2020)
- Services Partnership HR Services Collaboration Forum Terms of Reference

- ACT Government State of the Service Report 2018-19
- Services Partnership Agreement (September 2013)
- Draft Services and Performance Measures Catalogue for HR, Finance, Records and Related Customer Support Functions (2019)
- Response and Resolution Timeframes - Shared Services
- HR/P&C Maturity Assessment Model⁶
- Services Partnership HR Services Collaboration Forum Terms of Reference
- Shared Services Customer Service Charter (July 2019)
- Report of the ACHS National Safety and Quality Health Service (NSQHS) Standards Survey – ACT Health (March 2018)
- NSQHS Standards Survey Not Met Report – ACT Health (March 2018)
- Complaints and Grievances Process Map prepared by Mr Patrick Morgan
- People and Culture Diagnostic (June 2018)
- Submission received from the Australian Salaried Medical Officers Federation (August 2020).

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

OVERVIEW OF THE CURRENT STRUCTURE AND FUNCTIONS OF THE PEOPLE AND CULTURE FUNCTION

Below, we present a brief overview of the current structure of People and Culture. Within CHS, People and Culture holds primary responsibility for the delivery of HR functions across the organisation.

The People and Culture Division was formed in October 2018 following a split between the ACT Health Directorate and Canberra Health Services. Immediately following the split, People and Culture began providing HR services to CHS, delivering a range of HR services across the organisation. Below, the current structure of People and Culture is presented.

⁶ Source: People and Culture Diagnostic (June 2018)

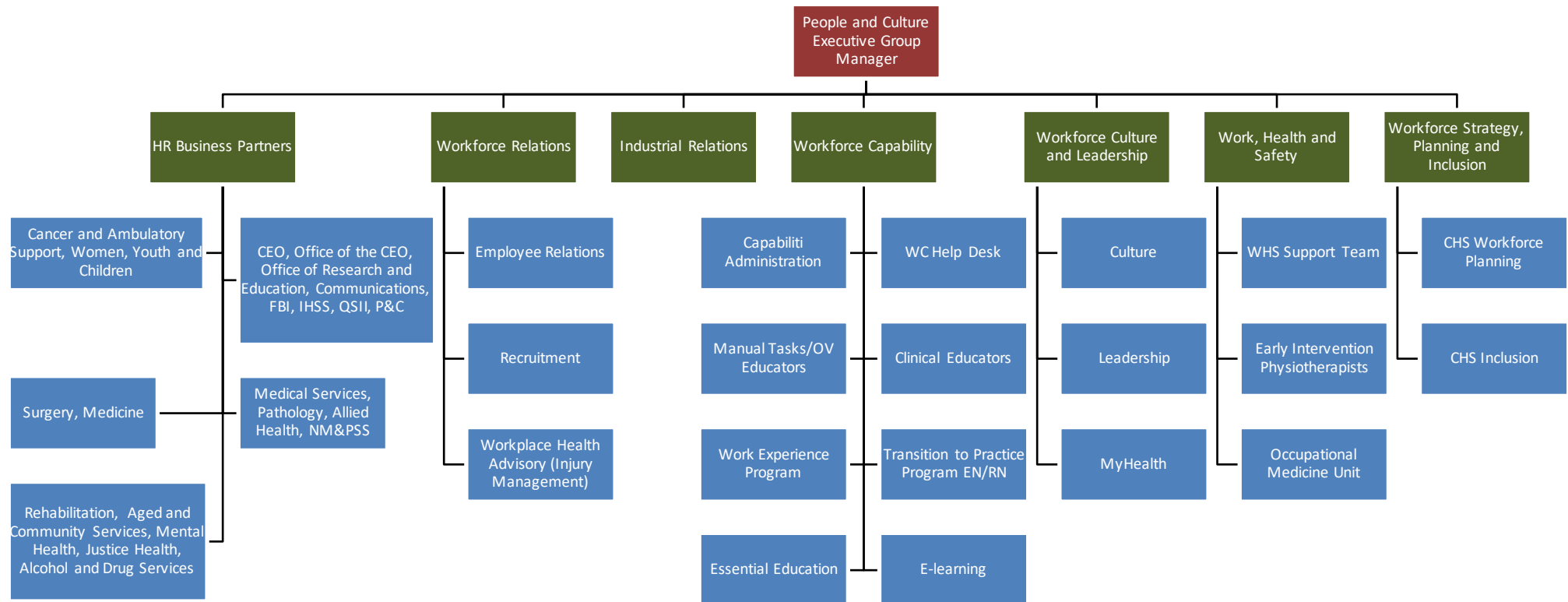


Figure 1: Current structure of the CHS People and Culture unit

The functions delivered by People and Culture are listed in the table below.

		CORE FUNCTIONS
PEOPLE AND CULTURE TEAM	HR Business Partners	<ul style="list-style-type: none"> Provision of strategic HR advice and support to Executive Directors Provision of assistance with divisional roll out, adaptation and implementation of HR initiatives Management of underperformance within divisions
	Workforce Relations	<ul style="list-style-type: none"> Employment policy Injury management Liaison with CMTEDD Case Managers Preliminary assessments of misconduct and performance issues Provision of assistance with union and staff consultation on workplace matters Provision of advice to staff and managers on the employment framework including EA and entitlements, including managing an email inbox Interpretation of the employment framework Liaison with Government Solicitors Office on work-based issue that result in legal actions Involvement in FOI requests relating to reportable conduct Addressing matters received from the Human Rights Commission Attendance and representation at: <ul style="list-style-type: none"> Human Right Commission Fair Work Commission Court Proceedings Instructing GSO in federal court matters Investigation for investigation of reportable conduct matters Provide information for the provision of centralised reporting Representation of CHS on various ACTPS internal forums
	Industrial Relations	<ul style="list-style-type: none"> Enterprise Agreement negotiations and management
	Workforce Capability	<ul style="list-style-type: none"> Delivery of training in manual handling, occupational violence Transition to Practice Program for EN/RNs Delivery of clinical education programs Management of e-learning programs Management of Work Experience Program Administration of Learning Management System and provision of Helpdesk function
	Workforce Culture and Leadership	<ul style="list-style-type: none"> Delivery of cultural diagnostics and organisational development projects Co-ordination of learning and development programs related to staff health Development and delivery of work area specific training (e.g. in conflict management) Development and delivery of in-house leadership and management programs

		<ul style="list-style-type: none"> Workplace culture survey Management of the EAP function
	Work, Health and Safety	<ul style="list-style-type: none"> Provision of work health safety advice Safety assessments Workstation assessments Incident investigation Incident record keeping Occupational violence prevention Physiotherapy service for staff Vaccination program Helpdesk for risk management system Disposal of dangerous substances
	Workforce Strategy, Planning and Inclusion	<ul style="list-style-type: none"> Workforce planning for CHS Strategic Workforce Planning advice to Major Capital Project Strategy development Development of recruitment strategies Coordination of HR Metrics Development and coordination of Attraction and Retention initiatives Development of inclusion initiatives and programs Coordination of inclusion recruitment initiatives and programs

FINDINGS OF THE REVIEW

Feedback received during consultations indicated that there is clear recognition that People and Culture is making progress in developing and implementing improvements across a number of the HR services that it delivers. In particular, the relatively new HR Business Partner function was widely identified by clients as a success that has led to significant improvements within business areas across CHS.

ISSUES ARISING FROM THE REVIEW: SPECIFIC FUNCTIONAL AREAS

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

- Workforce planning
- HR metrics
- Recruitment, selection, secondments and staff movements
- Performance management
- Learning and development
- Work health and safety
- Workplace relations

- Diversity management
- Organisational development.

WORKFORCE PLANNING

Background

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

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

Best practice in workforce planning has the following foundations:

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

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

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

- Incorporate WFP into strategic and business planning processes
- Ensure WFP is supported by a strong governance process
- Focus on key workforce risks to achieving business outcomes

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

Issues

The review identified the following issues:

- The review consistently found that strategic workforce planning is perceived to have been a significant gap. Participants observed that no workforce plan had been in place for ACT Health organisations for some time. Following the split of CHS from ACTHD, a dedicated Workforce Planning function was established by CHS in CHS, that set out to address identified areas of concern for immediate attention. Several of these have been successfully addressed. For example, the review was told that, with respect to anaesthetists, attrition and inability to attract appropriately trained staff had led to advice being issued by the College that the accreditation of the relevant department was at risk. Urgent attention was directed to this issue and successful recruitment activities were conducted. Operational workforce planning of this kind continues with a focus on reviewing and addressing a number of specific role types, such as Sleep Scientists, Medical Imaging staff and Registered Midwives. The Workforce Planning team also intends to lead the development of organisational workforce strategies that span the period to 2023, that are guided by a Workforce Planning Framework and that are supported by Health Classification frameworks, as detailed in the P&C Divisional Plan
- Workforce planning needs to articulate closely with recruitment activities to ensure that potential gaps are identified well in advance and strategies to fill these developed. Effective workforce planning and recruitment activities also need to be supported by a well-developed succession planning function. Succession planning activities prepare capable staff for progression to higher levels through the provision of informal and formal development opportunities, such as mentoring and training, including a focus on leadership skills. At present, succession planning is a gap within CHS and there has been a reliance on external recruitment to bring in capability. This is recognised within CHS and, as mentioned, the People and Culture Divisional Plan identifies the need to adopt wider workforce planning strategies that are likely to include succession planning at the role level. CHS requires specialist skills that are difficult to recruit externally and for which it competes with other jurisdictions. Accordingly, the People and Culture Divisional Plan highlights the need for specialised, role-specific strategies to address these gaps. Challenges associated with delays in recruitment and selection also mean that CHS can 'miss out' on good candidates for some role types so the planned focus on attraction, recruitment and selection is also likely to benefit from a role-level analysis

Additional planning and preparation is therefore needed to ensure that these skills are grown within the organisation through the provision of formal and informal professional development opportunities to suitable staff, so that they can be drawn on when gaps arise. Knowledge transfer prior to retirement was also identified as a significant gap that, if addressed, could greatly assist the organisation to retain valuable capabilities

- At present, the ACT Health Directorate holds responsibility for health system service planning (e.g. determining which services are needed, where they should be delivered and what should be delivered by non-government services). Responsibility for health system service delivery

planning is held in Directorate's Health System Planning and Evaluation Division. In relation to workforce planning for the health system, it is intended that the Directorate takes a longer-term, strategic focus with consideration given concurrently to capital development, while CHS retains responsibility for workforce planning at an operational level. However the review was told that the split of functions across the two organisations is not well articulated, and participants from both CHS and the Directorate reported that there is little direct engagement between these two areas, meaning that opportunities for mutual influence and feedback are limited. Some participants from CHS reported that they were not aware of a workforce planning function within the Directorate. The review was also told that previous workforce strategies commissioned for implementation by KPMG have not been finalised and are still in draft form. As a result, CHS has developed its own workforce strategy that is linked to operational areas

- The ACT Government is progressing the delivery of a major infrastructure project to construct an emergency, surgical and critical healthcare facility on the Canberra Hospital campus, known as the Canberra Hospital Expansion (CHE). The project is scheduled for completion in 2024. At present, CHS has engaged an employee at the SOGB level, located within the Infrastructure and Health Support Services work area, to coordinate all elements of the workforce implementation needed for the CHE. It is anticipated that CHS Workforce Planners will still provide the subject matter expertise and be closely involved in the development of these plans to ensure that all areas of the CHE are adequately staffed. The Executive Group Manager, People and Culture has membership on a steering group established to guide the project. Despite these measures, the review was advised that workforce planning for the new facility has not yet commenced due to the need to finalise models of care. Given the challenges associated with attracting staff to the region and the need to potentially grow human resources to meet the demand, it is imperative that workforce planning be undertaken as a priority once the models of care are understood including how they interact with each other to provide efficient patient flow.
- Staff in the Workforce Planning team reported that they regularly engage with colleagues across People and Culture, including Business Partners, the Workforce Relations team, the Industrial Relations team and the Workforce Culture and Leadership team. Members of the Workforce Planning team also reported that they provide advice to the Recruitment team on recruitment strategies and advertising techniques. This level of engagement and interaction is commendable and should be perpetuated by all teams within the Division.

HR METRICS

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

- Staffing rates
- Workforce tenure
- Unscheduled absences
- Turnover data

- Diversity numbers
- Outcomes of recruitment decisions
- Retention rates
- Employee engagement
- Training effectiveness.

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

- The use of HR metrics should be differentiated from basic HR reporting. Specifically, HR reporting reflects numbers (e.g. overall headcount), but does not add value regarding judgements and evaluation of the performance of functions. On the other hand, HR metrics can assist HR (and the organisation) to *evaluate* their HR systems, programs, and processes (Fink & Sturman, 2017)
- Organisations can collect and utilise three primary HR measurements, and a combination of these gives insights into the synergies among HR functions and their overall value:
 - Efficiency – measuring the resources used by HR programs (e.g. cost-per-hire)
 - Effectiveness –the outcomes produced by HR activities (e.g. learning from training)
 - Impact – measuring the business or strategic value created by the activity (e.g. greater reach in services) (Lawler, 2012)
- The following four elements are necessary for effective HR metrics:
 - Logic - clear connections between employees and organisational success, as well as the principles and conditions that predict individual and organisational behaviour
 - Analytics - tools and techniques to translate data into relevant insights
 - Measures - the numbers calculated from an information management system
 - Process- (communication and knowledge transfer mechanisms through which the information becomes accepted and acted upon by key organisational decision makers (Lawler, 2012)

Issues

The review identified the following issues:

- Shared Services provides CHS with payroll data and a dashboard-style report for distribution to members of the Executive, however, People and Culture has recognised a need to develop its in-house analytics and reporting capability for workforce data. As outlined in its 2020-2022 Divisional Plan, People and Culture has begun a process of developing reliable, accessible data dashboards and quarterly reporting at the Division level, as well as an approach to assist Divisions to respond to meaningful trends at a local level via a case management approach
- Senior HR clients noted that comprehensive workforce data is not available to managers, including basic data on new appointees, FTE numbers and job classifications of employees. Similarly, HR Business Partners noted that aspects of the HR function (with the exception of the work health and safety function) did not operate at a level of maturity high enough to provide them with adequate information in conducting their roles. However, since completion of the consultation phase of the review, People and Culture has made progress in ensuring that comprehensive workforce data is available to all senior levels of the organisation through the in-house development of dashboards, including those with analysis of trending issues. HR Business Partners are also able to access this data and dashboards to assist divisions in their

interpretation and use. As well as access to aggregated data at the work unit level, managers need to be able to have a consolidated view of each staff member's training, professional development activities and current credentials. At present, all of this information is distributed across different platforms and managers are not able to easily identify which of their staff have completed required training

- A number of participants noted that there is a need to gather information about training effectiveness. For example, most CHS staff are required to complete regular resuscitation training to maintain currency in this area. Staff are assessed annually and, within the Capability database, records are kept of completion of training. However, the competence of assessors is not examined and is unknown, which is an issue that could have safety implications for the organisation
- Overall responsibility for organisational risk management is held with the Deputy Chief Executive Officer (dCEO) and all monitoring systems are aligned across CHS, including the WHS team in People and Culture. However, responsibility for data collection is distributed and this means that inconsistencies can occur in relation to information capture and access to information sources. For example, the WHS team noted that the dCEO owns the CHS risk register and that it is managed by two staff. The WHS team does not have access to this register and has established a record keeping system using Excel. Other teams who need access to risk data (from RiskMan) to inform the development of cultural or development interventions, such as the Workforce Culture and Leadership team, do not have access to it. This leads to inconsistent recording and reporting practices and makes comparisons across areas difficult, as data are stored on incompatible systems. P&C is seeking to address some of these issues by developing an automated reporting function in RiskMan that is based on real-time data and that maps onto the organisational structure
- When staff leave CHS they are invited to complete an online exit survey. All information collected from exit surveys is collated and presented in a dashboard format that is provided to relevant HR Business Partners and senior managers. Departing staff members also have the opportunity to participate in an exit interview with a HR representative or an Executive member and their line manager, and business areas have responsibility for conducting exit interviews where these are requested. While information from the electronic survey is systematically analysed and reported on, information from interviews is managed in a more case-specific way. Information gathered in interviews is referred to line managers and business partners if it is contentious in nature.

RECRUITMENT, SELECTION AND SECONDMENTS

Background

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

- Ensure the organisation has the necessary skills, knowledge, and attributes to meet current and future strategic and operational requirements - therefore they must articulate with workforce plans and be based on good quality information
- Ensure that supply meets demand requirements - therefore they must be timely, well informed and based on efficient processes

- Result in the selection of suitable candidates who will become productive and effective members of the organisation⁷ (McGraw, 2016)

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

Best practice in recruitment and selection has the following foundations:

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

In the ACTPS, recruitment and selection activities are guided by centrally established policies. Before commencing a selection process, Directorates are advised to consider every vacancy as an opportunity for workforce planning and activities should also be informed by a classification check conducted against the relevant Work Level Standards. The recruiting area should then prepare a position description that outlines the responsibilities of the role and the capabilities required to perform this role. To assess the required capabilities, the selection process should make use of more than one selection method that is designed to gather behavioural and other job-relevant information (Anderson & Cunningham-Snell, 2000).

Issues

The review identified the following issues:

- Currently, responsibility for CHS recruitment functions is split across CHS People and Culture and Shared Services. People and Culture has responsibility for administration activities for the recruitment of permanent Senior Medical staff, visiting medical officers and all casual and temporary, and Senior Medical staff, while Shared Services manages the administrative aspects

⁷ To achieve this, panel members must be trained in designing sound processes and in making good shortlisting and selection decisions.

of the remaining types of permanent staff recruitment. Shared Services undertakes several administrative functions, such as:

- Processing of advertising requests
- Territorywide placing advertisements
- Excess referrals (external to CHS)
- Application submission and co- selection report submission for vacancies that they manage
- Pre-employment checks
- Creation of employment instruments for the onboarding of permanent staff for processes that they manage.

Some HR clients think that this split works well and that processes for contract-based work (managed by People and Culture) are now faster as a result

- Some participants observed that the recruitment process is time-consuming, cumbersome and slow and needs to be centralised to make efficiencies possible. Clients also saw a need to improve the capability of selection panels through training. Several noted that recruitment approval processes differ across Divisions. Some participants also commented that they did not have confidence in the accuracy of the advice received from People and Culture (for example in relation to preparing selection documentation), that they did not have good visibility of all stages of the process and that managers had to 'chase' to get access to information about the numbers and progress of submitted applications e.g. so they know if there is a need to extend closing dates to ensure a sufficiently large pool of applicants. People and Culture staff noted that hiring managers are able to track the progress of all applications and recruitment actions by viewing the history page of the relevant recruitment action. People and Culture are aware that the TALEO system is cumbersome and that it is expected to be replaced by a new HRIMS in early 2021. The introduction of the new system is likely to resolve a number of the issues mentioned above

Clients noted that the recruitment of junior medical staff operates under a separate process and is generally regarded as being well managed. In contrast, senior medical officer recruitment is seen to be particularly slow and inefficient and this appears to be exacerbated by the fact that it does not make use of standard approaches to generating selection reports. Senior Medical recruitment is often delayed by the lengthy credentialing processes that must be undertaken by Medical Services and that, due to the specific needs of the credentialing committee, requires variations in documentation. These processes and procedures are external to People and Culture and a resolution will require a collaborative approach. People and Culture note that they are working with the relevant external units to remediate this issue

An existing awareness of these issues has led People and Culture to commence a project to complete process mapping and to develop fact sheets describing all stages of the recruitment process across employment and role types. The project will include the development and rollout of a communication plan for managers and a training plan for panel chairs (with a view to reviewing all recruitment training). The Division is also engaged in a process of reviewing and upgrading fact sheets and templates across its suite of functions, including recruitment and selection, and of overhauling its approach to records management. These initiatives will provide a basis for the provision of more consistent advice to clients

- Many participants indicated that clear, accurate, current position descriptions are generally not available across CHS, although some HR clients commented that they had received useful assistance with the preparation of position descriptions from People and Culture. Clients said

that the lack of current position descriptions needs to be remedied as a first step towards improving the effectiveness and efficiency of recruitment activities. As outlined in the People and Culture Divisional Plan, the Division is seeking to address this and has initiated an approach to reviewing position descriptions across the organisation, ensuring alignment with relevant Work Level Standards and NSQHS EGMPC, CFO and, on a rotational basis, Executive Directors

- In People and Culture, responsibility for managing recruitment falls within the Workplace Relations team. The placement of these functions together may not represent the best fit - typically, principles of good organisational design suggest co-placement of like functions. Members of the Workforce Planning team reported that, at present, they provide advice to the Recruitment team on recruitment strategies, as the current recruitment area is process driven and does not have capacity to undertake such actions. Responsibility for developing attraction and retention strategies also sits within the Workforce Planning team. An opportunity exists to consolidate and boost the recruitment and selection capability within People and Culture. In line with this, People and Culture note that, following the introduction of the new HRIMS, there may be an opportunity for this to occur with the introduction of strategic recruitment training and functions into the recruitment team

Participants reported that the approach to recruitment within CHS has historically been narrowly focused and that it is only recently that recruitment campaigns have made use of wider opportunities for advertising (such as using online platforms like Seek). There still appears to be a need to modernise the approach used to assess and select applicants, particularly in clinical areas of the organisation which, participants noted, use a very traditional approach to this. More contemporary approaches focus on ensuring that criteria used to rate candidates allow a rigorous assessment of capability and involve the use of multi-method approaches to assessment. Clients of HR commented that they want to see increased use of assessment centres and psychological testing. Supporting this, members of the Workforce Relations team stated that more contemporary methods are needed to assess clinical skills and that they have long supported the introduction of broader range of selection techniques

- CHS currently uses a recruitment system known as Taleo. Responsibility for managing this system falls within the Workforce Relations team given its responsibility for the organisation's recruitment function. The Taleo system is not well regarded across the ACTPS and was described as not intuitive to use, although the recent addition of a search function has been appreciated. It is hoped that with the implementation of the new HRIMS these issues may be remediated.

At present, Shared Services is in the process of making a transition to a Systems, Applications and Products in Data (SAP) based Human Resource Information Management System (HRIMS). A staged release is planned, with the release of modules for recruitment, payroll, workforce administration and onboarding scheduled for the early 2021. The impact on resourcing requirements of transitioning to this new system is currently unknown but should be examined before Taleo is replaced. As People and Culture acknowledge, there will need to be a period of transition during which HR staff are trained so they can advise and assist CHS staff in the use of the new system. A clear delineation of responsibility for providing a helpdesk function will also need to be identified between People and Culture and Shared Services

- CHS has always maintained responsibility for credentialing which is undertaken by the Medical Officer Support, Credentialing, Employment and Training Unit (MOSCETU) with no involvement from P&C. HR clients noted that the system is manual in nature for mental health roles and for nurses but was online for doctors (a system known as eMercury). The system was seen to be very time consuming for managers. Although there was a need for streamlining the process, this was seen to be difficult in practice as each professional college has its own set of qualifications and measures that must be met by an applicant to be appointed as a Senior

Medical Practitioner. CHS must abide by the various college legislation and has modified eMercury as much as possible to ensure ease of use

- It was widely reported that secondment pathways are valuable for career development while allowing staff to retain job security, but it was noted that secondments were difficult to access for staff wishing to move between CHS and the Directorate or other arms of the health system such as CPHB or the Ambulance Service. If staff at CPHB wished to work at CHS they needed to resign their CPHB position at present. There was a view that a cross-system agreement should be developed to remedy this situation and to allow secondments to occur. There was frustration that a mechanism for this did not seem to be available⁸.

PERFORMANCE MANAGEMENT

Background

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

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

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

The effective management of underperformance is an essential component of performance management, and is an area that is often identified in staff surveys as an area of dissatisfaction (for

⁸ The review noted that similar views were held within the Directorate with respect to the need for centralised co-ordination and the development of a collaborative solution that spans organisations.

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

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

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

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

- *Delivering well timed feedback:* It is important that feedback about performance is given frequently enough to both reinforce and motivate desired behaviour and to allow performance problems to be identified and addressed. Employers can establish a set plan for performance discussions on, for example, a weekly or fortnightly schedule. However, project and task-based deadlines also provide clear points for informal performance feedback to occur. Such an approach strengthens the linkages between performance feedback and specific instances of work performance. When underperformance occurs, it is important to address it immediately and directly for a valid and legally defensible decision to be made about continuing employment. A timely approach also means that employees could remedy underperformance issues before further action is required (Schultz & Schultz, 2018)
- *Supporting managers with skill development:* Organisations need to ensure that managers are skilled in providing feedback that motivates and supports the development of their staff and that addresses underperformance when it occurs. Supervisors' skill is particularly critical, both in providing managers with the confidence and ability they need to initiate productive conversations with their staff about performance matters and to ensure that discussions have the desired impact. Supervisors often report that they feel uncomfortable or unprepared to give feedback, especially if performance is poor. Therefore, it is essential that supervisors are given opportunities to develop their own skills and confidence as feedback providers and motivators. Research has shown that supervisors who are empowered to develop and use effective skills in giving feedback are likely to experience better long-term relationships with their employees, as well as improving the performance of their staff. Ideally, all managers supervising employees should receive training in giving effective and timely feedback. Managers may also need

development and encouragement (as well as norm setting by more senior managers) to give praise and to openly discuss and celebrate individual and team successes (Fletcher, 2001)

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

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

Issues

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

- Performance management was consistently identified as a significant problem across the organisation. Participants pointed to a lack of confidence in relation to having effective performance discussions, stemming from a lack of manager capability. Participants reported that some managers in CHS, do not have the skills needed to give good feedback, to talk about performance effectively, to plan a program of work with a development focus, to identify and act on development opportunities for staff or to address underperformance. For some managers, a lack of capability in these areas translates into a reluctance to address underperformance issues as soon as they become apparent, meaning that these issues can progress and escalate until a more robust intervention is needed. Participants noted that the first response to a long-standing performance problem can come in the form of a bullying and harassment complaint. The review notes that People and Culture have recently made updates in this area including alterations to the Preliminary Assessment process that will assist managers to assess the significance of, and address, performance issues. In parallel, HR Business Partners are currently reviewing all aspects of underperformance training and support.

Further to this, participants said that probation needed to be used more effectively when early behaviour problems arise to ensure that they are addressed before incumbents are given permanence

- Although training in performance management is available for managers, participants commented that they need support in applying training on the job. They noted that training should be extended to staff, who need to develop a better understanding of the performance management process in responding to poor behaviour
- CHS has historically had a low level of participation in the performance Development Process⁹, and has previously allowed managers and staff to establish their own annual cycle for these discussions. Managers are not actively held accountable for ensuring that staff have performance agreements in place. Participants did also note that some managers have a very high number of staff for whom they were responsible (in excess of 300 in some cases) and that this made it impossible for these managers to do anything but complete performance plans in a uniform, formulaic way. The review noted that, in its Divisional Plan 2020 – 2022, People and Culture has stated an intention to review the organisation’s performance cycle, including the underperformance process, with a view to implementing changes by mid-2021. In June 2020 a cascading performance development framework was implemented to provide a foundation for ensuring that all staff have a performance development plan in place by mid-2021
- A number of participants told the review that there is a need to clearly articulate the relationship between performance management and learning and development, and that the performance management system needed to be more focused on the development of knowledge, skills and capabilities, in line with the organisation’s function as a teaching hospital. Once this link is made, managers and staff can be prompted to focus to a greater extent on identifying and addressing capability gaps and development opportunities. Information in relation to development plans can also be provided to People and Culture to assist them to plan, in a strategic way, the delivery of learning and development offerings designed to meet the identified needs of staff
- The review was also told that there is a need to develop clear guidelines and templates to assist managers and staff to understand what effective performance looks like, and to then engage in performance discussions and develop performance plans. It was noted that current templates do not fit well in the context of clinical work, particularly for junior medical staff, and that modification to the template might be needed. Participants suggested that guidance and other supporting materials could also be consolidated and made available on the intranet page. In general, participants noted that they spend a long-time seeking information about HR processes and that it is very difficult to locate the advice required. These issues have been recognised for remediation in the People and Culture Divisional plan, with a goal of achieving changes by December 2020
- When misconduct investigations become necessary, they are carried out by the Professional Standards Unit (PSU) under the auspices of the ACT Public Sector Standards Commissioner. Participants noted that these investigations are very lengthy and staff members under investigation typically spend a long period of time on leave. These delays are costly and damaging to the individuals concerned and the respective business areas

LEARNING AND DEVELOPMENT

Background

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

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

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

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

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

Issues

The review identified the following issues:

- Within CHS, responsibility for developing and delivering learning and development offerings is distributed across the organisation. There is some degree of differentiation by profession, for example, the Director of Allied Health Education, who sits within the Allied Health Division, delivers training to staff in allied health roles across the organisation. The delivery of clinical training is affected by the delineations of the relevant profession and the guidelines mandated by the relevant professional college. Trainee staff are trained by SDU, while more senior clinical staff are trained by peers (MOs and specialist nursing). Clinical Development Nurses provide didactic onsite ad hoc education with some in-services, however this is not recognised as formal training
- For some role types, responsibility for learning and development is split. For example, People and Culture provide training to graduate nurses, while clinical divisions across CHS manage the delivery of training to other nursing staff, which is provided by Clinical Development Nurses who have no formal connection to People and Culture, and the co-ordination of student nurse placements is managed by the Director of Nursing. Other examples of the distributed nature of this function were provided to the review, for example, there is a team who report to the EDMS who offer simulation-based training in work areas. The review was told that this is a highly specialised area that should sit with the Medical service team. The review was also advised that CHS has formed a committee (the Education and Training Committee) to examine and make recommendations about the current decentralised model of training delivery and to establish an inter-professional approach to delivering training
- Although responsibility for training management and delivery is distributed across the organisation, a number of learning and development functions sit within People and Culture as mentioned. However, within the Division, responsibility for the delivery of these functions are distributed across the Workforce Capability team and the Workforce Culture and Leadership team. The Workforce Capability team delivers training in manual handling, dealing with occupational violence, clinical education and ongoing education programs for graduate Enrolled Nurses and Registered Nurses, while the Workforce Culture and Leadership team co-ordinates broadly applicable staff health and wellbeing learning and development programs, and develops and delivers work area specific training (e.g. in conflict management) and in-house leadership and management programs. There is likely to be an opportunity here to consolidate the training function within one organisational unit to improve consistency, planning, efficiency and the flexible use of staff capability
- It was widely reported that middle management needs to become a focus for development opportunities with an early emphasis on building leadership capability and capability in performance management. It was noted that there is also a significant need for formal training in leadership and management for clinicians – it was reported that many specialist staff are well qualified technically but lack rounded leadership and people management skills. The review was advised that clinicians are being asked to step into managerial roles that they may not be equipped for. HR clients noted that current training for managers tends to focus on the administrative aspects of the role, rather than on skill development or building an understanding of how to be an effective leader. Senior managers noted that HR Business Partners have had success in assisting developing leaders to improve their skills through informal coaching and advice, and that a coaching/mentoring model was most effective for clinical staff
- Participants expressed an interest in having opportunities to access training provided by different jurisdictions, as well as by tertiary institutions such as the Australian National University. They would welcome initiatives where CHS pursues opportunities to build collaborations that would broaden the availability of training outside the organisation

- The Workforce Capability team expressed a strong interest in developing more innovative training offerings, particularly those that could be offered online, but noted that the current online system is limiting. This is partially because many staff do not have regular access to an appropriate device. The team also noted that access to training facilities is limited and this makes it difficult to provide face to face training as an alternative. The team told the review that there are opportunities to expand simulation training offerings that are provided in the work environment. This area was identified as a significant gap, especially given that training of this kind was very effective at building capability. Clients of HR noted that while clinical staff are generally well served by the training offerings currently provided, there was a need to address areas of training required by administrative staff, including training in customer service skills, and understanding and following policies and procedures. Greater focus could also be given to training of managers in recruitment and selection and budget management, and there is an intention to implement this, as detailed in the People and Culture Divisional Plan
- Consistent with the distributed nature of learning and development functions, participants noted that there is no cohesive, formal statement of training offerings, although some components are listed on an internal e-learning system. There appears to be a need to develop a more complete calendar of training that is visible to, and accessible by, staff and that considers the timing of major staff intakes. HR Business Partners and senior clients of HR noted that there is a need to review the range of diverse training offerings available across the organisation, focusing on a small number of priority areas (including determining which training is mandatory), streamlining and consolidating where possible and transitioning courses to an online format (for example, YouTube) where feasible and where staff IT literacy would not be a barrier to access. People and Culture staff noted that, as stated within the People and Culture Divisional Plan, all training must be linked to a detailed Leadership Management System (delivery of this is dependent on the completion of work to be delivered by the ACT Health Directorate)
- CHS has a Learning Management System known as Capabiliti that staff use to book and enrol in training. The system maintains a record of completed training for each staff member that they can access. Responsibility for maintaining this system and for providing a Capabiliti helpdesk for CHS staff falls to the Workforce Capability team. The review found that the Capabiliti system is not well regarded, and that the software does not work effectively, resulting in a large volume of calls of a repetitive nature being directed to the Workforce Capability area
- As mentioned, the implementation of a new HRIMS is planned, with the release of modules for learning and development becoming available in late 2021. The impact on resourcing requirements of transitioning to this new system is currently unknown but should be examined before Capabiliti is replaced. Some participants felt that the helpdesk function should in fact move to the Digital Solutions Division in the ACT Health Directorate as this area has more expertise in providing a helpdesk function and will become knowledgeable in the new HRIMS. Following our consultation with staff the transfer of helpdesk function to this Division was effected (in August 2020)
- When CHS and the Directorate split, CHS reduced support for Directorate access to health-based training programs that had previously been available to all staff due to an inability to provide customised training programs for the Directorate. CHS noted that courses may still be accessed by Directorate staff on a fee for service basis, and this occurs in some instances (for example, Directorate staff have attended health and safety training for managers). Participation is still difficult in practice for most Directorate staff as funding is not readily available. Additionally, CHS have indicated that there are not enough available places to allow access to Directorate staff, even on a fee-paying basis, however a Territory wide project is currently underway to address this matter

A similar situation exists in relation to access to CHS training for staff at CPHB. Staff at CPHB would like to be able to access CHS training but this is not available at present and there is no contact between the two organisation's HR areas with respect to training access. To some degree, the decentralised nature of learning and development within CHS is an impediment to the adoption of coherent and collaborative approach to sharing training

The review understands that the CHS Education and Training Committee will consider the issue of wider access to CHS offerings (particularly to e-learning opportunities), and the need for a central CHS point of contact. The review was also advised that the Workforce Capability team is undertaking a project in collaboration with the ACT Health Directorate to develop a framework to guide improvements to training accessibility, particularly for training that focuses on transferrable skills, such as manual handling training, and training in areas that represent a specialty focus for one organisation, such as CPHB's expertise in end of life care

- A number of People and Culture staff reported that their own access to training was limited due to minimal access to a training budget. They noted that they needed to arrange access to no-cost learning opportunities for themselves, such as free courses and mentoring. It is noted that the People and Culture Divisional plan identifies this issue and specifies steps to afford all staff access to training throughout the next financial year
- Given the issues identified above, review participants noted that there is a need to develop an organisation-wide strategic Learning and Development Framework that includes methods for tracking and reporting on training compliance. In the previous section, the need to ensure that learning and development activities are linked to the performance and development system was articulated. Similarly, there is a need to link learning and development activities to succession planning to help ensure that workforce capability is developed in an intentional way along a pre-determined career pathway. People and Culture is aware of gaps in this area and, accordingly, has addressed this in its Divisional Plan 2020 – 2022 with an intention to:
 - Develop a Leadership and Management Strategy tailored to meet the complex needs of a healthcare organisation
 - Review current leadership development programs with reference to the Leadership and Management Strategy
 - Develop and implement in-house programs to address any deficits, in line with the strategy.

WORK HEALTH AND SAFETY

Background

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

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

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

- Establishes mechanisms to communicate WHS matters to employees
- Includes mechanisms for employees to report, communicate and be consulted on WHS matters
- Ensures access to WHS training for employees who require it
- Includes control measures for the management of WHS hazards
- Establishes mechanisms for the resolution of WHS concerns (Nordlöf, Wiitavaara, Högberg, & Westerling, 2017; Holte & Kjestveit, 2012)
- *Safety Culture:* A WHSMS is not effective unless it is accompanied by a positive safety culture (Hale & Hovden, 1998). A 'safety culture' comprises the shared beliefs employees hold in relation to WHS matters (Cooper, 2000) that drive their decisions and behaviours regarding safety (Health & Safety Executive, 2005). Practices that assist organisations to create and maintain a positive safety culture include:
 - Ensuring that a highly visible commitment to safety is displayed by senior management
 - Ensuring that safety is communicated clearly as a key organisational value
 - Decentralising decision-making for key groups responsible for operational safety
 - Educating employees about safety and providing mechanisms for them to contribute ideas on improved safety
 - Ensuring that safety considerations are integrated into high-level decision making within the organisation (Kim, Park and Park, 2016)
- *Health and Safety Representatives (HSRs):* HSRs are worker-elected. They facilitate and represent an employee voice for health and safety matters in the workplace. The functions of an HSR include (from Worksafe Queensland, 2017):
 - Representing workers on health and safety matters
 - Making recommendations on health and safety practices and policies
 - Investigating complaints and risks to worker health and safety
 - Monitoring health and safety measures taken by the organisation
 - Giving feedback to the organisation about how it is meeting its duties (Frick, 2011; Walters & Nichols, 2007).

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

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

employee voice for work health and safety issues specific to the particular workgroup they represent (Worksafe Queensland, 2017)

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

Issues

The following issues were identified:

- Participants noted a number of features of the work health and safety function that are currently working well, including:
 - The emphasis on a strong safety culture across the organisation
 - Over time, injury rates and associated costs have decreased (by approximately \$5m per annum) and this is largely attributed to effective education and intervention in this area
 - The availability of a physiotherapy program
 - The Work, Health & Safety team's capacity to provide a timely response to incidents
 - Within the team, the use of standardised processes to ensure consistency
 - Effective recording of reliable safety and incident data, with plans in place to move to an improved reporting system (using Power BI) for the provision of information to managers
 - A proactive approach to injury prevention e.g. the team is involved in early discussions about equipment purchases to provide a safety perspective, and information about safety and injury prevention is included in the CHS induction program

A number of opportunities for improvement were also noted and these are discussed below.

- Responsibility for other aspects of work health and safety management is split across People and Culture. For example:
 - Responsibility for injury management is resides with the Workforce Relations team
 - The Workforce Culture and Leadership team (through the MyHealth program) has responsibility for developing, delivering, or managing some health and wellbeing programs, such as EAP provision and a regular health expo that showcases providers of health interventions and programs such as staff health checks
 - The Workforce Capability team, who deliver training on manual handling, also conduct on-site risk assessments of activities such as patient transfers with the goal of avoiding workplace injury.

There may be an opportunity to consolidate these within the Work, Health and Safety team, particularly the injury management function which is typically positioned as a component of WHS. Aligning injury management with Work Health and Safety would facilitate a focus on prevention and early intervention rather than post-incident reaction. As mentioned above, the Work Health and Safety team already has in place a proactive, prevention-focused approach

- Staff in the Work Health and Safety team noted that they can provide a consistent response to most safety incidents, using established protocols, but that this does not extend to the treatment of bullying and harassment incidents. Unlike incidents of other types, staff are not able to report bullying and harassment incidents on RiskMan (the risk management and reporting application used by CHS). Staff experiencing these incidents may speak to one or more of the Employee Advocate, the Workforce Relations team, or REDCOs. Incident records are not kept consistently across these contact points and incident recording may not always occur, making it difficult to gather accurate data about bullying and harassment across the organisation. Some participants felt that documentation and measurement of bullying incidents is inadequate and cannot be accommodated by the current system. It was also noted that WHS systems are not adequate for monitoring parameters that are important for infection control
- A number of participants noted that, in other jurisdictions, the health department sets, administers and advises on system-wide work health and safety policy, but this does not happen in the ACT. CMTEDD holds policy responsibility for this area across government but they do not adopt a health-specific focus. There may be an opportunity for the Directorate, CHS and CPHB to work together to develop standard procedures for a range of settings such as for lone workers, the use of Personal Protective Equipment (PPE) and exposure to potentially harmful substances or radiation
- When workplace injuries occur and a compensation claim is made, they are assessed by a unit in CMTEDD. Similarly, CMTEDD case managers manage the return to work process following an injury, and Shared Services is also involved in providing information about available positions. Participants reported that the involvement of multiple parties leads to delays in the resolution of issues that have staffing and resource implications for CHS managers. Additionally, they commented that CMTEDD case managers are not proactive or responsive in communicating about investigations or cases. As a result, CHS managers are often left with little information about the status of the employee concerned or of when or if a return to work might be possible. In some instances, return to work plans are submitted after the employee has returned to work
- Some participants noted that when staff members require specialised equipment to assist them to undertake their role, this is paid for by the work area and if the staff member moves to another work area the equipment did not follow them. This lack of continuity is detrimental to the employee, and for the new work area that needs to cover the cost of new equipment, and it creates a disincentive for staff movement across the organisation. Ideally, equipment purchased to meet the needs of a specific staff member should remain with that staff member during all transfers
- Clients of HR noted that CHS has approximately 360+ Health and Safety Representatives (HSRs) who participate in lengthy training (an initial period of 5 days with an annual 1-day refresher) and queried whether this was necessary. Collectively this represents a significant cost and time commitment for the organisation. Participants suggested that this training could be brought in-house and consolidated with a focus on making it more efficient for the organisation
- The WHS section noted that there was a need to upgrade RiskMan to include additional features (such as a phone app for staff working off-site) but that achieving this involved collaboration with the Digital Solutions Division in the ACT Health Directorate, and with Shared Services.
- Clients of HR commented that there is a need to improve access to psychologists to assist staff to deal with workplace issues. A preference was expressed for having psychologists on staff in People and Culture. Participants noted that while staff could access an EAP provider, this was not an effective substitute for early psychological intervention provided by an in-house capability that has an understanding of the working environment.

WORKPLACE RELATIONS

Background

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

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

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

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

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

- Aids staff who are subjected to negative behaviours

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

Issues

The review identified the following issues:

- Responsibility for this function is split across the Workforce Relations team and the Industrial Relations team. Shared Services also provides a payroll function. Essentially, the Industrial Relations team has responsibility for negotiation of Enterprise Agreements while the Workforce Relations team manages the following:
 - Employment policy
 - Injury management
 - Liaison with CMTEDD Case Managers
 - Preliminary assessments of misconduct and performance issues
 - Provision of assistance with union and staff consultation on workplace matters
 - Provision of advice to staff and managers on the employment framework including EA and entitlements, including managing an email inbox
 - Interpretation of the employment framework
 - Liaison with Government Solicitors Office on workbased issues that result in legal actions
 - Involvement in FOI requests relating to reportable conduct
 - Addressing matters received from the Human Right Commission
 - Attendance and representation at:
 - Human Right Commission
 - Fair Work Commission
 - Court Proceedings
 - Instructing GSO in federal court matters
 - Investigation for investigation of reportable conduct matters
 - Provide information for the provision of centralised reporting
 - Representation of CHS on various ACTPS internal forums.

Staff in the Workforce Relations team observed that it is evident that clients do not always know where to go to seek advice within the organisation, a view confirmed by clients who participated in workshops. The Workforce Relations team also noted that the split of functions between CHS and Shared Services is not always clear to clients who can become frustrated about this after having sought assistance from multiple sources (particularly in relation to pay issues)

- Clients made the observation that the advent of HR Business Partners had led to improved relations with unions and that Business Partners have proven to be good sources of advice and guidance, enabling improved compliance with agreements¹⁰

In partnership with CMTEDD, CHS takes the lead in managing negotiations for four Enterprise Agreements for medical staff, nurses and midwives, health professionals and health support services, although negotiations for medical staff are attended by the Executive Director Medical Services (a CHS position) and CPHB is also represented. As the ACT Health Directorate employs nurses and midwives, it also attends meetings and EA negotiations covering these roles (one EA covers both Nurses and Midwives). CMTEDD has overarching responsibility for the implementation of enterprise agreements but tends to devolve responsibility for negotiations and implementation of agreements to the organisation with the largest number of affected staff. For this reason CHS takes the lead in most clinical enterprise agreement negotiations as the largest employer in the jurisdiction. Some HR clients noted that EA negotiation for medical practitioners has been complicated by the lack of a coherent bargaining strategy across the three organisations comprising the ACT health system. The approach used was described as being based on negotiating practices that needed to be modernised.

The review was advised that consideration has been given to whether EA negotiations covering roles that span multiple entities should be managed by CMTEDD to ensure that negotiated outcomes are as broadly applicable as possible. Some HR clients suggested that CMTEDD has more expertise in this area than CHS and that CMTEDD could take the lead in all negotiations

- As noted, some people management issues require the involvement of an external entity, such as CMTEDD's Professional Standards Unit and their investigators who become involved in conducting investigations. A number of participants reported that underlying processes are not streamlined and when the Unit's involvement is needed delays seem to inevitably occur. Participants noted that delayed responses from the Professional Standards Unit in relation to potential or actual conduct issues make it more likely that issues will escalate further and become even more difficult to manage. In recognition of these issues, People and Culture has mapped out an approach to working with agencies such as CMTEDD to streamline processes so that timely outcomes are possible, as specified in the People and Culture Divisional Plan
- Some participants were of the view that the establishment of employment contracts (particularly for Visiting Medical Officers (VMOs)) was not well regulated across CHS and there was a tendency for managers to commit too readily to increases in entitlements. This practice sets undesirable and costly precedents. However, VMO employment is regulated through the arbitration process under the Health Act. That arbitration sets out a common contract that must be applied to all VMOs, and it provides no scope for variation
- It was noted that the introduction of the HR Business Partners had led to some positive changes as Business Partners could assist managers to discuss options and negotiate with applicants. Despite these recent improvements, there was still seen to be a need for some oversight and education to encourage managers to see and consider the wider implications of decisions made about employment contracts at a local level. As outlined in its 2020 – 2022 Divisional Plan, People and Culture has initiated negotiation to establish core conditions for VMOs and this may represent an opportunity to address some of the inconsistencies associated with the establishment of VMO contracts across the organisation
- At the time of the review's consultation phased, staff within CHS had access to an Employee Advocate (now known as Workplace Resolution and Support) role that was created to provide an avenue for staff in both CHS and the ACT Health Directorate to have confidential discussions

¹⁰ The role and impact of HR Business Partners is discussed further in a later section.

about workplace matters affecting them, with a focus on the early and informal resolution of these matters. The role was developed to:

- Raise staff awareness about workplace issues and negative behaviours
- Educate staff about options available to them
- Facilitate early resolution of incidents
- Provide a safe environment for staff to express concerns in a confidential manner
- Make recommendations to management about ways to prevent further incidents
- Assist in promoting a workplace free of discrimination, bullying and harassment.

The role sat outside People and Culture and reported primarily to the CEO of CHS and jointly to the Director-General of ACT Health Directorate. In mid 2020, after consultation between CHS and ACTHD, the Employee Advocate role and function was abolished and replaced with the Workplace Resolution and Support Service that advocates for a positive workplace rather than operating as a sounding board for individuals.

DIVERSITY MANAGEMENT

Background

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

The ACT Public Service (ACTPS) has stated its commitment to creating a 'positive, respectful, supportive and fair work environment where employee differences are respected, valued and utilised to create a productive and collaborative workplace' (CMTEDD, accessed August 2020). In 2010¹¹, the ACTPS introduced its Respect, Equity and Diversity (RED) Framework and introduced RED Contact Officers (REDCOs) to model and promote the ACTPS values, to raise awareness of the importance of respect, equity and diversity in the workplace and to assist in the development of a positive workplace culture across the service.

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

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

- Organisational level e.g. changes in terms of operating procedures, affirmative action and educational programs
- Interpersonal level e.g. relationship change in terms of better understanding the views of others

¹¹ This was reviewed in 2014/2015

- Individual level e.g. attitudinal change in terms of interpersonal processes (specifically those that reside within the individual; Lawthom, 2000).

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

- Ensure policies are implemented with an understanding of how they align with overall organisational objectives
- Ensure policies / interventions are evaluated and assessed to determine their levels of effectiveness (Lawthom, 2000)
- Ensure diversity is embraced by top management and communicated to all
- Implement organisation-wide awareness training
- Individualise performance management models that align with work style preferences and motivation
- Focus on developmental needs and career aspirations of all
- Provide flexible working arrangements and employee assistance programs as required (Bartz, Hillman, Lehrer, & Mayhugh, 2009)
- Adherence to the MOSAIC model of diversity management (Kandola & Fullerton, 1996), which encompasses the following:
 - *Mission and Values:* Managing diversity needs to be dovetailed into business objectives, mission statements and vision to ensure it is seen as important by *all* employees
 - *Objective and Fair Processes:* Key processes and systems should be monitored to ensure fairness (e.g. recruitment, selection, induction and appraisal techniques and systems are potential areas of bias)
 - *Skilled Workforce:* Ensure the workforce is aware of diversity and developed and managed appropriately
 - *Active Flexibility:* Working patterns, policies and practices should be flexible, addressing the work / life needs of all employees
 - *Individual Focus:* Employees are considered and managed on an individual basis, not on a group basis
 - *Culture that Empowers:* Workplace culture should be consistent with the principle of managing diversity (e.g. devolved decision making, participation and consultation).

Issues

The review identified the following issues:

- CHS advised that they have recently employed a Workforce Inclusion Manager (within the Workforce Planning area), which represents a new focus for People and Culture. Since this appointment was made, a Diversity Framework has been developed, informed by a gap analysis, that specifies milestones across a multi-year timeframe. Initially, implementation will focus on Aboriginal and Torres Strait Islander staff, including establishing an Aboriginal and Torres Strait Islander community engagement forum, Executive sponsorship, and the development of a focused workforce action plan. Steps are also being taken to ensure that initiatives in this area link with other HR strategies, for example, the Aboriginal and Torres Strait Islander Attraction and Retention Strategy, the Disability Attraction and Retention Strategy, the LGBTIQ Attraction and Retention Strategy, the Veterans' Attraction and Retention Strategy and the CALD Attraction and Retention Strategy

- Despite the significant progress mentioned above, it is likely that the diversity function will need to be expanded in future. CHS has one Diversity and Inclusion manager for an organisation of 6,672 employees. Should CHS increase its number of HP Business Partners there is potential for this role to play a part in the delivery of diversity functions in Divisions.

ORGANISATIONAL DEVELOPMENT

Background

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

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

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

Best practice in organisational development has the following foundations:

- It emphasises goals and processes, but with an emphasis on processes
- The need for change is supported by empirical evidence (Bushe & Marshak, 2014)
- The concept of organisational learning as a means of improving an organisation’s capacity is implicit in most approaches
- It deals with change and improvement over the medium to long term and therefore may need to be sustained over an on-going period
- It involves the organisation as a whole, as well as its component parts
- It is participative, drawing on theory and practices of behavioural science
- It has management support and involvement from the top down
- It concentrates on planned change and improvement, but focuses on processes that are adaptable to changing situations (Senior, 2000)
- Interventions / approaches are guided by the following underlying values:
 - People should be treated with respect
 - There must be trust, openness, and a collaborative organisational climate

- Less emphasis should be placed on hierarchical structures
- Confrontation: Issues concerning employees must be treated head-on
- People who will be affected by the change must be included in the planning and execution of the change process (Odor, 2018)
- It is not a 'one off' event that ends when change has been implemented, rather it is an on-going process
- It is an iterative or cyclical process which is continuous, whereby interventions are evaluated, assessed, adjusted, and re-introduced, comprising the following steps:
 - Diagnose the current situation / need for change or improvement (informed by relevant data)
 - Develop a vision for change / improvement
 - Gain commitment to the vision (at all levels of the organisation)
 - Develop an action plan
 - Implement the change / introduce the intervention
 - Assess and reinforce the change
- Decision-making relating to planned change and improvement involves staff at all levels, not just senior management (Senior, 2000).

Issues

The following issues were identified:

- The Workforce Culture and Leadership section includes a team that is responsible for Organisational Development. The Workforce Culture and Leadership team also works to implement whole of government initiatives such as Respect, Equity and Diversity Frameworks and the ACTPS Performance Framework. This team operates in the manner of an internal consultancy, going into specific work areas across CHS to run culture diagnostic processes and to develop solutions to identified problems. The team can be called in to assist in 'hot spot' areas that involve a poor local culture but where formal complaints have not yet been made. Interventions focus on the development of a more positive working environment. The team collaborates with the Workforce Relations team during this process. Participants reported that this function is supported by a good level of capability and that there may be opportunities to channel this more effectively in the future, for wider benefit. The review noted, however, that this function is reactive in nature and its work is localised, characteristics which distinguish it from a strategic, organisation-wide organisational development function
- The Workforce Culture and Leadership team delivers a regular culture survey for CHS and this seems to be effectively managed, comprehensive and focused on guiding targeted action. For example, the team works with HR Business Partners to ensure that survey results are understood by Executive staff and that issues specific to each work area are identified and appropriate interventions developed. Information about findings and planned interventions is cascaded down to senior managers, and, using Division-level fora, to staff
- Despite the development of a collaborative approach to using culture survey data to drive change, members of the Workforce Culture and Leadership team and Business Partners all observed that there could be an improved degree of mutual understanding about these respective roles and of what they can offer each other in assisting business areas to address problems and initiate improvements. Both parties stressed that it was important that

collaboration begin at the earliest stages of any organisational development work that was specific to a work area

- As part of its response to the Independent Review into the Workplace Culture within ACT public health services, CHS, ACTHD and CPHB are working with consultants from the Australian National University (ANU) to develop a culture change framework. The framework will be used to assist leaders in the organisation to assess organisational performance across a range of relevant factors and to develop interventions to address areas of need. These may include the development of leadership skills, improvement of workplace behaviour, building an inclusive and psychologically safe working environment and building cohesion within teams. Implementation of the model will become the responsibility of CHS.

ANU Change Framework

The change framework that has been developed by the ANU¹² will be used to assist leaders in the ACT health system to respond effectively to the 2019 *Independent Review into the Workplace Culture within the ACT Public Health Services*. The ANU work focused on reviewing and making recommendations designed to effect change in the behaviour of leaders and staff. Its scope therefore differs from that of the current review reported here, which address the organisation's current HR function. Nevertheless, both analyses have identified common issues and themes, including the need to:

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

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

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

Although the scope of both projects differ, they have a basis in common evidence. As a result, interventions recommended in the ANU report are consistent with those outlined in the current review, which also highlight the need to prioritise the development and use of appropriate HR metrics for CHS, its approach to performance management and the leadership capabilities of managers. The review notes that People and Culture have already initiated its implementation of the new framework with a focus on the development of a Leadership and Management Strategy and associated leadership development programs.

¹² Documented in *Investing in Our People: A System-wide, Evidence-based Approach to Workplace Change Final Report*, 2020

HR BUSINESS PARTNERS

Background

CHS has introduced a HR Business Partner model to support the delivery of HR services to the organisation. Five Business Partners are employed across CHS Divisions, with each holding responsibility for advising more than one Division. It is the intention that the primary function of HR Business Partners is to act as a trusted advisor to Executive Directors, requiring them to develop good relationships at senior levels as well as the capability to influence at this level.

Issues

The following issues were identified:

- HR clients, particularly those at senior levels, widely praised the Business Partner model, describing it as highly effective. They identified a range of improvements that had resulted from its introduction, including improved continuity, consistency and business relevance of advice given (e.g. in relation to business plan preparation), helping managers understand the impact of budget decisions, increased support for managers dealing with long standing performance issues and the provision of guidance through the stages of formal performance management. Senior managers also observed that HR Business Partners have provided valuable leadership training to clinicians, assisting them in their preparation to take on future leadership roles

Clients expressed strong support for a significant expansion of the model. Many participants, within and outside People and Culture, held the view that Business Partners were ‘spread too thinly’ at present. The review was repeatedly told that Business Partners should hold responsibility for one Division each, to have maximum impact. We note that the Education Directorate, an organisation of similar size¹³ to but, arguably lower complexity than CHS, now employs nine Business Partners. We understand that consideration is being given to the expansion of the HR Business Partner function in CHS. This intention is fully supported by the findings of the current review. The findings indicate that expansion of the HR Business Partner model would pay significant dividends for the organisation

- An internal review of the HR Business Partner role was conducted in February 2020. This review found that the division of responsibility between HR Business Partners and other teams in People and Culture is not as clear as it needs to be e.g. in relation to responsibility for disciplinary matters, preliminary assessments, case management, dispute management and exit interviews. The review recommended that a process mapping exercise be undertaken to identify gaps, areas of duplication and unnecessary steps to improve efficiency. Additionally, the review proposed that the roles of HR Business Partners and of all HR teams be documented and shared to increase understanding of roles, functions, and responsibilities
- When HR Business Partners were consulted in March 2020, as part of the current review, they also identified role clarity as a broad issue, pointing to the need to ensure that HR teams had a good understanding of the Business Partner role and that clear communication between all parties was the norm. HR Business Partners commented that, in broad terms, People and Culture teams did not always communicate with them in advance prior to initiating interventions or engaging with Divisions. HR Business Partners stated that regular meetings with People and Culture teams may assist

The February 2020 review of the Business Partner model conducted by CHS made a number of recommendations designed to improve communication and collaboration between People and

¹³ 7,131 in the Education Directorate as of June 2019

Culture and Business Partners when addressing clients' needs – these include scripting questions to be used when clients contact People and Culture to identify whether or not contact with their HR Business Partner has also been made, and instituting regular meetings between HR Business Partners and the Employee Relations team and the Workforce Culture and Leadership team

- HR Business Partners told the review that although their role is operationally focused they felt that they would be more effective if they were able to make a stronger contribution across the organisation by sharing experiences and common lessons. They felt their ability to do this was hampered at times, as they tend to spend most of their time working on operational issues, making their actions reactive rather than proactive. This may require the development of a higher level of capability and knowledge within the Workforce Relations team to increase its capacity to take on some of the more 'reactive' work that HR Business Partners currently become involved in. Overall, HR Business Partners noted that there is a pressing need to professionalise the HR workforce within CHS, beginning with a focus on the skills and areas of knowledge required so they can be targeted in the recruitment of new HR staff. The development of greater expertise in the HR function would free up HR Business Partners to focus more of their time on building good relationships and capability within Divisions
- HR Business Partners also noted that it is evident to them that clients of HR find it difficult to know where to go to seek HR advice, due to a perceived overlap in the HR functions undertaken by People and Culture teams. They advised that a 'single front door' is needed for the HR function. HR Business Partners commented that they themselves would benefit from such a service and they expressed the view that a centralised advice function would increase the consistency and clarity of advice and the certainty and confidence with which it was given. As a related issue, they observed that the HR function in general lacked an overarching, unifying strategic vision that they could promote to senior staff.

DELIVERY OF HR FUNCTIONS BY SHARED SERVICES

Background

Shared Services was established in 2007 as the ACT Government's provider of HR, finance and information, communication, and technology (ICT) services to provide transactional services. The services are available to all directorates and agencies and aim to improve the efficiency of these services and reduce duplication in their delivery across the Territory.

At present, CHS access numerous transactional HR services from Shared Services in support of recruitment, payroll activities, records management and reporting of HR metrics (discussed in the earlier section on HR Metrics).

In 2020, the ACT Auditor-General examined the delivery of HR and finance services by Shared Services¹⁴ and, broadly, found that governance arrangements for the delivery of HR services had not been effective or consistently applied, that Shared Services did not have a current, finalised service catalogue (although a draft document was developed in 2019), that directorates found that it was often necessary to escalate complex issues within Shared Services to achieve a resolution and that, over time, measurement of KPIs shows declining levels of customer satisfaction.

¹⁴ ACT Auditor-General's Report: Shared Services Delivery of HR and Finance Services – Report No. 1/2020

In relation to governance arrangements, the Customer Council was initially established as the main mechanism for Shared Services' accountability but was replaced in 2019 by the Quality and Measurement Advisory Committee. In relation to HR services specifically, the original Services Partnership Agreement specified four collaboration fora, reporting to the Customer Council, to play a role in governance and oversight of Shared Services, including the HR Collaboration Forum. The HR Collaboration Forum was found by the Auditor-General to be a valuable forum for the discussion of issues and service initiatives and for the achievement of project outcomes. However, in 2019 this forum was replaced by the HR Directors Group that was given a reduced role (to monitor operational KPIs) and it is no longer part of the documented governance structure. Therefore, CHS's ability to participate regularly in discussions about Shared Services' policies, guidelines and standards appears to be limited at present.

Some issues relating to the delivery of functions by Shared Services identified as part of this review have already been noted and commented on in previous sections. Other issues are discussed below.

Issues

The following issues were identified:

- At present, CHS accesses a number of transactional HR services from Shared Services in support of recruitment, including advertising and the preparation of employment contracts and payroll activities. CHS does not currently have a service level agreement with Shared Services, meaning that it does not have a clear understanding of what is being provided, therefore it is difficult to assess the value for money represented by the service
- Many participants observed that Shared Services is not as helpful as it needed to be, that the standard of service is low (for example, applications are not screened properly for completeness), that processes are slow (for example, onboarding is slow and this creates anxiety about start dates as well as the potential to lose good applicants) and that it does not always provide timely, clear or consistent information
- Participants also reported that Shared Services' and People and Culture's shared role in recruitment can cause frustration for hiring managers, who do not have a clear understanding of the division of responsibilities or where to go to seek assistance - while Shared Services manages advertising for most roles, People and Culture's Workforce Relations team does this for medical specialist recruitment. Staff in the Workforce Relations team expressed a preference for People and Culture to hold responsibility for all recruitment advertising to create clarity for staff and to ensure that recruitment campaigns are informed by knowledge of the workforce. They noted that staff in Shared Services do not have sufficient knowledge of their business and of the urgent need to process actions that, if delayed, can have a significant impact on CHS's own services
- Some participants suggested that Shared Services staff complete rotations at CHS to assist them to develop the required contextual knowledge – although it was acknowledged that this was unlikely to happen
- HR clients did say that Shared Services operates an online chat function for recruitment that is helpful for simple queries
- The review was told that CHS finds it difficult to obtain a clear picture of those functions and services that it is paying for, meaning that it is also difficult for CHS to determine whether or not it is achieving value for money. If this were remedied CHS would be able to undertake an impartial assessment to identify whether or not opportunities exist to obtain services in a more efficient and effective manner.

BENCHMARKING HR FUNCTIONS

Background

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

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

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

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

The scope of this review included a targeted benchmarking assessment with other similar organisations to examine comparative HR resourcing requirements, with a focus on the health sector where relevant. The number of HR staff an organisation requires is heavily dependent on the size of the organisation and its industry type and complexity. According to the Australian Human Resources Institute ('HR Audit Information Sheet', accessed August 2020), ideally, organisations would employ one HR professional to every 50 employees. However, this ratio is not a realistic expectation for many organisations, and a maximum ratio of one to 100 is a more commonly achieved goal for many organisations¹⁵. We note that these ratios generally refer to HR advisers only and exclude recruitment roles that process large volumes of work, as their inclusion can skew numbers for large organisations with high volume staff intakes. The AHRI comparison, therefore, is appropriate to CHS since it outsources this aspect of the recruitment function to Shared Services.

¹⁵ It should be noted that ratios which approach 1:100 can only be achieved in large organisations where considerable economies of scale in HR service delivery can be achieved.

It should be noted that all organisations external to ACTPS that are used in the benchmarking process below are supported by larger jurisdictional HR functions (as is the case for NSW Health or Calvary Mater Hospital).

Issues

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

Organisation	Staff FTE	HR staff FTE	HR to Staff Ratio
Canberra Health Services	6 672	81	1:82
John Hunter Hospital	TBA	TBA	TBA
Calvary Public Hospital Bruce	1 078	20	1:54
Calvary Mater Newcastle	TBA	11	TBA
ACT Health Directorate	613 ¹⁶	11	1:56
Environment, Planning and Sustainable Development Directorate	647	18	1:35

The comparisons above show that the HR to staff ratio in CHS is line with the maximum ratio of 1:100 recommended by AHRI.

Aside from staffing numbers, all organisations differ in their purpose, functions, the complexity of their operating environments and their stages of maturity / development, making benchmarking challenging. These contextual factors must be considered when assessing the appropriateness of staffing ratios. The CHS operating environment and workforce are both very complex, suggesting that a ratio at the upper acceptable limit may be too high. It must also be considered that the organisation's HR function is still in the early stages of a period of development and evolution and this is likely to impact on the resourcing needs of this function which may need to exceed 'business as usual' best practice recommendations for a time.

ASSESSMENT AGAINST HR MATURITY MODEL

In 2018, prior to the split between the Directorate and CHS, ACT Health commissioned KPMG to undertake a review of the Executive Support, Employee Services and Organisational Development teams within the then People and Culture Unit. As part of this review a model was developed in partnership with the Unit to allow the assessment of maturity of the existing HR function. The model was known as the HR/People and Culture Maturity Assessment Model¹⁷. Using a 5-point scale extending from Baseline to Leading Practice, it provided a benchmark for the assessment of current HR functions against leading practice in 6 areas:

- Business and Alignment

¹⁶ Pre-COVID-19 numbers

¹⁷ See People and Culture Diagnostic (June 2018) – Appendix B (page 37)

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

For continuity and at the request of ACTHD, this model has been drawn on in the current review to support a maturity assessment of the current HR functions within CHS. The six areas assessed in the original model do not span all HR functions of relevance to the current review, and so the model has been expanded to allow an assessment of the maturity of additional functions. The modified model allows an assessment of the maturity of a HR functions spanning 12 areas:

- People Strategy Capabilities
- Governance and Processes
- Enabling Technology
- Strategic Business Alignment/Workforce Planning
- Data Analytics
- Recruitment, Selection and Secondments
- Performance Management
- Talent Management
- Work Health and Safety
- Workplace Relations
- Diversity Management
- Organisational Development

The information captured via consultations and document reviews, discussed above in this report, was used to inform the assessment of the current level of maturity of the CHS HR functions, which is provided below. The table below shows the outcome of this assessment. The full model, showing all points on the scale for each key area, can be seen at Attachment B.

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

HR/People and Culture Maturity Assessment Model – Key Area	WRA Identified HR Function	Baseline	Functional	Professional	Performing	Leading Practice
Strategic Business Alignment and Workforce Planning	Workforce Planning		<p>An informal Workforce strategy is in place covering limited areas and/or is short term focused.</p> <p>Localised resource planning activities are in place.</p>			
Data Analytics	HR Metrics			<p>The source of data is the HRIS. There is a dashboard of agreed measures which are routinely reported with a focus on past and present. Limited self-service available for agreed list of reports.</p>		
N/A	Recruitment, Selection, Secondments and Staff Movements		<p>There are recruitment and selection processes in place, but these vary widely and are reactive in nature. Secondment pathways exist for some professional groupings and staff movement is an option but may be difficult to access.</p>			

HR/People and Culture Maturity Assessment Model – Key Area	WRA Identified HR Function	Baseline	Functional	Professional	Performing	Leading Practice
N/A	Performance Management		While there is a need to increase participation in the performance system, there is a new strategic focus on the establishment of systems, frameworks and tools to support performance management and development activities.			
Talent Management	Learning and Development			For clinical staff, in particular, talent practices pay some consideration to the needs of the next generation of workers.		
N/A	Work Health and Safety				There is a significant emphasis on WHS and safety culture across the organisation. There are formal processes, systems, and policies in place.	

HR/People and Culture Maturity Assessment Model – Key Area	WRA Identified HR Function	Baseline	Functional	Professional	Performing	Leading Practice
N/A	Workplace Relations		There are dedicated resources in this area. There is a current Employee Advocate role. Practices across the organisation and professional groups are inconsistent.			
N/A	Diversity Management			Strategies and frameworks are being implemented. Specific resources are dedicated to this function. Governance structures are being established.		
N/A	Organisational Development			There is an existing capability that responds effectively to localised issues and provides solutions to work-area specific problems.		

ROADMAP: PRIORITY AREAS FOR IMPROVEMENT

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

The four priority areas were identified based on the analysis of the issues presented throughout this report, and on the basis of the HR maturity assessment described in the preceding section. This assessment identified that all aspects of HR service delivery are currently operating above Baseline. Performance management, workforce planning, recruitment and selection and workplace relations functions have all been assessed as operating at the Functional level at present (noting that Functional represents the second lowest level of competence on the scale), indicating significant room for improvement in these areas.

Effective workforce planning and recruitment and selection functions are essential as without strength in these areas, organisational capability can become compromised. The review contends that interventions in these areas are therefore required. Recent improvements to the analysis and utility of, and access to, HR metrics mean that this function is currently operating at the Professional level. An opportunity for further improvement still exists, as the operation of a capable HR metrics data collection, analysis and reporting function provides a foundation for all HR activities. As such, this area must be considered to be a priority that will facilitate the elevation and effective operation of other functions. Although the workplace relations function warrants attention, benefits in this area are likely to flow from a focus on improvements in workforce planning, the quality of recruitment and selection activities and the effectiveness of performance management. Therefore, at the present time, it is recommended that other areas take precedence.

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

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

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

Specific recommendations in relation to each of these four priority areas are provided in the diagram below. The review recognises that recommendations made in relation to the development of the HR metrics function will need to be considered in the light of impending changes to the new HRIMS system being developed by Shared Services, to ensure their compatibility.



Figure 2: Roadmap: Priority Areas for Improvement

OPPORTUNITIES ACROSS THE HEALTH SYSTEM

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

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

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

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

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

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

- * Strategic workforce planning – ACTHD should be responsible for a jurisdictional territory wide approach to workforce strategy development. CHS should remain responsible for the development and implementation of Workforce strategies and plans that will impact its organisation.
- Succession planning and talent management
- Management of code of conduct matters including investigations (currently led by CMTEDD but there is general dissatisfaction about timeliness and efficiency of these arrangements)
- * Performance management including underperformance management

- * Best practice recruitment

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

CONCLUSION

This report presents the findings of a review of Human Resources functions in Canberra Health Services. The review was undertaken to identify gaps in functions, capabilities and resourcing and to propose strategies to close those gaps within CHS. The review also considered opportunities for increased collaboration between CHS and the two other entities within the ACT public health system, namely, the ACT Health Directorate (ACTHD) and Calvary Public Hospital Bruce (CPHB). Additionally, the review considered the role of ACT Government Shared Services in providing HR services to CHS and considered opportunities for CHS to better integrate those services with its own offerings.

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

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

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

ATTACHMENT A: LIST OF PARTICIPANTS

Role	Participant
CHS Chief Executive Officer	Ms Bernadette McDonald
Executive Group Manager, People and Culture Division	Ms Janine Hammat
Senior Director, Workforce Relations	Mr Sean McDonnell
Director, Industrial Relations	Mr Steven Linton
Director, Workforce Capability	Ms Karen O'Brien
Director, Workforce Culture and Leadership	Ms Flavia D'Ambrosio
Director, Work, Health and Safety	Mr Daniel Guthrie
Senior Director, Workforce Strategy and Planning	Ms Kyra Maher
HR Business Partners	
Staff of the People and Culture Division	
CHS staff and clients of HR	
Executive Director Shared Services	Mr Graham Tanton
Executive Branch Manager Partnership Services, Shared Services	Ms Claire Harper
Payroll and HR Systems, Shared Services	Mr Martin Bolton
Senior Program Director, HR Information Management Solutions, Shared Services	Ms Karen Giovinazzo

ATTACHMENT B: HR/ PEOPLE & CULTURE MATURITY ASSESSMENT MODEL¹⁸

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

¹⁸ Source: People and Culture Diagnostic (June 2018)

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

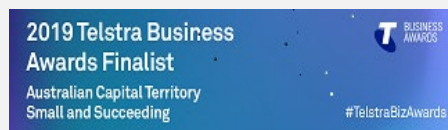
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REVIEW OF THE HUMAN RESOURCES FUNCTION

in

CALVARY PUBLIC HOSPITAL BRUCE

November 2020

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EXECUTIVE SUMMARY

INTRODUCTION

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

APPROACH

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

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

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

FINDINGS OF THE REVIEW

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

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

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

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

Drawing together the information and analysis described above, an HR Maturity Assessment Model² provided by ACTHD and adapted by the review has been used to assess the current level of development of the HR function within CPHB. This assessment identified a number of areas where current practice does not yet match best practice approaches. Specifically, CPHB's diversity management and organisational development functions were assessed as operating at a Baseline level of maturity and therefore represent the priority areas for improvement.

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

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

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

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

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

Leadership Development

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

Recruitment

Performance Management

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

Metrics

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

Strategic Workforce Planning

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

OD Initiatives

INTRODUCTION

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

BACKGROUND TO THE REVIEW

The scope of the review was established as follows:

- Assess the functions, capabilities, and resources currently provided or held by the HR functions within CPHB
- Conduct a benchmarking assessment of other high performing, similar organisations to identify a methodology to determine best practice HR resourcing requirements within organisations in the health sector
- Articulate the HR function's desired 'future state' (the critical roles, functions, capabilities, and resources/capacity) that will be required within the HR function³
- Identify the strengths and 'gaps' in HR functions between the 'current state' and ideal 'future state'
- Identify any barriers preventing the HR functions from transitioning to the desired future state
- Outline solutions to allow the HR functions to build on current strengths, close gaps between the current and future state, and address barriers to achieving the future state
- Identify a high-level plan that outlines the sequenced implementation of recommended solutions.

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

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

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

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

At present, there is no whole of health system strategy for the delivery of HR functions. The heads of HR functions across the health system's constituent organisations do not regularly meet, aside from some engagement currently in relation to the response to initiatives arising from responses to the cultural review⁴ (as members of the Cultural Review Executive Group). However, where opportunities for collaboration became apparent during the course of this review, they have been noted and appropriate recommendations made.

STRUCTURE OF THE REPORT

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

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

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

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

Drawing together the information and analysis described above, we have used an HR Maturity Assessment Model⁵ to assess the current level of development of the HR function within CPHB.

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

⁴ ACT Public Health Services Cultural Review Implementation Inaugural Annual Review (May 2020)

⁵ See People and Culture Diagnostic (June 2018) – Appendix B (page 37)

APPROACH

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

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

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

EXECUTIVE CONSULTATIONS

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

These discussions focused on discussion of the following issues:

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

GROUP DISCUSSION WORKSHOPS

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

STAKEHOLDER CONSULTATIONS

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

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

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

REVIEW OF RELEVANT DOCUMENTATION

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

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

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

OVERVIEW OF THE CURRENT STRUCTURE AND FUNCTIONS OF THE HR FUNCTION

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

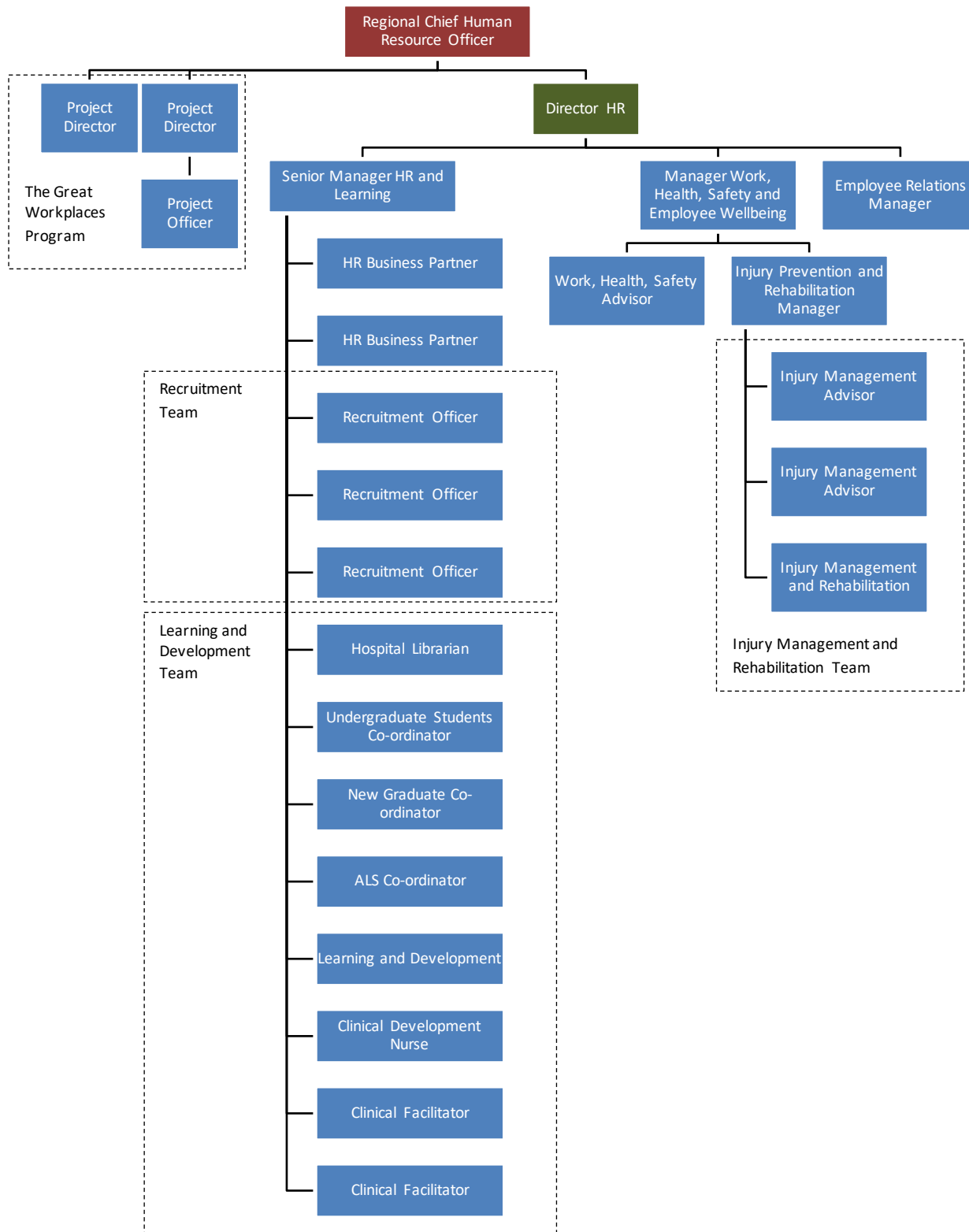


Figure 1: Current structure of the Human Resources work area (as at August 2020)

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

		CORE FUNCTIONS
PEOPLE AND CULTURE TEAM	Recruitment Team	<ul style="list-style-type: none"> Recruitment and management of recruitment system Contract management
	Learning and Development Team	<ul style="list-style-type: none"> Delivery of training and clinical education programs Management of e-learning programs Management of work experience program Co-ordination of graduate programs Library services
	Injury Management and Rehabilitation Team	<ul style="list-style-type: none"> Injury management Safety assessments Workstation assessments Incident investigation Incident record keeping
	Work, Health and Safety	<ul style="list-style-type: none"> WHS Provision of safety advice Occupational violence prevention
	Employee Relations	<ul style="list-style-type: none"> Enterprise Agreement negotiations and management Employment policy Advise staff on EA and entitlements Performance management policy and systems Preliminary assessments of misconduct and performance issues Assist with union and staff consultation on workplace matters
	HR Business Partners	<ul style="list-style-type: none"> Provision of strategic HR advice and support to senior managers Provision of assistance with local roll out, adaptation and implementation of HR initiatives
	The Great Workplaces Program	<ul style="list-style-type: none"> Implementation of the Great Workplaces Program, to reduce instances of occupational violence

FINDINGS OF THE REVIEW

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

ISSUES ARISING FROM THE REVIEW: SPECIFIC FUNCTIONAL AREAS

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

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

WORKFORCE PLANNING

Background

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

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

Best practice in workforce planning has the following foundations:

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

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

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

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

Issues

The review identified the following issues:

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

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

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

- Further to the point made above, participants also noted that there is no redundancy built into the HR team, meaning that CPHB's HR capability is vulnerable to staff absences and departures. There may be a need to address this with a focus on succession planning, knowledge transfer and cross-skilling within the HR team
- At present, the ACT Health Directorate holds responsibility for health system service planning in the Territory (e.g. determining which services are needed, where they should be delivered, and what should be delivered by non-government services) and workforce planning for the clinical workforce. Responsibility for both these functions is held in the Directorate's Health System Planning and Evaluation Division, rather than within the HR function. This arrangement allows the system-wide workforce planning function to maintain a close alignment with the broader health system planning capability, and to be informed by knowledge of the health sector

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

HR METRICS

Background

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

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

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

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

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

Issues

The review identified the following issues:

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

RECRUITMENT, SELECTION AND SECONDMENTS

Background

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

- Ensure the organisation has the necessary skills, knowledge, and attributes to meet current and future strategic and operational requirements - therefore they must articulate with workforce plans and be based on good quality information
- Ensure that supply meets demand requirements - therefore they must be timely, well informed and based on efficient processes
- Result in the selection of suitable candidates who will become productive and effective members of the organisation⁶ (McGraw, 2016)

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

Best practice in recruitment and selection has the following foundations:

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

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

Issues

The review identified the following issues:

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

PERFORMANCE MANAGEMENT

Background

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

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

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

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

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

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

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

- *Delivering well timed feedback:* It is important that feedback about performance is given frequently enough to both reinforce and motivate desired behaviour and to allow performance problems to be identified and addressed. Employers can establish a set plan for performance discussions on, for example, a weekly or fortnightly schedule. However, project and task-based deadlines also provide clear points for informal performance feedback to occur. Such an approach strengthens the linkages between performance feedback and specific instances of work performance. When underperformance occurs, it is important to address it immediately and directly for a valid and legally defensible decision to be made about continuing employment. A timely approach also means that employees could remedy underperformance issues before further action is required (Schultz & Schultz, 2018)
- *Supporting managers with skill development:* Organisations need to ensure that managers are skilled in providing feedback that motivates and supports the development of their staff and that addresses underperformance when it occurs. Supervisors' skill is particularly critical, both in providing managers with the confidence and ability they need to initiate productive conversations with their staff about performance matters and to ensure that discussions have the desired impact. Supervisors often report that they feel uncomfortable or unprepared to give feedback, especially if performance is poor. Therefore, it is essential that supervisors are given opportunities to develop their own skills and confidence as feedback providers and motivators. Research has shown that supervisors who are empowered to develop and use effective skills in giving feedback are likely to experience better long-term relationships with their employees, as well as improving the performance of their staff. Ideally, all managers supervising employees should receive training in giving effective and timely feedback. Managers may also need development and encouragement (as well as norm setting by more senior managers) to give praise and to openly discuss and celebrate individual and team successes (Fletcher, 2001)

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

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

Issues

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

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

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

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

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

LEARNING AND DEVELOPMENT

Background

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

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

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

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

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

Issues

The review identified the following issues:

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

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

WORK HEALTH AND SAFETY

Background

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

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

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

- Includes mechanisms for employees to report, communicate and be consulted on WHS matters
- Ensures access to WHS training for employees who require it
- Includes control measures for the management of WHS hazards
- Establishes mechanisms for the resolution of WHS concerns (Nordlöf, Wiitavaara, Högberg, & Westerling, 2017; Holte & Kjestveit, 2012)
- *Safety Culture:* A WHSMS is not effective unless it is accompanied by a positive safety culture (Hale & Hovden, 1998). A 'safety culture' comprises the shared beliefs employees hold in relation to WHS matters (Cooper, 2000) that drive their decisions and behaviours regarding safety (Health & Safety Executive, 2005). Practices that assist organisations to create and maintain a positive safety culture include:
 - Ensuring that a highly visible commitment to safety is displayed by senior management
 - Ensuring that safety is communicated clearly as a key organisational value
 - Decentralising decision-making for key groups responsible for operational safety
 - Educating employees about safety and providing mechanisms for them to contribute ideas on improved safety
 - Ensuring that safety considerations are integrated into high-level decision making within the organisation (Kim, Park and Park, 2016)
- *Health and Safety Representatives (HSRs):* HSRs are worker-elected and are only appointed when requested by staff. They facilitate and represent an employee voice for health and safety matters in the workplace. The functions of an HSR include (from Worksafe Queensland, 2017):
 - Representing workers on health and safety matters
 - Making recommendations on health and safety practices and policies
 - Investigating complaints and risks to worker health and safety
 - Monitoring health and safety measures taken by the organisation
 - Giving feedback to the organisation about how it is meeting its duties (Frick, 2011; Walters & Nichols, 2007).

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

- *Workplace Health and Safety Officers (WHS Officer):* A WHS Officer is an employee appointed by management who performs in a safety advocate role. WHS Officers complete regulator-approved training and undertake legislated work health and safety functions to assess and improve the performance of a workplace. They are a designated safety resource for a workplace with some organisations establishing WHS Officers as a dedicated full-time role, and others opting to integrate the WHS Officers role into a human resources, operational manager, or other function. The WHS Officer role is focused on informing and influencing management and employees about the health and safety performance of the organisation and enacting improvement across the organisation, whereas HSRs are limited in scope to providing an employee voice for work health and safety issues specific to the particular workgroup they represent (Worksafe Queensland, 2017)
- *WHS Reporting:* WHS reporting should provide management with relevant, valid, reliable and current information that can inform decision making, for example, covering events, event severity, identified hazards, elimination efforts, risk control activities, safety inspections undertaken, financial indicators, lost time (Chmiel, 2000).
- *Employee Assistance Programs:* Employee Assistance Programs (EAPs) provide counselling and psychosocial support to employees. To be effective, an EAP needs to be visible, promoted to staff, accessed from skilled providers, and subject to evaluation (Milne, Blum, & Roman, 2004).

Issues

The review identified the following issues:

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

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

WORKPLACE RELATIONS

Background

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

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

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

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

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

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

Issues

The review identified the following issues:

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

DIVERSITY MANAGEMENT

Background

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

The ACT Public Service (ACTPS) has stated its commitment to creating a 'positive, respectful, supportive and fair work environment where employee differences are respected, valued and utilised to create a productive and collaborative workplace' (CMTEDD, accessed August 2020). In 2010⁷, the ACTPS introduced its Respect, Equity and Diversity (RED) Framework and introduced RED Contact Officers (REDCOs) to model and promote the ACTPS values, to raise awareness of the importance of respect, equity and diversity in the workplace and to assist in the development of a positive workplace culture across the service.

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

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

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

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

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

⁷ This was reviewed in 2014/2015

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

Issues

The review identified the following issues:

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

ORGANISATIONAL DEVELOPMENT

Background

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

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

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

Best practice in organisational development has the following foundations:

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

Issues

The review identified the following issues:

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

ANU Change Framework

The change framework that has been developed by the ANU⁸ will be used to assist leaders in the ACT health system to respond effectively to the 2019 *Independent Review into the Workplace Culture within the ACT Public Health Services*. The ANU work focused on reviewing and making recommendations designed to effect change in the behaviour of leaders and staff. Its scope therefore differs from that of the current review reported here, which address the organisation's current HR function. Nevertheless, both analyses have identified common issues and themes, including the need to:

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

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

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

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

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

HR BUSINESS PARTNERS

Background

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

Issues

The following issues are noted:

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

BENCHMARKING HR FUNCTIONS

Background

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

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

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

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

The scope of this review included a targeted benchmarking assessment with other similar organisations to examine comparative HR resourcing requirements, with a focus on the health sector where relevant. The number of HR staff an organisation requires is heavily dependent on the size of the organisation and its industry type. According to the Australian Human Resources Institute ('HR Audit Information Sheet', accessed August 2020), ideally, organisations would employ one HR professional to every 50 employees. However, this ratio is not a realistic expectation for many organisations, and a maximum ratio of one to 100 is a more commonly achieved goal for many organisations⁹. We note that these ratios generally refer to HR advisers only and exclude recruitment roles that process large volumes of work, as their inclusion can skew numbers for large organisations with high volume staff intakes.

Issues

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

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

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

⁹ It should be noted that ratios which approach 1:100 can only be achieved in large organisations where considerable economies of scale in HR service delivery can be achieved.

¹⁰ Pre-COVID-19 numbers

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

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

ASSESSMENT AGAINST HR MATURITY MODEL

In 2018, prior to the split between the Directorate and CHS, the ACT Government commissioned KPMG to undertake a review of the Executive Support, Employee Services and Organisational Development teams within the then People and Culture Unit. As part of this review a model was developed in partnership with the Unit to allow the assessment of maturity of the existing HR function. The model was then known as the HR/People and Culture Maturity Assessment Model¹¹. Using a 5-point scale extending from Baseline to Leading Practice, it provided a benchmark for the assessment of current HR functions against leading practice in 6 areas:

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

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

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

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

- Workplace Relations
- Diversity Management
- Organisational Development

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

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

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

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

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

ROADMAP: PRIORITY AREAS FOR IMPROVEMENT

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

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

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

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

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

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

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



Figure 2: Roadmap: Priority Areas for Improvement

OPPORTUNITIES ACROSS THE HEALTH SYSTEM

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

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

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

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

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

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

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

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

CONCLUSION

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

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

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

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

ATTACHMENT A: LIST OF PARTICIPANTS

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

ATTACHMENT B: HR MATURITY ASSESSMENT MODEL¹²

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

¹² Source: People and Culture Diagnostic (June 2018)

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

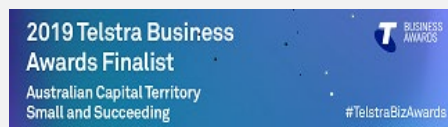
ATTACHMENT C: REFERENCE LIST

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EXECUTIVE SUMMARY

REVIEW OF THE HUMAN RESOURCES FUNCTION in the ACT HEALTH DIRECTORATE

November 2020

EXECUTIVE SUMMARY

INTRODUCTION

This summary presents the findings of a review of Human Resources functions in the ACT Health Directorate (ACTHD)¹. The review was undertaken to identify gaps in functions, capabilities and resourcing and to propose strategies to close those gaps within ACTHD. The review also considered opportunities for increased collaboration between the Directorate and the two other entities within the ACT public health system, namely, Canberra Health Services (CHS) and Calvary Public Hospital Bruce (CPHB). Additionally, the review considered the role of ACT Government Shared Services in providing HR services to ACTHD and considered opportunities for ACTHD to better integrate those services with its own offerings.

APPROACH

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

- Discussions with the former Director-General, ACTHD, Mr Michael De'Ath and the current Acting Director-General, Ms Kylie Jonasson
- A discussion with the Executive Group Manager, Corporate and Governance Division, Mr John Fletcher
- A discussion with the Deputy Director-General, Health Systems, Policy and Research Group, Ms Kylie Jonasson (in her previous role)
- A discussion with the Executive Group Manager, Health System Planning and Evaluation Division, Ms Jacinta George
- A discussion with the Senior Director, People Strategy Unit, Ms Julie Nolan
- A discussion with representatives of Shared Services including Mr Graham Tanton, Executive Director Shared Services, Ms Claire Harper, Executive Branch Manager Partnership Services, Mr Martin Bolton, Payroll and HR Systems, and Ms Karen Giovinazzo, Senior Program Director, HR Information Management Solutions
- A group discussion with staff of the People Strategy Unit
- A group discussion with staff of the Culture Review Implementation Branch
- Group discussions with clients of HR drawn from across the ACTHD
- A group discussion with consultants from the Australian National University engaged by the ACTHD to deliver a culture change model for the ACTHD
- A discussion with the Business Analyst and contractor to ACTHD who undertook business process mapping of a range of HR activities
- Examination of submissions received from unions invited to contribute to the review
- A review of a range of documentation provided by the ACTHD

¹ The scope of the review included similar examinations of the HR functions within Canberra Health Services and Calvary Public Hospital Bruce. The findings from these examinations have been reported separately.

- Examination of staffing numbers and FTE for ACT Directorates and relevant health service delivery organisations
- A review of the research literature on best practice HR service delivery.

FINDINGS OF THE REVIEW

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

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

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

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

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

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

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

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

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

Leadership Development

- Develop a database of advice and online FAQs on recruitment and selection practices
- Consider an HR Business Partner model to support recruitment and selection activities within Divisions
 - Undertake longitudinal evaluations of the effectiveness of recruitment and selection activities and use this to inform practices
- Develop an effective onboarding program that is linked to the learning and development and performance management frameworks
- Lead the establishment of mechanisms to allow staff secondments to occur across the Territory's health system

Recruitment

Performance Management

- Review and revise current performance development templates and tools, ensuring a focus on learning and capability development
- Introduce formal and informal training in performance management for managers, with a strong hands-on, on-the-job component e.g. via a mentoring program
- Support training by developing a database of performance management and development case studies
- Ensure participation in performance development discussions is visibly modelled and promoted by senior staff

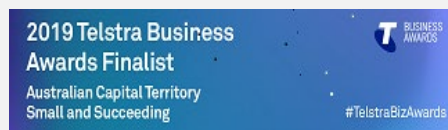
Metrics

- Establish an ongoing HR data analytics and reporting capability
- Initiate or improve the collection and analysis of data for:
 - Recruitment and selection activities, including probation
 - Tracking staff movements between roles
 - Participation in learning and development activities
- Develop a case management approach to recording and displaying staff data and make this available in real time to managers and staff
- Create an accurate representation of positions within the organisational structure and use this in the analysis of workforce data
- Ensure that data collection and reporting initiatives are integrated with new HRMS metrics functions

Strategic Workforce Planning

- Undertake an audit of existing specialist skills and identify skills gaps
- Use the analysis of skills gaps to identify target areas for active succession planning and knowledge transfer
- Develop pathways and interventions designed to prepare staff for progression to more senior roles (e.g. a mentoring program to improve preparation for SOG C roles)

OD Initiatives



EXECUTIVE SUMMARY

REVIEW OF THE HUMAN RESOURCES FUNCTION

in

CANBERRA HEALTH SERVICES

November/December 2020

EXECUTIVE SUMMARY

INTRODUCTION

This summary presents the findings of a review of Human Resources (HR) functions in Canberra Health Services (CHS)¹. The review was undertaken to identify gaps in functions, capabilities, and resourcing and to propose strategies to close those gaps within CHS. The review also considered opportunities for increased collaboration between CHS and the two other entities within the ACT public health system, namely, the ACT Health Directorate (ACTHD) and Calvary Public Hospital Bruce (CPHB). Additionally, the review considered the role of ACT Government Shared Services in providing HR services to CHS and considered opportunities for CHS to better integrate those services with its own offerings.

APPROACH

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

- Discussions with CHS Chief Executive Officer, Ms Bernadette McDonald and the Executive Group Manager, People and Culture Division, Ms Janine Hammat
- A series of separate group discussions with staff of each team within People and Culture
- Group discussions with clients of HR drawn from across CHS
- A discussion with representatives of Shared Services including Mr Graham Tanton, Executive Director Shared Services, Ms Claire Harper, Executive Branch Manager Partnership Services, Mr Martin Bolton, Payroll and HR Systems, and Ms Karen Giovinnazzo, Senior Program Director, HR Information Management Solutions
- A group discussion with consultants from the Australian National University engaged by the ACTHD to deliver a culture change model for the ACT health system
- A discussion with the Business Analyst and contractor to ACTHD who undertook business process mapping of a range of HR activities
- Examination of submissions received from unions invited to contribute to the review
- A review of a range of documentation provided by CHS.

FINDINGS OF THE REVIEW

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

- Workforce planning
- HR metrics
- Recruitment, selection, secondments and staff movements
- Performance management

¹ The scope of the review included similar examinations of the HR functions within the ACT Health Directorate and Calvary Public Hospital Bruce. The findings from these examinations have been reported separately.

-
- Learning and development
 - Work health and safety
 - Workplace relations
 - Diversity management
 - Organisational development.

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

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

Drawing together the information and analysis described above, we have used an HR Maturity Assessment Model to assess the current level of development of the HR function within CHS, under nine HR service delivery areas. This assessment identified that all aspects of HR service delivery are currently operating above Baseline. However, the assessment identified a number of areas where current practice does not yet match best practice approaches. Performance management, workforce planning, recruitment and selection and workplace relations functions have all been assessed as operating at the Functional level at present (noting that Functional represents the second lowest level of competence on the scale), indicating room for improvement in these areas.

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

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

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

Recruitment

- Build the capability and knowledge of HR staff in this area through targeted recruitment and training
- Continue the process of updating position descriptions for role types across CHS
- Proceed with plans to implement training for panel members or chairs on recruitment and selection practices
- Move the recruitment team to the Workforce Planning area to improve co-ordination and to elevate the strategic focus and capability of the recruitment function
- Initiate longitudinal evaluations of the effectiveness of recruitment and selection activities and use this to inform improved practices
- Collaborate with the ACT Health Directorate to establish a mechanism to allow staff secondments to occur across the Territory's health system, where these will be of mutual benefit.

Performance Management

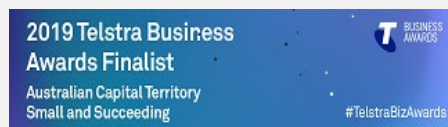
- Introduce formal and informal training in performance management for managers, with a very strong hands-on, on-the-job component e.g. via simulations for managers and a mentoring program
- Support training by developing an accessible database of performance management and development case studies as well as clear guidelines on processes and practices
- Ensure participation in performance development discussions is visibly modelled and promoted by senior staff

Metrics

- Establish an in-house, ongoing HR data analytics and reporting capability
- Initiate or improve the collection, collation, analysis, reporting of and access to data for:
 - Recruitment and selection activities, including probation
 - Learning and development activities
 - Participation in performance management and the quality of this participation
 - Risks, with an emphasis on achieving uniformity in information capture, and access for WHS staff
- Develop a case management approach to recording and displaying staff data and make this available in real time to managers and staff
- Ensure that data collection and reporting initiatives are integrated with new HRMS metrics functions

Strategic Workforce Planning

- Expand the HR Business Partner model to increase its capacity and consider allocating one Business Partner per Division
- Work with the Major Capital Projects to articulate strategic workforce planning required for expanding service deliverables across CHS
- Continue with the plan to develop a whole of CHS workforce strategy that identifies skills gaps and priority areas for targeting via recruitment, succession planning and knowledge transfer
- Continue with the plan to develop a leadership and management strategy, including pathways and interventions designed to prepare staff for progression to more senior roles (e.g. a mentoring program for clinical staff to improve preparation for leadership roles)



EXECUTIVE SUMMARY

REVIEW OF THE HUMAN RESOURCES FUNCTION

in

CALVARY PUBLIC HOSPITAL BRUCE

November 2020

EXECUTIVE SUMMARY

INTRODUCTION

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

APPROACH

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

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

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

FINDINGS OF THE REVIEW

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

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

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

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

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

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

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

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

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

Leadership Development

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

Recruitment

Performance Management

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

Metrics

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

Strategic Workforce Planning

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

OD Initiatives



Culture Review Oversight Group Meeting Paper

OFFICIAL

Agenda Item:	3.5
Topic:	Culture Connect Newsletter
Meeting Date:	7 May 2021
Action Required:	Discussion
Cleared by:	Director-General, ACT Health Directorate
Presenter:	Director-General, ACT Health Directorate

Purpose

1. To enable Culture Review Oversight Group (Oversight Group) members with the opportunity to provide feedback and offer suggestions about progress being made on initiatives supporting culture reform across the ACT public health system for inclusion in upcoming editions of the 'Culture Connect' newsletter.

Background

2. The Oversight Group provides opportunity at each meeting for members to talk about progress, themes, and challenges in progressing culture reform across the ACT public health system.
3. The Culture Review Implementation Steering Group (CRISG) endorsed the Communications and Engagement Strategy 2019-2022 (the Communications Strategy) on 16 December 2019. Cascading from the Communications Strategy are three action plans aligning with three phases of the Culture Review Implementation program.
4. A review of the Strategy and the work undertaken in phase one was considered by the Culture Review Implementation (CRI) Branch on 7 December 2020.
5. Key points of the Phase Two Action Plan (Activating, testing, and implementing: July 2020 to July 2021) are:
 - a. refinement of messages and narratives;
 - b. Communicate initiatives that have been implemented, and recognise and promote positive case studies and success of culture change taking place within the system to both internal and external audiences; and
 - c. Communicate to the system workforce how they can continue to be involved in initiatives and participate in ongoing conversations about meaningful change, progress and lessons being learnt.

Issues

6. Original interpretation and approaches have been reviewed, including the intent outlined in chapter 10 from the *Final Report: Independent Review into the Workplace Culture within ACT Public Health Services* (Culture Review).
7. Communication and engagement with our workforce and stakeholders across the ACT public health system, as well as the broader ACT community is critical to the success of the culture program. Complementary to this is the acknowledgement that there is significant risk associated with ensuring effective communications and engagement with all the stakeholders.
8. There has been proactive engagement by the CRI Branch to meet with organisation's Delivery Leads, communications representatives and the Minister's Office to develop a collaborative approach to deliver communications messaging and collateral.
9. An opportunity was identified to ensure that key stakeholders and the ACT community were better informed on progress supporting culture reform across the ACT public health system through the development of a quarterly newsletter titled 'Culture Connect'.
10. The inaugural Culture Connect newsletter is at Attachment A.
11. This was tabled at the ACT Legislative Assembly to complement the Ministerial Statement outlining the work progressed with the Biannual Update on the Culture Review Implementation Program, and its associated initiatives.

Benefits/Sensitivities

12. The objectives of the Culture Connect newsletter are to:
 - a. Raise awareness and understanding of the scope of culture work being undertaken across the system and the progress of work underway in each organisation, amongst staff, ACT public health system stakeholders and the ACT community.
 - b. Engage and build relationships with stakeholders to ensure planned communication activities meet expectations.
 - c. Build trust and confidence with our workforce, stakeholders, and the ACT community.
 - d. Provide additional channels to outline the initiatives being trialled and the impact and success of the actions.
 - e. Increase understanding of the vision and direction of the changes being implemented across the ACT public health system by our internal and external stakeholders, including citizens of the ACT community.

Consultation

13. There has been broad consultation with:
 - the ACT Health Directorate (ACTHD) People Strategy Section,
 - ACTHD Communications,
 - Canberra Health Services (CHS) People and Culture Division,
 - CHS Communications,
 - Calvary Public Hospital Bruce Culture Delivery Leads, and
 - Health Minister's office.

Recommendation

That the Oversight Group:

- *Note the information provided by members about progress, themes, and challenges in culture reform across the ACT public health system; and*
- *Provide any feedback or suggestions regarding the newsletter to the Secretariat.*



Culture Review Implementation
our journey of positive change

Culture Connect

Welcome to Culture Connect
– keeping you updated and
informed about the Culture
Review Implementation project
across the ACT public health system.

Message from the Minister

In March, the Culture Review Oversight Group came together for our regular meeting as well as a practical workshop. We reiterated our commitment to driving positive workplaces across the ACT Health system.

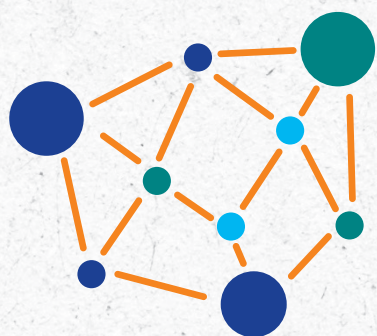
As a Group, we recognise the importance of having a culture

that supports the workforce to deliver a high standard of care that responds to changing community needs.

We also acknowledge culture change takes time. But, working together, real change is happening and more is on the way.



Minister for Health
Rachel Stephen-Smith



Workplace Culture Framework is here

The next phase of the Culture Review Implementation (CRI) is in full swing, following the recent launch of the Workplace Culture Framework.

The Framework is designed to guide system-wide approaches that support the delivery of high quality healthcare for the community and to be an employer of choice - now and into the future. Informed by evidence and backed by

research, it's about setting the system up for success with the most appropriate actions.

More information on the Workplace Culture Framework is available by emailing ourculture@act.gov.au or visiting www.health.act.gov.au/about-our-health-system/culture-review-implementation

The home of all things CRI

Have you checked out the updated Culture Review Implementation (CRI) page on the ACT Health website?

It's the place to go for all things CRI. From the latest news to meeting papers, to reviews and governance structures, it's designed it to make it easy to find what you need know: www.health.act.gov.au/about-our-health-system/culture-review-implementation



Culture in action

Across the system, there's some great work happening on the ground. Here's a snapshot of projects where we're working towards safer environments in our hospitals.

Speaking Up for Safety

Empowering staff to support each other and raise concerns of patient safety has been the focus at Calvary Public Hospital Bruce and Canberra Health Services (CHS), with the Speaking Up for Safety (SUFS) program.

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

This has seen:

- » Five Calvary Public Hospital Bruce staff completing the accredited training, with over 500 staff taking part in internal training sessions.
- » 24 staff representatives from a range of disciplines across CHS completing the two-day accredited training, ready to facilitate SUFS seminars to all staff between May and September 2021.

Safewards

Earlier this year, Canberra Health Services and Calvary Public Hospital Bruce kicked-off a pilot to combat conflict in wards. The Safewards program uses 10 simple actions to encourage staff and clients to work together to make the ward safer for everyone.

Currently underway in four wards, staff have been actively applying the evidence-based model. The pilot also provides Safewards ACT weekly updates, which includes a range of resources, tips and tools to support staff in implementing the program. Focus groups are set to be run with staff involved to support the trial's evaluation.

Wards involved in the Safewards trial

- » Canberra Hospital General Medical Ward 7B
- » Canberra Hospital Adult Acute Mental Health Unit
- » Calvary Public Hospital General Medical Ward 4B
- » Calvary Public Hospital Older Persons Mental Health Inpatient Ward

Choosing Wisely

Canberra Health Services (CHS) is a champion health service member of Choosing Wisely Australia—a global social movement aimed at improving the quality and safety of health care by encouraging a national conversation about reducing unnecessary tests, treatments and procedures.

As a champion member, CHS projects throughout 2021 will be focused on encouraging staff to involve consumers in all aspects of their care.

This follows a successful 2020 where CHS rolled out Choosing Wisely initiatives including Quality Pathology Blood Ordering Project and Quality Ordering Imaging Project.

Want more?

Have a culture related question or need more information? The Culture Review Implementation Branch can answer your queries. **Get in contact by emailing ourculture@act.gov.au**



Culture Review Oversight Group Meeting Paper

OFFICIAL

Agenda Item: 4.1

Topic: Member Updates

Meeting Date: 7 May 2021

Action Required: Discussion

Cleared by: Director-General, ACT Health Directorate

Presenter: All members

Purpose

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

Background

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

Recommendation

That the Oversight Group:

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



Culture Review Oversight Group Meeting Paper

OFFICIAL

Agenda Item: 5.1

Topic: Culture Review Implementation Program Plan

Meeting Date: 7 May 2021

Action Required: Noting

Cleared by: Director-General, ACT Health Directorate

Presenter: Executive Branch Manager, Culture Review Implementation Branch

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

1. The Program Plan 2019-2022 (Program Plan) at Attachment A is an overarching strategic framework for the Culture Review Implementation program.
2. 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.
3. The Program Plan is intended to be a living document that will be revised over time 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.
4. The three domains of the Program Plan are:
 - Domain 1: Organisational Behaviour, Workforce and Leadership;
 - Domain 2: Education and Research; and
 - Domain 3: Structure and Engagement.

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, nests beneath the Program Plan.

Issues

7. The key area of focus during this phase of the Program Plan is Organisational Behaviour, Workforce and Leadership. This phase of the program will set the foundations for sustainable culture change.
8. Key strategies during this phase include:
 - a. Identifying, mapping and responding to core issues, recognising idiosyncrasies of the ACT public health system and adapting interventions for each individual organisation as required;
 - b. Ensuring that an evidence-based methodology is applied to the design and evaluation of interventions;
 - c. Defining the capabilities that are required to flexibly respond to the identified issues and increase workforce capability where required; and
 - d. Investing in capability development of the workforce to support organisational behaviour, workforce and leadership change.

Recommendation

That the Oversight Group:

- *Note the Program Plan for the Culture Review Implementation.*

Program Plan 2019-2022

FEBRUARY 2021

RECOMMENDATIONS

GOAL

KEY ACHIEVEMENTS

KEY INITIATIVES IN PROGRESS

NEXT 6 MONTHS

ORGANISATIONAL BEHAVIOUR, WORKFORCE & LEADERSHIP

1, 2, 3, 13, 14, 15, 16

> We will invest in our people and processes to build safe and positive workplaces across the system

- Vision, values and desired behaviours incorporated into organisational and people-related practices and strategic and business planning.
- Review of human resource functions and strengthening of employee support services.
- Analysis of Respect, Equity and Diversity Contact Officers (REDCO) Network and complaints and grievances processes to identify opportunities for enhancement.
- Workplace Culture Framework (WCF) developed, providing an evidence-based roadmap for sustainable and measurable cultural change.
- Organisational Culture Improvement Model (OCIM) developed to support ongoing assessment and measurement against the key organisational factors that support culture.
- Review of people management training programs delivered by each organisation, including alignment with the Workplace Culture Framework.

- Managers are being supported with access to workforce data via dashboard reports to support data informed decision-making.
- Continued evolution of indicators and metrics, aligned to the five priority change areas, to support ongoing measurement of impact and effectiveness of cultural reform interventions.
- Procurement underway for the design and development of management fundamentals and leadership programs for the ACT public health system.
- Investigation of mentoring models and suitability for the ACT public health system.
- Continued rollout of the Cognitive Institute's Speaking up for Safety Program within Calvary Public Hospital Bruce and Canberra Health Services.

- Design and delivery of management fundamentals courses for the ACT public health system.
- Design and delivery of a leadership program for the ACT public health system.

EDUCATION & RESEARCH

7

> Through strong collaboration, partnership and engagement we will develop and shape a learning mindset across the system

- Health and Wellbeing Partnership Board established to drive collaborative relationships across education, research and health services sectors.
- Committee Chairs selected for the Research Working Group and Workforce Education and Training Working Group.
- Rapid Evidence Assessment on the topic of 'Transition of Student to Clinician'.

- Analysis of the Rapid Evidence Assessment is underway to identify opportunities to enhance transition programs.
- Work is progressing to develop a strategic research plan for the ACT health system with procurement underway to engage a consultant to develop the plan.

- Development of priorities and work plans for the Workforce and Education and Training Working Group to drive initiatives to streamline the conduct of research activity and enable greater collaboration between health services and the tertiary education sector.

STRUCTURE & ENGAGEMENT

4, 5, 6, 8, 9, 10, 11, 12, 20

> We will encourage and embed a two-way discourse with our staff, our stakeholders and our partners to evolve our system

- Communication and Engagement Strategy developed through consultation with key stakeholders.
- NGO Leadership Group established.
- Canberra Health Services (CHS) and Calvary Public Hospital Bruce have become champion health service members of Choosing Wisely Australia.
- Senior clinicians and administrators from across the public health system came together in early February at a networking event to discuss clinical service coordination and collaboration. This networking event was a precursor to the formal Summit which is planned for June 2021.

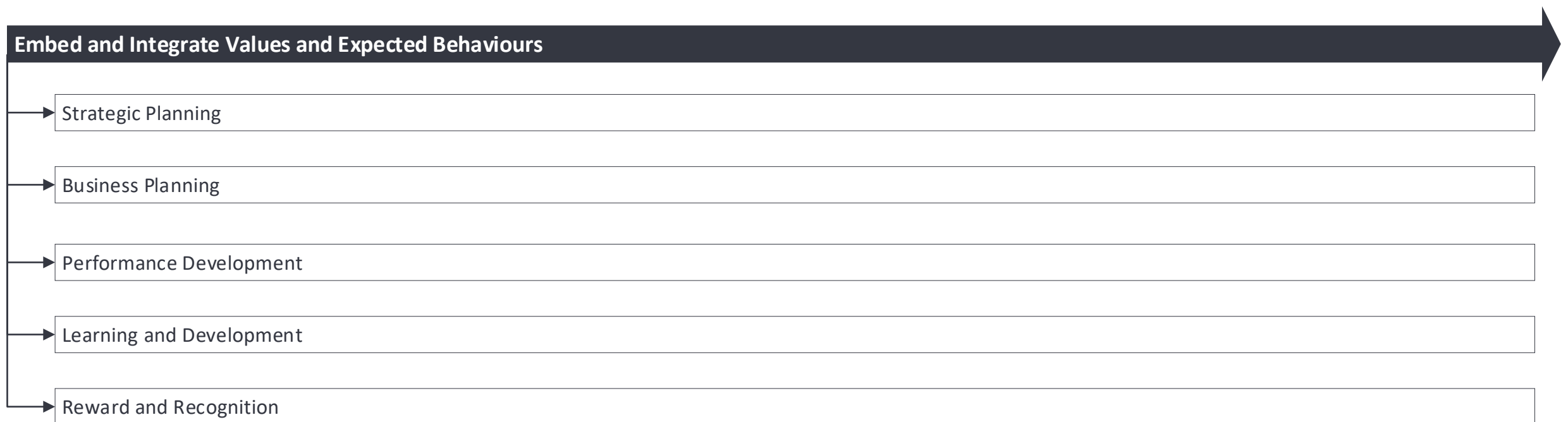
- Discussion continues between the ACT and NSW Governments in renegotiating the Memorandum of Understanding for Regional Collaboration.
- Delivery of the Phase 2 Communications and Engagement Action Plan.

- Monitor and evaluate effectiveness of communications and stakeholder engagement.

Organisational Behaviour, Workforce and Leadership



Organisational Values (Recommendation 1)



ACT Health Directorate

Values Project

Canberra Health Services

Values Refresh

Fostering Organisational Improvement Strategy (FOCIS)

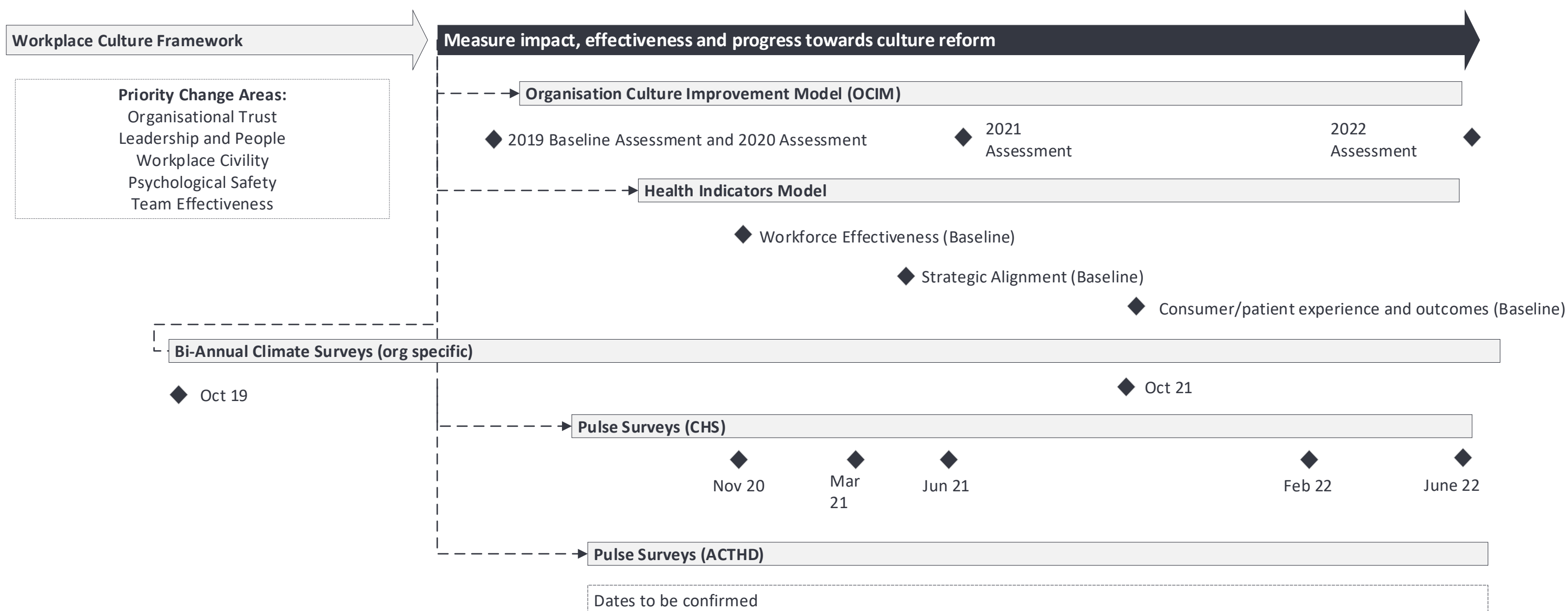
Calvary Public Hospital

Values in Action Framework

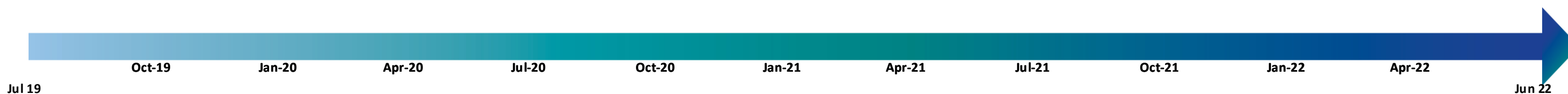
Organisational Behaviour, Workforce and Leadership



System-Wide Approach - Organisational Effectiveness (Recommendation 2)



Organisational Behaviour, Workforce and Leadership



Promoting a Healthier Culture (Recommendation 3)

Strengthen Employee Support Services

Strengthen REDCO



Strengthen Complaints and Grievances Processes



Occupational Violence Strategy Project (CHS) and Occupational Violence Program (CPHB)

◆ Workplace Civility Policy / Guidelines (Canberra Health Services)

◆ Preventing Occupational Violence Policy / Procedure (Calvary Public Hospital Bruce)

Nurses and Midwives: Towards a Safer Culture Project (ACTHD)

Civility Index *(schedule TBC)*

Organisational Behaviour, Workforce and Leadership



Promoting a Healthier Culture (Recommendation 3)

ACT Health Culture Uplift Program

- ◆ Values Project
- ◆ Performance Framework
- ◆ Culture Uplift (training)
 - ◆ Better Recruitment Practices (training)
 - ◆ Director-General Awards

Canberra Health Services – Fostering Organisational Culture Improvement Strategy (FOCIS)

- ◆ CEO Awards
 - ◆ Resolving Workplace Issues Fact Sheet
 - ◆ Our People Framework
 - ◆ Pilot Civility Program
 - ◆ Refresh REDCO Network
 - ◆ Refresh Performance Framework
- ◆ Speaking up for Safety Program
- ◆ Promoting Professional Accountability Program

Organisational Behaviour, Workforce and Leadership



Promoting a Healthier Culture (Recommendation 3)

Calvary Public Hospital – Great Workplaces Program

◆ Performance Development Plan – Phase 1

◆ Speaking up for Safety

◆ Performance Development Plan (ENABLE) – Phase 2

◆ Manager's Toolkit Platform

◆ Framework for Preventing Workplace Violence and Aggression

◆ Values in Action Framework

Organisational Behaviour, Workforce and Leadership



Leadership and Mentoring (Recommendation 13)

Management Programs

Management Foundations (System-Wide)

Procurement

Program Design

Program Delivery (Pilot)

◆ Evaluation

Leadership Programs

Leadership Program (System-Wide)

Procurement

Program Design

Program Delivery (Pilot)

◆ Evaluation

Canberra Health Services

◆ Executive Leadership (coaching)

◆ Nursing and Midwifery Leadership Program

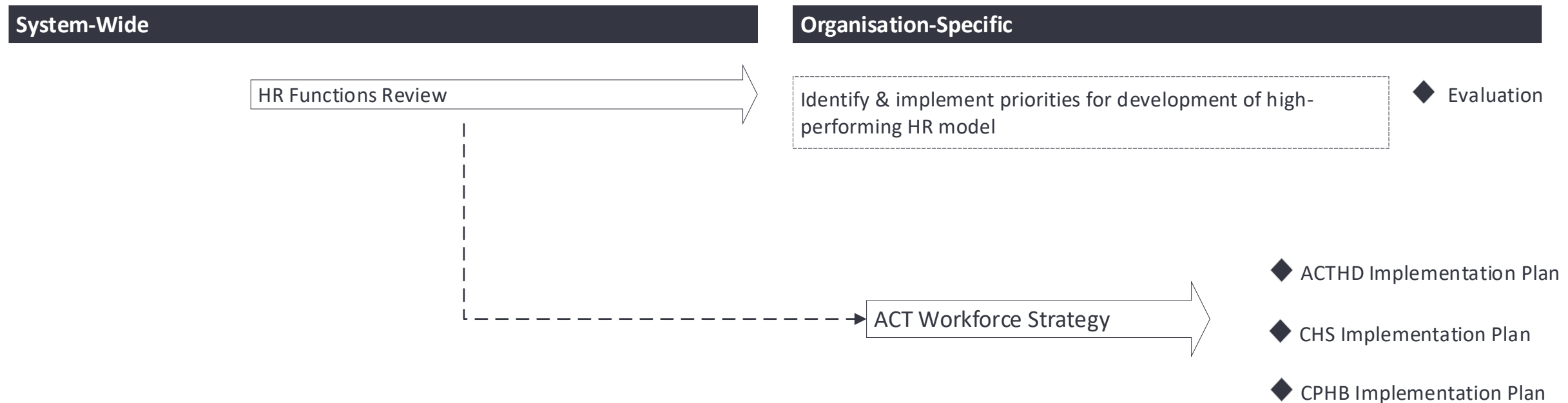
Mentoring Programs (system-wide)

Investigate

Organisational Behaviour, Workforce and Leadership



Role of Human Resources (Recommendation 14)



Organisational Behaviour, Workforce and Leadership



Recruitment Processes (Recommendation 15)

Recruitment Processes



Organisational Behaviour, Workforce and Leadership



Review People Management Training Programs (Recommendation 16)

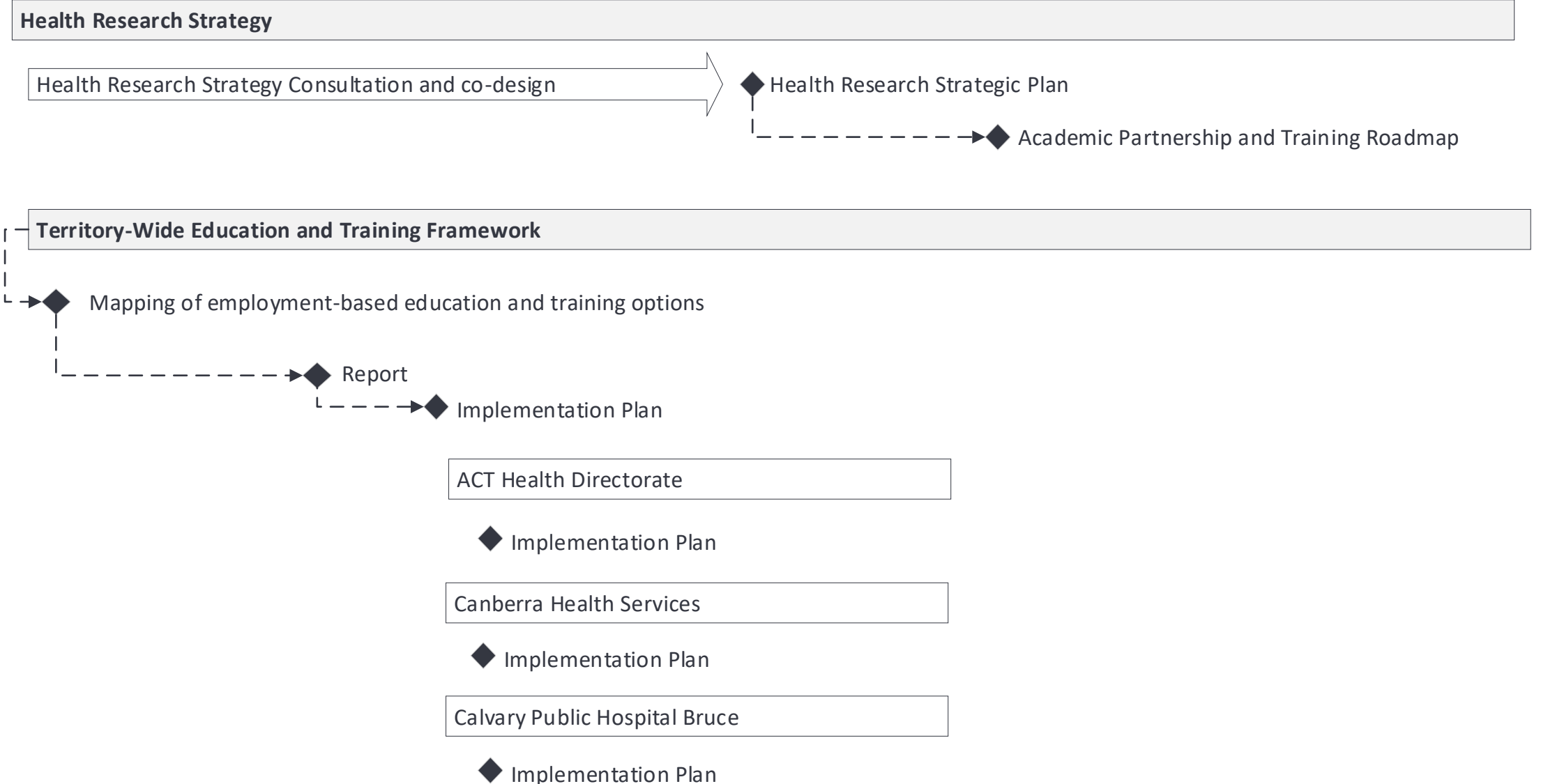
Analysis of People Management Training Programs (System-Wide)



Education and Research



Academic Partnerships, Research and Training (Recommendation 7)

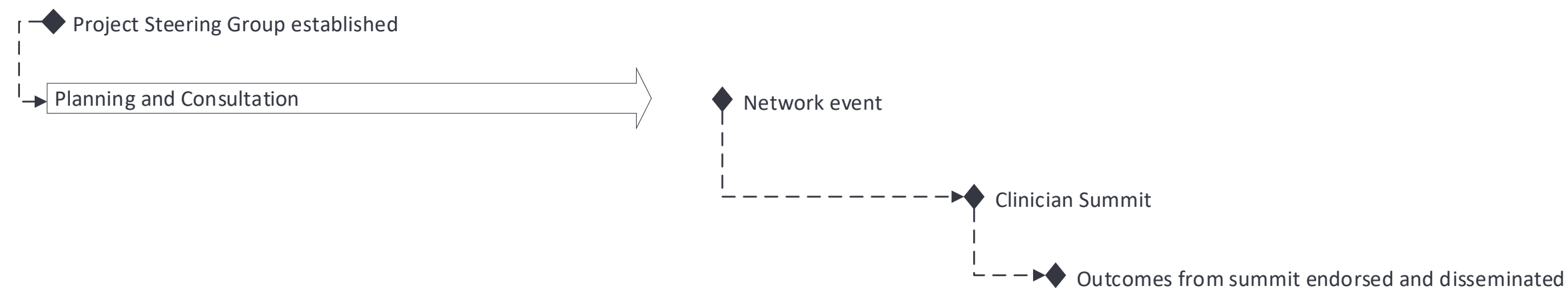


Structure and Engagement



Summit of Senior Clinicians and Administrators (Recommendation 4)

Clinician Summit



Structure and Engagement



Integration of Structures - Canberra Health Services (Recommendation 5)

Exceptional Care Framework

Clinical Governance Framework

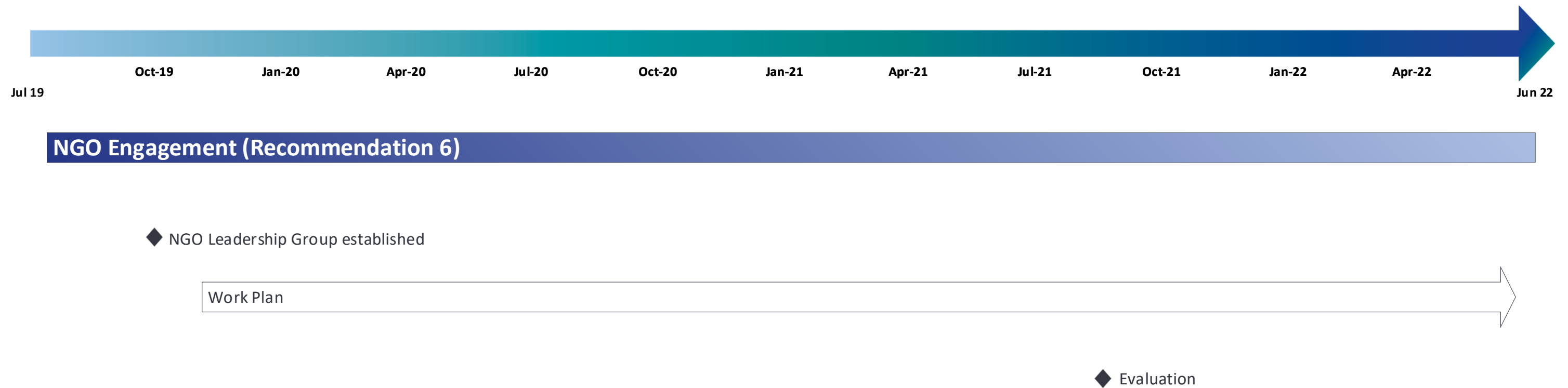
Monitor and Evaluate

- ▶ Attendance and frequency
- ▶ Quarterly pulse surveys
- ▶ OCIM assessments
- ▶ Workplace Culture Survey



Program Plan 2019-2022

Structure and Engagement

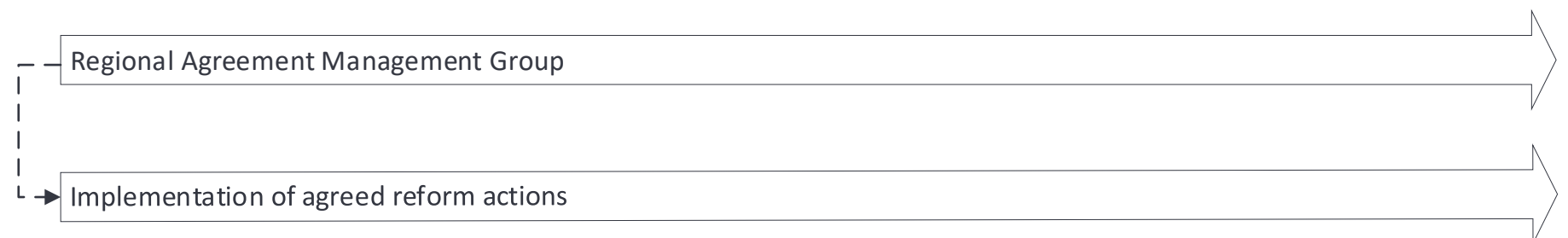


Structure and Engagement



MOU (Recommendation 8)

- ◆ Ministerial endorsement of draft ACT-NSW Health Partnership Agreement (2020-2025)



Program Plan 2019-2022

Structure and Engagement



Improving and Measuring Clinical Engagement (Recommendation 9)

Canberra Health Services

Improving Medical Engagement and Culture Strategy

- Promoting a safe and collegiate workplace
- Promoting communication with medical officers
- Promoting a medical voice in organisational decision-making
- Ensuring equitable workloads

Monitor and Evaluate

- Activities to engage with clinical workforce
- Quarterly pulse surveys to track attitudinal change
- Quarterly Steering Group paper to report improvement
- Workplace Culture Survey

Program Plan 2019-2022

Structure and Engagement



Clinical Governance (Recommendation 10)

Canberra Health Services

Clinical Governance Framework 2020-23

CHS Governance Committee

Nursing Midwifery and Allied Health Advisory Executive Committees

Medical Advisory Executive Committee

Medical Advisory Executive Committee

Clinical Directors Forum

Attendance by senior clinicians to Divisional Quality and Safety Forums

Monitor and Evaluate

→ Quarterly pulse surveys to track attitudinal change

→ Yearly OCIM assessments, including portfolio assessments

→ Workplace Culture Survey



Program Plan 2019-2022

Structure and Engagement



Clinical Governance (Recommendation 10)

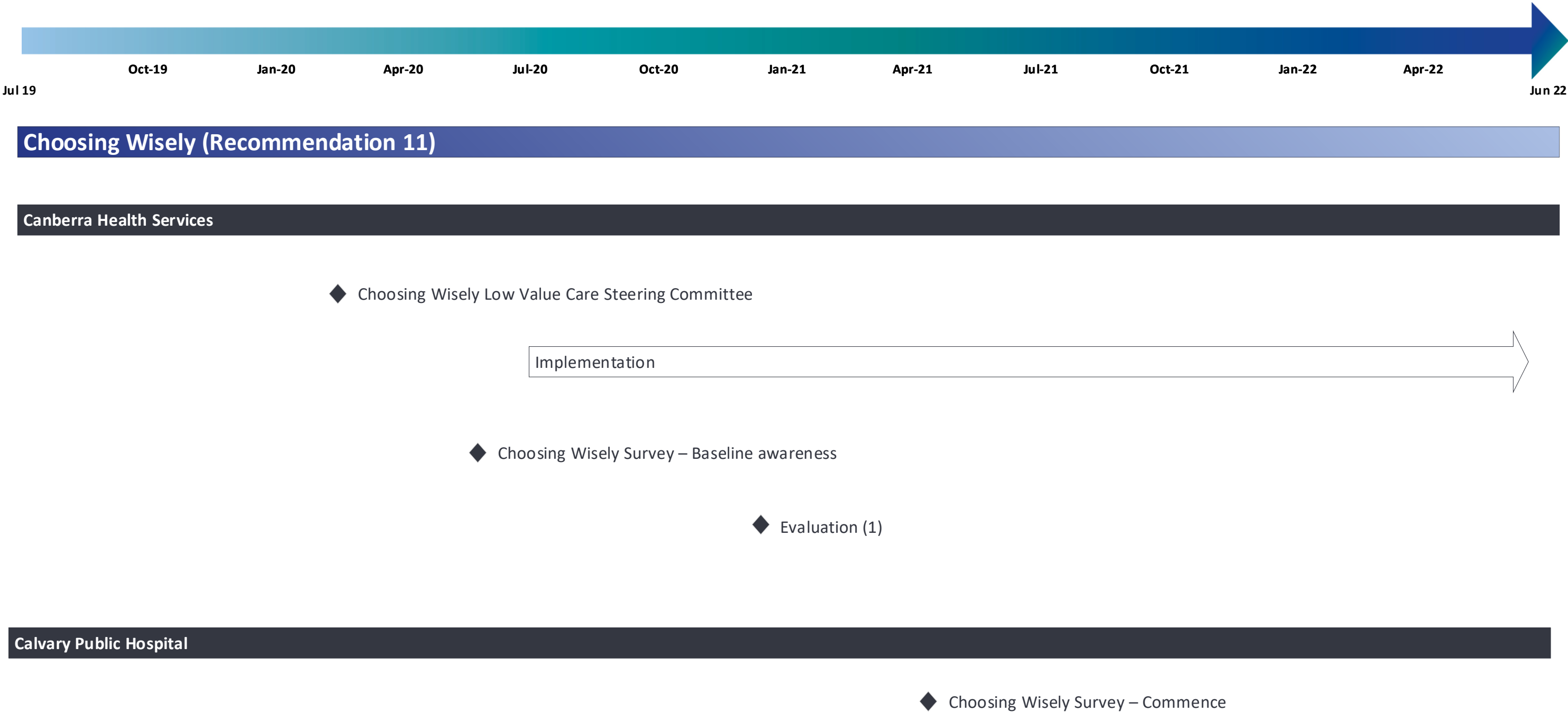
Calvary Public Hospital Bruce

Clinical Governance Committee



Program Plan 2019-2022

Structure and Engagement



Structure and Engagement



Clinically Qualified Divisional Directors (Recommendation 12)

Canberra Health Services

Operating model – Clinically qualified Clinical and Unit Directors

Pilot - Business Managers – Division of Medicine

----- Learnings implemented -----> Quality and safety, finance and HR Business Partners fully embedded across CHS

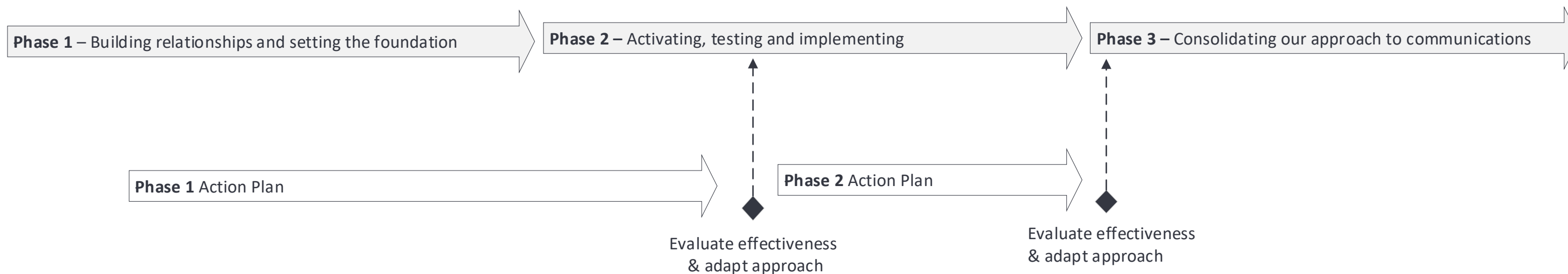
Program Plan 2019-2022

Structure and Engagement



Communicating Outcomes (Recommendation 20)

Communications and Engagement Strategy





Culture Review Oversight Group Meeting Paper

OFFICIAL

Agenda Item: 5.2

Topic: Implementation of Recommendations and Project Plan

Meeting Date: 7 May 2021

Action Required: Noting

Cleared by: Director-General, ACT Health Directorate

Presenter: Executive Branch Manager, Culture Review Implementation Branch

Purpose

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

Background

2. This is a standing agenda item to provide an ongoing status update on the progress of work being undertaken to implement the Review recommendations.
3. Project planning documentation to support the mapping and reporting of progress made in addressing the recommendations was tabled at the Culture Review Oversight Group (Oversight Group) meeting on 4 September 2019. The documentation has continued to evolve 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.

Issues

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

7. The following table summarises the status of the implementation of the 92 Actions:

	Action Status (Total of 92 Actions)
Blue (Completed)	56 Actions have been completed
Green (On Track)	30 Actions in progress and tracking to the agreed delivery date
Amber (At Risk)	4 Actions at risk of deviating more than 12 weeks from agreed delivery date
Red (Delay)	2 Actions have exceeded the agreed delivery date by more than 12 weeks

8. Recommendations that have been fully completed are:

- a. Recommendation 4 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;
- b. Recommendation 5 (Review mechanisms to better integrate clinical streams of the community health services within the Clinical Divisional Structures in CHS);
- c. Recommendation 10 (Clear requirement for senior clinicians to collaboratively participate in clinical governance activities);
- d. Recommendation 11 (Choosing Wisely program);
- e. Recommendation 12 (Clinically qualified Divisional Directors across each Clinical Division with Business Manager support within CHS);
- f. Recommendation 17 (Public Commitment);
- g. Recommendation 18 (Culture Review Oversight Group); and
- h. Recommendation 20 (Change Management and Communications Strategy).

Recommendation

That the Oversight Group:


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



Implementation of Recommendations - Status at 7 April 2021

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.

Key:

IMPLEMENTATION TIMELINE (BASELINE 1)
ADJUSTED IMPLEMENTATION TIMELINE (BASELINE 2)
CURRENT IMPLEMENTATION STATUS
 ACTION COMPLETED

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
Recommendation 1 of the Final Report, March 2019 <i>That the three arms of the ACT public health system should commence a comprehensive process to re-engage with staff in ensuring the vision and values are lived, embraced at all levels, integrated with strategy and constantly reflected in leadership. To achieve this the ACT Health Directorate should take the lead in providing the necessary tools and guidelines and coordinate the</i>	People Strategy, ACT Health Directorate	A1.1. Commence values and vision work	This action has been completed.		<div>Baseline 1</div> <div></div>				<div></div> <div></div>									COMPLETE
		A1.2: Embed vision and values	This action has been completed.				<div>Baseline 1</div> <div></div>										COMPLETE	
		A1.3: Evaluate	This action has not yet commenced Update was not provided for this reporting period.							<div>Baseline 1</div> <div></div>							AT RISK	
	People and Culture, Canberra Health Services	A1.1. Commence values and vision work	This action has been completed		<div>Baseline 1</div> <div></div>					<div></div> <div></div>								COMPLETE
		A1.2: Embed vision and values	This action has been completed				<div>Baseline 1</div> <div></div>										COMPLETE	
		A1.3: Evaluate	This action has been completed						<div>Baseline 1</div> <div></div>								COMPLETE	
	Great Workplaces Program, Calvary Public Hospital Bruce	A1.1. Commence values and vision work	This action has been completed.		<div>Baseline 1</div> <div></div>					<div></div> <div></div>								COMPLETE
		A1.2: Embed vision and values	This action is completed.				<div>Baseline 1</div> <div></div>	<div>B2</div>		<div></div> <div></div>							COMPLETE	
		A1.3: Evaluate	This action is completed.							<div>Baseline 1</div> <div></div>							COMPLETE	
	Overall Status of Recommendation 1: AT RISK • The final action to be delivered under this recommendation (Action 1.3 - ACT Health Directorate) was approved for completion by May 2021. This action has not yet commenced. • Recommendation 1 has been completed by Canberra Health Services and Calvary Public Hospital.																	

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
Recommendation 2 of the Final Report, March 2019 <i>That Canberra Health Services and Calvary Public Hospital in conjunction with the ACT Health Directorate, develop an appropriate suite of measures that:</i> <ul style="list-style-type: none"> • reflect on elements of a great health service - both culture and strategy; • monitor patient/client perspectives of outcomes/experience; and • engage clinicians in their development. 	System-wide, led by Culture Review Implementation Branch (CRI Branch)	A2.1: Commence developing suite of measures	This action has been completed.			Baseline 1		Baseline 2										COMPLETE
		A2.2: Implement and monitor suite of measures	This action is in progress <ul style="list-style-type: none"> • An Organisation Culture Improvement Model (OCIM) and organisation and unit level assessment tools have been developed by the CRI Branch, with the first assessing whole of organisation elements and the second focusing on how these elements are implemented across different areas of the organisation. • Workforce Effectiveness indicators have been developed, comprising of a combination of workforce data metrics and KPIs aligned to the five priority change areas. • Specific Pulse Surveys questions have been selected from previous climate surveys conducted across CHS and ACTHD to capture employee perceptions that relate to each priority area. By aligning questions to the five priority areas, it allows organisations to understand whether change practices implemented are improving employee perceptions of that priority area. • An external consultancy (People Measures) has been engaged to assess the validity of the OCIM and workforce effectiveness indicators, as well as the proposed evaluation approach. This review will be completed in April 2021. 					Baseline 1		Baseline 2								ON TRACK
	People Strategy, ACT Health Directorate	A2.1: Commence developing suite of measures	This action has been completed.			Baseline 1												COMPLETE
		A2.2: Implement and monitor suite of measures	This action is in progress. <ul style="list-style-type: none"> • Due to the success of the Values Champions Network in 2020, it has been decided the network will continue to meet quarterly in 2021 to work together on strengthening the values and focus on Organisational Trust. • The network members to meet in the first face to face environment for the first time on 12 March 2021. Masterclass to provide professional support organised - on mindfulness in the workplace. 					Baseline 1										DELAY
		A2.3: Conduct 2019 staff survey (evaluate)	This action has been completed.				B1											COMPLETE
		A2.4: Conduct 2021 staff survey (evaluate)	Survey to be conducted last quarter of 2021. Update was not provided this reporting period.														B1	ON TRACK
	People and Culture, Canberra Health Services	A2.1: Commence developing suite of measures	This action has been completed.			Baseline 1		Baseline 2										COMPLETE
		A2.2: Implement and monitor suite of measures	This action has been completed.					Baseline 1		Baseline 2								COMPLETE
		A2.3: Conduct 2019 staff survey (evaluate)	This action has been completed.				B1											COMPLETE
		A2.4: Conduct 2021 staff survey (evaluate)	This action is in progress. <ul style="list-style-type: none"> • Planning is underway to conduct the Culture Survey 2021 in October with questions being reviewed and discussions continuing with the survey provider. 														B2	ON TRACK

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019		2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
	Great Workplaces Program, Calvary Public Hospital Bruce	A2.1: Commence developing suite of measures	<p>This action is in progress.</p> <p>Update not provided for this reporting period.</p>			Baseline 1	Baseline 2									DELAY
		A2.2: Implement and monitor suite of measures	<p>This action is in progress.</p> <ul style="list-style-type: none">• Conversation starters are being launched on 30 March 2032 in the CPHB Leadership Forum.• The Conversation Starters have been designed for people managers to help them have meaningful conversations with their staff and focus on the six key elements from Gallup Q12. It is CPHB's response to the findings of its employee survey conducted by Gallup.				Baseline 1			Baseline 2					ON TRACK	
		A2.3: Conduct 2019 staff survey (evaluate)	<p>This action has been completed.</p>			B1	Baseline 2									COMPLETE
		A2.4: Conduct 2021 staff survey (evaluate)	<p>This action is in progress.</p> <p>The next engagement survey is planned for August 2021.</p>											B2	B1	ON TRACK
	<p>Overall Status of Recommendation 2:</p> <p>AT RISK</p> <ul style="list-style-type: none">• This Recommendation is on track to be completed within the agreed timeframe by CHS.• Action 2.2 (ACT Health Directorate) has exceeded the implementation timeframe by 12 weeks.• Action 2.1 (Calvary Public Hospital) has exceeded the implementation timeframe by 12 weeks.															

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019		2020				2021				2022		STATUS	
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		Q1
Recommendation 3 of the Final Report, March 2019 <i>That a program designed to promote a healthier culture to reduce inappropriate workplace behaviour and bullying and harassment be implemented across the ACT public health system. The model adopted should be based on the Vanderbilt University Medical Center Patient Advocacy Reporting System (PARS) and Co-worker Observation Reporting System (CORS).</i>	System-wide, led by Culture Review Implementation Branch (CRI Branch)	A3.1: Planning, procurement and foundation work	This action has been completed.			Baseline 1		Baseline 2									COMPLETE
	People and Strategy, ACT Health Directorate	A3.1: Planning, procurement and foundation work	This action is in progress. • Culture Uplift workshops announced over February and March. • Work to undertake procurement to seek quotes from providers is underway to launch training for managing misconduct and conflict management.			Baseline 1		Baseline 2									ON TRACK
		A3.2: Implementation	This action is in progress. Update was not provided for this reporting period.					Baseline 1									AT RISK
		A3.3: Program delivery	This action is in progress. Update was not provided for this reporting period.									Baseline 1					ON TRACK
	People and Culture, Canberra Health Services	A3.1: Planning, procurement and foundation work	This action has been completed.			Baseline 1		Baseline 2									COMPLETE
		A3.2: Implementation	This action is in progress. • The ‘Speaking Up For Safety’ (SUFS) program is underway with 24 staff representatives from a range of disciplines having completed the 2-day training program to facilitate SUFS workshops to all staff between May – September 2021. • SUFS accreditation for staff representatives to be able to facilitate staff workshops commences on 6 April 2021. • A union workshop to consult on the actions to improve the approach to resolve workplace issues and strengthen guidance and resources available has been arranged for end March. Once union feedback has been considered, the suite of factsheets and updated training will be available for all staff.					Baseline 1		Baseline 2							ON TRACK
	A3.3: Program delivery	This action is dependent on Action 3.2. An update is not required for this reporting period.									Baseline 1					ON TRACK	
Great Workplaces Program, Calvary Public Hospital Bruce	A3.1: Planning, procurement and foundation work	This action has been completed.			Baseline 1											COMPLETE	
	A3.2: Implementation	This action has been completed.					Baseline 1									COMPLETE	
	A3.3: Program delivery	This action has been completed. • Program delivery is well underway with over 700 (57%) staff trained. Little Company of Mary (LCM) have a KPI to have 80% of all staff trained by June 2021. LCM will conduct an evaluation of the program and may provide a summary to the Steering Group.									Baseline 1					COMPLETE	
Overall Status of Recommendation 3: AT RISK • This recommendation has been completed by the CRI Branch and Calvary Public Hospital. • This Recommendation is on track to be completed by Canberra Health Services within the agreed timeframes. • Action 3.2 (Health Directorate) is due for completion in April 2021. This action is at risk of being delayed by more than 12 weeks from the agreed timeframe.																	

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

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
Recommendation 7 of the Final Report, March 2019 <i>The initiatives already underway to develop a valued and more coordinated research strategy in partnership with the academic sector and others are strongly supported. These include a</i>	Centre for Health and Medical Research, ACT Health Directorate	A7.1: Review existing arrangements (develop relationships, define positions)	This action is in progress. Update was not provided for this reporting period.		Baseline 1			Baseline 2										ON TRACK
		A7.2: Produce academic partnership and training strategy	This action is in progress. Update was not provided for this reporting period.				Baseline 1		Baseline 2								ON TRACK	
		A7.3: Implement academic partnership and training strategy	This action has not yet commenced. Update not provided for this reporting period.				Baseline 1			Baseline 2							ON TRACK	
	Overall Status of Recommendation 7: On Track This Recommendation is on track to be completed within the agreed timeframe.																	
Recommendation 8 of the Final Report, March 2019 <i>That discussions occur between ACT and NSW with a view to developing a Memorandum of Understanding (MoU) for improved collaboration between the two health systems for joint Ministerial consideration.</i>	Partnerships and Programs, ACT Health Directorate	A8.1: Commence negotiations	This action has been completed.		Baseline 1												COMPLETE	
		A8.2: Implement MOU	This action is in progress. • Several delays including finalising the funding parameters of the agreement has impacted the implementation of the MoU. Once the agreement is signed, the ACT Health Directorate (ACTHD) and NSW Ministry of Health (NSW MoH) will formally progress cross border initiatives. • NSW MoH has proposed updates to the MoU Health Addendum which provide additional flexibility for the identified actions. Feedback has been sought from the ACTHD before responding to CMTEDD with the final draft.					Baseline 1		Baseline 2							AT RISK	
	Overall Status of Recommendation 8: At Risk This Recommendation is at risk of exceeding the agreed timeframe by more than 12 weeks.																	
	Recommendation 9 of the Final Report, March 2019 <i>Clinical engagement throughout the ACT public health system, particularly by the medical profession, needs to be significantly improved. Agreed measures of monitoring such improvement needs to be developed through consensus by both clinicians and executives. Such measures should include participation in safety, quality and improvement meetings, reviews and other strategy and policy related initiatives.</i>	People and Culture, Canberra Health Services	A9.1: Agree measures	This action has been completed.		Baseline 1			Baseline 2									COMPLETE
A9.2: Ongoing monitoring and reporting			This action has been completed.					Baseline 1										COMPLETE
Great Workplaces Program, Calvary Public Hospital Bruce		A9.1: Agree measures	This action has been completed.		Baseline 1			Baseline 2									COMPLETE	
		A9.2: Ongoing monitoring and reporting	This action has not commenced. Update not provided for this reporting period.					Baseline 1										ON TRACK
Overall Status of Recommendation 9: On Track • This Recommendation has been completed by Canberra Health Services. • This Recommendation is on track to be completed by Calvary Public Hospital Bruce within the agreed timeframe.																		

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
Recommendation 10 of the Final Report, March 2019 <i>There should be a clear requirement for senior clinicians to collaboratively participate in clinical governance activities.</i>	People and Culture, Canberra Health Services	A10.1: Develop governance participation plan	This action has been completed.				Baseline 1			Baseline 2								COMPLETE
		A10.2: Commence participation	This action has been completed.				Baseline 1			Baseline 2								COMPLETE
		A10.3: Monitor participation	This action has been completed.															COMPLETE
	Great Workplaces Program, Calvary Public Hospital Bruce	A10.1: Develop governance participation plan	This action has been completed.				Baseline 1											COMPLETE
		A10.2: Commence participation	This action has been completed (endorsed by Steering Group November 2020). • The Clinical Governance Committee has been convening since September 2019.				Baseline 1											COMPLETE
		A10.3: Monitor participation	This action has been completed.															COMPLETE
	Overall Status of Recommendation 10: This recommendation has been completed.																	
Recommendation 11 of the Final Report, March 2019 <i>Canberra Health Services and Calvary Public Hospital should assess the appropriateness of the Choosing Wisely initiative as a mechanism for improving safety and quality of care, developing a</i>	People and Culture, Canberra Health Services	A11.1: Assess Program	This action has been completed.		Baseline 1													COMPLETE
		A11.2: Implement and monitor	This action has been completed.															COMPLETE
	Great Workplaces Program, Calvary Public Hospital Bruce	A11.1: Assess Program	This action has been completed.		Baseline 1													COMPLETE
		A11.2: Implement and monitor	This action has been completed.															COMPLETE
	Overall Status of Recommendation 11: This recommendation has been completed.																	

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS			
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2				
Recommendation 12 of the Final Report, March 2019 <i>That Canberra Health Services adopt the progressive evolution of clinically qualified Divisional Directors across each Clinical Division with Business Manager support and earned autonomy in financial and personnel management.</i>	People and Culture, Canberra Health Services	A12.1: Conduct pilot	This action has been completed.		<div>Baseline 1</div>													COMPLETE			
		A12.2: Rollout full recommendations	This action has been completed.						<div>Baseline 1</div>										COMPLETE		
	Overall Status of Recommendation 12: This Recommendation has been completed.																				
Recommendation 13 of the Final Report, March 2019 <i>That an executive leadership and mentoring program be introduced across the ACT public health system specifically designed to develop current and future leaders. This program should include both current and emerging leaders.</i>	System-wide, led by Culture Review Implementation Branch (CRI Branch)	A13.1: Planning	This action is in progress. • Two parallel procurement activities commenced in the final quarter of 2020: development of learning courses to support managers, and development of a leadership program. Evaluation was finalised for both in December 2020. • It was determined during the evaluation phase that initial scope and requirements were no longer fit for purpose due to maturity in thinking and approach to advancing management and leadership across the system. • The Panels' recommendation to not proceed to Contract for either process was approved. <u>Management Fundamentals</u> • Additional scoping workshops were conducted in the first quarter of 2021. • Requirements for Management Fundamentals training have been agreed by all three organisations and finalised. • The Request for Tender for development and delivery of the Management Fundamentals learning courses will be released in early April 2021. <u>Leadership Program</u> • Scoping workshops to define the requirements for a system-wide leadership program will commence April 2021. <u>Mentoring Program</u> • The CRI Branch is investigating a range of mentoring programs being delivered across the ACTPS, APS and other health services to inform further discussion about the development of mentoring programs for the ACT public health system.		<div>Baseline 1</div>				<div>BASELINE 2</div>									ON TRACK			
	People Strategy, ACT Health Directorate	A13.2: Implementation	This action is in progress.						<div>Baseline 1</div>										ON TRACK		
	People and Culture, Canberra Health Services	A13.2: Implementation	This action is in progress. • In partnership with the Culture Review Implementation Branch, CHS are finalising the statement of requirements for the development of a Management Foundations program to support managers with core knowledge, skills and competencies.						<div>Baseline 1</div>				<div>BASELINE 2</div>								ON TRACK
	Great Workplaces Program, Calvary Public Hospital Bruce	A13.2: Implementation	This action has not commenced.						<div>Baseline 1</div>				<div>BASELINE 2</div>				ON TRACK				
	Overall Status of Recommendation 13: On Track • This Recommendation is on track to be completed within the agreed timeframe.																				

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
Recommendation 14 of the Final Report, March 2019 <i>The three arms of the ACT public health system should review their HR staffing numbers and functions in response to the concerns staff have expressed regarding timeliness and confidence in</i>	System-wide, led by Culture Review Implementation Branch (CRI Branch)	A14.1: Conduct initial review	This action has been completed.	<div>Baseline 1</div>				<div>BASELINE 2</div>									COMPLETE	
					<div></div>													
	People Strategy, ACT Health Directorate	A14.2: Implement changes	This action is in progress. Update was not provided for this reporting period.				<div>Baseline 1</div>				<div>BASELINE 2</div>						ON TRACK	
								<div></div>										
		A14.3: Evaluate	This action has not commenced. Update was not provided for this reporting period.								<div>Baseline 1</div>			<div>Baseline 2</div>			ON TRACK	
	People and Culture, Canberra Health Services	A14.2: Implement changes	This action is in progress. • The findings of the HR Functions Review have been considered and opportunities for improvement are being progressed, with a consultative process underway on a proposed People and Culture restructure.				<div>Baseline 1</div>				<div>BASELINE 2</div>						ON TRACK	
									<div></div>									
		A14.3: Evaluate	This action has not yet commenced. Update was not provided for this reporting period.								<div>Baseline 1</div>			<div>Baseline 2</div>			ON TRACK	
Great Workplaces Program, Calvary Public Hospital Bruce	A14.2: Implement changes	This action has not yet commenced. Update was not provided for this reporting period.				<div>Baseline 1</div>				<div>BASELINE 2</div>						ON TRACK		
	A14.3: Evaluate	This action has not commenced. Update was not provided for this reporting period.								<div>Baseline 1</div>			<div>Baseline 2</div>			ON TRACK		
Overall Status of Recommendation 14: On Track This recommendation is on track to be completed within the agreed timeframe.																		

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
Recommendation 15 of the Final Report, March 2019 <i>The recruitment processes in the ACT public health system should follow principles outlined in the Enterprise Agreements, Public Sector Management Act 1994 and relevant standards and procedures.</i>	People Strategy, ACT Health Directorate	A15.1: Review staff advice including intranet material and implement changes as required	This action has been completed.		<div>Baseline 1</div>													COMPLETE
		A15.2: Continually monitor/evaluate recruitment activity	This action is in progress. <ul style="list-style-type: none">More workshops have been announounced for Best Practice Recruitment training.														ON TRACK	
	People and Culture, Canberra Health Services	A15.1: Review staff advice including intranet material and implement changes as required	This action has been completed.		<div>Baseline 1</div>													COMPLETE
		A15.2: Continually monitor/evaluate recruitment activity	This action has been completed.															COMPLETE
	Great Workplaces Program, Calvary Public Hospital Bruce	A15.1: Review staff advice including intranet material and implement changes as required	This action has been completed.		<div>Baseline 1</div>													COMPLETE
		A15.2: Continually monitor/evaluate recruitment activity	This action has not commenced. Update was not provided for this reporting period.															ON TRACK
	Overall Status of Recommendation 15: On Track <ul style="list-style-type: none">This recommendation has been completed by Canberra Health Services.This recommendation is on track to be completed by the Health Directorate and Calvary Public Hospital Bruce within the agreed timeframe.																	

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS				
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2					
Recommendation 16 of the Final Report, March 2019 <i>The range of training programs for staff offered by the ACT public health system should be reviewed with respect to their purpose, target audience, curriculum, training styles and outcomes so that they address the issues raised in this Review.</i>	System-wide, led by Culture Review Implementation Branch (CRI Branch)	A16.1: Conduct training program review	This action has been completed (endorsed by Steering Group April 2021).		Baseline 1				Baseline 2									COMPLETE				
	People Strategy, ACT Health Directorate	A16.1: Conduct training program review	This action has been completed (endorsed by Steering Group April 2021).		Baseline 1				Baseline 2									COMPLETE				
		A16.2: Implement changes	This action is in progress. Update was not provided for this reporting period.					Baseline 1		Baseline 2								ON TRACK				
	People and Culture, Canberra Health Services	A16.1: Conduct training program review	This action has been completed (endorsed by Steering Group April 2021).		Baseline 1				Baseline 2									COMPLETE				
		A16.2: Implement changes	This action is in progress. • The training analysis report and findings are being considered for implementation.					Baseline 1		Baseline 2								ON TRACK				
Great Workplaces Program, Calvary Public Hospital Bruce	A16.1: Conduct training program review	This action has been completed (endorsed by Steering Group April 2021).		Baseline 1				Baseline 2									COMPLETE					
	A16.2: Implement changes	This action has not yet commenced. Update was not provided for this reporting period.					Baseline 1		Baseline 2								ON TRACK					
Overall Status of Recommendation 16: On Track This recommendation is on track to be completed within the agreed timeframe.																						
Recommendation 17 of the Final Report, March 2019 <i>Should the recommendations of this Review be accepted, a public commitment should be jointly made by the Ministers for Health and Wellbeing, and Mental Health, the Director-General ACT Health Directorate, the CEO Canberra Health Services, the General Manager Calvary Public Hospital and key representative organisations to collectively implement the recommendations of this Review to ensure ongoing cultural improvement across the ACT public health system.</i>	Minister and Executive	A17.1: Deliver public commitment	This action has been completed.		Baseline 1												COMPLETE					
Overall Status of Recommendation 17: This recommendation has been completed.																						
Recommendation 18 of the Final Report, March 2019 <i>A ‘Cultural Review Oversight Group’ should be established to oversight the implementation of the Review’s recommendations. The Group should be chaired by the Minister for Health and Wellbeing, 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>	Minister and CRI Branch	A18.1: Commence group activities	This action has been completed.		Baseline 1												COMPLETE					
		A18.2: Bi-monthly group meetings	This action has been completed.		Baseline 1																	COMPLETE
Overall Status of Recommendation 18: This recommendation has been completed.																						

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
Recommendation 19 of the Final Report, March 2019 <i>That the 'Cultural Review Oversight Group' auspice for the next three years, an annual, independent and external review of the extent of implementation of the recommendations of the Review and consequent impact on cultural changes within the ACT public health system.</i>	System-wide, led by Culture Review Implementation Branch (CRI Branch)	A19.1: Annual Review (2020)	This action has been completed.					Baseline 1										COMPLETE
		A19.2: Annual Review (2021)	This action is in progress. <ul style="list-style-type: none"> The Terms of Reference for the Annual Review were endorsed by the Oversight Group and Minister for Health in March 2021. The second Annual Review will be comprehensive and include both a desktop review and interviews with a range of stakeholders. The review will commence April 2021 and will be finalised in June 2021. 									Baseline 1						AT RISK
		A19.3: Annual Review (2022)	This action is not due to commence until April 2022.													Baseline 1		ON TRACK
	Overall Status of Recommendation 19: At Risk Action 19.2 is at risk of deviating more than 12 weeks from the agreed timeframe.																	
Recommendation 20 of the Final Report, March 2019 <i>As a result of this Review, the Culture Review Oversight Group should engage with staff in the development of a change management strategy which clearly articulates to staff, patients/clients and the community the nature of the issues to be addressed and the mechanisms for doing it.</i>	System-wide, led by Culture Review Implementation Branch (CRI Branch)	A20.1a: With staff, collaboratively develop a communication strategy	This action has been completed.					Baseline 1										COMPLETE
		A20.1b: With staff, collaboratively develop a change management strategy	This action has been completed.					Baseline 1		Baseline 2								COMPLETE
	Overall Status of Recommendation 20: This recommendation has been completed.																	



ACT Health



Canberra Health Services



Culture Review Oversight Group Meeting Paper

OFFICIAL

Agenda Item: 5.3

Topic: Culture Review Implementation Program Risk

Meeting Date: 7 May 2021

Action Required: Noting

Cleared by: Director-General, ACT Health Directorate

Presenter: Executive Branch Manager, Culture Review Implementation Branch

Purpose

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

Background

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

Issues

5. There are **43 active** risks identified in the Program Risk Register.
6. The risks recorded on the Program Risk Register are categorised as follows:

Risk Category	Number of risks in category	Risk Profile
Commercial	1	1 Low
Contractual	1	1 Low
Financial	4	1 Low 3 Medium

Risk Category	Number of risks in category	Risk Profile
Governance	6	2 Low 4 Medium
People	5	5 Medium
Project	4	4 Medium
Reputation and Image	3	3 Medium
Stakeholder Management	7	7 Medium
Strategy	12	12 Medium

7. There are **five** risks with a risk rating of **Low**, and **38** risks with a risk rating of **Medium**.
8. The Risk Register continues to be reviewed regularly to assess the effectiveness of existing controls and to identify and execute additional treatments.
9. The overall risk profile for the program has continued to improve, with effective controls established to address the following areas previously reported as high risk:

Risk	Controls (best of)
Resource failure	<ul style="list-style-type: none"> Resources directed from the program to support the initial COVID-19 response have returned to the program. Program and project planning to identify resource requirements. Endorsement of resourcing by Steering Group. Escalation of issues related to resourcing to Steering Group for discussion. Additional project support is provided to organisations by CRI Branch, when required.
Communications and stakeholder engagement	<ul style="list-style-type: none"> Communications and Stakeholder Engagement Strategy and phase 1 action plan reviewed and amended to strengthen the change and engagement components and develop stronger links with each of the communications teams of the three organisations within the ACT public health system. Phase 2 action plan developed in consultation with internal communications teams and external stakeholders. Phase 2 will focus on delivering consistent and regular messages to internal and external audiences. The intranet and internet pages have been refreshed, with new content being regularly uploaded. Development of communications collateral by CRI Branch on key priorities and system-wide initiatives.

Risk	Controls (best of)
	<ul style="list-style-type: none"> Engagement with internal communications teams to ensure alignment of internal communications strategies with endorsed Communications and Stakeholder Engagement Strategy.
Program schedule	<ul style="list-style-type: none"> Strong governance structure established to oversight and direct implementation of program. Steering Group endorsement and oversight of work plans, resourcing, and budget requirements to deliver the recommendations. Progress of implementation is regularly reported to the Steering Group, Oversight group, in biannual reports to the ACT Legislative Assembly and in the independent annual review of the program. Formal engagement and reporting mechanisms have been established with heads of HR and delivery teams across system. Program Plan is regularly reviewed and adjusted. Implementation schedule endorsed by Steering Group. All program resources have been redirected back from initial COVID-19 response to program delivery. Face to face consultation and education/training activities have recommenced within the boundaries of current COVID guidelines. Escalation of risk and issues related to program delivery and schedule to Steering Group, as required.
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.	<ul style="list-style-type: none"> Delivery leads have been assigned within each organisation to coordinate the implementation, reporting and internal approvals. Meetings are facilitated by CRI Branch with all delivery leads to share information, monitor progress and identify issues and dependencies. Regular Heads of HR meetings facilitated by EBM, Culture Review Implementation Branch. Governance and Reporting Framework endorsed by Steering Group to ensure consistent and clear approach to governance and reporting across system. CRI SharePoint site established for delivery leads with critical dates calendar and standardised reporting templates.
System-wide collaboration and sharing of information	<ul style="list-style-type: none"> A strong governance structure and reporting framework has been established to support a system-wide approach.

Risk	Controls (best of)
	<ul style="list-style-type: none"> • Extensive internal and external stakeholder consultation to seek input and agreement for strategic program approach. • Regular meetings with culture implementation teams across all three organisations to increase collaboration across system.
Inconsistent approaches to delivering culture reform across system	<ul style="list-style-type: none"> • Steering Group has endorsed the system-wide strategic approach and is monitoring progress. • The Workplace Culture Framework (WCF) identifies the five workplace change priority areas. • The Rapid Evidence Assessments related to each priority area have been provided to each organisation to support evidence-based intervention design. • The Organisational Culture Improvement Model has been utilised to assist organisations to identify gaps and opportunities for improvement. The OCIM enables organisations to target interventions in alignment with the five workplace change priority areas identified in the Workplace Culture Framework.

Consultation

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

Recommendation

That the Oversight Group:

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



Culture Review Implementation

our journey of positive change



Executive Overview of the Culture Implementation Program Risk Register as at 31 March 2021

Risk Rating	Risk	Source	Impact	Controls (best of)	Status
High	<u>Risk Ref ID: 43</u> <i>Sustainability of culture reform after program ends.</i>	<ul style="list-style-type: none">• Delivery of recommendations is not sufficient to transform culture and embed sustainable change.• Program duration may be inadequate to build the foundations required for sustained culture reform.• Effective governance and oversight to continue strategic delivery and evaluation of interventions and realisation of benefits after program ends.• Capability and capacity within organisations to deliver and sustain culture reform after program ends.• Agreement on strategic approach for ensuring sustainability of culture reform across the system.• Lack of centralised team to ensure continuous and sustained improvement and measurement of progress across entire health System.• Budget constraints.	<ul style="list-style-type: none">• Culture reform is not sustained after end of program.• Inconsistent approaches or approaches that lack strategic direction are applied across the system following end of program resulting in culture reform not being sustained.• Effectiveness and impact of interventions is not measured or evaluated to inform targeted approaches and ongoing improvement.	<ul style="list-style-type: none">• Early consultation is underway to inform the strategic approach for ensuring sustainability of culture reform across the system.	New



Culture Review Oversight Group Meeting Paper

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Agenda Item: 5.4

Topic: Annual Review of Culture Review Implementation - Update

Meeting Date: 7 May 2021

Action Required: Noting

Cleared by: Director-General, ACT Health Directorate

Presenter: Chair

Purpose

1. That the Culture Review Oversight Group (Oversight Group) note the work currently underway to progress the second 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 Culture Review) states:

“That the ‘Culture Review Oversight Group’ auspice for the next three years, an annual, independent and external review of the extent of implementation of the recommendations of the Review and consequent impact on cultural changes within the ACT Public Health System”.
3. Mr Mick Reid from Michael Reid and Associates undertook the inaugural annual review during April and May 2020 with the review consisting predominantly of a desktop review approach and interviews with key stakeholders. This approach was taken due to the limited time between the completion of the Review and the commencement of the Culture Program across the ACT public health system.
4. Mr Reid’s report from the Annual Review was tabled in the ACT Legislative Assembly on 4 June 2020.
5. The Terms of Reference for the 2021 Annual Review were discussed at the Oversight Group Meeting held on 1 March 2021. The Terms of Reference have included an expanded stakeholder consultation process to facilitate connections with clinicians and staff more broadly, as agreed at the Oversight Group meeting held in June 2020.

Issues

6. The Terms of Reference were revised discussed at the 1 March 2021 Oversight Group.
7. Contact was made with 12 potential reviewers to ascertain their availability to undertake the Annual Review, however many indicated they did not have sufficient time nor the expertise to undertake the review in the timeframes.
8. A Request for Quotation (RFQ) was provided to three organisations/reviewers with only one response received.
9. An initial assessment of the response to the RFQ indicates the respondent does not have the expertise to undertake the review. Approaches have been made to several other potential reviewers to ensure we have a better range of quotations to assess.

Recommendation

That the Oversight Group:

- *Note the work underway to progress the 2021 Annual Review of the Culture Review Implementation.*



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Culture Review Oversight Group Communique of meeting on 7 May 2021

The ninth meeting of the Cultural Review Oversight Group (Oversight Group) was held on Friday, 7 May 2021.

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

Significant items discussed by the Oversight Group today included:

Oversight Group Workshop

The second workshop for the Oversight Group members was held on 18 March 2021. The purpose of the workshop was to review the measures of success for the culture review implementation program identified in July 2019s. The Workshop offered another chance to build on collaborative relationships with stakeholders from across the system to support the ongoing investment in culture reform and to continue discussions on driving future change to support ongoing culture reform. A number of agreed items were actioned in the Oversight Group after endorsement at the Workshop. These included:

- A Review of Terms of Reference – where a new name for the group was endorsed taking into account the future focus of the committee.
- The establishment of a number of working groups with membership comprising of Oversight Group members. The focus of the Working Groups will be on system-wide HR and people related concerns including: early intervention, supporting proactive engagement over matters that impacted the workforce of the system; and lastly, supporting the transitioning of students to early career professionals.

HR Functions Review

A review of the HR Function in ACT Health Directorate, Canberra Health Services and the Calvary Public Hospital Bruce was undertaken during 2020. A number of findings were made and organisations are currently considering the findings and looking at implementing as appropriate. The HR Function Review Reports have been published on the ACT Health website.

‘Culture Connect’ Newsletter

The ‘Culture Connect’ Newsletter was launched to complement the Ministerial Statement outlining the progress and initiatives that have been actioned since August 2020 in the Biannual Update that was tabled at the ACT Legislative Assembly on 31 March 2021. The newsletter will be an additional means to provide updates to the ACT public health system workforce, patients and the ACT community.

The Second Annual Review

Second Annual Review of the Culture Review Implementation is progressing through the initiation of the procurement process. It is anticipated that the review will commence later in the month and involve consultation with a broad range of stakeholders from across the system.



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Meeting schedule

The Oversight Group meets bi-monthly and its next meeting is scheduled for 29 June 2021.

Media contacts:

ACT Health Directorate: M 0403 344 080 E healthmedia@act.gov.au

Canberra Health Services: M 0466 948 935 E chsmedia@act.gov.au

Calvary Public Hospital Bruce: M 0432 130 693 E calvary@calvary-act.com.au

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Culture Review Oversight Group Meeting Paper

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Agenda Item:	6.2
Topic:	Key Messages for Represented Groups from the Oversight Group Meeting
Meeting Date:	7 May 2021
Action Required:	Noting and feedback
Cleared by:	Director-General, ACT Health Directorate
Presenter:	Executive Branch Manager, Culture Review Implementation Branch

Purpose

1. The purpose of the 'Oversight Group Key Messages' document is to provide information to represented members of the Culture 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 2020 meeting of the Oversight Group, it was agreed that members would be provided with key messages from each meeting, in addition to the minutes and Communique, to support communications with members and employees.
5. The Culture Review Implementation Branch drafts the Managers Key Messages document each month and then provides 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

6. Consistent and timely communication is identified as a priority to provide information about work underway across the system.

7. The draft Oversight Group Key Messages document for the 7 May 2021 Oversight Group meeting is at Attachment A.
8. To ensure that the Oversight Group Messages document continue to meet the needs of members and employees, feedback is sought from Oversight Group members and the individuals being represented as to the relevance of the information being messaged and information being sought in future key message documents.

Recommendation

That the Oversight Group:

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



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Key Messages from the Ninth Culture Review Oversight Group Meeting held on 7 May 2021.

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

What was discussed at the Oversight Group meeting?

The second Culture Review Oversight Group Workshop was held on 18 March 2021 and provided further opportunities for members to discuss the ongoing investment required to support culture reform across the system, now and into the future.

As an outcome of the discussions at the workshop and this Oversight Group meeting, three working groups, comprising of members of the Oversight Group will be formed to focus on specific system-wide areas. The Working Groups will focus on; early intervention, supporting proactive engagement over matters that impacted the workforce of the system; and supporting the transitioning of students to early career professionals

HR Functions Review

The review of the Human Resource functions in the three organisations in the ACT public health system has been finalised with each organisation considering the findings of the report and where appropriate, taking action.

The HR Review has enabled the assessment of each organisation's current state and outlines recommendations to support the maturity of HR models and their capacity to meet future organisational requirements.

The HR Functions Review Reports for the three organisations will be published on the ACT Health website in the near future.

Update on Other Work Happening Across the System

- This section will be updated post the meeting and will incorporate information provided by member organisations at the meeting.



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'Culture Connect' Newsletter

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A total of eight recommendation from the review into workplace culture have been completed and significant progress has been made on other recommendations. As an indication of the amount of work happening across the system, there are a total of 92 discrete actions to deliver on the recommendations and 56, or 61 percent, of these actions have been completed.

What are we focusing on in coming months?

Our focus of work over the next two months includes:

- Progressing the 2021 Annual Review of the Culture Review Implementation;
- Undertaking a procurement activity to progress management fundamentals training;
- Testing the validity and reliability of the OCIM;
- Finalising the OCIM – Business Unit Level Assessment;
- Continuing the development of communications materials to support organisational culture reform;
- Developing communications for external stakeholders and broader ACT community.