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# Culture Reform Oversight Group Agenda

Monday, 14 February 2022

1.00pm-4.00pm

Meeting Room DG Conference Room, Level 5, Bowes St/ Via WebEx

		Sponsor	
<b>Item 1</b>	<b>Welcome and apologies</b>		
	1.1 Introductions	Chair	5 min
<b>Item 2</b>	<b>Decision and discussion items</b>		
	2.1 Learning Health System	Professor Christine Phillips	30 mins
	2.2 Research Strategy	DG ACTHD,	10 mins
	a. CHS	CEO CHS,	
	b. ACTHD		
	2.3 Clinicians Summit	DG ACTHD	10 mins
	2.4 Choosing Wisely	CEO CPHB	10 mins
	2.5 Third Annual Review- Terms of Reference	Chair	20 mins
	2.6 Culture Reform Oversight Group- Terms of Reference, Review	Chair	10 mins
	2.7 System-wide Dashboard and Analysis	EBM PS&C ACTHD	10 mins
<b>Item 3</b>	<b>Updates</b>		
	3.1 Member Updates (Verbal)	All Members	30 min
<b>Item 4</b>	<b>Noting Items</b>	Chair	20 min
	4.1 Implementation of Recommendations and Project Plan		
	4.2 Culture Review Implementation Program Risk		
	4.3 Minutes and actions arising from previous meetings, 9 August 2021, and 13 December 2021		

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**Item 5 Other Business**

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5.1 Oversight Group Communique

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Chair

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**Next meetings:**

- 29 March 2022
- 16 June 2022



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## Culture Reform Oversight Group Meeting Paper

Agenda Item:	2.1
Topic:	Learning Health System
Meeting Date:	14 February 2022
Action Required:	Noting
Cleared by:	Director-General, ACT Health Directorate
Presenter:	Professor Christine Phillips, Clinical Leadership Forum

### Purpose

To present to the Culture Reform Oversight Group (Oversight Group) an approach to advancing a Learning Health System across the ACT public health system.

### Background

1. The Clinical Leadership Forum has proposed an approach to progress a Learning Health System documented by Manear. In this model a Learning Health System is defined as:

“A **dynamic health ecosystem** where scientific, social, technological, policy, legal and ethical dimensions are **synergistically aligned** to enable **cycles of continuous learning** and improvement to be routinised and **embedded** across the system”.

2. The aim of this model is to enhance value through an optimised balance of impacts on patient and provider experience, population health and health system costs.

### Issues

3. The Learning Health System is grounded in four pillars, these being: core values, accelerators, processes, and outcomes.

### Benefits/Sensitivities

4. The Clinical Leadership Forum has explored how a Learning Health System could benefit the ACT public health system, and the broader ACT jurisdiction.
5. The presentation will provide the background, purpose and intent in developing the Learning Health System further.

## **Consultation**

6. Consultation has occurred amongst the Clinical Leadership Forum membership in developing and shaping the proposed approach.

## **Recommendation**

That the Oversight Group:

- *Note the investment underway in developing a Learning Health System.*





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## Culture Reform Oversight Group Meeting Paper

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**Agenda Item:** 2.2 i

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**Topic:** Research Strategy

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**Meeting Date:** 14 February 2022

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**Action Required:** Noting

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**Cleared by:** Director-General, ACT Health Directorate (ACTHD)

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**Presenter:** ACTHD

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### Purpose

1. To provide members with an update on Recommendation 7 of the *Independent Review into Workplace Culture within ACT Public Health Services* (Canberra Health Services, Calvary Public Hospital and the Health Directorate) (the Cultural Review).

### Background

2. Recommendation 7 of the Cultural Review is:

That initiatives already underway to develop a valued and more coordinated research strategy in partnership with the academic sector and others are strongly supported. These provide a mechanism to encourage professional development and address culture, education, training, research and other strategic issues.

3. The Health Directorate is continually improving its approach to generate, improve and invest in the delivery of strategic research that supports a consumer-centred, high-performing, value-based, integrated and sustainable health system. A key initiative is development of the draft research strategy which is currently subject to final consultation with stakeholders.
4. Provisionally titled: *Better Together: A Strategic Plan for Research in the ACT Health System* (draft strategy), it proposes three strategic objectives:
  - i. the ACT health system becomes a learning system
  - ii. ACT people have capacity and capability to undertake high-value research, and
  - iii. ACT research infrastructure supports high-value research.

5. The draft strategy outlines 11 actions for system reform that are underpinned by principles of consumer-centred and value-based health care, continuous improvement through cutting edge and translational research and a multi-disciplinary approach that involves partnerships and collaboration to deliver great health outcomes for the people of the ACT. As part of its implementation, research priorities derived from consumer and health system needs will be developed in consultation with stakeholders. This work is underway, along with a draft implementation plan.
6. The draft strategy has been designed to guide and support decision makers (funders, service providers and researchers) in enhancing health research systems. It provides an overarching and complementary approach to partner research strategies, including CHS, ANU and UC. It emphasises the benefits of partners working together, while recognising the strengths of partner strategies to address organisational objectives. For example, the CHS research strategic plan has an emphasis on identifying and prioritising the research direction for its tertiary level hospital, especially building the capacity of its workforce. Canberra Health Services will deliver a presentation on its research strategy at this meeting.

### **Issues**

7. The draft strategy has been developed in collaboration with stakeholders including Canberra Health Services (CHS), academic partners (including the Australian National University, ANU and University of Canberra, UC), primary care, and consumers. It was considered by the Research Working Group of the ACT Health and Wellbeing Partnership Board (the Partnership Board) on 25 November 2021, at a sector-wide workshop facilitated by HealthANSWERS on 26 November 2021, and the Partnership Board on 2 December 2021.
8. The Research Working Group is currently working in collaboration the ACT Health Directorate to respond to consultation feedback, refine the proposed actions and develop a draft implementation plan for further consideration. Key feedback on the draft includes:
  - a. the need for greater consultation with the Aboriginal and Torres Strait Islander community
  - b. consideration of partnership with, and input from, a broader range of local academic stakeholders with touchpoints to the health and medical system including the Australian Catholic University, Charles Sturt University, University of New South Wales and Canberra Institute of Technology
  - c. more detail and consideration in the strategy of evaluation and measures for success, and
  - d. a stronger emphasis on the central role of consumers.
9. The next steps for finalising the draft strategy, prior to consideration of the Minister for Health by the end of March 2021, are:
  - a. incorporation of feedback and further discussion with stakeholders
  - b. a presentation to members at the next meeting of the Oversight Group (March)
  - c. development of an implementation plan and more detailed evaluation framework, and
  - d. development of a media and communication plan.

### **Benefits/Sensitivities**

10. The draft strategy is designed to complement partner strategies, including CHS. It is a key platform in driving the intended cultural reform within the ACT Health system.

## **Recommendation**

That the Oversight Group:

1. Note the progress towards an ACT Health Directorate strategic plan for research in the ACT Health System,
2. Note the working group presentation on the draft strategic plan.



# Culture Reform Oversight Group Meeting Paper

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Agenda Item:	2.2(ii)
Topic:	CHS Research Strategy
Meeting Date:	14 February 2022
Action Required:	Noting
Cleared by:	Chief Executive Officer, Canberra Health Service
Presenter:	Chief Executive Officer, Canberra Health Service

## Purpose

1. To provide an update on the Canberra Health Services (CHS) Research Strategy 2021-2025

## Background

2. Progressive is a CHS organisational value and is fundamental in helping CHS to deliver our organisation's vision of 'Creating exceptional health care together'.
3. The CHS Research Strategy at **Attachment A** is the blueprint for a future of impactful research where consumers, carers and communities directly benefit and are considered central to an evolving health service.
4. CHS has been a teaching hospital for quite some time and the CHS Strategy will build on our research collaboration with key academic partners, particularly with the ANU and the University of Canberra.

## Recommendation

That the Oversight Group:

- *Note the information at Attachment A.*



**ACT**  
Government

**Canberra Health  
Services**



# **Research Strategy** 2021 – 2025

## Acknowledgement of Country



Canberra Health Services acknowledges the Traditional Custodians of the land, the Ngunnawal people. Canberra Health Services respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. Canberra Health Services also acknowledges and welcomes Aboriginal and/or Torres Strait Islander peoples who are part of the community we serve.



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# Background

Canberra Health Services (CHS) and its predecessor, the Canberra Hospital and Health Services, has been predominantly service orientated despite its long-established academic partnerships. The newly established Office of Research and Education at CHS creates an opportunity to refresh its research strategy.

CHS was formed in 2018 including Canberra Hospital, University of Canberra Hospital, five walk-in-centres and seven community centres. In 2020, CHS released its vision to “Create exceptional health care together”, which would be underpinned by four strategic priorities. One of the four priorities is being “a leading specialist provider” including being a leader in the key areas of research, education and clinical excellence.

This research strategy will help contribute toward the ACT developing a learning health system and CHS committing at all levels to a culture of continuous improvement. It will allow CHS to gather and apply evidence in real-time to deliver cutting-edge health care.

We will include consumers and carers as members of the research team, build terrific and collaborative partnerships with our academic institutions, and over time create a dedicated space on campus where clinicians can engage with scientists and other researchers.



# Approach

## 1. Governance

### Oversight

The development of the Canberra Health Services (CHS) Research Strategy was overseen by a Research Strategy Advisory Group (Appendix A). The Group's primary role was to guide the development of the CHS Research Strategy and provide sound advice. Its advice covered, but was not limited to:

- Academic partnerships
- Industry partnerships
- Research governance and processes
- Consumer and community involvement
- Developing and strengthening impactful research
- Recruitment strategies to strengthen the academic culture
- Revenue building
- Philanthropy

### Approval

The governing body to approve the Research Strategy is the Corporate Plan Review Committee, chaired by CHS Chief Executive Officer.

## 2. Development of the Research Strategy

The approach taken to build the CHS research strategy was to have a deep understanding of the current status of its research, appreciate the successful elements of well-functioning academic hospitals in Australia and determine the potential challenges and opportunities for undertaking research at CHS.

### a. Current Research Environment

- The publication output of 506 CHS specialists using the Scopus database

- Interviewing key internal and external stakeholders
  - 24 unit directors
  - three clinical directors
  - University of Canberra (UC) Professor of Nursing
  - UC Professor of Midwifery
  - Executive Branch Manager Research, ACT Health Directorate
  - UC Professor of Allied Health
  - Australian National University (ANU) Executive Dean, College of Health and Medicine
  - UC Executive Dean Faculty of Health Science
  - Associate Dean (Research), ANU Medical School
- Three half day workshops:
  - CHS executive, senior faculty UC and CHS Unit Directors (26 attendees)
  - CHS nursing midwifery and allied health senior leaders and senior faculty UC (26 attendees)
  - Consumers (31 attendees)

### b. Virtual Site Visits of Academic Hospitals and Research Institutes

- Royal Melbourne (University of Melbourne)
- St Vincent's Hospital, Melbourne (University of Melbourne)
- John Hunter Hospital (Newcastle University)
- Royal Prince Alfred (University of Sydney)
- Hunter Medical Research Institute (Hunter New England Health and the University of Newcastle)
- Royal Adelaide Hospital (University of Adelaide)

### c. Drafting CHS Research Strategy

An initial draft was formulated following the environmental scan of publication outputs, stakeholder interviews and research workshops. The initial draft was reviewed and commented upon by the CHS Research Strategy Advisory Group. The initial draft was reviewed and commented upon by 54 of the 110 people invited to the workshops.

# Research Strategy

## 2021 – 2025

<b>Vision</b>	“Create an inclusive research community, which aims to deliver exceptional healthcare”
<b>Goals</b>	<ol style="list-style-type: none"><li>1. Research is a core strategic aim of CHS</li><li>2. Research, conducted collaboratively with consumers, carers, community groups and individuals, is embedded at CHS to deliver exceptional healthcare</li><li>3. Academic partnerships co-create exceptional patient care through excellence in collaborative research</li></ol>
<b>Strategic Commitments</b>	<ol style="list-style-type: none"><li>1. Establish governance and processes to enable and value impactful research</li><li>2. Create a workforce which enables a strong research culture</li><li>3. Create an environment which enables research activities</li><li>4. Create impactful research partnerships with academic partners and industry partners</li><li>5. Create impactful research partnerships with consumers and communities</li><li>6. Create a strong communication strategy for CHS research</li></ol>





# Strategic Commitment 1

Establish governance and processes to enable and value impactful research

## Making it Happen

## Measures of Success

### Develop Office of Research and Education

<ul style="list-style-type: none"> <li>• Develop strong links with ACT Health Directorate</li> </ul>	Alignment with ACT Health Directorate research strategy
<ul style="list-style-type: none"> <li>• Establish an inclusive CHS Research Committee</li> </ul>	CHS Research Committee established to: <ul style="list-style-type: none"> <li>• Oversee research governance and its processes</li> <li>• Oversee operationalisation of the research strategy</li> <li>• Oversee clinical trials management/ National Clinical Trials Governance Framework</li> <li>• Oversee the process and allocation of grant funding through the private practice fund</li> <li>• Quarterly reporting to Corporate Plan Review</li> <li>• Conduit for all discipline communities of practice</li> <li>• Develop processes to improve engagement with consumer, carer, and community groups as research partners</li> <li>• Develop governance processes to facilitate dual appointments between academic partners and CHS</li> <li>• Continue to determine research priorities and opportunities to partner with academic institutions including the potential for co-located research infrastructure</li> </ul>
<ul style="list-style-type: none"> <li>• Database of all research</li> </ul>	CHS Research database created and accessible to clinicians
<ul style="list-style-type: none"> <li>• Annual report with statistics and performance</li> </ul>	CHS Research Annual Report published

### Establish Research Advisory Board

<ul style="list-style-type: none"> <li>• Membership to include experts/ connected influencers/community voice</li> </ul>	CHS Research Advisory Board established to <ul style="list-style-type: none"> <li>• Oversee research performance</li> <li>• Provide strategic advice</li> <li>• Advise CHS CEO</li> </ul>
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### Establish Local Research Committees

<ul style="list-style-type: none"> <li>• Unit level communities of practice</li> </ul>	A multidisciplinary community of practice established in every discipline <ul style="list-style-type: none"> <li>• Identify research leader</li> <li>• Develop and oversee operationalisation of the local research strategy</li> <li>• Regular reporting to unit and divisional meetings</li> <li>• Regular reporting to CHS Research Committee</li> </ul>
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### Establish Research Accountability at Every Level

<ul style="list-style-type: none"> <li>• Research KPIs at every level</li> </ul>	Research KPIs embedded within all Divisions and Unit business plans
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# Strategic Commitment 2

Create a workforce which enables a strong research culture

## Making it Happen

## Measures of Success

### Establish CHS clinician researcher positions

<ul style="list-style-type: none"> <li>Establish research-focused positions</li> </ul>	<p>Develop position descriptions for research-focused roles in consultation with all relevant stakeholders</p> <p>Clinician researcher positions established with or without joint academic appointment</p> <ul style="list-style-type: none"> <li>Dedicated research time</li> <li>Clear expectations and accountability for research output</li> <li>Supervisor/mentor/sponsor to others</li> <li>Access to seed grants</li> <li>Increase in the number of publications in Q1 journals</li> </ul>
<ul style="list-style-type: none"> <li>Establish fellowships for health professionals</li> </ul>	<p>Clinical fellowship positions for early and mid-career health professionals established</p> <ul style="list-style-type: none"> <li>Funding source identified</li> <li>Dedicated research time</li> <li>Receives supervision/sponsorship</li> <li>Access to academic networks and opportunity for academic appointment</li> <li>Wellbeing support</li> <li>Access to seed grants</li> <li>Increase in number of completions of Higher Degrees/Publications in Q1 journals</li> </ul>

### Develop CHS recruitment strategy for clinician researchers

<ul style="list-style-type: none"> <li>Clinician researchers actively recruited</li> </ul>	<p>Recruitment strategy for clinician researchers developed</p> <ul style="list-style-type: none"> <li>In conjunction with academic partners</li> <li>Aligning to CHS strategic priorities</li> <li>Significant advertising campaign</li> <li>Position descriptions uniformly include reference to enabling/undertaking/participating in research</li> <li>Senior appointments selection panels* include academic representation</li> <li>Tailored supports and accountability of individuals: <ul style="list-style-type: none"> <li>Protected academic time/access to labs/access to academic networks/effective and focused on-boarding</li> </ul> </li> </ul>
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### Annual performance review to include academic engagement/output

<ul style="list-style-type: none"> <li>Amendments to be made to performance review process</li> </ul>	<p>All performance agreements include academic engagement/output</p>
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### Research criterion to be included in relevant recruitment processes

<ul style="list-style-type: none"> <li>Changes to be made to recruitment processes in consultation with all relevant stakeholders</li> </ul>	<p>Newly recruited senior staff specialists have a demonstrated research profile</p>
<ul style="list-style-type: none"> <li>Review of all disciplines to ensure research criterion included in all relevant positions</li> </ul>	<p>All relevant staff have a demonstrated research profile</p>

### Create capability within CHS clinical workforce

<ul style="list-style-type: none"> <li>Educate all levels of CHS to understand research</li> </ul>	<p>All CHS employees know and support research through:</p> <ul style="list-style-type: none"> <li>Research training (leaders/clinical leaders/junior health professionals)</li> </ul>
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# Strategic Commitment 3

Create an environment which enables research activities

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## Making it Happen

## Measures of Success

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### Develop a Business Service Model

- Develop a one stop shop for research support services

A one stop shop established to help with:

- Development of research questions
- Literature searches
- Biostatistical advice
- Protocol writing
- Consumer engagement
- Grant finding
- Grant writing
- Ethics applications
- Setting up a database
- Publication writing
- Presentation skills

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### Create opportunities for CHS seed funding

- Establish sustainable and accessible pathways for seed funding

Sustainable and accessible pathways for seed funding established

- Private practice fund/hospital foundation/NGOs/philanthropic donors/SPA accounts

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### Develop processes to easily enable use of CHS data

- Processes to be set up to easily enable use of data to translate and evaluate research into clinical practice

Processes established to enable use of health service data to translate and evaluate research into clinical practice. These would cover:

- Ease of accessing data (consent/privacy)
- Data construction
- Data analysis

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### Developing/Strengthening CHS Infrastructure

- Strengthening wet and dry labs at CHS

Governance framework for CHS/ANU/UC for capacity/usage of wet and dry labs

Onsite wet and dry laboratory support strengthened

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# Strategic Commitment 4

Create impactful research partnerships with academic partners and industry partners

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## Making it Happen

## Measures of Success

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### Develop/redevelop agreements with academic partners

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|---|---|
| <ul style="list-style-type: none"><li>• Liaise with academic partners on agreements</li></ul> | <p>Academic partner agreements are developed/redeveloped to:</p> <ul style="list-style-type: none"><li>• Commit to joint research/research translation</li><li>• Ensure research and research translation is future orientated</li><li>• Outline research support commitments</li><li>• Describe governance and processes for joint academic/CHS appointments</li><li>• Include awarding of academic title and relevant supports</li><li>• Describe commercialisation and IP arrangements</li><li>• Create standard research agreement template</li></ul> |
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### Develop agreements with industry partners

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| <ul style="list-style-type: none"><li>• Liaise with industry partners on agreements</li></ul> | <p>Industry partner agreements are developed to:</p> <ul style="list-style-type: none"><li>• Embrace research/research translation</li><li>• Ensure research and research translation is future-orientated</li><li>• Outline research support commitments</li></ul> |
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### Develop “deliberate academic/health service bumping” opportunities

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| <ul style="list-style-type: none"><li>• Create opportunities for academics, clinicians and consumers to develop research ideas</li></ul> | <p>Academic/clinical/consumer research bubbles created</p> <ul style="list-style-type: none"><li>• Clinicians, academics and consumers can work together to:<ul style="list-style-type: none"><li>– create research teams</li><li>– develop research questions</li><li>– research projects</li><li>– translate research into clinical practice</li></ul></li></ul> |
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### Create Visibility of Clinical Researchers

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| <ul style="list-style-type: none"><li>• Ensure clinical researchers are overtly visible to academic partners</li></ul> | <p>Mechanisms in place to identify relevant clinician researchers to include:</p> <ul style="list-style-type: none"><li>• Intra and internet website</li><li>• Publications/media bylines referencing CHS</li><li>• Formal networks of relevant academics/clinical researchers established</li></ul> |
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# Strategic Commitment 5

Create impactful research partnerships with consumers and communities<sup>1</sup>

## Making it Happen

## Measures of Success

### Develop a framework for engagement/co production of research with community

- Engagement/co-production of research with community

A framework for engagement/co production of research with community developed and includes engaging:

- Consumer and carer advocacy groups
- Carers
- Consumers

### Build capacity for research partnerships between CHS and consumer, carer, and community groups and individuals

- Create opportunities to strengthen and improve health and research literacy across our community

- Research training for community researchers created and conducted
- Research training for clinician researchers created and conducted to support development of research co-production and partnership skills

### Create a Community Research Hub

- Creation of a community research hub

Community research hub created to:

- Provide a platform for engagement and co-production of research with community

### Develop broad research collaborations

- Connect with key external organisations

Broad research collaborations and agreements developed with:

- Southern NSW Local Health District
- Murrumbidgee Local Health District
- Surrounding NSW primary health care networks
- HealthANSWERS
- Capital Health Network
- Local health facilities
- Aboriginal health facilities

<sup>1</sup> Aligned with the goal to collaboratively produce research with consumers, carers, and community groups, this commitment conceptualises 'our community' in broad and inclusive terms.

# Strategic Commitment 6

Create a strong communication strategy for CHS research

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## Making it Happen

## Measures of Success

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### Create a research presence internally and externally

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| <ul style="list-style-type: none"><li>• Visible presence of CHS research</li></ul> | <p>Visible presence (including accessible research outcomes) created internally and externally through:</p> <ul style="list-style-type: none"><li>• Web pages on intranet and internet</li><li>• Social media</li><li>• Research fora</li></ul> |
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### Create a list of experts

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|---|---|
| <ul style="list-style-type: none"><li>• Create a list of experts for external media</li><li>• Media training offered to experts</li></ul> | <ul style="list-style-type: none"><li>• A list of experts is created for use by external media</li><li>• Protocols of engagement established including the use of a by-line for CHS</li><li>• Experts undertaken media training</li></ul> |
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### Create an environment for presenting research

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|---|--|
| <ul style="list-style-type: none"><li>• Creating opportunities to present research at many levels</li></ul> | <p>Research presented and showcased at multiple levels of CHS:</p> <ul style="list-style-type: none"><li>• Local unit</li><li>• Division</li><li>• Executive</li><li>• Canberra Health Annual Research Meeting</li></ul> |
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### Supporting clinicians to present at national and international meetings

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| <ul style="list-style-type: none"><li>• Clinicians present at national and international meetings</li></ul> | <p>Funding opportunities created for clinician researchers to present at:</p> <ul style="list-style-type: none"><li>• National conferences</li><li>• International conferences</li></ul> <p>Increase in the number of presentations at national and international conferences</p> <p>Increase in the number of awards at national and international conferences</p> |
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### Celebrate Research Success

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| <ul style="list-style-type: none"><li>• Opportunities for celebrating research success</li></ul> | <p>Improved attraction and retention of staff</p> <p>An increase in the volume and reach of content about CHS research, both internally and externally</p> |
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## Appendix A:

### Canberra Health Services Research Strategy Advisory Group

Chair	Professor Imogen Mitchell	Executive Director, Research and Academic Partnerships, CHS and ANU
Member	Professor Russell Gruen	Dean, College of Health and Medicine, ANU
Member	Professor Michelle Lincoln	Executive Dean of Health, Faculty of Health, University of Canberra
Member	Clinical Associate Professor Nick Coatsworth	Executive Director, Medical Services, CHS
Member	Daniel Wood/Karen Grace	Executive Director, Nursing & Midwifery and Patient Support Services, CHS
Member	Jo Morris	Executive Director, Allied Health, CHS
Member	Lisa Gilmore	Executive Director, Division of Surgery, CHS <i>Clinical Executive Director representative</i>
Member	Dr Florian Wertenauer	Clinical Director, Adult Acute Mental Health Services, Division of Mental Health, Justice Health, and Alcohol and Drug Services, CHS <i>Unit Director representative</i>
Member	Emeritus Professor Sally Walker	Deakin University <i>Australian Leader in Higher Education representative</i>
Member	Dr Sarah Spiller	Manager of Research and Projects, Health Care Consumers' Association <i>Consumer representative</i>
Member	Dr Megan Robertson	Group Chief Research Officer, St Vincent's Health Australia Director of Research, St Vincent's Melbourne <i>External Research Director representative</i>
Member	Professor Jane Dahlstrom	Anatomical Pathology, ACT Pathology, CHS <i>Senior Academic representative</i>
Member	Professor Kirsty Douglas	Director, Academic Unit of General Practice, ACT Health Directorate <i>Primary Health Care researcher / ACT Health Directorate representative</i>
Member	Margaret Bennett (Dr Liz Mullins Proxy)	Chief Executive, Southern NSW Local Health District
Ex-Officio	Bernadette McDonald/Dave Pepper	Chief Executive Officer, CHS/Interim CEO, CHS





# Culture Reform Oversight Group Meeting Paper

**OFFICIAL**

<b>Agenda Item:</b>	2.3
<b>Topic:</b>	<b>Plan to improve clinical services coordination and collaboration</b> ( <i>previously - recommendation to organise a summit</i> )
<b>Meeting Date:</b>	14 February 2022
<b>Action Required:</b>	<b>Decision</b>
<b>Cleared by:</b>	<b>Director-General, ACT Health Directorate (ACTHD)</b>
<b>Presenter:</b>	Dr. Dinesh Arya, Chief Medical Officer, ACTHD

## Purpose

1. To consider further options to improve clinical services coordination and collaboration.

## Background

2. The Final Report: Independent Review into the Workplace Culture within ACT Public Health Services contained a recommendation (Recommendation 4) – “The ACTHD convene a summit of senior clinicians and administrators of both Canberra Health Services and Calvary Public Hospital to map a plan of improved clinical services coordination and collaboration.”
3. On 3 February 2021 the ACT Public Health Systems Leader’s Forum was held at the National Arboretum. Of the 60 invited senior executives and clinicians from the ACTHD, Canberra Health Services (CHS) and Calvary Public Hospital Bruce (CPHB), 53 guests attended the event. The Minister for Health and the Minister for Mental Health also attended.
4. On 16 February 2021 a summary of feedback received from the Leaders’ Forum was considered by the Cultural Review Implementation Steering Group (CRISG). The dominant feedback themes from the Leaders’ Forum were:
  - Cooperation and collaboration may improve if ACT public health system structure and funding-related matters can be addressed.
  - There are issues and considerations that are specific to the two hospitals, which need to be accommodated in developing system-wide solutions.
  - There is a need to create opportunities for clinicians, specialties and services to collaborate.

In addition, the Summit Steering Group made the following observations:

- At a personal level, clinicians work well and collaborate effectively however funding and contractual matters sometimes interfere with clinicians' ability to collaborate.
  - Development of formal clinical networks (Cardiology, Neurology, Emergency, ICU, Oncology, Rheumatology and others) will provide an opportunity for services to collaborate, including an opportunity to share training, protocols etc.
5. On 29 June 2021, the CRISG considered whether the following options should be considered to improve clinical services coordination and collaboration:
- formally arranging meetings every couple of months between the two hospitals to resolve specific identified issues and improve cross-Territory communication, and
  - formal clinical networks (Cardiology, Neurology, Emergency, ICU, Oncology, Rheumatology and others). If this is agreed, a business plan should be developed for the formation of ACT-wide specialty-specific clinical networks which also makes explicit resource requirements for development and supporting such clinical networks.
6. **Tabled on 11 November 2021**, the Second Independent Annual Review 2021 (tabled on 11 November 2021) proposed:
- 'a focus on developing ongoing systems for collaboration, rather than on a one-off summit. These could include:*
- *regular formal meetings between the two hospitals to resolve specific identified issues and improve cross-Territory communication*
  - *regular informal networking events, and*
  - *formal clinical networks.*

## Issues

7. Feedback and advice from the Leaders Forum and from the Second Independent Annual Review 2021 is consistent. Rather than a one-off summit, a framework should be developed comprising of formal and informal networks. An appropriate network structure with a clear focus and terms of reference will enable regular and structured discussions and enable cooperation and collaboration across the ACT public health system.
8. Following initiatives should be considered for implementation
- I. Development of an executive committee with appropriate membership and clear terms of reference focussed on ACT public health system structure and funding-related matters with an explicit aim to improve cooperation and collaboration across the ACT public health system.
  - II. Formation of an overarching clinical committee structure with clear accountabilities for system-wide clinical governance including monitoring incident and complaints trends, overseeing Health Inter-Agency Clinical Reviews and providing clear recommendations to improve cooperation and collaboration across the clinical systems and processes. The Clinical Committee may hold an annual clinical senate, clinician consultation or planning forum and/or other forums to address specific system-wide issues, if considered necessary and value adding.
  - III. A one-year developmental project to explore options and benefits of investing in establishing Clinical (Health) Networks in the Canberra region for a range of clinical specialties and services, with aims including the following:



- Increase level of clinical engagement and involvement in the planning and clinical care delivery systems and processes.
- Improved quality and safety of service delivery through effective clinical governance, the sharing of good practice, and through the systematic application of evidence based clinical standards, guidelines and protocols across the ACT public health system.
- An increased focus on the continuum of care from prevention and primary health care through to 'in hospital care', to 'out of hospital care', chronic disease management and community-based care.
- More rapid response to changing service demands based on population needs and service user involvement.
- Reduced duplication of services and facilities and a greater flexibility of facility and equipment usage.
- More sustainable services through the sharing of workforce and resources and through a more proactive response to the implementation of digital health records and new technology.
- A reduction in professional isolation through a partnership approach to service delivery.

## **Recommendation**

That the Oversight Group members provide their views on:

- I. *the establishment of an executive committee focussed on ACT public health system structure and funding-related matters, with an explicit aim to improve cooperation and collaboration across the ACT public health system.*
- II. *the Chief Medical Officer consulting widely and preparing a proposal for development of an ACT-wide clinical committee structure with clear accountabilities for clinical system governance.*



## Culture Review Implementation Steering Group Meeting Paper

**OFFICIAL**

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**Agenda Item:** 2.4

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**Topic:** Choosing Wisely

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**Meeting Date:** 14 February 2022

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**Action Required:** For noting

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**Cleared by:** Regional Chief Executive Officer, Calvary Public Hospital Bruce (CPHB)

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**Presenter:** Regional Chief Executive Officer, CPHB

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### Purpose

1. To provide a progress update on the implementation of Choosing Wisely at CPHB.

### Background

1. As outlined of the *Final Report: Independent Review into the Workplace Culture within ACT Public Health Services* (the Review) recommendation 11 states:

*Canberra Health Services and Calvary Public Hospital should assess the appropriateness of the Choosing Wisely initiative as a mechanism for improving safety and quality of care, developing improved clinical engagement and greater involvement in clinical governance.*

2. The project objective is to engage clinicians to ensure treatments and tests are in line with up-to-date evidence, are patient focussed and with the goal to minimise unnecessary and low-value treatments, tests, and practices.

### Issues

3. There are two recommendations being implemented by CPHB:
  - I. "Don't replace peripheral intravenous catheter (PIVC) unless clinically indicated."
  - II. "Don't use urinary catheters to manage urinary incontinence unless all other appropriate options have proved to be ineffective or to prevent wound infection or skin breakdown."

## Benefits/Sensitivities

4. **Recommendation 1:** *“Don’t replace peripheral intravenous catheter (PIVC) unless clinically indicated.”*
  - a. The Management of Peripheral Intravenous Catheters Clinical Care Standard outlines that replacing a PIVC when a clinical indication for replacement (rather than routinely at 72 hours) may be considered when there is:
    - i. Surveillance of PIVC-related bloodstream infection performed at the facility
    - ii. Comprehensive documentation of insertion, maintenance and removal of PIVCs (audit results demonstrate a sustained compliance with daily PIVC assessment documentation)
    - iii. Compliance with competency requirements for insertion and management.
  - b. This is the current practice at CPHB.
  - c. A multi-disciplinary team is currently reviewing and updating the existing procedure to ensure compliance with the clinical care standard is clear.
5. **Recommendation 2:** *“Don’t use urinary catheters to manage urinary incontinence unless all other appropriate options have proved to be ineffective or to prevent wound infection or skin breakdown.”*
  - a. Data analysed has indicated that there is no current; clinical practice of urinary catheters used for incontinence. This good practice will be reinforced in general education sessions.
  - b. A minor change will be made to routine clinical audits that are undertaken to ensure this good practice continues.

## Recommendation

That the Oversight Group note the following:

1. CPHB progress against these two recommendations.



# Culture Review Oversight Group Meeting Paper

**OFFICIAL**

Agenda Item:	2.5
Topic:	Proposed timing and direction for the third Annual Review of the Culture Review Implementation program.
Meeting Date:	14 February 2022
Action Required:	Discussion
Cleared by:	Director-General, ACT Health Directorate
Presenter:	Chair

## Purpose

1. That the Culture Reform Oversight Group (Oversight Group):
  - a. Endorse the commencement of the third annual review to occur in August 2022;
  - b. Note the terms of reference (ToR) for the third annual review of the Culture Review Implementation are at **Attachment A**, and
  - c. Note that once the Annual Review ToRs are endorsed, the procurement process will be progressed to ensure commencement of the review in the agreed timeframe.

## Background

2. Recommendation 19 of the Final Report: *Independent Review into the Workplace Culture within ACT Public Health Services* (the Review) states:

“That the ‘Culture Review Oversight Group’ auspice for the next three years, an annual, independent and external review of the extent of implementation of the recommendations of the Review and consequent impact on cultural changes within the ACT Public Health System”.
3. Mr Mick Reid from Michael Reid and Associates was contracted to conduct the first annual independent and external review (annual review), which was tabled in the ACT Legislative Assembly on 4 June 2020.
4. Ms Renee Leon undertook the second annual independent review, with the findings of the review tabled in the ACT Legislative Assembly on 11 November 2021.

## Issues

5. It is proposed that the third annual independent review commence in August 2022, to allow time for the health system to respond to the findings of the review conducted by Ms Leon.
6. This timeframe recognises the additional pressure on the health system in response to the COVID-19 pandemic, which is significantly impacting our workforce and therefore our capacity to progress initiatives quickly.
7. The timing of the Annual Review is assessed as a critical milestone reinforcing the commitment made by the ACT Government and leaders of the three arms of the ACT public health system to ensure that we maintain ongoing momentum with system-wide culture reform.
8. It is anticipated that this will also enable the ACT Health Directorate, Canberra Health Service and Calvary Public Hospital Bruce opportunity to embed systems, processes, and ways of working as an outcome from initiatives implemented throughout the three years of the program.
9. Additionally, this will allow for the anchoring of new infrastructure, governance, and accountability to support the transition of the program into a sustainable business as usual arrangement.
10. The procurement process to identify a person with the required skills, knowledge and capabilities to undertake the review, will commence this financial year, as experience last year showed that considerable lead-time is required to negotiate availability, as well as complete the necessary procurement processes.
11. There has been a revision of the TOR for the 2022 annual review provided at **Attachment A**.

## Recommendation

That the Oversight Group:

- *Endorse the timing of the Annual Review to commence in August 2022;*
- *Note the TOR for the third Annual Independent review of the Culture Review Implementation; and*
- *Note that a procurement will be progressed following discussion at the 14 February 2022 Oversight Group.*



## Culture Review Oversight Group

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

#### Purpose

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

#### Background

2. On 10 September 2018, the former Minister for Health and Wellbeing announced the establishment of an Independent Review into the Workplace Culture within ACT Public Health Services.
3. The Culture Review Report was released by the former Minister for Health and Wellbeing on 7 March 2019.
4. The former Minister for Health and Wellbeing; Minister for Mental Health; Director-General, ACT Health Directorate; Chief Executive Officer, Canberra Health Services; and Regional Chief Executive Officer, Calvary Hospital jointly and publicly committed to implement the 20 recommendations in the Culture Review Report. This was further supported by a Public Commitment Statement released on 4 September 2019 by leaders of the organisations represented on the Culture Review Oversight Group (Oversight Group).
5. The Oversight Group is commissioning an annual review of the culture review implementation process and progress, in line with Recommendation 19, in the Culture Review Report, which states:

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

6. The annual review process is an important independent assessment of the culture review implementation process and its progress in implementing the 20 recommendations in the Culture Review Report. It represents an important learning opportunity and transparent accountability mechanism.

#### Scope

7. The scope and focus of this annual review will be to examine and make findings and recommendations in relation to the following:
  - a. Record any changes or amendments to the recommendations of the Review of a not insubstantial nature and the reasons for making such changes or amendments.

- b. The extent of the progress made with the Culture Review Implementation process against the original plans outlined in the Report;
- c. The impact on the workforce culture from the changes introduced to date;
- d. The effectiveness of the initiation and planning phase of the Culture Review Implementation process, given that the focus is now on implementation phase, including:
  - i. What has worked well and why, and has there been any early impact?
  - ii. What has not worked well and why, and has there been any impact?
  - iii. What may therefore need to change or be improved?
  - iv. What has been learnt so far and how can these insights and experiences be leveraged to improve the process and outcomes/impact of the Culture Review Implementation process? and
- e. Examine the infrastructure, governance and accountability processes established to support the transition of culture reform being a business-as-usual function within each organisation, and as a system-wide approach.

## Methodology

- 8. The annual review process will draw upon information from a range of sources across the three arms of the ACT public health system, to strengthen its analysis and avoid duplication of effort.
- 9. It is proposed that the annual review include:
  - a. A desktop review of key documentation produced as part of the Culture Review Implementation process across the three organisations;  
This will include:
    - i. Public statements, documentation from the governance and stakeholder engagement bodies (i.e. the Culture Review Oversight Group, Culture Review Implementation Steering Group, Clinical Leadership Forum, and Health and Wellbeing Partnership Board) as well as from the leadership and staff within each of the three public health organisations;
    - ii. internal strategies developed by each of the three public health organisations that link to the overarching Culture Review Implementation strategy; and
    - iii. information generated by key initiatives occurring under the banner of the Culture Review Implementation process.
  - b. access to staff climate surveys, and any work progressed as a result of the surveys, including actions plans and monitoring of progress against the action plans;
  - c. access to workforce data and metrics relevant to assessing the impact of the Culture Review Implementation (although negotiations with provider seeking permission in line with IP rights about survey design required), including system-wide dashboards;
  - d. access to organisation Workforce Profile Dashboards;
  - e. access to Organisation Culture Improvement Model baseline 2019, 2020,2021 and 2022 assessments;



- f. One-on-one interviews with a cross-section of key stakeholders:
  - i. Minister for Health
  - ii. Minister for Mental Health
  - iii. Director-General, ACT Health Directorate;
  - iv. Chief Executive Officer, Canberra Health Services;
  - v. Regional Chief Executive Officer, Calvary ACT;
  - vi. select members of the Culture Review Oversight Group and Culture Review Implementation Steering Group; and
  - vii. other nominated key stakeholders.
- g. Opportunity for focus groups or discussions including:
  - i. From a cross-section of the workforce across the ACT public health system;
  - ii. with members from the Clinical Leadership Forum; and
  - iii. members from the Professional Colleges Advisory Group.
- 10. Development of a draft Annual Review Report containing findings and initial recommendations for discussion with key leaders; and
- 11. Finalisation and submission of an Annual Review Report by 11 November 2022.

### **Structure, Process and Timing**

- 12. The Reviewer will commence work on this review in August 2022 and will provide an Annual Review Report to the Minister for Health and the Minister for Mental Health by 11 November 2022.
- 13. The Minister for Health will table the Annual Review Report in the ACT Legislative Assembly during the week of 1 December 2022, and thereafter publicly release the Report.
- 14. The Reviewer will determine if some material needs to be anonymised to protect individuals from harm to the extent that it contains personal information or material provided in confidence.



## OFFICIAL

# Culture Reform Oversight Group Meeting Paper

Agenda Item:	2.6
Topic:	Culture Reform Oversight Terms of Reference - Review
Meeting Date:	14 February 2022
Action Required:	Discussion
Cleared by:	Director-General, ACT Health Directorate (ACTHD)
Presenter:	Executive Branch Manager, People Strategy and Culture, ACTHD

## Purpose

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

## Background

2. The ToR for the Oversight Group at **Attachment A** were developed in line with the Recommendations of the *'Final Report of the Independent Review into the Workplace Culture within ACT Public Health Services'* in 2019 and were endorsed by the Culture Review Oversight Group at the June 2019 meeting.

## Issues

3. As the Culture Reform program is in its final year, it is timely to review the ToR to ensure that they are reflective of the current maturity of the program and the intent to transition culture reform into business as usual.
4. There have been a number of forums that have taken place to discuss the role and purpose of the Culture Reform Oversight Group. Workshops were held in August 2020 and March 2021 to explore these points further. Agreed outcomes actioned in response to the workshops include:
  - a. Change of committee name to 'Culture Reform Oversight Group' to reflect the intent of the Oversight Group to ensure a continued strategic focus on system-wide culture reform,
  - b. An ongoing commitment to invest in system-wide culture reform that is future focused,

- c. A new vision was also agreed to - **Building a better health system through organisational reform that respects our workforce, our patients and the community.**
  - d. The establishment of three working groups involving Oversight Group members. These are:
    - i. HR Matters Working Group
    - ii. Early Intervention Working Group
    - iii. Professional Transition to Work.
5. Although there has not been a formal discussion or update of the ToR, the above processes have strengthened the system-wide and strategic focus of the Oversight Group.
6. The discussion will serve as an opportunity to discuss how the Oversight Group is best positioned to steer the program through the transition to business as usual and how members can actively support this process across the ACT public health system.

### **Recommendation**

That the Oversight Group:

- *Discuss and update the attached ToR for the Oversight Group.*



<b>Role</b>	<p>The role of the Culture Review Oversight Group (Oversight Group) is to oversight the implementation of the recommendations of the Final Report of the Review into the Workplace Culture in ACT Public Health Services (the Review) (March 2019).</p>
<b>Values and Behaviours</b>	<p>Participation and engagement in the Committee will reflect organisational values and the commitment to collaborate within strong governance frameworks. Members will display signature behaviours such as:</p> <ul style="list-style-type: none"> <li>• Accountable, transparent, decision-making;</li> <li>• genuine and respectful engagement with colleagues within the Directorates, across the ACT Public Service and the Health System and with community members;</li> <li>• open sharing of information to improve the delivery of services, to enable good governance, quality and accurate reporting and the development of evidence-based policies and programs;</li> <li>• innovative improvement of systems and services to achieve safe and effective person and family-centred care; and</li> <li>• confidentiality of the process.</li> </ul>
<b>Membership</b>	<ul style="list-style-type: none"> <li>○ Minister for Health and Wellbeing (Chair)</li> <li>○ Minister for Mental Health (Deputy Chair)</li> <li>○ Director-General, Health Directorate</li> <li>○ Chief Executive Officer, Canberra Health Services</li> <li>○ Regional Chief Executive Officer, Calvary ACT</li> <li>○ Regional Secretary, CPSU</li> <li>○ Branch Secretary, ANMF ACT</li> <li>○ President, AMA ACT</li> <li>○ Executive Officer, Health Care Consumers Association (ACT)</li> <li>○ President, ASMOF ACT</li> <li>○ President, VMOA ACT</li> <li>○ Dean, College of Health and Medicine ANU</li> <li>○ Executive Dean, Faculty of Health, University of Canberra</li> <li>○ Executive Branch Manager, Culture Review Implementation Team [ex-officio]</li> </ul> <p>The Oversight Group may also invite other individuals or representatives of organisations from time to time with the agreement of the Chair where special expertise or experience is required to assist the Group in its work.</p> <p>Members will be asked to declare any actual, potential, or perceived conflicts of interest, at each meeting.</p> <p>There will be no sitting fees provided for meetings; however, travel or out of pocket costs will be reimbursed for attendance at meetings for stakeholder</p>

	members and any subject matter experts requested to attend with the agreement of the Chair. Receipts should be submitted to the Secretariat.
<b>Secretariat</b>	Secretariat Support will be provided from the Culture Review Implementation Team within the Office of the Director- General.
<b>Meeting Frequency</b>	<p>Meetings are to be held quarterly, or as required by the Chair.</p> <p>The Ministers or the ACT Public Health Leadership team (DG HD, CEO CHS or Regional CEO Calvary) may also seek the Oversight Group's advice on an 'out-of-session basis'. The Secretariat will circulate comments to members and provide a summary at the subsequent meeting.</p>
<b>Quorum</b>	At least 50% +1 of members in attendance shall be deemed to be a quorum. With the Chair and the ACT Public Health Leadership team as mandatory attendees.
<b>Absences from Meetings and Proxy Attendance</b>	<p>All Members are strongly encouraged to prioritise meetings.</p> <p>The Oversight Group will have a general policy of no proxies, however the Chair may consider appointing an official proxy for a member if that member believes they will not be able to attend quarterly meetings. Members should submit the name and position of their proposed official proxy for approval to the Chair.</p> <p>If a member requires a leave of absence and they do not have an official proxy, they are to formally write to the Chair at least three weeks before the quarterly meeting outlining the reasons for non-attendance and may request a proxy attend in their place. The request for a proxy will be considered on a case-by-case basis.</p> <p>If a member or their proxy has not attended two meetings in a row, then they shall forfeit their membership and the Chair will appoint another member.</p>
<b>Functions</b>	<p>The Oversight Group will:</p> <ul style="list-style-type: none"> <li>• Review progress and updates on the Implementation Plan with a particular focus on assessment of actions and progress against goals;</li> <li>• Auspice an annual, independent and external review of the extent of implementation of the recommendations of the Review and consequent impact on cultural changes within the ACT Public Health System; and</li> <li>• Guide action under the Implementation Plan, including addressing issues of policy and strategy that impact on the delivery of the Implementation Plan.</li> </ul>
<b>Reporting Mechanisms</b>	<p>The Oversight Group is the peak governance committee for the Culture Review Implementation. The Oversight Group receives information, regular reports and issues for escalation from members, through the Secretariat.</p> <p>The Culture Review Implementation Steering Group (CRISG) reports to the Culture Review Oversight Group. The Oversight Group will provide a meeting update to Government through the Chair. Following Government consideration, the Oversight Group will issue a communique.</p>

<b>Meetings and Agenda Requests</b>	<p>Meeting papers and the Agenda will be cleared by the Chair and circulated one week in advance of meetings.</p> <p>Meeting papers will be considered in-confidence by all members. Any other material that is made available to Oversight Group members which is by its nature confidential, marked as confidential or that the member ought to know is confidential, will be kept secret and confidential and not disclosed to anyone outside the Oversight Group.</p> <p>Requests for agenda items and papers should be submitted to the Secretariat at least two weeks prior to the meeting.</p> <p>Papers will be distributed to members electronically five working days prior to the meeting taking place.</p>
<b>Standing Agenda Items</b>	A summary of standing agenda items is at Attachment A.
<b>Minutes</b>	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.
<b>TOR Review Frequency</b>	<p>The Terms of Reference will be reviewed annually, or as required to ensure alignment with governance arrangements.</p> <p>The next review is due by June 2020.</p>
<b>TOR Approval</b>	<p>Meegan Fitzharris, MLA</p> <p>Minister for Health and Wellbeing</p> <p>11 June 2019</p>



**OFFICIAL**

## Culture Reform Oversight Group Meeting Paper

Agenda Item:	2.7
Topic:	System-wide Dashboard and Analysis
Meeting Date:	14 February 2022
Action Required:	Noting
Cleared by:	Director-General, ACT Health Directorate
Presenter:	Executive Branch Manager, People Strategy and Culture Branch, ACTHD

### Purpose

1. To provide the bi-monthly Workforce Effectiveness Dashboard to the Culture Reform Oversight Group (Oversight Group) for noting.

### Background

2. As presented to the Oversight Group on 13 December 2021, the Workforce Effectiveness Indicators Model (WEIM) has been developed. There was agreement that the workforce effectiveness data will be provided to the Oversight Group as a regular agenda item by the three organisations of the ACT public health system as at **Attachment A and B**.
3. It was further agreed that reporting against specific workforce data will:
  - 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 the 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 to the reporting of data.



5. There is acknowledgement that some of the recommended data sets are not 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 the data mature or become available.
6. A discussion is scheduled mid-February to discuss how patient satisfaction data can be reported to the Oversight Group through the dashboard.

### **Current Status**

7. There has been agreement by the three organisations to operationalise workforce data.
8. The three organisations have agreed on a draft 'Data Dictionary' to ensure consistency in the definitions, application, and measurement timeframe for operationalising a range of data indicators across the ACT public health system.
9. There has been agreement on the data indicators that will be initially reported on, with agreement in early 2022 to establish a project plan outlining proposed timeframes. Further refinement of the Dashboard will occur throughout 2022.
10. Some information was only available up to 24 November 2021 for Canberra Health Services and ACT Health Directorate due to a major technical disruption over the preceding few weeks, impacting access to dashboard data by all ACTPS Directorates.
11. Calvary Public Hospital Bruce has provided some data for December 2021.
12. The narrative report is at **Attachment A** and the Dashboard is at **Attachment B**.

### **Recommendation**

That the Oversight Group:

- *Note the information outlined in the Workforce Effectiveness Dashboard and attached analysis.*



## Culture Review Implementation

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### Attachment A. Workforce Effectiveness Analysis.

#### Analysis

##### ACT Health Directorate (ACTHD)

Growth in the number of casual and temporary employees has increased over the past 12 months due to the establishment of the Health Emergency Control Centre (HECC) to support the COVID-19 response. Planning is underway to support the changing nature of the work area as it progresses to a business-as-usual approach. A slight decrease in casual and temporary employees has occurred over the last 2 months.

Diversity statistics show no significant change over the last 3 months.

Age and Length of service show no significant change over the last 3 months.

The average hours of overtime per person increased for ACTHD during August and September with hours declining throughout October, November, and December. High overtime hours are observed during these months as a direct result of the HECC COVID-19 branch response to the Delta outbreak, in addition to the broader ACTHD support for the response.

Commencement and separation rates have remained steady throughout the year, with the ACTHD recruiting to positions at regular intervals. It is anticipated that there will be a slight rise in commencements during January and February due to seven bulk recruitment processes (ASO3-SOGA) in addition to a range of specialised roles such as resident medical officer, registrar, specialist and social work and psychology positions currently underway for the COVID-19 branch.

The ACTHD has commenced exit surveys from October 2021 for staff departing the organisation. The response rate is expected to increase over coming months.

Leave rates typically peak during school holidays and the Christmas and New year period and then tend to remain steady through the rest of the year.

##### Canberra Health Services

Growth in headcount and FTE for Canberra Health Services (CHS) was seen in line with bulk recruitment to support the COVID-19 2021 response. There have been no significant changes in employment category, employment status or gender percentages over the last 12 months.

Diversity and inclusion remain a focus for CHS and over the last year there has been gradual growth in the Aboriginal and Torres Strait Islander workforce and our culturally and linguistically diverse workforce. Our staff who identify as having a disability has remained stable.

Age and Length of service show no significant changes over the last 12 months.

Average overtime hours per person increased during August and September as CHS responded to an increase in service demand to meet ACT Territory wide COVID Vaccination and testing needs. The average overtime hours per person have started to decline as testing and vaccinations service demand decreases and CHS staff return to business as usual.

February shows a spike in recruitment for CHS in line with Graduate Nurse and Junior Medical Officer intake rounds. CHS also experienced an increase in separation in the first and second quarters due to the previous year's nursing graduates and medical staff leaving to seek employment elsewhere or to expand their career progression and training not offered at CHS.

Leave continues to rise and fall during the year in line with school holidays and peak times for CHS. Note that leave in more recent months shows a decline as leave submissions are often submitted and processed in retrospect. These figures will be updated to reflect a more accurate representation in future reports. There has also been a decrease in leave requests due to inability to travel and border closure restricting travel nationally.

Preliminary Assessments continues to be undertaken throughout the year with a slight peak mid-2021 due to a clustered issue requiring multiple preliminary assessments, this has since been resolved.

### **Calvary Public Hospital Bruce (CPHB)**

Analysis of data by CPHB will commence with the next report in March 2022.

### **Recommendation**

That the Oversight Group:

- Note the information provided in this paper.



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# Workplace Effectiveness Dashboard

9/01/2019 22/12/2021

## Canberra Health Services

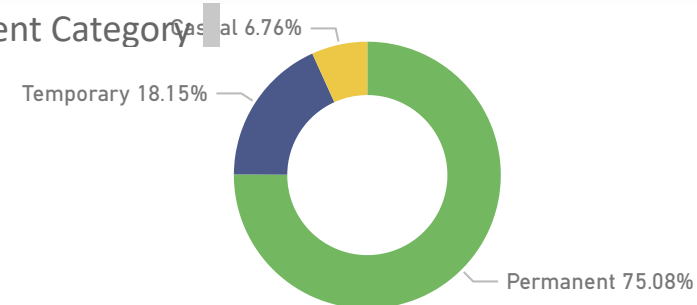
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Average Headcount

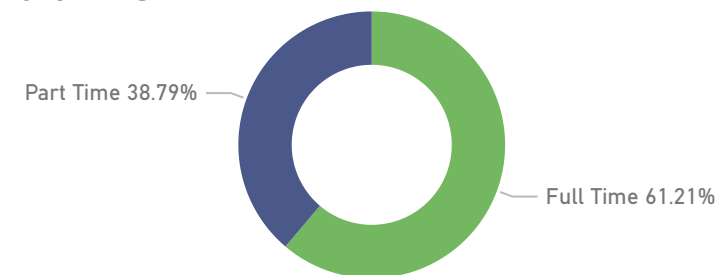
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Average FTE

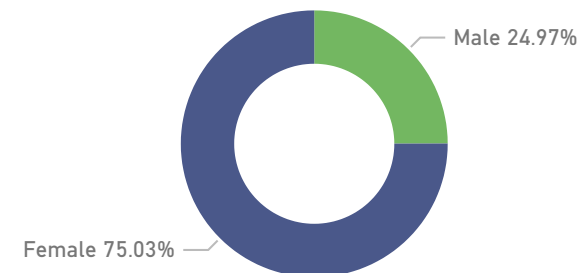
### Employment Category



### Full Time/Part Time



### Gender



## Calvary

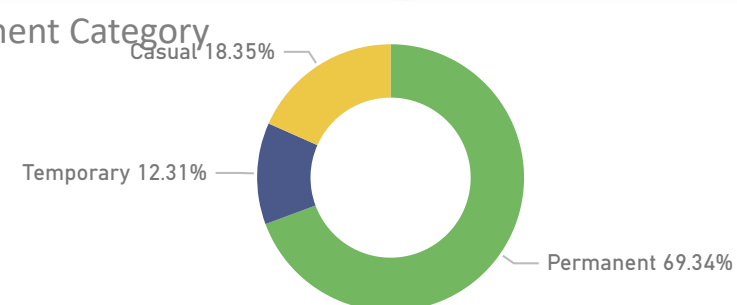
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Average Headcount

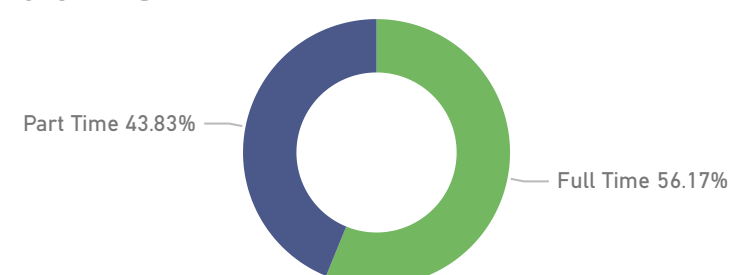
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Average FTE

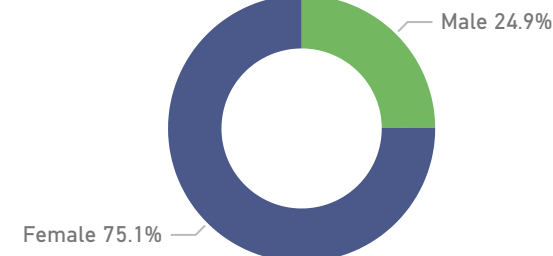
### Employment Category



### Full Time/Part Time



### Gender



## ACT Health Directorate

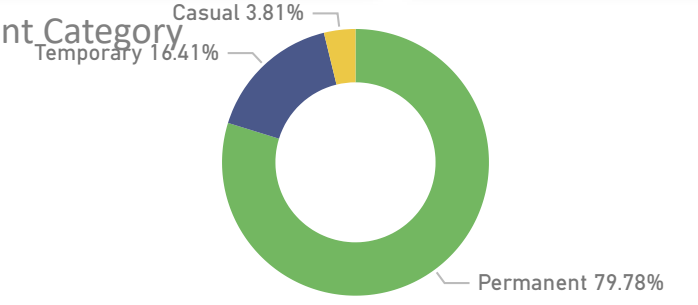
896

Average Headcount

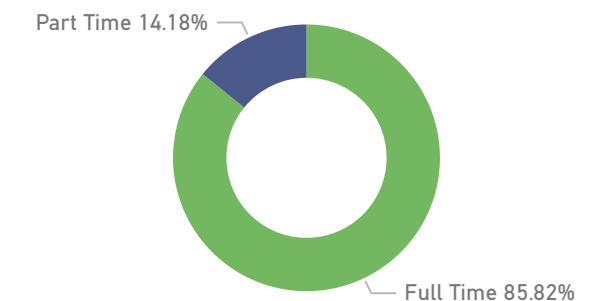
788.26

Average FTE

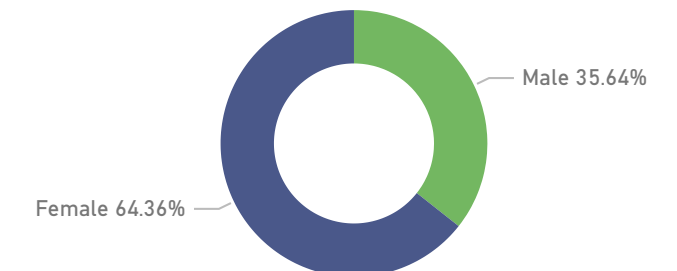
### Employment Category

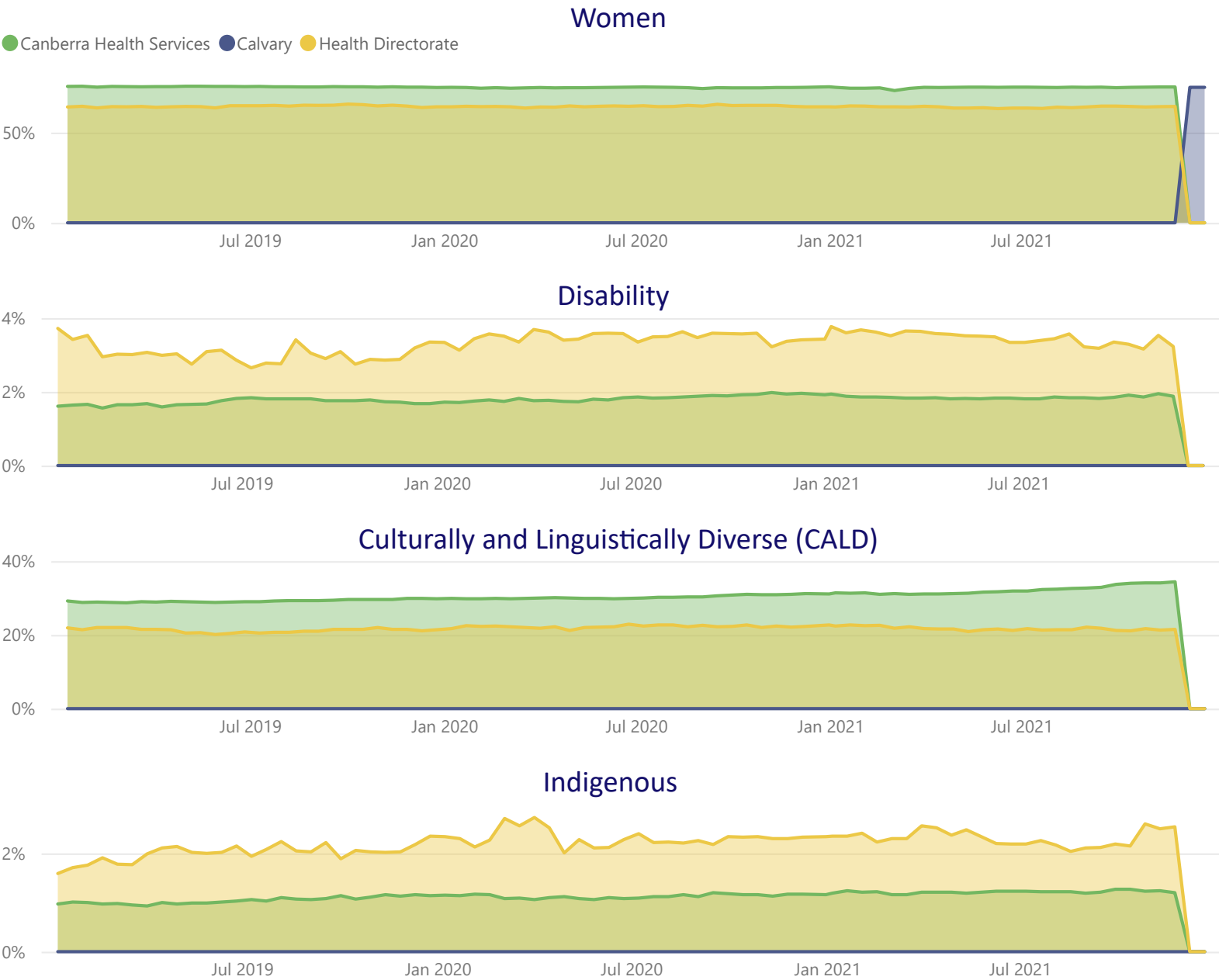


### Full Time/Part Time



### Gender





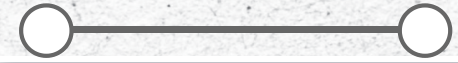
Canberra Health Services	Calvary	Health Directorate
73.20%	75.10%	62.82%
1.75%	Not Available for Reporting Period	3.24%
29.73%	Not Available for Reporting Period	21.17%
1.10%	Not Available for Reporting Period	2.15%



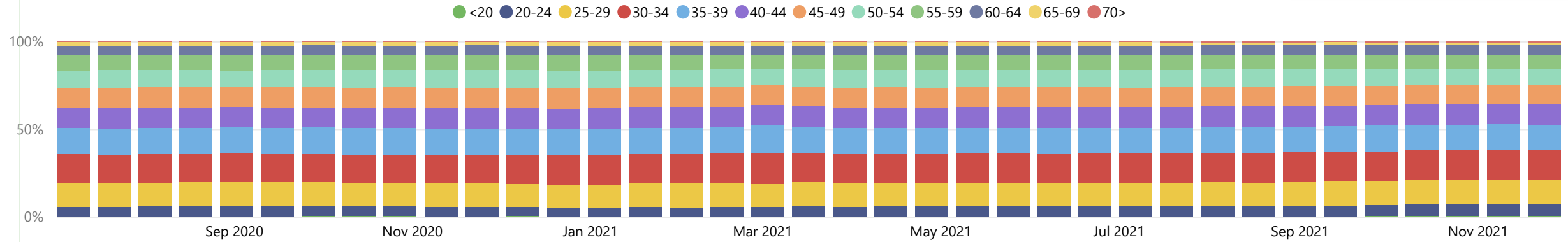
# Age Profile

9/01/2019

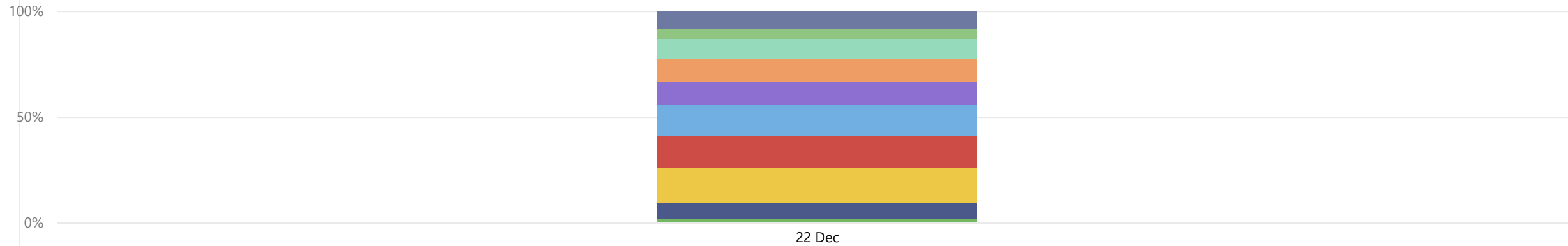
22/12/2021



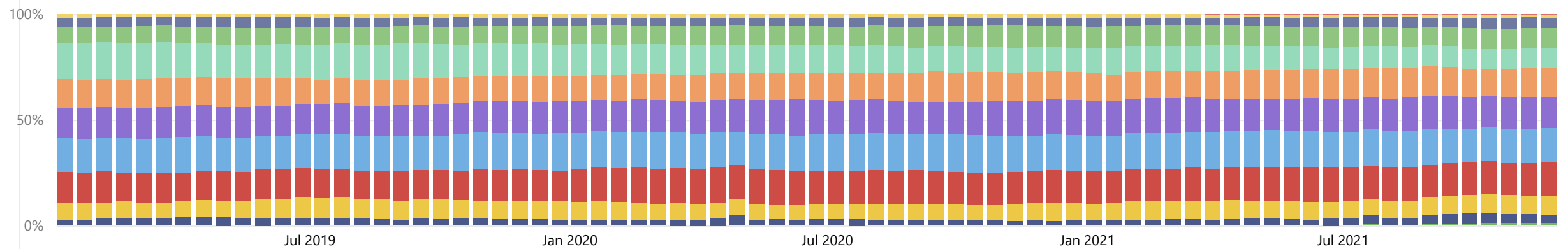
Canberra Health  
Services



Calvary



Health  
Directorate



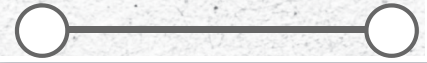




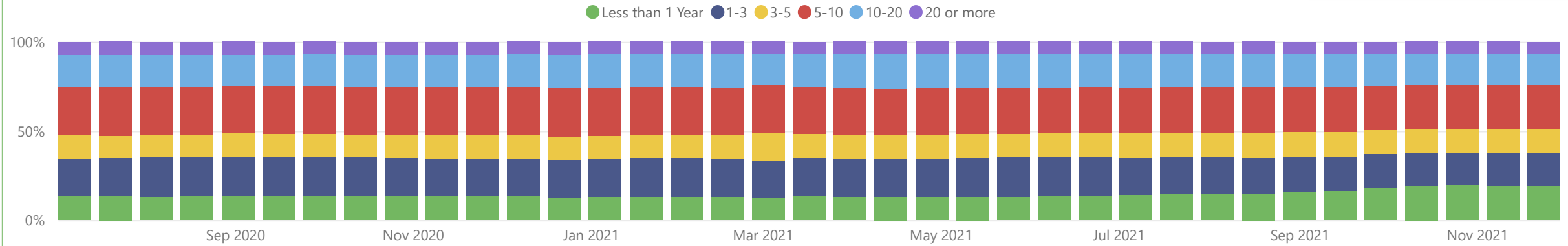
# Length of Service

9/01/2019

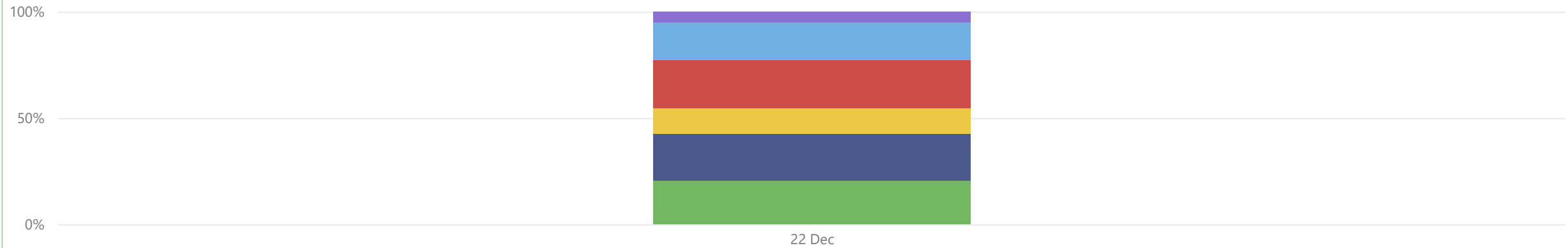
22/12/2021



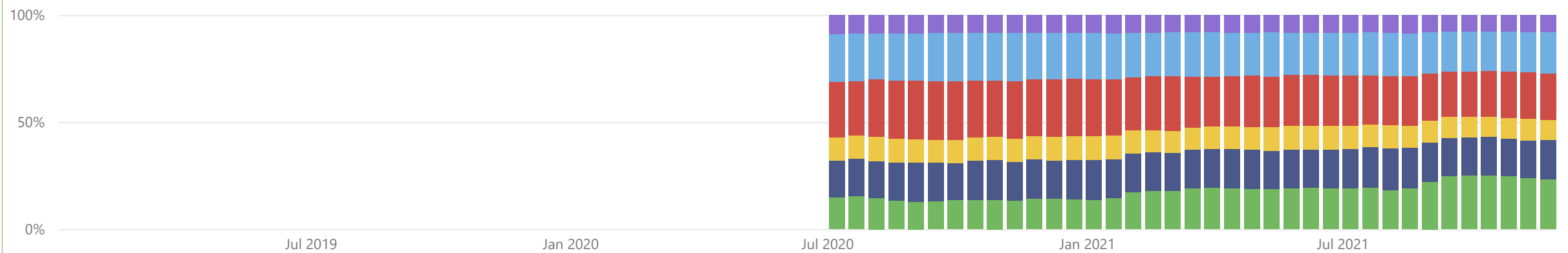
Canberra Health  
Services



Calvary



Health  
Directorate





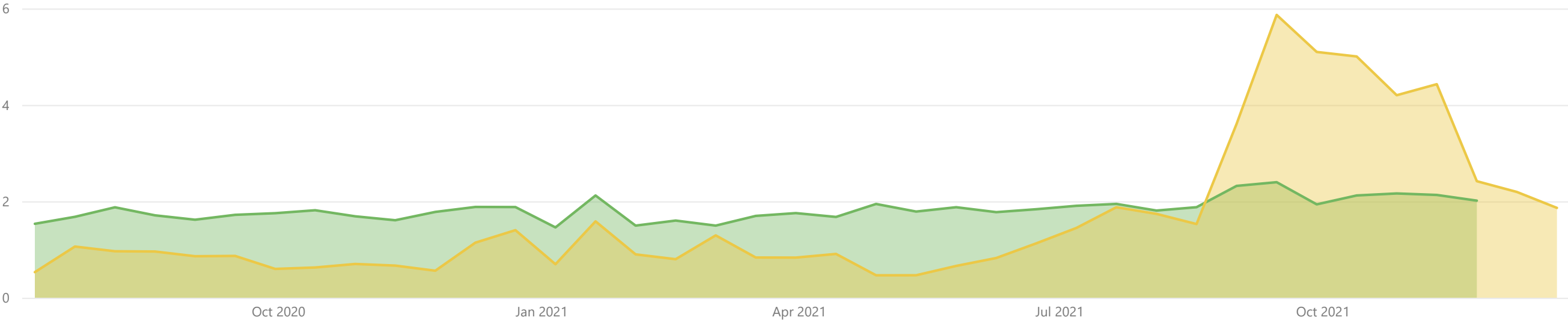
# Overtime

9/01/2019 22/12/2021



Average Hours per Employee

Canberra Health Services Calvary Health Directorate



Canberra Health Services



Calvary

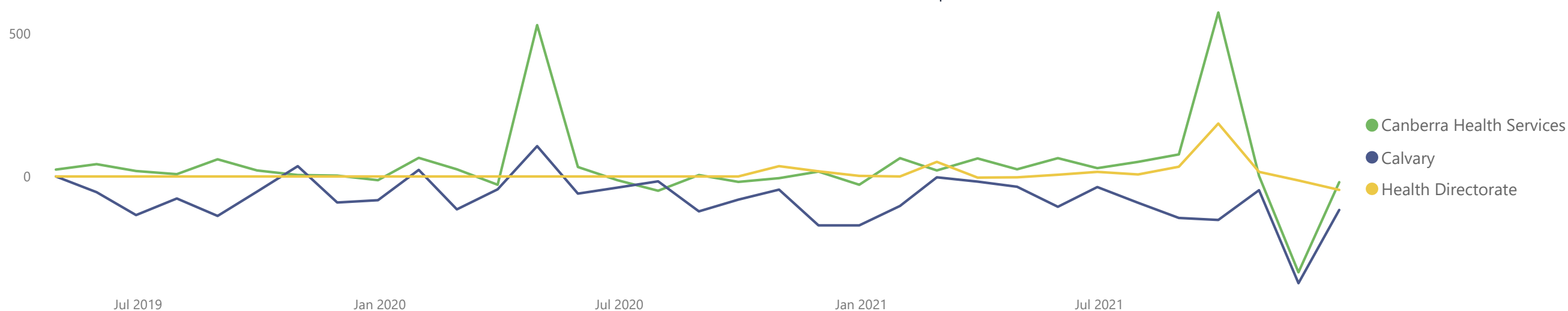


Health Directorate

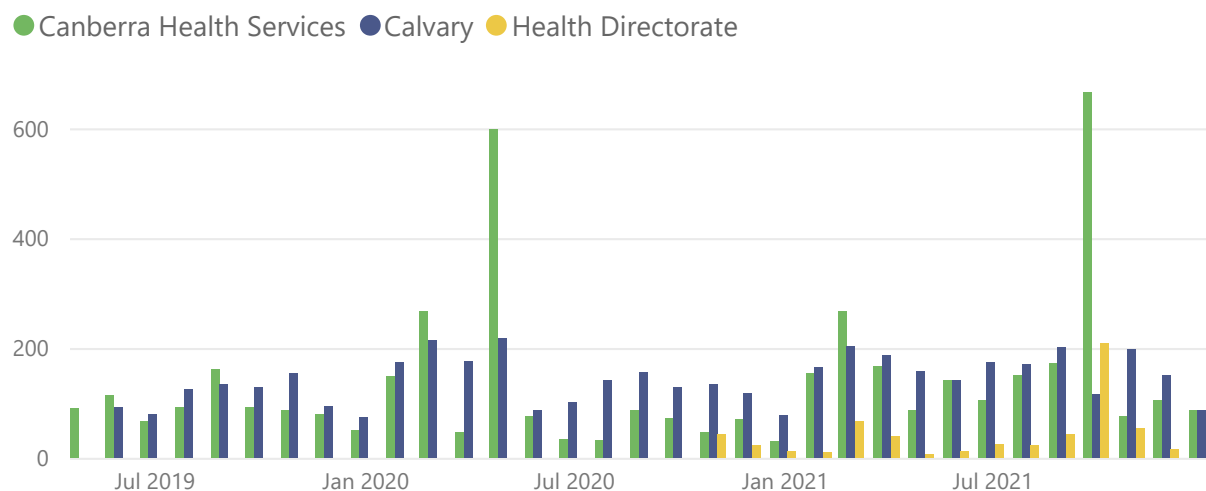


# Commencements and Separations

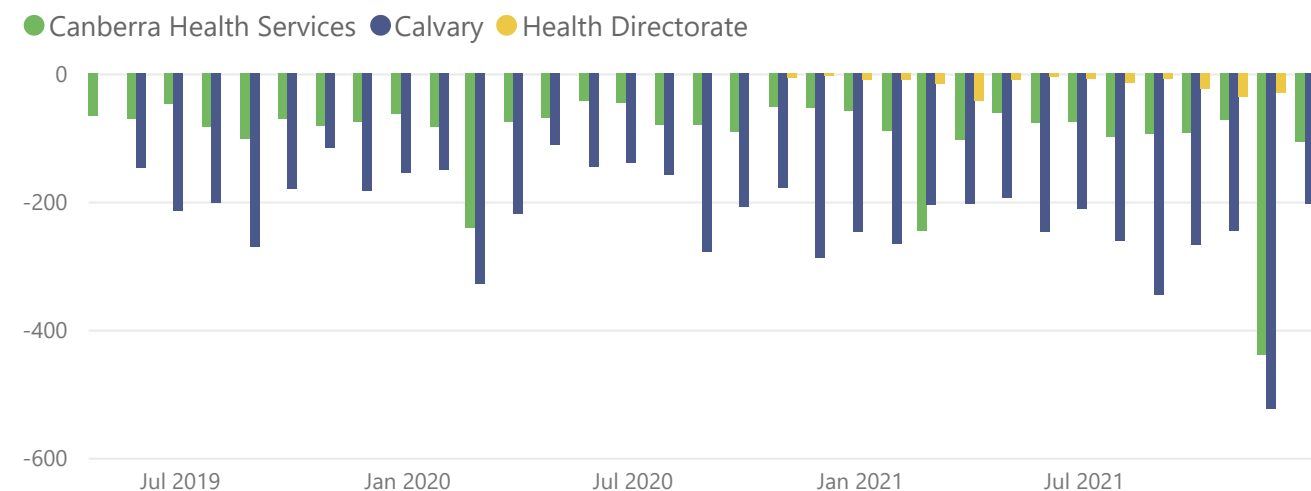
## Net Commencements and Separations



## Commencements

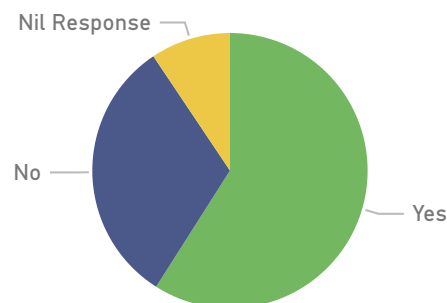


## Separations



## Canberra Health Services

Exit Survey  
Responses - Would  
you work here  
again?



**29.00%**

Response Rate

## Calvary

**Not Available  
for Reporting  
Period**

**Not Available**

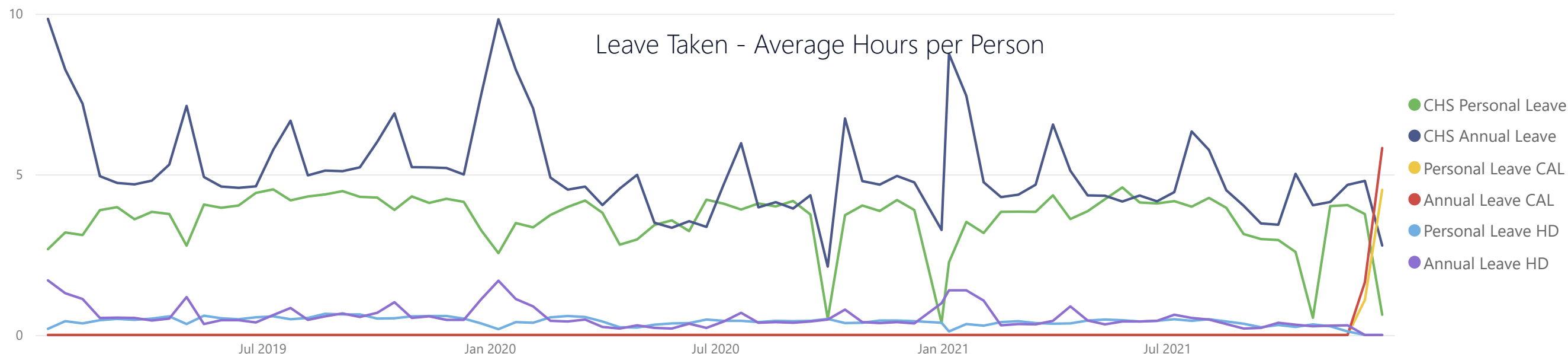
Response Rate

## Health Directorate

**Not Available  
for Reporting  
Period**

**Not Available**

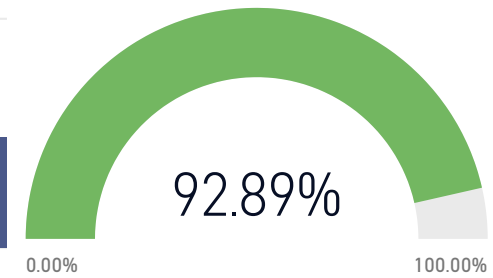
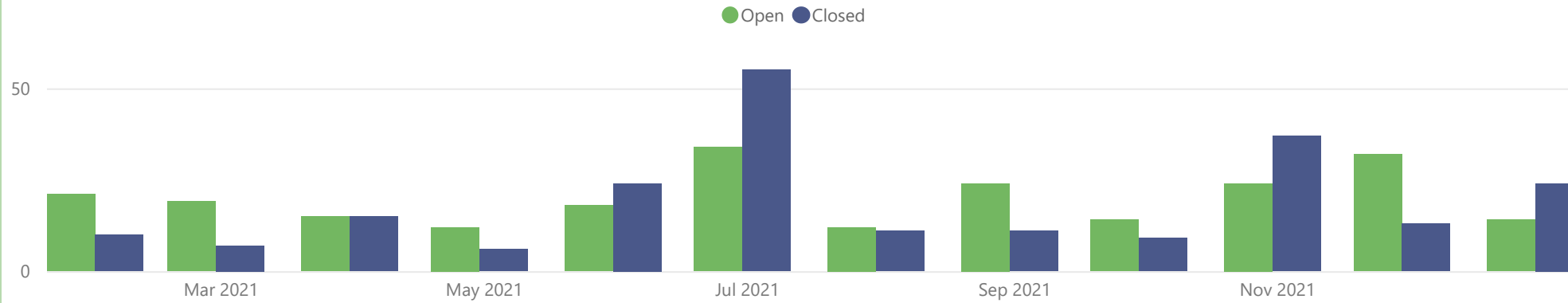
Response Rate





# Preliminary Assessments

Canberra Health  
Services

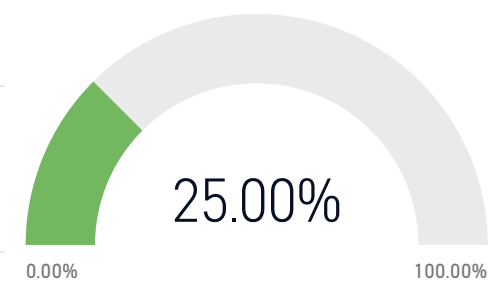
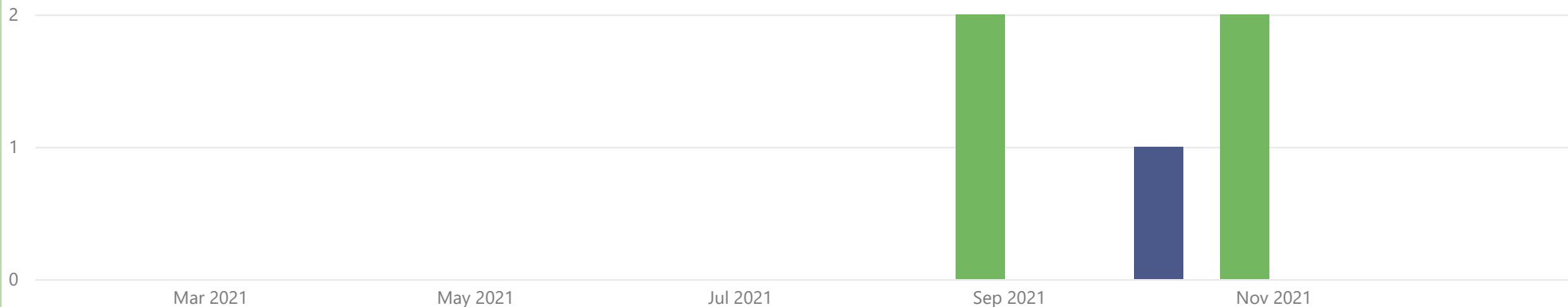


Calvary

Not Available for Reporting Period

Not Available

Health  
Directorate

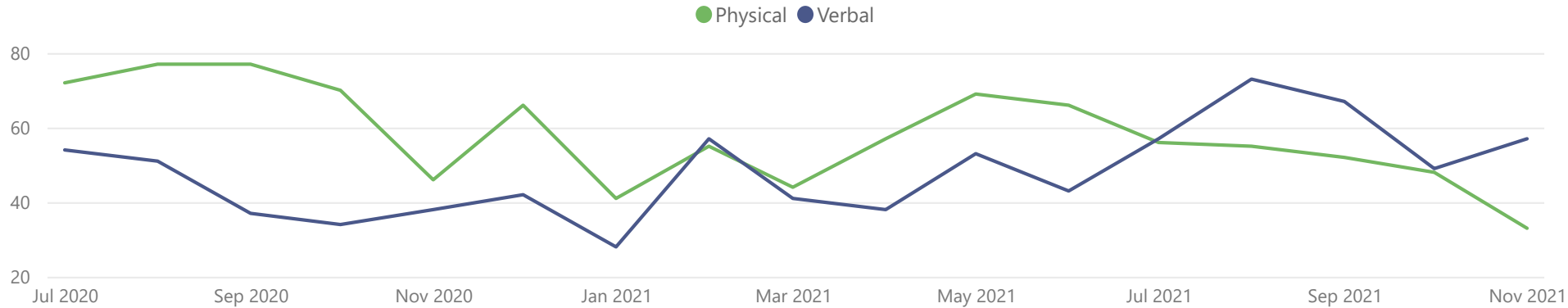






# Staff Incidents

Canberra Health  
Services



Calvary

Not Available for Reporting Period

Health  
Directorate

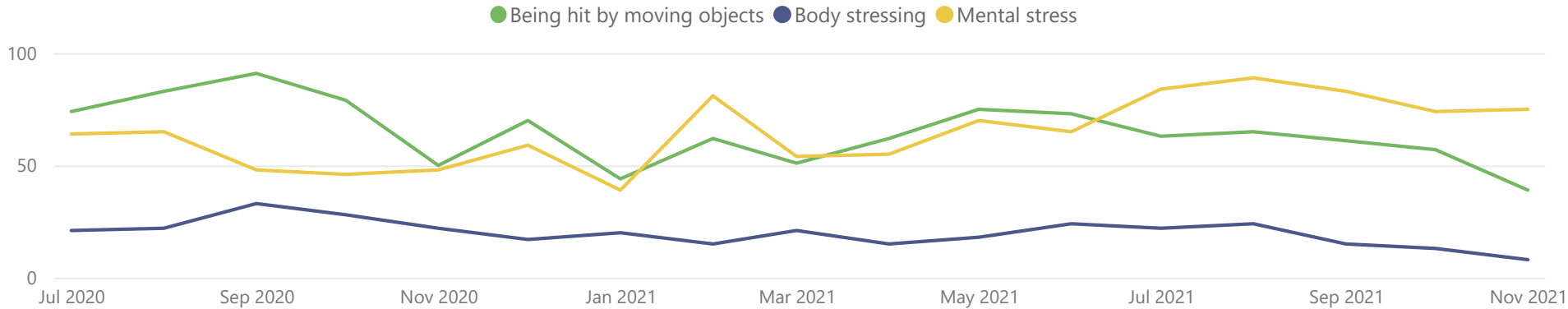
Not Available for Reporting Period





# Occupational Violence

Canberra Health  
Services



Calvary

Not Available for Reporting Period

Health  
Directorate

Not Available for Reporting Period



# Culture Reform Oversight Group Meeting Paper

**OFFICIAL**

Agenda Item:	3.1
Topic:	Member Updates
Meeting Date:	14 February 2022
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 Reform Oversight Group Meeting Paper

**OFFICIAL**

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**Agenda Item:** 4.1

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**Topic:** Implementation of Recommendations

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**Meeting Date:** 14 February 2022

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**Action Required:** For Noting and Discussion

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**Cleared by:** Director-General, ACT Health Directorate (ACTHD)

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**Presenter:** Executive Branch Manager, People Strategy and Culture Branch, ACTHD

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## Purpose

1. To provide the Culture Reform 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 92 actions:

<b>On Track</b>	<b>13</b> Actions are in progress and on track to be delivered by the agreed date
<b>At Risk</b>	<b>2</b> Actions are at risk of being delayed by more than 12 weeks
<b>Delayed</b>	<b>12</b> Actions are delayed by more than 12 weeks
<b>Completed</b>	<b>65</b> Actions have been completed
<b>Pending Closure</b>	<b>6</b> Actions are pending approval for closure

5. Four At Risk actions are to be discussed at this meeting:

- a. Action 4.1 - Clinician Summit (Agenda Item 2.4)
- b. Actions 7.1, 7.2 and 7.3 – Research Strategic Plan (Agenda Item 2.3)

6. The following table summarises the status of actions that are reported as At Risk or Delayed:

<b>Action 2.2 – Measuring organisational effectiveness</b>  Implement and monitor a suite of measures	ACT Health Directorate	Further work is underway to broaden indicators to monitor progress of cultural integrity journey. A request for approval to close this item is anticipated at the March CRISG meeting.	<b>Delayed</b>
<b>Action 4.1 – Clinician summit</b>  Plan and conduct a first summit	ACT Health Directorate	Alternate direction to address this recommendation is to be discussed by the Oversight Group at agenda item 2.4 at the meeting of 14 February 2022.  If the alternate direction is endorsed, it could be argued that this item is closed in its current form as an alternate route has been determined to offer greater benefit for the ACT public health system. This will be led by the ACTHD Chief Medical officer.	<b>Delayed</b>
<b>Action 6.3 – Re-establish open lines of communication with NGO sector and other external stakeholders</b>  Evaluate	ACT Health Directorate	Evaluation is expected to be completed by March 2022. It is anticipated that this action will be endorsed for closure by the CRISG following completion of the evaluation.	<b>Delayed</b>  (Previously reported as At Risk)
<b>Action 7.1 - Research strategic plan</b>  Review existing arrangements (develop relationships, define positions)	ACT Health Directorate	Work has been completed for this action. Request for closure of action to be discussed at Agenda Item 3.7.	<b>Delayed</b>  (Previously reported as At Risk)
<b>Action 7.2 – Research strategic plan</b>  Produce academic partnership and training strategy	ACT Health Directorate	This is being presented at Agenda item 2.3 of the Culture Reform Oversight Group scheduled for 14 February 2022. Progress is being made with the Research Strategy with the ACTHD Strategy, while the Canberra Health Strategy has been completed.	<b>Delayed</b>  (Previously reported as At Risk)

<b>Action 7.3 – Research strategic plan</b> Implement academic partnership and training strategy	ACT Health Directorate	Once the draft research plan is consulted on and endorsed, the Research Working Group in collaboration with CHMR will generate an implementation plan for further consideration.  Projected completion date for this recommendation has not yet been determined.	<b>Delayed</b>
<b>Action 14.2 – HR Functions Review</b> Implement changes	ACT Health Directorate	Staff numbers, capability and function have been reviewed and actions are being undertaken to implement the recommendations of the HR Functions Review.	<b>Delayed</b>  (Previously reported as At Risk)
<b>Action 14.2 – HR Functions Review</b> Implement changes	Calvary Public Hospital Bruce	Update not provided this reporting period.	<b>Delayed</b>  (Previously reported as At Risk)
<b>Action 14.3 – HR Functions Review</b> Evaluate	ACT Health Directorate	Evaluation is dependent on completion of A14.2. Planning is underway.	<b>Delayed</b>  (Previously reported as At Risk)
<b>Action 14.3 – HR Functions Review</b> Evaluate	Canberra Health Services	Update not provided for this reporting period.	<b>At Risk</b>
<b>Action 14.3 – HR Functions Review</b> Evaluate	Calvary Public Hospital Bruce	Update not provided for this reporting period.	<b>At Risk</b>
<b>Action 16.2 – Training Review</b> Implement changes	ACT Health Directorate	Work is underway within the Health Directorate to consider and implement the recommendations of the Training Review.	<b>Delayed</b>  (Previously reported as At Risk)
<b>Action 16.2 – Training Review</b> Implement changes	Canberra Health Services	Work is underway within CHS to consider and implement the recommendations of the Training Review.	<b>Delayed</b>  (Previously reported as At Risk)
<b>Action 16.2 – Training Review</b> Implement changes	Calvary Public Hospital Bruce	Work is underway within Calvary to consider and implement the	<b>Delayed</b>  (Previously reported as At Risk)



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

System-wide	<b>6 of 9</b> Recommendations completed
ACT Health Directorate	<b>2 of 11</b> Recommendations completed
Canberra Health Services	<b>8 of 12</b> Recommendations completed
Calvary Public Hospital	<b>4 of 10</b> Recommendations completed

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

Culture Review Implementation Branch	<b>7 of 9</b> Recommendations completed
ACT Health Directorate	<b>2 of 11</b> Recommendations completed
Canberra Health Services	<b>8 of 12</b> Recommendations completed
Calvary Public Hospital	<b>5 of 10</b> Recommendations completed

8. A total of **9** Recommendations have been endorsed as fully completed by all responsible parties:

- a. *Recommendation 1* (Embed Vision and Values)
- b. *Recommendation 5* (Review mechanisms to better integrate clinical streams of the community health services within the Clinical Divisional Structures in CHS)
- c. *Recommendation 8* (Memorandum of Understanding (MoU))
- d. *Recommendation 10* (Clear requirement for senior clinicians to collaboratively participate in clinical governance activities)
- e. *Recommendation 11* (Choosing Wisely program)
- f. *Recommendation 12* (Clinically qualified Divisional Directors across each Clinical Division with Business Manager support within CHS)
- g. *Recommendation 17* (Public Commitment)
- h. *Recommendation 18* (Culture Review Oversight Group)
- i. *Recommendation 20* (Change Management and Communications Strategy)

## Recommendation

That the Oversight Group:

*Note the information contained in the Implementation of Recommendations document at **Attachment A**.*



**Key:**

IMPLEMENTATION TIMELINE (As per Final Report)
ADJUSTED IMPLEMENTATION TIMELINE (Endorsed by Steering Group)
CURRENT IMPLEMENTATION STATUS
ACTION COMPLETED

**Overall Status of Recommendation 1:**  
Recommendation has been completed.

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
<b>Recommendation 2 of the Final Report, March 2019</b> <i>That Canberra Health Services and Calvary Public Hospital in conjunction with the ACT Health Directorate, develop an appropriate suite of measures that:</i> <ul style="list-style-type: none"> <li>• <i>reflect on elements of a great health service - both culture and strategy;</i></li> <li>• <i>monitor patient/client perspectives of outcomes/experience; and</i></li> <li>• <i>engage clinicians in their development.</i></li> </ul>	System-wide, led by Culture Review Implementation Branch (CRI Branch)	A2.1: Commence developing suite of measures	Action has been completed			Baseline 1		Baseline 2										COMPLETE
		A2.2: Implement and monitor suite of measures	This action is in progress <ul style="list-style-type: none"> <li>• The Workforce Effectiveness Dashboard will be presented at the February meetings of CRISG and CROG.</li> <li>• Work continues to mature the indicators and dashboard reporting.</li> <li>• A request for approval to close this item is anticipated at the March 2022 CRISG meeting.</li> </ul>					Baseline 1				Baseline 2						ON TRACK
	People Strategy, ACT Health Directorate	A2.1: Commence developing suite of measures	Action has been completed			Baseline 1												COMPLETE
		A2.2: Implement and monitor suite of measures	This action is in progress <ul style="list-style-type: none"> <li>• Further action is underway, including broadening of current organisational effectiveness measures to enable assessment and monitoring of progress with our culture integrity journey.</li> <li>• A request for approval to close this item is anticipated at the March 2022 CRISG meeting.</li> </ul>					Baseline 1										DELAY
		A2.3: Conduct 2019 staff survey (evaluate)	Action has been completed			B1												COMPLETE
		A2.4: Conduct 2021 staff survey (evaluate)	Action has been completed												B1			COMPLETE



RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019		2020		2021		2022		STATUS				
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		Q1	Q2		
<b>Recommendation 3 of the Final Report, March 2019</b> <i>That a program designed to promote a healthier culture to reduce inappropriate workplace behaviour and bullying and harassment be implemented across the ACT public health system. The model adopted should be based on the Vanderbilt University Medical Center Patient Advocacy Reporting System (PARS) and Co-worker Observation Reporting System (CORS).</i>	System-wide, led by Culture Review Implementation Branch (CRI Branch)	A3.1: Planning, procurement and foundation work	Action has been completed.			Baseline 1		Baseline 2								COMPLETE
								Baseline 2								
	People and Strategy, ACT Health Directorate	A3.1: Planning, procurement and foundation work	This action is in progress <ul style="list-style-type: none"><li>A model has been identified and proposed approaches have been outlined and endorsed.</li><li>Evaluation of Complaints and Bullying process has been completed and a work plan has been developed.</li><li>Training has been identified on ‘Giving and Receiving feedback’ and staff are being encouraged to attend.</li><li>Requesting completion of this action item at the February 2022 CRISG meeting.</li></ul>			Baseline 1		Baseline 2			Baseline 3					ON TRACK
		A3.2: Implementation	This action is in progress <ul style="list-style-type: none"><li>Workplan has been developed and implementation has commenced.</li></ul>					Baseline 1		Baseline 2						ON TRACK
		A3.3: Program delivery	This action has not commenced								Baseline 1					ON TRACK
People and Culture, Canberra Health Services	A3.1: Planning, procurement and foundation work	This action has been completed.			Baseline 1		Baseline 2								COMPLETE	
	A3.2: Implementation	This action has been completed.			Baseline 1			Baseline 2							COMPLETE	
	A3.3: Program delivery	This action is in progress. <ul style="list-style-type: none"><li>Update not provided for this reporting period.</li></ul>							Baseline 1					ON TRACK		
Great Workplaces Program, Calvary Public Hospital Bruce	A3.1: Planning, procurement and foundation work	This action has been completed.			Baseline 1										COMPLETE	
	A3.2: Implementation	This action has been completed.			Baseline 1										COMPLETE	
	A3.3: Program delivery	This action has been completed.							Baseline 1					COMPLETE		
<b>Overall Status of Recommendation 3:</b> This recommendation is on track to be completed by June 2022.																

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
<b>Recommendation 4 of the Final Report, March 2019</b> <i>The ACT Health Directorate convene a summit of senior clinicians and administrators of both Canberra Health Services and Calvary Public Hospital to map a plan of improved clinical services coordination and collaboration.</i>	Health Systems, Policy and Research, ACT Health Directorate	A4.1: Plan and conduct first summit	<b>This action is in progress.</b>  A proposed alternate direction to include: I.the establishment of an executive committee focussed on ACT public health system structure and funding-related matters, with an explicit aim to improve cooperation and collaboration across the ACT public health system.  II.the Chief Medical Officer consulting widely and preparing a proposal for development of an ACT-wide clinical committee structure with clear accountabilities for clinical system governance.  This will be discussed and endorsement is being sought from CROG on 14 February.															DELAY
<b>Overall Status of Recommendation 4:</b> Implementation of this recommendation is delayed.																		
<b>Recommendation 5 of the Final Report, March 2019</b> <i>The CEO of Canberra Health Services should review mechanisms to better integrate clinical streams of the community health services within the Clinical Divisional Structures.</i>	People and Culture, Canberra Health Services	A5.1: Review mechanisms and integrate Community Health Services	<b>This action has been completed.</b>															COMPLETE
		A5.2: Evaluate	<b>This action has been completed.</b>															COMPLETE
<b>Overall Status of Recommendation 5:</b> This recommendation has been completed.																		
<b>Recommendation 6 of the Final Report, March 2019</b> <i>That the ACT Health Directorate re-establish open lines of communication with the NGO sector and other external stakeholders.</i>	Health Systems, Policy and Research, ACT Health Directorate	A6.1: Commence re-opening of communication lines	<b>This action has been completed.</b>															COMPLETE
		A6.2: Establish NGO Leadership Group	<b>This action has been completed.</b>															COMPLETE
		A6.3: Evaluate	<b>This action is in progress.</b>  • Evaluation is proceeding. • Anticipated completion in March 2022.															DELAY
<b>Overall Status of Recommendation 6:</b> This recommendation is delayed. It is anticipated that the final action remaining for this recommendation will be completed by March 2022.																		

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS	
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2		
<b>Recommendation 7 of the Final Report, March 2019</b> <i>The initiatives already underway to develop a valued and more coordinated research strategy in partnership with the academic sector and others are strongly supported. These provide a mechanism to encourage professional development and address culture, education, training, research and other strategic issues.</i>	Centre for Health and Medical Research, ACT Health Directorate	A7.1: Review existing arrangements (develop relationships, define positions)	<b>This action is in progress.</b>  • Request to close action at February meeting of CRISG.		Baseline 1			Baseline 2										DELAY	
		A7.2: Produce academic partnership and training strategy	<b>This action is in progress.</b>  • The draft strategy has been endorsed by the RWG and the Partnership Board. It is now going through a final review process with broader stakeholders for final endorsement and review by the Minister				Baseline 1	Baseline 2										DELAY	
	A7.3: Implement academic partnership and training strategy	<b>This action is in progress.</b>  • An initial research workshop with stakeholders was run in December 2021 through HealthANSWERS and a follow-up workshop is planned to discuss implementation of the strategy once the strategy is finalised. A draft implementation plan has been developed.						Baseline 1		Baseline 2								DELAY	
<b>Overall Status of Recommendation 7:</b> Implementation of this recommendation is delayed by more than 12 weeks.																			
<b>Recommendation 8 of the Final Report, March 2019</b> <i>That discussions occur between ACT and NSW with a view to developing a Memorandum of Understanding (MoU) for improved collaboration between the two health systems for joint Ministerial consideration.</i>	Partnerships and Programs, ACT Health Directorate	A8.1: Commence negotiations	<b>This action has been completed.</b>		Baseline 1													COMPLETE	
		A8.2: Implement MOU	<b>This action has been completed.</b>						Baseline 1	Baseline 2									COMPLETE
<b>Overall Status of Recommendation 8:</b> This Recommendation has been completed.																			



RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
<b>Recommendation 9 of the Final Report, March 2019</b> <i>Clinical engagement throughout the ACT public health system, particularly by the medical profession, needs to be significantly improved. Agreed measures of monitoring such improvement needs to be developed through consensus by both clinicians and executives. Such measures should include participation in safety, quality and improvement meetings, reviews and other strategy and policy related initiatives.</i>	People and Culture, Canberra Health Services	A9.1: Agree measures	This action has been completed.			Baseline 1		Baseline 2									COMPLETE	
	A9.2: Ongoing monitoring and reporting	This action has been completed.					Baseline 1										COMPLETE	
	Great Workplaces Program, Calvary Public Hospital Bruce	A9.1: Agree measures	This action has been completed.			Baseline 1		Baseline 2									COMPLETE	
A9.2: Ongoing monitoring and reporting	This action is in progress.							Baseline 1									ON TRACK	
<b>Overall Status of Recommendation 9:</b> This recommendation is on track with the final action due for completion by June 2022.																		
<b>Recommendation 10 of the Final Report, March 2019</b> <i>There should be a clear requirement for senior clinicians to collaboratively participate in clinical governance activities.</i>	People and Culture, Canberra Health Services	A10.1: Develop governance participation plan	This action has been completed.				Baseline 1		Baseline 2								COMPLETE	
		A10.2: Commence participation	This action has been completed.				Baseline 1		Baseline 2								COMPLETE	
	A10.3: Monitor participation	This action has been completed.					Baseline 1									COMPLETE		
	Great Workplaces Program, Calvary Public Hospital Bruce	A10.1: Develop governance participation plan	This action has been completed.				Baseline 1										COMPLETE	
		A10.2: Commence participation	This action has been completed.				Baseline 1										COMPLETE	
A10.3: Monitor participation	This action has been completed.						Baseline 1								COMPLETE			
<b>Overall Status of Recommendation 10:</b> This recommendation has been completed.																		

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
<b>Recommendation 11 of the Final Report, March 2019</b> <i>Canberra Health Services and Calvary Public Hospital should assess the appropriateness of the Choosing Wisely initiative as a mechanism for improving safety and quality of care, developing improved clinical engagement and greater involvement in clinical governance.</i>	People and Culture, Canberra Health Services	A11.1: Assess Program	This action has been completed.		<div>Baseline 1</div>												COMPLETE	
		A11.2: Implement and monitor	This action has been completed.														COMPLETE	
	Great Workplaces Program, Calvary Public Hospital Bruce	A11.1: Assess Program	This action has been completed.		<div>Baseline 1</div>												COMPLETE	
		A11.2: Implement and monitor	This action has been completed.													COMPLETE		
<b>Overall Status of Recommendation 11:</b> This recommendation has been completed.																		
<b>Recommendation 12 of the Final Report, March 2019</b> <i>That Canberra Health Services adopt the progressive evolution of clinically qualified Divisional Directors across each Clinical Division with Business Manager support and earned autonomy in financial and personnel management.</i>	People and Culture, Canberra Health Services	A12.1: Conduct pilot	This action has been completed.		<div>Baseline 1</div>											COMPLETE		
		A12.2: Rollout full recommendations	This action has been completed.													COMPLETE		
<b>Overall Status of Recommendation 12:</b> This Recommendation has been completed.																		

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
<b>Recommendation 13 of the Final Report, March 2019</b> <i>That an executive leadership and mentoring program be introduced across the ACT public health system specifically designed to develop current and future leaders. This program should include both current and emerging leaders.</i>	System-wide, led by Culture Review Implementation Branch (CRI Branch)	A13.1: Planning	This action is complete.		Baseline 1			BASELINE 2										COMPLETE
	People Strategy, ACT Health Directorate	A13.2: Implementation	This action is in progress.  • The first leadership training program was conducted in December 2021 with partiipants from ACTHD attending. An additional 11 programs will be conducted for staff between February and June 2022. • The CRI team continue to focus on the evaluation and sustainability of the Leadership Training. • Closure of this action to be requested at the February CRISG meeting.						Baseline 1			BASELINE 2					ON TRACK	
	People and Culture, Canberra Health Services	A13.2: Implementation	This action is in progress.  • Update not provided for this reporting period.						Baseline 1			BASELINE 2					ON TRACK	
Great Workplaces Program, Calvary Public Hospital Bruce	A13.2: Implementation	This action is in progress.  • Update not provided for this reporting period.						Baseline 1			BASELINE 2					ON TRACK		
<b>Overall Status of Recommendation 13:</b> This recommendation is on track for completion by June 2022.																		

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
<b>Recommendation 14 of the Final Report, March 2019</b> <i>The three arms of the ACT public health system should review their HR staffing numbers and functions in response to the concerns staff have expressed regarding timeliness and confidence in current HR procedures, and the future needs for HR, as proposed in this Review.</i>	System-wide, led by Culture Review Implementation Branch (CRI Branch)	A14.1: Conduct initial review	This action has been completed.															COMPLETE
	People Strategy, ACT Health Directorate	A14.2: Implement changes	This action is in progress.  • The People Strategy and Culture Branch presented to Executive Board on 1 July and 8 December 2021 to facilitate discussion on ACTHD requirements to ensure investment in the workforce. Background provided on the history of People Strategy and the current staffing capacity. Discussion with EGMs further explored critical questions relating to the support required by Executive for workforce investment, training and capability required by managers, and capability and capacity required by the People function of ACTHD. • Extended consultation has been undertaken with the People Strategy and Culture Branch to transition to the new Branch Structure with six critical functions identified. The transition to the new Branch structure will take effect from 27 January 2022. • The first meeting of the Leadership team took place on 19 January 2022. • People Strategy and Culture Branch staff numbers have been reviewed and initial tranche of advertising and recruiting to newly created positions is underway. Further tranches of work to progress to finalise a business case requesting additional staff for the People Strategy and Culture Branch.															DELAY
		A14.3: Evaluate	This action has not commenced.															DELAY
	People and Culture, Canberra Health Services	A14.2: Implement changes	This action is in progress - Expected completion date revised to March 2022.  • Update not provided for this reporting period.															ON TRACK
		A14.3: Evaluate	This action is in progress															AT RISK
	Great Workplaces Program, Calvary Public Hospital Bruce	A14.2: Implement changes	This action is in progress															DELAY
		A14.3: Evaluate	This action has not commenced.															AT RISK
	<b>Overall Status of Recommendation 14:</b> This recommendation is delayed. It is anticipated that all actions will be completed by 30 June 2022.																	

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS			
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2				
<b>Recommendation 15 of the Final Report, March 2019</b> <i>The recruitment processes in the ACT public health system should follow principles outlined in the Enterprise Agreements, Public Sector Management Act 1994 and relevant standards and procedures.</i>	People Strategy, ACT Health Directorate	A15.1: Review staff advice including intranet material and implement changes as required	This action has been completed.		Baseline 1													COMPLETE			
		A15.2: Continually monitor/evaluate recruitment activity	This action is in progress.  • The ACTHD contracted Bell Chambers Barratt to undertake a review of Recruitment processes and strategy within the ACTHD to support re-setting strategic direction and align with future strategic workforce planning strategies. • Anticipated that review will be completed in March 2022.				Baseline 1														ON TRACK
	People and Culture, Canberra Health Services	A15.1: Review staff advice including intranet material and implement changes as required	This action has been completed.		Baseline 1		Baseline 2												COMPLETE		
		A15.2: Continually monitor/evaluate recruitment activity	This action has been completed.				Baseline 1														COMPLETE
Great Workplaces Program, Calvary Public Hospital Bruce	A15.1: Review staff advice including intranet material and implement changes as required	This action has been completed.		Baseline 1														COMPLETE			
	A15.2: Continually monitor/evaluate recruitment activity	This action is in progress.  • Update not provided for this reporting period.				Baseline 1														ON TRACK	
Overall Status of Recommendation 15:																					
This recommendation is on track for completion by 30 June 2022.																					

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS	
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2		
<b>Recommendation 16 of the Final Report, March 2019</b> <i>The range of training programs for staff offered by the ACT public health system should be reviewed with respect to their purpose, target audience, curriculum, training styles and outcomes so that they address the issues raised in this Review.</i>	System-wide, led by Culture Review Implementation Branch (CRI Branch)	A16.1: Conduct training program review	This action has been completed.																COMPLETE
		A16.1: Conduct training program review	This action has been completed.																COMPLETE
	People Strategy, ACT Health Directorate	A16.2: Implement changes	This action is in progress.  • Additional funding sought from CRISG at February 2022 meeting to ensure People Strategy and Culture Branch staff have required capability to implement and undertake evaluation of outsourced training.																DELAY
		People and Culture, Canberra Health Services	A16.1: Conduct training program review	This action has been completed.															
	A16.2: Implement changes		This action is in progress.  • Update not provided for this reporting period.																DELAY
	Great Workplaces Program, Calvary Public Hospital Bruce	A16.1: Conduct training program review	This action has been completed.																COMPLETE
		A16.2: Implement changes	This action is in progress.  • Update not provided for this reporting period.																DELAY
	<b>Overall Status of Recommendation 16:</b> This action is delayed. It is anticipated that all actions will be completed by 30 June 2022.																		



RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
<b>Recommendation 17 of the Final Report, March 2019</b> <i>Should the recommendations of this Review be accepted, a public commitment should be jointly made by the Ministers for Health and Wellbeing, and Mental Health, the Director-General ACT Health Directorate, the CEO Canberra Health Services, the General Manager Calvary Public Hospital and key representative organisations to collectively implement the recommendations of this Review to ensure ongoing cultural improvement across the ACT public health system.</i>	Minister and Executive	A17.1: Deliver public commitment	This action has been completed		<div>Baseline 1</div> <div></div>													COMPLETE
	<b>Overall Status of Recommendation 17:</b> This recommendation has been completed.																	
<b>Recommendation 18 of the Final Report, March 2019</b> <i>A ‘Cultural Review Oversight Group’ should be established to oversight the implementation of the Review’s recommendations. The Group should be chaired by the Minister for Health and Wellbeing, and include the Minister for Mental Health, the Director-General ACT Health Directorate, the CEO Canberra Health Services, the General Manager Calvary Public Hospital, Senior Executives across the ACT public health system, the Executive Director Health Care Consumers Association of the ACT, President of the AMA (ACT), Branch Secretary ANMF (ACT), and Regional Secretary CPSU.</i>	Minister and CRI Branch	A18.1: Commence group activities	This action has been completed.		<div>Baseline 1</div> <div></div>													COMPLETE
		A18.2: Bi-monthly group meetings	This action has been completed.		<div>Baseline 1</div>												COMPLETE	
	<b>Overall Status of Recommendation 18:</b> This recommendation has been completed.																	
	<b>Recommendation 19 of the Final Report, March 2019</b> <i>That the ‘Cultural Review Oversight Group’ auspice for the next three years, an annual, independent and external review of the extent of implementation of the recommendations of the Review and consequent impact on cultural changes within the ACT public health system.</i>	System-wide, led by Culture Review Implementation Branch (CRI Branch)	A19.1: Annual Review (2020)	This action has been completed.					<div>Baseline 1</div> <div></div>									
A19.2: Annual Review (2021)			This Action has been completed.							<div>Baseline 1</div>		<div></div>					COMPLETE	
A19.3: Annual Review (2022)			Planning in progress  Paper submitted to CROG for February meeting requesting approval of timing for final review to occur in October 2022 to enable progression of findings from Renee Leon’s review.											<div>Baseline 1</div>				ON TRACK
<b>Overall Status of Recommendation 19:</b> It is expected that the final independent annual review will be conducted in October 2022.																		

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
<b>Recommendation 20 of the Final Report, March 2019</b> <i>As a result of this Review, the Culture Review Oversight Group should engage with staff in the development of a change management strategy which clearly articulates to staff, patients/clients and the community the nature of the issues to be addressed and the mechanisms for doing it.</i>	System-wide, led by Culture Review Implementation Branch (CRI Branch)	A20.1a: With staff, collaboratively develop a communication strategy	This action has been completed.		Baseline 1												COMPLETE	
		A20.1b: With staff, collaboratively develop a change management strategy	This action has been completed.		Baseline 1			Baseline 2									COMPLETE	
<b>Overall Status of Recommendation 20:</b> This recommendation has been completed.																		



# Culture Reform Oversight Group Meeting Paper

**OFFICIAL**

Agenda Item: 4.2

Topic: Culture Review Implementation Program Risk

Meeting Date: 14 February 2022

Action Required: Noting and feedback

Cleared by: Director-General, ACT Health Directorate

Presenter: Executive Branch Manager, Culture Review Implementation Branch

## Purpose

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

## Background

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

## Issues

4. There are **48 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	2	1	0
Governance	1	4	0	0
People	0	5	0	0
Project	0	6	0	0

Reputation and Image	1	2	0	0
Stakeholder Management	0	4	1	0
Strategic	0	19	0	0
<b>TOTAL</b>	<b>4</b>	<b>42</b>	<b>2</b>	<b>0</b>

6. No new risks or issues have been identified during this reporting period.
7. An Executive Summary of risks with a risk rating of **High** and **Extreme** as at **Attachment A**. This summary also includes risks which were reported as having a risk rating of **High** during the previous reporting period.
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 Team is facilitating regular meetings with the culture leads within each organisation. These regular meeting provides a forum to discuss risks or issues 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 the key program risks identified for the Culture Review Implementation.*



# Culture Review Implementation

our journey of positive change



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

Risk Rating	Risk	Source	Impact	Controls (best of)	Status
Medium	<u>Risk Ref ID: 43</u> <i>Sustainability of workplace culture reform after program ends</i>	<ul style="list-style-type: none"><li>Program duration is not sufficient to implement the key outcomes of the Culture Review and build the foundations required for enduring culture reform.</li><li>Lack of agreement on the strategic approach for ensuring sustainability of culture reform across the system.</li><li>Insufficient governance to oversee strategic delivery and monitoring of outcomes following completion of the formal program.</li><li>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.</li><li>Lack of centralised team to ensure continuous and sustained improvement and measurement of progress across entire health system following end of program.</li><li>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.</li><li>Unclear responsibilities and accountability for action following completion of formal program.</li><li>Capability and capacity within each organisation to manage and sustain culture reform.</li><li>Budget and resourcing constraints.</li></ul>	<ul style="list-style-type: none"><li>Culture reform is not sustained after program ends.</li><li>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.</li><li>Effectiveness and impact of interventions is not measured or evaluated to inform targeted approaches and ongoing improvement.</li><li>Insufficient action and lack of transparent monitoring and reporting of outcomes results in a lack of trust in the ACT public health system.</li></ul>	<ul style="list-style-type: none"><li>Steering Group and Oversight Group to consider findings and recommendations of the second annual review, 2021 OCIM assessments, workforce data trends and 2021 workplace culture survey results when considering future strategic direction. This data will be reported to the Steering Group and Oversight Group in December.</li><li>Oversight Group to consider ongoing governance arrangements following completion of formal program.</li></ul>	Decreasing



Risk Rating	Risk	Source	Impact	Controls (best of)	Status
High	<i>Risk Ref ID 29 and Issue Ref ID 10</i> <i>Change management and communication</i>	<ul style="list-style-type: none"> <li>Endorsed communications and engagement strategy and associated action plans are not delivered by organisations.</li> <li>Lack of organisation-specific communications plans to support messaging on action, progress, and outcomes.</li> <li>Insufficient communications within organisations to inform workforce of action, progress, and results.</li> <li>System-wide communications developed by CRI team are not shared with staff.</li> <li>Communications are not timely.</li> <li>Timing of release of communications is not planned/managed across system.</li> <li>Engagement with internal and external stakeholders managed separately by individual organisations resulting in mixed or inconsistent messaging.</li> <li>Insufficient change management capability within each organisation to support complex organisational culture change.</li> <li>Effectiveness of communications and engagement activities is not measured or monitored.</li> </ul>	<ul style="list-style-type: none"> <li>The impact and effect of actions on workforce culture is insufficiently monitored and managed within each organisation and across the health system.</li> <li>Readiness and capacity for change, and impact of change is not assessed or managed.</li> <li>Actions necessary to facilitate sustained organisational culture change are not identified.</li> <li>Capabilities and training required to support the change are not identified.</li> <li>Staff do not understand what has happened, what change is happening, what this means to them, what they need to do, and the benefits of change.</li> <li>Expectations of staff not clear.</li> <li>Staff do not develop and adopt the required capabilities and behaviours.</li> <li>Staff do not feel informed, prepared, or ready to participate in culture reform activities.</li> <li>Poor engagement with workforce undermines organisational trust and successful culture reform.</li> <li>Issues impacting the implementation of initiatives are not identified and managed in a timely way.</li> </ul>	<ul style="list-style-type: none"> <li>CRI Communications and Engagement Strategy was endorsed by the Steering Group in November 2019.</li> <li>CRI Communications and Engagement Action Plans have been developed in consultation with the three organisations.</li> <li>Phase 2 Action plan is currently being delivered within the Health Directorate.</li> <li>CRI Branch are developing communications for internal and external stakeholders, as per the Phase 2 Action Plan.</li> <li>CRI Branch are working collaboratively with ACTHD, CHS and CPHB communications and media teams to ensure a consistent approach to messaging for the release of the annual review.</li> <li>Discussions have recommenced with CHS to ensure alignment of communications actions to the endorsed communications and engagement strategy.</li> </ul>	Decreasing
Medium	<i>Risk Ref ID 22 and Issue Ref ID 10</i> <i>Loss of key personnel compromises delivery of program</i>	<ul style="list-style-type: none"> <li>Changes in key leadership positions across the system.</li> <li>Loss of key personnel responsible for leading, directing or supporting the Culture Review implementation.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>Impact to stakeholder relationships and engagement.</li> <li>Efficient and effective delivery of culture implementation is compromised.</li> <li>Failure to deliver objectives and outputs.</li> </ul>	<ul style="list-style-type: none"> <li>Strong governance structure established to oversee strategic direction for program.</li> <li>Documentation of key decisions and agreed approaches through Steering Group and Oversight Group papers and action logs.</li> <li>Strategic direction and key priorities for final months of program agreed by Steering Group.</li> </ul>	Decreasing
Medium	<i>Risk Ref ID 37</i> <i>System-wide measures of health system performance</i>	<ul style="list-style-type: none"> <li>System-wide measures of performance (both strategy and culture) are not agreed or adopted.</li> </ul>	<ul style="list-style-type: none"> <li>Failure to report on progress and impacts of change on the performance of the public health system.</li> <li>Lack of transparency in reporting of outcomes results in a lack of trust in the ACT public health system.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>The three organisations are working together to establish measures of health system performance, a system-wide reporting dashboard and regular reporting of progress against the agreed measures of performance.</li> </ul>	Improving
Medium	<i>Risk Ref ID 48 and Issue Ref ID 11</i> <i>Management and leadership training</i>	<ul style="list-style-type: none"> <li>Lengthy negotiations required with each organisation to reach a shared agreement on requirements for system-wide management and leadership training.</li> <li>Delivery of management and leadership training to commence during final six months of program.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>Failure to attract potential tenderers to deliver the leadership program due to short contract length.</li> </ul>	<ul style="list-style-type: none"> <li>Discussions occurred at the October Steering Group meeting, with an agreement to pursue a select procurement process through the Whole of Government Vendor Panel.</li> <li>Provider has been selected to design and deliver a pilot leadership program. First cohort to undertake training from November 2021.</li> </ul>	Decreasing



Risk Rating	Risk	Source	Impact	Controls (best of)	Status
		<ul style="list-style-type: none"><li>Availability of key personnel and key stakeholders is impacted due to increased pressure on health system in responding to pandemic.</li></ul>	<ul style="list-style-type: none"><li>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.</li></ul>		
High	<i>Risk Ref ID 50</i> <i>Ongoing funding is not committed for management and leadership training</i>	<ul style="list-style-type: none"><li>Funding for delivery of the system-wide management and leadership training programs is provided under the Culture Review Implementation program.</li><li>Funding for delivery of these programs is not committed beyond end of financial year.</li></ul>	<ul style="list-style-type: none"><li>Failure to increase management and leadership capability to address the key issues raised in the culture review.</li></ul>	<ul style="list-style-type: none"><li>Discussed at August and October meetings of Steering Group. Recommendation to refer issue to HR Matters Working Group to explore options.</li><li>Pilot programs to be delivered under Culture Review Implementation program. Evaluation of both programs will occur at end of pilot to assess effectiveness of programs in achieving the desired outcomes.</li></ul>	Same



# Culture Reform Oversight Group Meeting Paper

**OFFICIAL**

Agenda Item:	4.3
Topic:	Culture Reform Oversight Group Meeting Minutes
Meeting Date:	14 February 2022
Action Required:	Noting
Cleared by:	Director-General, ACT Health Directorate
Presenter:	Director-General, ACT Health Directorate

## Purpose

1. To provide Culture Reform Oversight Group (Oversight Group) members with the previous meeting minutes for 9 August and 13 December 2021 and agreed action items.

## Background

2. At the Oversight Group meeting of 9 August 2021, it was agreed that the Oversight Group minutes, and action items would be made available in the noting section of the meeting pack, and that members would raise items as an exemption.

## Issues

3. The purpose of having the minutes as a noting item was in response to feedback that more time and emphasis was required in the Oversight Group to discuss items that were future focussed and may have an impact on the culture reform program.
4. The amended minutes from the Oversight Group meeting held on 9 August 2021, incorporating Dr Peter Hughes' feedback raised in the 13 December 2021 are at [Attachment A](#).
5. The minutes from the Oversight Group meeting held on 13 December 2021 are at [Attachment B](#).
6. The action items from the Oversight Group meeting held on 13 December 2021 are at [Attachment C](#).

## Recommendation

That the Oversight Group:

- *Note the attached minutes and action items.*



# Culture Review Oversight Group Minutes

**OFFICIAL**

**9 August 2021**  
**1:00pm to 3:00pm**  
**via WebEx**

## **Members:**

- Ms Rachel Stephen-Smith MLA, Minister for Health (Chair)
- Ms Emma Davidson MLA, Minister for Mental Health (Deputy Chair)
- Ms Rebecca Cross, Director-General, ACT Health Directorate (ACTHD)
- Mr Dave Pepper, Interim Chief Executive Officer, Canberra Health Services (CHS)
- Ms Barbara Reid, ACT Regional Chief Executive Officer, Calvary, ACT (Calvary)
- Ms Darlene Cox, Executive Director, Health Care Consumers Association ACT (HCCA)
- Ms Madeline Northam, Regional Secretary, Community and Public Sector Union (CPSU)
- Mr Matthew Daniel, Branch Secretary, Australian Nursing and Midwifery Federation ACT (ANMF)
- Professor Walter Abhayaratna, President, Australian Medical Association ACT Limited (AMA)
- Dr Peter Hughes AOM, President, Visiting Medical Officers Association ACT (VMOA)
- Professor Russell Gruen, Dean, College of Health and Medicine, Australian National University (ANU)
- Professor Michelle Lincoln, Executive Dean, Faculty of Health, University of Canberra (UC)
- Dr Jeffrey Looi, President, Australian Salaried Medical Officers' Federation ACT (ASMOF)

## **Apologies:**

### **Staff present:**

- Ms Meg Bransgrove, Senior Adviser, Office of Minister Rachel Stephen-Smith MLA
- Ms Eliza Moloney, Adviser, Office of Minister Emma Davidson MLA
- Ms Suze Rogashoff, Director CRI Branch, Office of the Director-General, ACTHD (Secretariat)
- Ms Jodie Junk-Gibson, Executive Branch Manager, People Strategy and Culture Review Branch, ACTHD (Adviser)

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**Item 1 Welcome**

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

The Chair welcomed Mr Dave Pepper to the Oversight Group meeting, as Interim CEO of Canberra Health Service.

The Chair noted that the meeting would be shortened by one hour due to an unavoidable commitment that both Ministers were to attend.

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**Item 2 Presentations**

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**2.1 ACT Public Health System Culture Review Implementation – Second Annual Review**

The Chair welcomed and re-introduced Ms Renee Leon to members, noting that all members had met Ms Leon through the annual review interview process. The Chair advised that Ms Leon would provide a summary of the findings to date.

Ms Leon thanked members for their involvement in the process and noted the positive engagement with all the stakeholders she had met with to date.

Ms Leon spoke of the critical role of managers and leaders in influencing culture change and noted that a focus for all organisations moving forward was to develop leadership and management skills.

Key findings reported included:

- Culture impacts performance in all organisations
- Culture matters to health service delivery
- Sustaining positive workplace culture is core business
- Good foundational work
- Scope for better whole-of-system collaboration
- Mixed views from staff on values in action
- Focus being on measuring culture, requiring work on health system measures
- More work required on prevention of bullying
- Summit planned for end 2021
- Requirement for ongoing clinical collaboration forums
- NGO Leadership Forum- leadership group established
- Partnership Board is progressing
- MOU with NSW- some engagement but further work required
- Improving medical engagement and culture strategy
- Leadership training requires progression
- More strategic approach to HR required across the system
- Oversight Group requiring more system-wide focus
- Communications on initiatives not linked to culture reform

**2.2 Speaking Up For Safety**

Mr Pepper provided a brief presentation about Speaking Up For Safety (SUFS) at CHS and the progress being made. The aim of the program is to embed 'speaking up', through partnering with the Cognitive Institute. At the time of the presentation CHS had:

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- 23 accredited staff trainers (doctors, nurses/ midwives, health professionals and administrative staff),
  - A target of 80 per cent staff trained by September 2021,
  - Held 200 workshops during May-July, which approximately 3,300 attended. Of the people who attended there were 400 senior and junior doctors and Visiting Medical Officers, and 1,300 nurses and midwives.

Mr Pepper acknowledged that there were some challenges that required working through.

### **2.3 Presentation by Dave Pepper on progress being made in organisational areas**

Mr Pepper provided an overview of the work being undertaken in 15 areas identified from the Independent Culture Review. Mr Pepper indicated that each division at CHS has a localised action plan based on individual results and implementing local measures. Results from staff surveys and pulse surveys were presented.

He outlined that CHS has:

- Refreshed visions and values
- Developed strategic plans
- Developed a range of frameworks.

Mr Pepper also reinforced that there is more work to be done.

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### **Item 3 Management of Allegations of Bullying and Harassment**

The Chair advised the group that this item would be held over. Work has been done in providing information and data on bullying and harassment across the ACT public health system, but further work is required to consolidate the information to represent the ACT public health system.

**ACTION:** Ms Junk-Gibson to present data at a future meeting in a consolidated way.

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### **3.2 Working Group Progress**

An update on each of the Working Groups was provided to the Oversight Group. Good progress was being made in each of the three WG's:

- Professional Transition to Work
- HR Matters
- Early Intervention.

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### **Item 5 Member Organisation Updates**

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#### **5.1 Member Updates – verbal**

Summaries provided by all members.

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### **Item 6 Information Items**

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**6.1 Culture Review Implementation Program Plan****6.2 Implementation of Recommendations and Project Plan****6.3 Culture Review Implementation Program Risk**

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**Item 7 Other Business**

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**7.1 Oversight Group Communique and 7.2 Oversight Group Key Messages**

The Chair requested that the communications documents be updated after the meeting and feedback sought from members out of session prior to clearance and publishing and distribution.

**ACTION:** Secretariat to update Communique and Key Messages document and circulate to members for feedback and comments.

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**Meeting closed at 3:00pm**

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**Next Meeting:** 27 October 2021





**OFFICIAL**

# Culture Reform Oversight Group Minutes

**13 December 2021**

**3:30pm to 5:30pm**

**Boardroom, ACT Health Directorate and via Webex**

## **Members:**

- Ms Rachel Stephen-Smith MLA, Minister for Health (Chair)
- Ms Emma Davidson MLA, Minister for Mental Health (Deputy Chair)
- Ms Rebecca Cross, Director-General, ACT Health Directorate (ACTHD)
- Mr Dave Pepper, Chief Executive Officer, Canberra Health Services (CHS)
- Ms Barbara Reid, ACT Regional Chief Executive Officer, Calvary, ACT (Calvary)
- Ms Darlene Cox, Executive Director, Health Care Consumers Association ACT (HCCA)
- Ms Madeline Northam, Regional Secretary, Community and Public Sector Union (CPSU)
- Professor Walter Abhayaratna, President, Australian Medical Association ACT Limited (AMA)
- Dr Peter Hughes AOM, President, Visiting Medical Officers Association ACT (VMOA)
- Professor Russell Gruen, Dean, College of Health and Medicine, Australian National University (ANU)
- Mr Steve Ross, proxy for Dr Jeffrey Looi, Australian Salaried Medical Officers' Federation (ASMOF)
- Professor Michelle Lincoln, Executive Dean, Faculty of Health, University of Canberra (UC).

## **Apologies:**

- Mr Matthew Daniel, Branch Secretary, Australian Nursing and Midwifery Federation ACT (ANMF)
- Dr Jeffrey Looi, Australian Salaried Medical Officers' Federation (ASMOF)

## **Also present:**

- Ms Meg Bransgrove, Adviser to Minister Stephen-Smith MLA
- Ms Dianne van Meegen, Directions for Change (Facilitator)
- Ms Jodie Junk-Gibson, Executive Branch Manager, People Strategy and Culture, Corporate and Governance Division, ACTHD (Adviser)
- Ms Suze Rogashoff, Culture Review Implementation Team, ACTHD (Secretariat).

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**Item 1 Welcome**

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

Apologies were noted.

The Chair acknowledged the considerable work, effort and commitment made by the workforce of the ACT public health system. She noted that 2021 had been an incredibly challenging year for everyone and acknowledged that through the engagement and collaboration across the system, effective solutions to very complex issues for the broader ACT community and surrounding areas had been achieved.

The Chair also welcomed Di van Meegen who was facilitating the meeting.

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**Item 2 Decision and Discussion Items**

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**2.1 Second Annual Review – Priorities**

Ms van Meegen noted that members had received the report from the second annual review of the Culture Review Implementation at the previous Oversight Group meeting, and asked members to nominate areas that they considered to be priorities.

The Chair asked if people were seeing the impact of change on the ground, noting that employee survey results provided evidence of the effectiveness of change starting to occur, while the OCIM assessment and the HR functions review provide complimentary evidence.

**2.2 Medical Engagement Strategy**

Mr Peffer provided a presentation to members on CHS' Improving Medical Engagement and Culture Strategy and the priority areas that will support the organisation moving from a culture of blame to a culture of success – Engagement, Communication, Decision making and Workload.

**2.3 Organisation Culture Improvement Model Assessment (OCIM)**

Ms Junk-Gibson provided members with an overview of the development of the OCIM with its linkages to the Workplace Culture Framework developed in partnership with ANU. Each leader presented on the most recent OCIM assessments undertaken outlining progress made within each organisation and priority areas for focus during FY 2021-2022.

The Chair noted that at the recent Clinical Leadership Forum (CLF) meeting there was discussion regarding the use of the term workplace incivility and a perception that using the term was downplaying bullying and harassment and other workplace incidents. It was noted that workplace incivility was on a spectrum and encompasses a breadth of issues. It was noted that staff survey data would provide more granularity of data and that Riskman data analysis was being undertaken by CMTEDD to provide a clear picture of staff experiences.

Ms Junk-Gibson noted that analysis of data on cases progressing through to the Public Sector Unit (PSU) had also been undertaken.

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**2.4 Employee Surveys**

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Ms Cross provided members with a high-level overview of the ACT Health Directorate staff survey results. She noted that ACT Health Directorate staff had slightly higher results in Commitment and Loyalty, Engagement and Satisfaction than the overall ACTPS result. She noted several areas in the results that further exploration was being undertaken, including workload management, inappropriate behaviour, wellbeing, and work stress.

Mr Pepper provided members with a high-level overview of CHS' staff survey results. He noted that the survey was only open for two weeks, but that 50% of staff had completed the survey and that there had been a 4% increase in staff engagement from the 2019 survey.

Ms Reid advised members that the Calvary survey comprised 12 questions and the organisation result was 3.66/5.00. Ms Reid advised that the organisation is looking at developing new ways of recognising staff.

Ms Northam asked if CHS would be undertaking the ACTPS survey in the future. Mr Pepper noted that work is underway to consider alignment. An advantage of the BPA survey is that it provides more control over the survey questions particularly in the area of quality and safety which supports the hospitals accreditation. BPA also provides benchmarking against the public service and health services.

## **2.5 System-wide Dashboard and Analysis**

Ms Junk-Gibson provided members with an update of the work progressing in developing the system-wide dashboard. She noted that the current focus was on workforce data accuracy, noting the earlier discussion regarding patient data.

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### **Item 3 Member Updates**

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Professor Abhayaratna spoke about the work occurring nationally in the AMA on the Doctors Health Advisory Service noting that the ACT was setting up an organisation separate from the NSW organisation. Funding had been secured to support answering the questions: How do we react to doctors in crisis and predicting mental health issues and how to prevent it.

Professor Lincoln advised that UC staff survey results were similar to the survey results presented earlier in the meeting. She also advised of very positive feedback from people who had worked at the AIS vaccination centre. Ms Lincoln also noted that there is currently a backlog of student placement from 2020 and 2021.

Ms Reid noted that COVID had deferred staff training but that Preliminary Assessment and Occupational Violence training had been conducted in December.

Mr Pepper noted that the CHS CEO Awards had been conducted recently and that the Master Plan had been released.

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Ms Northam advised that the email that Mr Pepper had sent to staff had been appreciated by CPSU members. She noted that temporary contracts (outside COVID staffing) remain an issue and she noted issues with outsourcing.

Mr Ross spoke about workload pressures and noted that ASMOF members are fatigued.

Ms Cross advised that the DG Awards for the Health Directorate had been held earlier that morning and that 70 nominations had been received. She also noted that the leadership teams from CHS and the Directorate would be coming together to talk about integrated care.

Mr Hughes noted the review undertaken by Ms Leon particularly around her findings in relation to bullying and harassment.

Minister Davidson spoke about the importance of data, and workload challenges and the impact on culture. She congratulated everyone on the work in the culture space.

Minister Stephen-Smith provided a brief update from the CLF meeting where there was a focus in integrated care and the need to bring people in from outside the health system to be involved in the conversation.

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#### **Item 4 Noting Items**

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##### **4.1 Implementation of Recommendations and Project Plan**

A summary was provided on the implementation of recommendations, and the current delays. It was noted that 65 actions had been completed and this was 71% of all actions. It was noted that there were delays with a few of the actions related to reporting cycles. It was noted that these would be progressed in February 2022.

The draft of the Research Strategy was with the Partnership Board and the CLF had been discussing a way forward for the Clinician Summit.

Ms Junk-Gibson advised that significant work had progressed in capability and capacity building in the last 3 months in response to the HR Functions Review, and progress had been made in relation to the findings from the Training Review.

##### **4.2 Culture Review Implementation Program Risk**

Paper was noted.

##### **4.3 Working Group Progress**

Chairs/representatives from the three Oversight Group Working Groups provided an update to members. Of note:

Professional Transition to Work WG – Four meetings have been held with the last in late November 2021. A review is proposed to ascertain what happens in each organisation to

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support the transition of early career professionals into organisations. The group will review the available data and develop a comprehensive workplan.

Early Intervention WG – at the December meeting the working group had a presentation from DDTS on the new HRIMS project currently experiencing significant delays. CPSU has volunteered to assist with system testing. The project team will provide the working group with a regular update. The issue of JMO numbers, briefly mentioned by Mr Ross earlier in this meeting, has been added to the agenda.

HR Matters WG – There has been ongoing discussions about setting up cross system and across directorate fora to work through issues on the agenda for the WG. Items on the agenda for the WG include Riskman, hours of work and overtime.

#### **4.4 Minutes and actions arising from previous meetings – 9 August 2021 and 27 October 2021**

Mr Hughes expressed concern regarding the minutes of the 9 August 2021 meeting.

**ACTION:** Mr Hughes to provide specific feedback to the Secretariat and the minutes to be brought back to the next meeting for endorsement.

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#### **Item 7 Other Business**

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There was no other business

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**Next Meeting: 14 February 2022**



## Culture Reform Oversight Group Action Items Register- 14 February 2022

**OFFICIAL**

Meeting Date	Agenda Item	Action Required	Officer Resp	Due Date	Status
11/06/2019	5.3	Members seeking clarification or updates on referrals to speak directly with D-G ACTHD, CEO CHS and Regional CEO Calvary.	Members	Ongoing	Ongoing
7/5/2021	3.2	<b>Culture Reform Oversight Group Terms of Reference</b> Secretariat to add Terms of Reference to the agenda for the June meeting. <a href="#">This item held over following finalisation of the Annual Review to consider recommendations on proposed agenda for February 2022.</a>	Secretariat	December 2021	
7/5/2021	3.3	<b>Clinician Summit – Recommendation 4</b> Secretariat to include an update from the CLF on Recommendation 4 at future Oversight Group meetings. <a href="#">This will be provided at the February 2022 meeting.</a>	Secretariat	December 2021	
7/5/2021	3.5	<b>Culture Connect Newsletter</b> Members to advise Ms Junk-Gibson of ideas for articles in the newsletter, including case studies on high performing teams/examples of great workplace culture.	All	29/6/2021	Ongoing



Meeting Date	Agenda Item	Action Required	Officer Resp	Due Date	Status
7/5/2021	3.5	<b>Culture Connect Newsletter</b> Ms Junk-Gibson to pass on questions received in response to the newsletter to member organisations to they can pass this onto their members.	Ms Junk-Gibson	Ongoing	Complete
29/6/2021	4.1	<b>Workforce Dashboards – Measures of Success</b> Ms Reid to provide information to members on the timeframes for IT system changes at Calvary that would enable data analysis.	Ms Reid	9/8/2021	
29/6/2021	6.5	<b>Choosing Wisely Program Update</b> Ms Reid to provide an update on the implementation of Choosing Wisely at the December Oversight Group meeting. <a href="#">This will be provided to the February 2022 meeting.</a>	Ms Reid	December 2021	
09/08/2021	3.2	<b>Data on Bullying and Harassment</b> Information from three organisations to be provided in consolidated way. <a href="#">Attachment C at Agenda item '2.5- System-wide Dashboard and Analysis' of 13 December 2021 meeting.</a>	Ms Junk-Gibson	December 2021	Complete
27/10/2021	4.1	<b>Learning Health System</b> Professor Imogen Mitchell, Chair of the Clinical Leadership Forum requested to attend the next Culture Review Oversight Committee to discuss approaches to a learning health system that may help bring issues together. <a href="#">On proposed agenda for February 2022.</a>	Ms Junk-Gibson	December 2021	
27/10/2021	4.1	<b>Second Annual Review</b> Discussion at December meeting	Chair	December 2021	Complete
27/10/2021	4.1	<b>Articles</b> Dr Looi provided two articles for circulation to members.	Ms Junk-Gibson	November 2021	Complete

Meeting Date	Agenda Item	Action Required	Officer Resp	Due Date	Status
13/12/2021	4.4	Dr Hughes to provide specific feedback to the Secretariat for inclusion into the 9 August 2021 minutes, and then minutes to be brought back to the meeting of 14 February 2022 for endorsement.	Secretariat	14 February 2022	Complete



## Culture Review Implementation

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### **Culture Reform Oversight Group Communique of meeting on 14 February 2022**

The fourteenth meeting of the Culture Reform Oversight Group (Oversight Group) was held on Monday 14 February 2022.

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

Significant items discussed by the Oversight Group today included:

#### **Terms of Reference (ToR)**

The TOR for the Oversight Group were reviewed as the project progresses into the final six months of the program. The discussion was focussed on ensuring the group continues to focus on culture reform for the ACT public health system.

#### **Learning Health System**

Professor Phillips presented on the proposed approach to establish a Learning Health System for the ACT focussing on four key pillars. These being: core values, accelerators, processes, and outcomes.

#### **Research Strategy**

There were two presentations focusing on the ACTHD system-wide Research Strategy, and the alignment of the Canberra Health Service Research Strategy to understand how the two strategies complement the direction for the ACT public health system.

#### **Choosing Wisely**

A presentation was made by Calvary Public Hospital Bruce on progress of the Choosing Wisely program.

#### **Workforce Effectiveness**

There was discussion on the work being undertaken to enhance the system-wide workforce effectiveness data dashboard that has been launched. There was acknowledgement of the positive engagement across the ACT public health system in maturing the use and analysis of data. It was noted that the current emphasis of the three organisations was on workforce data accuracy.

#### **Meeting schedule**

The Oversight Group meets bi-monthly and its next meeting is scheduled for 29 March 2022.



**ACT**  
Government

ACT Health



**Calvary**



**ACT**  
Government

**Canberra Health  
Services**



# Culture Review **Implementation**

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