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Culture Reform Oversight Group Agenda

Tuesday, 27 April 2022

2.00pm - 5.00pm

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

		Sponsor	
Item 1	Welcome and apologies		
	1.1 Introductions	Chair	5 min
Item 2	Decision and discussion items		
	2.1 Learning Health System	Professor Christine Phillips	30 mins
	2.2 Clinical System Governance	CMO, ACTHD	10 mins
	2.3 Terms of Reference for the transition of the Oversight Group	Chair	20 mins
	2.4 Working Group Progress	WG Chairs	30 mins
Item 3	Updates		
	3.1 Member Updates (Verbal)	All Members	30 min
Item 4	Noting Items	Chair	30 min
	4.1 System wide dashboard and analysis		
	4.2 Implementation of Recommendations		
	4.3 Culture Review Implementation Program Risk		
	4.4 Minutes and actions arising from previous meeting		
Item 5	Other Business		
	5.1 Oversight Group Communique	Chair	

Next meeting:

- 16 June 2022



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Culture Reform Oversight Group Meeting Paper

Agenda Item:	2.1
Topic:	Learning Health System
Meeting Date:	27 April 2022
Action Required:	Noting
Cleared by:	Director-General, ACT Health Directorate
Presenter:	Professor Christine Phillips, Clinical Leadership Forum

Purpose

1. 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

2. 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”.
3. 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.
4. Presentations were made to the Oversight Group on 14 February 2022 on the ACT Health Directorate Research Strategy and the Canberra Health Services Research Strategy. Both outlined the importance of developing and embedding a model where the ACT health system becomes a learning health system.

Issues

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

Benefits/Sensitivities

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

Consultation

8. 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.*



Culture Reform Oversight Group Meeting Paper

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Agenda Item:	2.2
Topic:	A proposal to strengthen Clinical System Governance
Meeting Date:	27 April 2022
Action Required:	Discussion
Cleared by:	Director-General, ACT Health Directorate
Presenter:	Dr. Dinesh Arya, Chief Medical Officer

Purpose

1. Presentation of concepts and considerations to strengthen the ACT health system-wide clinical system governance.

Background

2. Canberra Health Services (CHS) and Calvary Public Hospital Bruce (CPHB) have accountability for quality improvement and patient safety within their respective organisations. However, the systems and processes to ensure ACT-wide clinical system governance have not yet evolved.
3. To ensure that the ACTHD can fulfill its system stewardship responsibility it has initiated a project to ensure effective clinical system governance and oversight across the jurisdiction.
4. Essential considerations to ensure effective clinical system governance are:
 - Timely, accurate and necessary quality, safety, and performance information to provide oversight, monitor, evaluate and improve safety and quality across the system.
 - Proactively identifying, assessing, analysing and responding decisively to emerging clinical quality and safety trends and population needs.
 - Having necessary systems and processes to improve the clinical system performance and support health services to understand and address systems issues arising from feedback (including complaints/concerns and clinical events).
 - Supporting development of clinical leadership, innovation, and improvement across the ACT health system.
5. The recently completed review of the ACT Quality Strategy 2018 – 2028 also identified an urgent need to develop and implement a robust ACT-wide Clinical Systems Governance structure.

Issues

6. A jurisdiction-wide structure to support, implement and maintain clinical system governance is essential both to manage current, new and emerging clinical risks and to implement system improvements in an organised and systematic manner.
7. To provide necessary scaffolding to the clinical system, it is proposed that an ACT Clinical System Governance Committee (CSGC) is formed. Membership of this committee will include leaders with specific accountabilities for clinical system improvement and clinical governance within their healthcare organisation. All ACT public health services will be required to be a member. Capital Health Network and private health service providers will also be invited to join this committee with the agreement that they will be guided by system-wide learnings identified by the CSGC. The committee will also have representation from the community (consumer/carer/family), Aboriginal and Torres Strait Islander and other cultural/ethnic groups. A Southern NSW Local Health District representative with specific accountability for clinical system governance will also be invited to join.
8. Attachment 1 summarises the proposed Clinical System Governance Framework and Structure. This document contains a description of the proposed functions of the CSGC (Appendix A) and proposed agenda for this committee (Appendix B)
9. Subcommittees of the CSGC may be formed as required to support and enhance the functions of the CSGC.
10. It is proposed that the SCGC ensure the development of the following identified priorities in Phase 1 (red boxes in Figure 1).
 - Clinical policy control
 - System-wide learnings from the review of clinical incidents
 - Developing clinical leadership
 - Actively developing quality improvement and innovation
 - Communication
11. Initial presentations are planned to CHS, Calvary Public Hospital and ACTHD Executive Committees in May 2022. Advice and suggestions from these initial discussions will inform wider consultation within the ACT public health system.
12. Further jurisdiction-wide consultations will include health providers outside the public health sector, consumers, carers, NGOs, professional bodies, and other stakeholders, as appropriate.
13. To ensure good integrated governance, further consideration will be given to establishing a reporting and escalation mechanism through the proposed ACT Health System Council. This could include providing advice on system-wide clinical governance arrangements that would support system performance improvement. Discussions are also planned with the Clinical Leadership Forum and ACT Health Professional Colleges Advisory Committee to identify the most appropriate mechanism to seek and provide clinical system advice within the proposed ACT Health System Governance Arrangements.

Phase 1 (red)



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Figure 1: Proposed elements of clinical system governance – A phased approach

Recommendation

That the Oversight Group members provide their views on:

- I. *the establishment of the proposed ACT health system-wide clinical system governance arrangements; and*
- II. *the Chief Medical Officer consulting widely and preparing a proposal for development of an ACT-wide clinical system governance structure.*

Recommendation

Attachment A	Proposed Clinical System Governance Framework and Structure
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Proposed Clinical System Governance Framework and Structure

APRIL 2022

FOREWORD

To ensure consistency in the provision of safe, effective and high-quality healthcare good clinical system governance systems and processes are necessary and essential.

Effective clinical system governance must create opportunities for clinicians to provide a clear direction in relation to the planning and evolution of the clinical care delivery system. Good clinical oversight and clear lines of accountability will ensure that there are appropriate monitoring systems in place to identify opportunities to improve and innovate.

The ACT-wide Clinical System Governance Framework and Structure will ensure that necessary scaffolding is in place for the clinical care delivery system to be directed and controlled from a clinical perspective. Integral to this, the Clinical System Governance Committee will be the peak clinical committee to bring together clinical leaders from within the ACT public health system with specific accountabilities for quality improvement, patient safety and delivery of evidence-based clinical care. Other clinical leaders with responsibilities and accountabilities for healthcare delivery in the ACT will be invited to engage and participate, enabling consistent communication of learnings across the jurisdictional clinical system.

Dr Dinesh Arya
Chief Medical Officer

Overarching framework and structure for clinical system governance

For effective clinical system governance, there is a need for:

- Clinicians to be engaged in providing a clear policy direction
- Systems and processes to ensure there is a focus on improvements in clinical practice, patient safety, consumer experience and system sustainability
- The consistent monitoring of the clinical care delivery system to ensure opportunities are identified for improvement and innovation, which are implemented systematically
- A focus on developing the skills, competence and expertise of clinical leaders
- A culture that supports clinical system governance achieved through:
 - Expression of clear and visible collective commitment from all participating organisations to embrace effective clinical system governance
 - Development of a culture that supports continuous quality improvement and accountability
 - A commitment that recommendations made to improve systems and processes will be implemented
- There will be an explicit commitment to support improvement and innovation initiatives.

The structure for clinical governance must allow high quality and safe care to be delivered with:

- Continuing focus on needs and expectations of healthcare consumers
- A focus on continuous learning and improvement
- Clear principles for clinical decision making, managing quality and delivering care
- Explicit systems that are implemented to encourage education, training, research, evaluation and clinical practice improvement
- Explicit accountability for the delivery of care at each level of the health care system
- Communication systems that are consistent and targeted so that improvement opportunities are not missed

1. Principles

Effective structures will be developed to ensure there is focus on the following components of the clinical care delivery system.

Clinical effectiveness	<ul style="list-style-type: none"> Information for patients to make choices is clear and explicit and their active participation in decision making is encouraged Clinicians provide evidence-based/best practice care, fully respecting the rights of patients and their carers Clinical care delivery decisions are informed by an evaluation of performance and audit.
Clinical practice development	<ul style="list-style-type: none"> Clinical care delivery is supported with evidence-based/best practice guidelines and appropriate decision support tools. Prioritisation discussions and decisions are clinically informed and ethically sound Variation in clinical care delivery is minimised Change in clinical practice is supported through evidence
Clinical risk management	<ul style="list-style-type: none"> Clinical risks are identified, analysed, evaluated and treated Controls to manage identified clinical risks are effective and continuously evaluated
Safety, quality and performance	<ul style="list-style-type: none"> High standards of safety, quality and clinical care delivery are maintained Systems and processes are in place to continuously improve the quality of services Effective processes are in place to continuously monitor and improve the performance of the system
Education, training, research and evaluation	<ul style="list-style-type: none"> Use of tools for clinical care delivery is supported with continuing education and training. A culture of research, evaluation and informed decision making supports the delivery of safe and high-quality care
Achieving clinical excellence	<ul style="list-style-type: none"> Care delivered is consistent and equitable A culture of no-blame, openness and transparency supports service improvement decisions Best possible care is delivered to every patient, every time
Clear direction	<ul style="list-style-type: none"> For delivery of high quality, appropriate, effective and efficient care
System accountability	<ul style="list-style-type: none"> Accountability for clinical care delivery is clear and explicit
Effective engagement and communication	<ul style="list-style-type: none"> There is an effective engagement of clinicians across the clinical care delivery system

2. Clinical System Governance Committees

An ACT-wide Clinical System Governance Committee (CSGC) and its sub-committees will fulfil the following system-wide functions and provide oversight and clinical system governance.

Functions	Responsibility
Policy Advice	The CSGC will have overall accountability to provide direction and control of clinical governance across the ACT health system. This will include the development, approval, implementation and ongoing evaluation of clinical policy direction.
Accountability for quality improvement and innovation	The CSGC will have responsibility for ongoing monitoring and evaluation of quality, safety and clinical performance information to identify opportunities, initiatives and strategies to enable improvements to be made. The CSGC will also have responsibility for monitoring the implementation of those improvements.
Clinical Engagement	The CSGC will develop a strategy and implementation plan to achieve a high level of clinical engagement. This will include active clinician participation in the planning and delivery of healthcare.
Clinical Networking	Service and specialty-specific clinical networks will be developed and supported to provide best practice advice to enable consistent clinical care delivery. This will include ad-hoc clinical forums for discussion, debate, innovation, exploration of local, regional and national issues and for receiving reports on clinical care, safety and quality systems.
Support for Community & Patient Reference Groups & Stakeholder Engagement Committees (various)	These reference groups and committees may be developed to support the review of specific system performance.
Professional Colleges and other Advisory Committees (Medical, Nursing and Allied Health)	A mechanism for specialty and profession-specific advice to be available will be supported with profession-specific advisory committees taking an active role in education, training and research development.
Health Information Management	A mechanism will be in place to ensure that appropriate strategies and processes are in place to manage, store, retrieve and use health information to make improvements.
Health workforce planning	There will be a focus on health workforce planning and development to ensure there is consideration of local needs and national strategies.

3. The three support mechanisms

POLICY

For effective clinical system governance, a good clinical policy control arrangement is needed. This jurisdiction-wide clinical policy control framework must consider complexities within the healthcare delivery system and clinical practice, provide clear direction and ensure that direction given is reviewed regularly and is informed by evidence-base and best practice.

EVALUATION

The evaluation, improvement and innovation framework will allow the performance of the clinical care delivery system to be measured, monitored and improved on a regular and consistent basis.

An explicit system for ongoing evaluation of quality, safety and clinical performance will ensure examination of progress to meet ACT public health system's policy and planning objectives and if necessary, reconsideration of resource allocation to meet desired outcomes. This system will include regular communication across all services through to the Executive.

Measurement and evaluation of the following dimensions of quality will be a key to an effective clinical system governance and achieving clinical excellence:

- Measures of clinical effectiveness – variation in practice, development and review of policy directions and evidence-based guidelines, level of compliance with decision support tools, clinical audits
- Clinical practice improvement
- Clinical risk management – review of existing and identifying emerging clinical risks
- Safety – events, incidents, complaints, sentinel events and infections
- Education, training and research – consistency in the provision of education and training, delivery and uptake rates, content reviews, research funding and outputs, emerging ethical issues.

COMMUNICATION

Dissemination of clinical system governance information is a key ingredient to effect change. Communication will be timely, consistent and formatted in a manner that makes sense to the user. Communication strategies will include:

- Dissemination of key learnings through a Clinical Bulletin, the ACT Health website, regular clinical system governance reports and dashboard reporting.
- Reporting will accompany an action plan for improvement of performance

4. Responsibilities and accountabilities

At every level within the health care delivery system, there must be clarity about accountability for clinical care provision. This must include responsibility for creating and maintaining an effective policy control system, clarity about decision making, management of clinical risks and ensuring necessary systems and processes are in place to support the clinical care delivery system.

The aim of this framework and structure is to provide clarity about both systems and processes of accountability and make explicit key considerations for the health care delivery system in the ACT.

In addition to responsibility for direct clinical care delivery to patients, other decisions made within health care systems from setting direction, prioritisation, resource allocation, procurement, contracting, monitoring and evaluation have an impact on how care is delivered.

Clinical system governance responsibilities within the ACT public health system should be as follows:

Director-General and Chief Executives	The strategy and framework for effective clinical system governance across the ACT public health system are clear and explicit
Clinical System Governance Committee	Ensuring a robust, collaborative, clinician driven, jurisdiction-wide framework is in place for effective clinical system governance
Health Service Executives	Ensuring the ACT Clinical Systems Governance Framework and strategy components are utilised in decision making and delivery of healthcare
Health Service Managers	Implementing components of the framework and strategy at the organisational and service level
Individual clinicians	Incorporating clinical system governance principles in practice

Appendix A

Clinical System Governance Committee

DRAFT TERMS OF REFERENCE

ACT CLINICAL SYSTEM GOVERNANCE COMMITTEE

Role	To help strengthen clinical system governance and monitor performance from a clinical perspective in relation to strategic direction, service development and collaboration across the ACT public health system; and to provide advice on options for system performance improvement.
Values and Behaviours	<p>Participation and engagement in the Committee will reflect public sector values and the commitment to collaborate within strong governance frameworks. Members will display signature behaviours such as:</p> <ul style="list-style-type: none">• Accountable, transparent, decision-making• Genuine and respectful engagement with colleagues across the ACT Public Service, the Health System, and community members• Open sharing of information to improve the delivery of services, to enable good governance, quality and accurate reporting, and the development of evidence-based policies and programs• Innovative improvement of systems and services to achieve safe and effective person and family-centred care.
Functions	<p>The ACT Health Clinical Governance Committee provides:</p> <ul style="list-style-type: none">• Strong clinical leadership and direction to the health system and provides constructive advice to the Director General and the CEOs of health services to enable an effective, integrated and patient centred health system.• Informed advice on service prioritisation, application of and investment in new technology, treatments and services and disinvestment in old technology and practices.• Enhanced coordination and collaboration of health practitioners across the ACT health system to improve integration of clinical care delivery.• Leadership in the development of clinical and health Networks across the ACT.• Advice on strategies to strengthen education, training, and research activity• Clinical leadership capacity building and clinical practice improvement across the health system.• Communication of relevant information to clinicians and networks and seeks input from clinicians and networks on issues relevant to clinical governance.• Oversight of evidence-based health quality system policy and strategy.• Oversight of Territory-wide improvement projects.
Membership	<ul style="list-style-type: none">• ACT Health Directorate's Chief Medical Officer will be the Chair.• Core members will be derived from the ACT Health Directorate, Canberra Health Services, Calvary Public Hospital Bruce and QEII Family Centre. Chairs of all Territory-wide Clinical Networks will also be included as Core members.

- Clinical leaders with specific accountabilities from the ACT Ambulance, ACT private hospital sector, Capital Health Network and a Southern NSW Local Health District representative with specific accountability for clinical system governance will also be invited to participate with the intention to implement recommendations, learnings and improvements in their organisations.
- Community and cultural representatives/perspectives will be invited.
- All clinicians will be able to submit topics for inclusion in the agenda and speak to their item. The Chair will have discretion to schedule items for discussion.
- The Committee will be open to all clinicians to participate.
- People with specific expertise in the relevant area under discussion will be invited to attend.

Core members who are unable to attend two consecutive meetings will be asked to consider whether their ongoing membership as 'core members' is appropriate.

Communication and decision-making

This forum will be an 'open forum,' for all clinicians in the ACT, including clinicians within ACT public health system, private sector specialists and primary care clinicians.

All opinions will be encouraged and valued, and the opinion of others must be accepted as their opinion.

All attendees must maintain the highest level of respect for each other, including refraining from interrupting or overshadowing other views, opinions and perspectives being presented.

The person leading the discussion on the agenda items for discussion will be given the opportunity to take as much time as they require.

There will be a start time for meetings time and standing items on the agenda will be covered within the allocated time.

Discussion items will follow an open forum format for participation and discussion to continue for as long as necessary.

After each discussion item, an effort will be made to achieve consensus in relation to the advice to be provided. If there is no consensus, differing opinions must be included in the final advice from this committee.

This committee will provide clinical leadership to the ACT health system. The advice provided by this committee is likely to be seen to be the most influential clinical advice within the ACT health system. It is important that the significance of this responsibility and accountability is reflected in the advice provided.

Reporting

This Committee will provide a report following each meeting to participating organisations.

Secretariat

The Office of Chief Medical Officer

Agenda requests

The Secretariat is to receive requests for agenda items two weeks before the meeting unless otherwise advised.

Papers are to be distributed one week before the meeting

Meeting Frequency	Monthly, with out of session papers circulated where urgent issues arise. Quorum 50% plus one for high impact decisions. Meetings will progress regardless
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TOR Review Frequency	Annually
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Approved	2022
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Appendix B

DRAFT AGENDA

ACT CLINICAL SYSTEM GOVERNANCE COMMITTEE

Date-month -year; Time; Venue

- Open forum for all clinicians to participate
- All comments to be made through the Chair
- Focus must remain on identifying areas of work, with openness and without criticism
- The responsibility is to formulate advice from a clinical perspective

Item No.	Item	Discussion	Lead
1.	Minutes of the previous meeting	For confirmation	
2.	Matters arising from previous minutes		
3.	Standing Items		
3.1	Clinical guideline and pathway development update		
3.2	Recommendations for improvement from review of events and other inquiries	If any	
3.3	Escalated matters from Territory-wide Clinical Networks and Committees	By exception	
3.4	Quality and Safety performance	Selected Q&S performance indicators considered at each meeting	
3.5	Health Service Quality Reports	Tabled according to submission timetable	
3.6	ACT-wide plans and proposals of interest		
3.7	ACT Leadership committees: CROG/Clinical Leadership Forum/Other	Communique received and items on the agenda for the next meeting	
3.8	Information from national clinical committees: <ul style="list-style-type: none"> • ACSQHC projects and initiatives • HTRG/NFC/Others 		
4.	Risk Management & any new risk identified		
5.	New items for discussion		
5.1	abc		
5.2	mno		
5.3	xyz		
6.	Other business		



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Culture Reform Oversight Group Meeting Paper

Agenda Item:	2.3
Topic:	Terms of Reference for the Oversight Group
Meeting Date:	27 April 2022
Action Required:	Noting
Cleared by:	Director-General, ACT Health Directorate
Presenter:	Director-General, ACT Health Directorate

Purpose

1. To discuss the terms of reference (ToR) for the Culture Reform Oversight Group (Oversight Group).

Background

2. The Culture Reform Oversight Group (previously the Culture Review Oversight Group) was established in March 2019 in response to the *Final Report of the Independent Review into the Workplace Culture in ACT Public Health Services* (Culture Review).
3. The three-year Culture Review Implementation Program commenced in April 2019 to facilitate the delivery of the 20 recommendations of the Culture Review across the ACT public health system. The formal Culture Review Implementation Program ends on 30 June 2022.
4. At the 14 February 2022 meeting, it was agreed that the ToR for the Oversight Group should be reviewed to reflect the intent to transition culture reform into core business, and the role of the Oversight Group in facilitating this transition until the 3rd Annual Review of the Culture Review Implementation has been finalised.

Issues

5. The ToR at **Attachment A** have been amended to reflect the proposed revised functions of the Oversight Group from now until finalisation of the 3rd Annual Review of the Culture Review Implementation.

Recommendation

That the Oversight Group:

- *Discuss the draft terms of reference at **Attachment A**.*

Attachments

Attachment A	Culture Reform Oversight Group Draft Terms of Reference
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Culture Reform Oversight Group

TERMS OF REFERENCE

Role	<p>The Culture Reform Oversight Group (Oversight Group) is responsible for overseeing the transition of the Culture Review Implementation Program, developed in response to the Final Report of the Review into the Workplace Culture in ACT Public Health Services (Culture Review) (March 2019), to a sustainable model where culture is regarded as core business. This will include:</p> <ul style="list-style-type: none">• finalising actions resulting from the Culture Review,• overseeing and implementing the Third Annual Review, scheduled to take place from August through November 2022,• embedding the findings from the Third Annual Review into core business across the ACT public health system,• planning for the transition of governance for residual functions of the Oversight Group and Working Groups, to ensure initiatives supporting culture reform are embedded into core business, and• responding to issues arising during the transition phase. <p>The intent of the group, through progressing the above work is to ensure that there continues to be a transparent and accountable avenue to oversee and guide culture improvement for the ACT public health system.</p>
Values and Behaviours	<p>Participation and engagement in the Oversight Group 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">• being accountable and transparent in decision-making;• genuine and respectful engagement with colleagues within the Directorates, across the ACT Public Service and the health system;• open sharing of information to improve the exploration of ideas and concepts, linked to early productive discussion, that supports solution-focussed discussion on resolving people related concerns; and• innovative thinking to support improvement and development on matters impacting the ACT public health system workforce.
Membership	<ul style="list-style-type: none">• Minister for Health and Wellbeing (Chair)• Minister for Mental Health (Deputy Chair)

	<ul style="list-style-type: none"> • Director-General, Health Directorate • Chief Executive Officer, Canberra Health Services • Regional Chief Executive Officer, Calvary ACT • Regional Secretary, CPSU • President, AMA ACT • Executive Officer, Health Care Consumers Association (ACT) • President, ASMOF ACT • President, VMOA ACT • Dean, College of Health and Medicine ANU • Executive Dean, Faculty of Health, University of Canberra • Executive Branch Manager, Culture Review Implementation Team [ex-officio] <p>The Oversight Group may also invite other individuals or representatives of organisations from time to time 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.</p>
Secretariat	Secretariat support will be provided by ACTHD People Strategy and Culture and will end on finalisation of the Third Annual Review.
Meeting Frequency	Meetings are to be held quarterly, or as required by the Chair.
Absences from Meetings and Proxy Attendance	<p>All Members are strongly encouraged to prioritise meetings.</p> <p>The Oversight Group supports a process of proxies however it is strongly encouraged that a commitment is made by individuals to maintain the momentum of discussions and work being progressed by the Oversight Group.</p>
Functions	The function of the Oversight Group going forward is to facilitate the transition from overseeing the delivery of the 20 recommendations of the Culture Review, to overseeing the finalisation of the Third Annual Review, and ensuring culture improvement is embedded as core business across the ACT public health system.
Reporting Mechanisms	The Oversight Group is the peak governance committee for the Culture Review Implementation. The Oversight Group will receive information, regular reports and issues for escalation from members, through the Secretariat.

Meetings and Agenda Requests	<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 Steering 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>Papers will be distributed to members electronically five working days prior to the meeting taking place.</p>
Standing Agenda Items	A summary of standing agenda items is at Attachment A .
Minutes	The Secretariat will prepare minutes of each meeting and record actions items. Minutes and action items will be distributed within two weeks of the meeting taking place.
TOR Review Frequency	The Terms of Reference will be reviewed annually, or as required to ensure alignment with governance arrangements.
TOR Approval	

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Culture Reform Oversight Group- Transition Group

Agenda

Date, XXXX 2021

Time

		Sponsor
Item 1	Welcome and apologies and Conflict of Interest	
	1.1 Introductions	Chair
Item 2	Brief Notes from previous meeting	
	2.1 Notes from X XXXX 2022	Chair
	2.2 Actions Arising – for discussion	Chair
Item 3	Discussion items	
	3.1 Update of agreed actions to work plan	Chair
	<ul style="list-style-type: none">• System-wide people functions and engagement• HR capability and capacity•	
	3.2 Additions to work plans	
	3.3 Discussion	
	3.4	
Item 4	Other Business	
	4.1	

Next meetings:

XX XXXX 2022



Culture Reform Oversight Group Meeting Paper

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Agenda Item:	2.4
Topic:	Oversight Group – Working Group progress
Meeting Date:	27 April 2022
Action Required:	Noting
Cleared by:	Director-General, ACT Health Directorate (ACTHD)
Presenters:	Working Group Representatives

Purpose

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

Background

2. As an outcome from the Oversight Group workshop on 18 March 2021, it was agreed that three Working Groups would be established to focus on system-wide issues. These are:
 - a. System-wide Human Resources (HR) Matters Working Group,
 - b. Early Intervention Working Group, and
 - c. Professional Transition to Work Working Group.
3. Inaugural meetings of the three Working Groups were held in June 2021. Subsequent meetings of the three Working Groups have been held during August, October, December 2021 and February 2022.

Issues

4. Progress for each Working Group, including key discussions and outcomes for each group is provided below.

Professional Transition to Work Working Group

5. The sixth meeting of the Professional Transition to Work Working Group was held on 22 February 2022.
6. It was agreed at this meeting that the group would focus on two research projects. These projects will examine existing supports and graduate and early career programs and will involve a review of available evidence (including academic literature) to provide evidence-based recommendations to support health professionals during their early career.
7. Two research projects have been agreed by the working group:
 - a) Project 1 will focus on the transition from being a student to becoming a health professional. This project will examine the programs, mechanisms and experiences that support students in their transition from being a student to being a health professional within the ACT public health system.
 - b) Project 2 will focus on the first two years as a professional within the health system. This project will examine the programs and support offered to graduates or new starters in the first two years of working in the health service in the ACT, as well as the experiences of early career professionals.

Update on Project 1

8. Data collection is currently underway. Letters have been sent to the universities and key stakeholders across the ACT public health system to gain an understanding of existing programs and supports that are in place. Next steps are to understand where there may be gaps and opportunities.

Update on Project 2

9. A research protocol will be shared with members of the working group at next meeting. This will include the research methodology, what is in scope and what is not in scope for the research project.
10. Funding for both research projects will be provided through budget allocated for working group projects, under the Culture Review Implementation budget.

Early Intervention Working Group

11. The sixth meeting of the Early Intervention Working Group was held on 23 February 2022.
12. The Early Intervention Working Group is focused on system-wide issues that have or are likely to have an impact on culture across the ACT public health system. This includes identifying and monitoring culture issues that may arise from the implementation of significant change programs being delivered across the health system.
13. The following change programs were discussed at the February meeting:
 - a. The Executive Group Manager, Digital Health Record (DHR) Program, ACTHD, provided members with an update on the DHR project.
 - b. The Executive Branch Manager, Strategic Infrastructure Division, ACTHD provided a presentation on the work that had been completed to achieve the Masterplan outcome.

- c. The Acting Executive Branch Manager, HRIMS, CMTEDD provided members with a briefing on the progress of the HRIMS project since the last WG meeting in December.

System-wide HR Matters Working Group

14. The sixth meeting of the System-wide HR Matters Working Group was held on 23 February 2022.
15. The group discussed a range of system-wide matters, including proposals for quarterly System-wide Innovation Workshops, union engagement and best practice consultation, and the establishment of a WHS Community of Practice.
16. System-wide Innovation Workshops provide a forum for stakeholders to collaborate and genuinely consult on system wide industrial relation issues, with a focus on developing evidence based innovative solutions and improvement.
17. The first System-wide Innovation Workshop was held on 31 March 2022 on the topic of union encouragement policy and consultation. It is anticipated that the facilitated workshops will continue to occur on a quarterly basis.
18. Evidence-based recommendations arising from the workshops will be referred to the Culture Review Implementation Steering Group for further consideration.
19. A system wide WHS Community of Practice (CoP) is being established with representation from ACTHD, Canberra Health Services and Calvary Public Hospital Bruce. The CoP will focus on:
 - a. Incident reporting
 - b. Safety culture and staff communication, consultation, and cooperation
 - c. Fatigue management
 - d. Wellbeing promotion
 - e. Health emergency responses, and
 - f. Dealing with bullying and other forms of unreasonable behaviour.
20. The initial meeting of the WHS CoP occurred on 31 March 2022 where terms of reference, objectives, functions, and membership were discussed.

Recommendation

That the Oversight Group:

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



OFFICIAL

Culture Reform Oversight Group Meeting Paper

Agenda Item:	4.1
Topic:	System-wide Workforce Effectiveness Dashboard and Analysis
Meeting Date:	27 April 2022
Action Required:	Noting
Cleared by:	Director-General, ACT Health Directorate
Presenter:	Executive Branch Manager, People Strategy and Culture Branch, ACTHD

Purpose

1. To present the bi-monthly System-wide Workforce Effectiveness Dashboard and analysis of data trends to the Culture Reform Oversight Group (Oversight Group), for noting.

Background

2. Extensive consultation occurred across the ACT public health system between 2019 and 2021 to gain agreement to report workforce data. The three organisations have agreed on consistent workforce effectiveness indicators and data definitions, to ensure consistency in application and measurement.
3. A Workforce Effectiveness Indicators Model (WEIM) and Workforce Effectiveness Dashboard was first presented to the Oversight Group on 13 December 2021. It was agreed at this meeting that workforce data from all three organisations will be provided to the Oversight Group as a regular agenda item.
4. The dashboard and data analysis presented to the Oversight Group will demonstrate trends across a range of areas that impact organisational performance, including commencements, separations, diversity, length of service, overtime, exit surveys, preliminary assessments, and occupational violence.
5. There is acknowledgement that some data sets recommended in the WEIM are not currently available in one or more organisation. However, the model enables reporting of available data with the intent to increase reported data as mechanisms for capturing data mature or become available.

Issues

6. Some data could not be included in the dashboard at Attachment A due to it either not being available, not yet provided or not applicable to the relevant organisation.
7. Processes, systems and strategies are continually being matured or developed to allow for a more unified approach to data extraction and/or storage. This will allow for data to be more easily identifiable and accessible for future reporting.
8. It should be noted that the data can demonstrate organisational trends over time for most indicators, however there are some indicators where past trends cannot be observed. For example, exit survey data for the ACT Health Directorate only started being collected at the end of 2021 after it reviewed its exit survey process.
9. Initial consultation has occurred with Canberra Health Services (CHS) and Calvary Public Hospital Bruce (CPHB) to support inclusion of patient satisfaction data in the future dashboard reporting and analysis provided to the Oversight Group.
10. A project plan is being established that will outline proposed timeframes for incorporating additional data sets and indicators, including the patient satisfaction data in future dashboard reporting and analysis. Further refinement of the dashboard will occur throughout 2022.
11. The Workforce Effectiveness Dashboard is presented in Attachment A and the analysis report is found in Attachment B.

Recommendation

That the Oversight Group:

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

Attachments

Attachment A	Workforce Effectiveness Dashboard
Attachment B	Workforce Effectiveness Data Analysis



Culture Review Implementation
our journey of positive change

Workforce Effectiveness Dashboard

Canberra Health
Services

Headcount as at 16 February
2022

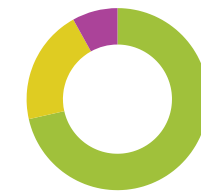
8,532

FTE as at 16 February 2022

7,193.72

Breakdown of Headcount as at 16 February 2022

Employment Type



Permanent Temporary Casual

Attendance



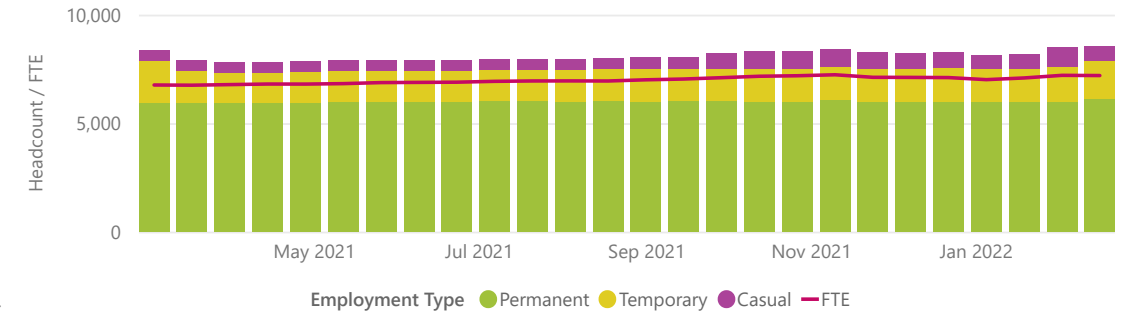
Full Time Part Time

Gender



Female Male Non-Binary/Ind...

Headcount / FTE - 12 Months History



Calvary

Headcount as at 16 February
2022

1,709

FTE as at 16 February 2022

1,238.83

Breakdown of Headcount as at 16 February 2022

Employment Type



Permanent Casual Temporary

Attendance

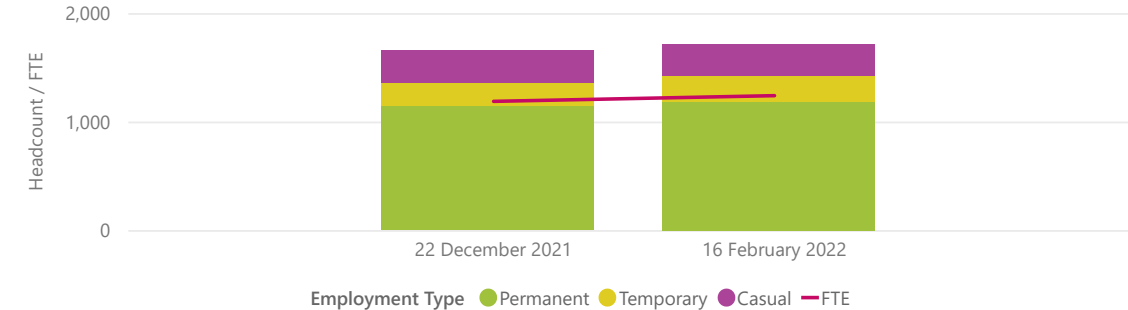


Full Time Part Time Casual

Gender

Not available for
reporting period

Headcount / FTE - 12 Months History



Health Directorate

Headcount as at 16 February
2022

1,139

FTE as at 16 February 2022

1,011.89

Breakdown of Headcount as at 16 February 2022

Employment Type



Permanent Temporary Casual

Attendance



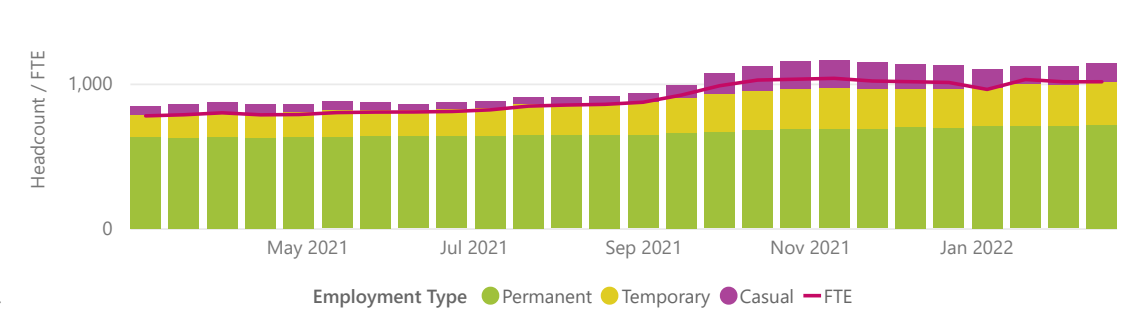
Full Time Part Time

Gender



Female Male Non-Binary/Ind...

Headcount / FTE - 12 Months History



ACT Health

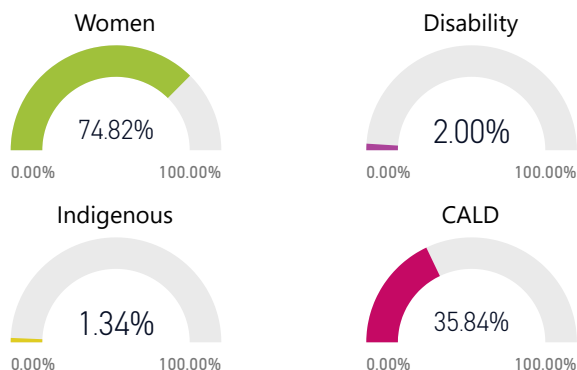


Canberra Health
Services

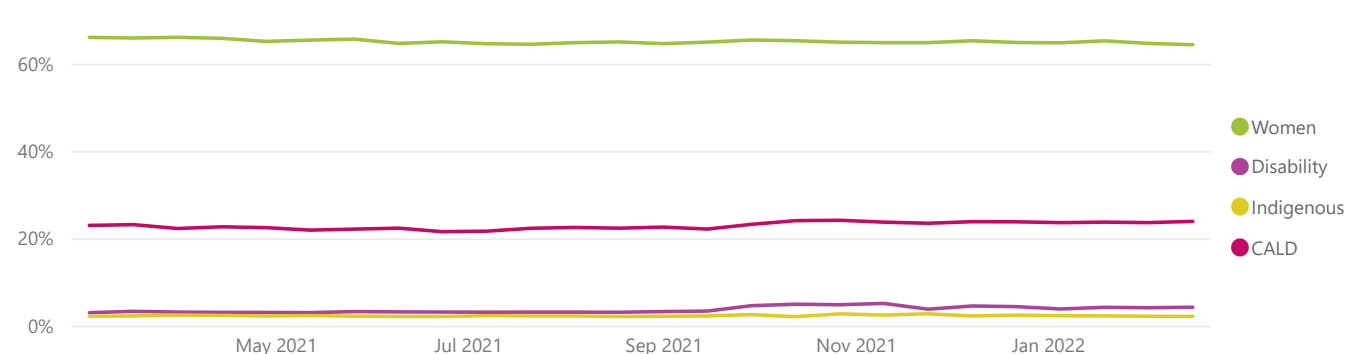
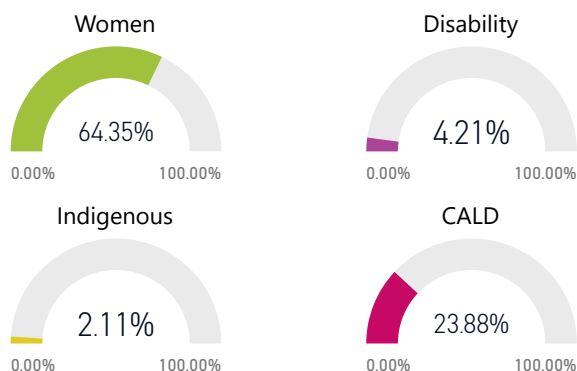
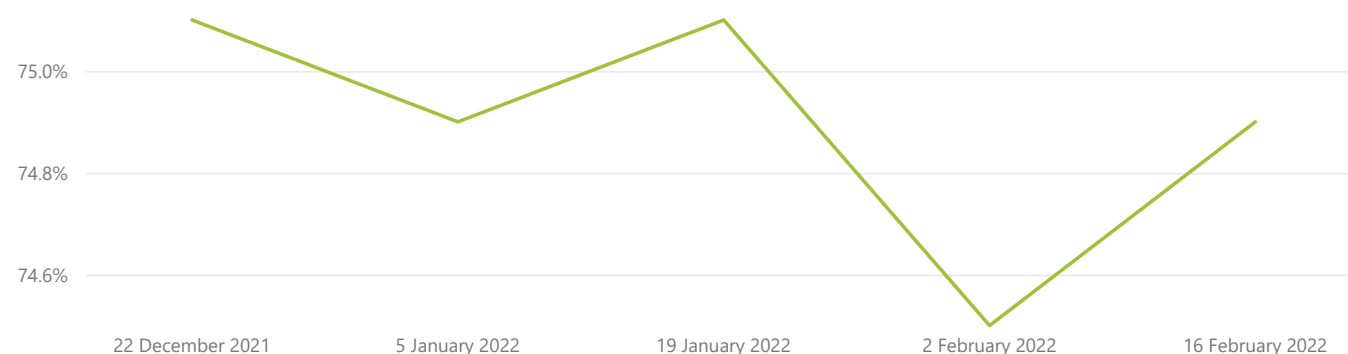
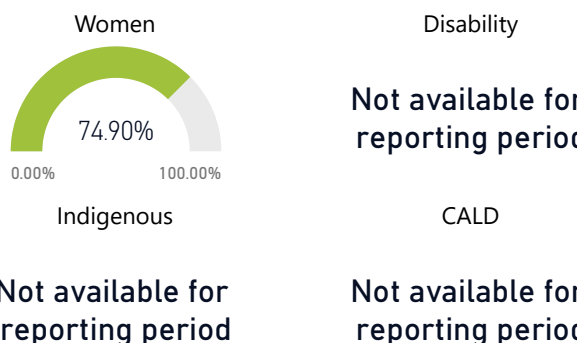
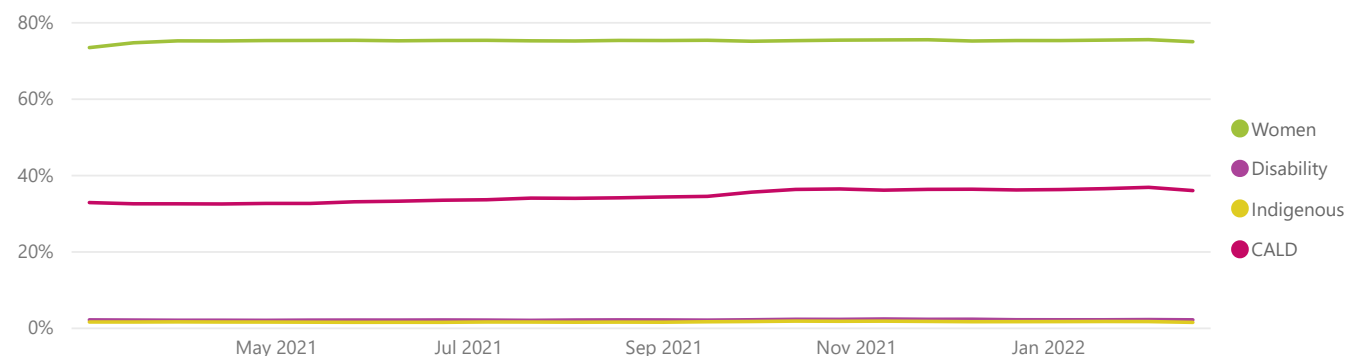


Diversity

Diversity Statistics as at 16 February 2022



Diversity Statistics - 12 Months





Age Profile

Age Profile by Employment Type as at 16 February 2022

Canberra Health
Services



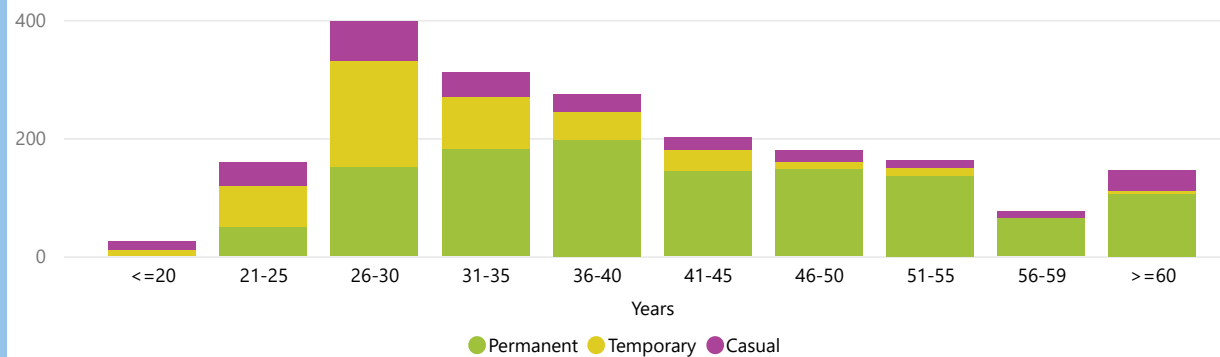
Average Age as at 16 February
2022

41.32 Years

Average Age has increased over
the past 12 months by:

1.02 Years

Calvary



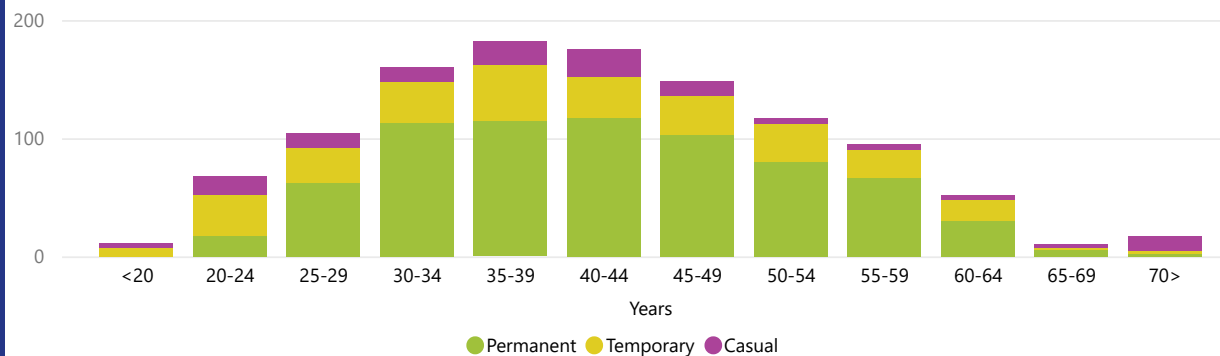
Average Age as at 16 February
2022

Not available for reporting period

Average Age has increased over
the past 12 months by:

Not available for reporting period

Health Directorate



Average Age as at 16 February
2022

41.52 Years

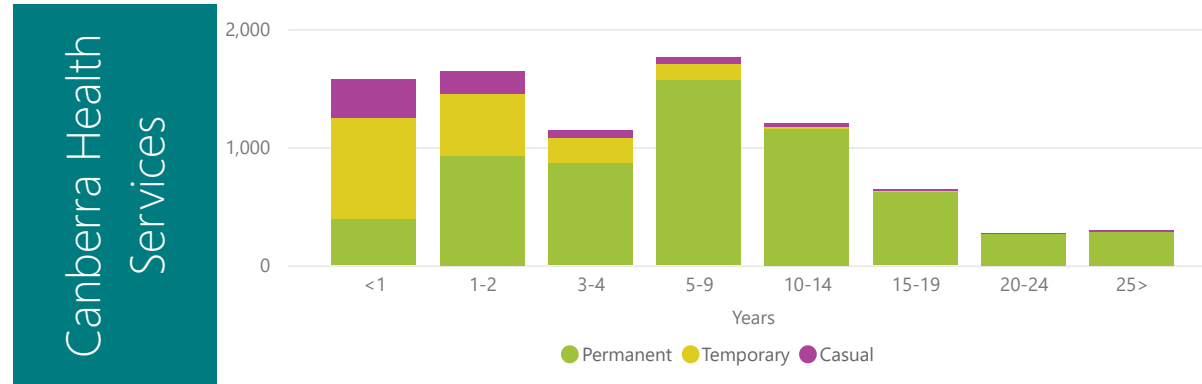
Average Age has increased over
the past 12 months by:

1.23 Years



Length of Service

Length of Service Profile by Employment Type as at 16 February 2022

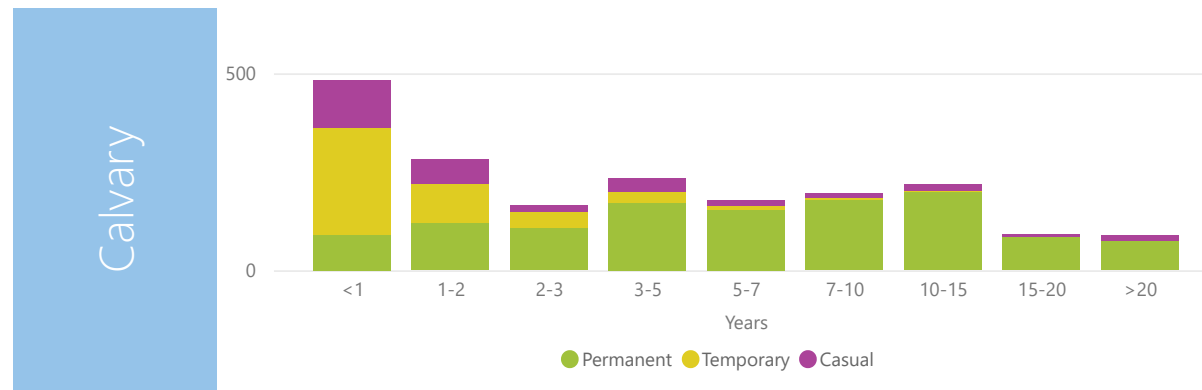


Average Length of Service as at 16 February 2022

7.14 Years

Average Length of Service has increased over the past 12 months by:

0.18 Years

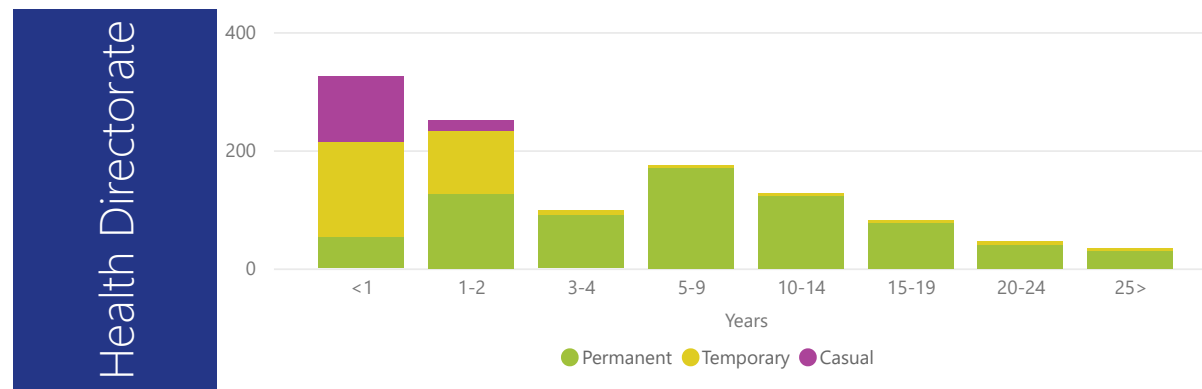


Average Length of Service as at 16 February 2022

Not available for reporting period

Average Length of Service has increased over the past 12 months by:

Not available for reporting period



Average Length of Service as at 16 February 2022

6.45 Years

Average Length of Service has increased over the past 12 months by:

0.19 Years



Overtime

Average overtime hours per employee over the past 12 months

Canberra Health
Services

Overtime hours worked in
period ending 16 February
2022

16.290.64

Number of employees who
worked overtime in period
ending 16 February 2022

1.675



Calvary

Overtime hours worked in
period ending 16 February
2022

Not available for reporting period

Number of employees who
worked overtime in period
ending 16 February 2022

Not available for reporting period

Not available for reporting period

Health Directorate

Overtime hours worked in
period ending 16 February
2022

1.450.96

Number of employees who
worked overtime in period
ending 16 February 2022

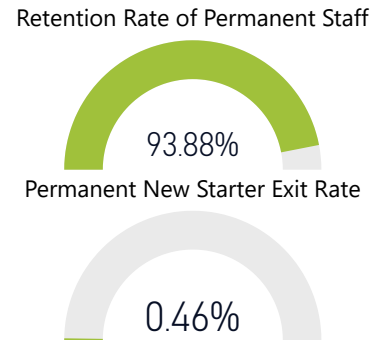
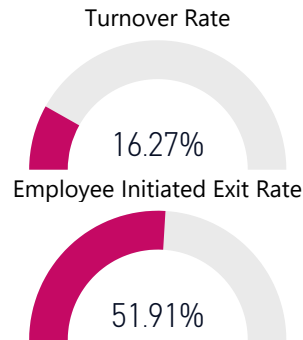
207



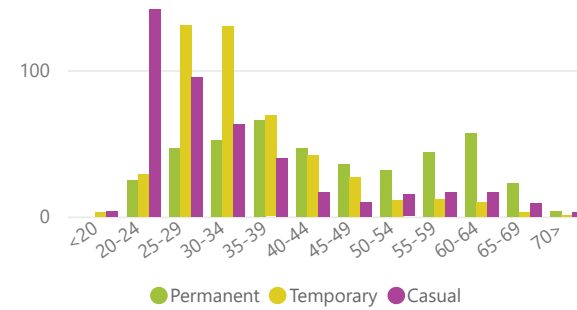


Separations

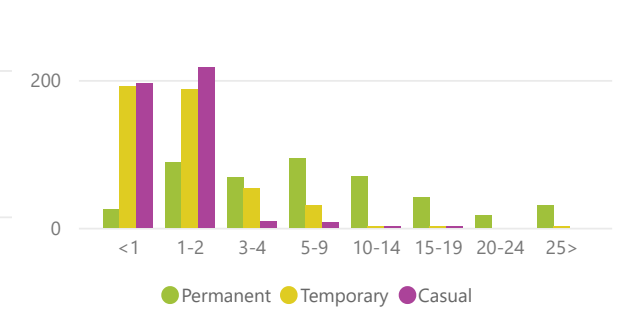
Separation metrics for the 2022 Financial Year



Separations by Age and Employment Type for 2022 Financial Year*



Separations by Length of Service and Employment Type for 2022 Financial Year*



*Separations by Age and Length of Service not available for Calvary

Turnover Rate

Not available for reporting period

Employee Initiated Exit Rate

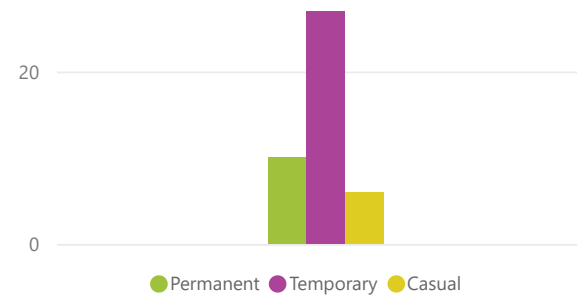
Not available for reporting period

Retention Rate of Permanent Staff

Not available for reporting period

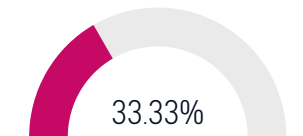
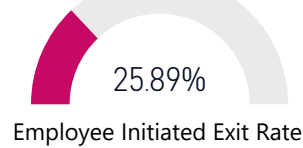
Permanent New Starter Exit Rate

Not available for reporting period

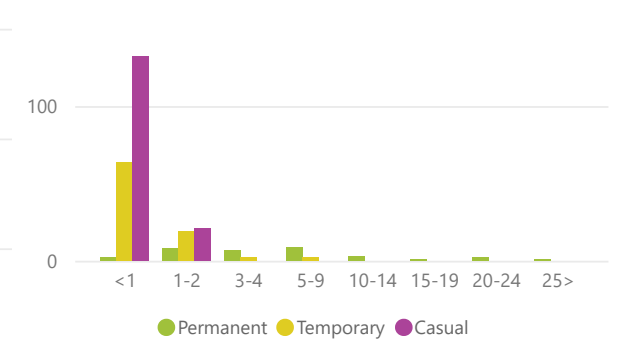
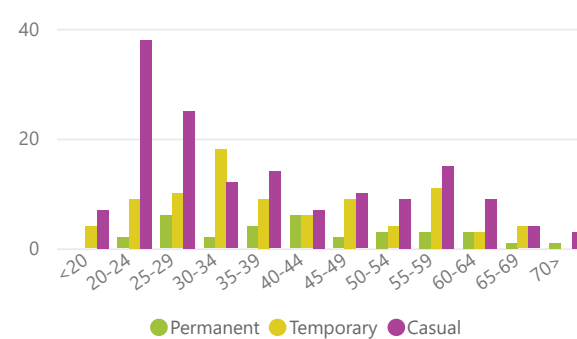
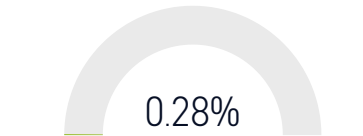
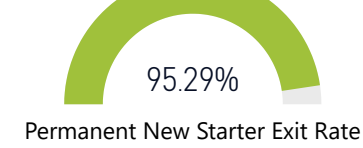


Not available for reporting period

Turnover Rate

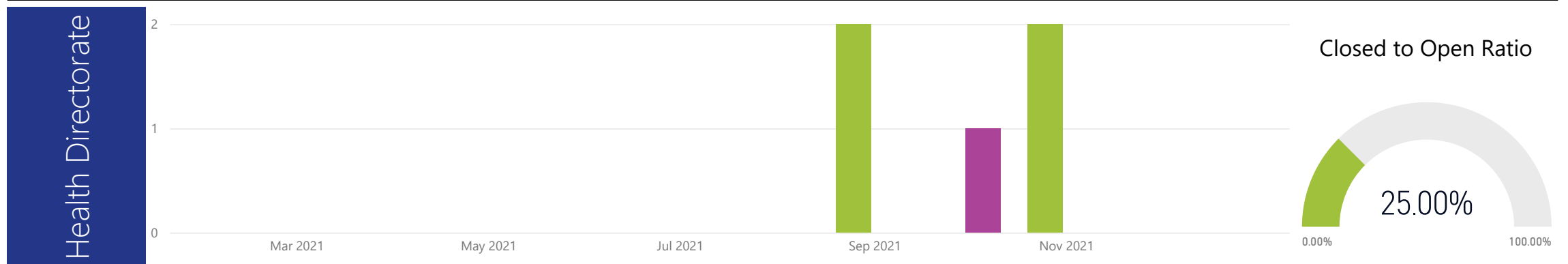
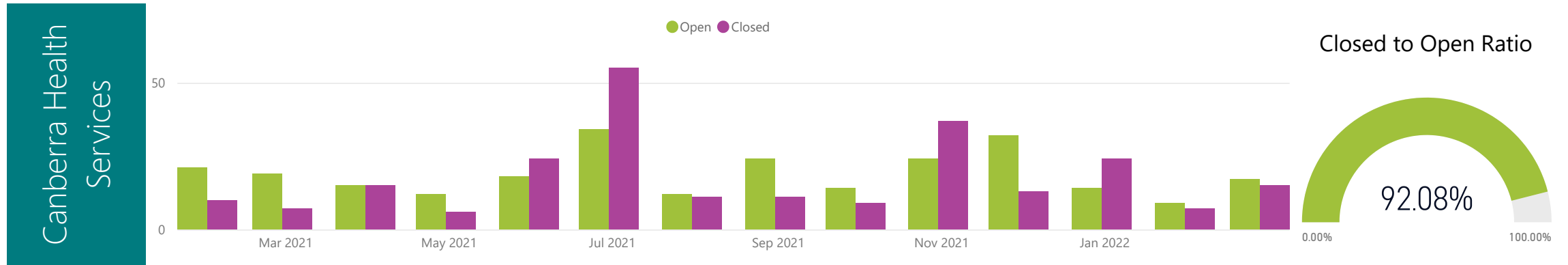


Retention Rate of Permanent Staff





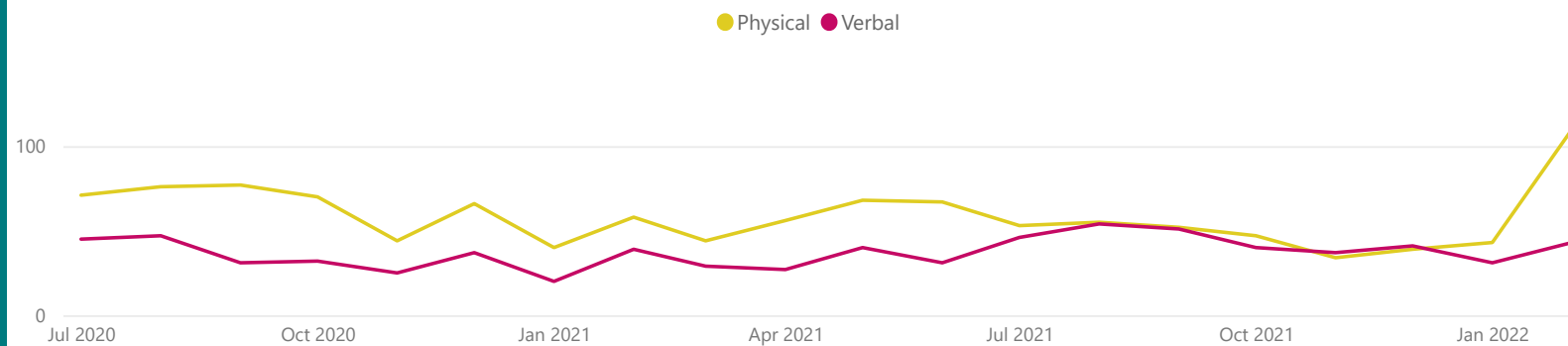
Preliminary Assessments





Occupational Violence

Canberra Health
Services



Calvary

Not available for reporting period

Health Directorate

Not available for reporting period



Culture Review Implementation

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Workforce Effectiveness Data Analysis

The ACT Health Directorate (ACTHD) headcount shows a rise in September-October 2021. This is consistent with the growth of the Health Emergency Coordination Centre (HECC) as the Directorate responds to the COVID-19 pandemic. Canberra Health Services (CHS) headcount has remained consistent and shows a slight drop in January 2022.

Growth in the number of casual and temporary employment contracts has increased within ACTHD since September due to the Delta outbreak in the ACT. Permanent appointment rates have remained steady with the growth of the Directorate. The CHS permanent workforce has also remained steady, with a slight increase in casual engagements in February 2022.

Gender and other diversity statistics including culturally and linguistically diverse background, people with a disability and Aboriginal and Torres Strait Islander people show no significant change over the last 12 months.

Commencement and separation rates have shown a noticeable difference since September 2021. A large number of commencements occurred during September 2021 due to ACTHD's response to the Delta outbreak in the ACT in August.

The average age of employees has increased by 1.02 years within CHS and 1.23 years within ACTHD. Both CHS and Calvary have the largest percentage of employees who fall within the age bracket of 25-29 and 30-35 years, whereas ACTHD shows the highest percentage of employees falling within the age brackets of 35-40 and 40-44 years. These percentages can be observed within CHS and Calvary due to both organisations having a clinical workforce, with staff being engaged after completing their studies or through traineeship programs.

The number of overtime hours increased in both ACTHD and CHS during September and October 2021 with a noticeable decline in December 2021 onwards. High overtime hours were observed as a direct result of the ACT public health system's response to the Delta outbreak in the ACT. Overtime rates within CHS saw another peak in February 2022 before declining again.

Separation rates saw a noticeable increase from October 2021 and there was a large rise of casual staff separations in February 2022. These trends in separation rates are a result of short-term temporary and casual contracts ceasing after external staff were brought on quickly to assist in the response to COVID-19. The two main reasons for these high separation rates are resignation and temporary contracts ending.

ACTHD started collecting data from exit surveys in the second half of 2021. The response rate for exit surveys is expected to rise in ACTHD. CHS observes a high response rate of 89%.

CHS maintains data on occupational violence which shows steady increases and decreases throughout 2021, with a significant rise in January 2022.



Culture Reform Oversight Group Meeting Paper

OFFICIAL

Agenda Item: 4.2

Topic: Implementation of Recommendations

Meeting Date: 27 April 2022

Action Required: For Noting and Discussion

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

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

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).
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:

On Track	7 Actions are in progress and on track to be delivered by the agreed date
At Risk	0 Actions at risk of being delayed by more than 12 weeks
Delayed	10 Actions are delayed by more than 12 weeks
Completed	75 Actions have been completed (82%)

5. The Steering Group endorsed the closure of **8** actions at the February and April meetings:

Recommendation 2 Organisational effectiveness	Action 2.2 Implement and monitor suite of measures	System-wide
Recommendation 2 Measure organisational effectiveness	Action 2.2 Implement and monitor suite of measures	ACTHD
Recommendation 3 Addressing bullying and harassment	Action 3.1 Planning, procurement, and foundation work	ACTHD
Recommendation 3 Addressing bullying and harassment	Action 3.2 Implementation	ACTHD
Recommendation 7 Research Strategy	Action 7.1 Review existing arrangements (develop relationships, define positions)	ACTHD
Recommendation 7 Research Strategy	Action 7.2 Produce academic partnership and training strategy	ACTHD
Recommendation 13 Leadership program	Action 13.2 Implementation	ACTHD CHS CPHB
Recommendation 14 HR Functions	Action 14.2 Implement changes	ACTHD

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

Action 4.1 Plan and conduct a first summit	ACT Health Directorate	Progress of this action will be discussed at Agenda Item 2.2.	Delayed
Action 6.3 NGO Leadership Group - Evaluation	ACT Health Directorate	Evaluation is expected to be completed in May 2022.	Delayed
Action 7.3 Implement academic partnership strategy	ACT Health Directorate	The Research Innovation Fund (RIF) will support the implementation of the academic partnership and training	Delayed

		strategy and is being progressed in April 2022.	
Action 14.2 – HR Functions Review Implement changes	Calvary Public Hospital Bruce	Update was not provided for this meeting.	Delayed
Action 14.3 – HR Functions Review Evaluate	ACT Health Directorate	ACTHD and CHS have agreed to engage an external reviewer to undertake an independent assessment of the progress in implementing the recommendations of the HR Functions Review. The review is expected to commence in July 2022.	Delayed
Action 14.3 – HR Functions Review Evaluate	Canberra Health Services	ACTHD and CHS have agreed to engage an external reviewer to undertake an independent assessment of the progress in implementing the recommendations of the HR Functions Review. The review is expected to commence in July 2022.	Delayed
Action 14.3 – HR Functions Review Evaluate	Calvary Public Hospital Bruce	Update was not provided for this meeting.	Delayed
Action 16.2 – Training Review Implement changes	ACT Health Directorate	This action has been completed and is pending out of session decision for closure by Steering Group (out of session - April 2022)	Delay
Action 16.2 – Training Review Implement changes	Canberra Health Services	Some actions, such as evaluation, can only be undertaken when training programs have been delivered which will continue up to June 2022. This will result in a delay to closing the recommendation within the agreed timeframe.	Delay
Action 16.2 – Training Review Implement changes	Calvary Public Hospital Bruce	Update was not provided for this meeting.	Delay

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

Culture Review Implementation team (system wide)	8 of 9 Recommendations completed
ACT Health Directorate	5 of 11 Recommendations completed
Canberra Health Services	9 of 12 Recommendations completed
Calvary Public Hospital	6 of 10 Recommendations completed

12. A total of **11** Recommendations have been endorsed as fully completed by all responsible parties:

- a. *Recommendation 1* (Embed Vision and Values)
- b. *Recommendation 2* (Measure organisational effectiveness)
- c. *Recommendation 5* (Review mechanisms to better integrate clinical streams of the community health services within the Clinical Divisional Structures in CHS)
- d. *Recommendation 8* (Memorandum of Understanding (MoU))
- e. *Recommendation 10* (Clear requirement for senior clinicians to collaboratively participate in clinical governance activities)
- f. *Recommendation 11* (Choosing Wisely program)
- g. *Recommendation 12* (Clinically qualified Divisional Directors across each Clinical Division with Business Manager support within CHS)
- h. *Recommendation 13* (Implement leadership program)
- i. *Recommendation 17* (Public Commitment)
- j. *Recommendation 18* (Culture Review Oversight Group)
- k. *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**.*

Attachments

Attachment A	Implementation of Recommendations Progress Report
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Key:

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

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS	
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2		
Recommendation 1 of the Final Report, March 2019 <i>That the three arms of the ACT public health system should commence a comprehensive process to re-engage with staff in ensuring the vision and values are lived, embraced at all levels, integrated with strategy and constantly reflected in leadership. To achieve this the ACT Health Directorate should take the lead in providing the necessary tools and guidelines and coordinate the implementation by Canberra Health Services, Calvary Public Hospital and the ACT Health Directorate.</i>	People Strategy, ACT Health Directorate	A1.1. Commence values and vision work	Action has been completed		<div>Baseline 1</div>			<div></div>										COMPLETE	
		A1.2: Embed vision and values	Action has been completed				<div>Baseline 1</div>											COMPLETE	
		A1.3: Evaluate	Action has been completed						<div>Baseline 1</div>				<div></div>					COMPLETE	
	People and Culture, Canberra Health Services	A1.1. Commence values and vision work	Action has been completed		<div>Baseline 1</div>			<div></div>											COMPLETE
		A1.2: Embed vision and values	Action has been completed				<div>Baseline 1</div>											COMPLETE	
		A1.3: Evaluate	Action has been completed						<div>Baseline 1</div>									COMPLETE	
	Great Workplaces Program, Calvary Public Hospital Bruce	A1.1. Commence values and vision work	Action has been completed		<div>Baseline 1</div>			<div></div>				<div></div>							COMPLETE
		A1.2: Embed vision and values	Action has been completed				<div>Baseline 1</div>	<div>B2</div>				<div></div>						COMPLETE	
		A1.3: Evaluate	Action has been completed						<div>Baseline 1</div>									COMPLETE	
	Overall Status of Recommendation 1: Recommendation has been completed.																		

[illegible]

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019		2020		2021		2022		STATUS				
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		Q1	Q2		
	People and Culture, Canberra Health Services	A2.1: Commence developing suite of measures	Action has been completed			Baseline 1		Baseline 2								COMPLETE
		A2.2: Implement and monitor suite of measures	Action has been completed					Baseline 1		Baseline 2						COMPLETE
		A2.3: Conduct 2019 staff survey (evaluate)	Action has been completed				B1									COMPLETE
		A2.4: Conduct 2021 staff survey (evaluate)	Action has been completed											B2		COMPLETE
	Great Workplaces Program, Calvary Public Hospital Bruce	A2.1: Commence developing suite of measures	Action has been completed			Baseline 1		Baseline 2								COMPLETE
		A2.2: Implement and monitor suite of measures	Action has been completed					Baseline 1		Baseline 2						COMPLETE
		A2.3: Conduct 2019 staff survey (evaluate)	Action has been completed				B1	Baseline 2								COMPLETE
		A2.4: Conduct 2021 staff survey (evaluate)	Action has been completed											B1	B2	COMPLETE
Overall Status of Recommendation 2: 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		
Recommendation 3 of the Final Report, March 2019 <i>That a program designed to promote a healthier culture to reduce inappropriate workplace behaviour and bullying and harassment be implemented across the ACT public health system. The model adopted should be based on the Vanderbilt University Medical Center Patient Advocacy Reporting System (PARS) and Co-worker Observation Reporting System (CORS).</i>	System-wide, led by Culture Review Implementation Branch (CRI Branch)	A3.1: Planning, procurement and foundation work	Action has been completed.			Baseline 1		Baseline 2								COMPLETE
	People and Strategy, ACT Health Directorate	A3.1: Planning, procurement and foundation work	This action has been completed - endorsed by the Steering Group (February 2021) <ul style="list-style-type: none">Identified model and proposed approaches outlined and endorsed to support a ‘Speaking Up’ environment. This was presented and supported at the internal ‘ACTHD Culture Review Implementation Working Group’ in November 2020. This is being progressed and integrated into broader strategic work.The ACTHD has a Wellbeing Project Officer commencing in February 2022 to develop a Wellbeing Strategy for the directorate.Evaluation of Complaints and Bullying process has been completed, and a workplan has been developed to progress this work.Training has been identified on ‘Giving and Receiving feedback’ and staff are being encouraged to attend.			Baseline 1		Baseline 2				Baseline 3				COMPLETE
		A3.2: Implementation	This action has been completed - endorsed by the Steering Group (April 2021) <ul style="list-style-type: none">The Culture Review Implementation Branch reviewed evidence and engaged across ACTPS and APS to understand key drivers to support a speaking up culture, and current approaches delivered across the public service to foster ‘speaking up’ cultures. A paper, outlining how to develop a ‘speaking up’ culture within ACTHD was considered by the Executive team in 2021.A robust evidence-based approach was used to gather data and determine the current priorities to promote a healthier culture within ACTHD. This has included:<ul style="list-style-type: none">a) Review of the Rapid Evidence Assessments developed by ANU Research School of Management,b) Engagement across various departments and directorates within the ACTPS and APS and the resulting ACTHD specific paper outlining how to develop a ‘Speaking Up’ environment for ACTHD,c) HR Functions Review undertaken by Workplace Research,d) Second Annual Review tabled in November 2022,e) Evaluation of the Complaints and Grievance mapping process,f) Organisation Culture Improvement Model (OCIM),g) Staff Climate Survey (2021).A workplan has been developed and implementation has commenced. Current priorities which are being progressed include:<ul style="list-style-type: none">a) development of evidence-based guidance materials and tools, andb) delivery of training on giving and receiving feedback.c) targeted post survey initiativesd) wellbeing -job design initiatives			Baseline 1				Baseline 2				COMPLETE		
		A3.3: Program delivery	This action is in progress													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 <ul style="list-style-type: none">A suite of guidance on the prevention of bullying and resolving workplace issues have been endorsed and will be promoted and published shortly.A rapid response taskforce to address significant conduct issues is being established.			Baseline 1				Baseline 2						COMPLETE	
	A3.3: Program delivery	This action is in progress <ul style="list-style-type: none">As at March 2022, over 5,900 CHS staff have attended the SUFS training (approx. 73%).An interim evaluation has been conducted.Strategies to further support the embedding of ‘speaking up’ into the workplace culture are being developed and implemented.									Baseline 1				ON TRACK	

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS	
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2		
	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
Overall Status of Recommendation 3: 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	
Recommendation 7 of the Final Report, March 2019 <i>The initiatives already underway to develop a valued and more coordinated research strategy in partnership with the academic sector and others are strongly supported. These 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)	This action has been completed - endorsed by the Steering Group (April 2022) <ul style="list-style-type: none">• This activity was completed with the Research Working Group and CHS at the October 2021 meeting.• Meta-analysis of Partners' research strategic planning• The analysis examined strategic plans from Canberra Health Services, ANU and University of Canberra contrasting against the feeder document on the ACT Health System draft plan –<ul style="list-style-type: none">o Direct agreement/overlap of objectives/prioritieso Discordance (rare)o Complementarity – one or more organisation(s) sees/prioritises something that others don't, or has a distinctive mission/role in the ecosystemo Specific areas included:<ul style="list-style-type: none">- Objectives- Directions- Statement of impact- Research partnerships- Investing in workforce/ community- Creating strong positive research culture• The results of the analysis were presented at the RWG on 27th August 2021 and to the PB as a meta-diagram or table summarising the work of the Partners, and we identifying what work is needed to progress to an integrated ACT plan.															
		A7.2: Produce academic partnership and training strategy	This action has been completed - endorsed by the Steering Group (April 2022) <ul style="list-style-type: none">• Broad consultation of the Research Strategy has occurred, with consultation feedback presently being responded to. The Research Strategy provides direction for the Health System.• Provisionally titled: Better Together: A Strategic Plan for Research in the ACT Health System (draft strategy), it proposes three strategic objectives:<ul style="list-style-type: none">i. the ACT health system becomes a learning systemii. ACT people have capacity and capability to undertake high-value research, andiii. ACT research infrastructure supports high-value research.• The next steps for finalising the draft strategy, prior to consideration by the Minister for Health by end of March 2021, are:<ul style="list-style-type: none">iv. incorporation of feedback and further discussion with stakeholdersv. a presentation to members of the Oversight Group (March)vi. development of an implementation plan and more detailed evaluation framework, andvii. development of a media and communication plan.															
		A7.3: Implement academic partnership and training strategy	This action is in progress <ul style="list-style-type: none">• The Research Innovation Fund (RIF) will support the implementation of the academic partnership and training strategy and is being progressed in April 2022.															
	Overall Status of Recommendation 7: This recommendation is delayed.																	
Recommendation 8 of the Final Report, March 2019 <i>That discussions occur between ACT and NSW with a view to developing a Memorandum of Understanding (MoU) for improved collaboration between the two health systems for joint Ministerial consideration.</i>	Partnerships and Programs, ACT Health Directorate	A8.1: Commence negotiations	This action has been completed.															
		A8.2: Implement MOU	This action has been completed.															
	Overall Status of Recommendation 8: Recommendation has been completed.																	

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

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

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
Recommendation 13 of the Final Report, March 2019 <i>That an executive leadership and mentoring program be introduced across the ACT public health system specifically designed to develop current and future leaders. This program should include both current and emerging leaders.</i>	System-wide, led by Culture Review Implementation Branch (CRI Branch)	A13.1: Planning	This action has been completed.															COMPLETE
	People Strategy, ACT Health Directorate	A13.2: Implementation	This action has been completed - Endorsed by Steering Group (February 2022) <ul style="list-style-type: none"> A pilot Leadership Development program commenced in December 2021 with a total of 12 cohorts (>180 staff across the public health system) progressing through the training throughout December 2021- May 2022. Ongoing evaluation is being collated and will shape future programs. The CRI team will coordinate evaluation of the overall effectiveness of the Leadership Development program and will progress further discussion papers at future Culture Review Implementation Steering Group meetings to consider options to ensure the sustainability of the program across the ACT public health system. 															COMPLETE
	People and Culture, Canberra Health Services	A13.2: Implementation	This action has been completed - Endorsed by the Steering Group (February 2022) <ul style="list-style-type: none"> More than 70 senior managers were nominated to attend by their ED Workshops have been completed for the first 10 cohorts Collaboration continues with progressing the manager induction program. 															COMPLETE
	Great Workplaces Program, Calvary Public Hospital Bruce	A13.2: Implementation	This action has been completed - Endorsed by Steering Group (February 2022) Update was not provided for this meeting.															COMPLETE
Overall Status of Recommendation 13: This recommendation has been completed.																		

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
Recommendation 14 of the Final Report, March 2019 <i>The three arms of the ACT public health system should review their HR staffing numbers and functions in response to the concerns staff have expressed regarding timeliness and confidence in 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.	<div><div>Baseline 1</div><div>BASELINE 2</div></div>														COMPLETE
		<div></div>																
	People Strategy, ACT Health Directorate	A14.2: Implement changes	This action has been completed - Endorsed by Steering Group (February 2022) <ul style="list-style-type: none">Executive Board presentations occurred in July and December 2021 to facilitate discussion with Executive team on ACTHD requirements to enable investment in the workforce. Background provided on the history of People Strategy and the current staffing capacity. Discussion included critical questions relating to support requirements for the Executive to facilitate investment in the workforce, training and capability required by managers, and capability and capacity required by the People function of ACTHD to meet business needs.Extended consultation undertaken with the People Strategy and Culture Branch to transition to new Branch Structure with six critical functions identified. The transition to the new Branch structure took effect on 27 January 2022.The first meeting of the Leadership team took place on 19 January 2022.Staff numbers of the People Strategy and Culture Branch has been reviewed, and initial tranche of advertising and recruiting to newly created positions underway. Further tranches of work to progress to finalise a business case to outline request for additional staff for the People Strategy and Culture Branch.	<div></div>				<div><div>Baseline 1</div><div>BASELINE 2</div></div>										COMPLETE
		<div></div>																
		A14.3: Evaluate	This action is in progress <ul style="list-style-type: none">Agreement has been reached by ACTHD and CHS to engage with an external reviewer to undertake an independent assessment of the implementation of the HR Functions Review from July 2021. It is expected that the outcomes will be reported to the Oversight Group at the October meeting.	<div></div>				<div><div>Baseline 1</div></div>				<div><div>Baseline 2</div></div>				<div></div>		DELAY
	<div></div>																	
	People and Culture, Canberra Health Services	A14.2: Implement changes	This action is in progress <ul style="list-style-type: none">Progress towards addressing the recommendations and identified areas of concern arising from the 2020 CHS HR Function review has steadily continued.An independent assessment of the HR Function following this work will be conducted this financial year to determine and report on the success of the improvements that have been implemented.	<div></div>				<div><div>Baseline 1</div><div>BASELINE 2</div><div>BASELINE 3</div></div>										ON TRACK
		<div></div>																
		A14.3: Evaluate	This action is in progress <ul style="list-style-type: none">Agreement has been reached by ACTHD and CHS to engage with an external reviewer to undertake an independent assessment of the implementation of the HR Functions Review from July 2021. It is expected that the outcomes will be reported to the Oversight Group at the October meeting.	<div></div>				<div><div>Baseline 1</div></div>				<div><div>Baseline 2</div></div>				<div></div>		DELAY
	<div></div>																	
Great Workplaces Program, Calvary Public Hospital Bruce	A14.2: Implement changes	Update not provided for this meeting.	<div></div>				<div><div>Baseline 1</div><div>BASELINE 2</div></div>										DELAY	
	<div></div>																	
	A14.3: Evaluate	Update not provided for this meeting.	<div></div>				<div><div>Baseline 1</div></div>				<div><div>Baseline 2</div></div>				<div></div>		DELAY	
<div></div>																		
Overall Status of Recommendation 14: This recommendation is delayed.																		

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

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS		
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2			
Recommendation 16 of the Final Report, March 2019 <i>The range of training programs for staff offered by the ACT public health system should be reviewed with respect to their purpose, target audience, curriculum, training styles and outcomes so that they address the issues raised in this Review.</i>	System-wide, led by Culture Review Implementation Branch (CRI Branch)	A16.1: Conduct training program review	This action has been completed.	<div>Baseline 1</div>				<div>Baseline 2</div>										COMPLETE		
						<div></div>				<div></div>										
	People Strategy, ACT Health Directorate	A16.1: Conduct training program review	This action has been completed.	<div>Baseline 1</div>				<div>Baseline 2</div>										COMPLETE		
						<div></div>				<div></div>										
		A16.2: Implement changes	This action has been completed and is pending approval for closure by the Steering Group (April 2022) <ul style="list-style-type: none">Recommendations of the 2020 Training Analysis have been considered. ACTHD are actioning recommendations, including aligning programs to the Workplace Culture Framework, and embedding an evidence-based evaluation methodology to identify and measure the effectiveness and impact of training programs and ongoing assessment of training programs to current organisation requirements.The Leadership Development Program has been designed in alignment with the ACT public health system Workplace Culture Framework and Workplace Skills Development Model.A learning and development plan is being developed.Evaluation Training Workshops will be delivered in May to build the capability of HR professionals within ACTHD, CHS and CPHB to implement and undertake evaluation of outsourced training.					<div>Baseline 1</div>				<div>Baseline 2</div>				<div></div>				DELAY
									<div></div>				<div></div>							
	People and Culture, Canberra Health Services	A16.1: Conduct training program review	This action has been completed.	<div>Baseline 1</div>				<div>Baseline 2</div>										COMPLETE		
						<div></div>				<div></div>										
		A16.2: Implement changes	This action is in progress <ul style="list-style-type: none">Some actions, such as evaluation, can only be undertaken when training programs have been delivered which will continue up to June 2022. This will result in a delay to closing the recommendation within the agreed timeframe.					<div>Baseline 1</div>				<div>Baseline 2</div>				<div></div>				DELAY
									<div></div>				<div></div>							
Great Workplaces Program, Calvary Public Hospital Bruce	A16.1: Conduct training program review	This action has been completed.	<div>Baseline 1</div>				<div>Baseline 2</div>										COMPLETE			
					<div></div>				<div></div>											
	A16.2: Implement changes	This action is in progress. <ul style="list-style-type: none">Update not provided for this reporting period.					<div>Baseline 1</div>				<div>Baseline 2</div>				<div></div>				DELAY	
								<div></div>				<div></div>								
Overall Status of Recommendation 16: This action is delayed.																				

RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS UPDATE	2019				2020				2021				2022		STATUS
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
Recommendation 17 of the Final Report, March 2019 <i>Should the recommendations of this Review be accepted, a public commitment should be jointly made by the Ministers for Health and Wellbeing, and Mental Health, the Director-General ACT Health Directorate, the CEO Canberra Health Services, the General Manager Calvary Public Hospital and key representative organisations to collectively implement the recommendations of this Review to ensure ongoing cultural improvement across the ACT public health system.</i>	Minister and Executive	A17.1: Deliver public commitment	This action has been completed		<div>Baseline 1</div> <div></div>													COMPLETE
	Overall Status of Recommendation 17: This recommendation has been completed.																	
Recommendation 18 of the Final Report, March 2019 <i>A ‘Cultural Review Oversight Group’ should be established to oversight the implementation of the Review’s recommendations. The Group should be chaired by the Minister for Health and Wellbeing, and include the Minister for Mental Health, the Director-General ACT Health Directorate, the CEO Canberra Health Services, the General Manager Calvary Public Hospital, Senior Executives across the ACT public health system, the Executive Director Health Care Consumers Association of the ACT, President of the AMA (ACT), Branch Secretary ANMF (ACT), and Regional Secretary CPSU.</i>	Minister and CRI Branch	A18.1: Commence group activities	This action has been completed.		<div>Baseline 1</div> <div></div>													COMPLETE
		A18.2: Bi-monthly group meetings	This action has been completed.		<div>Baseline 1</div>													
	Overall Status of Recommendation 18: This recommendation has been completed.																	
	Recommendation 19 of the Final Report, March 2019 <i>That the ‘Cultural Review Oversight Group’ auspice for the next three years, an annual, independent and external review of the extent of implementation of the recommendations of the Review and consequent impact on cultural changes within the ACT public health system.</i>	System-wide, led by Culture Review Implementation Branch (CRI Branch)	A19.1: Annual Review (2020)	This action has been completed.					<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)			In progress <ul style="list-style-type: none">Draft TOR were tabled at the February meeting of the Oversight Group.Oversight Group endorsed commencement date of August for third and final review.											<div>Baseline 1</div>				ON TRACK
Overall Status of Recommendation 19: It is expected that the final independent annual review will commence in August 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	
Recommendation 20 of the Final Report, March 2019 <i>As a result of this Review, the Culture Review Oversight Group should engage with staff in the development of a change management strategy which clearly articulates to staff, patients/clients and the community the nature of the issues to be addressed and the mechanisms for doing it.</i>	System-wide, led by Culture Review Implementation Branch (CRI Branch)	A20.1a: With staff, collaboratively develop a communication strategy	This action has been completed.		Baseline 1													COMPLETE
			A20.1b: With staff, collaboratively develop a change management strategy	This action has been completed.		Baseline 1			Baseline 2									
Overall Status of Recommendation 20: This recommendation has been completed.																		



Culture Reform Oversight Group Meeting Paper

OFFICIAL

Agenda Item: 4.3

Topic: Culture Review Implementation Program Risk

Meeting Date: 27 April 2022

Action Required: Noting and feedback

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

Presenter: Executive Branch Manager, People strategy and Culture, ACTHD

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 **46 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	0	0
Governance	5	3	0	0
People	2	3	0	0
Project	1	4	0	0

Reputation and Image	1	1	0	0
Stakeholder Management	1	6	0	0
Strategic	0	15	0	0
TOTAL	12	34	0	0

6. No new risks or issues have been identified during this reporting period.
7. Mitigation controls have been put in place for all risks recorded on the Program Risk Register and active management of risks is occurring. There are currently no risks with a risk rating of **High** or **Extreme**.
8. The Program 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 provide 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 Program.*



OFFICIAL

Culture Reform Oversight Group (CROG) Minutes

14 February 2022

1:00pm to 4:00pm

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)
- Mr Kieran Gleeson, A/g Regional Chief Executive Officer, Calvary, ACT (Calvary)
- Ms Wendy Armstrong proxy for 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)
- Dr Jeffrey Looi, Australian Salaried Medical Officers' Federation (ASMOF)
- Professor Michelle Lincoln, Executive Dean, Faculty of Health, University of Canberra (UC).

Apologies:

- Darlene Cox, Executive Director, Health Care Consumers Association ACT (HCCA)

Also present:

- Dr Dinesh Arya, Chief Medical Officer, ACTHD
- Professor Graham Mann, Director, The John Curtin School of Medical Research, Australian National University (ANU)
- Ms Meg Bransgrove, Adviser to Minister Stephen-Smith MLA
- Ms Fiona Barbaro, Executive Group Manager, Population Health Division, ACT Health Directorate (ACTHD)
- Ms Eliza Moloney, Adviser, Minister Emma Davidson's Office, ACT Legislative Assembly (LA)
- Ms Robin Haberecht, General Manager, Calvary Public Hospital Bruce
- Professor Imogen Mitchell, Executive Director Research and Academic Partnership, Canberra Health Services (CHS)
- Ms Jodie Junk-Gibson, Executive Branch Manager, People Strategy and Culture, Corporate and Governance Division, ACTHD (Adviser)

- Ms Jenna McVeigh, Culture Review Implementation Team, ACTHD (Secretariat).

Item 1 Welcome

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

Apologies were noted.

The chair welcomed Robin Haberecht, General Manager, Calvary Public Hospital Bruce and Kieran Gleeson, A/g Regional Chief Executive Officer, Calvary, ACT.

The Chair acknowledged Ms Barb Reid's retirement which was announced in January 2022. The Chair acknowledged the very important contribution Ms Reid had made to the committee.

Item 2 Decision and Discussion Items

2.1 Learning Health System

Professor Christine Phillips was unavailable to present this agenda item at this meeting.

ACTION: Item to be held over to next meeting.

2.2 Research Strategy

Two presentations were provided to the members on the approach and progress toward developing the ACT Health Directorate's (ACTHD) research strategic plan and Canberra Health Services (CHS) research strategy.

Professor Mitchell presented on the CHS research strategy and Professor Mann presented on the ACTHD research strategic plan.

2.3 Clinician Summit

Dr Arya presented on progress of recommendation 4 from the Independent Review, which states that "The Health Directorate convene a summit of senior clinicians and administrators of both Canberra Health Services and Calvary Public Hospital to map a plan of improved clinical services coordination and collaboration".

It was noted that the second independent annual review, tabled in ACT Legislative Assembly on 11 November 2021 recommends 'a focus on developing ongoing systems for collaboration, rather than a one-off summit'.

Dr Arya proposed that options to address this, including:

- Regular formal meeting between the two hospitals to resolve specific identified issues and improve cross-territory communication,
 - Regular informal networking events, and
 - Formal clinical networks.
-

It was noted that 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 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.

The 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 complaint 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 summit, 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

Broad consultation will continue with preparation of a proposal for the development of a system-wide clinical committee structure with clear accountabilities for clinical system governance.

ACTION: Dr Arya report back on consultation and preparation of proposal at next meeting.

2.4 Choosing Wisely

Ms Haberecht gave a presentation to the members on the progress of implementation of the Choosing Wisely Program, which commenced in October 2021 at Calvary Public Hospital Bruce (CPHB).

Two priority areas for the Choosing Wisely program were identified which could be researched, had practical application and would be easily promoted across Calvary Public Hospital Bruce.

The two recommendations to be implemented by CPHB are:

1. "Don't replace peripheral intravenous catheter unless clinically indicated."
2. "Don't use the urinary catheters to manage urinary incontinence unless all other appropriate options have proved ineffective or to prevent wound infection or skin breakdown."

Both projects are progressing and will conclude at the end of March 2022.

Currently, the two recommendations are being measured by the rate of hospital acquired complications, which will be assessed at the end of the project. An audit report will be prepared at the end of March 2022 and will be presented at CPHB to the Governance Committee and then subsequently presented to the CROG.

There have been no political practice issues identified. However, to better monitor ongoing practice and knowledge, the audit has been revised with a key focus on clearly capturing variation to practice.

All clinical audits are conducted quarterly at CPHB and the Choosing Wisely recommendations have now been included in the audit schedule. Audits are reported routinely through Clinical Governance and if there is a variation to an audit, an associated action quality plan will be developed.

ACTION: CPHB to report on progress of Choosing Wisely at next meeting.

2.5 Third Annual Review – Terms of Reference (TOR)

Ms Junk-Gibson gave an overview of the draft TOR for the third annual independent review of the delivery of the culture review.

The methodology proposed is similar to the 2021 review, in terms of analysing information and seeking and receiving feedback through interviews and focus groups.

It was recommended that greater lead times for this review be considered to identify a suitable reviewer, undertake procurement and establish focus groups and seek feedback to support the transition to BAU. It was noted that engagement with stakeholders, along with other evidence and intelligence data will enable the review to examine effectiveness of initiatives to date and what the system needs to focus on moving forward.

The proposed timing for review to commence is August 2022, with the review to be completed by November 2022. The reviewer will present findings of third review to the CROG at the December 2022 or February 2023 meeting.

Members agreed to proposed timing for third annual independent review.

ACTION: Ms Junk-Gibson to finalise the Terms of Reference for tabling at the next meeting and adjust timelines accordingly.

2.6 Culture Reform Oversight Terms of Reference (ToR) - Review

The Chair led this discussion, noting that the formal program is in its final year and that it is timely to review the ToR which back dates to 2019. The review will ensure the TOR are reflective of the current maturity of the program, intent to transition culture reform into business as usual and role of this group for the next 12 months.

It was agreed that the ToR would be amended to include:

-
- Change of committee name from Culture Review Oversight Group to Culture Reform Oversight Group,
 - Review of current membership, including withdrawal of ANMF from membership,
 - Establishment of three working groups, and
 - Development of the vision for the Oversight Group.

ACTION: Ms Junk-Gibson to update/redraft the ToR for remaining 12 months for CROG and circulate to the members out of session.

2.7 System-wide Dashboard and Analysis

Ms Junk-Gibson provided members with an update of work progressing in developing the system-wide dashboard. Current focus is on maturing business intelligence and people measures and focus on the linkages between the workforce effectiveness data indicators and performance measures.

Current focus is on working collaboratively and engaging across the system, developing deliberate measures and cementing foundations.

Significant work has been undertaken to establish an agreed position across the three organisations to ensure alignment of data definitions and analysis. Next steps will focus on further maturation of data, which will be delivered iteratively. This includes discussions across the three organisations on patient satisfaction data and how this could be incorporated into the reporting and analysis of correlation with the workforce effectiveness measures.

ACTION: Ms Junk-Gibson to report on progress of system-wide dashboard and analysis at next meeting.

Item 3 Member Updates

CPSU

Ms Northam advised that since last meeting, members have been focused on COVID. CPSU continue to run into issues during COVID as policy needs to be turned around quickly. Post COVID, CPSU would like to work with CHS and ACTHD to get these policies in place. Ms Northam stated that CPSU want to see change on the ground and that HR working group will be able to achieve this.

ASMOF

Dr Looi expressed ASMOF's concern about consultation due to a number of matters pertaining to staff and ways in which higher levels are demonstrating culture in working with members. He also noted a lack of consultation in relation to matters that relate to Workplace Health and Safety, including rostering. Dr Looi advised that ASMOF wish to work in consultation with CHS and ACTHD, but are missing reciprocation in the detail.

CPHB

Mr Gleeson provided an update on key points discussed at the previous Early Intervention Working Group meeting. These included the desire of members to be further briefed on the Digital Health Record program, which has been arranged for the next meeting to be held on 23 February. This meeting will also include a discussion on Junior Medical Officers turnover and a presentation on the progress of the Human Resource Information Management System (HRMIS) project.

Mr Gleeson advised the group that he was pleased to see that CPSU had volunteered to assist in system functionality testing of the new HRIMS system.

Mr Gleeson advised that it had nearly been two years since he had formally been employed at Calvary, and that his observation was that the collaboration, transparency and working relationship across the ACT health system is positive.

AMA

Professor Abhayaratna updated members on the Doctors Health Advisory Services, which is being regrouped nationally. AMA has worked locally to establish a service and will be launching this in March 2022.

CHS

Mr Pepper noted that consultation and some decision-making processes in previous weeks have been far from ideal. Timeframes for turning around some decisions has had to decrease to respond to the challenges of the pandemic. He acknowledged that there is a need to balance risks on the ground with the workforce that is available when making operational decisions. At times this has meant decisions are made without a proper consultation. Mr Pepper noted that this is not how CHS prefer to operate, however decisions relating to COVID have been made with substantial clinical input and guidance from infectious disease specialists, infection prevention control team members, experts and individual clinical directors and some of their leads.

Mr Pepper advised that he has reviewed toxic red flag information submitted through the 2021 Culture Survey. Comments from staff can be classified under three broad themes, which are currently being worked on. These include:

- 1) bullying and harassment,
- 2) separation, perceived or real, between frontline and senior decision makers, and
- 3) high complexity, high cost, low value systems and processes that we have operating in the organisation.

University of Canberra (UC)

Professor Lincoln noted the positive cultural effect of having UC students returning to the hospital campus as of last week. UC is one of the first universities to return students and there is substantial scrutiny around the safety of staff and students. This is at the forefront of UC's plans to bring people back onto campus.

UC are developing a new strategic, ten-year plan. The Vice-Chancellor presented the plan to 100 stakeholders and partners last week, for feedback. UC is also working on a plan for the

Health and Wellbeing Neighbourhood which will be part of their campus masterplan and will link the University of Canberra Hospital and Health Hub.

ANU

Professor Gruen advised members that ANU students have returned to campus, with 2500 students graduating from ANU last week.

In December 2021, ANU signed a Master Relationships agreement with CHS. This is currently being implemented, with a key component being to install a Steering Committee with an independent chair. A meeting is scheduled for governing the relationship over the first two to three years of its life.

Another key progression for ANU is approval by the ANU Council, in October 2021, for a new School of Medicine and Phycology.

HCCA

Ms Armstrong stated that HCCA recently undertook a questionnaire of their members around their COVID issues. Ms Armstrong directed committee members to the HCCA guide on 'Consumer issues during the ACT COVID-19 Omicron Outbreak – Visitor Restrictions in Residential Aged Care Facilities' document on the HCCA website.

Minister for Mental Health

Minister Davidson reiterated the importance of everyone acting on culture change and being active participants in the change reform process. Minister Davidson is examining this within her own office and also across what we are all doing ie. the multi-disciplinary team, Speaking Up For Safety work. Minister Davidson noted that trust in one another is required to develop a great culture.

CPHB

Ms Haberecht noted that there have been large changes within the HR structure, which has had significant vacancies and workforce pressures for some time. This is moving forward now under the leadership of Anissa Weekes, in the role of Regional HR Director.

ACTHD

Ms Cross advised members that ACTHD has examined its internal HR resources and would be allocating additional positions to the People Strategy Branch to support improvement of HR capability within the directorate.

Ms Cross advised that last week she had attended the system-wide Leadership Development training program, that is being delivered under the Culture Implementation. She noted that participant feedback has been largely positive and that it has been a good forum for staff to meet and network with people from other organisations.

ACTHD is starting to look at bringing staff back into the office when the health direction changes at the end of February, which is so important for the culture of the directorate.

Item 4 Noting Items

4.1 Implementation of Recommendations and Project Plan

A summary was provided on the implementation of recommendations and current delays. It was noted that 92 actions from the 20 recommendations are in effect completed and this was 77% of all actions.

Ms Junk-Gibson advised that progress is being made and it is anticipated that at the next Culture Reform Implementation Steering Group meeting, more recommendations will be put forward for consideration of closure.

4.2 Culture Review Implementation Program Risk

Members noted the paper.

4.3 Minutes and actions arising from previous meetings

Mr Hughes requested changes to section 2.1 of the minutes. Ms Junk-Gibson confirmed that the incorrect version of the minutes of the meeting of 9 August 2021 was included in the meeting pack.

Minutes of the 13 December 2021 meeting were accepted.

ACTION: Ms Junk-Gibson to circulate the correct version of the minutes of the 9 August 2021 meeting to members. Minutes to be brought back to the next meeting for endorsement.

Item 7 Other Business

No other business

Next Meeting: 29 March 2022



Culture Review Implementation

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Culture Reform Oversight Group

Communique of meeting on 27 April 2022

The fifteenth meeting of the Culture Reform Oversight Group (Oversight Group) was held on Wednesday 27 April 2022.

Significant items discussed by the Oversight Group included:

Learning Health System

Professor Christine Phillips presented the approach proposed by the Clinical Leadership Forum to advance a 'Learning Health System' across the ACT public health system.

Clinical System Governance

The ACT Health Directorate provided an update on the proposal for developing a system-wide clinical committee structure with clear accountabilities for clinical system governance.

Terms of Reference for Transition of Oversight Group

The Oversight Group discussed the terms of reference for the Oversight Group, as it transitions from implementation of the 20 recommendations of the Culture Review, to a sustainable model for ongoing system wide culture reform.

Meeting schedule

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



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