

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:

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- 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)

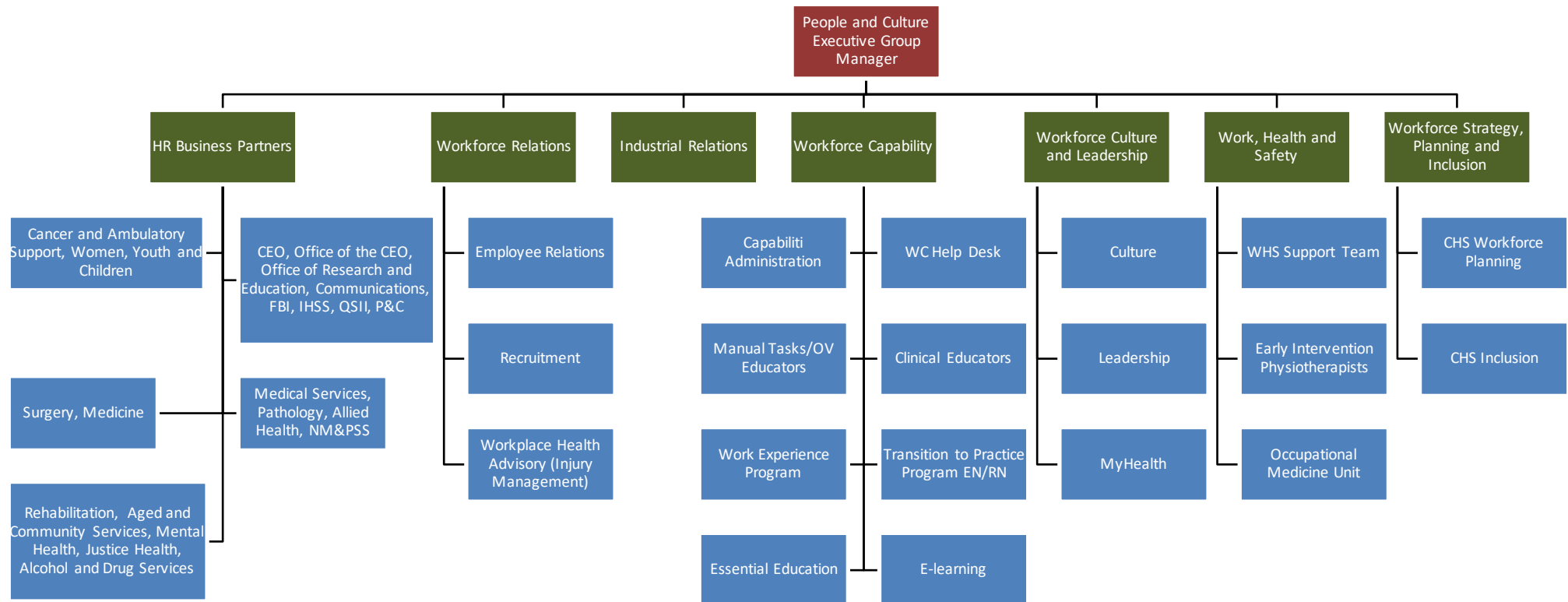


Figure 1: Current structure of the CHS People and Culture unit

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

Note: Shared Services did not have the opportunity to review the report prior to finalising and has subsequently raised some areas for further review.

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:

Note: Shared Services did not have the opportunity to review the report prior to finalising and has subsequently raised some areas for further review.

- 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 MODEL ¹⁸

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.

ATTACHMENT C: REFERENCE LIST

- ACT Auditor-General (2020). *Shared Services Delivery of HR and Finance Services – Report No. 1/2020*. Canberra, Australia.
- Anderson, N. & Cunningham-Snell, N. (2000). Personnel selection (pg 69-99). In N. Chmiel (Ed.), *Introduction to Work and Organisational Psychology*. MA, USA: Blackwell Publishing.
- APSC (2011). Workforce Planning Guide. Available at <https://www.apsc.gov.au/workforce-planning-guide>
- APSC (2003). Framework for Managing Learning and Development. Available at <https://www.apsc.gov.au/building-capability-framework-managing-learning-and-development-aps>
- Askew, D. A., Schluter, P. J., Dick, M. L., Rego, P. M., Turner, C., & Wilkinson, D. (2012). Bullying in the Australian medical workforce: Cross-sectional data from an Australian e-Cohort study. *Australian Health Review: A publication of the Australian Hospital Association*, 36(2), 197-204.
- Australian Human Resources Institute (AHRI, accessed March – August 2020). Resource database available at <https://www.ahri.com.au/resources/ahriassist/>
- Australian Human Resources Institute (AHRI, accessed August 2020). Workplace Relations. Available at <https://www.ahri.com.au/resources/ahriassist/workplace-relations/>
- Australian Human Resources Institute (AHRI, accessed August 2020). Information Sheet: HR Audit. Benchmarking and Best Practice. Available at <https://www.ahri.com.au/media/1813/info-benchmarking-and-best-practice.pdf>
- Australia National University (2020). *Investing in Our People: A System-wide, Evidence-based Approach to Workplace Change Final Report*. Canberra, Australia.
- Bartol, K. M. & Durham, C. C. (2000). Incentives: Theory and practice (pg 1-33). In C. L. Cooper & E. A. Locke (Eds.), *Industrial and Organisational Psychology*. Oxford, UK: Blackwell Publishers.
- Bartz, D. E., Hillman, L. W., Lehrer, S., & Mayhugh, G. M. (2009). A model for managing workforce diversity. *Management Education and Development*, 21(4), 321-326.
- Boudreau, J. W., & Ramstad, P. M. (2007). *Beyond HR: The New Science of Human Capital*. USA: Harvard Business Press.
- Boudreau, J., & Cascio, W. (2017). Human capital analytics: Why are we not there? *Journal of Organizational Effectiveness: People and Performance*, 4(2), 119-126.
- Budd, J. W., & Colvin, A. J. (2008). Improved metrics for workplace dispute resolution procedures: Efficiency, equity, and voice. *Industrial Relations: A Journal of Economy and Society*, 47(3), 460-479.
- Bushe, G. R., & Marshak, R. J. (2014). The dialogic mindset in organization development (pg 55-97). In *Research in Organizational Change and Development (Vol. 22)*. United Kingdom: Emerald Group Publishing Limited.
- Cacioppe, R., & Edwards, M. (2005). Seeking the Holy Grail of organisational development. *Leadership & Organization Development Journal*, 26(2), 86-105.
- Chmiel, N. (2000). Safety at work (pg 255-276). In N. Chmiel (Ed.), *Introduction to Work and Organisational Psychology*. MA, USA: Blackwell Publishing.

- Chungyalpa, W., & Karishma, T. (2016). Best practices and emerging trends in recruitment and selection. *Journal of Entrepreneurship & Organization Management*, 5(2), 1-5.
- CMTEDD (2010 and 2014, accessed August 2020). The Respect, Equity and Diversity Framework. Available at <https://www.cmtedd.act.gov.au/employment-framework/workplace-behaviours/the-respect,-equity-and-diversity-red-framework>
- Cooper, M. D. (2000). Towards a model of safety culture. *Safety Science*, 36(2), 111-136.
- Cortina, L. M., & Magley, V. J. (2003). Raising voice, risking retaliation: Events following interpersonal mistreatment in the workplace. *Journal of Occupational Health Psychology*, 8(4), 247-265.
- Cummings, T. G., & Worley, C. G. (2014). *Organization development and change*. USA: Cengage learning.
- De Bruecker, P., Van den Bergh, J., Beliën, J., & Demeulemeester, E. (2015). Workforce planning incorporating skills: State of the art. *European Journal of Operational Research*, 243(1), 1-16.
- Duffy, M. (2009). Preventing workplace mobbing and bullying with effective organizational consultation, policies, and legislation. *Consulting Psychology Journal: Practice and Research*, 61, 242-262.
- Edwards, M. R., & Edwards, K. (2019). *Predictive HR Analytics: Mastering the HR Metric* (2nd Ed.). New York: Kogan Page Ltd.
- Fair Work Commission. (Accessed August 2020). Enterprise Agreements Benchbook. Available at <https://www.fwc.gov.au/enterprise-agreements-benchbook>
- Fink, A. A., & Sturman, M. C. (2017). HR metrics and talent analytics (pg 375-390). In D. G. Collings, K. Mellahi, & W. F. Cascio (Eds.), *The Oxford Handbook of Talent Management*. Oxford, UK: Oxford University Press.
- Fletcher, C. (2001). Performance appraisal and management: The developing research agenda. *Journal of Occupational and organizational Psychology*, 74(4), 473-487.
- Fletcher, C. (2000). Performance appraisal: Assessing and developing performance and potential (pg 125-147). In N. Chmiel (Ed.), *Introduction to Work and Organisational Psychology*. MA, USA: Blackwell Publishing.
- Frick, K. (2011). Worker influence on voluntary OHS management systems: A review of its ends and means. *Safety Science*, 49(7), 974-987.
- Gerrish, E. (2016). The impact of performance management on performance in public organizations: A meta-analysis. *Public Administration Review*, 76(1), 48-66.
- Hale, A. R., & Hovden, J. (1998). Management and culture: The third age of safety. A review of approaches to organizational aspects of safety, health and environment (pg 129-165). In A. Feyer & A. Williamson (Eds.) *Occupational Injury: Risk, Prevention and Intervention*. London, UK: Taylor & Francis Ltd.
- Holte, K. A. & Kjestveit, K. (2012). Young workers in the construction industry and initial OSH training when entering work life. *Work: A Journal of Prevention, Assessment and Rehabilitation*, 41, 4137-4141.
- Kandola, R., & Fullerton, J. (1996). *Managing the mosaic: Diversity in action*. London: Institute of Personnel and Development.
- Kegan, R. & Lahey, L. L. (2016). *An everyone culture: Becoming a deliberately developmental organization*. Boston: Harvard Business Review Press.
- Kim, Y., Park, J., & Park, M. (2016). Creating a culture of prevention in occupational safety and health practice. *Safety and Health at Work*, 7(2), 89-96.

- Koeck, C. (1998). Time for organisational development in healthcare organisations: Improving quality for patients means changing the organisation. *BMJ*, 317, 1267-1268.
- Kramar, R. (2016). Performance management (pg 352-407). In R. Kramar, P. McGraw, & R. S. Schuler (Eds.), *Human Resource Management in Australia*. Melbourne: Longman.
- Lawler, E. (2012). *Effective Human Resource Management: A Global Analysis*. California, USA: Stanford University Press.
- Lawthom, R. (2000). Against all odds: Managing diversity (pg 387-406). In N. Chmiel (Ed.), *Introduction to Work and Organisational Psychology*. MA, USA: Blackwell Publishing.
- MacDermott, T. (2002). *Managing Individual Workplace Grievances and Disciplinary Procedures*. Sydney, Australia: Cutler, Hughes & Harris.
- Maceachen, E., Kosny, A., Ståhl, C., O'Hagan, F., Redgrift, L., Sanford, S., ... & Mahood, Q. (2016). Systematic review of qualitative literature on occupational health and safety legislation and regulatory enforcement planning and implementation. *Scandinavian Journal of Work, Environment & Health*, 3-16.
- Marsick, V. J., & Watkins, K. E. (2003). Demonstrating the value of an organization's learning culture: The dimensions of the learning organization questionnaire. *Advances in Developing Human Resources*, 5(2), 132-151.
- McGraw, P. (2016). Recruitment, selection and placement (pg 304 – 351). In R. Kramar, P. McGraw, & R. S. Schuler (Eds.), *Human Resource Management in Australia*. Melbourne: Longman.
- McLean, G.N. (2010). *Organisation Development: Principles, Processes, Performance*. CA, USA: Berrett-Koehler Publishers Inc.
- Milne, S. H., Blum, T. C., & Roman, P. M. (2004). Factors Influencing Employees' propensity to use an Employee Assistance Program. *Personnel Psychology*, 47(1), 123-145.
- Mor Barak, M. E., Lizano, E. L., Kim, A., Duan, L., Rhee, M. K., Hsiao, H. Y., & Brimhall, K. C. (2016). The promise of diversity management for climate of inclusion: A state-of-the-art review and meta-analysis. *Human Service Organizations: Management, Leadership & Governance*, 40(4), 305-333.
- Mullins, L. J. (2007). *Management and Organisational Behaviour* (6th Ed.). Harlow: Financial Times/Pearson.
- Nordlöf, H., Wiitavaara, B., Högberg, H. & Westerling, R. (2017). A cross-sectional study of factors influencing occupational health and safety management practices in companies. *Safety Science*, 95, 92-103.
- Odor, H. O. (2018). Organisational Change and Development. *European Journal of Business Management*, 10(7), 58-66.
- Ono, T., Lafortune, G. & Schoenstein, M. (2013). Health Workforce Planning in OECD Countries: A Review of 26 Projection Models from 18 Countries, *OECD Health Working Papers*, No. 62, OECD Publishing, Paris, available at <https://doi.org/10.1787/5k44t787zcnw-en>
- Patrick, J. (2000). Training (pg 100-124). In N. Chmiel (Ed.), *Introduction to Work and Organisational Psychology*. MA, USA: Blackwell Publishing.
- Pulakos, E. A. (2004). *Performance Management: A Roadmap for Developing, Implementing and Evaluating Performance Management Systems*. USA: The SHRM Foundation.
- Saunders, I., & Barker, S. (2001). Organisational health: A framework for checking your organisation's fitness for success. *Journal of Change Management*, 2(2), 173-183.

- Schultz, D. P. & Schultz, S. E. (2018). *Psychology and Industry Today: An Introduction to Industrial and Organisational Psychology* (5th Ed). New York: Macmillan Publishing Company.
- Senior, B. (2000). Organisational change and development (pg 347-384). In N. Chmiel (Ed.), *Introduction to Work and Organisational Psychology*. MA, USA: Blackwell Publishing.
- Smith, A. (2016). Training and development (pg 462-502). In R. Kramar, P. McGraw, & R. S. Schuler (Eds.), *Human Resource Management in Australia*. Melbourne: Longman.
- Taylor, M. S., & Collins, C. J. (2000). Organisational recruitment: Enhancing the intersection of research and practice (pg 304-334). In C. L. Cooper & E. A. Locke (Eds.), *Industrial and Organisational Psychology*. Oxford, UK: Blackwell Publishers.
- Stone (2014). *Human Resource Management (8th Ed.)*. John Wiley & Sons. Referenced in AHRI Information Sheet: HR Audit. Available at <https://www.ahri.com.au/media/1813/info-benchmarking-and-best-practice.pdf>.
- Van Dam, N. H. M. (2017). *Staying Relevant in the Workforce: Developing Lifelong Learning and L&D Practices*. Copenhagen: Bookboon.
- Walters, D., & Nichols, T. (2007). *Worker Representation and Workplace Health and Safety*. USA: Palgrave Macmillan.
- Willis, G., Cave, S., & Kunc, M. (2018). Strategic workforce planning in healthcare: A multi-methodology approach. *European Journal of Operational Research*, 267(1), 250-263.