OFFICIAL

Culture Reform Oversight Group Agenda

Friday, 27 October 2021
2.00pm-5.00pm
Meeting via WebEx

		Sponsor	
Item 1	**Welcome and apologies**		
	1.1 Introductions	Chair	5 mins
Item 2	**Minutes of the previous meeting**		
	2.1 Minutes from 9 August 2021	Chair	5 mins
	2.2 Actions Arising – for discussion	Chair	5 mins
Item 3	**Presentation**		
	NGO Leadership Group – NGO Engagement 3:30-4:00pm	Lisa Kelly DDG ACTHD	30 mins
Item 4	**Decision and discussion items**		
	4.1 Findings of the second Annual Review	Chair	60 mins
	5-minute break		
	4.2 Workforce Data	Chair	20 mins
	4.3 Working Group Progress a. Transition student to clinician b. Early Consultation c. Human Resource	Chair	30 mins
Item 5	**Updates**		
	5.1 Member Updates (Verbal)	All Members	30 mins
Item 6	**Noting Items**		
	6.1 Implementation of Recommendations and Project Plan		15 mins

	6.2 Culture Review Implementation Program Risk		
Item 7	**Other Business**		
	7.1 Oversight Group Key Messages	Chair	5 mins

Next meetings:
13 December 2021

Culture Review **Implementation**

our journey of positive change

Culture Reform Oversight Group Meeting Paper

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Agenda Item:	3
Topic:	**Presentation: NGO Engagement**
Meeting Date:	27 October 2021
Action Required:	**Discussion**
Cleared by:	**Director-General, ACT Health Directorate**
Presenter:	Ms Lisa Kelly (Carers ACT) and Ms Jacinta George (ACT Health Directorate)

Purpose

1. To provide the Culture Reform Oversight Group (Oversight Group) with information about the activities of the NGO Leadership Group.

Background

2. Recommendation 6 of the *Final Report: Independent Review into the Workplace Culture within ACT Public Health Services* (the Culture Review) states:

> *That the ACT Health Directorate re-establish open lines of communication with the NGO sector and other external stakeholders. The proposal by the Alcohol, Tobacco and Other Drug Association (ATODA) and the Mental Health Community Coalition ACT (MHCC) to establish a peak NGO Leadership Group to facilitate this new partnership is supported.*

3. ACT Health Directorate (ACTHD) established the NGO Leadership Group (NGOLG) in response to the recommendation. The inaugural meeting of the NGOLG was held on 23 October 2019.

Issues

4. The NGOLG work plan provides immediate opportunities for collaboration and engagement between the parties, including advice to ACTHD on engaging NGOs in the development of the Territory-wide Health Service Plan (the key health service planning strategy for the ACT) and the project to commission health services in the community upon the expiry of current service funding agreements in June 2022. The latter has close links to CHS' integrated care project.

5. The NGOLG has also provided significant advice on engaging with NGOs to address matters related to supporting NGOs funded by ACTHD during the COVID-19 public health emergency.

6. A formal evaluation of the success of the NGOLG in achieving the recommendations of the Culture Review is in the planning phase.

Presentation

7. Ms Kelly and Ms George's presentation will enable discussion of the activities of the NGO Leadership Group.

Recommendation

That the Oversight Group:

- *Note the presentation provided by Ms Kelly and Ms George on the NGO Leadership Group.*

Culture Review **Implementation**

our journey of positive change

Culture Reform Oversight Group Meeting Paper

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Agenda Item:	4.1
Topic:	**Findings of the Second Annual Review**
Meeting Date:	27 October 2021
Action Required:	**Decision and Discussion**
Cleared by:	**Director-General, ACT Health Directorate**
Presenter:	EBM People Strategy and Culture Branch

Purpose

1. To note the findings from the second Annual Review (Review) of the Culture Review Implementation; and
2. To discuss priorities for action for the remainder of the Culture Review Implementation.

Background

3. Recommendation 19 of the *Final Report: Independent Review into the Workplace Culture within ACT Public Health Services* (the Culture Review) states "That the 'Culture Review Oversight Group' auspice for the next three years, an annual, independent and external review of the extent of implementation of the recommendations of the Review and consequent impact on cultural changes within the ACT Public Health System".
4. Ms Renee Leon was contracted to conduct the second independent review in May 2021.
5. Ms Leon discussed her initial findings at the Oversight Group meeting on 29 June 2021 and her preliminary findings at the Oversight Group meeting on 9 August 2021.

Issues

6. The report completed by Ms Leon 'Culture in the ACT public health system: Second Annual Review' is at Attachment A.

Key Findings

a) Good foundational work has been done to establish strong frameworks for the reform of culture. This includes the Workplace Change Framework, the Organisation Culture Improvement Model, and the work the three health organisations have respectively undertaken to refresh and embed their organisational values.

b) Values need to be seen by staff to be lived at all levels. More needs to be done to establish expectations of positive workplace behaviour and to build leadership and management capability to uphold those expectations in practice. The rollout of Speaking Up For Safety in the two hospitals is a good start but will not be the only training and development that is required.

c) Formal changes have been implemented to ensure clinicians are involved in strategy and governance arrangements, and to increase the information and engagement opportunities for clinicians throughout the health system. Further development of clinical leadership capability and a willingness to listen and respond to front line clinical staff will be needed to ensure that clinician engagement improves at all levels.

d) The work that has been done to establish a research strategy is a positive start but needs more focus and momentum. The approach to research needs to be based in open and positive relationships between the health services and the universities, with genuine opportunity for clinicians to engage in research.

e) There is an opportunity and a need for improved collaboration and coordination across the health system, including between the Health Directorate and the health services, between the ACT and NSW health systems, and between health services and health consumers.

f) System-wide measures of performance, on both strategy and culture, should be developed and adopted for transparent reporting of progress.

7. A summary of key findings against each recommendation is at Attachment B.

Sustainability

8. The Review highlights the need for culture reform to transition from the implementation of the 20 recommendations of the Culture Review, to an embedded part of normal business by end of financial year.

9. The Review recommended that remaining work on Culture Review recommendations is consolidated and prioritised for action. Priorities for action were discussed at the Steering Group at the meeting of 6 October 2021 (Attachment C). This action plan forms the initial phase of transitioning culture reform into core business.

10. In transitioning to core business, the Review recommends that the following issues are considered:

    a. Unless the three organisations commit ongoing resourcing, Culture Review Implementation (CRI) Team monitoring and support for specific programs of work will need to be reduced, and work will need to be absorbed by the three organisations as business as usual. The Review notes that it would be highly desirable to maintain at least a small level of central oversight and support following the end of the project funding.

    b. Key outcomes of the Culture Review that remain to be fulfilled or are ongoing should be anchored in strategic plans and business plans, ensuring clear accountability for achieving expected outcomes.

    c. All three organisations must ensure the strategies they adopt and actions they commit to are being effectively communicated and implemented to the front line.

    d. Achieving an effective and well-coordinated health system will require greater collaboration between the three health organisations, both on matters identified by the Culture Review such as system-wide measures of success and clinical co-ordination, and more broadly on health system performance.

    e. The Review would encourage consideration of whether future governance models could fold culture into broader collaboration on health system performance and coordination.

<u>Governance</u>

11. The Review highlighted the following key issues relating to governance for the culture reform program:

    a. There has been tension between the roles of Oversight Group members as representatives of a particular sector or group, and their roles as contributors to a collegiate process of change.

    b. Structural issues, such as the funding arrangements for Calvary PHB and the divide of responsibilities between the Health Directorate and Canberra Health Services, have sometimes impacted the necessary spirit of collegiality.

    c. The recent establishment of Working Groups under the Oversight Group to progress particular issues is a positive step, but there needs to be ongoing willingness of Oversight Group members and their organisations to put in time and effort to make these Working Groups effective.

12. The Review recommends the following changes to governance to ensure continued progress and sustainability of culture reform across the health system:

    a. The Review encourages the Oversight Group to review its operations and agenda to ensure that it is focussed on the key drivers of workplace culture change.

    b. The roles and responsibilities of the Oversight Group and the Steering Group, and the communication lines between them, should be further clarified.

    c. The Oversight Group should operate in a similar mode to a Board, with responsibility for strategic guidance.

d. The Implementation Steering Group should, as a minimum, have responsibility to work together to progress action and outcomes on particular issues that the Oversight Group identifies as needing action or resolution between the three health organisations.

e. The Steering Group should share information and learning between the three health organisations on what is working well or not and identify opportunities for more strategic partnership work.

f. There needs to be greater clarity and agreement between the three health organisations as to the matters that require a system-wide approach, such as the identification and monitoring of health system data and overall commitments to the key aspects of workplace culture improvement, and the matters on which details can vary to reflect the different functions and nature of the three organisations.

Benefits/Sensitivities

13. The Review is of interest to the health sector and the ACT and surrounding community more broadly.

Recommendation

That the Oversight Group:

- *Note the findings of the second annual review of the implementation of the Culture Review.*
- *Discuss priorities for action for the remaining months of the Culture Review Implementation.*

Key Findings from the Culture Review Implementation: Second Annual Review

1. Good foundational work has been done to establish strong frameworks for the reform of culture. This includes the Workplace Change Framework, the Organisation Culture Improvement Model, and the work the three health organisations have respectively undertaken to refresh and embed their organisational values.

2. Values need to be seen by staff to be lived at all levels. More needs to be done to establish expectations of positive workplace behaviour and to build leadership and management capability to uphold those expectations in practice. The rollout of Speaking Up For Safety in the two hospitals is a good start but will not be the only training and development that is required.

3. Formal changes have been implemented to ensure clinicians are involved in strategy and governance arrangements, and to increase the information and engagement opportunities for clinicians throughout the health system. Further development of clinical leadership capability and a willingness to listen and respond to front line clinical staff will be needed to ensure that clinician engagement improves at all levels.

4. The work that has been done to establish a research strategy is a positive start but needs more focus and momentum. The approach to research needs to be based in open and positive relationships between the health services and the universities, with genuine opportunity for clinicians to engage in research.

5. There is an opportunity and a need for improved collaboration and coordination across the health system, including between the Health Directorate and the health services, between the ACT and NSW health systems, and between health services and health consumers.

6. System-wide measures of performance, on both strategy and culture, should be developed and adopted for transparent reporting of progress.

VALUES

Recommendation 1

Key Findings:

- All three health organisations have engaged positively in affirming and promulgating the values that underpin quality health care and organisational effectiveness.
- Some improvements are being anecdotally reported in the extent to which the values are lived, but staff have also expressed concerns that values-led behaviour is not consistently expected or demonstrated.

Proposed Action:

- More needs to be done to establish expectations of positive workplace behaviour and to build leadership and management capability to uphold those expectations in practice.
- Close consideration should be given to 2021 staff survey information and real focus given to what needs to be done if staff are not positive on the values being lived.
- The Review recommends that analysis of the 2021 staff survey results for all three health organisations be reviewed carefully by the Oversight Group when considering the ongoing implementation of the Culture Review.

MEASURING ORGANISATIONAL EFFECTIVENESS

Recommendation 2

Key Findings:

- The only measures developed or monitored by the three organisations in relation to this recommendation have been measures of culture change.

Proposed Action:

- Work should be re-invigorated to develop and implement agreed system-wide measures of performance of the health system that would give valuable performance data to clinicians and administrators for continuous improvement and meaningful information on the performance of the public health system.
- ACT Health Directorate (ACTHD), Canberra Health Services (CHS) and Calvary Public Hospital Bruce (CPHB) should work together, drawing on the input and involvement of clinicians and on experience and systems in other jurisdictions, to develop a suite of measures that reflect on key elements of a successful health service – both culture and strategy – and that measure health system performance, patient outcomes and experience, and staff well-being and development.

ADDRESSING BULLYING AND HARASSMENT

Recommendation 3

Key Findings:

- Staff and stakeholders interviewed continued to express significant concern about both the occurrence of inappropriate workplace behaviour and the response to complaints.
- There were some positive views that bullying had decreased in places. However, most staff feedback, particularly in Canberra Health Services, reflects a view that little has changed.
- Good work has been done by CHS and CPHB to improve the processes for handling complaints of bullying, to raise staff awareness, and to provide support.
- More could be done to better understand staff experience of the complaints process.

Proposed Action:

- CHS and CPHB should continue with the rollout of Speaking up for Safety and move as soon as possible to implement the Promoting Professional Accountability Program.
- ACTHD should institute an appropriate program to empower staff to call out inappropriate behaviour.
- All three organisations should set clear expectations for staff about appropriate workplace behaviour and equip managers and leaders at all levels to uphold these expectations both for themselves and in their teams.
- Leaders at all levels need training and support to improve their capabilities in instilling appropriate standards for workplace behaviour in their teams.
- Formal complaint processes should be streamlined as much as possible, particularly to reduce the time taken to resolve matters.
- For behaviour at the serious level of bullying, all three organisations should ensure they have efficient and effective means to handle and resolve complaints and should monitor timeliness, outcomes, and participant experience.

PARTNERSHIPS AND RELATIONSHIPS

Recommendation 4

Key Findings

- There has been more focus on questions as to whether and how to hold a summit, than on developing a plan for improved collaboration and coordination, which was the intent of the recommendation.
- The ACT would benefit from improved coordination of public health services in the ACT.
- While advancing these plans for ongoing collaboration, clinicians and administrators should not lose sight of the practical issues identified by the Culture Review concerning the mobility of medical officers between the two hospitals.

Proposed Action:

- The CEOs of the three health organisations and their executive teams should take the lead in exemplifying respectful and collaborative behaviours and expect their staff to do the same.
- Clinicians and senior administrators should, to the extent feasible within the existing arrangements, adopt a collaborative and system-wide approach.
- Barriers to clinical collaboration and mobility should be vigorously addressed.

Recommendation 5

Key Findings:

- CHS has made a concerted effort to link community health services with broader governance processes and meetings.
- CHS is proposing to monitor and evaluate the integration of community health services.

Recommendation 6

Key Findings:

- The establishment of the NGO Leadership Group is a positive step and has been welcomed by the NGOs consulted for the Review.
- NGOs consulted for the Review were overall positive about the improvements in communication and engagement by the Health Directorate, particularly at Executive level, noting that the attitude of openness and partnership had not necessarily reached all parts of the Directorate.
- It would be beneficial for both Calvary PHB and CHS to review the effectiveness of their arrangements for consultation and collaboration with relevant NGOs.

Proposed Action:

- The three health organisations should commit to an engaged and collaborative relationship with NGOs and peak bodies that recognises and draws upon the valuable input NGOs bring to both policy design and coordination of care.
- CEOs and senior leaders of both organisations should model and expect of their staff respectful and collaborative approaches with clarity about the role that NGOs are being asked to play on any particular project.

Recommendation 7

Key Findings:

- Clinicians and academics consulted for the Review overall considered that research was not sufficiently valued and expressed frustration at the slow progress in implementation of the recommendation.

- The Culture Review emphasised the importance of research linkages for improving clinical engagement and enhancing the attractiveness of Canberra as an employment destination for talented clinicians. Research should be a core component of the ACT's health strategy, and part of fostering the kind of climate where innovation thrives in solving the clinical or organisational issues facing health services.

Proposed Action:

- Finalisation of the research strategy needs to be given greater momentum and be brought to a workable outcome with research priorities adopted and then actioned.
- The two hospitals must recognise the value of engagement with research, both by fostering open and positive relationships with academic institutions, and by enabling clinicians in a practical sense to undertake research by allocating and protecting time for that purpose.

<u>Recommendation 8</u>

Key Findings:

- Implementation of this recommendation has been delayed due to broader issues of the negotiation of the intergovernmental agreement.
- There are some arrangements on foot between CHS and NSW Health that enable JMOs and Registrars from the ACT to complete clinical rotations in areas of NSW adjacent to the ACT. These arrangements are welcome for the benefits they bring to doctor training, but do not address the broader issues raised by the Culture Review.

Proposed Action:

- Efforts should be made to pursue opportunities for clinical mobility and access to professional development and research projects in NSW Health. This may be able to be finalised as part of the negotiations currently on foot for a broader inter-governmental Agreement, but if not, discussions should be progressed either through the JOC or at Directorate level to seek to progress more informal exchange and networking arrangements.

<u>Recommendations 9 and 10</u>

Key Findings:

- Good work has been done by CHS to establish structures and processes designed to involve clinicians in executive decision making, and to enable clinicians to be better informed and consulted on matters that affect them.
- The establishment of the Clinical Directors Forum at CHS has been welcomed by stakeholders consulted by the Review, although it is less clear that it is improving overall satisfaction and engagement for medical staff below the level that is represented on the CDF.
- Doctors who spoke to the review expressed frustration that consultation was not meaningful and tended to consist of being told rather than having genuine input.

Proposed Action:

- Both CHS and CPHB need to ensure that the processes they have put in place to increase clinical engagement are achieving improved engagement in practice for their clinical workforces.
- Sentiment and satisfaction among clinicians needs to be regularly tested and appropriate action taken if the prevailing experience of clinicians does not match the outcomes sought to be achieved by changes to process and governance.

Recommendation 11

Key Findings:

- Both CHS and CPHB have adopted the Choosing Wisely Initiative.

Recommendation 12

Key Findings:

- CHS has largely implemented this recommendation and the arrangements for business partners has been welcomed.
- There is still frustration expressed about slow and inefficient procedures, in particular extended delays and opaque processes for routine recruitment or procurement.

Proposed Action:

- The Review would encourage continued evolution of the management role for Clinical Directors, with a view to increasing their 'earned autonomy' and improving operational efficiency.
- More streamlined and less burdensome administrative processes will, more broadly, improve both staff experience and organisational efficiency.

Recommendation 13

Key Findings:

- Action on this front needs to be substantially increased and expedited to develop the capability of leaders and managers.
- There needs to be substantial and ongoing commitment to developing leadership and management capability in all three health organisations.

Proposed Action:

- Leadership and management training should focus on the elements identified by the Workplace Change Framework and should be regularly evaluated for its effectiveness.
- Promotion into and performance management in leadership roles should be based equally on leadership behaviours as on technical skills.

- The three health organisations should invest in management and leadership capability as a core aspect of business as usual, not a special one-off event attributed to the Culture Review.

HUMAN RESOURCES

Recommendation 14 and 15

Key Findings:

- It is positive that all three organisations have developed more useful dashboards to enable managers to be aware of workforce data and trends.
- HR data should be used as a source of insights and a basis for more strategic attention to workforce issues, not only as a tool for routine management and monitoring.
- While the HR functions review identified numerous areas requiring attention in all three organisations, progress has been limited in addressing these and more should be done in order to establish the capabilities that HR needs to support the organisations.

Proposed Action:

- The hospitals in particular may need to more closely examine the processes for recruitment to ascertain whether clinical staff can be given more support to manage the demands of recruitment against the pressure of clinical work, and whether the 'earned autonomy' foreshadowed in Recommendation 12 could help to address the delays caused by needing multiple approval steps external to divisions.

Recommendation 16

Key Findings:

- The training review found that the courses overall had low alignment with the Workplace Change Framework and inadequate evaluation methodologies. In short, these training programs are not focusing on the right things and are not being evaluated to determine if they are producing the intended results.
- Although the training review has been conducted as recommended by the Culture Review, there does not appear to have been a great deal of action since then to reframe or re-align the training programs.

Proposed Action:

- There needs to be a more determined focus on delivering appropriate training in order to equip managers and staff at all levels with the skills they need to foster the necessary changes in workplace culture.

Recommendation 17, 18 and 19

Key Findings:

- The Oversight Group has evolved over time in its approach to oversighting the implementation of the Review's recommendations.
- There has sometimes been tension between the roles of members as representatives of a particular sector or group, and their roles as contributors to a collegiate process of change.
- Structural issues, such as the funding arrangements for CPHB and the divide of responsibilities between the ACTHD and CHS, have sometimes impacted the necessary spirit of collegiality.
- The recent establishment of Working Groups under the Oversight Group to progress particular issues is a positive step, but there needs to be ongoing willingness of Oversight Group members and their organisations to put in time and effort to make these Working Groups effective.

Proposed Action:

- The Review encourages the Oversight Group to review its operations and agenda to ensure that it is focussed on the key drivers of workplace culture change.
- The roles and responsibilities of the Oversight Group and the Steering Group, and the communication lines between them, should be further clarified.
- The Oversight Group should operate in a similar mode to a Board, with responsibility for strategic guidance.
- The Implementation Steering Group should, as a minimum, have responsibility to work together to progress action and outcomes on particular issues that the Oversight Group identifies as needing action or resolution between the three health organisations.
- More broadly, the Steering Group should share information and learning between the three health organisations on what is working well or not and identify opportunities for more strategic partnership work.
- There needs to be greater clarity and agreement between the three health organisations as to the matters that require a system-wide approach, such as the identification and monitoring of health system data and overall commitments to the key aspects of workplace culture improvement, and the matters on which details can vary to reflect the different functions and nature of the three organisations.

Recommendation 20

Key Findings:

- The three organisations have failed to agree on system-wide change management or communications strategies and have made only limited inroads into establishing or implementing organisation-specific strategies.
- Interviews with staff across the health system showed that few had any knowledge of the work that was being undertaken to implement the findings of the Culture Review.

- There needs to be much more coherent and deliberate communication about culture change.

Proposed Action:

- All three health organisations should adopt a much more coherent and vigorous change management and communication strategy, assign ongoing responsibility to specified positions, ensure action continues to be taken to monitor and adjust the change strategy as needed, and regularly reinforce communication messages across multiple channels and at all levels.

Culture Review **Implementation**

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Culture Reform Oversight Group Meeting Paper

OFFICIAL

Agenda Item:	4.2
Topic:	**Workforce Effectiveness Data**
Meeting Date:	27 October 2021
Action Required:	**Noting**
Cleared by:	Rebecca Cross, Director-General ACT Health Directorate
Presenter:	Jodie Junk-Gibson

Purpose

1. To provide an update of the progress being made in reporting on Workforce Effectiveness data.

Background

2. There has been significant work underway by the Culture Review Implementation Team over the last 12 months in developing the ACT Workforce Effectiveness Indicators Model (WEIM). One aspect to the model is the identification and agreement of workforce effectiveness data to be reported by the three organisations of the ACT public health system (Attachment A and B).
3. The agreement of reporting against specific workforce data has been developed to:
    a. Meet the intent of recommendation 2, '*That Canberra Health Services and Calvary Public Hospital in conjunction with the Health Directorate develop an appropriate suite of measures that: reflect on elements of a great health service- both culture and strategy; monitor patient/ client perspectives of outcomes/ experience; and engage clinicians in their development.'*
    b. Demonstrate the linkage between workforce effectiveness data indicators and broader organisation performance measures.
    c. Reinforce that indicators of positive culture are more wholistic in nature, and not solely based within Human Resource and People Functions.

Issues

4. There has been extensive consultation across the ACT public health system over the preceding 18 months, to gain agreement for reporting of data.
5. The Oversight Group, and the Visiting Medical Officers Association in particular, has sought information on how the prevalence of bullying and harassment is measured across the public health system.

6. There is acknowledgement that the recommended data sets are not all currently available, however, the model enables reporting of available data across each of the three arms of the ACT public health system, with the intent to increase the reported data as mechanisms to capture data mature or become available.
7. Opportunity exists for ACT Health Directorate (ACTHD) and Canberra Health Services (CHS) to enhance the measurement and collection of workforce related data with the implementation of the Human Resource Information Management System (HRIMS) scheduled for mid-2022; while the data sets for Calvary Public Hospital Bruce (CPHB) will evolve with the enhancement of systems within Little Company of Mary.
8. In addition, annual and pulse culture surveys regularly capture workforce views on key issues such as bullying and harassment. These sit alongside the data captured from within each organisation's human resources system as an important mechanism to capture and report on the state of workplace culture.

Current Status

9. There has been agreement by the three organisations to operationalise workforce data.
10. The three organisations are presently reviewing a draft 'Data Dictionary' to ensure that that there is agreement to the definition, application, and measurement timeframe for operationalising a range of data indicators across the ACT public health system.
11. Discussion is underway to confirm which of the data indicators will be reported on initially and to establish a project plan outlining proposed timeframes. This will be presented at the December Oversight Group meeting, and all subsequent meetings thereafter.

Recommendation

That the Oversight Group:

- *Note the agreement by the three organisations to report on indicators informing the changing nature of culture across the ACT public health system;*
- *Note the development of the draft data dictionary; and*
- *Note that reporting of the agreed data indicators will be made available to the Culture Reform Oversight Group from December, and thereafter.*

Attachment 4.2.A

Final Report – Independent Review into the Workplace Culture within ACT Public Health Services

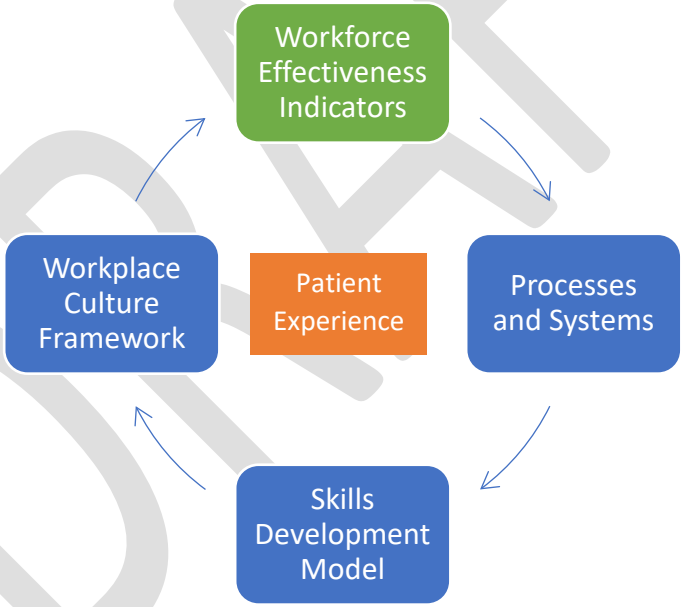
Measuring Organisational Effectiveness

Recommendation 2

That Canberra Health Services and Calvary Public Hospital in conjunction with the Health Directorate develop an appropriate suite of measures that:

- reflect on elements of a great health service – both culture and strategy;
- monitor patient/client perspectives of outcomes/experience; and
- engage clinicians in their development.

Organisational Health Indicator Model



The Culture Review Implementation Branch partnered with the ANU Research School of Management who are developing a Workplace Culture Framework (WCF), which will further inform the approach to indicators and evaluation. This will ensure that the Organisational Health Indicator Model is evidence-based.

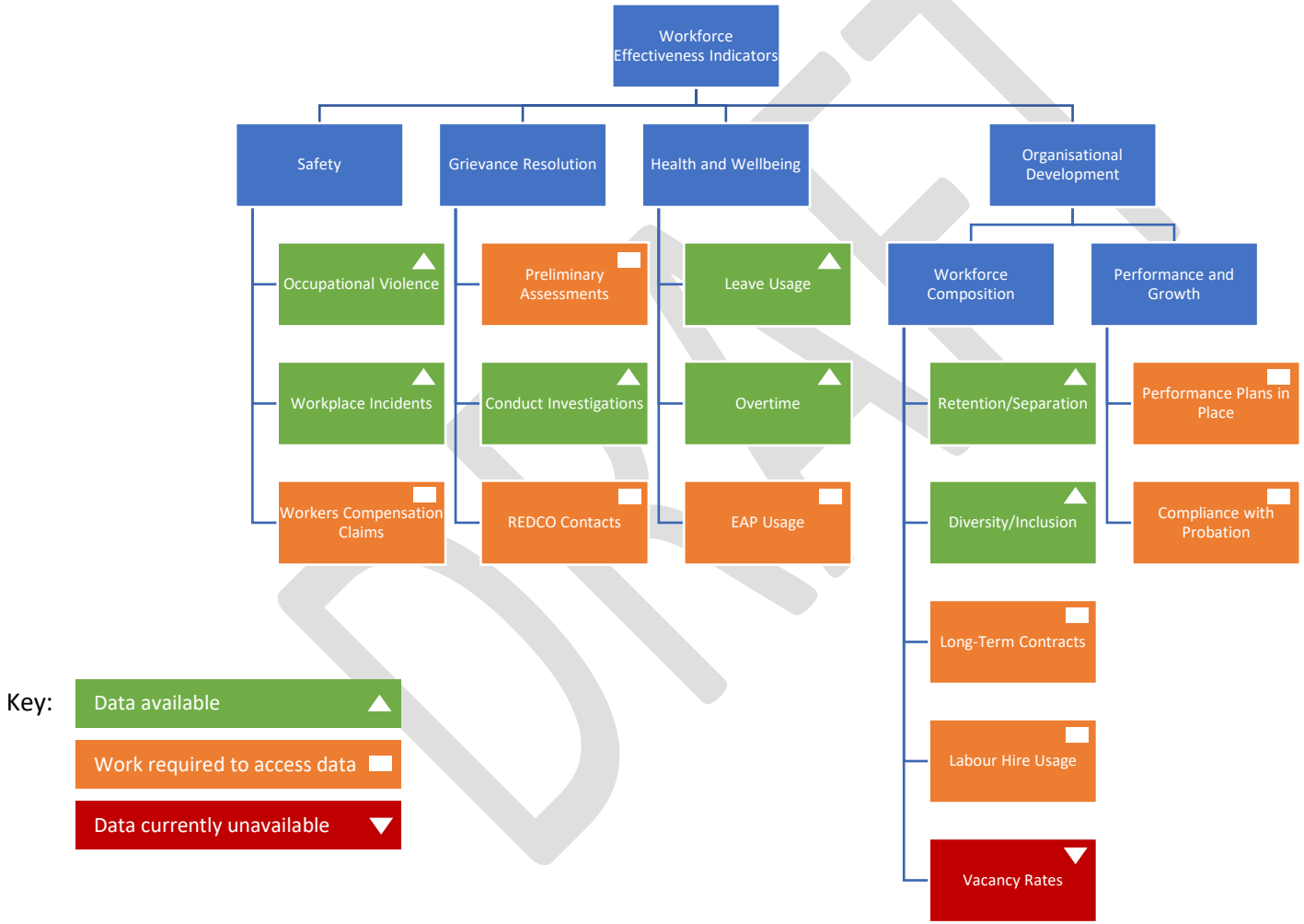
Please note – this model is a concept draft for indicative purposes only. Measures represented in this draft may not be included in the final model and other measures that are not reflected may be included. Measures will only be included where supported by the available evidence and through consultation with appropriate stakeholders.

DRAFT

Attachment 4.2.A

Workforce Effectiveness Indicators

Measuring the effectiveness of the workforce is a complex task that comprises of a multitude of components. However, most of these components can be broken down into 4 categories. To deliver on the strategic objectives as well as delivering high quality patient care, we need to invest in building a capable and supported workforce.



Please note – this model is a concept draft for indicative purposes only. Measures represented in this draft may not be included in the final model and other measures that are not reflected may be included. Measures will only be included where supported by the available evidence and through consultation with appropriate stakeholders.

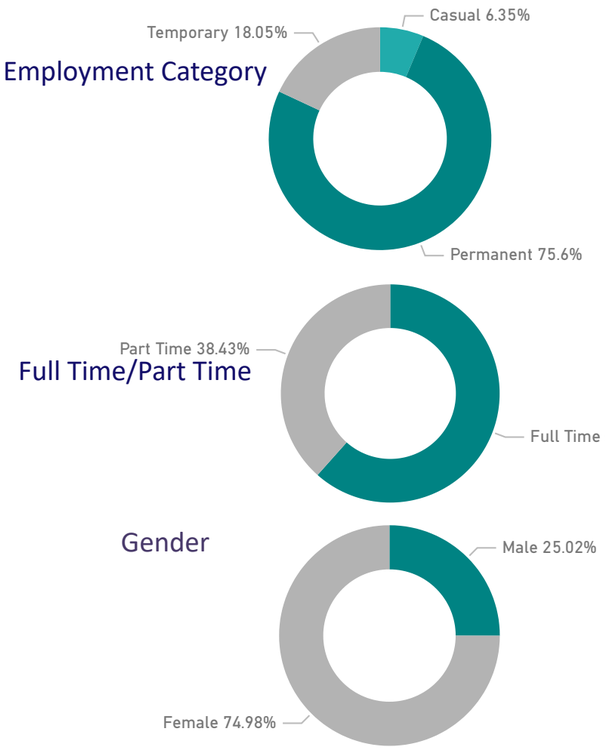
Workplace Effectiveness Dashboard

8/07/2020 30/06/2021

Canberra Health Services

7,789
Average of Headcount

6,729.3
Average of FTE



Calvary

Average of Headcount

Average of FTE

ACT Health Directorate

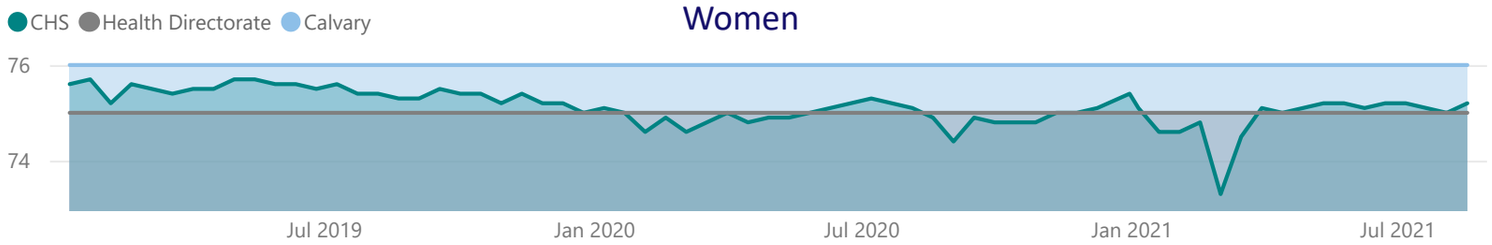
Average of Headcount

Average of FTE

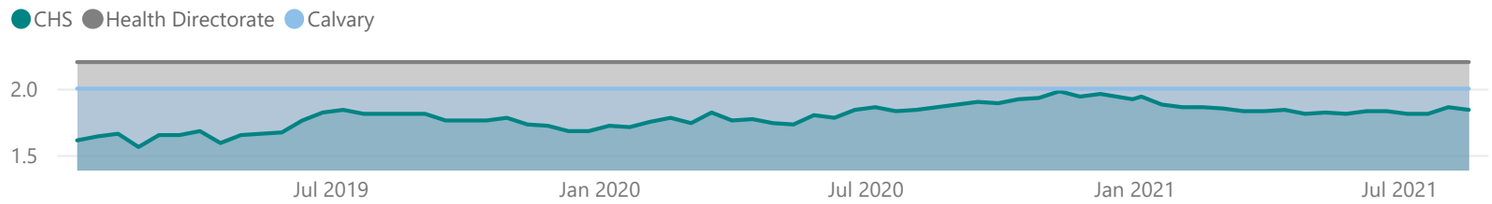
9/01/2019 18/08/2021

Diversity

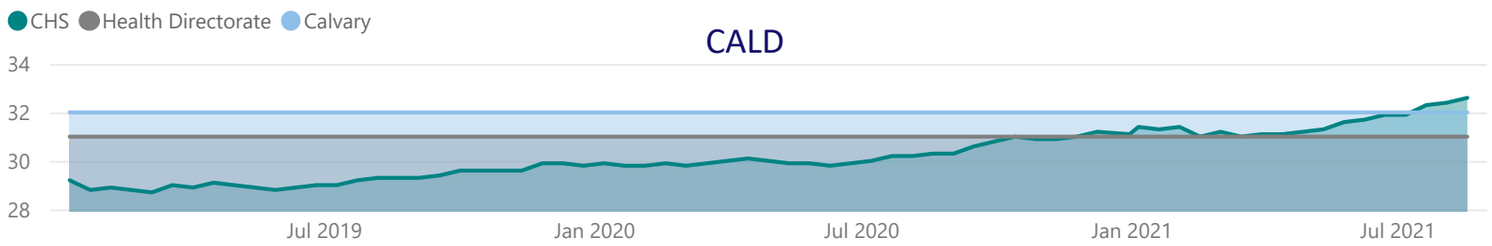
Women



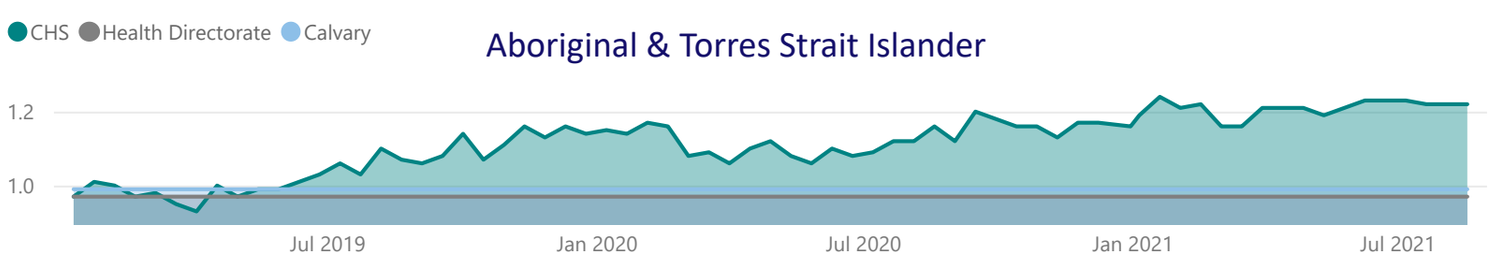
Disability



CALD



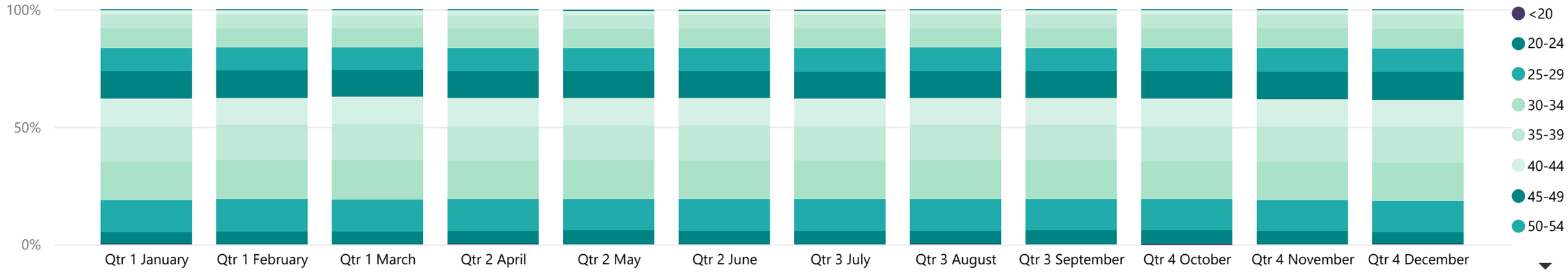
Aboriginal & Torres Strait Islander



	CHS	Calvary	HD
Women	75.12		
Disability	1.79		
CALD	30.19		
Aboriginal & Torres Strait Islander	1.12		

Age Profile

CHS



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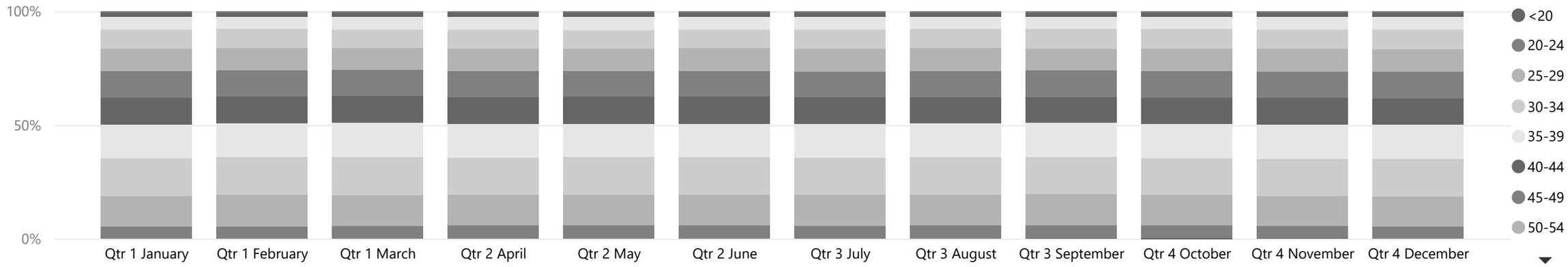
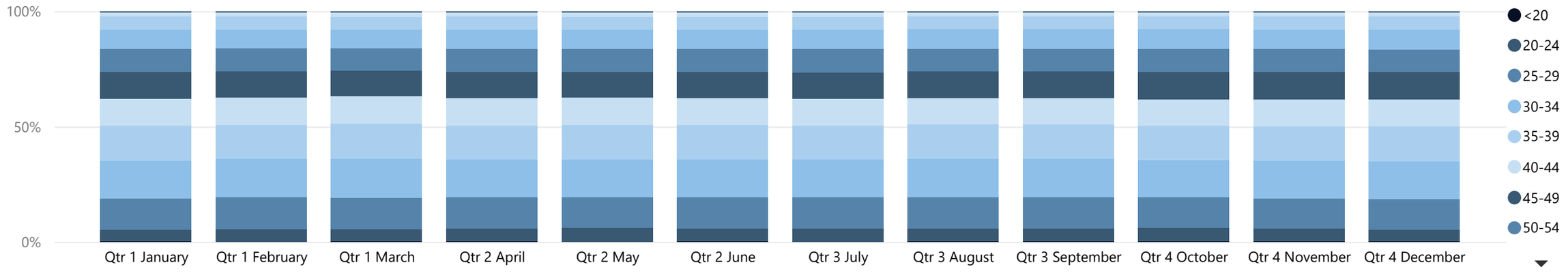
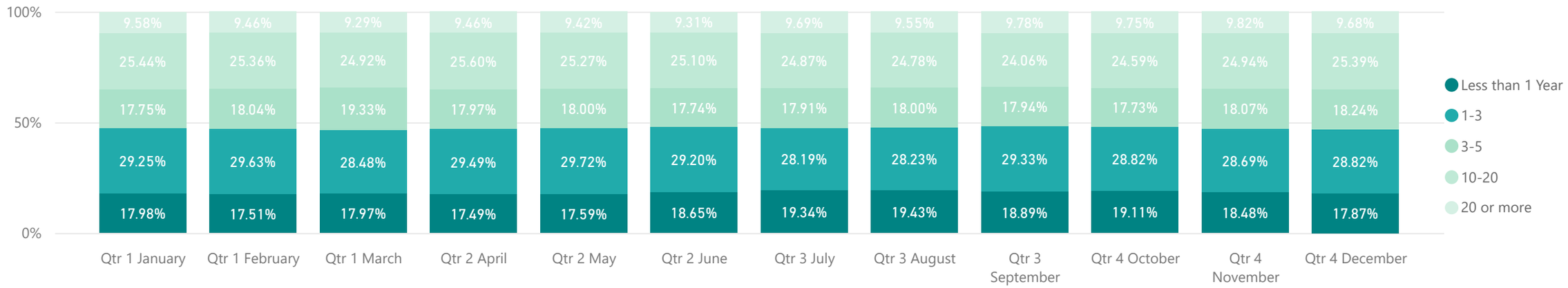


Calvary



Length of Service

CHS



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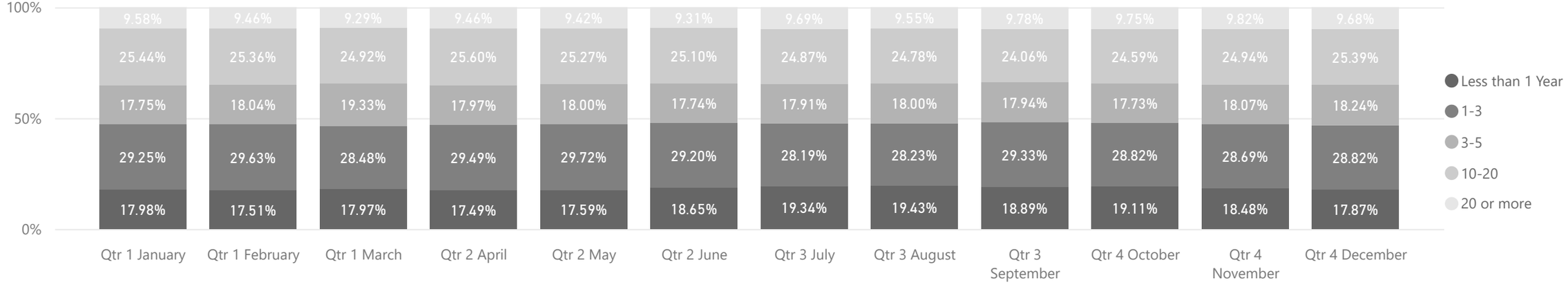

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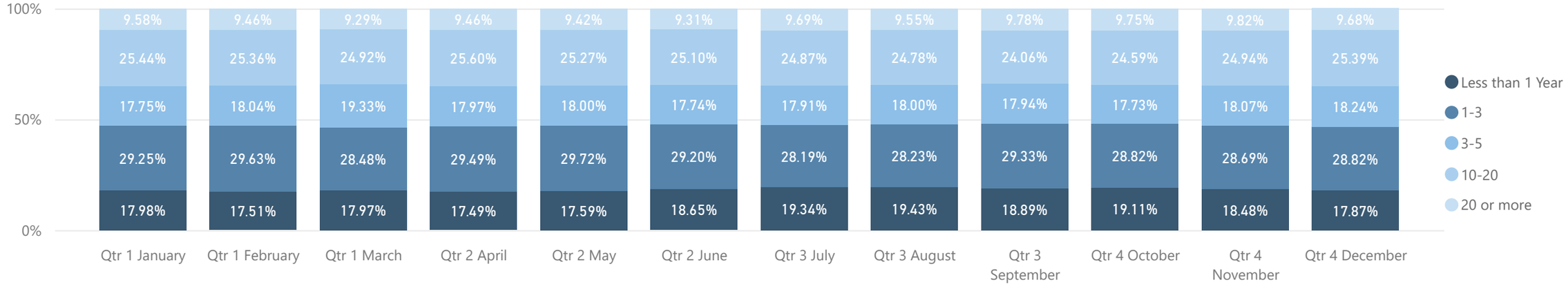
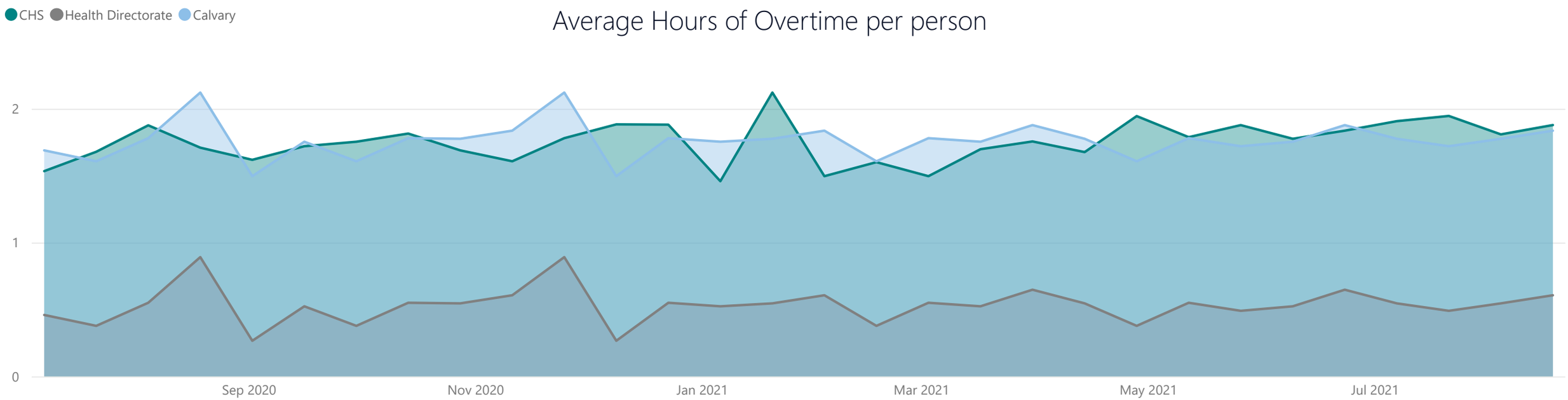


Overtime

CHS, Health Directorate and Calvary by Year, Quarter, Month and Day



Average Hours CHS

1.75

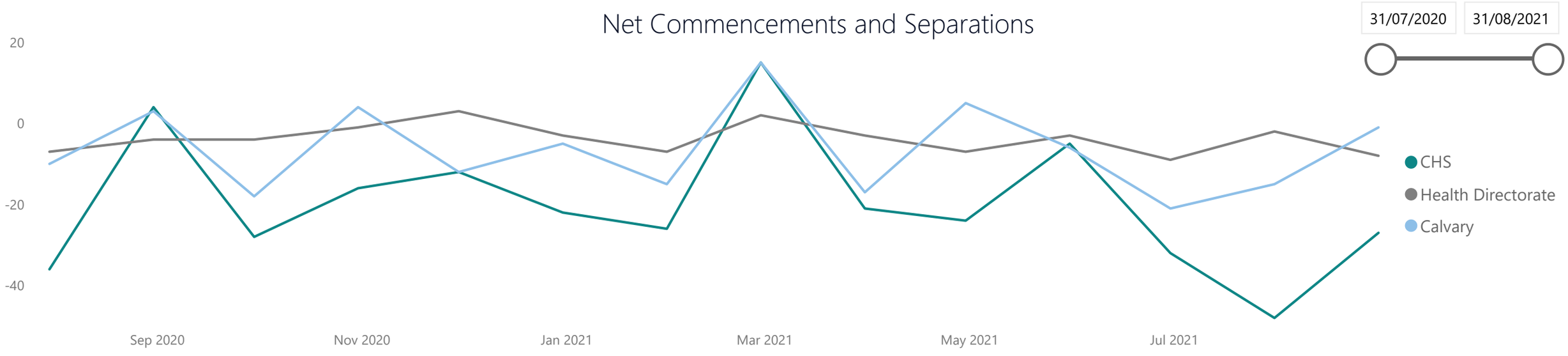
Average Hours HD

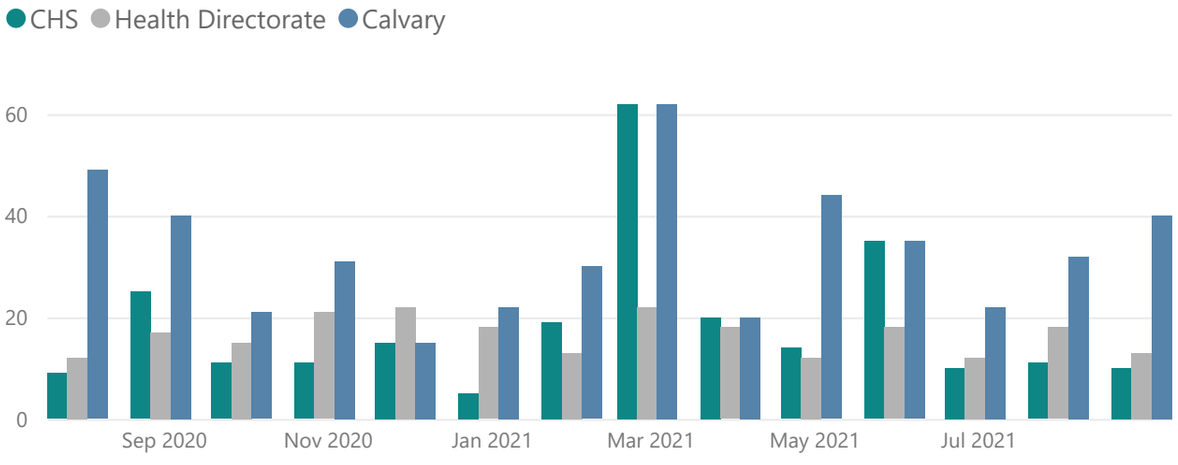
XX

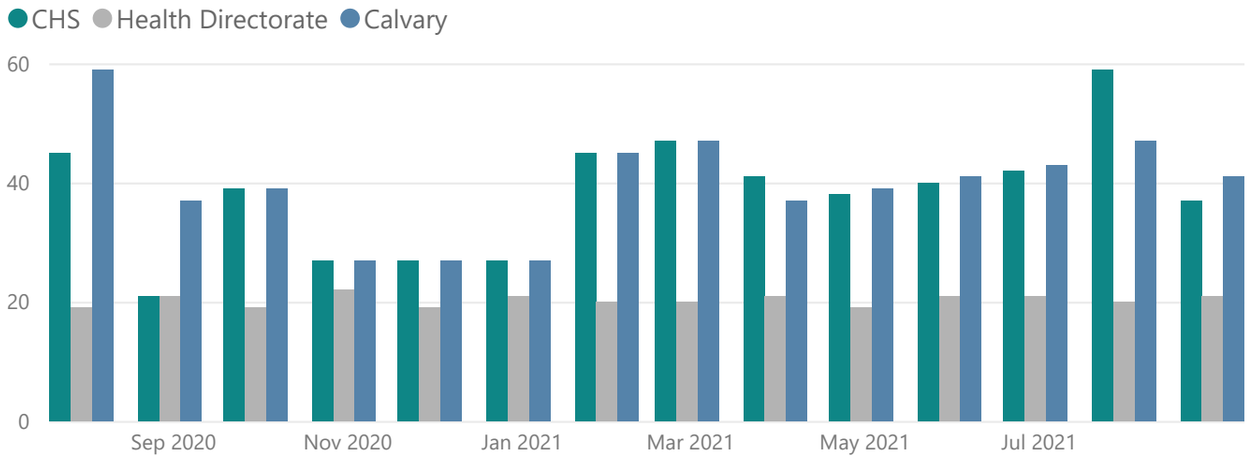
Average Hours Calvary

XX

Commencements and Separations



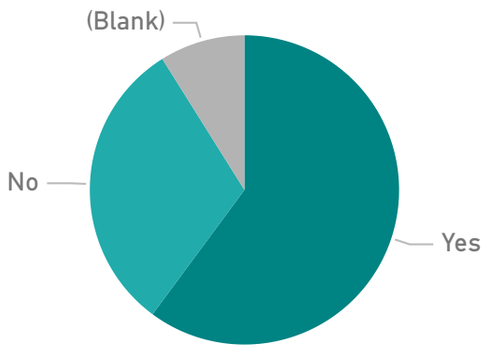




Exit Surveys and Leave

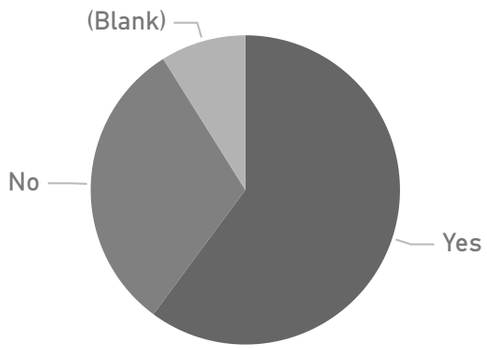
Exit Survey Responses - Would you work here again?

Canberra Health Services



34%
Response rate

Health Directorates



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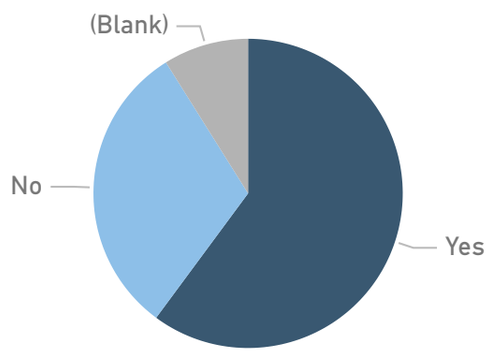
Response rate

Calvary



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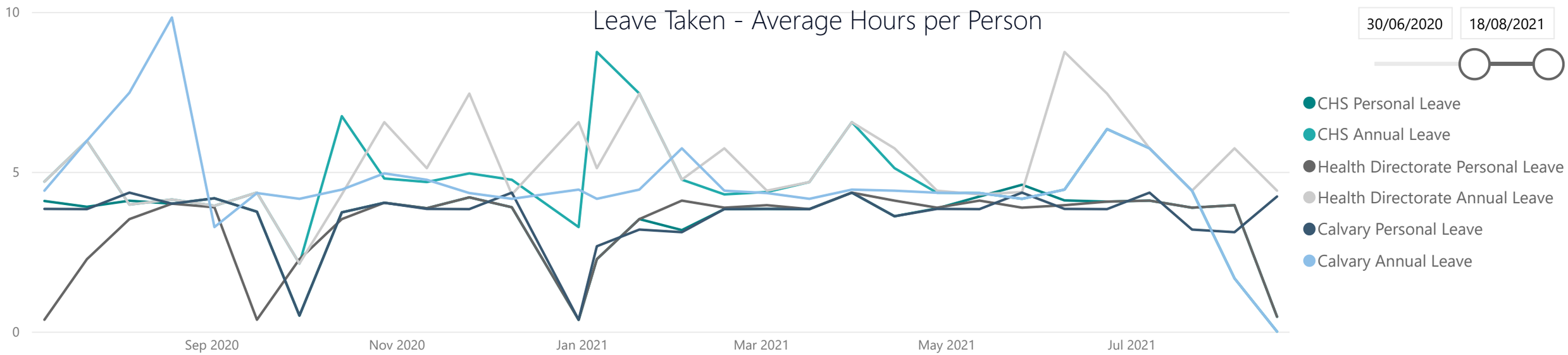
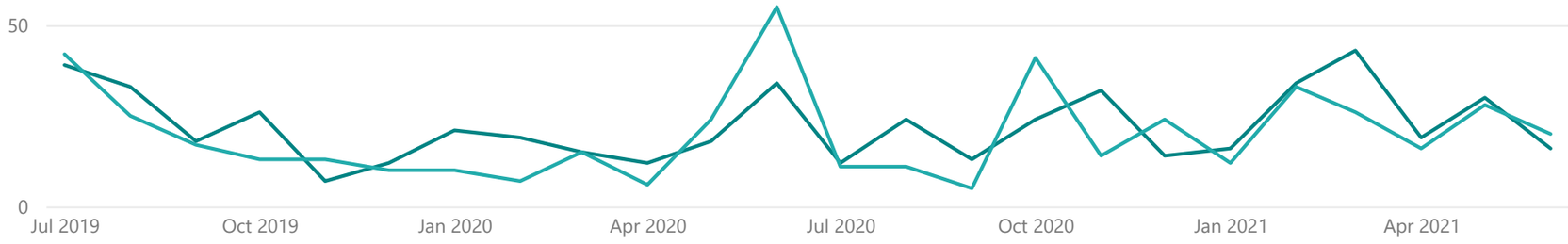
Response rate



Preliminary Assessments

CHS



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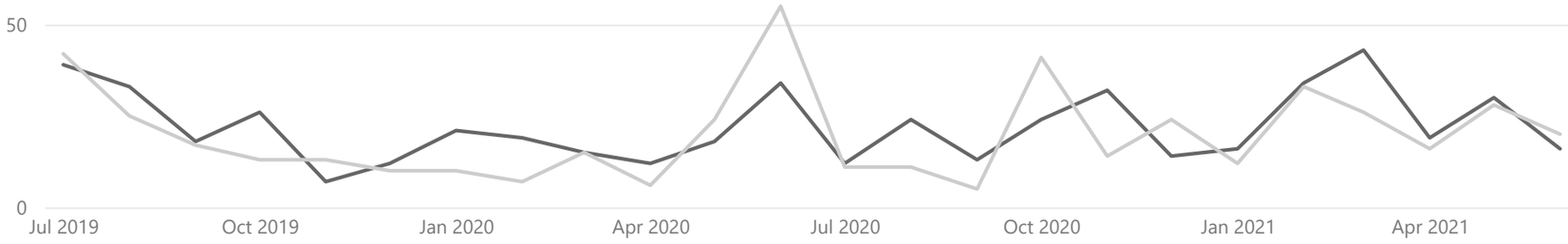

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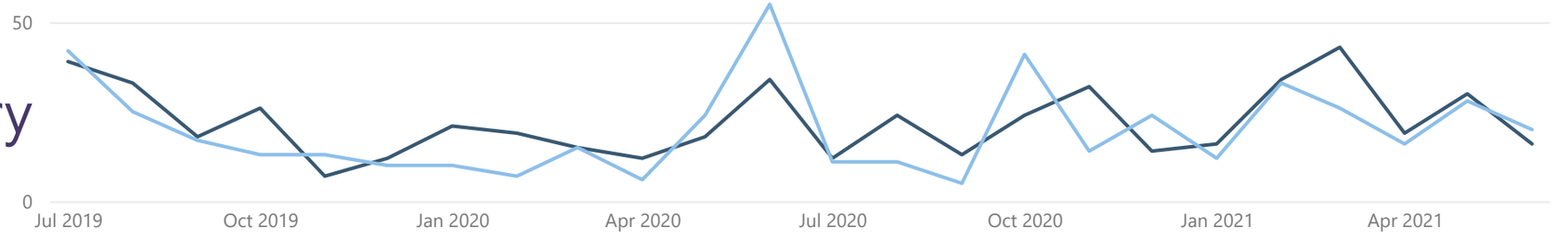

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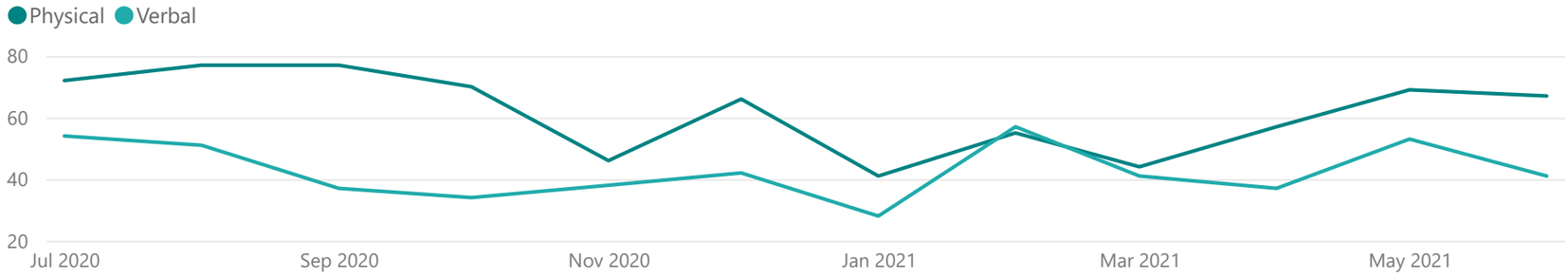
Staff Incidents

CHS



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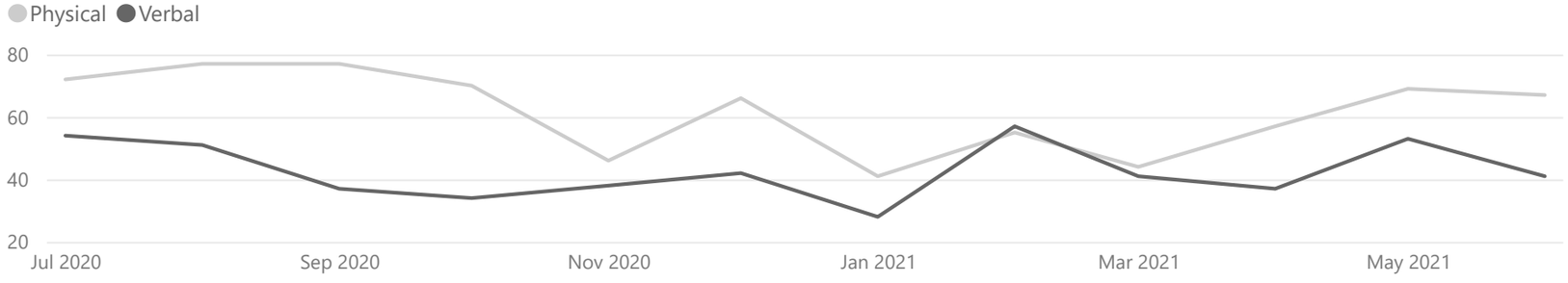

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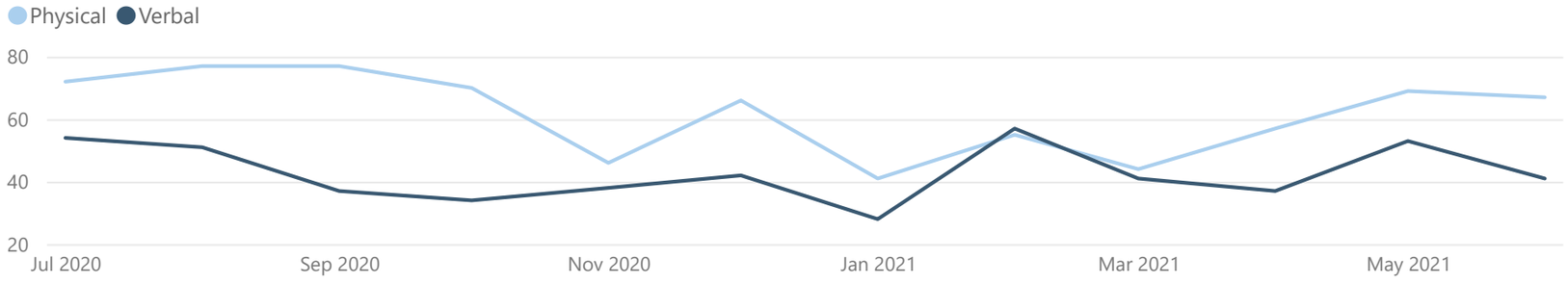
Calvary



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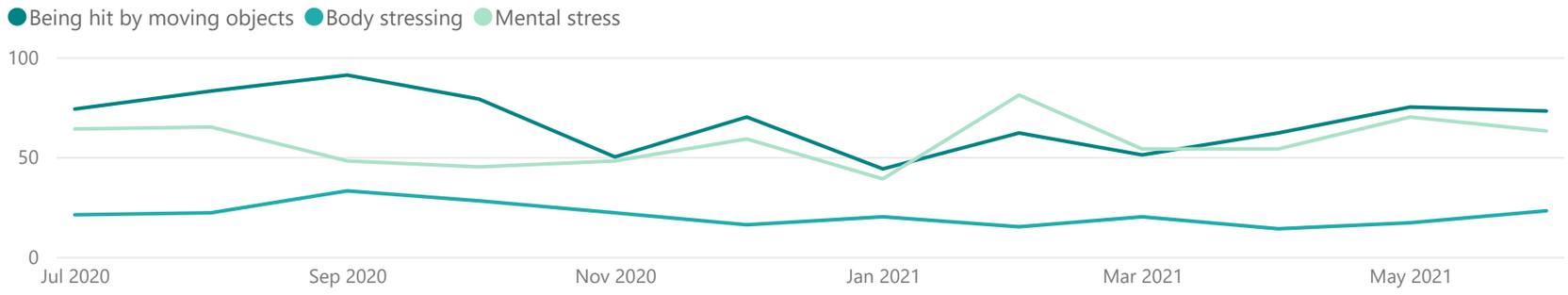
Occupational Violence

CHS



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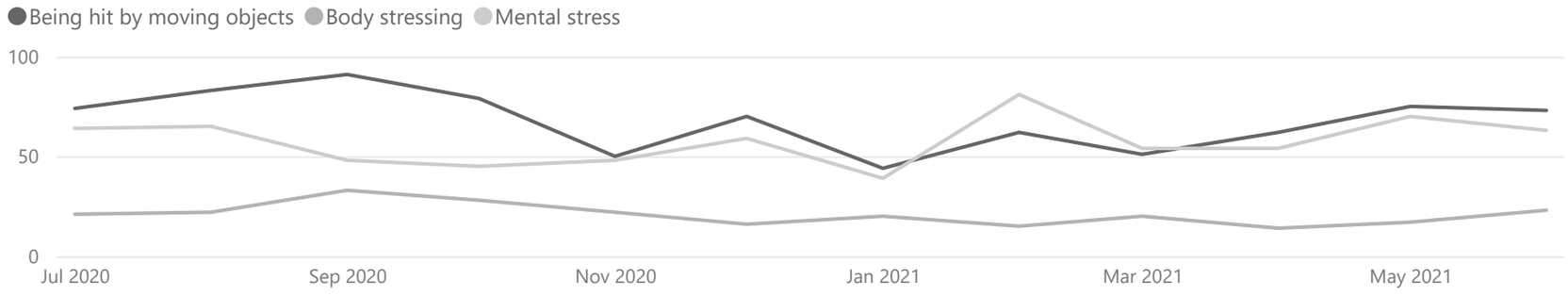
HD



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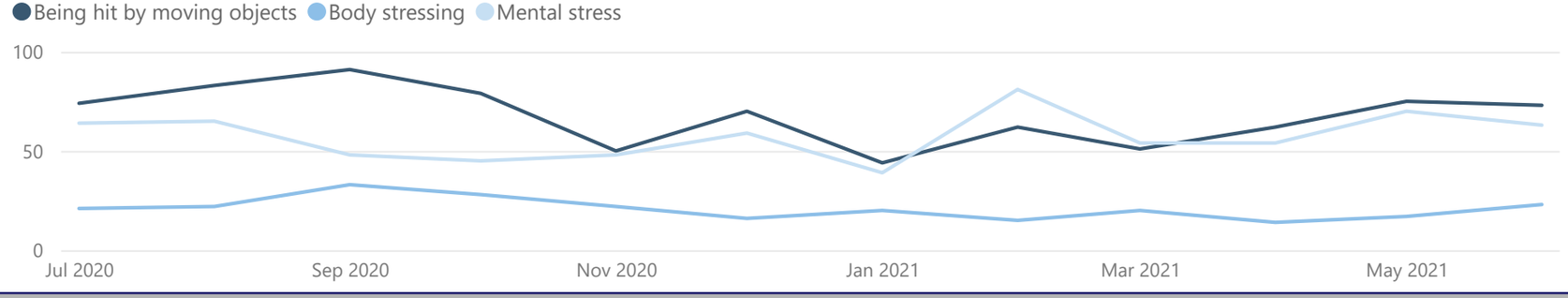
Calvary



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Culture Reform Oversight Group
Meeting Paper

OFFICIAL

Agenda Item:	4.3
Topic:	**Working group progress**
Meeting Date:	27 October 2021
Action Required:	**Discussion**
Cleared by:	**Director-General, ACT Health Directorate**
Presenters:	Working Group Representatives

Purpose

1. To provide the Culture Reform Oversight Group (Oversight Group) with an update of the progress made with the three Working Groups.

Background

2. As an outcome from the Oversight Group workshop on 18 March 2021, it was agreed that three working groups would be established to:
   - Develop solutions to matters that impacted the system,
   - Develop a model to adopt to support effective discussion, and
   - Agree on the scope of work and a work program.

3. Initial meetings of the three working groups were held in June 2021, with discussions focused on the purpose of each working group and scope.
4. The Terms of Reference for each working group are at Attachment A.
5. The Chairs of each working group are confirmed as follows:
   a. System-wide HR Matters – Ms Rebecca Cross
   b. Professional Transition to Work – Professor Nick Brown
   c. Early Intervention – Ms Barb Reid.

Issues

6. Subsequent meetings of the three working groups have been held during August 2021. Progress for each working group, including key discussions and outcomes for each group is provided below.

Professional Transition to Work Working Group

7. The third meeting of the Professional Transition to Work Working Group was held on 27 August 2021.
8. Agenda items for this meeting included scope of work, additional membership, and a discussion on the work plan for the working group.
9. The group agreed that the scope of work would include:
    a) Preparation for work (university education and placements); and
    b) Professional transitioning into and commencing work (first 18 months).
10. The group agreed to expand membership of the working group to include representation from the Calvary Public Hospital Bruce (CPHB) and Canberra Health Services (CHS) people and culture teams.
11. The group agreed to undertake a deep dive into the evidence to understand what is currently being done vs best practice. This will include a review of scientific literature, including the Rapid Evidence Assessment on the topic of 'Transition of Student to Clinician', and investigation into what is being done elsewhere in Australia and overseas
12. Potential topics for further investigation by the working group include:
    a) What does professional readiness look like?
    b) What do effective models include?
    c) How do we measure up?
    d) How can we support students adapting to change?
    e) Is there consistency across the continuum from tertiary sector through to health service/ organisation in understanding critical points of influence?
    f) Can we do better?
13. Terms of Reference endorsed by the Working Group are at Attachment A.

Early Intervention Working Group

14. The third meeting of the Early Intervention Working Group was held on 7 September 2021.
15. At the second meeting of the working group on 28 July 2021, it was identified that poorly managed communications and change management approaches for the Digital Health Record implementation would present a significant risk to organisational culture.
16. At the third meeting of the working group, Mr Peter O'Halloran, Chief Information Officer Digital Solutions Division ACTHD presented on the Digital Health Record (DHR) Implementation and responded to questions from the group on the impact of the implementation of the DHR on organisational culture, and the proposed approach to communication and change management.

System-wide HR Matters Working Group

17. The next meeting of the System-wide HR Matters Working Group was scheduled for 13 October 2021 and a verbal update to be provided during the meeting.

Recommendation

That the Oversight Group:

- *Note the updates provided for the three Oversight Group Working Groups.*

OFFICIAL

Culture Reform Oversight Group
Professional Transition to Work Working Group
TERMS OF REFERENCE

Role	The role of the **Professional Transition to Work Working Group** (Working Group) is responsible for • identifying jurisdiction wide initiatives that have or likely to have a positive impact on culture across the ACT public health system through investing in the transition process of students to early career health professionals. • Two areas of focus, including (1) preparation for work (University education and placements) and (2) professionals transitioning into and commencing work (the first 2 years) • Investigating what research and inquiry suggests about supporting early career transitions across disciplines, including identification of gaps and opportunities. • Understanding what wrap around services are available for early career health professionals through considering a wholistic approach for the ACT public health system. • Measuring impact of the impact of early career transition through opportunities such as the range of surveys presently available across the system, as well as identifying alternate opportunities through such means as feedback from students and new professionals. • Identifying opportunities to reinforce expected behaviours of early career professionals. • Propose a range of initiatives following review of available data, research and investigation that will result in growing a great workforce culture through the proactive development of career transitions. The Working Group will report back to the Oversight Group, and it may have some intersection with other networks and working groups such as those linked to the Partnership Board.
Values and Behaviours	Participation and engagement in the Working Group will reflect respective members organisational values and the commitment to collaborate within strong governance frameworks. Members will display signature behaviours such as: • Being accountable and transparent in decision-making; • Genuine and respectful engagement with colleagues within the Directorates, across the ACT Public Service and the Health System, broader health environment across the ACT jurisdiction, with community members and

	within the working group; • Open sharing of information to improve the exploration of ideas and concepts linked to the successful transition of students to work within the ACT public health system, supported by good governance, quality and accurate reporting and the development of evidence-based policies and programs; and • Innovative improvement of systems and services to achieve the safe and successful transition of students work within the ACT public health system.
Membership	• Calvary Public Hospital Bruce (CPHB) Representative • Canberra Health Services (CHS) Representative • ACT Health Directorate (ACTHD) Representative • Australian Nursing and Midwifery Federation ACT (ANMF) Representative • Health Care Consumers Association ACT (HCCA) Representative • Dean, College of Health and Medicine, ANU • Dean, Faculty of Health, University of Canberra • Faculty of Health, University of Canberra Representative • Executive Director Allied Health CHS • Medical School Director ANU • Director Professional Development- CHS • Representative from Office of Research and Education- CHS • Primary Health Representative- University Canberra • Adviser, Minister for Mental Health • Adviser, Minister for Health • Culture Review Implementation Branch ACTHD Representative Opportunity for the establishment of stakeholder consultation groups at CHS and Calvary. The Working Group may also invite other individuals or representatives of organisations from time to time with the agreement of the Working Group where special expertise or experience is required to assist the Group in its work. Members will be asked to declare any actual, potential, or perceived conflicts of interest, at each meeting. There will be no sitting fees provided for meetings.
Secretariat	Secretariat Support will be provided by the Culture Review Implementation team for 6 months then review
Meeting Frequency	Meetings are to be held six-weekly or as required by the Chair.

Absences from Meetings and Proxy Attendance	All Members are strongly encouraged to prioritise meetings. The Working Group supports a process of proxies however it is strongly encouraged that a commitment is made by individuals to maintain the momentum of discussions and work being progressed by the Working Group.
Functions	The Working Group will: • Provide the Oversight Group with recommendations on relevant actions in the development, improvement, and sustainability of the transition of students to clinicians into the ACT public health system; • Including input into mechanisms to measure changes and improvements; • Advise the Oversight Group with recommendations relating to clinical placements, induction, mentoring and supervision, and employment readiness to prepare our graduates to become effective, well-trained and valued clinicians in their first two years as a health professional; and • Make recommendations on the development of effective transition approaches of students to clinicians from information gained from other health systems and advise the Oversight Group on applicability to the ACT to enhance system improvements.
Reporting Mechanisms	The Working Group will provide regular updates to the Oversight Group on the agreed scope of work, agreed action plans and progress being made. Updates will be provided in the Culture Reform Oversight Group Communiques and Key Message documents.
Meetings and Agenda Requests	Meeting papers and the Agenda will be cleared by the Chair and circulated one week in advance of meetings. Meeting papers will be considered in-confidence by all members. Any other material that is made available to Oversight Group members which is by its nature confidential, marked as confidential or that the member ought to know is confidential. Papers will be distributed to members electronically five working days prior to the meeting taking place.
Standing Agenda Items	A summary of standing agenda items is at Attachment A.
Minutes	The Secretariat will prepare minutes of each meeting, and record actions items. Minutes and action items will be distributed within two weeks of the meeting taking place.
TOR Review Frequency	The Terms of Reference will be reviewed annually, or as required to ensure alignment with governance arrangements. The next review is due by 30 June 2022.
TOR Approval	

Culture Review **Implementation**

our journey of positive change

Culture Reform Oversight Group Meeting Paper

OFFICIAL

Agenda Item:	5.1
Topic:	**Member Updates**
Meeting Date:	27 October 2021
Action Required:	**Discussion**
Cleared by:	**Director-General, ACT Health Directorate**
Presenter:	All members

Purpose

1. An opportunity for members to provide an update on progress being made, including initiatives, identified themes, collaboration and risks related to the implementation and progression of culture reform across the ACT public health system.

Background

2. The Culture Reform Oversight Group (Oversight Group) provides opportunity at each meeting for members to talk about progress, themes, and challenges in progressing culture reform across the ACT public health system.

Recommendation

That the Oversight Group:

- *Note the information provided by members about progress, themes, and challenges in culture reform across the ACT public health system.*

Culture Review **Implementation**

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Culture Reform Oversight Group Meeting Paper

OFFICIAL

Agenda Item:	6.1
Topic:	**Implementation of Recommendations**
Meeting Date:	27 October 2021
Action Required:	**Noting**
Cleared by:	**Director-General, ACT Health Directorate**
Presenter:	Executive Branch Manager, People Strategy and Culture Branch

Purpose

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

Background

2. This is a standing agenda item to provide an ongoing status update on the progress of work being undertaken to implement the Review recommendations.

Issues

3. There are a total of **92** Actions that need to be completed across the ACT public health system to implement the **20** Recommendations of the Review.

4. The following table summarises the status of the implementation of the Actions:

On Track	**26** Actions are in progress and on track to be delivered by the agreed date
At Risk	**1** Action is at risk of being delayed by more than 12 weeks
Delayed	**5** Actions are delayed by more than 12 weeks
Completed	**60/92** Actions have been completed

5. The following table summarises Actions that are reported as **At Risk** or **Delayed**:

Action 1.3 - Values Evaluate	ACT Health Directorate	2021 staff survey was undertaken in August. Analysis of survey results will be undertaken, and outcomes presented to the Oversight Group in December.	**Delayed**
Action 2.2 – Measuring organisational effectiveness Implement and monitor a suite of measures	ACT Health Directorate	Annual OCIM assessment is underway. Analysis of staff survey results to be undertaken, and findings presented to Oversight Group in December.	**Delayed**
Action 7.1 – Research strategic plan Review existing arrangements	ACT Health Directorate	The ACT Health and Wellbeing Partnership Board is overseeing the delivery of the ACT Health System Research Strategic Plan. Work commenced on the strategy in mid-2021.	**Delayed**
Action 7.2 – Research strategic plan Produce academic partnership and training strategy	ACT Health Directorate	The strategy is expected to be released for consultation in late 2021.	**Delayed**
Action 7.3 – Research strategic plan Implement academic partnership and training strategy	ACT Health Directorate	Implementation is dependent on completion of actions 7.1 and 7.2.	**At Risk**
Action 13.1 – Management and leadership training Planning	CRI Branch	Procurement for provider to develop and deliver management training for the ACT public health system has been completed. Design and development of training program to commence October 2021. Procurement for provider to develop and deliver leadership training for the ACT public health system is underway.	**Delayed**

6. Status of the implementation of Recommendations by each organisation is summarised below:

Culture Review Implementation Branch	**6 of 9** Recommendations completed
ACT Health Directorate	**1 of 11** Recommendations completed
Canberra Health Services	**7 of 12** Recommendations completed
Calvary Public Hospital	**4 of 10** Recommendations completed

7. A total of **8** Recommendations have been endorsed as fully completed by all responsible parties:

    a. *Recommendation 5* (Review mechanisms to better integrate clinical streams of the community health services within the Clinical Divisional Structures in CHS);

    b. *Recommendation 8* (Memorandum of Understanding (MoU) for improved collaboration between the ACT and NSW public health systems for joint Ministerial consideration);

    c. *Recommendation 10* (Clear requirement for senior clinicians to collaboratively participate in clinical governance activities);

    d. *Recommendation 11* (Choosing Wisely program);

    e. *Recommendation 12* (Clinically qualified Divisional Directors across each Clinical Division with Business Manager support within CHS);

    f. *Recommendation 17* (Public Commitment);

    g. *Recommendation 18* (Culture Review Oversight Group); and

    h. *Recommendation 20* (Change Management and Communications Strategy).

Recommendation

That the Oversight Group:

- *Note the information provided in this paper*

Culture Review **Implementation**

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Culture Reform Oversight Group Meeting Paper

OFFICIAL

Agenda Item:	5.4
Topic:	**Culture Review Implementation Program Risk**
Meeting Date:	27 October 2021
Action Required:	**Noting**
Cleared by:	**Director-General, ACT Health Directorate**
Presenter:	Executive Branch Manager, People Strategy and Culture Branch

Purpose

1. To provide the Culture Reform Oversight Group with an update of key program risks identified for the Culture Review Implementation Program.

Background

2. Project risk and issues management is proactive throughout the life of the program. The early consideration of risks at the outset and as an iterative process has significant implications for the overall success of the Culture Review Implementation program.
3. The risk register is intended to be a living document that is reviewed monthly and updated as required.

Issues

4. There are **49 active** risks identified in the Program Risk Register.
5. The overall risk profile for the Program is as follows:

Risk Category	Low	Medium	High	Extreme
Commercial	1	0	0	0
Financial	1	3	0	0
Governance	3	4	0	0
People	0	4	1	0
Project	0	4	1	0
Reputation and Image	1	2	0	0

Stakeholder Management	0	6	1	0
Strategic	0	16	1	0
TOTAL	**6**	**39**	**4**	**0**

6. Four new issues have been identified for the culture program:
    a. Program delivery impacted by COVID-19
    b. Change management and communications within each organisation
    c. Ongoing funding for delivery of management and leadership training
    d. System-wide measures of health system performance are not agreed
7. An Executive Summary of risks with a risk rating of **High** and **Extreme** is at Attachment A.
8. The Risk Register continues to be reviewed monthly to assess the effectiveness of existing controls and to identify and execute additional treatments.

Consultation

9. The Culture Review Implementation Branch is facilitating regular program meetings with the organisation culture delivery leads. These regular meeting provides a forum to discuss risks that have been identified within each organisation, ensure dependencies are identified and managed across the system, and ensure local risks are captured on the Program Risk Register and appropriately escalated to the Culture Review Implementation Steering Group.

Recommendation

That the Oversight Group:

- *Note that key program risks are being monitored and managed.*

Executive Overview of the Culture Implementation Program Risk Register – 15 September 2021

Risk Rating	Risk	Source	Impact	Controls (best of)
High	*Risk Ref ID: 43* *Sustainability of workplace culture reform after program ends*	• Program duration is not sufficient to implement the key outcomes of the Culture Review and build the foundations required for enduring culture reform. • Lack of agreement on the strategic approach for ensuring sustainability of culture reform across the system. • Insufficient governance to oversee strategic delivery and monitoring of outcomes following completion of the formal program. • The Culture Review Implementation Branch, which is responsible for leading and monitoring the implementation of the recommendations of the Culture Review and delivery of system-wide programs of work is funded up to end of financial year. • Lack of centralised team to ensure continuous and sustained improvement and measurement of progress across entire health system following end of program. • Outstanding and ongoing actions required to address the key issues identified in the Culture Review are not integrated into core business prior to completion of formal program. • Unclear responsibilities and accountability for action following completion of formal program. • Capability and capacity within each organisation to manage and sustain culture reform. • Budget and resourcing constraints.	• Culture reform is not sustained after program ends. • Inconsistent, or ineffective approaches that lack strategic direction are applied across the system resulting in continuation of the key issues raised in the Culture Review. • Effectiveness and impact of interventions is not measured or evaluated to inform targeted approaches and ongoing improvement. • Insufficient action and lack of transparent monitoring and reporting of outcomes results in a lack of trust in the ACT public health system.	• Oversight Group to consider ongoing governance arrangements following completion of formal program. • Oversight Group to consider findings and recommendations of the second annual review, 2021 OCIM assessments, 2021 workplace culture survey results and prioritised actions when considering future strategic direction.

Risk Rating	Risk	Source	Impact	Controls (best of)
High	*Risk Ref ID 29 and Issue Ref ID 10 Change management and communication*	• Insufficient change management capability and capacity within each organisation to manage the necessary actions that support complex organisational culture change. • The impact and effect of actions on workforce culture is insufficiently monitored and managed within each organisation and across health system. • Lack of organisation-specific communications plans to support messaging on action, progress, and outcomes. • Endorsed CRI communications and engagement strategy and associated action plans are not delivered by organisations. • System-wide communications developed to support the implementation are not shared with staff. • Insufficient communications within organisations to inform workforce of action, progress and results. • Effectiveness of communications and engagement activities is not measured or monitored. • Communications are not timely. • Timing of release of communications is not planned/managed across system. • Engagement with internal and external stakeholders managed separately by individual organisations resulting in mixed or inconsistent messaging.	• Expectations of staff not clear. • Readiness and capacity for change, and impact of change is not assessed or managed. • Actions necessary to facilitate sustained organisational culture change are not identified. • Capabilities and training required to support the change are not identified. • Staff do not have an understanding of what has happened, what change is happening, what this means to them, what they need to do, and the benefits of change. • Staff do not develop and adopt the required capabilities and behaviours. • Staff do not feel informed, prepared, or ready to participate in culture reform activities. • Poor engagement with workforce undermines organisational trust and successful culture reform.	• CRI Communications and Engagement Strategy was endorsed by the Steering Group in November 2019. • CRI Communications and Engagement Action Plans have been developed in consultation with the three organisations. • Phase 2 Action plan is currently being delivered within the Health Directorate. • CRI Branch are developing communications for internal and external stakeholders, as per the Phase 2 Action Plan.
High	*Risk Ref ID 2 and Issue Ref ID 11 Program delivery impacted by COVID-19*	• Availability of key stakeholders and key personnel is reduced. • Stretching of resources due to increased pressure on the health system in responding to the pandemic. • COVID-19 restrictions impact stakeholder engagement and training activities.	• Speed of decision making and action is reduced preventing program from delivering on key objectives and outputs. • Efficient and effective delivery of culture implementation is compromised.	• Meetings held remotely via Microsoft Teams or WebEx.
High	*Risk Ref ID 22 and Issue Ref ID 10 Loss of key personnel compromises delivery of program*	• Changes in key leadership positions across the system. • Loss of key personnel responsible for leading, directing or supporting the Culture Review implementation.	• Speed of decision making and action is reduced due to limited knowledge or understanding of the program, past and present context and decisions, strategic direction, and environment in which the culture program operates. • Impact to stakeholder relationships and engagement. • Efficient and effective delivery of culture implementation is compromised. • Failure to deliver objectives and outputs.	• Strong governance structure established to oversee strategic direction for program. • Documentation of key decisions and agreed approaches through Steering Group and Oversight Group papers and action logs.
High	*Risk Ref ID 48 and Issue Ref ID 11 Management and leadership training*	• Lengthy negotiations required with each organisation to reach a shared agreement on requirements for system-wide management and leadership training. • Delivery of management and leadership training to commence during final six months of program.	• Speed of decision making and action is reduced due to loss of key program resources and availability of key stakeholders and decision makers as a result of increased pressure on health system. • Failure to attract potential tenderers to deliver the leadership program due to short contract length.	• Initial discussions occurred at the Steering Group meeting of 3 August.

Risk Rating	Risk	Source	Impact	Controls (best of)
		• Availability of key personnel and key stakeholders is impacted due to increased pressure on health system in responding to pandemic. • Funding for delivery of the system-wide management and leadership training programs is provided under the Culture Review Implementation program. Funding for delivery of these programs is not committed beyond end of financial year.	• Failure to deliver management and leadership training for the ACT public health system to increase management and leadership capability and address the key issues raised in the culture review.	
HIGH	*Risk Ref ID 37* *System-wide measures of health system performance*	• System-wide measures of performance (both strategy and culture) are not agreed or adopted.	• Failure to report on progress and impacts of change on the performance of the public health system. • Lack of transparency in reporting of outcomes results in a lack of trust in the ACT public health system.	• Measures of culture change have been agreed and adopted by all three organisations. These include annual OCIM assessments, and regular workplace culture surveys and pulse surveys. • Foundational work has been done to establish an evaluation approach including indicators of workforce effectiveness. • Planning is underway for the development of a system-wide dashboard.

Culture Reform Oversight Group
Communique of meeting on 27 October 2021

The twelfth meeting of the Cultural Reform Oversight Group (Oversight Group) was held on Wednesday 27 October 2021.

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

Significant items discussed by the Oversight Group today included:

NGO Leadership Group – NGO Engagement

Ms Lisa Kelly (Carers ACT) and Ms Meg Brighton (ACT Health Directorate) provided members with a presentation on the activities of the NGO Leadership Group.

Second Annual Review of the Culture Review Implementation

Ms Renee Leon was contracted to undertake the second annual review of the Culture Review implementation. Ms Leon met with a range of key stakeholders throughout May and June to gain insights to inform the annual review. Focus Groups were undertaken with a cross section of staff from across the public health system and other governance committees in July 2021.

The report completed by Ms Leon was tabled in the Legislative Assembly on 6 October 2021.

Members discussed the findings from the second annual review.

Working Group Progress

Three working groups have been established to develop solutions for matters that impact the system. These working groups are:

- Professional Transition to Work Working Group,
- Early Intervention Working Group, and
- System-Wide HR Matters Working Group.

Members were updated on progress made by each working group.

Meeting schedule

The Oversight Group meets bi-monthly and its next meeting is scheduled for 27 October 2021.

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